

**VILLAGE OF CLARENDON HILLS**

**April 30, 2018**

CLAIMS ORDINANCE # 18-04-01M

2018 Calendar Year Disbursements

April 2018 Manual Checks

Claims Register

CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
INTERGOVERNMENTAL PERSON		42399					
	LIBRARY HEALTH INS	2,247.33	DUE FROM CH LIBRARY	01.000.1340	APR 2018		437 00008
	LIBRARY DENTAL INS	154.16	DUE FROM CH LIBRARY	01.000.1340	APR 2018		437 00018
	RETIREE HEALTH INS	4,923.22	RETIREE/COBRA INSURANCE	01.000.1375	APR 2018		437 00009
	RETIREE DENTAL INS	563.72	RETIREE/COBRA INSURANCE	01.000.1375	APR 2018		437 00019
	SUPPLEMENTAL LIFE INS	195.10	EMPLOYEE SUPP. INS. CONT	01.000.2031	APR 2018		437 00021
	HEALTH/LIFE INSURANCE	1,206.95	HEALTH/DENTAL INSURANCE	01.510.4120	APR 2018		437 00001
	DENTAL INSURANCE	179.47	HEALTH/DENTAL INSURANCE	01.510.4120	APR 2018		437 00011
	HEALTH/LIFE INSURANCE	4,139.64	HEALTH/DENTAL INSURANCE	01.512.4120	APR 2018		437 00002
	DENTAL INSURANCE	340.96	HEALTH/DENTAL INSURANCE	01.512.4120	APR 2018		437 00012
	HEALTH/LIFE INSURANCE	15,888.99	HEALTH/DENTAL INSURANCE	01.520.4120	APR 2018		437 00003
	DENTAL INSURANCE	922.66	HEALTH/DENTAL INSURANCE	01.520.4120	APR 2018		437 00013
	HEALTH/LIFE INSURANCE	2,139.09	HEALTH/DENTAL INSURANCE	01.530.4120	APR 2018		437 00004
	DENTAL INSURANCE	153.59	HEALTH/DENTAL INSURANCE	01.530.4120	APR 2018		437 00014
	HEALTH/LIFE INSURANCE	5,493.94	HEALTH/DENTAL INSURANCE	01.540.4120	APR 2018		437 00005
	DENTAL INSURANCE	414.85	HEALTH/DENTAL INSURANCE	01.540.4120	APR 2018		437 00015
	HEALTH/LIFE INSURANCE	3,602.19	HEALTH/DENTAL INSURANCE	01.550.4120	APR 2018		437 00006
	DENTAL INSURANCE	222.19	HEALTH/DENTAL INSURANCE	01.550.4120	APR 2018		437 00016
	HEALTH/LIFE INSURANCE	3,662.62	HEALTH/DENTAL INSURANCE	20.560.4120	APR 2018		437 00007
	DENTAL INSURANCE	276.57	HEALTH/DENTAL INSURANCE	20.560.4120	APR 2018		437 00017
	RETIREE HEALTH INS	1,180.27	RETIREE/COBRA INSURANCE	71.000.1375	APR 2018		437 00010
	RETIREE DENTAL INS	102.39	RETIREE/COBRA INSURANCE	71.000.1375	APR 2018		437 00020
		48,009.90	*TOTAL				
		48,009.90	**CLAIMS TOTAL				

Claims Register  
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CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
REPORT TOTALS:		48,009.90					

RECORDS PRINTED - 000021

FUND RECAP:

FUND	DESCRIPTION	DISBURSEMENTS
01	GENERAL FUND	42,788.05
20	WATER FUND	3,939.19
71	POLICE PENSION FUND	1,282.66
TOTAL ALL FUNDS		48,009.90

BANK RECAP:

BANK	NAME	DISBURSEMENTS
BANK	CLARENDON HILLS BANK	48,009.90
TOTAL ALL BANKS		48,009.90

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

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