

Accounts Payable

To Be Paid Proof List

User: ABlaser
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Description	Amount	Account	Acct Name	Invoice #	Inv Date	Pmt Date
Aflac						
030540						
June 2018 - AFLAC	225.58	01-000-2053	AFLAC	796809	5/30/2018	06/04/2018
Total:	225.58	*Vendor Total				
AT&T Global Services, Inc.						
023770						
Maint Contract/June 2018	157.17	01-430-4651	Telephone	IL831946	5/30/2018	06/04/2018
Total:	157.17	*Vendor Total				
Aurora Regional						
034120						
Annual Membership Renewal	375.00	01-410-4390	Dues & Meetings	123543	5/30/2018	06/04/2018
Total:	375.00	*Vendor Total				
Clarke Environmental Mosquito						
000300						
Mosquito Spraying/June 2018	13,933.50	01-445-4521	Mosquito Control	001000526	4/25/2018	06/04/2018
Mosquito Spraying/July 2018	13,933.50	01-445-4521	Mosquito Control	001000962	4/25/2018	06/04/2018
Total:	27,867.00	*Vendor Total				
Euclid Managers						
049670						
Short-Term Disability/June 2018	321.93	01-000-2057	Short-Term Disability	6/1-6/30	5/30/2018	06/04/2018
Total:	321.93	*Vendor Total				
Gordon Flesch Co Inc.						
025070						
Copier Maint/CD	72.00	01-441-4510	Equipment/IT Maint	IN12263624	5/14/2018	06/04/2018
Total:	72.00	*Vendor Total				
Illinois Municipal League Risk						
003210						
Independence Day Fireworks Coverage	100.00	14-430-4944	Liability Coverage	04242018	4/24/2018	06/04/2018
Total:	100.00	*Vendor Total				

Description	Amount	Account	Acct Name	Invoice #	Inv Date	Pmt Date
Quality Concerts						
030560						
Deposit Stage/Sound NA Days	2,625.00	15-430-4751	North Aurora Days Expenses	04202018	5/30/2018	06/04/2018
Total:	2,625.00	*Vendor Total				
Sun Life Financial						
033620						
Dental Insurance-June 2018/Admin	255.52	01-430-4136	Dental Insurance	062018-001	5/17/2018	06/04/2018
Dental Insurance-June 2018/CD	74.27	01-441-4136	Dental Insurance	062018-002	5/17/2018	06/04/2018
Dental Insurance-June 2018/PD	782.72	01-440-4136	Dental Insurance	062018-003	5/17/2018	06/04/2018
Dental Insurance-June 2018/PW	229.46	01-445-4136	Dental Insurance	062018-004	5/17/2018	06/04/2018
Dental Insurance-June 2018/Water	129.40	60-445-4136	Dental Insurance	062018-005	5/17/2018	06/04/2018
Dental Insurance-June 2018/Employee	1,662.65	01-000-2054	Insurance Employee Reimburse	062018-006	5/17/2018	06/04/2018
Total:	3,134.02	*Vendor Total				
Vision Service Plan (IL)						
042720						
Vision-June 2018	493.72	01-000-2056	VSP - Employee Contributions	805235962	5/17/2018	06/04/2018
Total:	493.72	*Vendor Total				
Report Total:	35,371.42					