PREPARED 02/02/2012 10:00:27 EXPENDITURE APPROVAL LIST
PROGRAM: GM339L REPORT PARAMETER SELECTIONS

EAL DESCRIPTION: EAL: SPECIAL
VOUCHER SELECTION CRITERIA
Voucher/discount due date 02/02/2012
Bank code . . . . . 95 ACCOUNTS PAYABLE-OLD SECOND 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 2012
Disbursement year/per 2012/02
Check date 02/02/2012

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, EPAY OR HAND-ISSUED AMOUNT
DEPT 44	OPERATIONS				DIV 40	PARKS & RECREATION			
0003618	00	KENDALL HILL NURSERY							
11645		PI0931	267718	95	11/18/2011	101-4440-451.65-40	PARK,PLAYGROUND,SWIMMING	1,694.00	
							VENDOR TOTAL *	1,694.00	
0003908	00	POSSIBILITY PLACE							
00108602		PI0930	267784	95	10/19/2011	101-4440-451.65-40	TREES	4,040.00	
							VENDOR TOTAL *	4,040.00	
							DEPARTMENT TOTAL **	5,734.00	
101	GENERAL FUND					CASH ON HAND .00	FUND TOTAL ***	5,734.00	

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, EPAY OR HAND-ISSUED AMOUNT
DEPT 00					DIV 00				
0001290	00	STATE OF ILLINOIS,CK GRP-Z							
801553		004538		95	01/31/2012	601-0000-410.40-09	UNEMPLOYMENT REIMB. FOR	37,018.25	
							VENDOR TOTAL *	37,018.25	
							DEPARTMENT TOTAL **	37,018.25	
601		PROP & CASUALTY INSURANCE				CASH ON HAND .00	FUND TOTAL ***	37,018.25	

FUND 602 EMPLOYEE HEALTH INSURANCE

VEND NO / INVOICE NO	SEQ# / VOUCHER NO	VENDOR NAME / P.O. NO	BNK	CHECK/DUE DATE	ACCOUNT NO	ITEM DESCRIPTION	CHECK AMOUNT	EFT, EPAY OR HAND-ISSUED AMOUNT
DEPT 00			DIV 00					
0006919	00	ALLIED BENEFITS SYSTEMS,CK GRP-9						
237817	000918		95	02/02/2012	602-0000-410.28-02	ADMIN TPA FEES FOR 2/12	11,613.60	
237817	000918		95	02/02/2012	602-0000-410.28-03	ADMIN TPA FEES FOR 2/12	19,546.46	
237817	000918		95	02/02/2012	602-0000-410.28-04	ADMIN TPA FEES FOR 2/12	12,720.74	
237817	000918		95	02/02/2012	602-0000-410.28-21	ADMIN TPA FEES FOR 2/12	657.10	
237817	000918		95	02/02/2012	602-0000-410.28-04	ADMIN TPA FEES FOR 2/12	547.50	
						VENDOR TOTAL *	45,085.40	
						DEPARTMENT TOTAL **	45,085.40	
602	EMPLOYEE HEALTH INSURANCE			CASH ON HAND	.00	FUND TOTAL ***	45,085.40	
						TOTAL EXPENDITURES ****	87,837.65	
					GRAND TOTAL	**********		87,837.65