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:	ψ±1,7 σσ1σσ
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:	
Oustanding Checks Subtotal: (-)	\$0.00
Subtract (-) from balance subtotal:	\$12,169.87

Mal

Ending Balance:

\$12,169.87

Principal's Signature

Date

JUN 915 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

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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

930

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

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

7 checks totaling \$6,543.40

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	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
05/29	832.84	PURCHASE MONEY ORDER # 00024903318 REF # 00666830597	
05/29	1.25	MONEY ORDER FEE	

Deposits / Cr	redits		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 Su	ımmary				
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

WOULD YOU KNOW IF SOMEONE STOLE YOUR IDENTITY? LEARN HOW YOU CAN HELP KEEP YOUR IDENTITY AND CREDIT SAFE - VISIT 53.COM/IDPROTECTCOMPARE TODAY FOR DETAILS ON FIFTH THIRD'S IDENTITY PROTECTION SOLUTIONS. THE BENEFITS IN FIFTH THIRD IDENTITY ALERT ARE PROVIDED BY FIFTH THIRD'S VENDOR, AFFINION BENEFITS GROUP, LLC.



Monday, June 8, 2015

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SUMMARY

MAKE PAYMENTS | TRANSFER FUNDS | SERVICE CENTER

Welcome, MICHAEL L ALLEN

Item Information	1	
Return To Activity V	iew Front and Back	Printer Friendly Version (PDF Document)
Check # 1379		Action:
Amount: \$150.0 Account: NON PR	0 ROFIT CHECKING CHECKING (XXXX4138)	Posted Date: 05/01/2015
		Visit us at www \$3.com
	BROOKS MIDDLE HIGH SCHOOL	70-2990/710 1379
	P-708-333-6980 14741 WALLACE ST	C-1-15
		Date
	parto the francisco forta	\$ 150.00
	One hundred - Fifty a	al cullos A miles
		1.0
	FIFTH THIRD BANK	Mark.
	n Ref. 4-27, 4-22, 5-1	
	#074923909# 020001413B	№ 137 9

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FIFTH THIRD BANK

Monday, June 8, 2015

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SUMMARY

MAKE PAYMENTS TRANSFER FUNDS

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SERVICE CENTER

Welcome, MICHAEL L ALLEN

Item Information

Return To Activity View Front and Back

Check # 1381

Printer Friendly Version (PDF Document)

Action:

Amount: Account: \$4,808.00

NON PROFIT CHECKING CHECKING (XXXX4138)

Visit us at www 53.com

Posted Date: 05/07/2015

BROOKS MIDDLE HIGH SCHOOL

PH708-333-6390 14741 WALLACE ST

1381

Parto the The Signature Room

Four thousand Eight hundred eight and oglood Dollars &

For Balance 8th Brule C

#071923909# 020001413##

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SUMMARY

MAKE PAYMENTS | TRANSFER FUNDS | SERVICE CENTER

Welcome, MICHAEL L ALLEN

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Return To Activity View Front and Back

Check # 1383

Printer Friendly Version (PDF Document)

Amount: Account:

\$125.00

NON PROFIT CHECKING CHECKING (XXXX4138)

Posted Date: 05/07/2015

- Visit us at www.53.com -

70-2390/719

1383

BROOKS MIDDLE HIGH SCHOOL

PH708-333-6390 14741 WALLACE ST

FIFTH THIRD BANK

1383

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SUMMARY

MAKE PAYMENTS TRANSFER FUNDS SERVICE CENTER

Welcome, MICHAEL L ALLEN

Item Information		
Return To Activity View Check # 1384	Front and Back	Printer Friendly Version (PDF Document) Action:
Amount: \$150.00 Account: NON PROF	IT CHECKING CHECKING (XXXX4138)	Posted Date: 05/11/2015
	BROOKS MIDDLE HIGH SCHOOL PHOOLS 33-8350 14741 WALLACE ST Page to the Francisco For Fam Order of Fran	70-250/78 1384 5-8-15 Date \$ \$ \$\int 0.00 \$ \$ \$\int 0.00

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Welcome, MICHAEL L ALLEN

Item Information

Return To Activity View Front and Back

Check # 1385

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

Printer Friendly Version (PDF Document)
Action:

Posted Date: 05/19/2015

Visit us at www.53.com —
70-250/710

1385

BROOKS MIDDLE HIGH SCHOOL

PHYOB 333 6390
14741 WALLACE ST

Provide of Lynda Rese
Order of Lynda Rese

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FIFTH THIRD BANK
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If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold REESE, LYNDA name room number: 402/SXBL will be placed on the account for the full anticipated 3:30:00PN 14446 PEORIA ST address arrival date: 4/17/2015 dollar amount to be owed to the hotel, including departure date: 4/18/2015 estimated incidentals, through your date of check-out HARVEY, IL 60426 and such funds will not be released for 72 business adult/child: 1/0 hours from the date of check-out or longer at the room rate: discretion of your financial institution. 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 CONFIRMATION NUMBER: 88176194 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 4/18/2015 PAGE 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: 1 signature: O description date reference 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 thanks. for reservations call 1.800.hampton or visit us online at hampton.com account no. date of charge folio/check no. 446906 card member name authorization initial establishment no. and location establishment agrees to transmit to card holder for payment purchases & services taxes tips & misc. signature of card member total amount



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REESE, LYNDA 14446 PEORIA ST HARVEY, IL 60426 US	name address room number: arrival date: departure date: adult/child: room rate:	403/SXBL 4/17/2015 3:34:00PN 4/18/2015 1/0 109.00	is attached to a bank or checking account, a hol will be placed on the account for the full anticipate dollar amount to be owed to the hotel, includin estimated incidentals, through your date of check-ou 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.
	RATE PLAN HH#	LV4	
	AL: BONUS AL:	CAR:	
CONFIRMATION NUMBER: 88176194 4/18/2015 PAGE 1	your room. A safety deposit box is to be held personally liable in the e amount of these charges. I have re	available for you in the lobby. I agree the vent that the indicated person, compan quested weekday delivery of USA TOD ergency, I, or someone in my party, required.	leave any money or items of value unattended in hat my liability for this bill is not waived and agree by or association fails to pay for any part or the fu AY. If refused, a credit of \$0.75 will be applied to uire special evacuation due to a physical disability
of making to some	signature:		
date reference	description	amount	6
4/17/2015 1096959 GUEST ROOM 4/17/2015 1096959 ROOM TAXES		\$109.00 \$13.08	
	WILL BE SETTLED TO MC *0793 EFFECTIVE BALANCE OF	\$122.08 \$0.00	
TOOM & TAX S122.08 \$12	08		
for reservations call 1.800.hampton or visit us o account no.	nline at hampton.com date of charge	ge folio/check no.	thanks.
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	tips & misc.		
signature of card member			
v	total amou	nt	



























REESE, LYNDA 14446 PEORIA HARVEY, IL 604 US	ST	9	name address	room num arrival date departure adult/child room rate:	e: date: :	404/SXBL 4/17/2015 4/18/2015 1/0 109.00	3:32:00PN	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.
					RATE PLAN HH# AL: US AL:	LV4 CAR:		
CONFIRMATIO 4/18/2015	N NUMBER : 8	8176194		Rates subject to your room. A sa to be held perso amount of these my account. In the Please indicate y	applicable sales, occup afety deposit box is avail onally liable in the event e charges. I have reques the event of an emerger yes by checking here:	ancy, or other ta able for you in to that the indicate sted weekday de ncy, I, or someor	he lobby. I agree th ed person, company livery of USA TODA	leave any money or items of value unattended in lat my liability for this bill is not waived and agree y or association fails to pay for any part or the full AY. If refused, a credit of \$0.75 will be applied to lire special evacuation due to a physical disability.
			. 72 5	signature				
date	reference		descripti	on		an	nount	6
4/17/2015 4/17/2015	1096960 1096960	GUEST ROOM ROOM TAXES				\$109.00 \$13.08		
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					taxes			
					tips & misc.			
signature X	of card member				total amount		0.00	



























Marin No. of Street,								Official Sponsor
REESE, LYNDA 14446 PEORIA HARVEY, IL 60- US	ST		name address	room num arrival dat departure adult/child room rate	e: date: d:	405/SXBL 4/17/2015 4/18/2015 1/0 109.00	3:33:00PN	If the debit/credit card you are using for check- is attached to a bank or checking account, a ho will be placed on the account for the full anticipate dollar amount to be owed to the hotel, includin estimated inddentals, through your date of check-or and such funds will not be released for 72 busine hours from the date of check-out or longer at the discretion of your financial institution.
				F	RATE PLAN HH# AL:	LV4		
CONFIRMATIO 4/18/2015	N NUMBER : R	88176194		Rates subject to your room. A sa to be held perso amount of thes my account. In	afety deposit box is ava onally liable in the even e charges. I have reque the event of an emerge yes by checking here: I	ilable for you in that that the indicate ested weekday delency, I, or someon	ne lobby. I agree that d person, company ivery of USA TODAY	have any money or items of value unattended it my liability for this bill is not waived and agreor association fails to pay for any part or the fur. If refused, a credit of \$0.75 will be applied to expecial evacuation due to a physical disability.
date	reference		descripti	on		am	ount	G
4/17/2015 4/17/2015	1096961 1096961	GUEST ROOM ROOM TAXES				\$109.00 \$13.08		
					TO MC *0793 BALANCE OF	\$122.08 \$0.00		
ROOM & TAX DAILY TO	DTAL	\$122.08 \$122.0 \$122.08 \$122.0 \$122.08 \$122.0	AL 08 08	EPORT SU	MMARY	* :		thanks.
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card member	name				authorization	446909) A initial	
establishment no. and location establishment agrees to transmit to card holder			der for payment	purchases & ser	rvices			
					taxes			
					tips & misc.			
signature o	of card member	,			total amount		0.00	





















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If the debit/credit card you are using for check-in is attached to a bank or checking account, a hold 406/SXBL name room number: will be placed on the account for the full anticipated REESE, LYNDA 3:33:00PN 4/17/2015 address arrival date: dollar amount to be owed to the hotel, including 14446 PEORIA ST 4/18/2015 departure date: estimated incidentals, through your date of check-out HARVEY, IL 60426 and such funds will not be released for 72 business adult/child: 1/0 109.00 hours from the date of check-out or longer at the room rate: discretion of your financial institution. 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 CONFIRMATION NUMBER: 88176194 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: 4/18/2015 PAGE 1 signature: 6 amount description reference date \$109.00 **GUEST ROOM** 4/17/2015 1096962 \$13.08 4/17/2015 1096962 **ROOM TAXES** WILL BE SETTLED TO MC *0793 \$122.08 EFFECTIVE BALANCE OF \$0.00 EXPENSE REPORT SUMMARY 15 00:00:00 STAY TOTAL \$122.08 \$122.08 **ROOM & TAX** \$122.08 \$122.08 DAILY TOTAL thanks. for reservations call 1.800.hampton or visit us online at hampton.com folio/check no. date of charge account no. 444602 authorization initial card member name establishment agrees to transmit to card holder for payment purchases & services establishment no. and location taxes tips & misc. signature of card member total amount 0.00 X























Welcome, MICHAEL L ALLEN

Item Information		
Return To Activity View Front and B	ack	Printer Friendly Version (PDF Document) Action:
Amount: \$610.40 Account: NON PROFIT CHECKING	CHECKING (XXXX4138)	Posted Date: 05/19/2015
		Visit us of www.53.com
PH708	OK\$ MIDDLE HIGH SCHOOL -333-6390 WALLACE ST	5-12-17
Pay to Order o		\$ 610.40
Six	hardred ter and 40/10	nollars A Fair
FIFT	N THIRD BANK	ind
For_V	ein 12 - Springfred Hotel	15

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Monday, June 8, 2015

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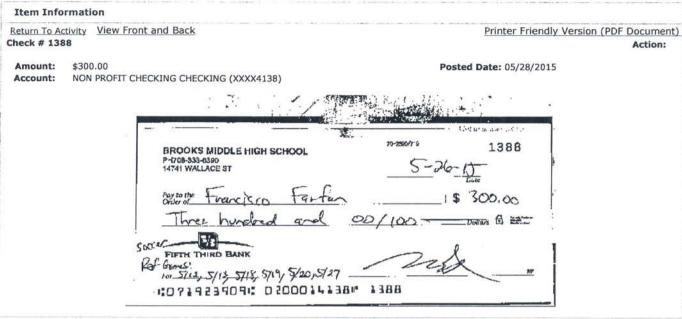
Welcome, MICHAEL L ALLEN

Item Information		
Return To Activity View Fr Check # 1387	ront and Back	Printer Friendly Version (PDF Document) Action:
Amount: \$400.00 Account: NON PROFIT	CHECKING CHECKING (XXXX4138)	Posted Date: 05/28/2015
	BROOKS MIDDLE HIGH SCHOOL PH708-333-6300 14741 WALLACE ST Pay to the W. Party Bus For hundred and 02 FIFTH THURD BANK 5-27-15 FOT TYPE PORTECTION FOR TEM 10719239091: 0200014138	Visit us at www.53.com 1387 5-21-15 Duite 100 Dollars 1 100 11 1387

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