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

Voucher No: 1312 **Voucher Date:** 04/13/2017 Prepared By: S. Frigo

Printed: 04/10/2017 10:52:33 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 $153,439.27 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2016 to June 30, 2017 (period cannot overlap fiscal year end.)

I certify that this claim is just and correct, and the services and/or materials herein represented have been received during the period listed above. All items are properly coded and not in excess of the budget.

K Slattery 4/10/17

SPEED S.E.J.A. #802

4-10-2017 Shawn Rossiter

Fund		Amount
10	Education	$153,439.27
		$153,439.27

SPEED S.E.J.A. #802

Voucher Detail Listing

Voucher Batch Number: 1312 **04/13/2017**

Fiscal Year: 2016-2017

Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
AMERICANEAGLE.COM,INC						
Check Group:						
April payment for SPEED website		1	201	04.14.17 4/5/2017	10.5.2220.470.0000.25.00	$500.00
					Check #: 0	
					PO/InvoiceTotal:	$500.00
					Vendor Total:	$500.00
ARMMER, TERRY E						
Check Group:						
Monthly mileage reimbursement		1	0	033017 4/6/2017	10.5.1200.332.0000.13.00	$4.01
					Check #: 0	
					PO/InvoiceTotal:	$4.01
					Vendor Total:	$4.01
AYALA-MARTINEZ, LENA						
Check Group:						
Monthly mileage reimbursement		1	0	033017 4/5/2017	10.5.1200.332.0000.24.00	$109.35
					Check #: 0	
					PO/InvoiceTotal:	$109.35
					Vendor Total:	$109.35
BEA, ROBERTRESE						
Check Group:						
Jan - Monthly mileage reimbursement		1	0	RB4.14.17 4/4/2017	10.5.1200.332.0000.18.00	$22.47
Feb - Monthly mileage reimbursement		1	0	RB4.14.17 4/4/2017	10.5.1200.332.0000.18.00	$22.47
March - Monthly mileage reimbursement		1	0	RB4.14.17 4/4/2017	10.5.1200.332.0000.18.00	$26.96

Voucher Detail Listing

Voucher Batch Number: 1312 **04/13/2017**

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
Dec - Monthly mileage reimbursement		1	0	RB4.14.17 4/4/2017	10.5.1200.332.0000.18.00		$18.14
					Check #: 0		
						PO/InvoiceTotal:	$90.04
						Vendor Total:	$90.04
BERRY, CATHERINE							
Check Group:							
SLP Contracted Services		1	0	033017 4/5/2017	10.5.2150.319.1342.24.00		$2,646.00
					Check #: 0		
						PO/InvoiceTotal:	$2,646.00
						Vendor Total:	$2,646.00
BLASINGAME, CHLOE Y							
Check Group:							
Monthly mileage reimbursement		1	0	033017 4/6/2017	10.5.1200.332.1342.19.00		$31.03
					Check #: 0		
						PO/InvoiceTotal:	$31.03
						Vendor Total:	$31.03
BLOOM TOWNSHIP TRUSTEES OF SCHOOLS	420						
Check Group:							
Professional & Technical Service		1	0	04.15.17 4/5/2017	10.5.2510.310.0000.11.00		$17,500.00
					Check #: 0		
						PO/InvoiceTotal:	$17,500.00
						Vendor Total:	$17,500.00
Booth, LaKarsha							
Check Group:							

Voucher Detail Listing

Voucher Batch Number: 1312 04/13/2017

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Professional Development Registration Fee Reimbursement for Reasoning With Unreasonable People Conference		1	968	041417 4/4/2017	10.5.2210.312.4620.24.07	$79.00
					Check #: 0	
					PO/InvoiceTotal:	$79.00
					Vendor Total:	$79.00
BOYD, ALISON	1442					
Check Group:						
Monthly mileage reimbursement		1	0	022817 4/3/2017	10.5.1200.332.1342.19.00	$111.01
Monthly mileage reimbursement		1	0	033117 4/3/2017	10.5.1200.332.1342.19.00	$130.91
					Check #: 0	
					PO/InvoiceTotal:	$241.92
Check Group:						
Professional Development Mileage Reimbursement ITHI DHH Conference: Mileage & Meals		1	973	041417 4/5/2017	10.5.2210.312.4620.24.07	$142.27
					Check #: 0	
					PO/InvoiceTotal:	$142.27
					Vendor Total:	$384.19
BRIDGES CONSULTING SERV	22780					
Check Group:						
Psych Contracted Services-IES		1	0	040517 4/5/2017	10.5.2140.319.1342.10.00	$2,653.62
Psych Contracted Services-IHS		1	0	040517 4/5/2017	10.5.2140.319.1342.17.00	$663.40
					Check #: 0	
					PO/InvoiceTotal:	$3,317.02
					Vendor Total:	$3,317.02

Voucher Detail Listing

Voucher Batch Number: 1312 **04/13/2017**

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
CAREERSTAFF UNLIMITED - CHICAGO						
Check Group:						
SLP Contracted Services-H. Smith		1	0	33354-313459 4/3/2017	10.5.2150.319.1342.24.00	$2,555.00
SLP Contracted Services-H. Smith		1	0	33354-318507 4/3/2017	10.5.2150.319.1342.24.00	$1,533.00
SLP Contracted Services-H. Smith		1	0	33354-319246 4/3/2017	10.5.2150.319.1342.24.00	$2,482.00
					Check #: 0	
					PO/InvoiceTotal:	$6,570.00
					Vendor Total:	$6,570.00
CAREY, EILEEN						
Check Group:						
Monthly mileage reimbursement		1	0	032917 4/3/2017	10.5.2150.332.0000.15.00	$46.95
					Check #: 0	
					PO/InvoiceTotal:	$46.95
					Vendor Total:	$46.95
CHVOSTAL-SCHMIDT, KATHY	7577					
Check Group:						
Monthly mileage reimbursement		1	0	033117 4/3/2017	10.5.3000.332.3705.16.07	$60.67
					Check #: 0	
					PO/InvoiceTotal:	$60.67
					Vendor Total:	$60.67
CONSTELLATION NEW ENERGY	16125					
Check Group:						
Invoice # 0038622216 - Natural Gas Main Bldg O&M - Natural gas service to 1125 Division St. for the month of February 2017		1	952	0038622216 4/3/2017	10.5.2540.465.0000.28.30	$8,770.21

Voucher Detail Listing

Voucher Batch Number: 1312 **04/13/2017**

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
					Check #: 0		
						PO/InvoiceTotal:	$8,770.21
						Vendor Total:	$8,770.21
CRETE MONEE DIST. # 201U							
Check Group:							
Sept 2016 - March 2017 satellite classes breakfast/lunch		1	0	041417 4/4/2017	10.5.4190.690.0000.11.00		$9,210.09
					Check #: 0		
						PO/InvoiceTotal:	$9,210.09
						Vendor Total:	$9,210.09
CRONIN, KAREN							
Check Group:							
Monthly mileage reimbursement		1	0	032417 4/3/2017	10.5.2140.332.0000.15.00		$21.67
					Check #: 0		
						PO/InvoiceTotal:	$21.67
						Vendor Total:	$21.67
DE BRUIN, JANET							
Check Group:							
Monthly mileage reimbursement		1	0	033017 4/5/2017	10.5.2210.332.0000.24.00		$32.21
					Check #: 0		
						PO/InvoiceTotal:	$32.21
						Vendor Total:	$32.21
DeMATTEO-HOEKSTRA, ANGELIQUE A							
Check Group:							
Professional Development Mileage & Tolls Reimbursement for PBIS Midwest Network		1	967	041417 4/4/2017	10.5.2210.312.4620.24.07		$91.81
					Check #: 0		

Voucher Detail Listing

Voucher Batch Number: 1312 **04/13/2017**

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
						PO/InvoiceTotal:	$91.81
						Vendor Total:	$91.81
DONALDSON-WILSON, LA TONY	9404						
Check Group:							
Professional Development Mileage & Tolls Reimbursement for Transition and Employment First Conference		1	961	041417 4/4/2017	10.5.2210.312.4620.24.07		$65.46
					Check #: 0		
						PO/InvoiceTotal:	$65.46
						Vendor Total:	$65.46
EDUCATIONAL BENEFIT COOPE_14535	14535						
Check Group: 3							
Medical Insurance Central Office Health		1	0	Feb 2017 4/3/2017	10.5.2130.222.0000.11.00		$1,095.56
Medical Insurance O&M		1	0	Feb 2017 4/3/2017	10.5.2540.222.0000.28.00		$1,051.56
					Check #: 0		
Check Group: 1							
Other Employee Benefits IES		1	0	Feb2017 4/10/2017	10.5.1200.231.0000.10.00		$128.80
Other Employee Benefits		1	0	Feb2017 4/10/2017	10.5.1200.231.0000.11.00		$96.83
Other Employee Benefits PAL		1	0	Feb2017 4/10/2017	10.5.1200.231.0000.13.00		$390.54
Other Employeed Benefits DHH		1	0	Feb2017 4/10/2017	10.5.1200.231.0000.14.00		$36.34
Other Employee Benefits ELC		1	0	Feb2017 4/10/2017	10.5.1200.231.0000.15.00		$222.76
Other Employee Benefits IHS		1	0	Feb2017 4/10/2017	10.5.1200.231.0000.17.00		$92.81

Voucher Detail Listing

Voucher Batch Number: 1312 **04/13/2017**

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Other Employee Benefits		1	0	Feb2017 4/10/2017	10.5.1200.231.0000.18.00	$74.75
Other employee Benefits DHH		1	0	Feb2017 4/10/2017	10.5.2110.231.0000.14.00	$5.98
Other Employee Benefits ELC SW		1	0	Feb2017 4/10/2017	10.5.2110.231.0000.15.00	$9.32
Other employee Benefits ALL SW		1	0	Feb2017 4/10/2017	10.5.2110.231.0000.18.00	$5.41
Other Employee Benefits IES Health		1	0	Feb2017 4/10/2017	10.5.2130.231.0000.10.00	$4.60
Other Employee Benefits PAL Health		1	0	Feb2017 4/10/2017	10.5.2130.231.0000.13.00	$10.70
Other Employee Benefits ELC Health		1	0	Feb2017 4/10/2017	10.5.2130.231.0000.15.00	$31.51
Life Insurance-PT		1	0	Feb2017 4/10/2017	10.5.2130.231.0000.23.00	$3.45
Other Employee Benefits PAL Psych		1	0	Feb2017 4/10/2017	10.5.2140.231.0000.13.00	$14.84
Other Employee Benefits PAL SLP		1	0	Feb2017 4/10/2017	10.5.2150.231.0000.13.00	$16.10
Other Employee Benefits ELC SLP		1	0	Feb2017 4/10/2017	10.5.2150.231.0000.15.00	$25.07
Other Employee Benefits IT		1	0	Feb2017 4/10/2017	10.5.2220.231.0000.25.00	$26.45
Other Employee Benefits IES Principal		1	0	Feb2017 4/10/2017	10.5.2410.231.0000.10.00	$37.72
Other Employee Benefits PAL Principal		1	0	Feb2017 4/10/2017	10.5.2410.231.0000.13.00	$8.28
Other Employee Benefits ELC Principal		1	0	Feb2017 4/10/2017	10.5.2410.231.0000.15.00	$38.41

Voucher Detail Listing

Voucher Batch Number: 1312 **04/13/2017**

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Other Employee Benefits IHS Principal		1	0	Feb2017 4/10/2017	10.5.2410.231.0000.17.00	$3.45
Other Employee Benefits Technology		1	0	Feb2017 4/10/2017	10.5.2220.231.0000.25.00	$3.45
Other Employee Benefits Fiscal Services		1	0	Feb2017 4/10/2017	10.5.2520.231.0000.11.00	$83.95
Other Employee Benefits O&M		1	0	Feb2017 4/10/2017	10.5.2540.231.0000.28.00	$43.59
Other Employee Benefits Food Service		1	0	Feb2017 4/10/2017	10.5.2560.231.0000.29.00	$35.31
Life Insurance-DHH		1	0	Feb2017 4/10/2017	10.5.1200.231.0000.19.00	$13.00
Other Employee Benefits Central Office		1	0	Feb2017 4/10/2017	10.5.2320.231.0000.11.00	$5.52
Other Employee Benefits Business Support		1	0	Feb2017 4/10/2017	10.5.2510.231.0000.11.00	$29.05
					Check #: 0	
Check Group: 2						
Medical Insurance Central Office Health		1	0	March2017 4/10/2017	10.5.2130.222.0000.11.00	$1,095.56
Medical Insurance O&M		1	0	March2017 4/10/2017	10.5.2540.222.0000.28.00	$1,051.56
					Check #: 0	
					PO/InvoiceTotal:	$5,792.23
					Vendor Total:	$5,792.23
EHRENFELD, TIMOTHY M						
Check Group:						
Monthly mileage reimbursements		1	0	033017 4/3/2017	10.5.1200.332.0000.15.00	$145.89
					Check #: 0	

Voucher Detail Listing

Voucher Batch Number: 1312 **04/13/2017**

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
						PO/InvoiceTotal:	$145.89
						Vendor Total:	$145.89
ELLIOTT, KRISTIN							
Check Group:							
Staff tuition reimbursement - 6 doctorate hours		1	0	TUITION041417 4/7/2017	10.5.2900.230.0000.11.00		$2,000.00
					Check #: 0		
						PO/InvoiceTotal:	$2,000.00
						Vendor Total:	$2,000.00
GORDON FOOD SERVICE_103310	103310						
Check Group:							
Food Delivery		1	945	176850520-176942801 4/4/2017	10.5.2560.490.0000.29.00		$1,943.54
Food Delivery		1	945	176850520-176942801 4/4/2017	10.5.2560.490.0000.29.00		$1,269.85
					Check #: 0		
						PO/InvoiceTotal:	$3,213.39
Check Group:							
Food Delivery		1	987	176997839/177100811 4/7/2017	10.5.2560.490.0000.29.00		$1,324.53
Food Delivery		1	987	176997839/177100811 4/7/2017	10.5.2560.490.0000.29.00		$1,522.88
					Check #: 0		
						PO/InvoiceTotal:	$2,847.41
						Vendor Total:	$6,060.80
HASTY, ALLISON M							
Check Group:							

Voucher Detail Listing

Voucher Batch Number: 1312 **04/13/2017**

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
Monthly mileage reimbursement		1	0	032217 4/6/2017	10.5.1200.332.0000.13.00		$28.09
					Check #: 0		
						PO/InvoiceTotal:	$28.09
						Vendor Total:	$28.09
HAWTHORN ASSOCIATES OF LAKE COUNTY LLC							
Check Group:							
Fee For Service-Medicaid (Hawthorn)		1	0	201721 4/6/2017	10.5.2400.390.4490.11.00		$10,160.28
					Check #: 0		
						PO/InvoiceTotal:	$10,160.28
						Vendor Total:	$10,160.28
HERNANDEZ, VELMA							
Check Group:							
Monthly mileage reimbursement		1	0	032117 4/5/2017	10.5.2130.332.1342.22.00		$10.70
					Check #: 0		
						PO/InvoiceTotal:	$10.70
						Vendor Total:	$10.70
JOHNSON, EUGENIA	6485						
Check Group:							
Monthly mileage reimbursement		1	0	033117 4/6/2017	10.5.2110.332.0000.15.00		$104.86
					Check #: 0		
						PO/InvoiceTotal:	$104.86
						Vendor Total:	$104.86
KOLOSH, MONICA	17418						
Check Group:							
Monthly mileage reimbursement		1	0	032417 4/3/2017	10.5.1200.332.0000.15.00		$5.62

Voucher Detail Listing

Voucher Batch Number: 1312 **04/13/2017**

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
					Check #: 0		
						PO/InvoiceTotal:	$5.62
						Vendor Total:	$5.62
KRYSTAL DAIRY & FOOD DIST	8078						
Check Group:							
Milk Delivery		1	960	082404/082418 4/4/2017	10.5.2560.490.0000.29.00		$186.00
Milk Delivery		1	960	082404/082418 4/4/2017	10.5.2560.490.0000.29.00		$178.00
					Check #: 0		
						PO/InvoiceTotal:	$364.00
Check Group:							
Milk Delivery		1	989	082440/085204 4/7/2017	10.5.2560.490.0000.29.00		$245.50
Milk Delivery		1	989	082440/085204 4/7/2017	10.5.2560.490.0000.29.00		$168.20
					Check #: 0		
						PO/InvoiceTotal:	$413.70
						Vendor Total:	$777.70
LASKI, BARBARA	12181						
Check Group:							
Monthly mileage reimbursement		1	0	032917 4/3/2017	10.5.1200.332.0000.13.00		$32.64
					Check #: 0		
						PO/InvoiceTotal:	$32.64
						Vendor Total:	$32.64
LEGACY PROFESSIONALS, LLP	2041						
Check Group:							
Fiscal Other Prof/Technical Services		1	0	247980 4/3/2017	10.5.2520.319.0000.11.00		$1,800.00

Voucher Detail Listing

Voucher Batch Number: 1312 04/13/2017

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
					Check #: 0		
						PO/InvoiceTotal:	$1,800.00
						Vendor Total:	$1,800.00
LYNCH, KATHLEEN	12837						
Check Group:							
Monthly mileage reimbursement		1	0	033017 4/5/2017	10.5.2130.332.1342.23.00		$31.30
					Check #: 0		
						PO/InvoiceTotal:	$31.30
						Vendor Total:	$31.30
MACK, FALLON	21766						
Check Group:							
Monthly mileage reimbursement		1	0	033017 4/4/2017	10.5.2640.332.0000.11.00		$18.83
					Check #: 0		
						PO/InvoiceTotal:	$18.83
						Vendor Total:	$18.83
Mary Eileen Murney							
Check Group:							
Contract PT		1	0	033117 4/5/2017	10.5.2130.319.1342.23.00		$1,960.00
Contract PT		1	0	040717 4/7/2017	10.5.2130.319.1342.23.00		$1,960.00
					Check #: 0		
						PO/InvoiceTotal:	$3,920.00
						Vendor Total:	$3,920.00
NICOR							
Check Group:							

Voucher Detail Listing

Voucher Batch Number: 1312 **04/13/2017**

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Invoice Date 3/29/17 - Natural Gas ALL O&M - Natural gas service to 410 Ashland Ave. for the dates of 2/28/17 - 3/29/17		1	979	Inv. Date: 3/29/17 4/5/2017	10.5.2540.465.0000.28.31	$880.08
					Check #: 0	
					PO/InvoiceTotal:	$880.08
					Vendor Total:	$880.08
Oates, Deborah						
Check Group:						
Monthly mileage reimbursement		1	0	032817 4/3/2017	10.5.1200.332.1342.20.00	$80.52
					Check #: 0	
					PO/InvoiceTotal:	$80.52
					Vendor Total:	$80.52
OTHER SIDE OF THE RAINBOW	22188					
Check Group:						
Contract OT-F. Kennedy		1	0	033117 4/5/2017	10.5.2130.319.1342.22.00	$1,102.50
Contract OT/F. Kennedy		1	0	040717 4/7/2017	10.5.2130.319.1342.22.00	$1,260.00
					Check #: 0	
					PO/InvoiceTotal:	$2,362.50
					Vendor Total:	$2,362.50
PFEIFFER, KAREN						
Check Group:						
Monthly mileage reimbursement		1	0	033117 4/3/2017	10.5.1200.332.1342.19.00	$151.51
					Check #: 0	
					PO/InvoiceTotal:	$151.51
Check Group:						

Voucher Detail Listing

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Mileage Reimbursement for Professional Development ITDHH Annual Conference: Hearing Itinerant		1	964	041417 4/4/2017	10.5.2210.312.4620.24.07	$84.40
					Check #: 0	
					PO/InvoiceTotal:	$84.40
					Vendor Total:	$235.91
POINTER, BETTY	14221					
Check Group:						
Reimbursement for medical insurance		1	30	04.01.17 4/5/2017	10.5.2310.222.0000.11.00	$701.29
					Check #: 0	
					PO/InvoiceTotal:	$701.29
					Vendor Total:	$701.29
POLANSKI, TERRI						
Check Group:						
Monthly mileage reimbursement		1	0	033117 4/3/2017	10.5.1200.332.0000.15.00	$4.92
					Check #: 0	
					PO/InvoiceTotal:	$4.92
					Vendor Total:	$4.92
PRETE-STEWART, KRISTINA	19978					
Check Group:						
Monthly mileage reimbursement		1	0	033117KP 4/3/2017	10.5.1200.332.1342.19.00	$125.03
					Check #: 0	
					PO/InvoiceTotal:	$125.03
					Vendor Total:	$125.03
R C M TECHNOLOGIES						
Check Group:						

Voucher Detail Listing

Voucher Batch Number: 1312 04/13/2017

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Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Contract PT-S Melrose		1	0	70752262 4/3/2017	10.5.2130.319.1342.23.00	$6,768.00
SLP Contracted Services-J. Pajak		1	0	70752262 4/3/2017	10.5.2150.319.1342.24.00	$8,307.00
Contract OT-J. Sadek		1	0	70752262 4/3/2017	10.5.2130.319.1342.22.00	$8,468.00
					Check #: 0	
					PO/InvoiceTotal:	$23,543.00
					Vendor Total:	$23,543.00
RAVETTO, THOMAS B						
Check Group:						
Monthly mileage reimbursement		1	0	032417 4/3/2017	10.5.2130.332.1342.23.00	$16.05
					Check #: 0	
					PO/InvoiceTotal:	$16.05
Check Group:						
ELC OT/PT Health Supplies: Compression Shirts		1	966	041417 4/4/2017	10.5.2130.410.0000.15.00	$329.81
					Check #: 0	
					PO/InvoiceTotal:	$329.81
Check Group:						
Professional Development Mileage Reimbursement for Torticollis: Advanced Treatment of Infants and Children Conference		1	993	031317 4/7/2017	10.5.2210.312.4620.24.07	$40.66
					Check #: 0	
					PO/InvoiceTotal:	$40.66
					Vendor Total:	$386.52
Rayborn, Sabrina						
Check Group:						

Voucher Detail Listing

Voucher Batch Number: 1312 04/13/2017

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
Feb - Monthly mileage reimbursement		1	0	022417 4/4/2017	10.5.1200.332.0000.18.00		$13.64
March - Monthly mileage reimbursement		1	0	022417 4/4/2017	10.5.1200.332.0000.18.00		$16.85
Staff tuition reimbursment - 6 grad hours		1	0	Tuition041417 4/7/2017	10.5.2900.230.0000.11.00		$1,473.60
					Check #: 0		
						PO/InvoiceTotal:	$1,504.09
						Vendor Total:	$1,504.09
REED, BRIDGET	6947						
Check Group:							
Monthly mileage reimbursement		1	0	033117 4/3/2017	10.5.1200.332.1342.19.00		$148.52
					Check #: 0		
						PO/InvoiceTotal:	$148.52
						Vendor Total:	$148.52
REED, VALERIE							
Check Group:							
Monthly mileage reimbursement		1	0	032217 4/3/2017	10.5.1200.332.1342.19.00		$7.65
					Check #: 0		
						PO/InvoiceTotal:	$7.65
						Vendor Total:	$7.65
REPUBLIC SERVICES #721							
Check Group:							
Invoice # 0721-005438467 - Sanitation Services Main Bldg O&M - Trash/dumpster/recycling service to 1125 Division St. for the month of March 2017		1	990	0721-005438467 4/7/2017	10.5.2540.321.0000.28.30		$1,393.02

Voucher Detail Listing

Voucher Batch Number: 1312 **04/13/2017**

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Invoice #0721-005438467 - Sanation Services ALL O&M - Trash/dumpster service to 410 Ashland ave. for the month of March 2017		1	990	0721-005438467 4/7/2017	10.5.2540.321.0000.28.31	$505.02
					Check #: 0	
					PO/InvoiceTotal:	$1,898.04
					Vendor Total:	$1,898.04
SCHOOL DIST 169_205530	205530					
Check Group:						
Feb 2017 satellite classes breakfast/lunch		1	0	032317 4/4/2017	10.5.4190.690.0000.11.00	$1,064.20
					Check #: 0	
					PO/InvoiceTotal:	$1,064.20
					Vendor Total:	$1,064.20
SCHULTZ SUPPLY CO, INC	18746					
Check Group:						
Paper Goods Delivery		1	953	111293/109267 4/4/2017	10.5.2560.490.0000.29.00	$247.87
Paper Goods Credit		1	953	111293/109267 4/4/2017	10.5.2560.490.0000.29.00	($39.49)
					Check #: 0	
					PO/InvoiceTotal:	$208.38
Check Group:						
Paper goods Delivery		1	988	112544 4/7/2017	10.5.2560.490.0000.29.00	$275.59
Paper goods credit		1	988	112544 4/7/2017	10.5.2560.490.0000.29.00	($30.89)
					Check #: 0	
					PO/InvoiceTotal:	$244.70
					Vendor Total:	$453.08

Voucher Detail Listing

Voucher Batch Number: 1312 **04/13/2017**

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
SERTOMA CNTR-COMMUNICATIV	10078					
Check Group:						
Audiological Services for April		1	0	04.01.17 4/5/2017	10.5.2900.319.0000.11.00	$4,833.33
					Check #: 0	
					PO/InvoiceTotal:	$4,833.33
					Vendor Total:	$4,833.33
SOLIANT HEALTH	18281					
Check Group:						
Social Work Contract Services-L. Booth		1	0	8229205 4/3/2017	10.5.2110.319.1342.24.00	$2,450.00
Contract OT-K. O'Connor		1	0	8652391 4/3/2017	10.5.2130.319.1342.22.00	$2,502.50
Other Prof/Technical Services IES-M. Priest		1	0	8652554 4/7/2017	10.5.1200.319.0000.10.00	$2,450.00
Social Work Contract Services-L. Booth		1	0	8652559 4/3/2017	10.5.2110.319.1342.24.00	$2,450.00
Social Work Contract Services-L. Rubenstien		1	0	8652805 4/3/2017	10.5.2110.319.1342.24.00	$2,437.50
Contract OT-K. O'Connor		1	0	8669842 4/6/2017	10.5.2130.319.1342.22.00	$2,502.50
Social Work Contract Services-L. Rubenstien		1	0	8669903 4/6/2017	10.5.2110.319.1342.24.00	$2,156.25
Social Work Contract Services-L. Booth		1	0	8669928 4/6/2017	10.5.2110.319.1342.24.00	$2,450.00
Other Prof/Technical Services IES-M. Priest		1	0	8669936 4/6/2017	10.5.1200.319.0000.10.00	$2,450.00
					Check #: 0	
					PO/InvoiceTotal:	$21,848.75
					Vendor Total:	$21,848.75

Voucher Detail Listing

Fiscal Year: 2016-2017

Voucher Batch Number: 1312 **04/13/2017**

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
SPEEDWAY SUPERAMERICAS, L	409					
Check Group:						
Invoice Date 3/27/17 - Gasoline O&M - Gasoline charges for the dates of 2/28/17 - 3/27/17		1	977	Inv. Date 3/27/17 4/5/2017	10.5.2540.464.0000.28.30	$758.73
					Check #: 0	
					PO/InvoiceTotal:	$758.73
					Vendor Total:	$758.73
Summit Financial Resources, L.P.	104875					
Check Group:						
Commodities Delivery		1	947	S196528 4/4/2017	10.5.2560.490.0000.29.00	$144.96
					Check #: 0	
					PO/InvoiceTotal:	$144.96
					Vendor Total:	$144.96
SUNBELT STAFFING	23219					
Check Group:						
Other Prof/Technical Services IHS-S. Karim		1	0	8654551 4/3/2017	10.5.1200.319.0000.17.00	$868.00
Other Prof/Technical Services IHS-S. Karim		1	0	8672390 4/6/2017	10.5.1200.319.0000.17.00	$2,170.00
					Check #: 0	
					PO/InvoiceTotal:	$3,038.00
					Vendor Total:	$3,038.00
SUNGARD PUBLIC SECTOR	24015					
Check Group:						
eSchoolPlus & IEPPlus Monthly Maintenance: April 2017		1	985	187195 4/5/2017	10.5.1200.319.4620.24.07	$1,789.97
					Check #: 0	
					PO/InvoiceTotal:	$1,789.97

Voucher Detail Listing

Voucher Batch Number: 1312 04/13/2017

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account		Amount
						Vendor Total:	$1,789.97
T-MOBILE	23842						
Check Group:							
Cell Phone Service: February 2017		1	956	041417 4/4/2017	10.5.2900.340.0000.11.00		$1,259.85
					Check #: 0		
						PO/InvoiceTotal:	$1,259.85
Check Group:							
Cell Phone Service: January 2017		1	957	041417. 4/4/2017	10.5.2900.340.0000.11.00		$2,149.40
					Check #: 0		
						PO/InvoiceTotal:	$2,149.40
						Vendor Total:	$3,409.25
TRAVAGINI, AL	18246						
Check Group:							
Other Prof/Technical Services Pych IES		1	0	1308 4/6/2017	10.5.2140.319.0000.10.00		$3,600.00
					Check #: 0		
						PO/InvoiceTotal:	$3,600.00
						Vendor Total:	$3,600.00
WELKER ELISE	3601						
Check Group:							
Monthly mileage reimbursement		1	0	022217 4/3/2017	10.5.1200.332.0000.10.00		$23.27
Monthly mileage reimbursement		1	0	022217 4/3/2017	10.5.1200.332.0000.10.00		$32.10
					Check #: 0		
						PO/InvoiceTotal:	$55.37
						Vendor Total:	$55.37
WHITE, DOMININQUE							

Voucher Detail Listing

Voucher Batch Number: 1312 **04/13/2017**

Fiscal Year: 2016-2017

Vendor Remit Name / Description	Vendor #	QTY	PO No.	Invoice / Invoice Date	Account	Amount
Check Group:						
Monthly mileage reimbursement		1	0	032917 4/6/2017	10.5.1200.332.0000.13.00	$33.17
					Check #: 0	
					PO/InvoiceTotal:	$33.17
					Vendor Total:	$33.17
WIBERG, ILONA	3851					
Check Group:						
Monthly mileage reimbursement		1	0	033117 4/6/2017	10.5.1200.332.0000.13.00	$76.02
					Check #: 0	
					PO/InvoiceTotal:	$76.02
					Vendor Total:	$76.02
ZILIS, JESSI L						
Check Group:						
Monthly mileage reimbursement		1	0	032917 4/6/2017	10.5.1200.332.0000.13.00	$37.72
					Check #: 0	
					PO/InvoiceTotal:	$37.72
					Vendor Total:	$37.72
					Grand Total:	$153,439.27

End of Report