



**TOWN OF HARTFORD  
SELECTBOARD  
SPECIAL MEETING**

Thursday, July 2, 2020, 6:00 pm  
Hartford Town Hall  
171 Bridge Street  
White River Junction, VT 05001

**I. Call to Order the Selectboard Meeting**

**II. Order of Agenda**

**III. Selectboard**

1. Set the Fiscal Year 2021 Municipal Tax Rate.
2. Approve Payment Manifest of 7/1/2020

**V. Adjourn the Selectboard Meeting (Motion Required)**

All Meetings of the Hartford Selectboard are open to the public. Persons who are seeking action by the Selectboard are asked to submit their request and/or materials to the Selectboard Chair or Town Manager's office no later than noon on the Wednesday preceding the scheduled meeting date. Requests received after that date will be addressed at the discretion of the Chair. Citizens wishing to address the board should do so during the Citizen Comments period.

Report Date: 6/28/20  
11:04AM

**Payment Manifest**  
**by Vendor ID**  
**Town of Hartford**

Page: 1  
User: florentina  
ReportAPINHDPmtByDate

Check Date: 7/01/2020 - 7/01/2020

Bank ID	Bank Name	Payee Name	Check Date	Check No.	
Vendor ID	Vendor Name				
<b>Detail:</b> Invoice No.	Invoice Description	Cross Fund	Invoice Amt	Disc. Amt	Net Amt.
<b>25-0221</b>	<b>Fire &amp; Ambulance</b>				
017228	FLEET VEHICLE SOURCE, INC			7/01/2020	1004
HFD031220	2020 NISSAN LEAF PLUS S - WHITE	0.00	\$30,884.00	0.00	30,884.00
	Desc: FIRE PREVENTION VEHICLE	Acct: 25-985-100-0221	Fire & Ambulance		
	Vendor Total:		30,884.00	0.00	30,884.00
<b>25-0221</b>	<b>PARKS - REC RESTRICTED</b>		<b>Bank Total:</b>		<b>30,884.00</b>
<b>25-8055</b>	<b>PARKS - REC RESTRICTED</b>				
026925	LANDER, JUSTIN			7/01/2020	1021
07.10.2020	Summer Camp Performance	0.00	\$500.00	0.00	500.00
	Desc: Summer Camp Performance	Acct: 25-985-514-0001	State of VT COVID Restart Stipend		
	Vendor Total:		500.00	0.00	500.00
<b>25-8055</b>	<b>GENERAL FUND - MASCOMA</b>		<b>Bank Total:</b>		<b>500.00</b>
<b>FUND 1 0</b>	<b>GENERAL FUND - MASCOMA</b>				
004854	BENISTAR/HARTFORD			7/01/2020	69797
JUL'20	RETIREEES HEALTH INS - JULY 2020	0.00	\$2,032.95	0.00	2,032.95
	Desc: Retirees Insurance	Acct: 10-211-418-0100	RETIREE HEALTH INSURANCE		
	Desc: Retirees Insurance	Acct: 10-271-418-0100	RETIREE HEALTH INSURANCE		
	Desc: Retirees Insurance	Acct: 10-325-418-0100	RETIREE HEALTH INSURANCE		
	Vendor Total:		2,032.95	0.00	2,032.95
005951	BLUE CROSS BLUE SHIELD VT	BC/BS OF VERMONT		7/01/2020	69798
JUL'20	HEALTH INSURANCE JULY 2020	20,510.03	\$119,371.18	0.00	119,371.18
	Desc: Health Insurance for July 2020	Acct: 10-121-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 10-121-418-0100	RETIREE HEALTH INSURANCE		
	Desc: Health Insurance for July 2020	Acct: 10-151-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 10-171-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 10-171-418-0100	RETIREE HEALTH INSURANCE		
	Desc: Health Insurance for July 2020	Acct: 10-174-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 10-175-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 10-181-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 10-211-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 10-211-418-0100	RETIREE HEALTH INSURANCE		
	Desc: Health Insurance for July 2020	Acct: 10-221-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 10-221-418-0100	RETIREE HEALTH INSURANCE		
	Desc: Health Insurance for July 2020	Acct: 10-271-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 10-311-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 10-321-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 10-325-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 10-325-418-0100	RETIREE HEALTH INSURANCE		
	Desc: Health Insurance for July 2020	Acct: 10-511-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 10-521-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 10-521-418-0100	RETIREE HEALTH INSURANCE		
	Desc: Health Insurance for July 2020	Acct: 10-622-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 30-971-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 30-975-220-0000	BC/BS		

Report Date: 6/28/20  
11:04AM

**Payment Manifest  
by Vendor ID**

Page: 2  
User: florentina

**Town of Hartford**

ReportAPINHDD\_PmtByDate

Check Date: 7/01/2020 - 7/01/2020

Bank ID	Bank Name	Payee Name	Check Date	Check No.	
Vendor ID	Vendor Name				
<b>Detail:</b> Invoice No.	Invoice Description	Cross Fund	Invoice Amt	Disc. Amt	Net Amt.
	Desc: Health Insurance for July 2020	Acct: 30-975-418-0100	RETIREE HEALTH INSURANCE		
	Desc: Health Insurance for July 2020	Acct: 50-954-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 50-955-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 50-955-418-0100	RETIREE HEALTH INSURANCE		
	Desc: Health Insurance for July 2020	Acct: 55-955-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 55-955-418-0100	RETIREE HEALTH INSURANCE		
	Desc: Health Insurance for July 2020	Acct: 60-961-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 60-961-418-0100	RETIREE HEALTH INSURANCE		
	Desc: Health Insurance for July 2020	Acct: 60-965-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 60-965-418-0100	RETIREE HEALTH INSURANCE		
	Desc: Health Insurance for July 2020	Acct: 65-963-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 65-965-220-0000	BC/BS		
	Desc: Health Insurance for July 2020	Acct: 65-965-418-0100	RETIREE HEALTH INSURANCE		
	<b>Vendor Total:</b>		119,371.18	0.00	119,371.18
026580	LACKARD, JOHN M.	JOHN M. LACKARD	7/01/2020		69799
07.08.2020	2020 SUMMER CONCERT SERIES	0.00	\$400.00	0.00	400.00
	Desc: 2020 SUMMER CONCERT SERIES	Acct: 10-516-318-0000	CONTRACTED SERVICES		
	<b>Vendor Total:</b>		400.00	0.00	400.00
027700	DE LAGE LANDEN	DE LAGE LANDEN	7/01/2020		69800
68436364	LEASE - COPIER JUL'20 - TM	0.00	\$200.02	0.00	200.02
	Desc: LEASE - COPIER JUL'20 - TM	Acct: 10-121-320-0000	EQUIP OPERATION/MAINT-OFFICE		
68436367	LEASE-COPIER JUL'20-FIN	0.00	\$173.42	0.00	173.42
	Desc: LEASE-COPIER JUL'20-FIN	Acct: 10-171-318-0000	CONTRACTED SERVICES		
	<b>Vendor Total:</b>		373.44	0.00	373.44
028026	LINCOLN NATIONAL LIFE INSURANCE CO	LINCOLN NATIONAL LIFE INSURANCE CO	7/01/2020		69801
JUL'20	LIFE INS - JULY 2020	324.46	\$2,182.27	0.00	2,182.27
	Desc: Life Insurance	Acct: 10-121-240-0000	LIFE INSURANCE		
	Desc: Life Insurance	Acct: 10-121-270-0000	AD&D		
	Desc: Life Insurance	Acct: 10-151-240-0000	LIFE INSURANCE		
	Desc: Life Insurance	Acct: 10-151-270-0000	AD&D		
	Desc: Life Insurance	Acct: 10-171-240-0000	LIFE INSURANCE		
	Desc: Life Insurance	Acct: 10-171-270-0000	AD&D		
	Desc: Life Insurance	Acct: 10-174-240-0000	LIFE INSURANCE		
	Desc: Life Insurance	Acct: 10-174-270-0000	AD&D		
	Desc: Life Insurance	Acct: 10-175-240-0000	LIFE INSURANCE		
	Desc: Life Insurance	Acct: 10-175-270-0000	AD&D		
	Desc: Life Insurance	Acct: 10-181-240-0000	LIFE INSURANCE		
	Desc: Life Insurance	Acct: 10-181-270-0000	AD&D		
	Desc: Life Insurance	Acct: 10-211-240-0000	LIFE INSURANCE		
	Desc: Life Insurance	Acct: 10-211-270-0000	AD&D		
	Desc: Life Insurance	Acct: 10-221-240-0000	LIFE INSURANCE		
	Desc: Life Insurance	Acct: 10-221-270-0000	AD&D		
	Desc: Life Insurance	Acct: 10-271-240-0000	LIFE INSURANCE		
	Desc: Life Insurance	Acct: 10-271-270-0000	AD&D		
	Desc: Life Insurance	Acct: 10-312-240-0000	LIFE INSURANCE		
	Desc: Life Insurance	Acct: 10-312-270-0000	AD&D		
	Desc: Life Insurance	Acct: 10-321-240-0000	LIFE INSURANCE		

Report Date: 6/28/20  
11:04AM

**Payment Manifest  
by Vendor ID**

Page: 3  
User: florentina

Town of Hartford

ReportAPINHDD\_PmtByDate

Check Date: 7/01/2020 - 7/01/2020

Bank ID	Bank Name	Payee Name	Check Date	Check No.	
Vendor ID	Vendor Name				
<b>Detail:</b> Invoice No.	Invoice Description	Cross Fund	Invoice Amt	Disc. Amt	Net Amt.
Desc: Life Insurance		Acct: 10-321-270-0000	AD&D		
Desc: Life Insurance		Acct: 10-325-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 10-325-270-0000	AD&D		
Desc: Life Insurance		Acct: 10-511-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 10-511-270-0000	AD&D		
Desc: Life Insurance		Acct: 10-514-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 10-514-270-0000	AD&D		
Desc: Life Insurance		Acct: 10-530-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 10-530-270-0000	AD&D		
Desc: Life Insurance		Acct: 10-621-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 10-621-270-0000	AD&D		
Desc: Life Insurance		Acct: 10-622-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 10-622-270-0000	AD&D		
Desc: Life Insurance		Acct: 30-971-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 30-971-270-0000	AD&D		
Desc: Life Insurance		Acct: 30-975-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 30-975-270-0000	AD&D		
Desc: Life Insurance		Acct: 50-954-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 50-954-270-0000	AD&D		
Desc: Life Insurance		Acct: 50-955-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 50-955-270-0000	AD&D		
Desc: Life Insurance		Acct: 55-955-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 55-955-270-0000	AD&D		
Desc: Life Insurance		Acct: 60-961-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 60-961-270-0000	AD&D		
Desc: Life Insurance		Acct: 60-965-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 60-965-270-0000	AD&D		
Desc: Life Insurance		Acct: 65-963-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 65-963-270-0000	AD&D		
Desc: Life Insurance		Acct: 65-965-240-0000	LIFE INSURANCE		
Desc: Life Insurance		Acct: 65-965-270-0000	AD&D		
Vendor Total:			2,182.27	0.00	2,182.27
028345	LOVEJOY, JOHN	JOHN LOVEJOY	7/01/2020	69802	
07.01.2020	2020 SUMMER CONCERT SERIES	0.00	\$400.00	0.00	400.00
Desc:	2020 SUMMER CONCERT SERIES	Acct: 10-516-318-0000	CONTRACTED SERVICES		
Vendor Total:			400.00	0.00	400.00
028850	MAGEE OFFICE EQUIPMENT INC.		7/01/2020	69803	
C-01071468 - 2	WIDE COPIER - LEASE JUL-AUG'20	0.00	\$144.00	0.00	144.00
Desc:	WIDE COPIER - LEASE JUL-AUG'20	Acct: 10-151-318-0000	CONTRACTED SERVICES		
Vendor Total:			144.00	0.00	144.00
031920	MUDGETT, JENNETT & KROGH-WISNER, PC		7/01/2020	69804	
110250	FYE 2020 Audit - MAY 22, 2020	0.00	\$8,500.00	0.00	8,500.00
Desc:	FYE 2020 Audit - MAY 22, 2020	Acct: 10-173-318-0000	CONTRACTED SERVICES		
Vendor Total:			8,500.00	0.00	8,500.00
032101	MVP HEALTH CARE, INC	MVP HEALTH CARE, INC	7/01/2020	69805	
JUL'20	RETIREEES HEALTH INS JULY 2020	3,443.60	\$10,330.80	0.00	10,330.80

Report Date: 6/28/20  
11:04AM

**Payment Manifest**  
**by Vendor ID**  
**Town of Hartford**

Page: 4  
User: florentina  
ReportAPINHDD\_PmtByDate

Check Date: 7/01/2020 - 7/01/2020

Bank ID	Bank Name	Payee Name	Check Date	Check No.	
Vendor ID	Vendor Name				
<b>Detail:</b> Invoice No.	Invoice Description	Cross Fund	Invoice Amt	Disc. Amt	Net Amt.
Desc: Retirees Health Insurance		Acct: 10-121-418-0100	RETIREE HEALTH INSURANCE		
Desc: Retirees Health Insurance		Acct: 10-171-418-0100	RETIREE HEALTH INSURANCE		
Desc: Retirees Health Insurance		Acct: 10-174-418-0100	RETIREE HEALTH INSURANCE		
Desc: Retirees Health Insurance		Acct: 10-211-418-0100	RETIREE HEALTH INSURANCE		
Desc: Retirees Health Insurance		Acct: 10-221-418-0100	RETIREE HEALTH INSURANCE		
Desc: Retirees Health Insurance		Acct: 50-954-418-0100	RETIREE HEALTH INSURANCE		
Desc: Retirees Health Insurance		Acct: 60-961-418-0100	RETIREE HEALTH INSURANCE		
Desc: Retirees Health Insurance		Acct: 50-954-418-0100	RETIREE HEALTH INSURANCE		
Vendor Total:			10,330.80	0.00	10,330.80
034800	NORTHEAST DELTA DENTAL		7/01/2020		69806
JUL'20	DENTAL INSURANCE JULY 2020	-44.93	\$51.83	0.00	51.83
Desc: Dental		Acct: 10-121-230-0000	DENTAL		
Desc: Dental		Acct: 10-121-230-0000	DENTAL		
Desc: Dental		Acct: 10-151-230-0000	DENTAL		
Desc: Dental		Acct: 10-151-230-0000	DENTAL		
Desc: Dental		Acct: 10-171-230-0000	DENTAL		
Desc: Dental		Acct: 10-171-230-0000	DENTAL		
Desc: Dental		Acct: 10-174-230-0000	DENTAL		
Desc: Dental		Acct: 10-174-230-0000	DENTAL		
Desc: Dental		Acct: 10-175-230-0000	DENTAL		
Desc: Dental		Acct: 10-175-230-0000	DENTAL		
Desc: Dental		Acct: 10-181-230-0000	DENTAL		
Desc: Dental		Acct: 10-181-230-0000	DENTAL		
Desc: Dental		Acct: 10-211-230-0000	DENTAL		
Desc: Dental		Acct: 10-211-230-0000	DENTAL		
Desc: Dental		Acct: 10-221-230-0000	DENTAL		
Desc: Dental		Acct: 10-221-230-0000	DENTAL		
Desc: Dental		Acct: 10-271-230-0000	DENTAL		
Desc: Dental		Acct: 10-271-230-0000	DENTAL		
Desc: Dental		Acct: 10-311-230-0000	DENTAL		
Desc: Dental		Acct: 10-311-230-0000	DENTAL		
Desc: Dental		Acct: 10-311-230-0000	DENTAL		
Desc: Dental		Acct: 10-311-230-0000	DENTAL		
Desc: Dental		Acct: 10-321-230-0000	DENTAL		
Desc: Dental		Acct: 10-321-230-0000	DENTAL		
Desc: Dental		Acct: 10-325-230-0000	DENTAL		
Desc: Dental		Acct: 10-325-230-0000	DENTAL		
Desc: Dental		Acct: 10-325-418-0100	RETIREE HEALTH INSURANCE		
Desc: Dental		Acct: 10-325-418-0100	RETIREE HEALTH INSURANCE		
Desc: Dental		Acct: 10-511-230-0000	DENTAL		
Desc: Dental		Acct: 10-511-230-0000	DENTAL		
Desc: Dental		Acct: 10-514-230-0000	DENTAL		
Desc: Dental		Acct: 10-514-230-0000	DENTAL		
Desc: Dental		Acct: 10-521-230-0000	DENTAL		
Desc: Dental		Acct: 10-521-230-0000	DENTAL		
Desc: Dental		Acct: 10-621-230-0000	DENTAL		
Desc: Dental		Acct: 10-621-230-0000	DENTAL		
Desc: Dental		Acct: 10-622-230-0000	DENTAL		
Desc: Dental		Acct: 10-622-230-0000	DENTAL		
Desc: Dental		Acct: 30-971-230-0000	DENTAL		

Report Date: 6/28/20  
11:04AM

**Payment Manifest  
by Vendor ID**

Page: 5  
User: florentina

Town of Hartford

ReportAPINHDD\_PmtByDate

Check Date: 7/01/2020 - 7/01/2020

Bank ID	Bank Name	Payee Name	Check Date	Check No.	
Vendor ID	Vendor Name				
<b>Detail:</b> Invoice No.	Invoice Description	Cross Fund	Invoice Amt	Disc. Amt	Net Amt.
	Desc: Dental	Acct: 30-971-230-0000	DENTAL		
	Desc: Dental	Acct: 30-975-230-0000	DENTAL		
	Desc: Dental	Acct: 30-975-230-0000	DENTAL		
	Desc: Dental	Acct: 50-954-230-0000	DENTAL		
	Desc: Dental	Acct: 50-954-230-0000	DENTAL		
	Desc: Dental	Acct: 50-955-230-0000	DENTAL		
	Desc: Dental	Acct: 50-955-230-0000	DENTAL		
	Desc: Dental	Acct: 55-955-230-0000	DENTAL		
	Desc: Dental	Acct: 55-955-230-0000	DENTAL		
	Desc: Dental	Acct: 60-961-230-0000	DENTAL		
	Desc: Dental	Acct: 60-961-230-0000	DENTAL		
	Desc: Dental	Acct: 60-965-230-0000	DENTAL		
	Desc: Dental	Acct: 60-965-230-0000	DENTAL		
	Desc: Dental	Acct: 65-963-230-0000	DENTAL		
	Desc: Dental	Acct: 65-963-230-0000	DENTAL		
	Desc: Dental	Acct: 65-965-230-0000	DENTAL		
	Desc: Dental	Acct: 65-965-230-0000	DENTAL		
		Vendor Total:	51.83	0.00	51.83
043426	FIRSTLIGHT FIBER	SOVERNET COMMUNICATIONS	7/01/2020		69807
7358040-2	TELEPHONES JULY 2020	129.42	\$1,215.10	0.00	1,215.10
	Desc: telephone	Acct: 10-211-324-0000	TELEPHONE		
	Desc: telephone	Acct: 10-221-324-0000	TELEPHONE		
	Desc: telephone	Acct: 10-271-324-0000	TELEPHONE		
	Desc: telephone	Acct: 10-121-324-0000	TELEPHONE		
	Desc: telephone	Acct: 10-151-324-0000	TELEPHONE		
	Desc: telephone	Acct: 10-171-324-0000	TELEPHONE		
	Desc: telephone	Acct: 10-174-324-0000	TELEPHONE		
	Desc: telephone	Acct: 10-181-324-0000	TELEPHONE		
	Desc: telephone	Acct: 10-511-324-0000	TELEPHONE		
	Desc: telephone	Acct: 10-622-324-0000	TELEPHONE		
	Desc: telephone	Acct: 10-530-324-0000	Telephone		
	Desc: telephone	Acct: 50-952-324-0000	TELEPHONE		
	Desc: telephone	Acct: 60-961-324-0000	TELEPHONE		
	Desc: telephone	Acct: 30-971-324-0000	TELEPHONE		
	Desc: telephone	Acct: 65-963-324-0000	TELEPHONE		
	Desc: telephone	Acct: 60-962-324-0000	TELEPHONE		
	Desc: telephone	Acct: 10-321-324-0000	TELEPHONE		
	Desc: telephone	Acct: 10-325-324-0000	TELEPHONE		
		Vendor Total:	1,215.10	0.00	1,215.10
045520	TEXAS CAPITAL BANK	TEXAS CAPITAL BANK	7/01/2020		69808
144029	JULY'20 PMNT 2020NISSAN LEAF	0.00	\$663.79	0.00	663.79
	Desc: JULY'20 PMNT 2020NISSAN LEAF	Acct: 10-161-331-0000	DEPARTMENT EQUIPMENT		
		Vendor Total:	663.79	0.00	663.79
048600	VERMONT AGENCY OF TRANSPORTATION		7/01/2020		69809
B2009447	Welcome Center Rent-JUL'20	0.00	\$1,307.43	0.00	1,307.43
	Desc: Welcome Center Rent-JUL'20	Acct: 10-531-318-0500	Contracted Services		

Report Date: 6/28/20  
11:04AM

**Payment Manifest**  
**by Vendor ID**  
**Town of Hartford**

Page: 6  
User: florentina

ReportAPINHDD\_PmtByDate

Check Date: 7/01/2020 - 7/01/2020

Bank ID	Bank Name	Payee Name	Check Date	Check No.	
Vendor ID	Vendor Name				
<b>Detail:</b> Invoice No.	Invoice Description	Cross Fund	Invoice Amt	Disc. Amt	Net Amt.
Vendor Total:			1,307.43	0.00	1,307.43
050100	VERMONT LEAGUE OF CITIES AND TOWNS		7/01/2020	69810	
21-RD089	FY'21 REGULAR MEMBERSHIP DUES	0.00	\$13,500.00	0.00	13,500.00
	Desc: FY'21 REGULAR MEMBERSHIP DUES	Acct: 10-121-313-0000	MEMBERSHIP DUES		
Vendor Total:			13,500.00	0.00	13,500.00
050250	VERMONT LEAGUE OF CITIES AND TOWNS		7/01/2020	69811	
2020 Q3	W/C & LIABILITY INS Q1 FY 2021	45,101.42	\$242,291.00	0.00	242,291.00
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-121-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-121-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-151-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-171-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-174-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-175-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-181-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-211-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-221-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-271-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-311-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-312-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-321-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-325-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-511-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-514-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-521-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-527-250-0000	Work Comp		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-530-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-621-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-622-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 10-712-316-0500	APPROP - W. HARTFORD LIBRARY		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 30-971-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 30-974-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 30-975-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 50-954-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 50-955-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 55-955-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 60-961-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 60-965-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 65-963-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 Work Comp - 3rd qt	Acct: 65-965-250-0000	WORKERS COMP		
	Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca	Acct: 10-111-418-0000	PROPERTY & LIABILITY INSURANCE		
	Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca	Acct: 10-115-418-0000	PROPERTY & LIABILITY INSURANCE		
	Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca	Acct: 10-121-418-0000	PROPERTY & LIABILITY INSURANCE		
	Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca	Acct: 10-131-418-0000	PROPERTY & LIABILITY INSURANCE		
	Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca	Acct: 10-151-418-0000	PROPERTY & LIABILITY INSURANCE		
	Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca	Acct: 10-161-418-0000	PROPERTY & LIABILITY INSURANCE		
	Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca	Acct: 10-171-418-0000	PROPERTY & LIABILITY INSURANCE		
	Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca	Acct: 10-174-418-0000	PROPERTY & LIABILITY INSURANCE		
	Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca	Acct: 10-175-418-0000	PROPERTY & LIABILITY INSURANCE		
	Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca	Acct: 10-271-418-0000	PROPERTY & LIABILITY INSURANCE		

Report Date: 6/28/20  
11:04AM

**Payment Manifest  
by Vendor ID**

Page: 7  
User: florentina

Town of Hartford

ReportAPINHDD\_PmtByDate

Check Date: 7/01/2020 - 7/01/2020

Bank ID	Bank Name	Payee Name	Check Date	Check No.	
Vendor ID	Vendor Name				
<b>Detail:</b> Invoice No.	Invoice Description	Cross Fund	Invoice Amt	Disc. Amt	Net Amt.
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-211-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-221-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-325-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-421-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-511-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-512-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-521-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-515-418-0000	Property Liability Insurance		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-516-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-514-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-621-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-622-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-623-418-0000	Property & Liability Ins		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-524-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 50-955-418-0000	PROPERTY & LIABILITY INS		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 60-961-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 55-955-418-0000	PROPERTY & LIABILITY INS		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 65-963-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 30-975-418-0000	PROPERTY & LIABILITY INS		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-181-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-013-100-0000	EXCHANGES PAYABLE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-527-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-528-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-530-418-0000	PROPERTY & LIABILITY INSURANCE		
Desc: 1st qtr FYE 2021 P & L - 3rd qtr Ca		Acct: 10-313-418-0000	PROPERTY & LIABILITY INSURANCE		
Vendor Total:			242,291.00	0.00	242,291.00
051943	VISION SERVICE PLAN	VISION SERVICE PLAN	7/01/2020		69812
JUL'20	VISION INSURANCE JULY 2020	0.00	\$1,976.60	0.00	1,976.60
Desc: VISION INSURANCE JULY 2020		Acct: 10-012-300-0225	ACCRUED VISION INSURANCE PAYAI		
Vendor Total:			1,976.60	0.00	1,976.60
053000	WHITE RIVER COUNCIL ON AGING		7/01/2020		69813
2021 - APPROP 1	1/2 APPROPRIATION FY'21	0.00	\$41,825.00	0.00	41,825.00
Desc: 1/2 APPROPRIATION FY'21		Acct: 10-421-318-0100	CONTRACT SERV WR COUNCIL/AGIN		
'21 Q1	CONTRACTED SERVICES JUL-SEP 202	0.00	\$6,132.50	0.00	6,132.50
Desc: CONTRACTED SERVICES JUL-SEP 2020		Acct: 10-421-318-0200	CONTRACT SERV SENIOR CTR ADM		
Vendor Total:			47,957.50	0.00	47,957.50
053950	WINDSOR COUNTY TREASURER		7/01/2020		69814
'20/'21	FY'21 WINDSOR COUNTY TAX&BOND I	0.00	\$107,614.00	0.00	107,614.00
Desc: FY'21 WINDSOR COUNTY TAX&BOND PMT		Acct: 10-831-318-0000	CONTRACTED SERVICES		
Vendor Total:			107,614.00	0.00	107,614.00
500387	EXECUSUITE, LLC		7/01/2020		69815
11186	RENT - JULY 2020	0.00	\$400.00	0.00	400.00
Desc: RENT - JULY 2020		Acct: 10-121-318-0600	CONTRACT SERVICES - PARKING RE		
Vendor Total:			400.00	0.00	400.00



Report Date: 6/28/20  
11:04AM

**Payment Manifest**  
**by Vendor ID**  
**Town of Hartford**

Page: 8  
User: florentina  
ReportAPINHDD\_PmtByDate

Check Date: 7/01/2020 - 7/01/2020

Bank ID	Bank Name	Payee Name	Check Date	Check No.	
Vendor ID	Vendor Name				
<b>Detail:</b> Invoice No.	Invoice Description	Cross Fund	Invoice Amt	Disc. Amt	Net Amt.

**FUND 1 0**

**Bank Total:**

**560,711.89**

	Holdback Total				592,095.89
<b>Batch Totals:</b>	0.00	69,464.00		0.00	661,559.89

- \_\_\_\_\_ DAN FRASER
- \_\_\_\_\_ SIMON DENNIS
- \_\_\_\_\_ ALICIA BARROW
- \_\_\_\_\_ ALAN JOHNSON
- \_\_\_\_\_ JOSEPH MAJOR
- \_\_\_\_\_ KIM SOUZA
  
- \_\_\_\_\_ J. BRANNON GODFREY JF
- \_\_\_\_\_ GAIL OSTROUT
- \_\_\_\_\_ JOHN J. CLERKIN