

Accounts Payable

To Be Paid Proof List

User: karolem
 Printed: 05/31/2017 - 3:27PM
 Batch: 00502.06.2017 - 652017



Description	Amount	Account	Acct Name	Invoice #	Inv Date	Pmt Date
Aflac						
030540						
Aflac Coverage/June 2017	225.58	01-000-2053	AFLAC	660649	5/31/2017	06/05/2017
Total:	225.58	*Vendor Total				
AT&T Global Services, Inc.						
023770						
Maintenance Contract/June 2017	157.17	01-430-4651	Telephone	IL828881	5/31/2017	06/05/2017
Total:	157.17	*Vendor Total				
Aurora Regional						
034120						
Annual Village Membership/thru June 2018	375.00	01-410-4390	Dues & Meetings	236290	5/31/2017	06/05/2017
Total:	375.00	*Vendor Total				
Euclid Managers						
049670						
Village Emp Life Ins/June 2017	18.00	01-430-4135	Life Insurance	062017 admn	5/31/2017	06/05/2017
Village Emp Life Ins/June 2017	13.14	01-441-4135	Life Insurance	062017 com d	5/31/2017	06/05/2017
Village Emp Life Ins/June 2017	106.20	01-440-4135	Life Insurance	062017 napd	5/31/2017	06/05/2017
Village Emp Life Ins/June 2017	36.00	01-445-4135	Life Insurance	062017 pwks	5/31/2017	06/05/2017
Em[olyee Short Term Disability Ins/June 2017	346.02	01-000-2057	Short-Term Disability	062017 std	5/31/2017	06/05/2017
Voluntary Emp Life Ins/June 2017	380.94	01-000-2052	Voluntary Life Insurance	062017 vol lf	5/31/2017	06/05/2017
Village Emp Life Ins/June 2017	18.00	60-445-4135	Life Insurance	062017 water	5/31/2017	06/05/2017
Total:	918.30	*Vendor Total				
Illinois Municipal League Risk						
003210						
July 4th 2017 Fireworks Coverage	100.00	14-430-4944	Liability Coverage	july 4 2017	5/31/2017	06/05/2017
NA Days 2017 Fireworks Coverage	100.00	14-430-4944	Liability Coverage	na days 2017	5/31/2017	06/05/2017
Total:	200.00	*Vendor Total				
Illinois Section Awwa						
025350						
Training/Water/Kick	60.00	60-445-4380	Training	200029614	5/31/2017	06/05/2017
Total:	60.00	*Vendor Total				
Sun Life Financial						
033620						

Description	Amount	Account	Acct Name	Invoice #	Inv Date	Pmt Date
Employee Dental Ins/June 2017	243.55	01-430-4136	Dental Insurance	6/2017 admn	5/31/2017	06/05/2017
Employee Dental Ins/June 2017	90.31	01-441-4136	Dental Insurance	6/2017 comm	5/31/2017	06/05/2017
Employee Dental Ins/June 2017	1,543.70	01-000-2054	Insurance Employee Reimburse	6/2017 emp p	5/31/2017	06/05/2017
Employee Dental Ins/June 2017	734.99	01-440-4136	Dental Insurance	6/2017 napd	5/31/2017	06/05/2017
Employee Dental Ins/June 2017	185.01	01-445-4136	Dental Insurance	6/2017 pwks	5/31/2017	06/05/2017
Employee Dental Ins/June 2017	-20.06	60-445-4136	Dental Insurance	6/2017 water	5/31/2017	06/05/2017
Total:	2,777.50	*Vendor Total				
United Healthcare						
051010						
Employee Health Care/June 2017	7,152.86	01-430-4130	Health Insurance	062017 admn	5/31/2017	06/05/2017
Employee Health Care/June 2017	3,233.48	01-441-4130	Health Insurance	062017 com d	5/31/2017	06/05/2017
Employee Health Care/June 2017	35,521.63	01-440-4130	Health Insurance	062017 napd	5/31/2017	06/05/2017
Employee Health Care/June 2017	9,830.61	01-445-4130	Health Insurance	062017 pwiks	5/31/2017	06/05/2017
Employee Health Care/June 2017	4,522.42	60-445-4130	Health Insurance	062017 water	5/31/2017	06/05/2017
Employee Health Care/June 2017	955.60	01-000-2055	Payroll Deductions	6/17 cobra	5/31/2017	06/05/2017
Employee Health Care/June 2017	1,908.30	01-000-2055	Payroll Deductions	6/17 pol pens	5/31/2017	06/05/2017
Employee Health Care/June 2017	1,810.87	01-000-2055	Payroll Deductions	6/17 rtreee ck	5/31/2017	06/05/2017
Total:	64,935.77	*Vendor Total				
Vision Service Plan (IL)						
042720						
Employee Vision Insurance/June 2017	470.26	01-000-2056	VSP - Employee Contributions	062017	5/31/2017	06/05/2017
Total:	470.26	*Vendor Total				
Weible & Cahill						
000520						
Liquor Liability/NA Days 2017	620.00	15-430-4751	North Aurora Days Expenses	9101	5/31/2017	06/05/2017
Total:	620.00	*Vendor Total				
Report Total:	70,739.58					