VILLAGE OF CLARENDON HILLS, 2013

November 4, 2013
CLAIMS ORDINANCE # 13-11-01M

2014 Fiscal Year Disbursements

October 2013 Manual Checks

CLAIM NUMBER / DESCRIPTION		AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
COLLIE CONSTRUCTION	15170						
UNCASHD CK47479		1,000.00CR	UNCASHED CHECKS	01.000.2070	113 BYRD		608 00003
D.F. STRUCTURES	17050						
UNCASHD CK47578		250.00CR	UNCASHED CHECKS	01.000.2070	286 STONEGATE		608 00004
UNCASHD CK47578		33.00	UNCASHED CHECKS	01.000.2070	286 STONEGATE		608 00005
		217.00CR	*TOTAL				
DANSA DEVELOPMENT & MGMT	17310						
UNCASHD CK47580		500.00CR	UNCASHED CHECKS	01.000.2070	430 TRAUBE		608 00006
UNCASHD CK47580		500.00CR	UNCASHED CHECKS	01.000.2070	430 TRAUBE		608 00007
UNCASHD CK47580		3,000.00CR	UNCASHED CHECKS	01.000.2070	430 TRAUBE		608 00008
UNCASHD CK47580		2,392.50CR	UNCASHED CHECKS	01.000.2070	430 TRAUBE		608 00009
UNCASHD CK47580		500.00CR	UNCASHED CHECKS	01.000.2070	430 TRAUBE		608 00010
		6,892.50CR	*TOTAL				
DRESSLER BLOCK CONCRETE	19287						
112712-273 STONEGATE		1,127.12CR	REFUNDABLE DEP PKY/STR	01.000.2510	273 STONEGATE		608 00001
I.D.O.A. REGION 3	41788						
UNCASHD CK44072		424.00CR	UNCASHED CHECKS	01.000.2070	11/17/11		608 00016
ILLINOIS TACTICAL OFFICE	41802						
CONFERENCE-SHIRLEY		30.00	CONFERENCES/TRAINING/MEE	01.521.4291	11/24-11/26/13		608 00017
INTERGOVERNMENTAL PERSON	42399						
HEALTH INSURANCE		2,746.17	DUE FROM CH LIBRARY FUND	01.000.1340	OCT 2013		582 00008
DENTAL INSURANCE		160.55	DUE FROM CH LIBRARY FUND	01.000.1340	OCT 2013		582 00017
HEALTH INSURANCE		5,265.26	RETIREE/COBRA INSURANCE	01.000.1375	OCT 2013		582 00009
DENTAL INSURANCE		373.51	RETIREE/COBRA INSURANCE	01.000.1375	OCT 2013		582 00018
SUPP LIFE INS		213.22	EMPLOYEE SUPP. INS. CONT	01.000.2031	OCT 2013		582 00019
HEALTH INSURANCE		2,889.94	HEALTH/DENTAL INSURANCE	01.510.4120	OCT 2013		582 00001
DENTAL INSURANCE		149.57	HEALTH/DENTAL INSURANCE	01.510.4120	OCT 2013		582 00010
HEALTH INSURANCE		4,450.53	HEALTH/DENTAL INSURANCE	01.512.4120	OCT 2013		582 00002
DENTAL INSURANCE		213.41	HEALTH/DENTAL INSURANCE	01.512.4120	OCT 2013		582 00011
HEALTH INSURANCE		19,141.19	HEALTH/DENTAL INSURANCE	01.520.4120	OCT 2013		582 00003
DENTAL INSURANCE		928.70	HEALTH/DENTAL INSURANCE	01.520.4120	OCT 2013		582 00012
HEALTH INSURANCE		2,022.28	HEALTH/DENTAL INSURANCE	01.530.4120	OCT 2013		582 00004
DENTAL INSURANCE		128.03	HEALTH/DENTAL INSURANCE	01.530.4120	OCT 2013		582 00013
HEALTH INSURANCE		5,521.85	HEALTH/DENTAL INSURANCE	01.540.4120	OCT 2013		582 00005
DENTAL INSURANCE		262.64	HEALTH/DENTAL INSURANCE	01.540.4120	OCT 2013		582 00014
HEALTH INSURANCE		3,405.65	HEALTH/DENTAL INSURANCE	01.550.4120	OCT 2013		582 00006
DENTAL INSURANCE		149.53	HEALTH/DENTAL INSURANCE	01.550.4120	OCT 2013		582 00015
HEALTH INSURANCE		3,681.24	HEALTH/DENTAL INSURANCE	20.560.4120	OCT 2013		582 00007
DENTAL INSURANCE		175.09	HEALTH/DENTAL INSURANCE	20.560.4120	OCT 2013		582 00016
		51,878.36	*TOTAL				
SECRETARY OF STATE	77948						
1W80KAK489622		95.00	ARTICLE 36 EXPENDITURES	01.520.4215	80-EL CAMINO		608 00002
ULA BUILDERS	83620						
UNCASHD CK47642		500.00CR	UNCASHED CHECKS	01.000.2070	131 HIAWATHA		608 00011
UNCASHD CK47642		3,000.00CR	UNCASHED CHECKS	01.000.2070	131 HIAWATHA		608 00012
UNCASHD CK47642		4,906.00CR	UNCASHED CHECKS	01.000.2070	131 HIAWATHA		608 00013
UNCASHD CK47642		500.00CR	UNCASHED CHECKS	01.000.2070	131 HIAWATHA		608 00014
		8,906.00CR	*TOTAL				

CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
WROBLEWSKI/MICHAEL .1132	WTR REF-419 CLARENDON CT	12.46CR	WATER ACCOUNTS RECEIVABL	20.000.1156	730-0019-00-03		608 00015
		33,424.28	**CLAIMS TOTAL				

FUND RECAP:

FUND	DESCRIPTION	DISBURSEMENTS
01	GENERAL FUND	29,580.41
20	WATER FUND	3,843.87
TOTAL ALL FUNDS		33,424.28

BANK RECAP:

BANK	NAME	DISBURSEMENTS
BANK	CLARENDON HILLS BANK	33,424.28
TOTAL ALL BANKS		33,424.28

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

DATE .... APPROVED BY .... President

.... Finance Chair

.... Village Clerk