ELOY ELI	EMENIA	ARY SCHOOL	DISTRICT	#11 VOUC	HER
Voucher No:	1000	Voucher Date:	07/16/2018	Prepared By:	×
					Printed: 07/16/2018 08:42:15 AA
warrants again	nst ELOY El igations inc		OL DISTRICT red in services	#11 funds for th and for materia	le sum of \$54,211.72 on Is as shown below for
I certify that the been received budget.	is claim is ju	ust and correct, and the period listed above. A	he services an All items are pr	d/or materials h operly coded ar	erein represented have ad not in excess of the
	ž		ANNA OGLE	Pl	Board President
			PAUL RODRI	CUEZ	Board Clerk
			Pa	LARM	-ca-
			RALPH MOR	AN	Board Member
			on	Par Harent	,
			MARY TARA	NGO	Board Member
					•
			FRANK ACUI	NA III	Board Member
			ELOY ELE	MENTARY SC	HOOL DISTRICT #11
	Fund				Amount
	001	MAINTENANCE	& OPERATION	N	\$33,549.74
	013	CLASSROOM SI		HER	\$8,407.97
	103	SIG TIER 1 YR 1	COHORT 3	,	\$624.26
	110	てけて に し			CC CAA (30)

	Amount
MAINTENANCE & OPERATION	\$33,549.74
CLASSROOM SITE FUND OTHER	\$8,407.97
SIG TIER 1 YR 1 COHORT 3	\$624.26
TITLE I	\$6,644.82
IDEA, PART B	\$2,375.51
FOOD SERVICE	\$2,609.42
	CLASSROOM SITE FUND OTHER SIG TIER 1 YR 1 COHORT 3 TITLE I IDEA, PART B

\$54,211.72

Voucher Detail Listing						Voucher Batch Number: 1000	07/16/2018
Fiscal Year: 2018-2019							
Vendor Remit Name Description	Vendor#	QTY		PO No.	Invoice Invoice Date	Account	Amount
ASBAIT			-	-			
Check Group:							
MEDICAL INSURANCE FOR EMPLOYEES FO	OR FY 18-19	9	1	19095	JULY 2018 7/13/2018	001.100.1000.6210.103.000	\$4,210.0
MEDICAL INSURANCE FOR EMPLOYEES FO	OR FY 18-1	9	1	19095	JULY 2018 7/13/2018	001.100.2100.6210.103.000	\$526.2
MEDICAL INSURANCE FOR EMPLOYEES FO	OR FY 18-1	9	1	19095	JULY 2018 7/13/2018	001.100.2100.6210.105.000	\$526.2
MEDICAL INSURANCE FOR EMPLOYEES FO	OR FY 18-1	9	1	19095	JULY 2018 7/13/2018	001.100.2100.6210.500.000	\$526.2
MEDICAL INSURANCE FOR EMPLOYEES FO	OR FY 18-1	9	1	19095	JULY 2018 7/13/2018	001.100.2200.6210.103.000	\$526.2
MEDICAL INSURANCE FOR EMPLOYEES FO	OR FY 18-1	9	1	19095	JULY 2018 7/13/2018	001.100.2200.6210.500.000	\$526.2
MEDICAL INSURANCE FOR EMPLOYEES FO	OR FY 18-1	9	1	19095	JULY 2018 7/13/2018	001.100.2300.6210.500.000	\$1,052.5
MEDICAL INSURANCE FOR EMPLOYEES FO	OR FY 18-1	9	1	19095	JULY 2018 7/13/2018	001.100.2400.6210.103.000	\$1,052.5
MEDICAL INSURANCE FOR EMPLOYEES FO	OR FY 18-1	9	1	19095	JULY 2018 7/13/2018	001.100.2400.6210.104.000	\$1,052.5
MEDICAL INSURANCE FOR EMPLOYEES FO	OR FY 18-1	9	1	19095	JULY 2018 7/13/2018	001.100.2400.6210.105.000	\$526.2
MEDICAL INSURANCE FOR EMPLOYEES FO	OR FY 18-1	9	1	19095	JULY 2018 7/13/2018	001.100.2500.6210.500.000	\$3,157.5
MEDICAL INSURANCE FOR EMPLOYEES FO	OR FY 18-1	9	1	19095	JULY 2018 7/13/2018	001.100.2600.6210.103.000	\$1,052.5
MEDICAL INSURANCE FOR EMPLOYEES FO	OR FY 18-1	9	1	19095	JULY 2018 7/13/2018	001.100.2600.6210.104.000	\$526.2
MEDICAL INSURANCE FOR EMPLOYEES FOR	OR FY 18-1	9	1	19095	JULY 2018 7/13/2018	001.100.2600.6210.105.000	\$1,052.5

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Voucher Detail Listing						Voucher Batch Number: 1000	07/16/2018
Fiscal Year: 2018-2019							
Vendor Remit Name Description	Vendor#	QTY	РО	No. Invoice Invoice		nt	Amount
MEDICAL INSURANCE FOR EMPLOYEES F	FOR FY 18-19	)	1 190	95 JULY 7/13/2		200.1000.6210.103.000	\$526.29
MEDICAL INSURANCE FOR EMPLOYEES F	FOR FY 18-19	)	1 190	95 JULY 7/13/3		200.1000.6210.104.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES F	FOR FY 18-19	9	1 190	95 JULY 7/13/3		200.1000.6210.105.000	\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES F	FOR FY 18-19	)	1 190	95 JULY 7/13/3		200.2100.6210.500.000	\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES F	FOR FY 18-19	)	1 190	95 JULY 7/13/3		200.2200.6210.500.000	\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES I	FOR FY 18-19	)	1 190	95 JULY 7/13/3		265.1000.6210.103.000	\$1,578.75
MEDICAL INSURANCE FOR EMPLOYEES I	FOR FY 18-19	9	1 190	95 JULY 7/13/3		400.2700.6210.500.000	\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES I	FOR FY 18-19	Ð	1 190	95 JULY 7/13/3		550.1000.6210.104.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES I	FOR FY 18-19	9	1 190	95 JULY 7/13/3		100.1000.6210.104.000	\$3,998.87
MEDICAL INSURANCE FOR EMPLOYEES I	FOR FY 18-19	Ð	1 190	95 JULY 7/13/		100.1000.6210.105.000	\$3,946.88
MEDICAL INSURANCE FOR EMPLOYEES I	FOR FY 18-19	9	1 190	95 JULY 7/13/		100.2100.6210.103.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES	FOR FY 18-19	9	1 190		' 2018 110.	100.1000.6210.103.000	\$1,578.75
MEDICAL INSURANCE FOR EMPLOYEES	FOR FY 18-19	9	1 190		' 2018 110.	100.1000.6210.104.000	\$1,578.75
MEDICAL INSURANCE FOR EMPLOYEES	FOR FY 18-19	9	1 190		' 2018 110.	100.1000.6210.105.000	\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES	FOR FY 18-19	9	1 190		'2018 110.	100.2100.6210.103.000	\$526.25

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Voucher Detail Listing				Voucher Batch Nu	mber: 1000	07/16/2018
Fiscal Year: 2018-2019						
Vendor Remit Name Conscription Vendor #	ΣΤΥ	PO No.	Invoice Invoice Date	Account		Amount
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19	1	19095	JULY 2018 7/13/2018	110.100.2100.6210.104.000		\$526.2
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19	1	19095	JULY 2018 7/13/2018	110.100.2100.6210.500.000		\$526.2
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19	1	19095	JULY 2018 7/13/2018	110.100.2500.6210.500.000		\$263.12
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19	1	19095	JULY 2018 7/13/2018	220.200.1000.6210.103.000		\$526.29
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19	1	19095	JULY 2018 7/13/2018	220.200.1000.6210.104.000		\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19	1	19095	JULY 2018 7/13/2018	220.200.1000.6210.105.000		\$526.29
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19	1	19095	JULY 2018 7/13/2018	510.100.3100.6210.103.000		\$526.29
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19	1	19095	JULY 2018 7/13/2018	510.100.3100.6210.105.000		\$526.29
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19	1	19095	JULY 2018 7/13/2018	510.100.3100.6210.500.000		\$789.38
				Check #: 0		
					PO/InvoiceTotal:	\$42,152.00
					Vendor Total:	\$42,152.0
DATA MANAGEMENT CORP.						
Check Group:	400	40004	400000	004 400 0500 0040 500 000		00 007 0
TIME CLOCK PLUS POREFESSIONAL ANNUAL LICENSES RENEWAL (7/1/2018-6/30/2018)	100	19091	463869	001.100.2500.6340.500.000		\$3,967.20
			7/13/2018			
				Check #: 0	_	
					PO/InvoiceTotal:	\$3,967.20
					Vendor Total:	\$3,967.20
ELOY ELEM. INSURANCE Check Group:						
Printed: 07/16/2018 8:42:17 AM Report: rptAPVoucherD	etail			2018.2.12		Page:

oucher Detail Listing				Voucher Batch Number: 1000	07/16/2018
cal Year: 2018-2019					
ndor Remit Name scription Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	001.100.1000.6210.103.000	\$289.6
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	001.100.1000.6210.105.000	\$40.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	001.100.2100.6210.103.000	\$40.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	001.100.2100.6210.105.000	\$40.7
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	001.100.2100.6210.500.000	\$40.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	001.100.2200.6210.103.000	\$40.
	•		7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	001.100.2200.6210.500.000	\$40.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	001.100.2300.6210.500.000	\$81.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	001.100.2400.6210.103.000	\$81.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	001.100.2400.6210.104.000	\$81.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	001.100.2400.6210.105.000	\$40.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	001.100.2500.6210.500.000	\$244.
			7/13/2018		

oucher Detail Listing					Voucher Batch Number: 1000	07/16/2018
scal Year: 2018-2019						
endor Remit Name escription Vendor #	QTY	!	PO No.	Invoice Invoice Date	Account	Amount
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018	001.100.2600.6210.103.000	\$81.5
				7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018	001.100.2600.6210.104.000	\$40.7
				7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018	001.100.2600.6210.105.000	\$122.2
				7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018	001.200.1000.6210.103.000	\$4.3
				7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018	001.200.1000.6210.105.000	\$40.7
				7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018	001.200.2100.6210.500.000	\$81.9
				7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018	001.200.2200.6210.500.000	\$81.9
				7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018	001.265.1000.6210.103.000	\$40.7
				7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018	001.265.1000.6210.104.000	\$122.2
				7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018	001.550.1000.6210.104.000	\$40.
				7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018	013.100.1000.6210.104.000	\$40.
				7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018	013.100.1000.6210.105.000	\$273.0
				7/13/2018		

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Printed: 07/16/2018

oucher Detail Listing				Voucher Batch Number: 1000	07/16/2018
cal Year: 2018-2019					
ndor Remit Name scription Vendor#	QTY	PO No.	Invoice Invoice Date	Account	Amount
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19	· · ·	1 19111	JULY 2018	103.100.2100.6210.103.000	\$82.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	110.100.1000.6210.103.000	\$40.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	110.100.1000.6210.104.000	\$122.3
			7/13/2018		•••
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	110.100.1000.6210.105.000	\$85.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	110.100.2100.6210.103.000	\$81.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	110.100.2100.6210.104.000	\$40.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	110.100.2100.6210.500.000	\$40.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	110.100.2500.6210.500.000	\$40.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	220.200.1000.6210.103.000	\$20.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	220.200.1000.6210.104.000	\$81.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	220.200.1000.6210.105.000	\$81.
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19111	JULY 2018	510.100.3100.6210.103.000	\$81.
			7/13/2018		

oucher Detail Listing				Voucher Batch Number: 1	1000 07/16/2018
iscal Year: 2018-2019					
/endor Remit Name Q Description Vendor #	TY	PO No.	Invoice Invoice Date	Account	Amount
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19	1	19111	JULY 2018	510.100.3100.6210.104.000	\$40.76
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19	1	19111	JULY 2018	510.100.3100.6210.105.000	\$40.70
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19	1	19111	JULY 2018	510.100.3100.6210.500.000	\$40.70
			7/13/2018		
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19	1	19111	JULY 2018	510.100.3100.6210.500.000	\$61.14
			7/13/2018		
				Check #: 0	
				PO/inve	oiceTotal: \$3,019.1
				Ven	dor Total: \$3,019.1
ELOY ELEM. SCHOOLS INS TRUST					
Check Group:					
EMPLOYEE LIFE INSURANCE FOR FY 18-19	1	19097	JLUY 2018 7/13/2018	001.100.1000.6210.103.000	\$55.5
EMPLOYEE LIFE INSURANCE FOR FY 18-19	1	19097	JLUY 2018	001.100.1000.6210.105.000	\$8.6
			7/13/2018		
EMPLOYEE LIFE INSURANCE FOR FY 18-19	1	19097	JLUY 2018 7/13/2018	001.100.2100.6210.103.000	\$5.6
EMPLOYEE LIFE INSURANCE FOR FY 18-19	1	19097	JLUY 2018	001.100.2100.6210.105.000	\$8.6
	•		7/13/2018		
EMPLOYEE LIFE INSURANCE FOR FY 18-19	1	19097	JLUY 2018	001.100.2100.6210.500.000	\$8.6
			7/13/2018		
EMPLOYEE LIFE INSURANCE FOR FY 18-19	1	19097	JLUY 2018 7/13/2018	001.100.2200.6210.103.000	\$8.6
EMPLOYEE LIFE INCURANCE FOR EV 40 40		10007	JLUY 2018	001.100.2200.6210.500.000	\$5.6
EMPLOYEE LIFE INSURANCE FOR FY 18-19	1	19097	7/13/2018	001.100.2200.0210.300.000	ф3.0
		40007	JLUY 2018	001.100.2300.6210.500.000	\$51.9
EMPLOYEE LIFE INSURANCE FOR FY 18-19	1	19097	JEU1 2010	001.100.2300.0210.300.000	<b>401.0</b>

Voucher Detail Listing				Voucher Batch Number: 1000	07/16/2018
Fiscal Year: 2018-2019					
Vendor Remit Name Description Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
EMPLOYEE LIFE INSURANCE FOR FY 18-19	-	1 19097	JLUY 2018 7/13/2018	001.100.2400.6210.103.000	\$51.9
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1 19097	JLUY 2018 7/13/2018	001.100.2400.6210.104.000	\$51.9
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1 19097	JLUY 2018 7/13/2018	001.100.2400.6210.105.000	\$43.2
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1 19097	JLUY 2018 7/13/2018	001.100.2500.6210.500.000	\$86.5
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1 19097	JLUY 2018 7/13/2018	001.100.2600.6210.103.000	\$17.3
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1 19097	JLUY 2018 7/13/2018	001.100.2600.6210.104.000	\$8.6
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1 19097	JLUY 2018 7/13/2018	001.100.2600.6210.105.000	\$22.9
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1 19097	JLUY 2018 7/13/2018	001.200.1000.6210.103.000	\$1.8
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1 19097	JLUY 2018 7/13/2018	001.200.1000.6210.104.000	\$5.6
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1 19097	JLUY 2018 7/13/2018	001.200.1000.6210.105.000	\$17.3
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1 19097	JLUY 2018 7/13/2018	001.200.2100.6210.500.000	\$17.3
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1 19097	JLUY 2018 7/13/2018	001.200.2200.6210.500.000	\$14.2
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1 19097	JLUY 2018 7/13/2018	001.265.1000.6210.103.000	\$25.9
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1 19097	JLUY 2018 7/13/2018	001.400.2700.6210.500.000	\$8.6
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1 19097	JLUY 2018 7/13/2018	001.550.1000.6210.104.000	\$8.6

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Voucher Detail Listing					Voucher Batch Number: 1000	07/16/2018
Fiscal Year: 2018-2019						
Vendor Remit Name Description Vendo	QTY r#		PO No.	Invoice Invoice Date	Account	Amount ,
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018	013.100.1000.6210.104.000	\$59.8
				7/13/2018		
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018	013.100.1000.6210.105.000	\$30.6
				7/13/2018		
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018	103.100.2100.6210.103.000	\$8.6
				7/13/2018		
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018	110.100.1000.6210.103.000	\$13.0
				7/13/2018		
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018	110.100.1000.6210.104.000	\$19.1
				7/13/2018		
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018	110.100.1000.6210.105.000	\$17.3
				7/13/2018		
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018	110.100.2100.6210.103.000	\$8.6
				7/13/2018		
<b>EMPLOYEE LIFE INSURANCE FOR FY 18-19</b>		1	19097	JLUY 2018	110.100.2100.6210.104.000	\$8.6
				7/13/2018		
<b>EMPLOYEE LIFE INSURANCE FOR FY 18-19</b>		1	19097	JLUY 2018	110.100.2100.6210.500.000	\$8.6
				7/13/2018		
<b>EMPLOYEE LIFE INSURANCE FOR FY 18-19</b>		1	19097	JLUY 2018	110.100.2500.6210.500.000	\$4.3
				7/13/2018		
<b>EMPLOYEE LIFE INSURANCE FOR FY 18-19</b>		1	19097	JLUY 2018	220.200.1000.6210.103.000	\$17.3
				7/13/2018		
<b>EMPLOYEE LIFE INSURANCE FOR FY 18-19</b>		1	19097	JLUY 2018	220.200.1000.6210.104.000	\$14.2
				7/13/2018		
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	<b>JLUY 2018</b>	220.200.1000.6210.105.000	\$17.3
				7/13/2018	•	
<b>EMPLOYEE LIFE INSURANCE FOR FY 18-19</b>		1	19097	<b>JLUY 2018</b>	510.100.3100.6210.103.000	\$8.6
				7/13/2018		
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018	510.100.3100.6210.104.000	\$8.6
				7/13/2018		

Printed: 07/16/2018

Voucher Detail Listing						Voucher Batch Nu	ımber: 1000	07/16/2018	
Fiscal Year: 2018-2019									
Vendor Remit Name Description	Vendor#	QTY	Р	O No.	Invoice Invoice Date	Account		Amount	
EMPLOYEE LIFE INSURANCE FOR FY 1	8-19		1 1	9097	JLUY 2018	510.100.3100.6210.105.000			\$8.6
					7/13/2018				
EMPLOYEE LIFE INSURANCE FOR FY 1	8-19		1 1	9097	JLUY 2018 7/13/2018	510.100.3100.6210.500.000			\$12.98
						Check #: 0			
							PO/InvoiceTotal:		\$801.8
							Vendor Total:		\$801.8
ELOY ELEM.SCHOOLS INS. TRUST									•
Check Group:									
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19		1 1	9096	JULY 2018 7/13/2018	001.100.1000.6210.103.000			\$38.22
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19		1 1	9096	JULY 2018 7/13/2018	001.100.1000.6210.105.000			\$6.37
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19		1 1	9096	JULY 2018 7/13/2018	001.100.2100.6210.103.000			\$6.3
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19		1 1	9096	JULY 2018 7/13/2018	001.100.2100.6210.105.000			\$6.37
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19		1 1	9096	JULY 2018 7/13/2018	001.100.2100.6210.500.000			\$6.3
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19		1 1	9096	JULY 2018 7/13/2018	001.100.2200.6210.103.000			\$6.3
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19		1 1	19096	JULY 2018 7/13/2018	001.100.2200.6210.500.000			\$6.3
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19		1 1	19096	JULY 2018 7/13/2018	001.100.2300.6210.500.000			\$12.7
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19		1 1	19096	JULY 2018 7/13/2018	001.100.2400.6210.103.000			\$12.7
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19		1 1	19096	JULY 2018 7/13/2018	001.100.2400.6210.104.000			\$12.7
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19		1 1	19096	JULY 2018 7/13/2018	001.100.2400.6210.105.000			\$6.3

/oucher Detail Listing				Voucher Batch Number: 1000	07/16/2018
Fiscal Year: 2018-2019					
/endor Remit Name Description Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	001.100.2500.6210.500.000	\$44.5
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	001.100.2600.6210.103.000	\$12.7
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	001.100.2600.6210.104.000	\$6.3
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	001.100.2600.6210.105.000	\$19.1
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	001.200.1000.6210.104.000	\$6.3
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	001.200.1000.6210.105.000	\$12.7
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	001.200.2100.6210.500.000	\$12.7
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	001.200.2200.6210.500.000	\$12.7
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	001.265.1000.6210.103.000	\$19.1
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	001.400.2700.6210.500.000	\$6.3
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	001.550.1000.6210.104.000	\$6.3
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	013.100.1000.6210.104.000	\$41.4
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	013.100.1000.6210.105.000	\$15.9
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	103.100.2100.6210.103.000	\$6.3
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1 19096	JULY 2018 7/13/2018	110.100.1000.6210.103.000	\$12.

2018.2.12

Voucher Detail Listing					Voucher Batch Nu	mber: 1000	07/16/2018	
Fiscal Year: 2018-2019								
Vendor Remit Name Description	Vendor#	QTY	PO No.	Invoice . Invoice Date	Account		Amount	
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19	1	19096	JULY 2018 7/13/2018	110.100.1000.6210.104.000		\$1	12.74
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19	1	19096	JULY 2018 7/13/2018	110.100.1000.6210.105.000		\$1	12.74
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19	1	19096	JULY 2018 7/13/2018	110.100.2100.6210.103.000		\$	\$6.37
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19	1	19096	JULY 2018 7/13/2018	110.100.2100.6210.104.000		\$	\$6.37
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19	1	19096	JULY 2018 7/13/2018	110.100.2100.6210.500.000		\$	\$6.37
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19	1	19096	JULY 2018 7/13/2018	110.100.2500.6210.500.000		\$	\$3.18
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19	1	19096	JULY 2018 7/13/2018	220.200.1000.6210.103.000		\$1	12.74
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19	1	19096	JULY 2018 7/13/2018	220.200.1000.6210.104.000		\$1	12.74
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19	1	19096	JULY 2018 7/13/2018	220.200.1000.6210,105.000		\$1	12.74
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19	1	19096	JULY 2018 7/13/2018	510.100.3100.6210.103.000		\$	\$6.37
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19	1	19096	JULY 2018 7/13/2018	510.100.3100.6210.104.000		\$	\$6.37
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19	•	19096	JULY 2018 7/13/2018	510.100.3100.6210.105.000		\$	\$6.37
VISION INSURANCE FOR EMPLOYEES	FOR FY 18-19	•	19096	JULY 2018 7/13/2018	510.100.3100.6210.500.000		\$	\$9.56
					Check #: 0			
						PO/InvoiceTotal:	\$47	71.38
						Vendor Total:	\$47	71.38
LAKESHORE LEARNING MATERIALS Check Group:	890052							

Voucher Detail Listing						Voucher Batch Nu	mber: 1000	07/16/2018
Fiscal Year: 2018-2019								
Vendor Remit Name Description Vend	QT lor#	Y	F	PO No.	Invoice Invoice Date	Account		Amount
Classroom supplies for Rayman Zhen.		•	1 1	19121	1888740718 7/13/2018	001.100.1000.6610.103.000		\$50.00
						Check #: 0		
							PO/InvoiceTotal:	\$50.00
							Vendor Total:	\$50.00
LONG WATER MANAGEMENT, LLC.								
Check Group: BACKFLOW TEST 1/2" - 4" RP			1 1	19101	229 7/13/2018	001.100.2600.6430.500.000		\$1,258.56
					•	Check #: 0		
							PO/InvoiceTotal:	\$1,258.56
							Vendor Total:	\$1,258.56
PINAL COUNTY ENVIRONMENTAL HEALTH SERV.								
Check Group:				10100	DTO 00 0005 40	540 400 0400 0040 500 000		\$145.00
PUBLIC SCHOOL FOOD LICENSING FOR CURIEI INTERMEDIATE, AND JR HIGH CAFETERIAS FOR 18-19	L, R FY		1 1	19193	PTO-09-0325-18	510.100.3100.6810.500.000		<b>φ145.00</b>
					7/13/2018			
PUBLIC SCHOOL FOOD LICENSING FOR CURIE INTERMEDIATE, AND JR HIGH CAFETERIAS FOI 18-19	L, R FY	•	1 1	19193	PTO-09-0867-18	510.100.3100.6810.500.000		\$145.00
					7/13/2018			
PUBLIC SCHOOL FOOD LICENSING FOR CURIE INTERMEDIATE, AND JR HIGH CAFETERIAS FOI 18-19	L, R FY	,	1 '	19193	PTO-09-0903-18	510.100.3100.6810.500.000		\$145.00
10 10					7/13/2018			
						Check #: 0		
							PO/InvoiceTotal:	\$435.00
							Vendor Total:	\$435.00
WAXIE SANITARY SUPPLY								
Check Group:	10.10			40000	77505000	004 400 0000 0040 500 000		<b>\$2.056.50</b>
DISTRICTWIDE JANITORIAL SUPPLIES FOR FY	18-19		1 '	19036	77565683 7/13/2018	001.100.2600.6610.500.000		\$2,056.59
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Voucher Detail Listing						Voucher Batch Number: 1000	07/16/2018
Fiscal Year: 2018-2019							
Vendor Remit Name Description	Vendor#	QTY	PO No.	Invoice Invoice Date	Account		Amount
·					Check #: 0		
						PO/InvoiceTotal:	\$2,056.59
						Vendor Total:	\$2,056.59

**End of Report** 

\$54,211.72

Grand Total:

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