Requested Meeting Date: March 26, 2024   Title of Item: Approval of Bills     REGULAR AGENDA   CONSENT AGENDA   INFORMATION ONLY     Adopt Resolution (attach draft)   Hold Public Hear   *provide copy of hearing notice that was     Submitted by:   Carli Goble     Presenter (Name and Title):   Carli Goble, Fiscal Supervisor     Summary of Issue:   Request approval of bills
Image: Regolar Agenda   CONSENT AGENDA   INFORMATION ONLY   Submitted by: Carli Goble   Presenter (Name and Title): Carli Goble, Fiscal Supervisor   Summary of Issue:
Submitted by: Carli Goble     Department: H&HS Accounting       Presenter (Name and Title): Carli Goble, Fiscal Supervisor     Estimated Time 1-2 minutes       Summary of Issue:     1-2 minutes
Carli Goble, Fiscal Supervisor       1-2 minutes         Summary of Issue:       1-2 minutes
Summary of Issue:
Request approval of bills

**Recommended Action/Motion:** 

Agenda Item #

<b>Financial Impact:</b> <i>Is there a cost associated with this request?</i> <i>What is the total cost, with tax and shipping?</i> \$	Yes	No
Is this budgeted? Yes No	Please Explain	l:
Legally binding agreements must have	County Attorney appro	val prior to submission.

Save Report Options?: N	Type of Audit List: D	Paid on Behalf Of Name on Audit List?: N	Explode Dist. Formulas?: Y	Print List in Order By: 4	SLM1 3/22/24 11:45AM
	D - Detailed Audit List S - Condensed Audit List			<ol> <li>Fund (Page Break by Fund)</li> <li>Department (Totals by Dept)</li> <li>Vendor Number</li> <li>Vendor Name</li> </ol>	Aitkin County Audit List for Board COMMISSIONER'S VOUCHERS ENTRIES

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Page 1

Client Outreach - Csp	24 ancial Systems	6,957.17 Family Resource Coach - 2024 Copyright 2010-2022 Integrated Financial Systems	6,957.17 Copyright 2		Lakes & Pines CAC, Inc 05-430-745-3030-6071	6110	23
		1 Transactions	10,831.50		DHS-ST PETER-SEE LIST	89965	
Commitment Costs - Poor Relief	02/29/2024	State-operated inpatient	10,831.50		DHS-ST PETER-SEE LIST 05-430-745-3721-6081	89965	21
	02/23/2024	4 Transactions	9,723.70		Dhs-Msop	9220	
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Commitment Costs - Poor Relief	02/29/2024	State-operated inpatient 02/01/2024	3,472.75		05-430-745-3721-6081		18
Commitment Costs - Poor Relief	02/29/2024	State-operated inpatient 02/01/2024	3,472.75		05-430-745-3721-6081		17
Commitment Costs - Poor Relief	02/29/2024	State-operated inpatient 02/01/2024	1,389.10		Dhs-Msop 05-430-745-3721-6081	9220	16
		1 Transactions	2,471.18		DHS-Moose Lake RTC	10188	
Commitment Costs - Poor Relief	02/29/2024	State-operated inpatient 02/01/2024	2,471.18		DHS-Moose Lake RTC 05-430-745-3721-6081	10188	20
		1 Transactions	500.00		DHS-Anoka Metro Rtc	10342	
State-Operated Inpatient - Rtc Or Cbhh	11/30/2015	State-operated inpatient 11/01/2015	500.00		DHS-Anoka Metro Rtc 05-430-745-3720-6081	10342	24
		1 Transactions	361.00	ŝ	Department of Human Services	11051	
Bsf Child Care	#A30 02/29/2024	BSFE County Match Invoice #A30 02/01/2024 02	361.00	ŭ	Department of Human Services 05-430-720-3110-6069	11051	12
		1 Transactions	60.00		Arrows Family Services	10286	
Court Related Services & Activities	02/29/2024	Supervised visitation - Court- 02/29/2024	60.00		05-430-710-3190-6020		<u>د.</u>
Invoice # <u>Account/Formula Description</u> Paid On Bhf # On Behalf of Name		<u>Warrant Description</u> <u>Service Dates</u>	Amount	<u>Accr</u>	Name Account/Formula	Vendor No. /	
COMMISSIONER'S VOUCHERS ENTRIES	COMMISSIONE	Audit List for Board			)/24 11:45AM Health & Human Services	2/24 Health &	3/22/24 Hea
		Aitkin County	Languages				SLM1

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	Oakridge Homes Sils, Inc. 05-430-750-3340-6073	Northland Counseling Ctr Inc 05-430-730-3710-6020 Northland Counseling Ctr Inc	<b>NEW FREEDOM INC</b> 05-430-730-3930-6050 <b>NEW FREEDOM INC</b>	Lutheran Social Service MN Guardianship	05-430-760-3950-6020	05-430-760-3950-6020	05-430-760-3950-6020	05-430-760-3950-6020	05-430-750-3950-6020	05-430-750-3950-6020	05-430-750-3950-6020	05-430-750-3950-6020	05-430-750-3950-6020	Lutheran Social Service MN Guardianship 05-430-750-3950-6020	Lakes & Pines CAC, Inc	<u>Name</u> Account/Formula	/1 2/24 11:45AM Health & Human Services
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22	Semi-Independent Living Serv (Sils)	Detoxification - Grand Rapids	General Case Management		Guardianship/Conservatorship	Guardianship/Conservatorship	Guardianship/Conservatorship	Guardianship/Conservatorship	Public Guardianship DD		Invoice # <u>Account/Formula Description</u> Paid On Bhf # <u>On Behalf of Name</u>	COMMISSIONER'S VOUCHERS ENTRIES					
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	Ryan, Brucker & Kalis, Ltd 05-430-750-3950-6020	05-430-750-3950-6020 Resource Training & Solutions	Resource Training & Solutions 05-430-750-3950-6020	Redwood Toxicology Laboratory, Inc	05-430-710-3190-6020	05-430-710-3190-6020	05-430-710-3190-6020	05-430-710-3190-6020	05-430-710-3190-6020	05-430-710-3190-6020	05-430-710-3190-6020	05-430-710-3190-6020	05-430-710-3190-6020	Redwood Toxicology Laboratory, Inc 05-430-710-3190-6020	Oakridge Homes Sils, Inc.	05-430-750-3340-6073	<u>Name</u> Account/Formula	11 2/24 11:45AM Health & Human Services
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ns	Public Guardianship DD	Public Guardianship DD	Public Guardianship DD		Court Related Services & Activities		Semi-Independent Living Serv (Sils)	Invoice # <u>Account/Formula Description</u> Paid On Bhf # <u>On Behalf of Name</u>	COMMISSIONER'S VOUCHERS ENTRIES									
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	ions	59 Transactions	17 Vendors	40,460.40		Final Total	Ŧ	
		0212312024	1 Transactions	1,375.88	WOODS	84 WELLNESS IN THE WOODS	13084	
z	Mh Init - Consumer Support (434)	uppor no/2021/2022	Peer Support - Consumer Suppor	1,375.88	WOODS	84 WELLNESS IN THE WOODS 05-430-700-4800-6803	<b>13084</b> 59	(5
			2 Transactions	630.00	9 B	90 TANGE, MSW/PHILIP B	14390	
თ	Adult Rule 79 Case Mgmt		Clinical supervision-Adult Rul	270.00		05-430-745-3910-6020	15	
თ	Child Rule 79 Case Mgmt	ul 02/22/2024	Clinical supervision-Child Rul 02/01/2024	360.00	8	90 TANGE, MSW/PHILIP B 05-430-740-3900-6020	<b>14390</b> 22	• •
			19 Transactions	1,505.00		90 Scharrer/Shirley	88890	
<u>1099</u> ∀	Invoice # <u>Account/Formula Description</u> <u>Paid On Bhf # On Behalf of Name</u> Guardianship/Conservatorship	02/29/2024	<u>Warrant Description</u> <u>Service [</u> Guardianship/Conservator Activ 02/01/2024	<u>Amount</u> 105.00	<u>Accr</u>	<u>Indor Name</u> <u>No. Account/Formula</u> 05-430-760-3950-6020	<u>Vendor</u> <u>No.</u> 56	(5
Page 6	ONER'S VOUCHERS ENTRIES	ommissi	Aitkin County Audit List for Board co	-		/1 2/24 11:45AM Health & Human Services	SLM1 3/22/24 Healt	(1) (1)
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Audit List for Board **COMMISSIONER'S VOUCHERS ENTRIES** 

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		Recap by Fund
All Funds	СЛ	Fund
40,460.40	40,460.40	AMOUNT
Total	Health & Human Services	<u>Name</u>
Approved by,		
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