

VILLAGE OF CLARENDON HILLS

September 30, 2014

CLAIMS ORDINANCE # 14-10-01M

2015 Fiscal Year Disbursements

September 2014 Manual Checks

Claims Register

CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
ALAVIE	HOMES BUILDER	03060					
	061903-139 OXFORD	500.00CR	UNCASHED CHECKS	01.000.2070	139 OXFORD		969 00012
	070903-139 OXFORD	3,000.00CR	UNCASHED CHECKS	01.000.2070	139 OXFORD		969 00013
	070903-139 OXFORD	2,054.80CR	UNCASHED CHECKS	01.000.2070	139 OXFORD		969 00014
		5,554.80CR	*TOTAL				
APWA-ILLINOIS PUBLIC SER	IPSI CONFERENCE-FERREL	03668					
		695.00	CONFERENCES/TRAINING/MEE	01.540.4291	080814		031 00001
CLEARWIRE LEGACY LLC	ZBA#443-60 55TH ST	14440					
		450.00CR	UNCASHED CHECKS	01.000.2070	60 55TH ST		969 00002
CONTRERAS/STEVE	REBATE-316 RUBY	99538					
		9.54CR	UNCASHED CHECKS	65.000.2070	316 RUBY		969 00017
DAUGHERTY/CHRISTOPHER	REBATE-405 COLFAX	99392					
		25.43CR	UNCASHED CHECKS	65.000.2070	405 COLFAX		969 00018
DUPAGE COUNTY CLERK	NOTARY-JOHNSON	19670					
		10.00	MEMBERSHIPS & SUBSCRIPTI	01.512.4292	9-30-14		031 00002
INTERGOVERNMENTAL PERSON	HEALTH INSURANCE	42399					
		2,841.43	DUE FROM CH LIBRARY FUND	01.000.1340	SEP 2014		076 00008
	DENTAL INSURANCE	180.80	DUE FROM CH LIBRARY FUND	01.000.1340	SEP 2014		076 00017
	HEALTH INSURANCE	4,856.20	RETIREE/COBRA INSURANCE	01.000.1375	SEP 2014		076 00009
	DENTAL INSURANCE	456.72	RETIREE/COBRA INSURANCE	01.000.1375	SEP 2014		076 00018
	SUPP LIFE INS	235.02	EMPLOYEE SUPP. INS. CONT	01.000.2031	SEP 2014		076 00019
	HEALTH INSURANCE	2,988.34	HEALTH/DENTAL INSURANCE	01.510.4120	SEP 2014		076 00001
	DENTAL INSURANCE	168.42	HEALTH/DENTAL INSURANCE	01.510.4120	SEP 2014		076 00010
	HEALTH INSURANCE	4,605.51	HEALTH/DENTAL INSURANCE	01.512.4120	SEP 2014		076 00002
	DENTAL INSURANCE	240.29	HEALTH/DENTAL INSURANCE	01.512.4120	SEP 2014		076 00011
	HEALTH INSURANCE	20,465.28	HEALTH/DENTAL INSURANCE	01.520.4120	SEP 2014		076 00003
	DENTAL INSURANCE	1,045.70	HEALTH/DENTAL INSURANCE	01.520.4120	SEP 2014		076 00012
	HEALTH INSURANCE	2,092.16	HEALTH/DENTAL INSURANCE	01.530.4120	SEP 2014		076 00004
	DENTAL INSURANCE	144.15	HEALTH/DENTAL INSURANCE	01.530.4120	SEP 2014		076 00013
	HEALTH INSURANCE	5,715.85	HEALTH/DENTAL INSURANCE	01.540.4120	SEP 2014		076 00005
	DENTAL INSURANCE	295.73	HEALTH/DENTAL INSURANCE	01.540.4120	SEP 2014		076 00014
	HEALTH INSURANCE	3,524.00	HEALTH/DENTAL INSURANCE	01.550.4120	SEP 2014		076 00006
	DENTAL INSURANCE	168.38	HEALTH/DENTAL INSURANCE	01.550.4120	SEP 2014		076 00015
	HEALTH INSURANCE	3,810.57	HEALTH/DENTAL INSURANCE	20.560.4120	SEP 2014		076 00007
	DENTAL INSURANCE	197.15	HEALTH/DENTAL INSURANCE	20.560.4120	SEP 2014		076 00016
		54,031.70	*TOTAL				
JIM BROTON	100896-233 COE	.1239					
		500.00CR	UNCASHED CHECKS	01.000.2070	233 COE		969 00001
JUNIOR LIENOR LLC	REBATE-420 HUDSON	99414					
		5.45CR	UNCASHED CHECKS	65.000.2070	420 HUDSON		969 00019
LEAF, INC.	081705-500 CHASE	51808					
		500.00CR	UNCASHED CHECKS	01.000.2070	500 CHASE		969 00007
	021105-501 CARLYSLE #8	500.00CR	UNCASHED CHECKS	01.000.2070	501 CARLYSLE		969 00006
	110305-531 CARLYSLE	500.00CR	UNCASHED CHECKS	01.000.2070	531 CARLYSLE		969 00008
	081705-550 CHASE	500.00CR	UNCASHED CHECKS	01.000.2070	550 CHASE		969 00005
		2,000.00CR	*TOTAL				
NATIONSANC MORTGAGE COR	REBATE-315 HUDSON	99515					
		23.52CR	UNCASHED CHECKS	65.000.2070	315 HUDSON		969 00020

Claims Register

CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
68906	PARKVIEW DEVELOPMENT PAR ZBA#410-103 S. PROSPECT	5.54CR	UNCASHED CHECKS	01.000.2070	103 S PROSPECT		969 00004
.0912	ROBIN RASH						
99481	082598-20 GOLF STANDARD BANK & TR 21367	500.00CR	UNCASHED CHECKS	01.000.2070	20 GOLF		969 00003
82245	REBATE-316 RIDGE SUPERSPORT CONSTRUCTION	8.46CR	UNCASHED CHECKS	65.000.2070	316 RIDGE		969 00021
	042009-274 JACKSON	250.00CR	UNCASHED CHECKS	01.000.2070	274 JACKSON		969 00015
	072913-FINAL READING	33.00	UNCASHED CHECKS	01.000.2070	274 JACKSON		969 00016
		217.00CR	*TOTAL				
84550	TNT VINYL PRODUCTS						
	051800-426 CHICAGO	250.00CR	UNCASHED CHECKS	01.000.2070	426 CHICAGO		969 00009
	060613-FINAL BUILDING	33.00	UNCASHED CHECKS	01.000.2070	426 CHICAGO		969 00010
		217.00CR	*TOTAL				
99500	VERNON/JEFFREY S REBATE-315 RIDGE	31.57CR	UNCASHED CHECKS	65.000.2070	315 RIDGE		969 00022
90370	VINTAGE BY DESIGN 091302-440 RIDGE	500.00CR	UNCASHED CHECKS	01.000.2070	440 RIDGE		969 00011
		44,688.39	**CLAIMS TOTAL				

ACS FINANCIAL SYSTEM
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Claims Register

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CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
REPORT TOTALS:		44,688.39					

RECORDS PRINTED - 000043

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Claims Register

VILLAGE OF CLARENDON HILLS
GL060S-V07.24 RECAPPAGE
GL540R

FUND RECAP:

FUND	DESCRIPTION	DISBURSEMENTS
01	GENERAL FUND	40,784.64
20	WATER FUND	4,007.72
65	CAPITAL PROJECTS/IMPROVEMENT	103.97 CR
TOTAL ALL FUNDS		44,688.39

BANK RECAP:

BANK	NAME	DISBURSEMENTS
BANK	CLARENDON HILLS BANK	44,688.39
TOTAL ALL BANKS		44,688.39

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

DATE APPROVED BY