

# VOUCHER APPROVALS

Spokane Fire District 5

Time: 13:05:46 Date: 02/01/2026

12/06/2025 To: 12/06/2025

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Voucher Claimant	Trans	Date	Type	Acct #	Amount	Memo
1877 Employee Paycheck	294	12/15/2025	Payroll	1	1,193.39	MCCABETH
1877 Employee Paycheck	295	12/15/2025	Payroll	1	594.73	ALVADAVE
1878 Employee Paycheck	296	12/15/2025	Payroll	1	170.12	BROWKAYL
1879 Employee Paycheck	297	12/15/2025	Payroll	1	20.25	COCKCORE
1880 Employee Paycheck	300	12/15/2025	Payroll	1	493.95	DURHISLA
1881 Employee Paycheck	301	12/15/2025	Payroll	1	20.25	FLINMIKE
1882 Employee Paycheck	302	12/15/2025	Payroll	1	243.02	GROSCCLIF
1883 Employee Paycheck	303	12/15/2025	Payroll	1	60.76	GROSGARY
1884 Employee Paycheck	304	12/15/2025	Payroll	1	141.76	GROSJARE
1885 Employee Paycheck	305	12/15/2025	Payroll	1	101.26	GROSMICH
1886 Employee Paycheck	306	12/15/2025	Payroll	1	222.77	GUMMIJOE
1887 Employee Paycheck	307	12/15/2025	Payroll	1	22.27	HENRNICK
1888 Employee Paycheck	308	12/15/2025	Payroll	1	121.51	HOFEADAM
1889 Employee Paycheck	309	12/15/2025	Payroll	1	334.17	HOFEDUST
1890 Employee Paycheck	310	12/15/2025	Payroll	1	334.17	LUCHBRYA
1891 Employee Paycheck	311	12/15/2025	Payroll	1	490.11	LUCHGREG
1892 Employee Paycheck	312	12/15/2025	Payroll	1	820.22	LYNCSCOT
1893 Employee Paycheck	313	12/15/2025	Payroll	1	101.26	MCADMILE
1894 Employee Paycheck	314	12/15/2025	Payroll	1	24.31	MCCABETH
1895 Employee Paycheck	315	12/15/2025	Payroll	1	52.65	MCCAMASO
1896 Employee Paycheck	316	12/15/2025	Payroll	1	81.01	MCLEDANO
1897 Employee Paycheck	317	12/15/2025	Payroll	1	10.76	MCLEJESS
1898 Employee Paycheck	318	12/15/2025	Payroll	1	267.33	STILMICH
1899 Employee Paycheck	319	12/15/2025	Payroll	1	182.27	WOHLVANO
Total Vouchers:					6,104.30	

CERTIFICATION: I, the undersigned do hereby certify under penalty of perjury, that the materials have been furnished, the services rendered or the labor performed as described and that the claim is a due and unpaid obligation against the Spokane County Fire Protection District 5 and that I am authorized to authenticate and certify to said claim.

Commissioner Chair \_\_\_\_\_

Commissioner \_\_\_\_\_

Commissioner \_\_\_\_\_

Secretary (attest) \_\_\_\_\_ Date: \_\_\_\_\_