

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

ACS FINANCIAL SYSTEM
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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
	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

VILLAGE OF CLARENDON HILLS
GL540R-V08.05 PAGE 1

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

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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					

RECORDS PRINTED - 000001

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Claims Register

VILLAGE OF CLARENDON HILLS
GL060S-V08.05 RECAPPAGE
GL540R

FUND RECAP:

FUND	DESCRIPTION
01	GENERAL FUND
TOTAL ALL FUNDS	

DISBURSEMENTS
75.00 CR
75.00 CR

BANK RECAP:

BANK	NAME
BANK	CLARENDON HILLS BANK
TOTAL ALL BANKS	

DISBURSEMENTS
75.00 CR
75.00 CR

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

DATE APPROVED BY
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