

VILLAGE OF CLARENDON HILLS

July 31, 2014

CLAIMS ORDINANCE # 14-08-01M

2015 Fiscal Year Disbursements

July 2014 Manual Checks

CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
DONALD HOFFMAN FF DUTY BOOTS REPAIR	.1180	80.00	UNIFORMS/CLOTHING/EQUIPM	01.530.4317	07/24/14	764 00003	
GESIOR/JOSEPH H REBATE-406 COLFAX	99371	11.50CR	REBATES	65.590.4213	09-10-401-050	764 00005	
ILLINOIS LIQUOR CONTROL LIQUOR LICENSE DITS	41810	12.00	SPECIAL EVENTS COMMITTEE	01.504.4203	07/30/14	764 00001	
INTERGOVERNMENTAL PERSON	42399						
HEALTH INSURANCE	2,841.22		DUE FROM CH LIBRARY FUND	01.000.1340	JULY 2014	736 00008	
DENTAL INSURANCE	180.80		DUE FROM CH LIBRARY FUND	01.000.1340	JULY 2014	736 00017	
HEALTH INSURANCE	4,856.20		RETIREE/COBRA INSURANCE	01.000.1375	JULY 2014	736 00009	
DENTAL INSURANCE	456.72		RETIREE/COBRA INSURANCE	01.000.1375	JULY 2014	736 00018	
SUPP LIFE INS	235.02		EMPLOYEE SUPP. INS. CONT	01.000.2031	JULY 2014	736 00019	
HEALTH INSURANCE	2,988.34		HEALTH/DENTAL INSURANCE	01.510.4120	JULY 2014	736 00001	
DENTAL INSURANCE	168.42		HEALTH/DENTAL INSURANCE	01.510.4120	JULY 2014	736 00010	
HEALTH INSURANCE	4,605.51		HEALTH/DENTAL INSURANCE	01.512.4120	JULY 2014	736 00002	
DENTAL INSURANCE	240.29		HEALTH/DENTAL INSURANCE	01.512.4120	JULY 2014	736 00011	
HEALTH INSURANCE	20,465.49		HEALTH/DENTAL INSURANCE	01.520.4120	JULY 2014	736 00003	
DENTAL INSURANCE	1,045.70		HEALTH/DENTAL INSURANCE	01.520.4120	JULY 2014	736 00012	
HEALTH INSURANCE	2,092.16		HEALTH/DENTAL INSURANCE	01.530.4120	JULY 2014	736 00004	
DENTAL INSURANCE	144.15		HEALTH/DENTAL INSURANCE	01.530.4120	JULY 2014	736 00013	
HEALTH INSURANCE	5,715.85		HEALTH/DENTAL INSURANCE	01.540.4120	JULY 2014	736 00005	
DENTAL INSURANCE	295.73		HEALTH/DENTAL INSURANCE	01.540.4120	JULY 2014	736 00014	
HEALTH INSURANCE	3,524.00		HEALTH/DENTAL INSURANCE	01.550.4120	JULY 2014	736 00006	
DENTAL INSURANCE	168.38		HEALTH/DENTAL INSURANCE	01.550.4120	JULY 2014	736 00015	
HEALTH INSURANCE	3,810.57		HEALTH/DENTAL INSURANCE	20.560.4120	JULY 2014	736 00007	
DENTAL INSURANCE	197.15		HEALTH/DENTAL INSURANCE	20.560.4120	JULY 2014	736 00016	
	54,031.70		*TOTAL				
PENN/BRUCE DITS BAND 07/23/14	69760	1,500.00	SPECIAL EVENTS COMMITTEE	01.504.4203	07/22/14	764 00004	
SCOTT ANDERSON BAND DITS 7/16/14	77641	1,500.00	SPECIAL EVENTS COMMITTEE	01.504.4203	07/02/14	764 00002	
	57,112.20		**CLAIMS TOTAL				

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Claims Register

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CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
REPORT TOTALS:		57,112.20					

RECORDS PRINTED - 000024

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Claims Register

VILLAGE OF CLARENDON HILLS
GL060S-V07.24 RECAPPAGE
GL540R

FUND RECAP:

FUND	DESCRIPTION	DISBURSEMENTS
01	GENERAL FUND	53,115.98
20	WATER FUND	4,007.72
65	CAPITAL PROJECTS/IMPROVEMENT	11.50 CR
TOTAL ALL FUNDS		57,112.20

BANK RECAP:

BANK	NAME	DISBURSEMENTS
		57,112.20
	CLARENDON HILLS BANK	57,112.20
TOTAL ALL BANKS		57,112.20

THE PRECEDING LIST OF BILLS PAYABLE WAS REVIEWED AND APPROVED FOR PAYMENT.

DATE APPROVED BY

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