Report of the Claims Auditor

Date of Report: 1/10/2020 Warrant #0073

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action

Claims which had minor deficiencies however approved by the claims auditor:

Claims held for additional information:

Claims Rejected:

- No findings to report -

The above information is being reported to you as part of the duties of the claims auditor.

Note: Observations by Claims Auditor will be in a Quarterly Report.

(signature)

Report of the Claims Auditor

Date of Report: 1/10/2020 Warrant #0074

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action
Claims which had minor deficiencies however approved by the claims auditor:						
Unishippers	8/1/2019	141107	A-1620-450-05-0000	14.99	invoice is for $14.89	change to correct amount and ok to pay
Claims held for additional information:						
Claims Rejected:						
PCM/Tiger Direct	8/1/2019	N/A	A-2630-220-05-0000	439.60	No signed receiving copy	returned for signature

The above information is being reported to you as part of the duties of the claims auditor.

Note: Observations by Claims Auditor will be in a Quarterly Report.

(signature)

Report of the Claims Auditor

Date of Report: 1/10/2020 Warrant #0075

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action

Claims which had minor deficiencies however approved by the claims auditor:

Claims held for additional information:

Claims Rejected:

- No findings to report -

The above information is being reported to you as part of the duties of the claims auditor.

(signature)

Note: Observations by Claims Auditor will be in a Quarterly Report.

Report of the Claims Auditor

Date of Report: 1/10/2020 Warrant #0076

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action

Claims which had minor deficiencies however approved by the claims auditor:

Claims held for additional information:

Claims Rejected:

- No findings to report -

The above information is being reported to you as part of the duties of the claims auditor.

(signature)

Note: Observations by Claims Auditor will be in a Quarterly Report.

Report of the Claims Auditor

Date of Report: 1/17/2020 Warrant #0079

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action
Claims which had minor deficiencies however approved by the claims auditor:						
Town of Rose	10/23/2019	141127	A-1620-400-02-1400	1,139.54	Invoice for $237.54 not signed by D Friday	rec'd signed invoice - ok to pay
Jennifer Marriott	12/11/2019	141120	2010-400-05-4000	57.19	conf request form not attached	need conf req form
Claims held for additional information:						
Cascade School Supply	5/31/2019	N/A	A-2110-450-02-000K	1,913.67	Need signed packing slip or invoice for $222.56.	Items backordered. Need verif that they were actually rec'd.
Claims Rejected:						

The above information is being reported to you as part of the duties of the claims auditor.

(signature)

Note: Observations by Claims Auditor will be in a Quarterly Report.

Report of the Claims Auditor

Date of Report: 1/17/2020 Warrant #0080

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action

Claims which had minor deficiencies however approved by the claims auditor:

Claims held for additional information:

- No findings to report -

Claims Rejected:

The above information is being reported to you as part of the duties of the claims auditor.

(signature)

Note: Observations by Claims Auditor will be in a Quarterly Report.

Report of the Claims Auditor

Date of Report: 1/24/2020 Warrant #0084

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action
Claims which had minor deficiencies however approved by the claims auditor:						
Claims held for additional information:						
Robert Ceccarelli	1/9/2020	N/A	E20-2110-460-20-HMLS	109.25	Incorrect mileage rate used	Returned for correction
Robert Ceccarelli	1/9/2020	N/A	E20-2110-450-20-HMLS	76.94	Student should be identified by student ID and this reimbursement needs a PO prior to purchase	Returned for correction
Claims Rejected:						

The above information is being reported to you as part of the duties of the claims auditor.

Note: Observations by Claims Auditor will be in a Quarterly Report.

(signature)

Report of the Claims Auditor

Date of Report: 1/24/2020 Warrant #0086

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action
Claims which had minor deficiencies however approved by the claims auditor:						
Excellus/Health Econ	2/1/2020	28981	G/L acct: TA699.01	385,998.21	No signature authorizing payment	returned to K Wyatt and rec'd OK to pay via email
Claims held for additional information:						
Claims Rejected:						

The above information is being reported to you as part of the duties of the claims auditor.

(signature)

Note: Observations by Claims Auditor will be in a Quarterly Report.

Report of the Claims Auditor

Date of Report: 1/24/2020 Warrant #0085

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action

Claims which had minor deficiencies however approved by the claims auditor:

Claims held for additional information:

- No findings to report -

Claims Rejected:

The above information is being reported to you as part of the duties of the claims auditor.

(signature)

Note: Observations by Claims Auditor will be in a Quarterly Report.

Report of the Claims Auditor

Date of Report: 1/17/2020 Warrant #0078

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action
Claims which had minor deficiencies however approved by the claims auditor:						
Claims held for additional information:						
Genecco Produce	8/15/2019	N/A	C-2860-414-05-0000	1,720.80	Invoice145695A for $304.90 not included in total. Invoice 146403 for $185.75 & invoice 146404 for $122.00 specify payment for PO 20-00886, not 20-00452.	Need clarification prior to payment.
Claims Rejected:						

The above information is being reported to you as part of the duties of the claims auditor.

Note: Observations by Claims Auditor will be in a Quarterly Report.

(signature)

Report of the Claims Auditor

Date of Report: 1/17/2020 Warrant #0081

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action

Claims which had minor deficiencies however approved by the claims auditor:

Claims held for additional information:

Claims Rejected:

- No findings to report -

The above information is being reported to you as part of the duties of the claims auditor.

(signature)

Note: Observations by Claims Auditor will be in a Quarterly Report.

Report of the Claims Auditor

Date of Report: 1/31/2020 Warrant #0087

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action
Claims which had minor deficiencies however approved by the claims auditor:						
Interstate Battery	1/14/2020	141212	A-5510-450-06-3600	34.00	Invoice dated 9/18/19, PO dated 1/14/20	PO before invoice
Mail Finance Inc	9/11/2019	141215	on PO status report	4,192.95	Finance/Late Charge of $192.95	No finance charge or late fees
Propio Language Svc	7/11/2019	141224	A-2250-400-05-4800	65.25	$65.25 on PO, $65.24 listed on report as amount to be paid	change to correct amount and ok to pay
Irma Renee Reed French	1/13/2020	141225	5510-400-06-3300	164.50	$164.50 authorized, $194.50 listed on report as amount to be paid	change to correct amount and ok to pay
Claims held for additional information:						
Claims Rejected:						

The above information is being reported to you as part of the duties of the claims auditor.

Note: Observations by Claims Auditor will be in a Quarterly Report.

(signature)

Report of the Claims Auditor

Date of Report: 1/31/2020 Warrant #0088

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action

Claims which had minor deficiencies however approved by the claims auditor:

Claims held for additional information:

Claims Rejected:

- No findings to report -

The above information is being reported to you as part of the duties of the claims auditor.

(signature)

Note: Observations by Claims Auditor will be in a Quarterly Report.

Report of the Claims Auditor

Date of Report: 1/31/2020 Warrant #0089

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action

Claims which had minor deficiencies however approved by the claims auditor:

Claims held for additional information:

Claims Rejected:

- No findings to report -

The above information is being reported to you as part of the duties of the claims auditor.

Note: Observations by Claims Auditor will be in a Quarterly Report.

(signature)

Report of the Claims Auditor

Date of Report: 1/31/2020 Warrant #0090

Vendor Name	Date	Check Number	Coding/Department	Amount	Reason	Corrective Action

Claims which had minor deficiencies however approved by the claims auditor:

Claims held for additional information:

Claims Rejected:

- No findings to report -

The above information is being reported to you as part of the duties of the claims auditor.

(signature)

Note: Observations by Claims Auditor will be in a Quarterly Report.