
SPEED S.E.J.A. #802 VOUCHER

Voucher No: 1133

Voucher Date: 10/27/2017

Prepared By:



Printed: 10/24/2017 02:52:14 PM

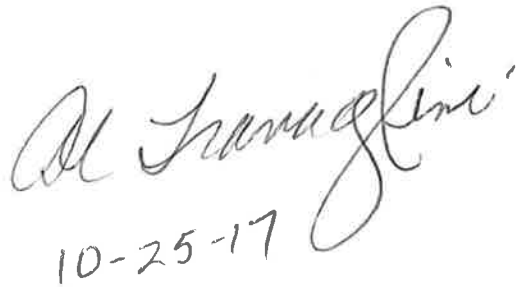
SPEED S.E.J.A. #802 is hereby authorized to draw warrants against SPEED S.E.J.A. #802 funds for the sum of \$83,608.77 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2017 to June 30, 2018 (period cannot overlap fiscal year end.)

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.



SPEED S.E.J.A. #802

Fund		Amount
10	Education	\$83,608.77
		<hr/>
		\$83,608.77



SPEED S.E.J.A. #802

Voucher Detail Listing

Voucher Batch Number: 1133

10/27/2017

Fiscal Year: 2017-2018

Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
ALPHA PEST CONTROL, INC						
Check Group:						
Invoice # 31714 - Property Services Main Bldg O&M - Monthly pest control services at 1125 Division St. for the month of October 2017		1	439	31714, 31715 10/24/2017	10.5.2540.320.0000.28.30	\$165.00
Invoice # 31715 - Property Services ALL O&M - Monthly pest control services at 410 Ashland Ave. for the month of October 2017		1	439	31714, 31715 10/24/2017	10.5.2540.320.0000.28.31	\$50.00
					Check #: 0	
					PO/InvoiceTotal:	\$215.00
					Vendor Total:	\$215.00
AMERICANEAGLE.COM,INC						
Check Group:						
Web Support and Hosting: Invoice Date October 14, 2017		1	447	256581 10/24/2017	10.5.2220.470.0000.25.00	\$500.00
					Check #: 0	
					PO/InvoiceTotal:	\$500.00
					Vendor Total:	\$500.00
BERNERO, JACQUELINE M						
Check Group:						
Monthly mileage reimbursement - August		1	0	083017 10/18/2017	10.5.1200.332.0000.10.00	\$10.81
					Check #: 0	
					PO/InvoiceTotal:	\$10.81
					Vendor Total:	\$10.81
BERRY, CATHERINE						
Check Group:						
Other Prof/Technical Services SLP ELC		1	0	#4 10-12-17 10/13/2017	10.5.2150.319.0000.15.00	\$3,024.00
					Check #: 0	

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
						PO/InvoiceTotal: \$3,024.00
						Vendor Total: \$3,024.00
BRESHOCK, TIM	2465					
Check Group:						
Contract PT		1 0		087 10/24/2017	10.5.2130.319.1342.23.00	\$1,860.00
					Check #: 0	
						PO/InvoiceTotal: \$1,860.00
						Vendor Total: \$1,860.00
BRIDGES CONSULTING SERV	22780					
Check Group:						
Other Prof/Technical Services Paych IES		1 0		#4 10/13/2017	10.5.2140.319.0000.10.00	\$3,455.87
Other Prof/Technical Services Psych IHS		1 0		#4 10/13/2017	10.5.2140.319.0000.17.00	\$863.97
					Check #: 0	
						PO/InvoiceTotal: \$4,319.84
						Vendor Total: \$4,319.84
CALL ONE						
Check Group:						
PRI Line, Pots Lines & Circuit IDs		1 448		Bill Date: 10-15-17 10/24/2017	10.5.2900.340.0000.11.00	\$1,200.72
					Check #: 0	
						PO/InvoiceTotal: \$1,200.72
						Vendor Total: \$1,200.72
CLARK, KELLIE E.						
Check Group:						
Supplies for Hispanic Heritage Month—General Supplies ELC		1 441		10.27.17 10/24/2017	10.5.1200.410.0000.15.00	\$51.37

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
Check #: 0						
PO/InvoiceTotal:						\$51.37
Vendor Total:						\$51.37
COMCAST_19707	19707					
Check Group:						
Ethernet to 410 Ashland & Internet for Both Buildings for September 2017		1	426	BILL DATE: 10.01.17 10/13/2017	10.5.2900.340.0000.11.00	\$4,153.40
Check #: 0						
PO/InvoiceTotal:						\$4,153.40
Vendor Total:						\$4,153.40
CONSTELLATION NEW ENERGY	16125					
Check Group:						
Invoice #2130757 - Natural Gas Main Bldg O&M - Natural gas service to 1125 Division St. for the month of August 2017		1	409	2130757 10/11/2017	10.5.2540.465.0000.28.30	\$2,141.12
Check #: 0						
PO/InvoiceTotal:						\$2,141.12
Check Group:						
Invoice #2150308 - Natural Gas Main Bldg O&M - Natural gas service to 1125 Division st. for the month of September 2017		1	438	2150308 10/24/2017	10.5.2540.465.0000.28.30	\$2,857.11
Check #: 0						
PO/InvoiceTotal:						\$2,857.11
Vendor Total:						\$4,998.23
CRETE MONEE DIST. # 201U						
Check Group:						
STEP BILLING MAY-JUNE 2017		1	0	STEP 10/18/2017	10.5.4190.690.3226.01.00	\$625.00
Check #: 0						

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
						PO/InvoiceTotal: <u>\$625.00</u>
						Vendor Total: <u>\$625.00</u>
DISCOVERY BENEFITS	23618					
Check Group:						
Other Employee Benefits Business Support		1 0		799690-IN 10/10/2017	10.5.2510.231.0000.11.00	\$76.50
						Check #: 0
						PO/InvoiceTotal: <u>\$76.50</u>
						Vendor Total: <u>\$76.50</u>
DONALDSON-WILSON, LA TONY	9404					
Check Group:						
Monthly mileage reimbursement		1 0		092617 10/24/2017	10.5.1200.332.0000.18.00	\$54.72
						Check #: 0
						PO/InvoiceTotal: <u>\$54.72</u>
						Vendor Total: <u>\$54.72</u>
ERDMANN, LAURA K						
Check Group:						
Monthly mileage reimbursement		1 0		090517 10/10/2017	10.5.1200.332.0000.13.00	\$8.03
						Check #: 0
						PO/InvoiceTotal: <u>\$8.03</u>
						Vendor Total: <u>\$8.03</u>
GORDON FOOD SERVICE_103310	103310					
Check Group:						
Food Delivery		1 420		181175404,76711 5785 10/13/2017	10.5.2560.490.0000.29.00	\$1,597.41
Food Delivery		1 420		181175404,76711 5785 10/13/2017	10.5.2560.490.0000.29.00	\$9.99

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
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Check #: 0

PO/InvoiceTotal: \$1,607.40

Check Group:

Food Delivery		1	437	10.27.17 10/24/2017	10.5.2560.490.0000.29.00	\$1,436.68
Food Delivery		1	437	10.27.17 10/24/2017	10.5.2560.490.0000.29.00	\$1,434.87
Food Delivery		1	437	10.27.17 10/24/2017	10.5.2560.490.0000.29.00	\$5.72

Check #: 0

PO/InvoiceTotal: \$2,877.27

Vendor Total: \$4,484.67

HASTY, ALLISON M

Check Group:

Monthly mileage reimbursement		1	0	092717 10/10/2017	10.5.1200.332.0000.13.00	\$56.18
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Check #: 0

PO/InvoiceTotal: \$56.18

Vendor Total: \$56.18

HAUSER IZZO, LLC

21839

Check Group:

Legal Services Admin Board		1	0	19908 10/13/2017	10.5.2310.318.0000.11.00	\$5,617.50
Legal Services Admin Board		1	0	19909 10/13/2017	10.5.2310.318.0000.11.00	\$168.00

Check #: 0

PO/InvoiceTotal: \$5,785.50

Vendor Total: \$5,785.50

HOUSE OF LIGHT, LLC

Check Group:

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
Other Prof/Technical Services VI		1	0	005 10/16/2017	10.5.1200.319.1342.20.00	\$1,802.50
					Check #: 0	
						PO/InvoiceTotal: \$1,802.50
						Vendor Total: \$1,802.50
I A S B	5347					
Check Group:						
BOARD BOOK SUBSCRIPTION		1	444	184603 10/24/2017	10.5.2310.319.0000.11.00	\$2,000.00
					Check #: 0	
						PO/InvoiceTotal: \$2,000.00
Check Group:						
PRESS PLUS SUBSCRIPTION		1	445	185302 10/24/2017	10.5.2310.319.0000.11.00	\$3,590.00
					Check #: 0	
						PO/InvoiceTotal: \$3,590.00
						Vendor Total: \$5,590.00
IMPREST FUND SPEED	1621					
Check Group:						
Chicago Childrens Museum-Field Trip		1	0	090117 10/10/2017	10.5.3000.332.3705.16.08	\$225.00
Donna Richardson VI intinerant-reimbursement for student adapter		1	0	090117 10/10/2017	10.5.1200.410.1342.20.00	\$29.62
IAASE registration for A. Payne		1	0	090117 10/10/2017	10.5.2210.312.4620.24.08	\$175.00
Bank Fee		1	0	090117 10/10/2017	10.5.2520.319.0000.11.00	\$21.36
					Check #: 0	
						PO/InvoiceTotal: \$450.98

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
						Vendor Total: \$450.98
KRILICH, GINA L						
Check Group:						
Monthly mileage reimbursement		1 0		092817 10/10/2017	10.5.1200.332.0000.13.00	\$8.83
						Check #: 0
						PO/InvoiceTotal: \$8.83
						Vendor Total: \$8.83
KRYSTAL DAIRY & FOOD DIST	8078					
Check Group:						
Milk Delivery		1 428		086905, 084510 10/13/2017	10.5.2560.490.0000.29.00	\$181.00
Milk Delivery		1 428		086905, 084510 10/13/2017	10.5.2560.490.0000.29.00	\$272.15
						Check #: 0
						PO/InvoiceTotal: \$453.15
Check Group:						
Milk Delivery		1 446		086919 10/24/2017	10.5.2560.490.0000.29.00	\$162.00
Milk Delivery		1 446		086919 10/24/2017	10.5.2560.490.0000.29.00	\$265.00
						Check #: 0
						PO/InvoiceTotal: \$427.00
						Vendor Total: \$880.15
LASKI, BARBARA	12181					
Check Group:						
Monthly mileage reimbursement		1 0		092917 10/10/2017	10.5.1200.332.0000.13.00	\$32.10
						Check #: 0
						PO/InvoiceTotal: \$32.10

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
						Vendor Total: \$32.10
MARTIN WHALEN	200006					
Check Group:						
Canon Copier Service: 10/01/2017 to 10/31/2017		1	449	685493 10/24/2017	10.5.2900.360.0000.11.00	\$2,002.37
					Check #: 0	
						PO/InvoiceTotal: \$2,002.37
Check Group:						
Kyocera Printer Service: 10/01/2017 to 10/31/2017		1	450	685850 10/24/2017	10.5.2900.360.0000.11.00	\$1,282.06
					Check #: 0	
						PO/InvoiceTotal: \$1,282.06
						Vendor Total: \$3,284.43
Mary Eileen Murney						
Check Group:						
Contract PT		1	0	#8 100617 10/10/2017	10.5.2130.319.1342.23.00	\$1,715.00
Contract PT		1	0	#9 10/13/2017	10.5.2130.319.1342.23.00	\$1,785.00
Contract PT		1	0	10 10/24/2017	10.5.2130.319.1342.23.00	\$1,890.00
					Check #: 0	
						PO/InvoiceTotal: \$5,390.00
						Vendor Total: \$5,390.00
NOOTBAAR, JULIE M						
Check Group:						
Monthly mileage reimbursement		1	0	092817 10/10/2017	10.5.1200.332.0000.13.00	\$66.34
					Check #: 0	
						PO/InvoiceTotal: \$66.34

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
						Vendor Total: \$66.34
O'MALLEY, MAUREEN P, LTD	6211					
Check Group:						
Other Prof/Technical Services SLP ALL		1 0	2	10/24/2017	10.5.2150.319.0000.18.00	\$2,015.00
						Check #: 0
						PO/InvoiceTotal: \$2,015.00
						Vendor Total: \$2,015.00
Oticon, Inc.						
Check Group:						
Hearing Equipment: T30 Transmitter, Protective Skin and Amigo Star Starter Kit for SD 168 Student L.McElroy		1 330	V967124	10/17/2017	10.5.1200.410.1342.19.00	\$1,128.00
						Check #: 0
						PO/InvoiceTotal: \$1,128.00
						Vendor Total: \$1,128.00
PFEIFFER, KAREN						
Check Group:						
Professional Development Mileage Reimbursement: K. Pfeiffer		1 440	102717	10/24/2017	10.5.2210.312.4620.24.08	\$17.28
						Check #: 0
						PO/InvoiceTotal: \$17.28
						Vendor Total: \$17.28
POINTER, BETTY	14221					
Check Group:						
Medical Insurance Reimbursement		1 406	102717	10/11/2017	10.5.2310.222.0000.11.00	\$701.29
						Check #: 0
						PO/InvoiceTotal: \$701.29
						Vendor Total: \$701.29

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PROFESSIONAL INTERPRETERS FOR THE DEAF						
Check Group:						
Other Prof/Tech Services DHH-Maloney,Johnson, Worley		1	0	J16286 10/13/2017	10.5.1200.319.0000.14.00	\$2,008.05
Other Prof/Tech Services DHH		1	0	J16319 10/16/2017	10.5.1200.319.0000.14.00	\$2,008.05
Other Prof/Tech Services DHH		1	0	J16354 10/18/2017	10.5.1200.319.0000.14.00	\$1,609.30
Check #: 0						
						PO/InvoiceTotal: <u>\$5,625.40</u>
						Vendor Total: <u>\$5,625.40</u>
REPUBLIC SERVICES #721						
Check Group:						
Invoice # 0721-005620357 - Sanation Services ALL O&M - Trash/dumpster service to 410 Ashland Ave. for the month of September 2017		1	414	0721-005620357 10/11/2017	10.5.2540.321.0000.28.31	\$493.19
Invoice #0721-005620357 - Sanation Services Main Bldg O&M - Trash/dumpster service to 1125 Division St. for the month of September 2017 - This invoice includes extra dumpster rental for broken equipment disposal		1	414	0721-005620357 10/11/2017	10.5.2540.321.0000.28.30	\$2,069.12
Check #: 0						
						PO/InvoiceTotal: <u>\$2,562.31</u>
						Vendor Total: <u>\$2,562.31</u>
SCHOOL DIST #153						
8268						
Check Group:						
August & September lunches		1	0	#1 10/18/2017	10.5.4190.690.0000.11.00	\$239.02
Check #: 0						
						PO/InvoiceTotal: <u>\$239.02</u>
						Vendor Total: <u>\$239.02</u>

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
SCHOOL DIST #227 - RICH T	3294					
Check Group:						
STEP BILLING MAY-JUNE 2017		1 0		STEP 10/18/2017	10.5.4190.690.3226.27.00	\$2,250.00
					Check #: 0	
						PO/InvoiceTotal: \$2,250.00
						Vendor Total: \$2,250.00
SCHOOL DIST #233	10799					
Check Group:						
STEP BILLING MAY-JUNE2017		1 0		STEP 10/18/2017	10.5.4190.690.3226.33.00	\$5,350.00
					Check #: 0	
						PO/InvoiceTotal: \$5,350.00
						Vendor Total: \$5,350.00
SCHULTZ SUPPLY CO, INC	18746					
Check Group:						
Paper Good Delivery		1 425		148947,149091 10/13/2017	10.5.2560.490.0000.29.00	\$379.19
					Check #: 0	
						PO/InvoiceTotal: \$379.19
						Vendor Total: \$379.19
SHAW, ROSALYN						
Check Group:						
Monthly mileage reimbursement		1 0		101117 10/18/2017	10.5.1200.332.0000.10.00	\$5.03
					Check #: 0	
						PO/InvoiceTotal: \$5.03
						Vendor Total: \$5.03
SHAW, ROSAYLN S						
Check Group:						

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Professional Development Mileage Reimbursement: R. Shaw		1	442	102717 10/24/2017	10.5.2210.312.4620.24.08	\$106.54
					Check #: 0	
					PO/InvoiceTotal:	\$106.54
					Vendor Total:	\$106.54
SOLIANT HEALTH	18281					
Check Group:						
Other Prof/Technical Services PAL--M. Priest		1	0	9115642 10/24/2017	10.5.1200.319.0000.13.00	\$2,016.00
Other Prof/Technical Services VI-D. Richardson		1	0	9129308 10/13/2017	10.5.1200.319.1342.20.00	\$2,622.00
Other Prof/Technical Services PAL		1	0	9129356 10/13/2017	10.5.1200.319.0000.13.00	\$2,520.00
Contract OT-K. O'Connor		1	0	9129715 10/13/2017	10.5.2130.319.1342.22.00	\$2,555.00
Other Prof/Technical Services IES-D. Richardson		1	0	9145517 10/24/2017	10.5.1200.319.0000.10.00	\$2,223.00
Contract OT		1	0	9145565 10/24/2017	10.5.2130.319.1342.22.00	\$1,533.00
					Check #: 0	
					PO/InvoiceTotal:	\$13,469.00
					Vendor Total:	\$13,469.00
Summit Financial Resources, L.P.	104875					
Check Group:						
Commodity Delivery		1	443	S201366 10/24/2017	10.5.2560.490.0000.29.00	\$47.61
					Check #: 0	
					PO/InvoiceTotal:	\$47.61
					Vendor Total:	\$47.61

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
SuperFleet MasterCard Program						
Check Group:						
Invoice Date 9/26/17 - Gasoline O&M - Gasoline charges for the dates of 8/26/17 - 9/26/17		1	418	Inv. Date 9-26-17 10/11/2017	10.5.2540.464.0000.28.30	\$614.73
					Check #: 0	
						PO/InvoiceTotal: <u>\$614.73</u>
						Vendor Total: <u>\$614.73</u>
WIBERG, ILONA	3851					
Check Group:						
Monthly mileage reimbursement		1	0	092817 10/10/2017	10.5.1200.332.0000.13.00	\$112.89
					Check #: 0	
						PO/InvoiceTotal: <u>\$112.89</u>
						Vendor Total: <u>\$112.89</u>
ZILIS, JESSI L						
Check Group:						
Monthly mileage reimbursement		1	0	092617 10/10/2017	10.5.1200.332.0000.13.00	\$56.18
					Check #: 0	
						PO/InvoiceTotal: <u>\$56.18</u>
						Vendor Total: <u>\$56.18</u>
						Grand Total: <u>\$83,608.77</u>

End of Report