

**SOUTHERN SKYLAND REGIONAL HEALTH INSURANCE FUND  
SUPPLEMENTAL BILLS LIST**

Resolution No. \_\_\_\_\_

JUNE 2021

**WHEREAS**, the Treasurer has certified that funding is available to pay the following bills:

**BE IT RESOLVED** that the Southern Skyland Regional Health Insurance Fund hereby authorizes the Fund Treasurer to issue warrants in payment of the following claims; and

**FURTHER**, that this authorization shall be made a permanent part of the records of the Fund.

**FUND YEAR 2021**

| <u>CheckNumber</u> | <u>VendorName</u>  | <u>Comment</u>                           | <u>InvoiceAmount</u> |
|--------------------|--------------------|--|----------------------|
| 001236             |                    |  |                      |
| 001236             | CYNTHIA TUVERA     | WELLNESS - VIRT. POUND CLASS - 5/21-6/21 | 270.00               |
| 001236             | CYNTHIA TUVERA     | WELLNESS - VIRT. ZUMBA CLASS - 5/21-6/21 | 240.00               |
|                    |                    |  | <b>510.00</b>        |
| 001237             |                    |  |                      |
| 001237             | JANINE TARLECKI    | WELLNESS - YOGA NIDRA CLASS - 5/21-6/21  | 600.00               |
|                    |                    |  | <b>600.00</b>        |
| 001238             |                    |  |                      |
| 001238             | COUNTY OF SOMERSET | PURCH ORD 224558 - WELLNESS EXP - 4/21   | 5,039.86             |
|                    |                    |  | <b>5,039.86</b>      |
|                    |                    | <b>Total Payments FY 2021</b>            | <b>6,149.86</b>      |
|                    |                    | <b>TOTAL PAYMENTS ALL FUND YEARS</b>     | <b>6,149.86</b>      |

\_\_\_\_\_  
Chairperson

Attest:  
\_\_\_\_\_

Dated: \_\_\_\_\_

I hereby certify the availability of sufficient unencumbered funds in the proper accounts to fully pay the above claims.

\_\_\_\_\_  
Treasurer