

VILLAGE OF CLARENDON HILLS

April 30, 2015

CLAIMS ORDINANCE # 15-04-02M

2015 Fiscal Year Disbursements

April 2015 Manual Checks

ADMINISTRATIVE/LEGISLATIVE _____
COMMUNITY/INTERGOVERNMENTAL AFFAIRS _____
FINANCE 5/4/15 VB 7.7
LAND USE _____
PUBLIC SERVICE _____
PUBLIC SAFETY _____

CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
CLARENDON HILLS PARTNERS CONSTRUCTION DEPOSIT REF	14500	690.00CR	UNCASHED CHECKS	01.000.2070		887	00001
DIETRICH/DEAN D & MARY REBATE 332 RIDGE	99485	18.12CR	UNCASHED CHECKS	65.000.2070		887	00004
GESTOR/JOSEPH H REBATE 406 COLFAX	99371	11.50CR	UNCASHED CHECKS	65.000.2070		887	00002
ILLINOIS LIQUOR CONTROL, LIQUOR LIC DITS	41810	12.00CR	UNCASHED CHECKS	01.000.2070		887	00005
INTERGOVERNMENTAL PERSON LIBRARY HEALTH INS	42399	2,841.86	DUE FROM CH LIBRARY FUND	01.000.1340		902	00008
LIBRARY DENTAL INS		180.80	DUE FROM CH LIBRARY FUND	01.000.1340		902	00017
RETIREE HEALTH INS		4,856.20	RETTREE/COBRA INSURANCE	01.000.1375		902	00009
RETIREE DENTAL INS		492.88	RETTREE/COBRA INSURANCE	01.000.1375		902	2015
SUPPLEMENTAL LIFE INS		234.37	EMLOYEE SUPP. INS. CONT.	01.000.2031		902	00019
HEALTH/LIFE INSURANCE	1,170.73		HEALTH/DENTAL INSURANCE	01.510.4120		902	00001
DENTAL INSURANCE	1,72.32		HEALTH/DENTAL INSURANCE	01.510.4120		902	00010
HEALTH/LIFE INSURANCE	4,605.51		HEALTH/DENTAL INSURANCE	01.512.4120		902	00002
DENTAL INSURANCE	240.29		HEALTH/DENTAL INSURANCE	01.512.4120		902	00011
HEALTH/LIFE INSURANCE	20,997.79		HEALTH/DENTAL INSURANCE	01.520.4120		902	00003
DENTAL INSURANCE	1,081.86		HEALTH/DENTAL INSURANCE	01.520.4120		902	2015
HEALTH/LIFE INSURANCE	2,092.16		HEALTH/DENTAL INSURANCE	01.530.4120		902	00004
DENTAL INSURANCE	144.15		HEALTH/DENTAL INSURANCE	01.530.4120		902	00013
HEALTH/LIFE INSURANCE	6,465.35		HEALTH/DENTAL INSURANCE	01.540.4120		902	00005
DENTAL INSURANCE	331.69		HEALTH/DENTAL INSURANCE	01.540.4120		902	00014
HEALTH/LIFE INSURANCE	3,524.00		HEALTH/DENTAL INSURANCE	01.550.4120		902	00006
DENTAL INSURANCE	168.38		HEALTH/DENTAL INSURANCE	01.550.4120		902	00015
HEALTH/LIFE INSURANCE	4,310.23		HEALTH/DENTAL INSURANCE	20.560.4120		902	00007
DENTAL INSURANCE	221.13		HEALTH/DENTAL INSURANCE	20.560.4120		902	00016
MOORE/SCOTT & SHELLY A REBATE 416 RIDGE	99383	54,031.70	* TOTAL				
NICOLE BLOSC WATER REF 109 MOHAWK PAST PRESENCE, LTD NEWSPAPER FRAME-BD ROOM POSTMASTER CLARENDON HI 04/15-05/15 TRUSTEE TOP1	.01378 69336 71466	29.71CR 13.70CR 179.08CR	UNCASHED CHECKS OTHER PROFESSIONAL, SERVI POSTAGE	65.000.2070 20.000.2070 01.500.4207 01.504.4211	** CLAIMS TOTAL	887 00006 887 00003 923 00001 04072015	887 00006 887 00003 923 00001 923 00002

Claims Register

.....

CLAIM NUMBER DESCRIPTION
REPORT TOTALS :

FUND & ACCOUNT INVOICE PO# F/P ID LINE

AMOUNT ACCOUNT NAME
53,388.70

RECORDS PRINTED - 000027

ACS FINANCIAL SYSTEM
04/29/2015 10:53:05

Claims Register

VILLAGE OF CLARENDON HILLS
GL060S-V07.27 RECAPAGE
GL540R

FUND RECAP:

FUND	DESCRIPTION
01	GENERAL FUND
20	WATER FUND
65	CAPITAL PROJECTS / IMPROVEMENT
TOTAL ALL FUNDS	

BANK RECAP:

BANK	NAME

BANK	CLARENDON HILLS BANK
TOTAL ALL BANKS	

BANK RECAP:

BANK	NAME

BANK	CLARENDON HILLS BANK
TOTAL ALL BANKS	

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

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