

Accounts Payable

To Be Paid Proof List

User: ablasr
 Printed: 05/28/2020 - 10:16AM
 Batch: 00502.06.2020



| Description | Amount | Account | Acct Name | Invoice # | Inv Date | Pmt Date |
|--|-----------|----------------------|------------------------------|-------------|-----------|------------|
| Euclid Managers | | | | | | |
| 049670 | | | | | | |
| Short-Term Disability- June 2020 | 357.54 | 01-000-2057 | Short-Term Disability | 05122020 | 5/12/2020 | 06/01/2020 |
| Total: | 357.54 | *Vendor Total | | | | |
| Melrose Pyrotechnics, Inc. | | | | | | |
| 051900 | | | | | | |
| July 3rd Fireworks- 1/2 Payment Per Addendum | 12,500.00 | 01-000-1382 | Prepaid Expense | 05262020 | 5/26/2020 | 06/01/2020 |
| Total: | 12,500.00 | *Vendor Total | | | | |
| Pitney Bowes Purchase Power | | | | | | |
| 029940 | | | | | | |
| Pre-Pay Postage Meter Refill- Admin | 375.00 | 01-430-4505 | Postage | 05112020-01 | 5/11/2020 | 06/01/2020 |
| Pre-Pay Postage Meter Refill- PW | 375.00 | 01-445-4505 | Postage | 05112020-02 | 5/11/2020 | 06/01/2020 |
| Pre-Pay Postage Meter Refill- Water | 375.00 | 60-445-4505 | Postage | 05112020-03 | 5/11/2020 | 06/01/2020 |
| Pre-Pay Postage Meter Refill- CD | 375.00 | 01-441-4505 | Postage | 05112020-04 | 5/11/2020 | 06/01/2020 |
| Total: | 1,500.00 | *Vendor Total | | | | |
| Sun Life Financial | | | | | | |
| 033620 | | | | | | |
| Dental Insurance- Admin/ June 2020 | 267.93 | 01-430-4136 | Dental Insurance | 05142020-01 | 5/14/2020 | 06/01/2020 |
| Dental Insurance- CommDev/ June 2020 | 118.43 | 01-441-4136 | Dental Insurance | 05142020-02 | 5/14/2020 | 06/01/2020 |
| Dental Insurance- PD/ June 2020 | 890.08 | 01-440-4136 | Dental Insurance | 05142020-03 | 5/14/2020 | 06/01/2020 |
| Dental Insurance- PW/ June 2020 | 390.23 | 01-445-4136 | Dental Insurance | 05142020-04 | 5/14/2020 | 06/01/2020 |
| Dental Insurance- Water/ June 2020 | 45.74 | 60-445-4136 | Dental Insurance | 05142020-05 | 5/14/2020 | 06/01/2020 |
| Dental Insurance- Employee/ June 2020 | 1,994.22 | 01-000-2054 | Insurance Employee Reimburse | 05142020-06 | 5/14/2020 | 06/01/2020 |
| Total: | 3,706.63 | *Vendor Total | | | | |
| Vision Service Plan (IL) | | | | | | |
| 042720 | | | | | | |
| Vision- June 2020 | 564.18 | 01-000-2056 | VSP - Employee Contributions | 809382759 | 5/17/2020 | 06/01/2020 |
| Total: | 564.18 | *Vendor Total | | | | |
| Report Total: | 18,628.35 | | | | | |