

MUHLENBERG CO WATER DISTRICT #1 Vendor History Report

Order By
Vendor Number Range 1222 To 1222
Vendor Name Range Not Applicable
Vendor Type REGULAR VENDOR
Transaction Date Range 01/01/2023 To 12/31/2023
Include Miscellaneous Vendors
Include Checks
Include Vouchers **Print Voucher Expense Detail**
Print Vendor Totals Only

Voucher Type	Voucher Number	Invoice Date	Invoice Number	AP Account	Invoice Amount	Void
Vendor	1222	BMS, LLC	P.O. Box 43653		Louisville, KY 40253-0653	
Invoice	19549	01/04/2023	01042023	00231-0000	\$5,000.00	<input type="checkbox"/>
Invoice	19597	01/23/2023	01232023	00231-0000	\$227.00	<input type="checkbox"/>
Invoice	19693	02/21/2023	02212023	00231-0000	\$77.00	<input type="checkbox"/>
Invoice	19791	03/20/2023	03202023	00231-0000	\$77.00	<input type="checkbox"/>
Invoice	19878	04/17/2023	04172023	00231-0000	\$77.00	<input type="checkbox"/>
Invoice	19928	05/01/2023	05012023	00231-0000	\$10,000.00	<input type="checkbox"/>
Invoice	19957	05/15/2023	05152023	00231-0000	\$227.00	<input type="checkbox"/>
Invoice	20023	06/05/2023	06052023	00231-0000	\$10,000.00	<input type="checkbox"/>
Invoice	20115	07/05/2023	070523	00231-0000	\$10,000.00	<input type="checkbox"/>
Invoice	20151	07/17/2023	07212023	00231-0000	\$77.00	<input type="checkbox"/>
Invoice	20213	08/07/2023	08072023	00231-0000	\$10,077.00	<input type="checkbox"/>
Invoice	20259	08/21/2023	08212023	00231-0000	\$77.00	<input type="checkbox"/>
Invoice	20318	09/05/2023	09052023	00231-0000	\$10,000.00	<input type="checkbox"/>
Invoice	20354	09/18/2023	09182023	00231-0000	\$77.00	<input type="checkbox"/>
Invoice	20401	10/03/2023	10032023	00231-0000	\$10,000.00	<input type="checkbox"/>
Invoice	20493	11/06/2023	11062023	00231-0000	\$10,000.00	<input type="checkbox"/>
Invoice	20529	11/21/2023	11212023	00231-0000	\$77.00	<input type="checkbox"/>
Invoice	20579	12/04/2023	12042023	00231-0000	\$5,000.00	<input type="checkbox"/>
Invoice	20612	12/19/2023	12192023	00231-0000	\$77.00	<input type="checkbox"/>
Voucher Totals For Vendor 1222 BMS, LLC				19 Vouchers	\$81,147.00	



P.O. Box 43653
Louisville, KY 40253-0653

1222
604.8
VH
2/13

BMS LLC ADMINISTRATIVE FEE INVOICE	
Billing Date (Current Month of Service)	Invoice #
1/15/2025	182056

Invoice Issued To:
Muhlenberg County Water District Attn: Ronda Hearld 301 Dean Road Greenville, KY 42345

CHK# 50321
1-22-25

Questions about your
Invoice?
Please contact our Billing
Dept at:
billing@bmsllc.net

Terms	Payment Due By This Date
Net 30	2/14/2025

Description of Services	# of Part./Mo.	Fee	Amount
Health Reimbursement Arrangements (HRA) (Annual Renewal Fee) JANUARY		150.00	150.00
Health Reimbursement Arrangements (HRA)	14	5.50	77.00

FSA/HRA/HSA Clients:

- 1.) Adds and Terms not received in our office by the 10th of each month, will NOT be reflected on this current invoice.
- 2.) Any terms incurred in the billing month are invoiced for the full month of service.
- 3.) Please pay as invoiced.
- 4.) If paying this invoice via check, do not co-mingle fees with funding remittance to comply with IRS guidelines.
- 5.) Please visit our website at www.bmsllc.net each month to generate reports to confirm enrollment in your Plans.
- 6.) We strongly encourage you to pay via eCheck each month by clicking on the link at the bottom of the email.

COBRA Clients:

- 1.) Visit our website each month at www.bmsllc.net for reports of COBRA activity.
- 2.) Please pay as invoiced.
- 3.) We strongly encourage you to pay via eCheck each month by clicking on the link at the bottom of the email.

Total	\$227.00
Payments/Credits	\$0.00
Balance Due	\$227.00

Please Note: In order to avoid any issues with our services, payment is due no later than 30 days from the date of the invoice. Late payments are subject to finance fees.

2025

	DATE SENT	AMOUNT	
JANUARY	1-7-25	500000	51,302.99
FEBRUARY	2-3-25	5000.00	Balance before deposit 44,164.18
MARCH			
APRIL			
MAY			
JUNE			
JULY			
AUGUST			
SEPTEMBER			
OCTOBER			
NOVEMBER			
DECEMBER			

BMS 502-244-1161
P O BOX 43653
LOUISVILLE, KY 40253-0653

1722

604.8

Payment Confirmation

Your contribution summary payment has been submitted.

Please print a copy for your records.

Payment Details

Employer:

No89 - MUHLENBERG COUNTY WATER DISTRICT

Report:

CERS - 01/2025

Payment Date:

1/29/2025

Payment From:

General - OLD NATIONAL BANK, ...3761

Summary Totals

Regular Contributions:

\$26,198.77

State-funded Expenses:

\$0.00

Adjustments:


\$0.00


IPS:

\$0.00

Invoices:

\$0.00

Print 

Pay another monthly summary 

Monthly Report

Your monthly detail report has been submitted.

Report Details

Employer:

No89 - MUHLENBERG COUNTY WATER DISTRICT

Report:

CERS - 01/2025

Date Submitted:

1/29/2025 8:53:03 AM

Report Totals

Salary:

\$104,045.41

Employee Contributions:

\$5,163.83

Health Insurance Contributions:

\$679.07

Employer Contributions:

\$20,355.87

Number of Contributions:

16

[Click here to submit the Jan 2025 monthly summary for MUHLENBERG COUNTY WATER DISTRICT.](#)

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[Return to Monthly Summary](#)

Payroll Summary

[Invoices](#)

[Review & Remit](#)

Enter or confirm the salary amounts listed for each contribution group. If your report contains adjustments or IPS payments, enter or confirm those amounts. When finished, click **Save**.

Regular Contributions

CERS Non- Hazardous		Salary		EECON	
w/ Health Insurance	\$	28310.30		1415.51	5.00%
w/o Health Insurance	\$	35368.32		1768.41	5.00%
Cash Balance	\$	39598.19		1979.91	5.00%
Non-participating	\$	768.60		0.00	0.00%
Retired/Re-employed	\$	0.00		0.00	0.00%
Totals for CERS Non-Hazardous				\$5,163.83	

State-funded Expenses

There are no state-funded expenses for this summary.

Sick Leave ERPAY Credits

There are no sick leave ERPAY credits for this summary.

Adjustments

Retirement Plan		EECON		HICON	
CERS Non-Hazardous	\$	0.00	\$	0.00	\$
Totals		\$0.00		\$0.00	

IPS Contributions

Retirement Plan		EECON
CERS Non-Hazardous	\$	0.00
Totals		\$0.00