

VILLAGE OF CLARENDON HILLS

March 31, 2016

CLAIMS ORDINANCE # 16-03-01M

2016 Fiscal Year Disbursements

March 2016 Manual Checks

Claims Register

CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
INTERGOVERNMENTAL PERSON		42399					
	LIBRARY HEALTH INS	3,084.25	DUE FROM CH LIBRARY	01.000.1340	MAR 16		429 00001
	LIBRARY DENTAL INS	201.78	DUE FROM CH LIBRARY	01.000.1340	MAR 16		429 00002
	RETIREE HEALTH INS	3,025.00	RETIREE/COBRA INSURANCE	01.000.1375	MAR 16		429 00003
	RETIREE DENTAL INS	458.37	RETIREE/COBRA INSURANCE	01.000.1375	MAR 16		429 00004
	SUPPLEMENTAL LIFE INS	234.12	EMPLOYEE SUPP. INS. CONT	01.000.2031	MAR 16		429 00005
	HEALTH/LIFE INSURANCE	1,124.38	HEALTH/DENTAL INSURANCE	01.510.4120	MAR 16		429 00006
	DENTAL INSURANCE	67.26	HEALTH/DENTAL INSURANCE	01.510.4120	MAR 16		429 00007
	HEALTH/LIFE INSURANCE	2,652.10	HEALTH/DENTAL INSURANCE	01.512.4120	MAR 16		429 00008
	DENTAL INSURANCE	134.10	HEALTH/DENTAL INSURANCE	01.512.4120	MAR 16		429 00009
	HEALTH/LIFE INSURANCE	20,634.88	HEALTH/DENTAL INSURANCE	01.520.4120	MAR 16		429 00010
	DENTAL INSURANCE	883.11	HEALTH/DENTAL INSURANCE	01.520.4120	MAR 16		429 00011
	HEALTH/LIFE INSURANCE	1,991.49	HEALTH/DENTAL INSURANCE	01.530.4120	MAR 16		429 00012
	DENTAL INSURANCE	134.06	HEALTH/DENTAL INSURANCE	01.530.4120	MAR 16		429 00013
	HEALTH/LIFE INSURANCE	6,154.05	HEALTH/DENTAL INSURANCE	01.540.4120	MAR 16		429 00014
	DENTAL INSURANCE	308.47	HEALTH/DENTAL INSURANCE	01.540.4120	MAR 16		429 00015
	HEALTH/LIFE INSURANCE	3,353.68	HEALTH/DENTAL INSURANCE	01.550.4120	MAR 16		429 00016
	DENTAL INSURANCE	156.59	HEALTH/DENTAL INSURANCE	01.550.4120	MAR 16		429 00017
	HEALTH/LIFE INSURANCE	4,102.70	HEALTH/DENTAL INSURANCE	20.560.4120	MAR 16		429 00018
	DENTAL INSURANCE	205.64	HEALTH/DENTAL INSURANCE	20.560.4120	MAR 16		429 00019
	RETIREE HEALTH INS	1,098.72	RETIREE/COBRA INSURANCE	71.000.1375	MAR 16		429 00020
	RETIREE DENTAL INS	89.37	RETIREE/COBRA INSURANCE	71.000.1375	MAR 16		429 00021
		50,094.12	*TOTAL				
		50,094.12	**CLAIMS TOTAL				

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Claims Register

VILLAGE OF CLARENDON HILLS
GL540R-V07.27 PAGE 2

CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
REPORT TOTALS:		50,094.12					

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Claims Register

VILLAGE OF CLARENDON HILLS
GL060S-V07.27 RECAPPAGE
GL540R

FUND RECAP:

FUND	DESCRIPTION	DISBURSEMENTS
01	GENERAL FUND	44,597.69
20	WATER FUND	4,308.34
71	POLICE PENSION FUND	1,188.09
TOTAL ALL FUNDS		50,094.12

BANK RECAP:

BANK	NAME	DISBURSEMENTS
BANK	CLARENDON HILLS BANK	50,094.12
TOTAL ALL BANKS		50,094.12

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

DATE APPROVED BY
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