

**VILLAGE OF CLARENDON HILLS**

**May 31, 2017**

CLAIMS ORDINANCE # 17-05-01M

2017 Calendar Year Disbursements

May 2017 Manual Checks

Claims Register

CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
INTERGOVERNMENTAL PERSON	42399						
	LIBRARY HEALTH INS	3,164.32	DUE FROM CH LIBRARY	01.000.1340	MAY 2017		470 00008
	LIBRARY DENTAL INS	213.30	DUE FROM CH LIBRARY	01.000.1340	MAY 2017		470 00018
	RETIREE HEALTH INS	3,068.20	RETIREE/COBRA INSURANCE	01.000.1375	MAY 2017		470 00009
	RETIREE DENTAL INS	425.58	RETIREE/COBRA INSURANCE	01.000.1375	MAY 2017		470 00019
	SUPPLEMENTAL LIFE INS	195.37	EMPLOYEE SUPP. INS. CONT	01.000.2031	MAY 2017		470 00021
	HEALTH/LIFE INSURANCE	1,152.16	HEALTH/DENTAL INSURANCE	01.510.4120	MAY 2017		470 00001
	DENTAL INSURANCE	71.10	HEALTH/DENTAL INSURANCE	01.510.4120	MAY 2017		470 00011
	HEALTH/LIFE INSURANCE	2,732.84	HEALTH/DENTAL INSURANCE	01.512.4120	MAY 2017		470 00002
	DENTAL INSURANCE	141.74	HEALTH/DENTAL INSURANCE	01.512.4120	MAY 2017		470 00012
	HEALTH/LIFE INSURANCE	17,616.09	HEALTH/DENTAL INSURANCE	01.520.4120	MAY 2017		470 00003
	DENTAL INSURANCE	933.43	HEALTH/DENTAL INSURANCE	01.520.4120	MAY 2017		470 00013
	HEALTH/LIFE INSURANCE	2,042.59	HEALTH/DENTAL INSURANCE	01.530.4120	MAY 2017		470 00004
	DENTAL INSURANCE	141.69	HEALTH/DENTAL INSURANCE	01.530.4120	MAY 2017		470 00014
	HEALTH/LIFE INSURANCE	6,312.75	HEALTH/DENTAL INSURANCE	01.540.4120	MAY 2017		470 00005
	DENTAL INSURANCE	382.72	HEALTH/DENTAL INSURANCE	01.540.4120	MAY 2017		470 00015
	HEALTH/LIFE INSURANCE	3,440.16	HEALTH/DENTAL INSURANCE	01.550.4120	MAY 2017		470 00006
	DENTAL INSURANCE	165.51	HEALTH/DENTAL INSURANCE	01.550.4120	MAY 2017		470 00016
	HEALTH/LIFE INSURANCE	4,208.50	HEALTH/DENTAL INSURANCE	20.560.4120	MAY 2017		470 00007
	DENTAL INSURANCE	255.14	HEALTH/DENTAL INSURANCE	20.560.4120	MAY 2017		470 00017
	RETIREE HEALTH INS	1,127.29	RETIREE/COBRA INSURANCE	71.000.1375	MAY 2017		470 00010
	RETIREE DENTAL INS	94.46	RETIREE/COBRA INSURANCE	71.000.1375	MAY 2017		470 00020
		47,884.94	*TOTAL				
		47,884.94	**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:		47,884.94					

RECORDS PRINTED - 000021

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Claims Register

VILLAGE OF CLARENDON HILLS  
GL060S-V08.05 RECAPPAGE  
GL540R

FUND RECAP:

FUND	DESCRIPTION	DISBURSEMENTS
01	GENERAL FUND	42,199.55
20	WATER FUND	4,463.64
71	POLICE PENSION FUND	1,221.75
TOTAL ALL FUNDS		47,884.94

BANK RECAP:

BANK	NAME	DISBURSEMENTS
BANK	CLARENDON HILLS BANK	47,884.94
TOTAL ALL BANKS		47,884.94

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
EFFENEFF LLC		.01745					
042016-272	STONEGATE	250.00CR	REFUNDABLE DEP PKY/STR	01.000.2510	272 STONEGATE		496 00001
		250.00CR**	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:		250.00CR					

RECORDS PRINTED - 000001

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Claims Register

VILLAGE OF CLARENDON HILLS  
GL060S-V08.05 RECAPPAGE  
GL540R

FUND RECAP:

FUND	DESCRIPTION	DISBURSEMENTS
01	GENERAL FUND	250.00 CR
TOTAL ALL FUNDS		250.00 CR

BANK RECAP:

BANK	NAME	DISBURSEMENTS
BANK	CLARENDON HILLS BANK	250.00 CR
TOTAL ALL BANKS		250.00 CR

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

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