PREPARED 11/29/2010 14:17:27 EXPENDITURE APPROVAL LIST
PROGRAM: GM339L REPORT PARAMETER SELECTIONS

EAL DESCRIPTION: EAL: 11292010 HAMST
VOUCHER SELECTION CRITERIA
Voucher/discount due date 11/29/2010
Bank code . . . . . 00 OLD SECOND NATIONAL BANK
REPORT SEQUENCE OPTIONS:
Vendor . . . . . One vendor per page? (Y,N) . . . . . N
Bank/Vendor . . . . . X One vendor per page? (Y,N) . . . . . N
Fund/Dept/Div X
Fund/Dept/Div/Element/Obj
Proj/Fund/Dept/Div/Elm/Obj
This report is by: Fund/Dept/Div
Process by bank code? (Y,N) . . . . . Y
Print reports in vendor name sequence? (Y,N) . . N
Calendar year for 1099 withholding 2010
Disbursement year/per 2010/11
Check date 11/29/2010

FUND 101 GENERAL FUND

VEND NO / INVOICE NO	SEQ#	VENDOR NAME / VOUCHER NO	P.O. NO	BNK	CHECK/DUE DATE	ACCOUNT NO	ITEM DESCRIPTION	CHECK AMOUNT	EFT OR HAND-ISSUED AMOUNT
DEPT 10 EXECUTIVE					DIV 04 ALDERMEN				
9990087	00	HART-BURNS, SCHEKETA							
		HANDCK		00	11/23/2010	101-1004-411.20-38	REIMBURSE JUNE - OCT 2010	CHECK #: 87168	1,081.46
		HANDCK		00	11/23/2010	101-1004-411.42-07	REIMBURSE JUNE - OCT 2010	CHECK #: 87168	187.50
							VENDOR TOTAL *	.00	1,268.96
							DEPARTMENT TOTAL **	.00	1,268.96
101 GENERAL FUND					CASH ON HAND	3,099,814.08	FUND TOTAL ***	.00	1,268.96

FUND 601 PROP & CASUALTY INSURANCE

VEND NO / INVOICE NO	SEQ#	VENDOR NAME / VOUCHER NO	P.O. NO	BNK	CHECK/DUE DATE	ACCOUNT NO	ITEM DESCRIPTION	CHECK AMOUNT	EFT OR HAND-ISSUED AMOUNT
DEPT 00				DIV 00					
9995997	00	JUNIOR ROBINSON & TIMOTHY BURTON							
		HANDCK		00	11/23/2010	601-0000-410.40-45	PROPERTY DAMAGE FIRE	CHECK #: 87167	3,900.00
							VENDOR TOTAL *	.00	3,900.00
							DEPARTMENT TOTAL **	.00	3,900.00
601	PROP & CASUALTY INSURANCE					CASH ON HAND 3,900.00-	FUND TOTAL ***	.00	3,900.00

FUND 602 EMPLOYEE HEALTH INSURANCE

VEND NO / INVOICE NO	SEQ#	VENDOR NAME / VOUCHER NO	P.O. NO	BNK	CHECK/DUE DATE	ACCOUNT NO	ITEM DESCRIPTION	CHECK AMOUNT	EFT OR HAND-ISSUED AMOUNT
DEPT 00				DIV 00					
0008360	00	DEARBORN NATIONAL							
		HANDCK		00	11/23/2010	602-0000-149.02-00	GROUP LIFE INSURANCE	CHECK #: 87166	10,897.88
							VENDOR TOTAL *	.00	10,897.88
							DEPARTMENT TOTAL **	.00	10,897.88
602	EMPLOYEE HEALTH INSURANCE	CASH ON HAND				1,003,465.84-	FUND TOTAL ***	.00	10,897.88
							HAND ISSUED TOTAL ***		16,066.84
							TOTAL EXPENDITURES ****	.00	16,066.84
						GRAND TOTAL	**********		16,066.84