

**VILLAGE OF CLARENDON HILLS**

**March 31, 2018**

**CLAIMS ORDINANCE # 18-03-01M**

**2018 Calendar Year Disbursements**

**March 2018 Manual Checks**

Claims Register

CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
CELLEBRITE INC.	13413						
TRAINING-KATSAROS		3,850.00	CONFERENCES/TRAINING/MEE	01.521.4291	Q-32911-1	241 00003	
COOK COUNTY SHERIFF'S PO	15438						
ACADEMY-CALDERON/PACELLA		6,500.00	CONFERENCES/TRAINING/MEE	01.521.4291	18102	241 00001	
INTERGOVERNMENTAL PERSON	42399						
LIBRARY HEALTH INS		2,247.33	DUE FROM CH LIBRARY	01.000.1340	MAR 2018	242 00008	
LIBRARY DENTAL INS		154.16	DUE FROM CH LIBRARY	01.000.1340	MAR 2018	242 00018	
RETIREE HEALTH INS		4,923.22	RETIREE/COBRA INSURANCE	01.000.1375	MAR 2018	242 00009	
RETIREE DENTAL INS		563.72	RETIREE/COBRA INSURANCE	01.000.1375	MAR 2018	242 00019	
SUPPLEMENTAL LIFE INS		195.10	EMPLOYEE SUPP. INS. CONT	01.000.2031	MAR 2018	242 00021	
HEALTH/LIFE INSURANCE		1,206.95	HEALTH/DENTAL INSURANCE	01.510.4120	MAR 2018	242 00001	
DENTAL INSURANCE		179.47	HEALTH/DENTAL INSURANCE	01.510.4120	MAR 2018	242 00011	
HEALTH/LIFE INSURANCE		4,139.64	HEALTH/DENTAL INSURANCE	01.512.4120	MAR 2018	242 00002	
DENTAL INSURANCE		340.96	HEALTH/DENTAL INSURANCE	01.512.4120	MAR 2018	242 00012	
HEALTH/LIFE INSURANCE		15,888.99	HEALTH/DENTAL INSURANCE	01.520.4120	MAR 2018	242 00003	
DENTAL INSURANCE		922.66	HEALTH/DENTAL INSURANCE	01.520.4120	MAR 2018	242 00013	
HEALTH/LIFE INSURANCE		2,139.09	HEALTH/DENTAL INSURANCE	01.530.4120	MAR 2018	242 00004	
DENTAL INSURANCE		153.59	HEALTH/DENTAL INSURANCE	01.530.4120	MAR 2018	242 00014	
HEALTH/LIFE INSURANCE		5,493.94	HEALTH/DENTAL INSURANCE	01.540.4120	MAR 2018	242 00005	
DENTAL INSURANCE		414.85	HEALTH/DENTAL INSURANCE	01.540.4120	MAR 2018	242 00015	
HEALTH/LIFE INSURANCE		3,602.19	HEALTH/DENTAL INSURANCE	01.550.4120	MAR 2018	242 00006	
DENTAL INSURANCE		222.19	HEALTH/DENTAL INSURANCE	01.550.4120	MAR 2018	242 00016	
HEALTH/LIFE INSURANCE		3,662.62	HEALTH/DENTAL INSURANCE	20.560.4120	MAR 2018	242 00007	
DENTAL INSURANCE		276.57	HEALTH/DENTAL INSURANCE	20.560.4120	MAR 2018	242 00017	
RETIREE HEALTH INS		1,180.27	RETIREE/COBRA INSURANCE	71.000.1375	MAR 2018	242 00010	
RETIREE DENTAL INS		102.39	RETIREE/COBRA INSURANCE	71.000.1375	MAR 2018	242 00020	
		48,009.90	*TOTAL				
TRITON COLLEGE	85290						
ACADEMY-CALDERON/PACELLA		600.00	CONFERENCES/TRAINING/MEE	01.521.4291	18120	241 00002	
		58,959.90	**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:							
58,959.90							

RECORDS PRINTED - 000024

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Claims Register

VILLAGE OF CLARENDON HILLS  
GL060S-V08.05 RECAPPAGE  
GL540R

FUND RECAP:

FUND	DESCRIPTION	DISBURSEMENTS
01	GENERAL FUND	53,738.05
20	WATER FUND	3,939.19
71	POLICE PENSION FUND	1,282.66
TOTAL ALL FUNDS		58,959.90

BANK RECAP:

BANK	NAME	DISBURSEMENTS
BANK CLARENDON HILLS BANK		58,959.90
TOTAL ALL BANKS		58,959.90

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
HR SIMPLIFIED							
02/18 COBRA MINIMUM FEE	37702	100.00CR	EMPLOYEE HEALTH & SAFETY 01.510.4115		54639	228 00001	
01/18 REIMB CHECK FEE		35.00CR	EMPLOYEE HEALTH & SAFETY 01.510.4115		54639	228 00002	
		135.00CR	*TOTAL				
		135.00CR	**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:		135.00CR						

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Claims Register

VILLAGE OF CLARENDON HILLS  
GL060S-V08.05 RECAPPAGE  
GL540R

FUND RECAP:

FUND	DESCRIPTION	DISBURSEMENTS
01	GENERAL FUND	135.00 CR
TOTAL ALL FUNDS		135.00 CR

BANK RECAP:

BANK	NAME	DISBURSEMENTS
BANK	CLARENDON HILLS BANK	135.00 CR
TOTAL ALL BANKS		135.00 CR

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

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

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