



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

Total of Original List	\$	3,374,657.52
Commercial Card		
Checks/ACH Between Meetings		
Utility Bills	\$	135,381.14
Total of Additional List	\$	15,600.49
Total For Board Approval	\$	<u>3,525,639.15</u>

INVOICE REGISTER REPORT FOR TOWNSHIP OF MACOMB
 EXP CHECK RUN DATES 10/16/2025 - 10/16/2025
 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
10.16.14 144517	DTE ENERGY ELECTRIC BILLS DUE OCT '25	10/13/2025 ELIZABETHL	10/16/2025	135,381.14	0.00	Paid	Y 10/13/2025	EFT Transfer
	101-265-920.001	20500 PLATTSBURG		22.30				
	101-265-920.001	54111 BROUGHTON RD		4,088.06				
	208-770-920.001-P01PR	19449 25 MILE UNIT E		1,133.79				
	208-770-920.001-P05PR	49699 ROMEO PLANK RD		68.99				
	208-770-920.001-P01PR	19449 25 MILE RD		1,282.26				
	206-337-920.001	19925 23 MILE RD		1,545.72				
	266-301-920.001	19925 23 MILE RD		1,545.71				
	101-265-920.001	20610 25 MILE RD SIGN		18.13				
	592-441-920.001	52999 CARD RD		136.83				
	592-441-920.001	47011 FAIRCHILD		18.03				
	592-441-920.001	19580 21 MILE RD		1,826.48				
	592-441-920.001	21795 HALL RD		25.80				
	592-441-920.001	46700 ROMEO PLANK RD		82.46				
	592-441-920.001	50903 HEYDENREICH		122.94				
	592-441-920.001	24525 HALL RD		137.87				
	592-441-920.001	46975 NORTH AVE		596.94				
	592-441-920.001	21580 23 MILE RD PUMP ST		580.62				
	592-441-920.001	51650 CARD RD		1,653.58				
	592-441-920.001	22861 23 MILE RD		105.35				
	101-267-967.006	20976 VESPER DR		85.59				
	592-441-920.001	51650 CARD RD BLDG A		289.94				
	592-441-920.001	47502 FAIRCHILD		40.95				
	592-441-920.001	18550 23 MILE RD		1,371.71				
	206-337-920.001	51690 CARD RD		7.45				
	592-441-920.001	51690 CARD RD		7.44				
	101-265-920.001	51690 CARD RD		7.44				
	208-775-920.001	19925 23 MILE RD OFC		813.13				
	208-770-920.001-P02PR	19225 21 MILE RD		188.15				
	208-770-920.001-P07PR	52175 NORTH AVE		210.00				
	206-339-920.001	47711 NORTH AVE		1,234.77				
	206-340-920.001	16820 25 MILE RD		1,086.41				
	208-756-920.001	20699 MACOMB DR		25,541.43				
	101-265-920.001	TORNADO SIRENS		193.77				
	206-338-920.001	17800 21 MILE RD		822.83				
	208-770-920.001-P04PR	22200 26 MILE RD BLDG S		59.93				
	208-770-920.001-P04PR	22200 26 MILE RD BLDG N		13.22				
	101-446-927.000	STREET LIGHTING		88,415.12				

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 BOTH JOURNALIZED AND UNJOURNALIZED PAID
 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	
	GL Distribution							

# of Invoices:	1	# Due:	0	Totals:	135,381.14	0.00		
# of Credit Memos:	0	# Due:	0	Totals:	0.00	0.00		
Net of Invoices and Credit Memos:					<u>135,381.14</u>	<u>0.00</u>		

--- TOTALS BY FUND ---

101 - GENERAL FUND	92,830.41	0.00
206 - FIRE OPERATIONS FUND	4,697.18	0.00
208 - PARKS AND RECREATION FUND	29,310.90	0.00
266 - LAW ENFORCEMENT	1,545.71	0.00
592 - WATER AND SEWER FUND	6,996.94	0.00

--- TOTALS BY DEPT/ACTIVITY ---

265 - BUILDING & GROUNDS	4,329.70	0.00
267 - OTHER FUNCTIONS	85.59	0.00
301 - LAW ENFORCEMENT	1,545.71	0.00
337 - FIRE STATION 1-ADMINISTRATION	1,553.17	0.00
338 - FIRE STATION 2-ADMINISTRATION	822.83	0.00
339 - FIRE STATION 3-ADMINISTRATION	1,234.77	0.00
340 - FIRE STATION 4-ADMINISTRATION	1,086.41	0.00
441 - DPW DEPARTMENT	6,996.94	0.00
446 - ROADS AND STREETS	88,415.12	0.00
756 - RECREATION CENTER	25,541.43	0.00
770 - PARK OPERATIONS	2,956.34	0.00
775 - SENIOR CENTER	813.13	0.00

INVOICE GL DISTRIBUTION REPORT FOR TOWNSHIP OF MACOMB
 INVOICE ENTRY DATES 10/22/2025 - 10/22/2025
 JOURNALIZED OPEN AND PAID
 BANK CODE: 101AP
 ADDITIONAL LIST OF BILLS

GL Number	Inv. Line Desc	Vendor	Invoice Desc.	Invoice	Chk Date	Amount	Check #
Fund 101 GENERAL FUND							
Dept 271 EMPLOYEE BENEFITS							
101-271-719.000	DENTAL INSURANCE PREMIUMS	DELTA DENTAL PLAN OF MIC NOV '25 PREM MI0012220099		RIS0006647882		146.33	
101-271-719.000	DENTAL INSURANCE PREMIUMS	DELTA DENTAL PLAN OF MIC NOV '25 PREM MI0012220001		RIS0006647880		482.11	
101-271-719.000	DENTAL INSURANCE PREMIUMS	DELTA DENTAL PLAN OF MIC NOV '25 PREM MI0012220000		RIS0006647879		3,654.68	
Total For Dept 271 EMPLOYEE BENEFITS						4,283.12	
Total For Fund 101 GENERAL FUND						4,283.12	

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 ADDITIONAL LIST OF BILLS

GL Number	Inv. Line Desc	Vendor	Invoice Desc.	Invoice	Chk Date	Amount	Check #
Fund 206 FIRE OPERATIONS FUND							
Dept 336 FIRE FUND OPERATIONS							
206-336-719.000	DENTAL INSURANCE PREMIUMS	DELTA DENTAL PLAN OF MIC NOV '25 PREM MI0012220001		RIS0006647880		292.66	
206-336-719.000	DENTAL INSURANCE PREMIUMS	DELTA DENTAL PLAN OF MIC NOV '25 PREM MI0012220000		RIS0006647879		3,170.34	
						3,463.00	
Total For Dept 336 FIRE FUND OPERATIONS							
						3,463.00	
Total For Fund 206 FIRE OPERATIONS FUND							

GL Number	Inv. Line Desc	Vendor	Invoice Desc.	Invoice	Chk Date	Amount	Check #
Fund 208 PARKS AND RECREATION FUND							
Dept 752 PARKS & RECREATION ADMINISTRATION							
208-752-719.000	DENTAL INSURANCE PREMIUMS	DELTA DENTAL PLAN OF MIC NOV '25 PREM MI0012220000		RIS0006647879		496.18	
						496.18	
Total For Dept 752 PARKS & RECREATION ADMINISTRATION						496.18	
Dept 756 RECREATION CENTER							
208-756-719.000	DENTAL INSURANCE PREMIUMS	DELTA DENTAL PLAN OF MIC NOV '25 PREM MI0012220000		RIS0006647879		226.53	
						226.53	
Total For Dept 756 RECREATION CENTER						226.53	
Dept 770 PARK OPERATIONS							
208-770-719.000	DENTAL INSURANCE PREMIUMS	DELTA DENTAL PLAN OF MIC NOV '25 PREM MI0012220000		RIS0006647879		519.19	
						519.19	
Total For Dept 770 PARK OPERATIONS						519.19	
Dept 775 SENIOR CENTER							
208-775-719.000	DENTAL INSURANCE PREMIUMS	DELTA DENTAL PLAN OF MIC NOV '25 PREM MI0012220000		RIS0006647879		43.12	
						43.12	
Total For Dept 775 SENIOR CENTER						43.12	
Total For Fund 208 PARKS AND RECREATION FUND						1,285.02	

GL Number	Inv. Line Desc	Vendor	Invoice Desc.	Invoice	Chk Date	Amount	Check #
Fund 592 WATER AND SEWER FUND							
Dept 000							
592-000-275.000	1000	JOANNE CHAMBERS	UB refund for account: 010750	010750		1,364.48	
Total For Dept 000						1,364.48	
Dept 441 DPW DEPARTMENT							
592-441-719.000	DENTAL INSURANCE PREMIUMS	DELTA DENTAL PLAN OF MIC NOV '25 PREM MI0012220000		RIS0006647879		2,271.34	
Total For Dept 441 DPW DEPARTMENT						2,271.34	
Total For Fund 592 WATER AND SEWER FUND						3,635.82	

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JOURNALIZED OPEN AND PAID
BANK CODE: 101AP
ADDITIONAL LIST OF BILLS

GL Number	Inv. Line Desc	Vendor	Invoice Desc.	Invoice	Chk Date	Amount	Check #
Fund 736 RETIREE HEALTH CARE							
Dept 271 EMPLOYEE BENEFITS							
736-271-719.000	DENTAL INSURANCE PREMIUMS	DELTA DENTAL PLAN OF MIC NOV '25 PREM MI0012220002		RIS0006647881		2,933.53	
			Total For Dept 271 EMPLOYEE BENEFITS			2,933.53	
			Total For Fund 736 RETIREE HEALTH CARE			2,933.53	

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GL Number	Inv. Line Desc	Vendor	Invoice Desc.	Invoice	Chk Date	Amount	Check #
Fund Totals:							
			Fund 101 GENERAL FUND			4,283.12	
			Fund 206 FIRE OPERATIONS FUND			3,463.00	
			Fund 208 PARKS AND RECREATION FUND			1,285.02	
			Fund 592 WATER AND SEWER FUND			3,635.82	
			Fund 736 RETIREE HEALTH CARE			2,933.53	
			Total For All Funds:			<u>15,600.49</u>	