

Brooks Middle School Activity Account

Beginning Balance:		
Deposits:		
5-4-15: Monies for 8th Grade Graduation Events		\$4,563.50
5-8-15: Monies for 8th Grade Cap and Gown		\$2,735.00
5-21-15: Monies from Vending Machine		\$17.00
5-21-15: Monies for 8th Grade Graduation Events		\$7,259.00
5-29-15: Monies from Cheerleading Fundraiser		\$160.50
	Receipt Subtotal:	\$14,735.00
	Add to beginning balance:	
	Balance Subtotal:	\$19,547.36
Expenditures:		
5-1-15: Referee Fee for Soccer Games (Check # 1379)		\$150.00
5-7-15: Final Payment for 8th Grade Luncheon (Check # 1381) & DJ (Check #1383)		\$4,933.00
5-11-15: Referee Fee for Soccer Games (Check # 1384)		\$150.00
5-19-15: Reimbursement for Springfield Student Council Retreat (Check # 1385)		\$610.40
5-28-15: Payment for True Gentlemens' Club End of Year Event (Check # 1387)		\$400.00
5-28-15: Referee Fee for End of Season Soccer Games & Tournament (Check # 1388)		\$300.00
5-29-15: Alltown Bus Reimbursement to District (Money Order #00024903318)		\$834.09
	Expenditures Total:	\$7,377.49
	Balance Subtotal Minus Expenditures	\$12,169.87
Outstanding Checks:		
	Outstanding Checks Subtotal: (-)	\$0.00
	Subtract (-) from balance subtotal:	\$12,169.87



 Principal's Signature

Ending Balance: \$12,169.87

6-8-15
 Date

JUN 8 15 3:56PM
 JUN 9 15 5:16PM



Amount

\$4,812.36



(CHICAGO)
P.O. BOX 630900 CINCINNATI OH 45263-0900



GWENDOLYN BROOKS JR HIGH
SCHOOL
14741 WALLACE
HARVEY IL 60426-2448



0

930

Statement Period Date: 5/1/2015 - 5/31/2015
Account Type: Non-Profit Checking
Account Number: 200014138

Banking Center: Harvey
Customer Service: 800-972-3030
Internet Banking & Bill Payment: www.53.com

AT FIFTH THIRD BANK WE KNOW THAT GREAT ADVANCES COME FROM BEING CURIOUS. ASKING NEW QUESTIONS, RETHINKING OLD IDEAS. WE'RE USING OUR CURIOSITY TO CREATE TIMELY, NEW PRODUCTS THAT MAKE BANKING BETTER FOR EVERYONE. FIFTH THIRD BANK, THE CURIOUS BANK. MEMBER FDIC.

Account Summary - 200014138

05/01	Beginning Balance	\$4,812.36	Number of Days in Period	31
7	Checks	\$(6,543.40)		
2	Withdrawals / Debits	\$(834.09)		
5	Deposits / Credits	\$14,735.00		
05/31	Ending Balance	\$12,169.87		

Checks

7 checks totaling \$6,543.40

* Indicates gap in check sequence i = Electronic Image s = Substitute Check

Number	Date Paid	Amount	Number	Date Paid	Amount	Number	Date Paid	Amount
1379 i	05/01	150.00	1384 i	05/11	150.00	1387*i	05/28	400.00
1381*i	05/07	4,808.00	1385 i	05/19	610.40	1388 i	05/28	300.00
1383*i	05/07	125.00						

Withdrawals / Debits

2 items totaling \$834.09

Date	Amount	Description
05/29	832.84	PURCHASE MONEY ORDER # 00024903318 REF # 00666830597
05/29	1.25	MONEY ORDER FEE

Deposits / Credits

5 items totaling \$14,735.00

Date	Amount	Description
05/04	4,563.50	DEPOSIT
05/08	2,735.00	DEPOSIT
05/21	17.00	DEPOSIT
05/21	7,259.00	DEPOSIT
05/29	160.50	DEPOSIT

Daily Balance Summary

Date	Amount	Date	Amount	Date	Amount
05/01	4,662.36	05/08	7,027.86	05/21	13,543.46
05/04	9,225.86	05/11	6,877.86	05/28	12,843.46
05/07	4,292.86	05/19	6,267.46	05/29	12,169.87

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SUMMARY

MAKE PAYMENTS

TRANSFER FUNDS

SERVICE CENTER

Welcome, MICHAEL L ALLEN

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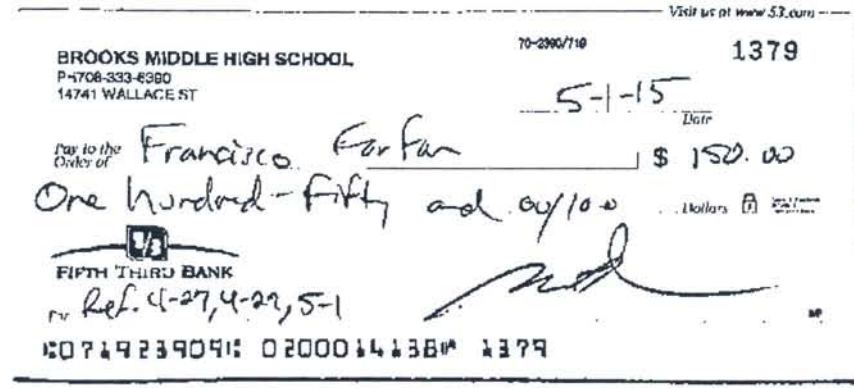
Check # 1379

Action:

Amount: \$150.00

Posted Date: 05/01/2015

Account: NON PROFIT CHECKING CHECKING (XXXX4138)



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Monday, June 8, 2015

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Check # 1381

Action:

Amount: \$4,808.00

Posted Date: 05/07/2015

Account: NON PROFIT CHECKING CHECKING (XXXX4138)

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PH708-333-6390
14741 WALLACE ST

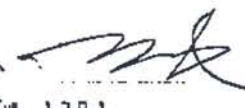
70-2380/719

1381

5-6-15
Date

Pay to the order of The Signature Room \$4,808.00
Four thousand Eight hundred eight and 09/100 Dollars

FIFTH THIRD BANK

For Balance 8th Grade Luncheon 

⑆071923909⑆ 02000 14138⑆ 1381

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Check # 1383

Action:

Amount: \$125.00
Account: NON PROFIT CHECKING CHECKING (XXXX4138)

Posted Date: 05/07/2015

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BROOKS MIDDLE HIGH SCHOOL
PH1708-333-4390
14741 WALLACE ST

70-2380/719

1383

5-6-15
Date

Pay to the
Order of

Willie Townes

\$ 125.00

One hundred twenty-five and 00/100

Dollars



FIFTH THIRD BANK

For DJ deposit for 8th Grade
Lunchroom

⑆07⑆92⑆909⑆ 0200⑆4138⑆ 1383

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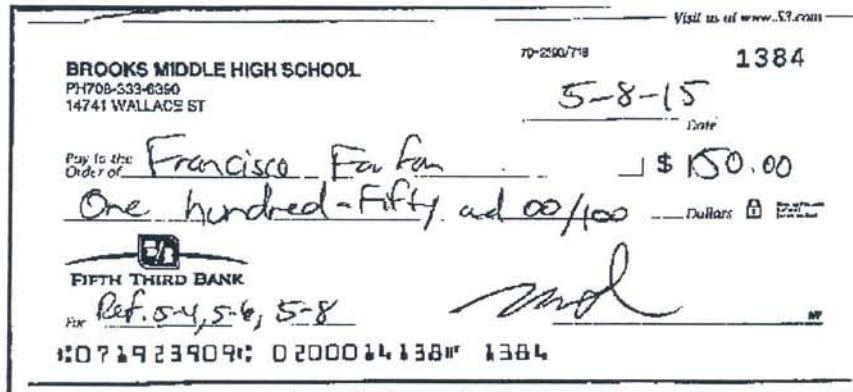
Check # 1384

Action:

Amount: \$150.00

Posted Date: 05/11/2015

Account: NON PROFIT CHECKING CHECKING (XXXX4138)



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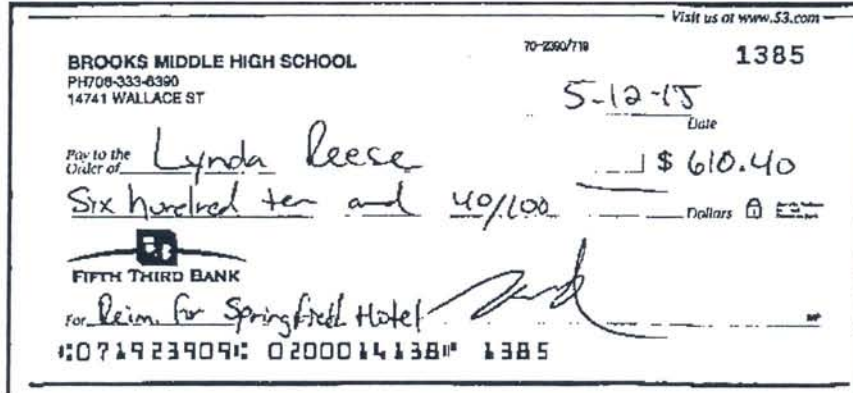
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Check # 1385

Action:

Amount: \$610.40
Account: NON PROFIT CHECKING CHECKING (XXXX4138)

Posted Date: 05/19/2015



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Mr. Allen,
Here are the
receipts for the
hotel rooms for the
IAJHSC Convention.
Total \$ 610.40

Thanks
Lynda J
Beese

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Official Sponsor

REESE, LYNDA 14446 PEORIA ST HARVEY, IL 60426 US	name address	room number: 402/SXBL arrival date: 4/17/2015 3:30:00PM departure date: 4/18/2015 adult/child: 1/0 room rate: 109.00	If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.
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CONFIRMATION NUMBER : 88176194 4/18/2015 PAGE 1	RATE PLAN LV4 HH# AL: BONUS AL: CAR:	Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit of \$0.75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here: <input type="checkbox"/>
--	---	--

signature:

date	reference	description	amount
4/17/2015	1096958	GUEST ROOM	\$109.00
4/17/2015	1096958	ROOM TAXES	\$13.08
		WILL BE SETTLED TO MC *0793	\$122.08
		EFFECTIVE BALANCE OF	\$0.00
		EXPENSE REPORT SUMMARY	
		15 00:00:00 STAY TOTAL	
ROOM & TAX		\$122.08	\$122.08
DAILY TOTAL		\$122.08	\$122.08

for reservations call **1.800.hampton** or visit us online at **hampton.com** thanks.

account no.	date of charge	folio/check no.
		446906 A
card member name	authorization	initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	0.00
X		





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Official Sponsor

REESE, LYNDA 14446 PEORIA ST HARVEY, IL 60426 US	name address	room number: 403/SXBL arrival date: 4/17/2015 3:34:00PM departure date: 4/18/2015 adult/child: 1/0 room rate: 109.00	If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.
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CONFIRMATION NUMBER : 88176194 4/18/2015 PAGE 1	RATE PLAN LV4 HH# AL: BONUS AL: CAR:	Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit of \$0.75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here: <input type="checkbox"/>
--	---	--

date	reference	description	amount
4/17/2015	1096959	GUEST ROOM	\$109.00
4/17/2015	1096959	ROOM TAXES	\$13.08
		WILL BE SETTLED TO MC *0793	\$122.08
		EFFECTIVE BALANCE OF	\$0.00
		EXPENSE REPORT SUMMARY	
		15 00:00:00 STAY TOTAL	
ROOM & TAX		\$122.08	\$122.08
DAILY TOTAL		\$122.08	\$122.08

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thanks.

account no.	date of charge	folio/check no.
		446907 A
card member name	authorization	initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	0.00
X		





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REESE, LYNDA 14446 PEORIA ST HARVEY, IL 60426 US	name address	room number: 404/SXBL arrival date: 4/17/2015 3:32:00PM departure date: 4/18/2015 adult/child: 1/0 room rate: 109.00	If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.
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CONFIRMATION NUMBER : 88176194 4/18/2015 PAGE 1	RATE PLAN LV4 HH# AL: BONUS AL: CAR:	Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit of \$0.75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here: <input type="checkbox"/> signature:
--	---	---

date	reference	description	amount
4/17/2015	1096960	GUEST ROOM	\$109.00
4/17/2015	1096960	ROOM TAXES	\$13.08
		WILL BE SETTLED TO MC *0793 EFFECTIVE BALANCE OF	\$122.08 \$0.00
		EXPENSE REPORT SUMMARY	
		15 00:00:00 STAY TOTAL	
ROOM & TAX		\$122.08	\$122.08
DAILY TOTAL		\$122.08	\$122.08

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account no.	date of charge	folio/check no. 446908 A
card member name	authorization	initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	0.00





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name
 address
 REESE, LYNDA
 14446 PEORIA ST
 HARVEY, IL 60426
 US

room number: 405/SXBL
 arrival date: 4/17/2015 3:33:00PM
 departure date: 4/18/2015
 adult/child: 1/0
 room rate: 109.00

If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.

CONFIRMATION NUMBER : 88176194
 4/18/2015 PAGE 1

RATE PLAN LV4
 HH#
 AL:
 BONUS AL: CAR:
 Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit of \$0.75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here:
 signature:

date	reference	description	amount
4/17/2015	1096961	GUEST ROOM	\$109.00
4/17/2015	1096961	ROOM TAXES	\$13.08
		WILL BE SETTLED TO MC *0793	\$122.08
		EFFECTIVE BALANCE OF	\$0.00
		EXPENSE REPORT SUMMARY	
		15 00:00:00 STAY TOTAL	
ROOM & TAX		\$122.08	\$122.08
DAILY TOTAL		\$122.08	\$122.08

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account no.	date of charge	folio/check no.
card member name	authorization	initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
	taxes	
	tips & misc.	
signature of card member X	total amount	0.00





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REESE, LYNDA 14446 PEORIA ST HARVEY, IL 60426 US	name address	room number: 406/SXBL arrival date: 4/17/2015 departure date: 4/18/2015	3:33:00PM	If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold will be placed on the account for the full anticipated dollar amount to be owed to the hotel, including estimated incidentals, through your date of check-out and such funds will not be released for 72 business hours from the date of check-out or longer at the discretion of your financial institution.
		adult/child: 1/0 room rate: 109.00		

CONFIRMATION NUMBER : 88176194 4/18/2015 PAGE 1	RATE PLAN LV4 HH# AL: BONUS AL: CAR:
	Rates subject to applicable sales, occupancy, or other taxes. Please do not leave any money or items of value unattended in your room. A safety deposit box is available for you in the lobby. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company or association fails to pay for any part or the full amount of these charges. I have requested weekday delivery of USA TODAY. If refused, a credit of \$0.75 will be applied to my account. In the event of an emergency, I, or someone in my party, require special evacuation due to a physical disability. Please indicate yes by checking here: <input type="checkbox"/> signature:

date	reference	description	amount
4/17/2015	1096962	GUEST ROOM	\$109.00
4/17/2015	1096962	ROOM TAXES	\$13.08
		WILL BE SETTLED TO MC *0793	\$122.08
		EFFECTIVE BALANCE OF	\$0.00
		EXPENSE REPORT SUMMARY	
		15 00:00:00 STAY TOTAL	
ROOM & TAX		\$122.08	\$122.08
DAILY TOTAL		\$122.08	\$122.08

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thanks.

account no.	date of charge	folio/check no.
		444602 A
card member name	authorization	initial
establishment no. and location <small>establishment agrees to transmit to card holder for payment</small>	purchases & services	
	taxes	
	tips & misc.	
signature of card member	total amount	0.00
X		



Welcome, MICHAEL L ALLEN

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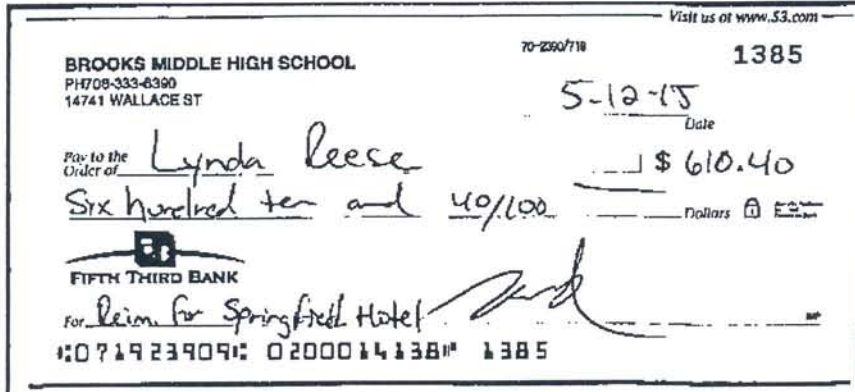
Check # 1385

Action:

Amount: \$610.40

Posted Date: 05/19/2015

Account: NON PROFIT CHECKING CHECKING (XXXX4138)



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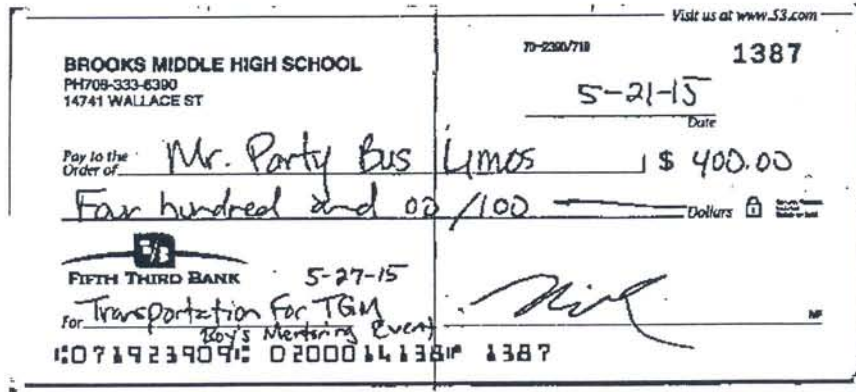
Action:

Check # 1387

Amount: \$400.00

Posted Date: 05/28/2015

Account: NON PROFIT CHECKING CHECKING (XXXX4138)



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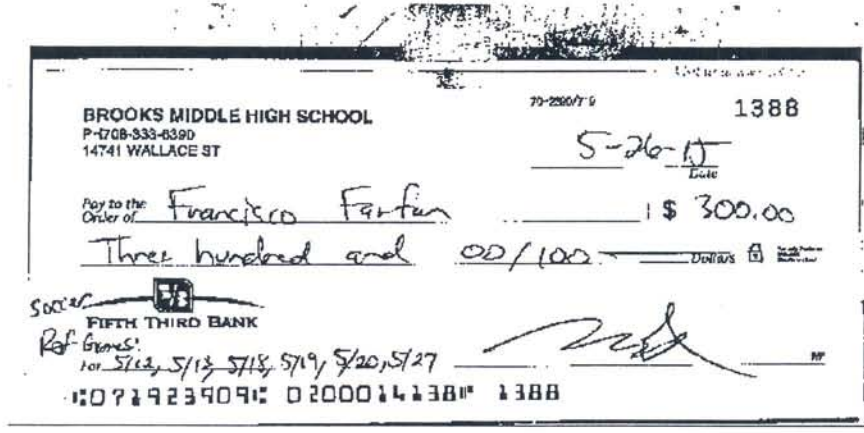
Check # 1388

Action:

Amount: \$300.00

Posted Date: 05/28/2015

Account: NON PROFIT CHECKING CHECKING (XXXX4138)



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