VILLAGE OF CLARENDON HILLS

December 31, 2017

CLAIMS ORDINANCE # 17-12-01M

2017 Calendar Year Disbursements

December 2017 Manual Checks

CLAIM NUMBER / DESCRIPTION		AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
HINSDALE BANK & TRUST	36452						
2009 G.O. BONDS PRIN		24,000.00	BOND PRINCIPAL	43.585.4504	03-012018		627 00003
2009 G.O. BONDS INT		5,069.75	BOND INTEREST	43.585.4505	03-012018		627 00004
		29,069.75	*TOTAL				
INTERGOVERNMENTAL PERSON	42399						
LIBRARY HEALTH INS		2,247.33	DUE FROM CH LIBRARY	01.000.1340	DEC 2017		651 00008
LIBRARY DENTAL INS		154.16	DUE FROM CH LIBRARY	01.000.1340	DEC 2017		651 00018
RETIREE HEALTH INS		4,442.41	RETIREE/COBRA INSURANCE	01.000.1375	DEC 2017		651 00009
RETIREE DENTAL INS		563.72	RETIREE/COBRA INSURANCE	01.000.1375	DEC 2017		651 00019
SUPPLEMENTAL LIFE INS		204.10	EMPLOYEE SUPP. INS. CONT	01.000.2031	DEC 2017		651 00021
HEALTH/LIFE INSURANCE		611.64	HEALTH/DENTAL INSURANCE	01.510.4120	DEC 2017		651 00001
DENTAL INSURANCE		140.93	HEALTH/DENTAL INSURANCE	01.510.4120	DEC 2017		651 00011
HEALTH/LIFE INSURANCE		4,137.09	HEALTH/DENTAL INSURANCE	01.512.4120	DEC 2017		651 00002
DENTAL INSURANCE		340.96	HEALTH/DENTAL INSURANCE	01.512.4120	DEC 2017		651 00012
HEALTH/LIFE INSURANCE		16,562.12	HEALTH/DENTAL INSURANCE	01.520.4120	DEC 2017		651 00003
DENTAL INSURANCE		947.97	HEALTH/DENTAL INSURANCE	01.520.4120	DEC 2017		651 00013
HEALTH/LIFE INSURANCE		2,138.80	HEALTH/DENTAL INSURANCE	01.530.4120	DEC 2017		651 00004
DENTAL INSURANCE		153.58	HEALTH/DENTAL INSURANCE	01.530.4120	DEC 2017		651 00014
HEALTH/LIFE INSURANCE		5,490.92	HEALTH/DENTAL INSURANCE	01.540.4120	DEC 2017		651 00005
DENTAL INSURANCE		414.85	HEALTH/DENTAL INSURANCE	01.540.4120	DEC 2017		651 00015
HEALTH/LIFE INSURANCE		3,601.68	HEALTH/DENTAL INSURANCE	01.550.4120	DEC 2017		651 00006
DENTAL INSURANCE		222.19	HEALTH/DENTAL INSURANCE	01.550.4120	DEC 2017		651 00016
HEALTH/LIFE INSURANCE		3,660.62	HEALTH/DENTAL INSURANCE	20.560.4120	DEC 2017		651 00007
DENTAL INSURANCE		276.57	HEALTH/DENTAL INSURANCE	20.560.4120	DEC 2017		651 00017
RETIREE HEALTH INS		1,180.27	RETIREE/COBRA INSURANCE	71.000.1375	DEC 2017		651 00010
RETIREE DENTAL INS		102.39	RETIREE/COBRA INSURANCE	71.000.1375	DEC 2017		651 00020
		47,594.30	*TOTAL				
MODERN ORTHODONTICS	.01865						
081817-ZBA CASE Z487		2,000.00	ZONING DEPOSITS	01.000.2512	10/31/2017		627 00001
PUBLIC HEARING NOTICE		120.60CR	ADVERTISING/PRINTING/COP	01.501.4231	10/31/2017		627 00002
		1,879.40	*TOTAL				
		78,543.45	**CLAIMS TOTAL				

CLAIM NUMBER / DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
REPORT TOTALS:	78,543.45					

RECORDS PRINTED - 000025

FUND RECAP:

FUND	DESCRIPTION	DISBURSEMENTS
01	GENERAL FUND	44,253.85
20	WATER FUND	3,937.19
43	2009 ALTERNATE BOND FUND	29,069.75
71	POLICE PENSION FUND	1,282.66
TOTAL ALL FUNDS		78,543.45

BANK RECAP:

BANK	NAME	DISBURSEMENTS
BANK	CLARENDON HILLS BANK	78,543.45
TOTAL ALL BANKS		78,543.45

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

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

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CLAIM NUMBER / DESCRIPTION		AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
MODERN ORTHODONTICS	.01865						
081817-ZBA CASE Z487		2,000.00CR	ZONING DEPOSITS	01.000.2512	10/31/2017		652 00001
PUBLIC HEARING NOTICE		120.60	ADVERTISING/PRINTING/COP	01.501.4231	10/31/2017		652 00002
		1,879.40CR	*TOTAL				
		1,879.40CR	**CLAIMS TOTAL				

CLAIM NUMBER / DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P	ID	LINE
REPORT TOTALS:	1,879.40CR							

RECORDS PRINTED - 000002

FUND RECAP:

FUND	DESCRIPTION	DISBURSEMENTS
01	GENERAL FUND	1,879.40 CR
TOTAL ALL FUNDS		1,879.40 CR

BANK RECAP:

BANK	NAME	DISBURSEMENTS
BANK	CLARENDON HILLS BANK	1,879.40 CR
TOTAL ALL BANKS		1,879.40 CR

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

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

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