

Accounts Payable

To Be Paid Proof List

User: ablasr
 Printed: 06/03/2021 - 10:46AM
 Batch: 00502.06.2021



Description	Amount	Account	Acct Name	Invoice #	Inv Date	Pmt Date
Euclid Managers						
049670						
STD- June 2021	336.31	01-000-2057	Short-Term Disability	05142021	5/14/2021	06/07/2021
Total:	336.31	*Vendor Total				
Hach Company						
014100						
Hardness Test Kit	36.59	60-445-4562	Testing (water)	12475895	5/28/2021	06/07/2021
Total:	36.59	*Vendor Total				
IML Risk Management Association						
003210						
Fireworks Coverage	100.00	14-430-4944	Liability Coverage	05142021	5/14/2021	06/07/2021
Total:	100.00	*Vendor Total				
Kane County Chiefs of						
001920						
Membership Fees	750.00	01-440-4390	Dues & Meetings	1314	4/22/2021	06/07/2021
Total:	750.00	*Vendor Total				
Lexipol, LLC						
047050						
Yearly Fee	4,743.00	01-440-4390	Dues & Meetings	INVLEX1664	5/1/2021	06/07/2021
Yearly Fee	4,743.00	01-440-4380	Training	INVLEX1664	5/1/2021	06/07/2021
Total:	9,486.00	*Vendor Total				
North East Multi-Regional						
001520						
Yearly Membership	3,230.00	01-440-4390	Dues & Meetings	281668	3/22/2021	06/07/2021
Total:	3,230.00	*Vendor Total				
Pitney Bowes Purchase Power						
029940						
Pre-Pay Postage Meter Refill- Admin	375.00	01-430-4505	Postage	05022021-01	5/2/2021	06/07/2021
Pre-Pay Postage Meter Refill- PW	375.00	01-445-4505	Postage	05022021-02	5/2/2021	06/07/2021
Pre-Pay Postage Meter Refill- Water	375.00	60-445-4505	Postage	05022021-03	5/2/2021	06/07/2021
Pre-Pay Postage Meter Refill- CommDev	375.00	01-441-4505	Postage	05022021-04	5/2/2021	06/07/2021

Description	Amount	Account	Acct Name	Invoice #	Inv Date	Pmt Date
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Total:	1,500.00	*Vendor Total				
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Sun Life Financial

033620

Dental Insurance- Admin/ June 2021	292.16	01-430-4136	Dental Insurance	05142021-01	5/14/2021	06/07/2021
Dental Insurance- CommDev/ June 2021	118.43	01-441-4136	Dental Insurance	05142021-02	5/14/2021	06/07/2021
Dental Insurance- PD/ June 2021	1,048.49	01-440-4136	Dental Insurance	05142021-03	5/14/2021	06/07/2021
Dental Insurance- PW/ June 2021	383.64	01-445-4136	Dental Insurance	05142021-04	5/14/2021	06/07/2021
Dental Insurance- Water/ June 2021	45.74	60-445-4136	Dental Insurance	05142021-05	5/14/2021	06/07/2021
Dental Insurance- Employee/ June 2021	2,097.50	01-000-2054	Insurance Employee Reimburse	05142021-06	5/14/2021	06/07/2021

Total:	3,985.96	*Vendor Total				
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Report Total:	19,424.86					
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