

# ELOY ELEMENTARY SCHOOL DISTRICT #11 VOUCHER

Voucher No: 1000

Voucher Date: 07/16/2018

Prepared By:

Printed: 07/16/2018 08:42:15 AM

THE COUNTY SCHOOL SUPERINTENDENT OF PINAL COUNTY is hereby authorized to draw warrants against ELOY ELEMENTARY SCHOOL DISTRICT #11 funds for the sum of \$54,211.72 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2018 to June 30, 2019 (period cannot overlap fiscal year end.)

I certify that this claim is just and correct, and the services and/or materials herein represented have been received during the period listed above. All items are properly coded and not in excess of the budget.



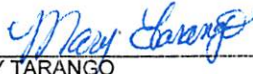
ANNA OGLE, Board President



PAUL RODRIGUEZ, Board Clerk



RALPH MORAN, Board Member



MARY TARANGO, Board Member

FRANK ACUNA III, Board Member

ELOY ELEMENTARY SCHOOL DISTRICT #11

Fund		Amount
001	MAINTENANCE & OPERATION	\$33,549.74
013	CLASSROOM SITE FUND OTHER	\$8,407.97
103	SIG TIER 1 YR 1 COHORT 3	\$624.26
110	TITLE I	\$6,644.82
220	IDEA, PART B	\$2,375.51
510	FOOD SERVICE	\$2,609.42
		<b>\$54,211.72</b>

## Eloy Elementary School District #11

### 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 FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.100.1000.6210.103.000	\$4,210.00
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.100.2100.6210.103.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.100.2100.6210.105.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.100.2100.6210.500.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.100.2200.6210.103.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.100.2200.6210.500.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.100.2300.6210.500.000	\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.100.2400.6210.103.000	\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.100.2400.6210.104.000	\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.100.2400.6210.105.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.100.2500.6210.500.000	\$3,157.50
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.100.2600.6210.103.000	\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.100.2600.6210.104.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.100.2600.6210.105.000	\$1,052.50

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07/16/2018

Fiscal Year: 2018-2019

Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.200.1000.6210.103.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.200.1000.6210.104.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.200.1000.6210.105.000	\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.200.2100.6210.500.000	\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.200.2200.6210.500.000	\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.265.1000.6210.103.000	\$1,578.75
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.400.2700.6210.500.000	\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	001.550.1000.6210.104.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	013.100.1000.6210.104.000	\$3,998.87
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	013.100.1000.6210.105.000	\$3,946.88
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	103.100.2100.6210.103.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	110.100.1000.6210.103.000	\$1,578.75
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	110.100.1000.6210.104.000	\$1,578.75
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	110.100.1000.6210.105.000	\$1,052.50
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	110.100.2100.6210.103.000	\$526.25

**Eloy Elementary School District #11**

**Voucher Detail Listing**

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Vendor Remit Name Description	Vendor #	QTY	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	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	110.100.2100.6210.500.000	\$526.25
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	\$526.25
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	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	510.100.3100.6210.103.000	\$526.25
MEDICAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19095	JULY 2018 7/13/2018	510.100.3100.6210.105.000	\$526.25
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: \$42,152.00

DATA MANAGEMENT CORP.

Check Group:

TIME CLOCK PLUS POREFESSIONAL ANNUAL LICENSES RENEWAL (7/1/2018-6/30/2018)		100	19091	463869 7/13/2018	001.100.2500.6340.500.000	\$3,967.20
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Check #: 0

PO/InvoiceTotal: \$3,967.20

Vendor Total: \$3,967.20

ELOY ELEM. INSURANCE

Check Group:

## Eloy Elementary School District #11

### 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 DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.1000.6210.103.000	\$289.69
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.1000.6210.105.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.2100.6210.103.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.2100.6210.105.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.2100.6210.500.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.2200.6210.103.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.2200.6210.500.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.2300.6210.500.000	\$81.52
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.2400.6210.103.000	\$81.52
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.2400.6210.104.000	\$81.52
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.2400.6210.105.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.2500.6210.500.000	\$244.56

**Eloy Elementary School District #11**

**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 DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.2600.6210.103.000	\$81.52
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.2600.6210.104.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.100.2600.6210.105.000	\$122.28
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.200.1000.6210.103.000	\$4.37
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.200.1000.6210.105.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.200.2100.6210.500.000	\$81.52
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.200.2200.6210.500.000	\$81.52
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.265.1000.6210.103.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.265.1000.6210.104.000	\$122.28
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	001.550.1000.6210.104.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	013.100.1000.6210.104.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	013.100.1000.6210.105.000	\$273.68

## Eloy Elementary School District #11

### Voucher Detail Listing

Voucher Batch Number: 1000

07/16/2018

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EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	103.100.2100.6210.103.000	\$82.99
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	110.100.1000.6210.103.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	110.100.1000.6210.104.000	\$122.28
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	110.100.1000.6210.105.000	\$85.89
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	110.100.2100.6210.103.000	\$81.52
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	110.100.2100.6210.104.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	110.100.2100.6210.500.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	110.100.2500.6210.500.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	220.200.1000.6210.103.000	\$20.38
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	220.200.1000.6210.104.000	\$81.52
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	220.200.1000.6210.105.000	\$81.52
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	510.100.3100.6210.103.000	\$81.52

## Eloy Elementary School District #11

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	510.100.3100.6210.104.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	510.100.3100.6210.105.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	510.100.3100.6210.500.000	\$40.76
EMPLOYEE DENTAL INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19111	JULY 2018 7/13/2018	510.100.3100.6210.500.000	\$61.14

Check #: 0

PO/Invoice Total:	\$3,019.18
Vendor Total:	\$3,019.18

**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	\$55.50
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.100.1000.6210.105.000	\$8.65
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.100.2100.6210.103.000	\$5.62
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.100.2100.6210.105.000	\$8.65
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.100.2100.6210.500.000	\$8.65
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.100.2200.6210.103.000	\$8.65
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.100.2200.6210.500.000	\$5.62
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.100.2300.6210.500.000	\$51.90



**Eloy Elementary School District #11**

**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	\$51.90
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.100.2400.6210.104.000	\$51.90
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.100.2400.6210.105.000	\$43.25
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.100.2500.6210.500.000	\$86.50
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.100.2600.6210.103.000	\$17.30
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.100.2600.6210.104.000	\$8.65
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.100.2600.6210.105.000	\$22.92
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.200.1000.6210.103.000	\$1.80
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.200.1000.6210.104.000	\$5.62
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.200.1000.6210.105.000	\$17.30
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.200.2100.6210.500.000	\$17.30
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.200.2200.6210.500.000	\$14.27
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.265.1000.6210.103.000	\$25.95
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.400.2700.6210.500.000	\$8.65
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	001.550.1000.6210.104.000	\$8.65

**Eloy Elementary School District #11**

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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	013.100.1000.6210.104.000	\$59.82
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	013.100.1000.6210.105.000	\$30.63
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	103.100.2100.6210.103.000	\$8.65
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	110.100.1000.6210.103.000	\$13.04
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	110.100.1000.6210.104.000	\$19.10
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	110.100.1000.6210.105.000	\$17.30
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	110.100.2100.6210.103.000	\$8.65
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	110.100.2100.6210.104.000	\$8.65
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	110.100.2100.6210.500.000	\$8.65
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	110.100.2500.6210.500.000	\$4.32
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	220.200.1000.6210.103.000	\$17.30
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	220.200.1000.6210.104.000	\$14.27
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	220.200.1000.6210.105.000	\$17.30
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	510.100.3100.6210.103.000	\$8.65
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	510.100.3100.6210.104.000	\$8.65

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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	510.100.3100.6210.105.000	\$8.65
EMPLOYEE LIFE INSURANCE FOR FY 18-19		1	19097	JLUY 2018 7/13/2018	510.100.3100.6210.500.000	\$12.98
Check #: 0						
PO/InvoiceTotal:						\$801.81
Vendor Total:						\$801.81
ELOY ELEM.SCHOOLS INS. TRUST						
Check Group:						
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.1000.6210.103.000	\$38.22
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.1000.6210.105.000	\$6.37
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.2100.6210.103.000	\$6.37
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.2100.6210.105.000	\$6.37
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.2100.6210.500.000	\$6.37
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.2200.6210.103.000	\$6.37
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.2200.6210.500.000	\$6.37
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.2300.6210.500.000	\$12.74
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.2400.6210.103.000	\$12.74
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.2400.6210.104.000	\$12.74
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.2400.6210.105.000	\$6.37

**Eloy Elementary School District #11**

**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
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.2500.6210.500.000	\$44.59
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.2600.6210.103.000	\$12.74
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.2600.6210.104.000	\$6.37
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.100.2600.6210.105.000	\$19.11
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.200.1000.6210.104.000	\$6.37
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.200.1000.6210.105.000	\$12.74
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.200.2100.6210.500.000	\$12.74
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.200.2200.6210.500.000	\$12.74
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.265.1000.6210.103.000	\$19.11
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.400.2700.6210.500.000	\$6.37
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	001.550.1000.6210.104.000	\$6.37
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	013.100.1000.6210.104.000	\$41.40
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	013.100.1000.6210.105.000	\$15.93
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	103.100.2100.6210.103.000	\$6.37
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	110.100.1000.6210.103.000	\$12.74

**Eloy Elementary School District #11**

**Voucher Detail Listing**

Voucher Batch Number: 1000

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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	\$12.74
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	110.100.1000.6210.105.000	\$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	\$12.74
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	220.200.1000.6210.104.000	\$12.74
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	220.200.1000.6210.105.000	\$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		1	19096	JULY 2018 7/13/2018	510.100.3100.6210.105.000	\$6.37
VISION INSURANCE FOR EMPLOYEES FOR FY 18-19		1	19096	JULY 2018 7/13/2018	510.100.3100.6210.500.000	\$9.56

Check #: 0

PO/InvoiceTotal:                      \$471.38

Vendor Total:                      \$471.38

LAKESHORE LEARNING MATERIALS                      890052

Check Group:

## Eloy Elementary School District #11

### 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
Classroom supplies for Rayman Zhen.		1	19121	1888740718 7/13/2018	001.100.1000.6610.103.000	\$50.00
					Check #: 0	
					PO/InvoiceTotal:	\$50.00
					Vendor Total:	\$50.00
<b>LONG WATER MANAGEMENT, LLC.</b>						
Check Group:						
BACKFLOW TEST 1/2" - 4" RP		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
<b>PINAL COUNTY ENVIRONMENTAL HEALTH SERV.</b>						
Check Group:						
PUBLIC SCHOOL FOOD LICENSING FOR CURIEL, INTERMEDIATE, AND JR HIGH CAFETERIAS FOR FY 18-19		1	19193	PTO-09-0325-18 7/13/2018	510.100.3100.6810.500.000	\$145.00
PUBLIC SCHOOL FOOD LICENSING FOR CURIEL, INTERMEDIATE, AND JR HIGH CAFETERIAS FOR FY 18-19		1	19193	PTO-09-0867-18 7/13/2018	510.100.3100.6810.500.000	\$145.00
PUBLIC SCHOOL FOOD LICENSING FOR CURIEL, INTERMEDIATE, AND JR HIGH CAFETERIAS FOR FY 18-19		1	19193	PTO-09-0903-18 7/13/2018	510.100.3100.6810.500.000	\$145.00
					Check #: 0	
					PO/InvoiceTotal:	\$435.00
					Vendor Total:	\$435.00
<b>WAXIE SANITARY SUPPLY</b>						
Check Group:						
DISTRICTWIDE JANITORIAL SUPPLIES FOR FY 18-19		1	19036	77565683 7/13/2018	001.100.2600.6610.500.000	\$2,056.59

# Eloy Elementary School District #11

## 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
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Check #: 0

PO/Invoice Total:	<u>\$2,056.59</u>
Vendor Total:	<u>\$2,056.59</u>
Grand Total:	\$54,211.72

End of Report