

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

Voucher No: 1224

Voucher Date: 01/13/2017

Prepared By:

*S. Frigo*

Printed: 01/10/2017 11:08:21 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 \$116,626.52 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.

*S. Slattery (SBO 1/10/17)*

SPEED S.E.J.A. #802

*Recurring  
Sham Roster 1-10-17*

| Fund |           | Amount              |
|------|-----------|---------------------|
| 10   | Education | \$116,626.52        |
|      |           | <b>\$116,626.52</b> |

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

**Voucher Detail Listing**

Voucher Batch Number: 1224      01/13/2017

Fiscal Year: 2016-2017

| Vendor Remit Name<br>Description   | Vendor # | QTY   | PO No. | Invoice<br>Invoice Date | Account                  | Amount                              |
|--|----------|-------|--------|-------------------------|--------------------------|-------------------------------------|
| ALLIED HEALTH PROFESSIONA_7581   | 7581     |       |        |                         |                          |                                     |
| Check Group:   |          |       |        |                         |                          |                                     |
| Contract OT-C. Gardell   |          | 1 0   |        | 11342<br>1/6/2017       | 10.5.2130.319.1342.22.00 | \$7,081.00                          |
| Contract PT-S. Melrose   |          | 1 0   |        | 11342<br>1/6/2017       | 10.5.2130.319.1342.23.00 | \$6,935.50                          |
| SLP Contracted Services-J. Pajak   |          | 1 0   |        | 11342<br>1/6/2017       | 10.5.2150.319.1342.24.00 | \$5,857.50                          |
| Check #: 0   |          |       |        |                         |                          |                                     |
|  |          |       |        |                         |                          | PO/InvoiceTotal: <u>\$19,874.00</u> |
|  |          |       |        |                         |                          | Vendor Total: <u>\$19,874.00</u>    |
| ALPHA PEST CONTROL, INC  |          |       |        |                         |                          |                                     |
| Check Group:   |          |       |        |                         |                          |                                     |
| Invoice # 30337 - Property Services Main Bldg O&M -<br>Monthly pest control service to 1125 Division St. for the<br>month of December 2016 |          | 1 671 |        | 30337/30336<br>1/9/2017 | 10.5.2540.320.0000.28.30 | \$165.00                            |
| Invoice # 30336 - Property Services ALL O&M - Monthly<br>pest control service to 410 Ashland Ave. for the month of<br>December 2016        |          | 1 671 |        | 30337/30336<br>1/9/2017 | 10.5.2540.320.0000.28.31 | \$50.00                             |
| Check #: 0   |          |       |        |                         |                          |                                     |
|  |          |       |        |                         |                          | PO/InvoiceTotal: <u>\$215.00</u>    |
|  |          |       |        |                         |                          | Vendor Total: <u>\$215.00</u>       |
| AYALA-MARTINEZ, LENA   |          |       |        |                         |                          |                                     |
| Check Group:   |          |       |        |                         |                          |                                     |
| Monthly mileage reimbursement  |          | 1 0   |        | 122016<br>1/10/2017     | 10.5.1200.332.0000.24.00 | \$125.60                            |
| Check #: 0   |          |       |        |                         |                          |                                     |
|  |          |       |        |                         |                          | PO/InvoiceTotal: <u>\$125.60</u>    |
|  |          |       |        |                         |                          | Vendor Total: <u>\$125.60</u>       |
| BEA, ROBERTRESE  |          |       |        |                         |                          |                                     |

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01/13/2017

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|----------------------------------|----------|-----|--------|--------------------------|--------------------------|----------|
| Check Group:                     |          |     |        |                          |                          |          |
| Monthly mileage reimbursement    |          | 1   | 0      | 122116<br>1/5/2017       | 10.5.1200.332.0000.18.00 | \$24.19  |
|                                  |          |     |        |                          | Check #: 0               |          |
|                                  |          |     |        |                          | PO/InvoiceTotal:         | \$24.19  |
|                                  |          |     |        |                          | Vendor Total:            | \$24.19  |
| BERRY, CATHERINE                 |          |     |        |                          |                          |          |
| Check Group:                     |          |     |        |                          |                          |          |
| SLP Contracted Services          |          | 1   | 0      | 122016<br>1/5/2017       | 10.5.2150.319.1342.24.00 | \$425.25 |
|                                  |          |     |        |                          | Check #: 0               |          |
|                                  |          |     |        |                          | PO/InvoiceTotal:         | \$425.25 |
|                                  |          |     |        |                          | Vendor Total:            | \$425.25 |
| BISHOP, MARETHA                  |          |     |        |                          |                          |          |
| Check Group:                     |          |     |        |                          |                          |          |
| Employee tuition reimbursement   |          | 1   | 0      | 2017 TUITION<br>1/5/2017 | 10.5.2900.230.0000.11.00 | \$652.80 |
|                                  |          |     |        |                          | Check #: 0               |          |
|                                  |          |     |        |                          | PO/InvoiceTotal:         | \$652.80 |
|                                  |          |     |        |                          | Vendor Total:            | \$652.80 |
| BOYD, ALISON                     |          |     |        |                          |                          |          |
|                                  | 1442     |     |        |                          |                          |          |
| Check Group:                     |          |     |        |                          |                          |          |
| Monthly mileage reimbursement    |          | 1   | 0      | 122116<br>1/5/2017       | 10.5.1200.332.1342.19.00 | \$86.29  |
|                                  |          |     |        |                          | Check #: 0               |          |
|                                  |          |     |        |                          | PO/InvoiceTotal:         | \$86.29  |
|                                  |          |     |        |                          | Vendor Total:            | \$86.29  |
| BRESHOCK, TIM                    |          |     |        |                          |                          |          |
|                                  | 2465     |     |        |                          |                          |          |
| Check Group:                     |          |     |        |                          |                          |          |

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| Vendor Remit Name<br>Description                                | Vendor # | QTY | PO No. | Invoice<br>Invoice Date  | Account                  | Amount     |
|---|----------|-----|--------|--------------------------|--------------------------|------------|
| Contract PT Services  |          | 1   | 0      | 122116<br>1/6/2017       | 10.5.2130.319.1342.23.00 | \$1,050.00 |
|   |          |     |        |                          | Check #: 0               |            |
|   |          |     |        |                          | PO/InvoiceTotal:         | \$1,050.00 |
|   |          |     |        |                          | Vendor Total:            | \$1,050.00 |
| BRIDGES CONSULTING SERV   | 22780    |     |        |                          |                          |            |
| Check Group:  |          |     |        |                          |                          |            |
| Psych Contracted Services-IES                                   |          | 1   | 0      | 122116<br>1/6/2017       | 10.5.2140.319.1342.10.00 | \$1,295.95 |
| Psych Contracted Services-IHS                                   |          | 1   | 0      | 122116<br>1/6/2017       | 10.5.2140.319.1342.17.00 | \$323.99   |
|   |          |     |        |                          | Check #: 0               |            |
|   |          |     |        |                          | PO/InvoiceTotal:         | \$1,619.94 |
|   |          |     |        |                          | Vendor Total:            | \$1,619.94 |
| CALL ONE  |          |     |        |                          |                          |            |
| Check Group:  |          |     |        |                          |                          |            |
| PRI Line, Pots Lines, & Circuit IDs for December 2016           |          | 1   | 668    | ID121516<br>1/9/2017     | 10.5.2900.340.0000.11.00 | \$1,266.73 |
|   |          |     |        |                          | Check #: 0               |            |
|   |          |     |        |                          | PO/InvoiceTotal:         | \$1,266.73 |
|   |          |     |        |                          | Vendor Total:            | \$1,266.73 |
| CAREERSTAFF UNLIMITED - CHICAGO                                 |          |     |        |                          |                          |            |
| Check Group:  |          |     |        |                          |                          |            |
| SLP Contracted Services-H. Smith<br><i>NDO + DEC Timesheets</i> |          | 1   | 0      | 33354-307264<br>1/5/2017 | 10.5.2150.319.1342.24.00 | \$1,095.00 |
| SLP Contracted Services-H. Smith                                |          | 1   | 0      | 33354-308074<br>1/5/2017 | 10.5.2150.319.1342.24.00 | \$2,555.00 |
| SLP Contracted Services-H. Smith                                |          | 1   | 0      | 33354-308893<br>1/5/2017 | 10.5.2150.319.1342.24.00 | \$2,500.25 |

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|-------------------------------------|----------|-----|--------|--------------------------|--------------------------|-------------------|
| SLP Contracted Services-H. Smith    |          | 1   | 0      | 33354-309720<br>1/6/2017 | 10.5.2150.319.1342.24.00 | \$1,533.00        |
|                                     |          |     |        | Check #: 0               |                          |                   |
|                                     |          |     |        |                          | PO/InvoiceTotal:         | <u>\$7,683.25</u> |
|                                     |          |     |        |                          | Vendor Total:            | <u>\$7,683.25</u> |
| CAREY, EILEEN                       |          |     |        |                          |                          |                   |
| Check Group:                        |          |     |        |                          |                          |                   |
| Monthly mileage reimbursement       |          | 1   | 0      | 122116<br>1/5/2017       | 10.5.2150.332.0000.15.00 | \$31.59           |
|                                     |          |     |        | Check #: 0               |                          |                   |
|                                     |          |     |        |                          | PO/InvoiceTotal:         | <u>\$31.59</u>    |
|                                     |          |     |        |                          | Vendor Total:            | <u>\$31.59</u>    |
| CARLS, SEAN P.                      |          |     |        |                          |                          |                   |
| Check Group:                        |          |     |        |                          |                          |                   |
| Montly mileage reimbursement        |          | 1   | 0      | 11281648.60<br>1/9/2017  | 10.5.1200.332.0000.13.00 | \$48.60           |
|                                     |          |     |        | Check #: 0               |                          |                   |
|                                     |          |     |        |                          | PO/InvoiceTotal:         | <u>\$48.60</u>    |
|                                     |          |     |        |                          | Vendor Total:            | <u>\$48.60</u>    |
| CHVOSTAL-SCHMIDT, KATHY             | 7577     |     |        |                          |                          |                   |
| Check Group:                        |          |     |        |                          |                          |                   |
| Monthly mileage reimbursement       |          | 1   | 0      | 121916<br>1/5/2017       | 10.5.3000.332.3705.16.07 | \$76.78           |
|                                     |          |     |        | Check #: 0               |                          |                   |
|                                     |          |     |        |                          | PO/InvoiceTotal:         | <u>\$76.78</u>    |
| Check Group:                        |          |     |        |                          |                          |                   |
| Christmas Tree For ELC Staff Lounge |          | 1   | 660    | ID120916<br>1/9/2017     | 10.5.2410.410.0000.15.00 | \$12.00           |
|                                     |          |     |        | Check #: 0               |                          |                   |

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| Vendor Remit Name<br>Description  | Vendor # | QTY | PO No. | Invoice<br>Invoice Date                | Account                  | Amount                             |
|---|----------|-----|--------|--|--------------------------|------------------------------------|
|   |          |     |        |  |                          | PO/InvoiceTotal: <u>\$12.00</u>    |
|   |          |     |        |  |                          | Vendor Total: <u>\$88.78</u>       |
| CITY OF CHICAGO HEIGHTS WATER 75-01   |          |     |        |  |                          |                                    |
| Check Group:  |          |     |        |  |                          |                                    |
| Invoice Date 12/5/16 - Water/Sewer Service ALL O&M -<br>Water supply to 410 Ashland Ave. for the dates of<br>11/4/16-12/5/16                      | 1        | 675 |        | ID12/5/16 &<br>12/2/16<br><br>1/9/2017 | 10.5.2540.370.0000.28.31 | \$288.94                           |
| Invoice Date 12/2/16 - Water/Sewer Service Main Bldg<br>O&M - Domestic water service to 1125 Division St. for the<br>dates of 11/2/16 - 12/2/16   | 1        | 675 |        | ID12/5/16 &<br>12/2/16<br><br>1/9/2017 | 10.5.2540.370.0000.28.30 | \$2,002.46                         |
| Invoice Date 12/2/16 - Water/Sewer Service Main Bldg<br>O&M - Bypassline water service to 1125 Division St. for the<br>dates of 11/2/16 - 12/2/16 | 1        | 675 |        | ID12/5/16 &<br>12/2/16<br><br>1/9/2017 | 10.5.2540.370.0000.28.30 | \$19.00                            |
| Invoice Date 12/2/16 - Water/Sewer Service Main Bldg<br>O&M - Fire meter water service to 1125 Division St. for the<br>dates of 11/2/16 - 12/2/16 | 1        | 675 |        | ID12/5/16 &<br>12/2/16<br><br>1/9/2017 | 10.5.2540.370.0000.28.30 | \$19.00                            |
|   |          |     |        |  |                          | Check #: 0                         |
|   |          |     |        |  |                          | PO/InvoiceTotal: <u>\$2,329.40</u> |
|   |          |     |        |  |                          | Vendor Total: <u>\$2,329.40</u>    |
| CLARK, KELLIE E.  |          |     |        |  |                          |                                    |
| Check Group:  |          |     |        |  |                          |                                    |
| Monthly mileage reimbursement   | 1        | 0   |        | 122016<br>1/5/2017                     | 10.5.1200.332.0000.15.00 | \$41.90                            |
|   |          |     |        |  |                          | Check #: 0                         |
|   |          |     |        |  |                          | PO/InvoiceTotal: <u>\$41.90</u>    |
|   |          |     |        |  |                          | Vendor Total: <u>\$41.90</u>       |
| COLLINS, MARY K   |          |     |        |  |                          |                                    |
| Check Group:  |          |     |        |  |                          |                                    |
| Monthly mileage reimbursement   | 1        | 0   |        | 121616<br>1/6/2017                     | 10.5.2490.332.0000.11.00 | \$10.58                            |

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Voucher Batch Number: 1224 01/13/2017

Fiscal Year: 2016-2017

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

COM ED Invoice Date 12/16/16 - Electricity ALL O&M - Electric supply to 410 Ashland for the dates of 11/15/16-12/16/16 1 664 ID121616 10.5.2540.466.0000.28.31 \$10.58 Vendor Total: \$10.58 PO/Invoice Total: \$10.58 Check #: 0

Check Group: Invoice Date 12/16/16 - Electricity ALL O&M - Electric supply to 410 Ashland for the dates of 11/15/16-12/16/16 1 664 ID121616 10.5.2540.466.0000.28.31 \$1,569.03 Vendor Total: \$1,569.03 PO/Invoice Total: \$1,569.03 Check #: 0

CONSTELLATION NEW ENERGY 16125 Invoice # 0037025497 - Natural Gas Main Bldg O&M - Natural gas service to 125 Division St. for the month of December 2016 1 684 0037025497 10.5.2540.465.0000.28.30 \$8,383.69 Vendor Total: \$1,569.03 PO/Invoice Total: \$1,569.03 Check #: 0

DE BRUIN, JANET Check Group: Monthly mileage reimbursement 122116 10.5.2210.332.0000.24.00 1 0 122116 10.5.2210.332.0000.24.00 \$41.79 Vendor Total: \$8,383.69 PO/Invoice Total: \$8,383.69 Check #: 0

DISCOVERY BENEFITS 23618 Check Group: Other Employee Benefits Business Support 702862-IN 10.5.2510.231.0000.11.00 1 0 702862-IN 10.5.2510.231.0000.11.00 \$41.79 Vendor Total: \$41.79 PO/Invoice Total: \$41.79 Check #: 0

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| Vendor Remit Name<br>Description         | Vendor # | QTY | PO No. | Invoice<br>Invoice Date | Account                  | Amount                          |
|--|----------|-----|--------|-------------------------|--------------------------|---------------------------------|
| Check #: 0                               |          |     |        |                         |                          |                                 |
|  |          |     |        |                         |                          | PO/InvoiceTotal: <u>\$83.00</u> |
|  |          |     |        |                         |                          | Vendor Total: <u>\$83.00</u>    |
| EDUCATIONAL BENEFIT COOPE_14535          | 14535    |     |        |                         |                          |                                 |
| Check Group: 1                           |          |     |        |                         |                          |                                 |
| Medical Insurance Central Office         |          | 1   | 0      | 11/01/16<br>1/9/2017    | 10.5.2130.222.0000.11.00 | \$569.78                        |
| Medical Insurance O&M                    |          | 1   | 0      | 11/01/16<br>1/9/2017    | 10.5.2540.222.0000.28.00 | \$1,051.56                      |
| Check #: 0                               |          |     |        |                         |                          |                                 |
| Check Group: 2                           |          |     |        |                         |                          |                                 |
| Other Employee Benefits Business Support |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.2510.231.0000.11.00 | \$29.10                         |
| Other Employee Benefits PAL Principal    |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.2410.231.0000.13.00 | \$8.28                          |
| Other Employee Benefits ELC Principal    |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.2410.231.0000.15.00 | \$38.41                         |
| Other Employee Benefits IES              |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.1200.231.0000.10.00 | \$109.83                        |
| Other Employee Benefits                  |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.1200.231.0000.11.00 | \$96.83                         |
| Other Employee Benefits PAL              |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.1200.231.0000.13.00 | \$382.49                        |
| Other Employeed Benefits DHH             |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.1200.231.0000.14.00 | \$36.34                         |
| Other Employee Benefits ELC              |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.1200.231.0000.15.00 | \$222.76                        |
| Other Employee Benefits IHS              |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.1200.231.0000.17.00 | \$92.81                         |
| Other Employee Benefits                  |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.1200.231.0000.18.00 | \$74.75                         |



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|---|----------|-----|--------|-------------------------|--------------------------|---------|
| Other employee Benefits DHH             |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2110.231.0000.14.00 | \$5.98  |
| Other Employee Benefits ELC SW          |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2110.231.0000.15.00 | \$9.32  |
| Other employee Benefits ALL SW          |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2110.231.0000.18.00 | \$5.41  |
| Other Employee Benefits IES Health      |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2130.231.0000.10.00 | \$4.60  |
| Other Employee Benefits PAL Health      |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2130.231.0000.13.00 | \$10.70 |
| Other Employee Benefits ELC Health      |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2130.231.0000.15.00 | \$31.51 |
| Life Insurance-PT                       |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2130.231.0000.23.00 | \$3.45  |
| Other Employee Benefits PAL Psych       |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2140.231.0000.13.00 | \$14.84 |
| Other Employee Benefits Central Office  |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2320.231.0000.11.00 | \$5.52  |
| Other Employee Benefits PAL SLP         |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2150.231.0000.13.00 | \$16.10 |
| Other Employee Benefits ELC SLP         |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2150.231.0000.15.00 | \$25.07 |
| Other Employee Benefits IT              |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2220.231.0000.25.00 | \$26.45 |
| Other Employee Benefits IES Principal   |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2410.231.0000.10.00 | \$37.72 |
| Other Employee Benefits IHS Principal   |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2410.231.0000.17.00 | \$3.45  |
| Other Employee Benefits Fiscal Services |          | 1 0 |        | 111616<br>1/9/2017      | 10.5.2520.231.0000.11.00 | \$52.10 |

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|---|----------|-----|--------|-------------------------|--------------------------|---------|
| Other Employee Benefits Fiscal Services |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.2520.231.0000.11.00 | \$8.05  |
| Other Employee Benefits Fiscal Services |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.2520.231.0000.11.00 | \$15.53 |
| Other Employee Benefits Fiscal Services |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.2520.231.0000.11.00 | \$8.97  |
| Other Employee Benefits Fiscal Services |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.2520.231.0000.11.00 | \$3.91  |
| Other Employee Benefits Fiscal Services |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.2520.231.0000.11.00 | \$3.45  |
| Other Employee Benefits O&M             |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.2540.231.0000.28.00 | \$43.59 |
| Other Employee Benefits Food Service    |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.2560.231.0000.29.00 | \$3.45  |
| Other Employee Benefits Food Service    |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.2560.231.0000.29.00 | \$6.44  |
| Other Employee Benefits Food Services   |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.2560.231.0000.29.00 | \$21.97 |
| Life Insurance-DHH                      |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.1200.231.0000.19.00 | \$13.00 |
| Other Employee Benefits Food Service    |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.2560.231.0000.29.00 | \$3.45  |
| Other Employee Benefits Fiscal Services |          | 1   | 0      | 111616<br>1/9/2017      | 10.5.2520.231.0000.11.00 | \$3.45  |

Check #: 0

PO/InvoiceTotal: \$3,100.42

Vendor Total: \$3,100.42

EHRENFELD, TIMOTHY M

Check Group:

|                               |  |   |   |                    |                          |         |
|-------------------------------|--|---|---|--------------------|--------------------------|---------|
| Monthly mileage reimbursement |  | 1 | 0 | 122016<br>1/5/2017 | 10.5.1200.332.0000.15.00 | \$93.58 |
|-------------------------------|--|---|---|--------------------|--------------------------|---------|

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

**Voucher Detail Listing**

Voucher Batch Number: 1224

01/13/2017

Fiscal Year: 2016-2017

| Vendor Remit Name<br>Description  | Vendor # | QTY   | PO No. | Invoice<br>Invoice Date | Account                  | Amount     |
|---|----------|-------|--------|-------------------------|--------------------------|------------|
| Check #: 0  |          |       |        |                         |                          |            |
| PO/InvoiceTotal:  |          |       |        |                         |                          | \$93.58    |
| Vendor Total:   |          |       |        |                         |                          | \$93.58    |
| HASTY, ALLISON M  |          |       |        |                         |                          |            |
| Check Group:  |          |       |        |                         |                          |            |
| Monthly mileage reimbursement   |          | 1 0   |        | 122116<br>1/9/2017      | 10.5.1200.332.0000.13.00 | \$20.25    |
| Check #: 0  |          |       |        |                         |                          |            |
| PO/InvoiceTotal:  |          |       |        |                         |                          | \$20.25    |
| Vendor Total:   |          |       |        |                         |                          | \$20.25    |
| HAWTHORN ASSOCIATES OF LAKE COUNTY LLC  |          |       |        |                         |                          |            |
| Check Group:  |          |       |        |                         |                          |            |
| Fee For Service-medicaid  |          | 1 0   |        | 201704<br>1/5/2017      | 10.5.2400.390.4490.11.00 | \$9,815.48 |
| Check #: 0  |          |       |        |                         |                          |            |
| PO/InvoiceTotal:  |          |       |        |                         |                          | \$9,815.48 |
| Vendor Total:   |          |       |        |                         |                          | \$9,815.48 |
| HERNANDEZ, VELMA  |          |       |        |                         |                          |            |
| Check Group:  |          |       |        |                         |                          |            |
| Monthly mileage reimbursement   |          | 1 0   |        | 122016<br>1/5/2017      | 10.5.2130.332.1342.22.00 | \$13.50    |
| Check #: 0  |          |       |        |                         |                          |            |
| PO/InvoiceTotal:  |          |       |        |                         |                          | \$13.50    |
| Vendor Total:   |          |       |        |                         |                          | \$13.50    |
| JOHNSON, CYNTHIA  |          |       |        |                         |                          |            |
| Check Group:  |          |       |        |                         |                          |            |
| Mileage Reimbursement for Professional Development:<br>Human Resources & the Law Workshop: C. Johnson |          | 1 673 |        | 011317<br>1/9/2017      | 10.5.2210.312.4620.24.07 | \$54.65    |
| Check #: 0  |          |       |        |                         |                          |            |

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

**Voucher Detail Listing**

Voucher Batch Number: 1224

01/13/2017

Fiscal Year: 2016-2017

| Vendor Remit Name<br>Description                 | Vendor # | QTY   | PO No. | Invoice<br>Invoice Date | Account                  | Amount                           |
|--|----------|-------|--------|-------------------------|--------------------------|----------------------------------|
|  |          |       |        |                         |                          | PO/InvoiceTotal: <u>\$54.65</u>  |
|  |          |       |        |                         |                          | Vendor Total: <u>\$54.65</u>     |
| JOHNSON, EUGENIA                                 | 6485     |       |        |                         |                          |                                  |
| Check Group:                                     |          |       |        |                         |                          |                                  |
| Monthly mileage reimbursement                    |          | 1 0   |        | 113016jj<br>1/5/2017    | 10.5.2110.332.0000.15.00 | \$59.88                          |
| Monthly mileage reimbursement                    |          | 1 0   |        | 122116<br>1/5/2017      | 10.5.2110.332.0000.15.00 | \$55.08                          |
|  |          |       |        |                         | Check #: 0               |                                  |
|  |          |       |        |                         |                          | PO/InvoiceTotal: <u>\$114.96</u> |
|  |          |       |        |                         |                          | Vendor Total: <u>\$114.96</u>    |
| KNEZEVICH, ANGELA M                              |          |       |        |                         |                          |                                  |
| Check Group:                                     |          |       |        |                         |                          |                                  |
| Monthly mileage reimbursement                    |          | 1 0   |        | 102816<br>1/9/2017      | 10.5.1200.332.0000.13.00 | \$6.75                           |
| Monthly mileage reimbursement                    |          | 1 0   |        | 111816<br>1/9/2017      | 10.5.1200.332.0000.13.00 | \$47.25                          |
|  |          |       |        |                         | Check #: 0               |                                  |
|  |          |       |        |                         |                          | PO/InvoiceTotal: <u>\$54.00</u>  |
|  |          |       |        |                         |                          | Vendor Total: <u>\$54.00</u>     |
| KOLOSH, MONICA                                   | 17418    |       |        |                         |                          |                                  |
| Check Group:                                     |          |       |        |                         |                          |                                  |
| ELC Reimbursement for classroom cooking activity |          | 1 694 |        | 011317<br>1/10/2017     | 10.5.1200.420.0000.15.00 | \$7.59                           |
|  |          |       |        |                         | Check #: 0               |                                  |
|  |          |       |        |                         |                          | PO/InvoiceTotal: <u>\$7.59</u>   |
|  |          |       |        |                         |                          | Vendor Total: <u>\$7.59</u>      |
| LASTER-WILSON, LINDA                             | 18079    |       |        |                         |                          |                                  |
| Check Group:                                     |          |       |        |                         |                          |                                  |

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

**Voucher Detail Listing**

Voucher Batch Number: 1224

01/13/2017

Fiscal Year: 2016-2017

| Vendor Remit Name<br>Description      | Vendor # | QTY | PO No. | Invoice<br>Invoice Date | Account                  | Amount                             |
|---------------------------------------|----------|-----|--------|-------------------------|--------------------------|------------------------------------|
| Dinner at ASCD Confernece in Maryland |          | 1   | 685    | 011317<br>1/9/2017      | 10.5.2410.410.0000.17.00 | \$35.33                            |
|                                       |          |     |        |                         | Check #: 0               |                                    |
|                                       |          |     |        |                         |                          | PO/InvoiceTotal: <u>\$35.33</u>    |
|                                       |          |     |        |                         |                          | Vendor Total: <u>\$35.33</u>       |
| Lenoir, Margie                        |          |     |        |                         |                          |                                    |
| Check Group:                          |          |     |        |                         |                          |                                    |
| Other Prof/Technical Services IHS     |          | 1   | 0      | 122016<br>1/5/2017      | 10.5.2140.319.0000.17.00 | \$3,600.00                         |
|                                       |          |     |        |                         | Check #: 0               |                                    |
|                                       |          |     |        |                         |                          | PO/InvoiceTotal: <u>\$3,600.00</u> |
|                                       |          |     |        |                         |                          | Vendor Total: <u>\$3,600.00</u>    |
| LILLEY, KATHLEEN                      | 8326     |     |        |                         |                          |                                    |
| Check Group:                          |          |     |        |                         |                          |                                    |
| Monthly mileage reimbursement         |          | 1   | 0      | 091316<br>1/5/2017      | 10.5.1200.332.0000.15.00 | \$11.61                            |
| Monthly mileage reimbursement         |          | 1   | 0      | 122116<br>1/5/2017      | 10.5.1200.332.0000.15.00 | \$9.99                             |
|                                       |          |     |        |                         | Check #: 0               |                                    |
|                                       |          |     |        |                         |                          | PO/InvoiceTotal: <u>\$21.60</u>    |
|                                       |          |     |        |                         |                          | Vendor Total: <u>\$21.60</u>       |
| LYNCH, KATHLEEN                       | 12837    |     |        |                         |                          |                                    |
| Check Group:                          |          |     |        |                         |                          |                                    |
| Monthly mileage reimbursement         |          | 1   | 0      | 122016<br>1/5/2017      | 10.5.2130.332.1342.23.00 | \$21.22                            |
|                                       |          |     |        |                         | Check #: 0               |                                    |
|                                       |          |     |        |                         |                          | PO/InvoiceTotal: <u>\$21.22</u>    |
|                                       |          |     |        |                         |                          | Vendor Total: <u>\$21.22</u>       |
| MACK, FALLON                          | 21766    |     |        |                         |                          |                                    |
| Check Group:                          |          |     |        |                         |                          |                                    |

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

**Voucher Detail Listing**

Voucher Batch Number: 1224

01/13/2017

Fiscal Year: 2016-2017

| Vendor Remit Name<br>Description             | Vendor # | QTY | PO No. | Invoice<br>Invoice Date | Account                  | Amount                      |
|--|----------|-----|--------|-------------------------|--------------------------|-----------------------------|
| Monthly mileage reimbursement                |          | 1   | 0      | 121616<br>1/5/2017      | 10.5.2640.332.0000.11.00 | \$53.54                     |
|  |          |     |        |                         | Check #: 0               |                             |
|  |          |     |        |                         |                          | PO/InvoiceTotal: \$53.54    |
|  |          |     |        |                         |                          | Vendor Total: \$53.54       |
| Mary Eileen Murney                           |          |     |        |                         |                          |                             |
| Check Group:                                 |          |     |        |                         |                          |                             |
| Contract PT                                  |          | 1   | 0      | 010616980.<br>1/6/2017  | 10.5.2130.319.1342.23.00 | \$980.00                    |
| Contract PT                                  |          | 1   | 0      | 122116<br>1/5/2017      | 10.5.2130.319.1342.23.00 | \$980.00                    |
|  |          |     |        |                         | Check #: 0               |                             |
|  |          |     |        |                         |                          | PO/InvoiceTotal: \$1,960.00 |
|  |          |     |        |                         |                          | Vendor Total: \$1,960.00    |
| MAUREK, JOHN                                 | 13687    |     |        |                         |                          |                             |
| Check Group:                                 |          |     |        |                         |                          |                             |
| Monthly mileage reimbursement                |          | 1   | 0      | 122116<br>1/9/2017      | 10.5.1200.332.0000.13.00 | \$40.50                     |
|  |          |     |        |                         | Check #: 0               |                             |
|  |          |     |        |                         |                          | PO/InvoiceTotal: \$40.50    |
|  |          |     |        |                         |                          | Vendor Total: \$40.50       |
| MILLER, TERESA                               |          |     |        |                         |                          |                             |
| Check Group:                                 |          |     |        |                         |                          |                             |
| ELC Classroom Cooking Activity (Miller A129) |          | 1   | 663    | ID010317<br>1/9/2017    | 10.5.1200.410.0000.15.00 | \$15.06                     |
|  |          |     |        |                         | Check #: 0               |                             |
|  |          |     |        |                         |                          | PO/InvoiceTotal: \$15.06    |
|  |          |     |        |                         |                          | Vendor Total: \$15.06       |
| NICOR  |          |     |        |                         |                          |                             |
| Check Group:                                 |          |     |        |                         |                          |                             |

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

**Voucher Detail Listing**

Voucher Batch Number: 1224

01/13/2017

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| Vendor Remit Name<br>Description   | Vendor # | QTY | PO No. | Invoice<br>Invoice Date | Account                  | Amount     |
|--|----------|-----|--------|-------------------------|--------------------------|------------|
| Invoice date 12/29/16 - Natural Gas ALL O&M - Natural gas service to 410 Ashland Ave. for the dates of 11/29/16 - 12/29/16 |          | 1   | 666    | ID122916<br>1/9/2017    | 10.5.2540.465.0000.28.31 | \$1,179.79 |
|  |          |     |        |                         | Check #: 0               |            |
|  |          |     |        |                         | PO/InvoiceTotal:         | \$1,179.79 |
|  |          |     |        |                         | Vendor Total:            | \$1,179.79 |
| O'MALLEY, MAUREEN P, LTD   | 6211     |     |        |                         |                          |            |
| Check Group:   |          |     |        |                         |                          |            |
| SLP Contracted Services  |          | 1   | 0      | 122116<br>1/5/2017      | 10.5.2150.319.1342.24.00 | \$2,688.00 |
|  |          |     |        |                         | Check #: 0               |            |
|  |          |     |        |                         | PO/InvoiceTotal:         | \$2,688.00 |
|  |          |     |        |                         | Vendor Total:            | \$2,688.00 |
| Oates, Deborah   |          |     |        |                         |                          |            |
| Check Group:   |          |     |        |                         |                          |            |
| Monthly mileage reimbursement  |          | 1   | 0      | 122016<br>1/5/2017      | 10.5.1200.332.1342.19.00 | \$51.46    |
|  |          |     |        |                         | Check #: 0               |            |
|  |          |     |        |                         | PO/InvoiceTotal:         | \$51.46    |
|  |          |     |        |                         | Vendor Total:            | \$51.46    |
| Olivia's Place   |          |     |        |                         |                          |            |
| Check Group:   |          |     |        |                         |                          |            |
| SLP Contracted Services  |          | 1   | 0      | 1012<br>1/9/2017        | 10.5.2150.319.1342.24.00 | \$3,600.00 |
|  |          |     |        |                         | Check #: 0               |            |
|  |          |     |        |                         | PO/InvoiceTotal:         | \$3,600.00 |
|  |          |     |        |                         | Vendor Total:            | \$3,600.00 |
| OTHER SIDE OF THE RAINBOW  | 22188    |     |        |                         |                          |            |
| Check Group:   |          |     |        |                         |                          |            |

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

**Voucher Detail Listing**

Voucher Batch Number: 1224

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| Vendor Remit Name<br>Description | Vendor # | QTY | PO No. | Invoice<br>Invoice Date | Account                  | Amount                      |
|----------------------------------|----------|-----|--------|-------------------------|--------------------------|-----------------------------|
| Contract OT-F. Kennedy           |          | 1   | 0      | 010616<br>1/6/2017      | 10.5.2130.319.1342.22.00 | \$378.00                    |
| Contract OT-F. Kennedy           |          | 1   | 0      | 122116<br>1/5/2017      | 10.5.2130.319.1342.22.00 | \$1,134.00                  |
|                                  |          |     |        |                         | Check #: 0               |                             |
|                                  |          |     |        |                         |                          | PO/InvoiceTotal: \$1,512.00 |
|                                  |          |     |        |                         |                          | Vendor Total: \$1,512.00    |
| PFEIFFER, KAREN                  |          |     |        |                         |                          |                             |
| Check Group:                     |          |     |        |                         |                          |                             |
| Monthly mileage reimbursement    |          | 1   | 0      | 122116<br>1/5/2017      | 10.5.1200.332.1342.19.00 | \$150.07                    |
|                                  |          |     |        |                         | Check #: 0               |                             |
|                                  |          |     |        |                         |                          | PO/InvoiceTotal: \$150.07   |
|                                  |          |     |        |                         |                          | Vendor Total: \$150.07      |
| POINTER, BETTY                   |          |     |        |                         |                          |                             |
| Check Group:                     |          |     |        |                         |                          |                             |
| Medical insurance reimbursement  | 14221    | 1   | 30     | Jan2017<br>1/9/2017     | 10.5.2310.222.0000.11.00 | \$672.46                    |
|                                  |          |     |        |                         | Check #: 0               |                             |
|                                  |          |     |        |                         |                          | PO/InvoiceTotal: \$672.46   |
|                                  |          |     |        |                         |                          | Vendor Total: \$672.46      |
| PRETE-STEWART, KRISTINA          |          |     |        |                         |                          |                             |
| Check Group:                     |          |     |        |                         |                          |                             |
| Monthly mileage reimbursement    | 19978    | 1   | 0      | 122116<br>1/5/2017      | 10.5.1200.332.1342.19.00 | \$56.11                     |
|                                  |          |     |        |                         | Check #: 0               |                             |
|                                  |          |     |        |                         |                          | PO/InvoiceTotal: \$56.11    |
|                                  |          |     |        |                         |                          | Vendor Total: \$56.11       |
| RAVETTO, THOMAS B                |          |     |        |                         |                          |                             |
| Check Group:                     |          |     |        |                         |                          |                             |



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**Voucher Detail Listing**

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| Vendor Remit Name<br>Description   | Vendor # | QTY | PO No. | Invoice<br>Invoice Date    | Account                  | Amount                             |
|--|----------|-----|--------|----------------------------|--------------------------|------------------------------------|
| Travel PT  |          | 1   | 0      | 122116<br>1/5/2017         | 10.5.2130.332.1342.23.00 | \$25.65                            |
|  |          |     |        |                            | Check #: 0               |                                    |
|  |          |     |        |                            |                          | PO/InvoiceTotal: <u>\$25.65</u>    |
|  |          |     |        |                            |                          | Vendor Total: <u>\$25.65</u>       |
| REED, BRIDGET  | 6947     |     |        |                            |                          |                                    |
| Check Group:   |          |     |        |                            |                          |                                    |
| Monthly mileage reimbursement  |          | 1   | 0      | 122116<br>1/5/2017         | 10.5.1200.332.1342.19.00 | \$121.82                           |
|  |          |     |        |                            | Check #: 0               |                                    |
|  |          |     |        |                            |                          | PO/InvoiceTotal: <u>\$121.82</u>   |
|  |          |     |        |                            |                          | Vendor Total: <u>\$121.82</u>      |
| REPUBLIC SERVICES #721   |          |     |        |                            |                          |                                    |
| Check Group:   |          |     |        |                            |                          |                                    |
| Invoice #0721-005361314 - Sanation Services Main Bldg<br>O&M - Trash/dumpster service to 1125 Division St. for the<br>month of December 2016 |          | 1   | 665    | 0721-005361314<br>1/9/2017 | 10.5.2540.321.0000.28.30 | \$1,217.45                         |
| Invoice # 0721-005361314 - Sanation Services ALL O&M -<br>Trash/dumpster service to 410 Ashland Ave. for the month<br>of December 2016       |          | 1   | 665    | 0721-005361314<br>1/9/2017 | 10.5.2540.321.0000.28.31 | \$438.51                           |
|  |          |     |        |                            | Check #: 0               |                                    |
|  |          |     |        |                            |                          | PO/InvoiceTotal: <u>\$1,655.96</u> |
|  |          |     |        |                            |                          | Vendor Total: <u>\$1,655.96</u>    |
| SERTOMA CNTR-COMMUNICATIV  | 10078    |     |        |                            |                          |                                    |
| Check Group:   |          |     |        |                            |                          |                                    |
| January 17 payment for audiological services   |          | 1   | 0      | 011317<br>1/5/2017         | 10.5.2900.319.0000.11.00 | \$4,833.33                         |
|  |          |     |        |                            | Check #: 0               |                                    |
|  |          |     |        |                            |                          | PO/InvoiceTotal: <u>\$4,833.33</u> |

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**Voucher Detail Listing**

Voucher Batch Number: 1224

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| Vendor Remit Name<br>Description   | Vendor # | QTY   | PO No. | Invoice<br>Invoice Date | Account                  | Amount                              |
|--|----------|-------|--------|-------------------------|--------------------------|-------------------------------------|
|  |          |       |        |                         |                          | Vendor Total: <u>\$4,833.33</u>     |
| SOLIANT HEALTH   | 18281    |       |        |                         |                          |                                     |
| Check Group:   |          |       |        |                         |                          |                                     |
| Social Work Contract Services-L. Rubenstien  |          | 1 0   |        | 8406375<br>1/5/2017     | 10.5.2110.319.1342.24.00 | \$2,625.00                          |
| Social Work Contract Services-L. Rubenstien  |          | 1 0   |        | 8418184<br>1/5/2017     | 10.5.2110.319.1342.24.00 | \$2,100.00                          |
| Social Work Contract Services-L. Booth   |          | 1 0   |        | 8418361<br>1/5/2017     | 10.5.2110.319.1342.24.00 | \$2,450.00                          |
| Contract OT-K. O'Connor  |          | 1 0   |        | 8418389<br>1/5/2017     | 10.5.2130.319.1342.22.00 | \$2,431.00                          |
| Social Work Contract Services-L. Rubenstien  |          | 1 0   |        | 8429798<br>1/5/2017     | 10.5.2110.319.1342.24.00 | \$1,012.50                          |
| Social Work Contract Services-L. Booth   |          | 1 0   |        | 8429799<br>1/5/2017     | 10.5.2110.319.1342.24.00 | \$1,470.00                          |
| Contract OT-K. O'Connor  |          | 1 0   |        | 8430400<br>1/5/2017     | 10.5.2130.319.1342.22.00 | \$1,501.50                          |
|  |          |       |        |                         |                          | Check #: 0                          |
|  |          |       |        |                         |                          | PO/InvoiceTotal: <u>\$13,590.00</u> |
|  |          |       |        |                         |                          | Vendor Total: <u>\$13,590.00</u>    |
| SPEEDWAY SUPERAMERICAS, L  | 409      |       |        |                         |                          |                                     |
| Check Group:   |          |       |        |                         |                          |                                     |
| Invoice Date 12/28/16 - Gasoline O&M - Gasoline card<br>charges for the dates of 11/29/16 - 12/28/16 |          | 1 658 |        | ID122816<br>1/9/2017    | 10.5.2540.464.0000.28.30 | \$568.93                            |
|  |          |       |        |                         |                          | Check #: 0                          |
|  |          |       |        |                         |                          | PO/InvoiceTotal: <u>\$568.93</u>    |
|  |          |       |        |                         |                          | Vendor Total: <u>\$568.93</u>       |
| SPINA, ALEENA  |          |       |        |                         |                          |                                     |
| Check Group:   |          |       |        |                         |                          |                                     |

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**Voucher Detail Listing**

Voucher Batch Number: 1224

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| Vendor Remit Name<br>Description                  | Vendor # | QTY | PO No. | Invoice<br>Invoice Date  | Account                  | Amount                      |
|---|----------|-----|--------|--------------------------|--------------------------|-----------------------------|
| Employee tuition reimbursement                    |          | 1   | 0      | 2017 TUITION<br>1/5/2017 | 10.5.2900.230.0000.11.00 | \$1,363.20                  |
|   |          |     |        |                          | Check #: 0               |                             |
|   |          |     |        |                          |                          | PO/InvoiceTotal: \$1,363.20 |
|   |          |     |        |                          |                          | Vendor Total: \$1,363.20    |
| STEINBERG, BRANDY J                               |          |     |        |                          |                          |                             |
| Check Group:                                      |          |     |        |                          |                          |                             |
| Reimbursement - Plaster of paris for art projects |          | 1   | 682    | 011317<br>1/9/2017       | 10.5.1200.410.0000.10.00 | \$12.88                     |
|   |          |     |        |                          | Check #: 0               |                             |
|   |          |     |        |                          |                          | PO/InvoiceTotal: \$12.88    |
|   |          |     |        |                          |                          | Vendor Total: \$12.88       |
| STUBBS, KATRINA                                   |          |     |        |                          |                          |                             |
| Check Group:                                      |          |     |        |                          |                          |                             |
| Employee tuition reimbursement                    |          | 1   | 0      | 2017 TUITION<br>1/5/2017 | 10.5.2900.230.0000.11.00 | \$1,500.00                  |
|   |          |     |        |                          | Check #: 0               |                             |
|   |          |     |        |                          |                          | PO/InvoiceTotal: \$1,500.00 |
|   |          |     |        |                          |                          | Vendor Total: \$1,500.00    |
| TAYLOR, NICOLE D                                  |          |     |        |                          |                          |                             |
| Check Group:                                      |          |     |        |                          |                          |                             |
| Monthly mileage reimbursement                     |          | 1   | 0      | 122116<br>1/5/2017       | 10.5.2410.332.0000.18.00 | \$45.12                     |
|   |          |     |        |                          | Check #: 0               |                             |
|   |          |     |        |                          |                          | PO/InvoiceTotal: \$45.12    |
|   |          |     |        |                          |                          | Vendor Total: \$45.12       |
| TIFFY, SARAH                                      | 23132    |     |        |                          |                          |                             |
| Check Group:                                      |          |     |        |                          |                          |                             |
| Monthly mileage reimbursement                     |          | 1   | 0      | 103116<br>1/5/2017       | 10.5.1200.332.1342.20.00 | \$194.56                    |

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

**Voucher Detail Listing**

Voucher Batch Number: 1224

01/13/2017

Fiscal Year: 2016-2017

| Vendor Remit Name<br>Description  | Vendor # | QTY   | PO No. | Invoice<br>Invoice Date | Account                  | Amount                             |
|-----------------------------------|----------|-------|--------|-------------------------|--------------------------|------------------------------------|
|                                   |          |       |        |                         | Check #: 0               |                                    |
|                                   |          |       |        |                         |                          | PO/InvoiceTotal: <u>\$194.56</u>   |
|                                   |          |       |        |                         |                          | Vendor Total: <u>\$194.56</u>      |
| TRAVAGINI, AL                     | 18246    |       |        |                         |                          |                                    |
| Check Group:                      |          |       |        |                         |                          |                                    |
| Other Prof/Technical Services IES |          | 1 0   |        | 122116<br>1/5/2017      | 10.5.2140.319.0000.10.00 | \$3,600.00                         |
|                                   |          |       |        |                         | Check #: 0               |                                    |
|                                   |          |       |        |                         |                          | PO/InvoiceTotal: <u>\$3,600.00</u> |
|                                   |          |       |        |                         |                          | Vendor Total: <u>\$3,600.00</u>    |
| US BANK                           |          |       |        |                         |                          |                                    |
| Check Group:                      |          |       |        |                         |                          |                                    |
| Copier/printer montly rental      |          | 1 677 |        | 318752672<br>1/9/2017   | 10.5.2900.340.0000.11.00 | \$7,296.00                         |
|                                   |          |       |        |                         | Check #: 0               |                                    |
| Check Group:                      |          |       |        |                         |                          | PO/InvoiceTotal: <u>\$7,296.00</u> |
| Copier/printer monthly rental     |          | 1 692 |        | 320996804<br>1/9/2017   | 10.5.2900.340.0000.11.00 | \$7,004.16                         |
|                                   |          |       |        |                         | Check #: 0               |                                    |
|                                   |          |       |        |                         |                          | PO/InvoiceTotal: <u>\$7,004.16</u> |
|                                   |          |       |        |                         |                          | Vendor Total: <u>\$14,300.16</u>   |
| WELKER ELISE                      | 3601     |       |        |                         |                          |                                    |
| Check Group:                      |          |       |        |                         |                          |                                    |
| Monthly mileage reimbursement     |          | 1 0   |        | 111716<br>1/5/2017      | 10.5.1200.332.0000.10.00 | \$15.12                            |
| Monthly mileage reimbursement     |          | 1 0   |        | 122016<br>1/5/2017      | 10.5.1200.332.0000.10.00 | \$31.86                            |
|                                   |          |       |        |                         | Check #: 0               |                                    |

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

**Voucher Detail Listing**

Voucher Batch Number: 1224

01/13/2017

Fiscal Year: 2016-2017

| Vendor Remit Name<br>Description | Vendor # | QTY | PO No. | Invoice<br>Invoice Date | Account                  | Amount                           |
|----------------------------------|----------|-----|--------|-------------------------|--------------------------|----------------------------------|
|                                  |          |     |        |                         |                          | PO/InvoiceTotal: <u>\$46.98</u>  |
|                                  |          |     |        |                         |                          | Vendor Total: <u>\$46.98</u>     |
| WHITE, DOMINIQUE                 |          |     |        |                         |                          |                                  |
| Check Group:                     |          |     |        |                         |                          |                                  |
| Monthly mileage reimbursement    |          | 1 0 |        | 122016<br>1/9/2017      | 10.5.1200.332.0000.13.00 | \$67.50                          |
|                                  |          |     |        |                         | Check #: 0               |                                  |
|                                  |          |     |        |                         |                          | PO/InvoiceTotal: <u>\$67.50</u>  |
|                                  |          |     |        |                         |                          | Vendor Total: <u>\$67.50</u>     |
| WIBERG, ILONA                    | 3851     |     |        |                         |                          |                                  |
| Check Group:                     |          |     |        |                         |                          |                                  |
| Monthly mileage reimbursement    |          | 1 0 |        | 122116<br>1/9/2017      | 10.5.1200.332.0000.13.00 | \$105.30                         |
|                                  |          |     |        |                         | Check #: 0               |                                  |
|                                  |          |     |        |                         |                          | PO/InvoiceTotal: <u>\$105.30</u> |
|                                  |          |     |        |                         |                          | Vendor Total: <u>\$105.30</u>    |
| ZILIS, JESSI L                   |          |     |        |                         |                          |                                  |
| Check Group:                     |          |     |        |                         |                          |                                  |
| Monthly mileage reimbursement    |          | 1 0 |        | 122116<br>1/9/2017      | 10.5.1200.332.0000.13.00 | \$12.15                          |
|                                  |          |     |        |                         | Check #: 0               |                                  |
|                                  |          |     |        |                         |                          | PO/InvoiceTotal: <u>\$12.15</u>  |
|                                  |          |     |        |                         |                          | Vendor Total: <u>\$12.15</u>     |
|                                  |          |     |        |                         |                          | Grand Total: <u>\$116,626.52</u> |

End of Report