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

Voucher No: 1192 **Voucher Date:** 12/15/2016 Prepared By: S. Frigo

Printed: 12/14/2016 10:49:42 AM

SPEED S.E.J.A. #802 is hereby authorized to draw warrants against SPEED S.E.J.A. #802 funds for the sum of $110,204.40 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2016 to June 30, 2017 (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.

K Slattery CSBO 12/14/16

SPEED S.E.J.A. #802

Recurring Bills

Sharon Rossiter 12-14-2016

Fund		Amount
10	Education	$110,204.40
		$110,204.40

Voucher Detail Listing

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
ALLIED HEALTH PROFESSIONA_7581	7581					
Check Group:						
Contract OTS. Gardell		1	0	11325 12/14/2016	10.5.2130.319.1342.22.00	$8,431.50
Contract PT-S. Melrose		1	0	11325 12/14/2016	10.5.2130.319.1342.23.00	$6,804.00
SLP Contracted Services-J. Pajak		1	0	11325 12/14/2016	10.5.2150.319.1342.24.00	$8,307.00
					Check #: 0	
					PO/InvoiceTotal:	$23,542.50
					Vendor Total:	$23,542.50
ALPHA PEST CONTROL, INC						
Check Group:						
Invoice # 30222 - Property Services Main Bldg O&M - Monthly pest control service to 1125 Division St. for the month of November 2016		1	540	30222/30223 11/28/2016	10.5.2540.320.0000.28.30	$165.00
Invoice # 30223 - Property Services ALL O&M - Monthly pest control service to 410 Ashland Ave. for the month of November 2016		1	540	30222/30223 11/28/2016	10.5.2540.320.0000.28.31	$50.00
					Check #: 0	
					PO/InvoiceTotal:	$215.00
					Vendor Total:	$215.00
AMERICANEAGLE.COM,INC						
Check Group:						
Monthly invoice for website		1	201	DEC16 12/12/2016	10.5.2220.470.0000.25.00	$500.00
					Check #: 0	
					PO/InvoiceTotal:	$500.00
					Vendor Total:	$500.00
BEA, ROBERTRESE						

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Check Group:						
Monthly mileage reimbursement		1	0	092816 12/14/2016	10.5.1200.332.0000.18.00	$25.70
Monthly mileage reimbursement		1	0	103116 12/14/2016	10.5.1200.332.0000.18.00	$24.19
Monthly mileage reimbursement		1	0	112916 12/14/2016	10.5.1200.332.0000.18.00	$21.16
					Check #: 0	
					PO/InvoiceTotal:	$71.05
					Vendor Total:	$71.05
BERNERO, JACQUELINE M						
Check Group:						
"Bring Your Parent To School" items: flowers, candles, centerpieces, decorations.		1	580	V902264 12/14/2016	10.5.1200.410.0000.10.00	$60.77
					Check #: 0	
					PO/InvoiceTotal:	$60.77
					Vendor Total:	$60.77
BERRY, CATHERINE						
Check Group:						
SLP Contracted Services		1	0	120516 12/8/2016	10.5.2150.319.1342.24.00	$1,764.00
					Check #: 0	
					PO/InvoiceTotal:	$1,764.00
					Vendor Total:	$1,764.00
BILUS, CHRISTINE T						
Check Group:						
Monthly mileage reimbursement		1	0	092616 12/8/2016	10.5.1200.332.0000.15.00	$4.18
					Check #: 0	

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
						PO/InvoiceTotal:	$4.18
						Vendor Total:	$4.18
BLASINGAME, CHLOE Y							
Check Group:							
Monthly mileage reimbursement		1	0	112216 12/14/2016	10.5.1200.332.1342.19.00		$53.94
					Check #: 0		
						PO/InvoiceTotal:	$53.94
						Vendor Total:	$53.94
BOYD, ALISON	1442						
Check Group:							
Monthly mileage reimbursement		1	0	113016 12/8/2016	10.5.1200.332.1342.19.00		$113.29
					Check #: 0		
						PO/InvoiceTotal:	$113.29
						Vendor Total:	$113.29
BRESHOCK, TIM	2465						
Check Group:							
Contract PT		1	0	113016 12/14/2016	10.5.2130.319.1342.23.00		$2,220.00
					Check #: 0		
						PO/InvoiceTotal:	$2,220.00
						Vendor Total:	$2,220.00
BRIDGES CONSULTING SERV	22780						
Check Group:							
Psych Contracted Services-IES		1	0	113016 12/14/2016	10.5.2140.319.1342.10.00		$2,221.63
Psych Contracted Services-IHS		1	0	113016 12/14/2016	10.5.2140.319.1342.17.00		$555.41
					Check #: 0		

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
						PO/InvoiceTotal:	$2,777.04
						Vendor Total:	$2,777.04
BROWN, SANDRA T							
Check Group:							
College recruiting, Eastern Illinois - travel reimbursement		1	0	110216 12/9/2016	10.5.1200.332.0000.13.00		$177.12
					Check #: 0		
						PO/InvoiceTotal:	$177.12
						Vendor Total:	$177.12
CAREERSTAFF UNLIMITED - CHICAGO							
Check Group:							
SLP Contracted Services-H. Smith		1	0	33354-304782 12/14/2016	10.5.2150.319.1342.24.00		$73.00
SLP Contracted Services-H. Smith		1	0	33354-305621 12/14/2016	10.5.2150.319.1342.24.00		$2,555.00
					Check #: 0		
						PO/InvoiceTotal:	$2,628.00
						Vendor Total:	$2,628.00
CAREY, EILEEN							
Check Group:							
Monthly mileage reimbursement		1	0	113016 12/14/2016	10.5.2150.332.0000.15.00		$42.12
					Check #: 0		
						PO/InvoiceTotal:	$42.12
						Vendor Total:	$42.12
CARLS, SEAN P.							
Check Group:							
Monthly mileage reimbursement		1	0	103116 12/12/2016	10.5.1200.332.0000.13.00		$56.70
					Check #: 0		

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
						PO/InvoiceTotal:	$56.70
						Vendor Total:	$56.70
CHVOSTAL-SCHMIDT, KATHY	7577						
Check Group:							
Monthly mileage reimbursement		1	0	112816 12/14/2016	10.5.3000.332.3705.16.07		$100.76
					Check #: 0		
						PO/InvoiceTotal:	$100.76
						Vendor Total:	$100.76
CLARK, KELLIE E.							
Check Group:							
Monthly mileage reimbursement		1	0	112916 12/14/2016	10.5.2410.332.0000.15.00		$51.57
					Check #: 0		
						PO/InvoiceTotal:	$51.57
						Vendor Total:	$51.57
CONSTELLATION NEW ENERGY	16125						
Check Group:							
Invoice #0036465250 - Natural Gas Main Bldg O&M - Natural gas service to 1125 Division St. for the month of November 2016		1	583	0036465250 12/12/2016	10.5.2540.465.0000.28.30		$7,015.01
					Check #: 0		
						PO/InvoiceTotal:	$7,015.01
						Vendor Total:	$7,015.01
CRONIN, KAREN							
Check Group:							
Monthly mileage reimbursement		1	0	111616 12/14/2016	10.5.2140.332.0000.15.00		$14.58
					Check #: 0		

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
						PO/InvoiceTotal:	$14.58
						Vendor Total:	$14.58
DE BRUIN, JANET							
Check Group:							
Montly mileage reimbursement		1	0	120316 12/12/2016	10.5.2210.332.0000.24.00		$75.38
					Check #: 0		
						PO/InvoiceTotal:	$75.38
						Vendor Total:	$75.38
DONALDSON-WILSON, LA TONY	9404						
Check Group:							
Monthly mileage reimbursement		1	0	112816 12/14/2016	10.5.1200.332.0000.18.00		$47.15
					Check #: 0		
						PO/InvoiceTotal:	$47.15
						Vendor Total:	$47.15
DOXY, FANIA							
Check Group:							
Monthly mileage reimbursement		1	0	111616 12/14/2016	10.5.1200.332.0000.15.00		$9.45
					Check #: 0		
						PO/InvoiceTotal:	$9.45
						Vendor Total:	$9.45
EDUCATIONAL BENEFIT COOPE_14535	14535						
Check Group: 3							
Medical Insurance Central Office Health		1	0	OCT01 12/7/2016	10.5.2130.222.0000.11.00		$1,009.50
Medical Insurance O&M		1	0	OCT01 12/7/2016	10.5.2540.222.0000.28.00		$1,009.50
					Check #: 0		

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Check Group:						
Other Employee Benefits IES		1	0	Oct2016 12/6/2016	10.5.1200.231.0000.10.00	$116.04
Other Employee Benefits		1	0	Oct2016 12/6/2016	10.5.1200.231.0000.11.00	$4.26
Other Employee Benefits PAL		1	0	Oct2016 12/6/2016	10.5.1200.231.0000.13.00	$267.84
Other Employee Benefits ELC		1	0	Oct2016 12/6/2016	10.5.1200.231.0000.15.00	$182.00
Other Employee Benefits IHS		1	0	Oct2016 12/6/2016	10.5.1200.231.0000.17.00	$92.69
Other Employee Benefits HI Itinerant		1	0	Oct2016 12/6/2016	10.5.1200.231.1342.19.00	$19.78
Other Employee Benefits IES SW		1	0	Oct2016 12/6/2016	10.5.2110.231.0000.10.00	$8.40
Other Employee Benefits IHS SW		1	0	Oct2016 12/6/2016	10.5.2110.231.0000.17.00	$5.06
Other Employee Benefits IES Health		1	0	Oct2016 12/6/2016	10.5.2130.231.0000.10.00	$6.90
Other Employee Benefits PAL Health		1	0	Oct2016 12/6/2016	10.5.2130.231.0000.13.00	$4.26
Other Employee Benefits ELC Health		1	0	Oct2016 12/6/2016	10.5.2130.231.0000.15.00	$13.00
Life Insurance-OT		1	0	Oct2016 12/6/2016	10.5.2130.231.0000.22.00	$11.73
Life Insurance-PT		1	0	Oct2016 12/6/2016	10.5.2130.231.0000.23.00	$23.92
Other Employee Benefits PAL Psych		1	0	Oct2016 12/6/2016	10.5.2140.231.0000.13.00	$7.25
Other Employee Benefits PAL SLP		1	0	Oct2016 12/6/2016	10.5.2150.231.0000.13.00	$10.81

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Other Employee Benefits ELC SLP		1	0	Oct2016 12/6/2016	10.5.2150.231.0000.15.00	$17.25
Other Employee Benefits IT		1	0	Oct2016 12/6/2016	10.5.2220.231.0000.25.00	$31.74
Other Employee Benefits Central Office		1	0	Oct2016 12/6/2016	10.5.2320.231.0000.11.00	$21.85
Other Employee Benefits IES Principal		1	0	Oct2016 12/6/2016	10.5.2410.231.0000.10.00	$17.48
Other Employee Benefits PAL Principal		1	0	Oct2016 12/6/2016	10.5.2410.231.0000.13.00	$4.49
Other Employee Benefits ELC Principal		1	0	Oct2016 12/6/2016	10.5.2410.231.0000.15.00	$43.24
Other Employee Benefits IHS Principal		1	0	Oct2016 12/6/2016	10.5.2410.231.0000.17.00	$58.77
Other Employee Benefits Fiscal Services		1	0	Oct2016 12/6/2016	10.5.2520.231.0000.11.00	$124.97
Other Employee Benefits		1	0	Oct2016 12/6/2016	10.5.1200.231.0000.18.00	$4.60
Other Employee Benefits O&M		1	0	Oct2016 12/6/2016	10.5.2540.231.0000.28.00	$52.44
Other Employee Benefits		1	0	Oct2016 12/6/2016	10.5.2560.231.0000.13.00	$10.35

Check #: 0

Check Group: 2

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Other Employee Benefits IES		1	0	SEPT16 12/7/2016	10.5.1200.231.0000.10.00	$137.43
Other Employee Benefits ELC SLP		1	0	SEPT16 12/7/2016	10.5.2150.231.0000.15.00	$17.25
Other Employee Benefits IT		1	0	SEPT16 12/7/2016	10.5.2220.231.0000.25.00	$31.74

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Other Employee Benefits Central Office		1	0	SEPT16 12/7/2016	10.5.2320.231.0000.11.00	$21.85
Other Employee Benefits IES Principal		1	0	SEPT16 12/7/2016	10.5.2410.231.0000.10.00	$17.48
Other Employee Benefits PAL Principal		1	0	SEPT16 12/7/2016	10.5.2410.231.0000.13.00	$12.77
Other Employee Benefits ELC Principal		1	0	SEPT16 12/7/2016	10.5.2410.231.0000.15.00	$43.24
Other Employee Benefits IHS Principal		1	0	SEPT16 12/7/2016	10.5.2410.231.0000.17.00	$30.25
Other Employee Benefits Fiscal Services		1	0	SEPT16 12/7/2016	10.5.2520.231.0000.11.00	$121.52
Other Employee Benefits O&M		1	0	SEPT16 12/7/2016	10.5.2540.231.0000.28.00	$48.99
Other Employee Benefits		1	0	SEPT16 12/7/2016	10.5.2560.231.0000.13.00	$10.35
Other Employee Benefits		1	0	SEPT16 12/7/2016	10.5.1200.231.0000.11.00	$4.26
Other Employee Benefits PAL		1	0	SEPT16 12/7/2016	10.5.1200.231.0000.13.00	$253.00
Other Employeed Benefits DHH		1	0	SEPT16 12/7/2016	10.5.1200.231.0000.14.00	$36.34
Other Employee Benefits ELC		1	0	SEPT16 12/7/2016	10.5.1200.231.0000.15.00	$183.27
Other Employee Benefits IHS		1	0	SEPT16 12/7/2016	10.5.1200.231.0000.17.00	$83.84
Other Employee Benefits		1	0	SEPT16 12/7/2016	10.5.1200.231.0000.18.00	$11.73
Other Employee Benefits HI Itinerant		1	0	SEPT16 12/7/2016	10.5.1200.231.1342.19.00	$25.76

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Other Employee Benefits IES SW		1	0	SEPT16 12/7/2016	10.5.2110.231.0000.10.00	$14.38
Other Employee Benefits IHS SW		1	0	SEPT16 12/7/2016	10.5.2110.231.0000.17.00	$5.06
Other Employee Benefits IES Health		1	0	SEPT16 12/7/2016	10.5.2130.231.0000.10.00	$14.61
Other Employee Benefits PAL Health		1	0	SEPT16 12/7/2016	10.5.2130.231.0000.13.00	$4.26
Other Employee Benefits ELC Health		1	0	SEPT16 12/7/2016	10.5.2130.231.0000.15.00	$13.00
Life Insurance-OT		1	0	SEPT16 12/7/2016	10.5.2130.231.0000.22.00	$19.32
Life Insurance-PT		1	0	SEPT16 12/7/2016	10.5.2130.231.0000.23.00	$36.23
Other Employee Benefits PAL Psych		1	0	SEPT16 12/7/2016	10.5.2140.231.0000.13.00	$7.25
Other Employee Benefits PAL SLP		1	0	SEPT16 12/7/2016	10.5.2150.231.0000.13.00	$17.83
					Check #: 0	
					PO/InvoiceTotal:	$4,403.13
					Vendor Total:	$4,403.13
EHRENFELD, TIMOTHY M						
Check Group:						
Monthly mileage reimbursement		1	0	112916 12/14/2016	10.5.1200.332.0000.15.00	$94.82
					Check #: 0	
					PO/InvoiceTotal:	$94.82
Check Group:						
Mileage Reimbursement for American Red Cross Lifeguard Certification: ELC PE Teacher		1	572	121516 12/12/2016	10.5.2210.312.4620.24.07	$59.00

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
					Check #: 0		
						PO/InvoiceTotal:	$59.00
						Vendor Total:	$153.82
GORDON FOOD SERVICE_103310	103310						
Check Group:							
Food Prep.		1	476	120916 11/28/2016	10.5.2560.490.0000.29.00		$24.69
Food Prep.		1	476	120916 11/28/2016	10.5.2560.490.0000.29.00		$7.96
Food Prep.		1	476	120916 11/28/2016	10.5.2560.490.0000.29.00		$1,491.64
					Check #: 0		
						PO/InvoiceTotal:	$1,524.29
Check Group:							
Food Delivery		1	524	120916DF 11/28/2016	10.5.2560.490.0000.29.00		$1,426.47
Food Prep		1	524	120916DF 11/28/2016	10.5.2560.490.0000.29.00		$19.98
Food Prep		1	524	120916DF 11/28/2016	10.5.2560.490.0000.29.00		$26.45
Food Prep		1	524	120916DF 11/28/2016	10.5.2560.490.0000.29.00		$3.98
Food Delivery		1	524	120916DF 11/28/2016	10.5.2560.490.0000.29.00		$1,359.35
Food Prep		1	524	120916DF 11/28/2016	10.5.2560.490.0000.29.00		$74.04
					Check #: 0		
						PO/InvoiceTotal:	$2,910.27
Check Group:							

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
Food Prep		1	545	174240045 11/28/2016	10.5.2560.490.0000.29.00		$1,225.13
					Check #: 0		
						PO/InvoiceTotal:	$1,225.13
Check Group:							
Food Prep-breakfast & lunch items		1	581	12/09/16 12/5/2016	10.5.2560.490.0000.29.00		$1,473.92
Food Prep-breakfast & lunch items		1	581	12/09/16 12/5/2016	10.5.2560.490.0000.29.00		$1,771.03
					Check #: 0		
						PO/InvoiceTotal:	$3,244.95
						Vendor Total:	$8,904.64
HASTY, ALLISON M							
Check Group:							
Monthly mileage reimbursement		1	0	113016 12/12/2016	10.5.1200.332.0000.13.00		$28.35
					Check #: 0		
						PO/InvoiceTotal:	$28.35
						Vendor Total:	$28.35
HAUSER IZZO, LLC	21839						
Check Group:							
Legal Services Admin Board		1	0	18155 12/12/2016	10.5.2310.318.0000.11.00		$9,387.00
Legal Services Admin Board		1	0	18156 12/12/2016	10.5.2310.318.0000.11.00		$126.00
Legal Services Admin Board		1	0	18157 12/12/2016	10.5.2310.318.0000.11.00		$96.00
					Check #: 0		
						PO/InvoiceTotal:	$9,609.00
						Vendor Total:	$9,609.00

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HERNANDEZ, ARACELY	23159						
Check Group:							
Monthly mileage reimbursement		1	0	112216 12/14/2016	10.5.3000.332.3705.16.07		$50.86
					Check #: 0		
						PO/InvoiceTotal:	$50.86
Check Group:							
Supplies for Family Enrichment Program Holiday Party		1	591	112816 12/14/2016	10.5.3000.410.3705.16.07		$27.46
					Check #: 0		
						PO/InvoiceTotal:	$27.46
						Vendor Total:	$78.32
HERNANDEZ, VELMA							
Check Group:							
Monthly mileage reimbursement		1	0	112916 12/14/2016	10.5.2130.332.1342.22.00		$24.30
					Check #: 0		
						PO/InvoiceTotal:	$24.30
						Vendor Total:	$24.30
IRBY, CHEANA	24888						
Check Group:							
Monthly mileage reimbursement		1	0	112216 12/14/2016	10.5.1200.332.0000.18.00		$3.02
					Check #: 0		
						PO/InvoiceTotal:	$3.02
						Vendor Total:	$3.02
JOHNSON, EUGENIA	6485						
Check Group:							
Monthly mileage reimbursement		1	0	113016(a) 12/12/2016	10.5.2110.332.0000.15.00		$4.38

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					Check #: 0		
						PO/InvoiceTotal:	$4.38
						Vendor Total:	$4.38
KOLOSH, MONICA	17418						
Check Group:							
Monthly mileage reimbursement		1	0	112916 12/14/2016	10.5.1200.332.0000.15.00		$11.34
					Check #: 0		
						PO/InvoiceTotal:	$11.34
						Vendor Total:	$11.34
KRYSTAL DAIRY & FOOD DIST	8078						
Check Group:							
Milk Delivery		1	495	078870 11/28/2016	10.5.2560.490.0000.29.00		$188.70
					Check #: 0		
						PO/InvoiceTotal:	$188.70
Check Group:							
Milk Delivery		1	528	078754/078904 11/28/2016	10.5.2560.490.0000.29.00		$203.70
Milk Delivery		1	528	078754/078904 11/28/2016	10.5.2560.490.0000.29.00		$141.30
					Check #: 0		
						PO/InvoiceTotal:	$345.00
Check Group:							
Milk Delivery		1	549	078946 11/28/2016	10.5.2560.490.0000.29.00		$201.00
					Check #: 0		
						PO/InvoiceTotal:	$201.00
Check Group:							

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
Milk Delivery		1	587	080770/081600 12/5/2016	10.5.2560.490.0000.29.00		$229.80
Milk Delivery		1	587	080770/081600 12/5/2016	10.5.2560.490.0000.29.00		$155.55
					Check #: 0		
						PO/InvoiceTotal:	$385.35
						Vendor Total:	$1,120.05
LASKI, BARBARA	12181						
Check Group:							
Monthly mileage reimbursement		1	0	111616 12/9/2016	10.5.1200.332.0000.13.00		$14.53
					Check #: 0		
						PO/InvoiceTotal:	$14.53
						Vendor Total:	$14.53
Lenoir, Margie							
Check Group:							
Other Prof/Technical Services Psych IHS		1	0	001 12/9/2016	10.5.2140.319.0000.17.00		$800.00
					Check #: 0		
						PO/InvoiceTotal:	$800.00
						Vendor Total:	$800.00
LYNCH, KATHLEEN	12837						
Check Group:							
Travel PT		1	0	112916 12/14/2016	10.5.2130.332.1342.23.00		$10.85
					Check #: 0		
						PO/InvoiceTotal:	$10.85
						Vendor Total:	$10.85
MACK, FALLON	21766						
Check Group:							

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Montly mileage reimbursement		1	0	112916 12/9/2016	10.5.2640.332.0000.11.00	$94.28
					Check #: 0	
					PO/InvoiceTotal:	$94.28
					Vendor Total:	$94.28
MARTEN, JENNETTE	25516					
Check Group:						
Monthly mileage reimbursement		1	0	112216 12/14/2016	10.5.2130.332.1342.22.00	$32.81
					Check #: 0	
					PO/InvoiceTotal:	$32.81
					Vendor Total:	$32.81
Mary Eileen Murney						
Check Group:						
Contract PT		1	0	120216 12/14/2016	10.5.2130.319.1342.23.00	$1,960.00
					Check #: 0	
					PO/InvoiceTotal:	$1,960.00
					Vendor Total:	$1,960.00
MAUREK, JOHN	13687					
Check Group:						
Monthly mileage reimbursement		1	0	113016 12/12/2016	10.5.1200.332.0000.13.00	$108.00
					Check #: 0	
					PO/InvoiceTotal:	$108.00
					Vendor Total:	$108.00
MERCIER, DOMINIQUE A						
Check Group:						

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Mileage Reimbursement and Registration Fee for DHH Itinerant to Attend Classifier Depiction: More Than Just Handshapes Conference		1	507	100116 / 11/28/2016	10.5.2210.312.4620.24.07	$168.54
					Check #: 0	
					PO/InvoiceTotal:	$168.54
					Vendor Total:	$168.54
NICOR						
Check Group:						
Invoice Date 11/29/16 - Natural Gas ALL O&M - Natural gas service to 410 Ashland Ave. for the dates of 10/27/16 - 11/29/16		1	593	121516 / 12/14/2016	10.5.2540.465.0000.28.31	$586.24
					Check #: 0	
					PO/InvoiceTotal:	$586.24
					Vendor Total:	$586.24
O'MALLEY, MAUREEN P, LTD	6211					
Check Group:						
SLP Contracted Services		1	0	112216 / 12/14/2016	10.5.2150.319.1342.24.00	$3,136.00
SLP Contracted Services		1	0	113016 / 12/9/2016	10.5.2150.319.1342.24.00	$896.00
					Check #: 0	
					PO/InvoiceTotal:	$4,032.00
					Vendor Total:	$4,032.00
Oates, Deborah						
Check Group:						
Monthly mileage reimbursement		1	0	112916 / 12/8/2016	10.5.1200.332.1342.19.00	$55.18
					Check #: 0	
					PO/InvoiceTotal:	$55.18

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
						Vendor Total:	$55.18
OTHER SIDE OF THE RAINBOW	22188						
Check Group:							
Contract OT		1	0	120216 12/14/2016	10.5.2130.319.1342.22.00		$1,386.00
					Check #: 0		
						PO/InvoiceTotal:	$1,386.00
						Vendor Total:	$1,386.00
PFEIFFER, KAREN							
Check Group:							
Monthly mileage reimbursement		1	0	113016 12/8/2016	10.5.1200.332.1342.19.00		$185.98
					Check #: 0		
						PO/InvoiceTotal:	$185.98
Check Group:							
Mileage Reimbursement for ISRC Behavior Training: DHH Itinerant		1	594	V551568 12/14/2016	10.5.2210.312.4620.24.07		$17.44
					Check #: 0		
						PO/InvoiceTotal:	$17.44
						Vendor Total:	$203.42
POINTER, BETTY	14221						
Check Group:							
Medical insurance reimbursement		1	30	DEC16 12/12/2016	10.5.2310.222.0000.11.00		$672.46
					Check #: 0		
						PO/InvoiceTotal:	$672.46
						Vendor Total:	$672.46
PRETE-STEWART, KRISTINA	19978						
Check Group:							

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account		Amount
Monthly mileage reimbursement		1	0	113016 12/8/2016	10.5.1200.332.1342.19.00		$81.92
					Check #: 0		
						PO/InvoiceTotal:	$81.92
						Vendor Total:	$81.92
PROVEN BUSINESS SYSTEMS	16190						
Check Group:							
Canon Copier Service		1	568	353534 12/14/2016	10.5.2900.360.0000.11.00		$2,678.12
					Check #: 0		
						PO/InvoiceTotal:	$2,678.12
Check Group:							
Montly Kyocera Printer Service		1	569	353533 12/12/2016	10.5.2900.360.0000.11.00		$2,660.35
					Check #: 0		
						PO/InvoiceTotal:	$2,660.35
						Vendor Total:	$5,338.47
RAVETTO, THOMAS B							
Check Group:							
Monthly mileage reimbursement		1	0	112916 12/14/2016	10.5.2130.332.1342.23.00		$24.84
					Check #: 0		
						PO/InvoiceTotal:	$24.84
						Vendor Total:	$24.84
Rayborn, Sabrina							
Check Group:							
Monthly mileage reimbursement		1	0	113016 12/14/2016	10.5.1200.332.0000.18.00		$11.34
					Check #: 0		

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
					PO/InvoiceTotal:	$11.34
					Vendor Total:	$11.34
REED, BRIDGET	6947					
Check Group:						
Monthly mileage reimbursement		1	0	113016 12/8/2016	10.5.1200.332.1342.19.00	$142.61
					Check #: 0	
					PO/InvoiceTotal:	$142.61
					Vendor Total:	$142.61
RELIANCE STANDARD LIFE IN_24695	24695					
Check Group: 2						
Other Employee Benefits IES		1	0	NOV2016 12/7/2016	10.5.1200.231.0000.10.00	$130.64
Other Employee Benefits		1	0	NOV2016 12/7/2016	10.5.1200.231.0000.11.00	$40.27
Other Employee Benefits PAL		1	0	NOV2016 12/7/2016	10.5.1200.231.0000.13.00	$479.98
Other Employeed Benefits DHH		1	0	NOV2016 12/7/2016	10.5.1200.231.0000.14.00	$54.77
Other Employee Benefits ELC		1	0	NOV2016 12/7/2016	10.5.1200.231.0000.15.00	$294.03
Other Employee Benefits IHS		1	0	NOV2016 12/7/2016	10.5.1200.231.0000.17.00	$125.75
Other Employee Benefits		1	0	NOV2016 12/7/2016	10.5.1200.231.0000.18.00	$69.59
Other Employee Benefits		1	0	NOV2016 12/7/2016	10.5.1200.231.0000.11.00	$17.25
Other Employee Benefits		1	0	NOV2016 12/7/2016	10.5.1200.231.0000.11.00	$51.59

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Other Employee Benefits		1	0	NOV2016 12/7/2016	10.5.1200.231.0000.11.00	$15.54
Other Employee Benefits		1	0	NOV2016 12/7/2016	10.5.1200.231.0000.11.00	$10.89
Other Employee Benefits Fiscal Services		1	0	NOV2016 12/7/2016	10.5.2520.231.0000.11.00	$139.30
Other Employee Benefits		1	0	NOV2016 12/7/2016	10.5.2110.231.0000.15.00	$8.63
Other employee Benefits ALL SW		1	0	NOV2016 12/7/2016	10.5.2110.231.0000.18.00	$8.63
Other employee Benefits DHH		1	0	NOV2016 12/7/2016	10.5.2110.231.0000.14.00	$8.63
Other Employee Benefits IES Health		1	0	NOV2016 12/7/2016	10.5.2130.231.0000.10.00	$7.51
Other Employee Benefits PAL Health		1	0	NOV2016 12/7/2016	10.5.2130.231.0000.13.00	$16.37
Other Employee Benefits ELC Health		1	0	NOV2016 12/7/2016	10.5.2130.231.0000.15.00	$40.99
Other Employee Benefits PAL Psych		1	0	NOV2016 12/7/2016	10.5.2140.231.0000.13.00	$17.25
Other Employee Benefits PAL SLP		1	0	NOV2016 12/7/2016	10.5.2150.231.0000.13.00	$21.51
Other Employee Benefits ELC SLP		1	0	NOV2016 12/7/2016	10.5.2150.231.0000.15.00	$34.50
Other Employee Benefits IT		1	0	NOV2016 12/7/2016	10.5.2220.231.0000.25.00	$8.63
Other Employee Benefits IES Principal		1	0	NOV2016 12/7/2016	10.5.2410.231.0000.10.00	$17.25
Other Employee Benefits ELC Principal		1	0	NOV2016 12/7/2016	10.5.2410.231.0000.15.00	$24.23

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Other Employee Benefits PAL Principal		1	0	NOV2016 12/7/2016	10.5.2410.231.0000.13.00	$8.63
Other Employee Benefits IHS Principal		1	0	NOV2016 12/7/2016	10.5.2410.231.0000.17.00	$5.67
Other Employee Benefits O&M		1	0	NOV2016 12/7/2016	10.5.2540.231.0000.28.00	$41.06
Other Employee Benefits Food Service		1	0	NOV2016 12/7/2016	10.5.2560.231.0000.29.00	$15.63
					Check #: 0	
Check Group:						
Other Employee Benefits ELC Principal		1	0	Oct2016 12/6/2016	10.5.2410.231.0000.15.00	$32.37
Other Employee Benefits IHS Principal		1	0	Oct2016 12/6/2016	10.5.2410.231.0000.17.00	$22.62
Other Employee Benefits Fiscal Services		1	0	Oct2016 12/6/2016	10.5.2520.231.0000.11.00	$86.86
Other Employee Benefits ALL Program		1	0	Oct2016 12/6/2016	10.5.1200.231.0000.18.00	$7.67
Other Employee Benefits O&M		1	0	Oct2016 12/6/2016	10.5.2540.231.0000.28.00	$58.09
Other Employee Benefits		1	0	Oct2016 12/6/2016	10.5.2560.231.0000.13.00	$12.69
Other Employee Benefits IES		1	0	Oct2016 12/6/2016	10.5.1200.231.0000.10.00	$169.54
Other Employee Benefits		1	0	Oct2016 12/6/2016	10.5.1200.231.0000.11.00	$7.09
Other Employee Benefits PAL		1	0	Oct2016 12/6/2016	10.5.1200.231.0000.13.00	$360.11
Other Employee Benefits ELC		1	0	Oct2016 12/6/2016	10.5.1200.231.0000.15.00	$191.32

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Other Employee Benefits IHS		1	0	Oct2016 12/6/2016	10.5.1200.231.0000.17.00	$123.30
Other Employee Benefits HI Itinerant		1	0	Oct2016 12/6/2016	10.5.1200.231.1342.19.00	$25.88
Other Employee Benefits IES SW		1	0	Oct2016 12/6/2016	10.5.2110.231.0000.10.00	$8.63
Other Employee Benefits IHS SW		1	0	Oct2016 12/6/2016	10.5.2110.231.0000.17.00	$8.25
Other Employee Benefits IES Health		1	0	Oct2016 12/6/2016	10.5.2130.231.0000.10.00	$8.63
Other Employee Benefits PAL Health		1	0	Oct2016 12/6/2016	10.5.2130.231.0000.13.00	$7.07
Other Employee Benefits ELC Health		1	0	Oct2016 12/6/2016	10.5.2130.231.0000.15.00	$21.41
Life Insurance-OT		1	0	Oct2016 12/6/2016	10.5.2130.231.0000.22.00	$17.25
Life Insurance-PT		1	0	Oct2016 12/6/2016	10.5.2130.231.0000.23.00	$25.63
Other Employee Benefits PAL Psych		1	0	Oct2016 12/6/2016	10.5.2140.231.0000.13.00	$8.63
Other Employee Benefits PAL SLP		1	0	Oct2016 12/6/2016	10.5.2150.231.0000.13.00	$17.25
Other Employee Benefits ELC SLP		1	0	Oct2016 12/6/2016	10.5.2150.231.0000.15.00	$25.38
Other Employee Benefits IT		1	0	Oct2016 12/6/2016	10.5.2220.231.0000.25.00	$24.15
Other Employee Benefits Central Office		1	0	Oct2016 12/6/2016	10.5.2320.231.0000.11.00	$8.63
Other Employee Benefits IES Principal		1	0	Oct2016 12/6/2016	10.5.2410.231.0000.10.00	$17.25

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
Other Employee Benefits PAL Principal		1	0	Oct2016 12/6/2016	10.5.2410.231.0000.13.00		$7.31
					Check #: 0		
						PO/InvoiceTotal:	$3,017.73
						Vendor Total:	$3,017.73
REPUBLIC SERVICES #721							
Check Group:							
Invoice # 0721-005309675 - Sanation Services ALL O&M - Trash/Dumpster service to 410 Ashland Ave. for the month of November 2016		1	560	0721-005309675 12/1/2016	10.5.2540.321.0000.28.31		$300.31
					Check #: 0		
						PO/InvoiceTotal:	$300.31
						Vendor Total:	$300.31
SCHULTZ SUPPLY CO, INC	18746						
Check Group:							
Paper Good Delivery		1	532	88970/88971 11/28/2016	10.5.2560.490.0000.29.00		$568.30
Paper Good Delivery		1	532	88970/88971 11/28/2016	10.5.2560.490.0000.29.00		$86.00
					Check #: 0		
						PO/InvoiceTotal:	$654.30
Check Group:							
Paper Goods		1	590	91432 12/5/2016	10.5.2560.490.0000.29.00		$402.35
					Check #: 0		
						PO/InvoiceTotal:	$402.35
						Vendor Total:	$1,056.65
SERTOMA CNTR-COMMUNICATIV	10078						
Check Group:							

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
December payment for audiological services		1	0	DEC16 12/12/2016	10.5.2900.319.0000.11.00		$4,833.33
					Check #: 0		
						PO/InvoiceTotal:	$4,833.33
						Vendor Total:	$4,833.33
SHAW, ROSAYLN S							
Check Group:							
Scholastic Reading Skills Kit		1	579	070000804 12/14/2016	10.5.1200.420.0000.10.00		$80.00
					Check #: 0		
						PO/InvoiceTotal:	$80.00
						Vendor Total:	$80.00
SOLIANT HEALTH	18281						
Check Group:							
Contract OT-K. O'Connor		1	0	8343520 12/14/2016	10.5.2130.319.1342.22.00		$2,502.50
Social Work Contract Services-L. Booth		1	0	8343863 12/14/2016	10.5.2110.319.1342.24.00		$2,450.00
Social Work Contract Services-L. Booth		1	0	8363789 12/14/2016	10.5.2110.319.1342.24.00		$980.00
Social Work Contract Services-L. Rubenstien		1	0	8363972 12/14/2016	10.5.2110.319.1342.24.00		$975.00
Contract OT-K. O'Connor		1	0	8364273 12/14/2016	10.5.2130.319.1342.22.00		$1,001.00
Social Work Contract Services-L. Rubenstien		1	0	8382709 12/9/2016	10.5.2110.319.1342.24.00		$1,481.25
Social Work Contract Services-L. Booth		1	0	8382762 12/9/2016	10.5.2110.319.1342.24.00		$2,450.00
Contract OT-K. O'Connor		1	0	8382823 12/9/2016	10.5.2130.319.1342.22.00		$2,502.50

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
					Check #: 0	
					PO/InvoiceTotal:	$14,342.25
					Vendor Total:	$14,342.25
Summit Financial Resources, L.P.	104875					
Check Group:						
Food commodity Delivery		1	525	S191737 11/28/2016	10.5.2560.490.0000.29.00	$69.17
					Check #: 0	
					PO/InvoiceTotal:	$69.17
					Vendor Total:	$69.17
SUNBELT STAFFING	23219					
Check Group:						
Other Prof/Technical Services IHS-S. Karim		1	0	8349359 12/9/2016	10.5.1200.319.0000.17.00	$2,170.00
					Check #: 0	
					PO/InvoiceTotal:	$2,170.00
					Vendor Total:	$2,170.00
TRAVAGINI, AL	18246					
Check Group:						
Other Prof/Technical Services Paych IES		1	0	1300 12/9/2016	10.5.2140.319.0000.10.00	$2,400.00
					Check #: 0	
					PO/InvoiceTotal:	$2,400.00
					Vendor Total:	$2,400.00
WELKER ELISE	3601					
Check Group:						
Monthly mileage reimubursement		1	0	102516 12/12/2016	10.5.1200.332.0000.10.00	$25.38
					Check #: 0	

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
						PO/InvoiceTotal:	$25.38
						Vendor Total:	$25.38
WHITE, DOMININQUE							
Check Group:							
Monthly mileage reimbursement		1	0	113016 12/12/2016	10.5.1200.332.0000.13.00		$67.50
					Check #: 0		
						PO/InvoiceTotal:	$67.50
						Vendor Total:	$67.50
WIBERG, ILONA	3851						
Check Group:							
Monthly mileage reimbursement		1	0	113016 12/12/2016	10.5.1200.332.0000.13.00		$105.30
					Check #: 0		
						PO/InvoiceTotal:	$105.30
						Vendor Total:	$105.30
WOUTERS, JENNIFER							
Check Group:							
Monthly mileage reimbursement		1	0	111816 12/14/2016	10.5.2110.332.0000.18.00		$6.22
					Check #: 0		
						PO/InvoiceTotal:	$6.22
						Vendor Total:	$6.22
WOUTERS, JENNIFER A							
Check Group:							
Mileage Reimbursement for Professional Development: Social Worker Conference		1	563	121516 12/14/2016	10.5.2210.312.4620.24.07		$43.94
					Check #: 0		
						PO/InvoiceTotal:	$43.94

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
						Vendor Total:	$43.94
YOUNG, VELMA							
Check Group:							
Monthly mileage reimbursement		1	0	112816 12/14/2016	10.5.1200.332.0000.18.00		$46.72
					Check #: 0		
						PO/InvoiceTotal:	$46.72
						Vendor Total:	$46.72
ZILIS, JESSI L							
Check Group:							
Monthly mileage reimbursement		1	0	113016 12/12/2016	10.5.1200.332.0000.13.00		$36.45
					Check #: 0		
						PO/InvoiceTotal:	$36.45
						Vendor Total:	$36.45
						Grand Total:	$110,204.40

End of Report