

VILLAGE OF CLARENDON HILLS

April 30, 2017

CLAIMS ORDINANCE # 17-04-01M

2017 Calendar Year Disbursements

April 2017 Manual Checks

Claims Register

CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
ILLINOIS LIQUOR CONTROL	41810						
LIQ LIC 2017 CONCERTS		25.00	SPECIAL EVENTS COMMITTEE	01.504.4203	04/18/2017		319 00001
INTERGOVERNMENTAL PERSON	42399						
LIBRARY HEALTH INS	3,164.32		DUE FROM CH LIBRARY	01.000.1340	APR 2017		317 00008
LIBRARY DENTAL INS	213.30		DUE FROM CH LIBRARY	01.000.1340	APR 2017		317 00018
RETIREE HEALTH INS	3,068.20		RETIREE/COBRA INSURANCE	01.000.1375	APR 2017		317 00009
RETIREE DENTAL INS	425.58		RETIREE/COBRA INSURANCE	01.000.1375	APR 2017		317 00019
SUPPLEMENTAL LIFE INS	195.37		EMPLOYEE SUPP. INS. CONT	01.000.2031	APR 2017		317 00021
HEALTH/LIFE INSURANCE	1,152.16		HEALTH/DENTAL INSURANCE	01.510.4120	APR 2017		317 00001
DENTAL INSURANCE	71.10		HEALTH/DENTAL INSURANCE	01.510.4120	APR 2017		317 00011
HEALTH/LIFE INSURANCE	2,732.84		HEALTH/DENTAL INSURANCE	01.512.4120	APR 2017		317 00002
DENTAL INSURANCE	141.74		HEALTH/DENTAL INSURANCE	01.512.4120	APR 2017		317 00012
HEALTH/LIFE INSURANCE	17,616.09		HEALTH/DENTAL INSURANCE	01.520.4120	APR 2017		317 00003
DENTAL INSURANCE	933.43		HEALTH/DENTAL INSURANCE	01.520.4120	APR 2017		317 00013
HEALTH/LIFE INSURANCE	2,042.59		HEALTH/DENTAL INSURANCE	01.530.4120	APR 2017		317 00004
DENTAL INSURANCE	141.69		HEALTH/DENTAL INSURANCE	01.530.4120	APR 2017		317 00014
HEALTH/LIFE INSURANCE	6,312.75		HEALTH/DENTAL INSURANCE	01.540.4120	APR 2017		317 00005
DENTAL INSURANCE	382.72		HEALTH/DENTAL INSURANCE	01.540.4120	APR 2017		317 00015
HEALTH/LIFE INSURANCE	3,440.16		HEALTH/DENTAL INSURANCE	01.550.4120	APR 2017		317 00006
DENTAL INSURANCE	165.51		HEALTH/DENTAL INSURANCE	01.550.4120	APR 2017		317 00016
HEALTH/LIFE INSURANCE	4,208.50		HEALTH/DENTAL INSURANCE	20.560.4120	APR 2017		317 00007
DENTAL INSURANCE	255.14		HEALTH/DENTAL INSURANCE	20.560.4120	APR 2017		317 00017
RETIREE HEALTH INS	1,127.29		RETIREE/COBRA INSURANCE	71.000.1375	APR 2017		317 00010
RETIREE DENTAL INS	94.46		RETIREE/COBRA INSURANCE	71.000.1375	APR 2017		317 00020
	47,884.94		*TOTAL				
	47,909.94		**CLAIMS TOTAL				

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Claims Register

VILLAGE OF CLARENDON HILLS
GL540R-V08.05 PAGE 2

CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
REPORT TOTALS:		47,909.94					

RECORDS PRINTED - 000022

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Claims Register

VILLAGE OF CLARENDON HILLS
GL060S-V08.05 RECAPPAGE
GL540R

FUND RECAP:

FUND	DESCRIPTION	DISBURSEMENTS
01	GENERAL FUND	42,224.55
20	WATER FUND	4,463.64
71	POLICE PENSION FUND	1,221.75
TOTAL ALL FUNDS		47,909.94

BANK RECAP:

BANK	NAME	DISBURSEMENTS
BANK	CLARENDON HILLS BANK	47,909.94
TOTAL ALL BANKS		47,909.94

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

DATE APPROVED BY
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Claims Register

CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
	ILLINOIS LIQUOR CONTROL	41810					
	LIQ LIC 2017 CONCERTS						
		75.00CR	SPECIAL EVENTS COMMITTEE	01.504.4203	03/14/2017		318 00001
		75.00CR**	CLAIMS TOTAL				

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Claims Register

VILLAGE OF CLARENDON HILLS
GL540R-V08.05 PAGE 2

CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P	ID	LINE
REPORT TOTALS:		75.00CR							

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Claims Register

VILLAGE OF CLARENDON HILLS
GL060S-V08.05 RECAPPAGE
GL540R

FUND RECAP:

FUND	DESCRIPTION	DISBURSEMENTS
01	GENERAL FUND	75.00 CR
TOTAL ALL FUNDS		75.00 CR

BANK RECAP:

BANK	NAME	DISBURSEMENTS
BANK	CLARENDON HILLS BANK	75.00 CR
TOTAL ALL BANKS		75.00 CR

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

DATE APPROVED BY
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