



**SUMMARY OF BILLS FOR APPROVAL  
JANUARY 22, 2025 BOARD MEETING**

Total of Original List	\$ 3,615,417.27
Commercial Card	
Checks/ACH Between Meetings	
Utility Bills	\$ 154,385.69
Total of Additional List	\$ 2,730.01
<b>Total For Board Approval</b>	<b><u>\$ 3,772,532.97</u></b>

01/16/2025 03:08 PM  
 User: ELIZABETHL  
 DB: Macomb Township

INVOICE REGISTER REPORT FOR TOWNSHIP OF MACOMB  
 EXP CHECK RUN DATES 01/16/2025 - 01/16/2025  
 BOTH JOURNALIZED AND UNJOURNALIZED PAID  
 VENDOR CODE: 00002 - CHECK TYPE: EFT  
 UTILITY BILLS PAID BY EFT

Inv Num Inv Ref#	Vendor Description GL Distribution	Inv Date Entered By	Due Date	Inv Amt	Amt Due	Status	Jrnlized Post Date	Pay By
01.16.25 138952	DTE ENERGY ALL ELECTRIC BILLS DUE JAN '25	01/15/2025 ELIZABETHL	01/16/2025	154,385.69	0.00	Paid	Y 01/15/2025	EFT Transfer
	208-770-920.001-P01PR	19449 25 MILE UNIT E		849.68				
	208-770-920.001-P04PR	22200 26 MILE RD BLDG S		133.87				
	208-770-920.001-P01PR	19449 25 MILE RD		90.84				
	208-770-920.001-P04PR	22200 26 MILE RD BLDG N		19.77				
	101-265-920.001	20610 25 MILE RD BLDG SIGN		21.56				
	208-770-920.001-P02PR	19225 21 MILE RD		171.27				
	208-770-920.001-P07PR	52175 NORTH AVE		125.59				
	208-756-920.001	20699 MACOMB DR		18,807.23				
	208-775-920.001	19925 23 MILE RD OFC		808.17				
	206-337-920.001	19925 23 MILE RD		3,175.78				
	266-301-920.001	19925 23 MILE RD		3,175.78				
	206-338-920.001	17800 21 MILE RD		769.40				
	206-339-920.001	47711 NORTH AVE		1,391.60				
	206-340-920.003	16820 25 MILE RD		1,533.57				
	101-265-920.001	TORNADO SIRENS		186.59				
	208-770-920.001-P07PR	49699 ROMEO PLANK RD		177.41				
	101-446-927.000	STREET LIGHTING		111,116.71				
	101-265-920.001	54111 BROUGHTON RD		3,457.48				
	592-441-920.001	51650 CARD RD		1,341.92				
	592-441-920.001	22861 23 MILE RD		165.24				
	592-441-920.001	46700 ROMEO PLANK RD		56.07				
	592-441-920.001	21795 HALL RD		50.30				
	592-441-920.001	50903 HEYDENREICH		103.82				
	592-441-920.001	24525 HALL RD		134.59				
	592-441-920.001	46975 NORTH AVE		743.58				
	592-441-920.001	51650 CARD RD BLDG A		505.35				
	592-441-920.001	21580 23 MILE RD		545.59				
	592-441-920.001	18550 23 MILE RD		1,715.82				
	592-441-920.001	19580 21 MILE RD		2,006.00				
	592-441-920.001	52999 CARD RD		461.03				
	592-441-920.001	51690 CARD RD		7.08				
	206-337-920.001	51690 CARD RD		7.08				
	101-265-920.001	51690 CARD RD		7.08				
	101-267-967.006	20976 VESPER DR		112.77				
	592-441-920.001	47011 FAIRCHILD		17.62				
	592-441-920.001	47502 FAIRCHILD		181.68				
	592-441-920.001	21580 23 MILE RD		20.48				
	101-265-920.001	20500 PLATTSBURG		190.29				
# of Invoices:	1	# Due:	0	Totals:	154,385.69	0.00		
# of Credit Memos:	0	# Due:	0	Totals:	0.00	0.00		
Net of Invoices and Credit Memos:					154,385.69	0.00		

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VENDOR CODE: 00002 - CHECK TYPE: EFT  
UTILITY BILLS PAID BY EFT

Inv Num	Vendor	Inv Date	Due Date	Inv Amt	Amt Due	Status	Jrnlized	Pay By
Inv Ref#	Description	Entered By					Post	Date
--- TOTALS BY FUND ---								
	101 - GENERAL FUND			115,092.48		0.00		
	206 - FIRE OPERATIONS FUND			6,877.43		0.00		
	208 - PARKS AND RECREATION FUND			21,183.83		0.00		
	266 - LAW ENFORCEMENT			3,175.78		0.00		
	592 - WATER AND SEWER FUND			8,056.17		0.00		
--- TOTALS BY DEPT/ACTIVITY ---								
	265 - BUILDING & GROUNDS			3,863.00		0.00		
	267 - OTHER FUNCTIONS			112.77		0.00		
	301 - LAW ENFORCEMENT			3,175.78		0.00		
	337 - FIRE STATION 1-ADMINISTRATION			3,182.86		0.00		
	338 - FIRE STATION 2-ADMINISTRATION			769.40		0.00		
	339 - FIRE STATION 3-ADMINISTRATION			1,391.60		0.00		
	340 - FIRE STATION 4-ADMINISTRATION			1,533.57		0.00		
	441 - DPW DEPARTMENT			8,056.17		0.00		
	446 - ROADS AND STREETS			111,116.71		0.00		
	756 - RECREATION CENTER			18,807.23		0.00		
	770 - PARK OPERATIONS			1,568.43		0.00		
	775 - SENIOR CENTER			808.17		0.00		

01/21/2025 01:21 PM  
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INVOICE GL DISTRIBUTION REPORT FOR TOWNSHIP OF MACOMB  
INVOICE ENTRY DATES 01/21/2025 - 01/21/2025  
JOURNALIZED OPEN  
BANK CODE: 101AP VENDOR CODE: 00366  
ADDITIONAL LIST OF BILLS

GL Number	Inv. Line Desc	Vendor	Invoice Desc.	Invoice	Chk Date	Amount	Check #
<b>Fund 736 RETIREE HEALTH CARE</b>							
<b>Dept 271 EMPLOYEE BENEFITS</b>							
736-271-719.000	DENTAL INSURANCE PREMIUMS	DELTA DENTAL PLAN OF MIC FEB '25 PREM MI0012220002		<a href="#">RIS0006179252</a>		2,730.01	
						<u>2,730.01</u>	
<b>Total For Dept 271 EMPLOYEE BENEFITS</b>						<b>2,730.01</b>	
<b>Total For Fund 736 RETIREE HEALTH CARE</b>						<b>2,730.01</b>	

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ADDITIONAL LIST OF BILLS

<b>GL Number</b>	<b>Inv. Line Desc</b>	<b>Vendor</b>	<b>Invoice Desc.</b>	<b>Invoice</b>	<b>Chk Date</b>	<b>Amount</b>	<b>Check #</b>
			Fund Totals:				
			Fund 736 RETIREE HEALTH CARE			2,730.01	
			Total For All Funds:			<hr/> 2,730.01	