

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
14500	CLARENDON HILLS PARTNERS						
99485	CONSTRUCTION DEPOSIT REF	690.00CR	UNCASHED CHECKS	01.000.2070	APR 2015		887 00001
99371	DIETRICH/DEAN D & MARY	18.12CR	UNCASHED CHECKS	65.000.2070	APR 2015		887 00004
41810	REBATE 332 RIDGE	11.50CR	UNCASHED CHECKS	65.000.2070	APR 2015		887 00002
42399	GESIOR/JOSEPH H	12.00CR	UNCASHED CHECKS	01.000.2070	APR 2015		887 00005
	REBATE 406 COLFAX						
	ILLINOIS LIQUOR CONTROL						
	LIQUOR LIC DITS						
	INTERGOVERNMENTAL PERSON						
	LIBRARY HEALTH INS	2,841.86	DUE FROM CH LIBRARY FUND	01.000.1340	APR 2015		902 00008
	LIBRARY DENTAL INS	180.80	DUE FROM CH LIBRARY FUND	01.000.1340	APR 2015		902 00017
	RETIREE HEALTH INS	4,856.20	RETIREE/COBRA INSURANCE	01.000.1375	APR 2015		902 00009
	RETIREE DENTAL INS	492.88	RETIREE/COBRA INSURANCE	01.000.1375	APR 2015		902 00018
	SUPPLEMENTAL LIFE INS	234.37	EMPLOYEE SUPP. INS. CONT	01.000.2031	APR 2015		902 00019
	HEALTH/LIFE INSURANCE	1,170.73	HEALTH/DENTAL INSURANCE	01.510.4120	APR 2015		902 00001
	DENTAL INSURANCE	72.32	HEALTH/DENTAL INSURANCE	01.510.4120	APR 2015		902 00010
	HEALTH/LIFE INSURANCE	4,605.51	HEALTH/DENTAL INSURANCE	01.512.4120	APR 2015		902 00002
	DENTAL INSURANCE	240.29	HEALTH/DENTAL INSURANCE	01.512.4120	APR 2015		902 00011
	HEALTH/LIFE INSURANCE	20,997.79	HEALTH/DENTAL INSURANCE	01.520.4120	APR 2015		902 00003
	DENTAL INSURANCE	1,081.86	HEALTH/DENTAL INSURANCE	01.520.4120	APR 2015		902 00012
	HEALTH/LIFE INSURANCE	2,092.16	HEALTH/DENTAL INSURANCE	01.530.4120	APR 2015		902 00004
	DENTAL INSURANCE	144.15	HEALTH/DENTAL INSURANCE	01.530.4120	APR 2015		902 00013
	HEALTH/LIFE INSURANCE	6,465.35	HEALTH/DENTAL INSURANCE	01.540.4120	APR 2015		902 00005
	DENTAL INSURANCE	331.69	HEALTH/DENTAL INSURANCE	01.540.4120	APR 2015		902 00014
	HEALTH/LIFE INSURANCE	3,524.00	HEALTH/DENTAL INSURANCE	01.550.4120	APR 2015		902 00006
	DENTAL INSURANCE	168.38	HEALTH/DENTAL INSURANCE	01.550.4120	APR 2015		902 00015
	HEALTH/LIFE INSURANCE	4,310.23	HEALTH/DENTAL INSURANCE	20.560.4120	APR 2015		902 00007
	DENTAL INSURANCE	221.13	HEALTH/DENTAL INSURANCE	20.560.4120	APR 2015		902 00016
		54,031.70	*TOTAL				
99383	MOORE/SCOTT & SHELLEY A	29.71CR	UNCASHED CHECKS	65.000.2070			887 00006
.01378	REBATE 416 RIDGE						
69336	NICOLE BLOSCH	13.70CR	UNCASHED CHECKS	20.000.2070			887 00003
71466	WATER REF 109 MOHAWK	179.08CR	OTHER PROFESSIONAL SERVI	01.500.4207	1-4548		923 00001
	PAST PRESENCE, LTD						
	NEWSPAPER FRAMB-BD ROOM						
	POSTMASTER, CLARENDON HI	311.11	POSTAGE	01.504.4211	04072015		923 00002
	04/15-05/15 TRUSTEE TOPI	53,388.70	**CLAIMS TOTAL				

Claims Register
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CLAIM NUMBER	DESCRIPTION	AMOUNT	ACCOUNT NAME	FUND & ACCOUNT	INVOICE	PO#	F/P ID LINE
		53,388.70					

REPORT TOTALS:

RECORDS PRINTED - 000027

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04/29/2015 10:53:05

Claims Register

VILLAGE OF CLARENDON HILLS
GL060S-V07.27 RECAPPAGE
GL540R

FUND RECAP:

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

DISBURSEMENTS

48,930.37
4,517.66
59.33 CR
53,388.70

BANK RECAP:

BANK NAME
BANK CLARENDON HILLS BANK
TOTAL ALL BANKS

DISBURSEMENTS

53,388.70
53,388.70

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

DATE APPROVED BY

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