

MOKENA SCHOOL DISTRICT 159

PAYMENT REQUEST

FY 25

Date: 3/27/2025

Check payable to: Alpha Building Maintenance

Description of purchase: Custodial services

Month of 03/01/2025 - 03/31/2025

Your "Description of Purchase" is a brief description that will be used in the accounting program



Invoice # or Customer Account #: 23480 MSD

Account #/Account Title: 20E030 2540 3200

Amount of Check: \$ 88,674.96

School: _____ Administrator's Signature: _____

SPECIAL INSTRUCTIONS:

- ☐ Return check to: _____
- ☐ Mail attachments with check _____
→ (Include 2 copies - one to keep on file with payreq and the other copy to send with check)
- ☐ Pre-pay Check Request

Staple all backup/receipt(s) to the back of this form. Keep copies for your records, submit originals, with an administrator's signature, to District Office, Attention: Accounts Payable

District Office use:

BATCH #: _____

Note: List Item(s) charged to CAPITAL equipment

Date of purchase: _____

Location: _____

Serial No.: _____

Model No: _____

updated: 09/2019

**Alpha Building Maintenance Service, Inc.**

15429 W. 139th Street

Homer Glen, IL 60491

815-485-8800 Fax: 815-485-9088

Invoice

DATE	INVOICE #
3/1/2025	23480 MSD

BILL TO
Mokena School District 159 District Office 11244 Willowcrest Lane Mokena, Illinois 60448

SERVICE LOCATION
Mokena School District 159 District Office 11244 Willowcrest Lane Mokena, IL 60448

P.O. NO.		TERMS		REP
		Net 15		WB
ITEM	DESCRIPTION	QTY	RATE	AMOUNT
FEE SERVICE	COST OF SERVICE FOR REGULAR JANITORIAL SERVICES PROVIDED FROM 03/01/25 TO 03/31/25.	1	88,674.96	88,674.96
Thank you. We appreciate your business.		Total		\$88,674.96

MOKENA SCHOOL DISTRICT 159

PAYMENT REQUEST

FY 25

Date: 4/9/2025

Check payable to:

Alpha Building Maintenance

Description of purchase:

Overtime services - (46 hours) plowing/salting D.Szaflarski
12/31/24 - 01/06/25

Overtime services - (24) salting M. Reyes, B. Alvarado, R. Alvarado, R. Scott 01/06/25-01/09/25

Your "Description of Purchase" is a brief description that will be used in the accounting program

Invoice # or Customer Account #:

23534 MSD

Account #/Account Title:

20E030 2540 3220

Amount of Check:

\$

3,500.00

School: _____ Administrator's Signature: _____



SPECIAL INSTRUCTIONS:

☐

Return check to: _____

☐

Mail attachments with check _____

→ (Include 2 copies - one to keep on file with payreq and the other copy to send with check)

☐

Pre-pay Check Request

Staple all backup/receipt(s) to the back of this form. Keep copies for your records, submit originals, with an administrator's signature, to District Office, Attention: Accounts Payable

District Office use:

BATCH #: _____

Note: List Item(s) charged to CAPITAL equipment

Date of purchase: _____

Location: _____

Serial No.: _____

Model No: _____

updated: 09/2019

**Alpha Building Maintenance Service, Inc.**15429 W. 139th Street
Homer Glen, IL 60491

815-485-8800 Fax: 815-485-9088

Invoice

DATE	INVOICE #
1/31/2025	23534 MSD

BILL TO
Mokena School District 159 District Office 11244 Willowcrest Lane Mokena, Illinois 60448

SERVICE LOCATION
Mokena School District 159 District Office 11244 Willowcrest Lane Mokena, IL 60448

P.O. NO.		TERMS		REP
		Net 15		WB
ITEM	DESCRIPTION	QTY	RATE	AMOUNT
EXTRA SERVI...	1. FOR PLOWING / SALTING 01/06 -12/31, 2025. 46 HOURS. DAWID SZAFLARSKI	46	50.00	2,300.00
EXTRA SERVI...	FOR SALTING 01/06 & 01/09, 2025 24 HOURS. MAURO REYES, BENTA & RICARDO ALVARADO, ROBERT SCOTT.	24	50.00	1,200.00
Thank you. We appreciate your business.		Total		\$3,500.00



ALPHA BUILDING MAINTENANCE SERVICES, INC.

15429 W 139th St

Homer Glen, IL 60491

815-485-8800 - fax 708-233-4105

Work Order

Job Name:	MAKENA SD159
Job Address:	11246 WILLOWCREST LN
Requested By:	DAVID RANA
Job Phone:	
Included in	
Contract #/C	
Note: IN CASE OF EMERGENCIES - CUSTOMER MUST SIGN THIS FORM AND AGREE TO PAY THE EXTRA HOURS @ A RATE OF: \$8 HOUR	

Start Date:	01/01/25
Completed Date:	01/31/25
Billable:	
Customer PO#:	
Customer:	
Signature:	
TOTAL TO BE BILLED:	
\$ 3450.00	

TERMS: All fees are Due on Completion.

DESCRIPTION OF WORK:

DAVID SZAFIARSKI			
1/6/25	6 hrs	plow/salting	Mauro Reyes
1/7/25	6 hrs	plow/salting	Salting MES
1/8/25	6 hrs	plow/salting	1/6 1h
1/9/25	6 hrs	plow/salting	1/7 1h
1/10/25	10 hrs	plow/salting	1/8 1h
1/12/25	6 hrs	plow/salting	1/9 1h
1/13/25	6 hrs	plow/salting	1/11h
Benito Alvarado Ricardo Alvarado Robert Scott			
1/6/25	1 hrs	1/10 1hr	1/6 1h 1/10 1h
1/7/25	1 hr	1/13 1hr	1/7 1h 1/13 1h
1/8/25	1 hr	1/8 1	1/8 1h
1/9/25	1 hr	1/9 1	1/9 1h

TOTAL HOURS ALLOWED	# OF WORKERS ALLOWED	For Office Use
70	5	\$50.00/HR

Supervisor:	Anna Beck
Signature:	<i>Anna Beck</i>
WB Initial:	
LG Initial:	
MK Initial:	

MOKENA SCHOOL DISTRICT 159

PAYMENT REQUEST

FY 25

Date: 4/9/2025



Check payable to: Alpha Building Maintenance

Description of purchase: Overtime services N. Czachor - (11 hours) plowing/salting
(18 hours) painting - (12 hours) letting contractors in & changing light figures in multi-purpose
room

Your "Description of Purchase" is a brief description that will be used in the accounting program

Invoice # or Customer Account #: 23535 MSD

Account #/Account Title: 20E030 2540 3220

Amount of Check: \$ 2,050.00

School: _____ Administrator's Signature: _____

SPECIAL INSTRUCTIONS:

☐

Return check to: _____

☐

Mail attachments with check _____

→ (Include 2 copies - one to keep on file with payreq and the other copy to send with check)

☐

Pre-pay Check Request

Staple all backup/receipt(s) to the back of this form. Keep copies for your records, submit originals, with an administrator's signature, to District Office, Attention: Accounts Payable

District Office use:

BATCH #: _____

Note: List Item(s) charged to CAPITAL equipment

Date of purchase: _____

Location: _____

Serial No.: _____

Model No: _____

updated: 09/2019

**Alpha Building Maintenance Service, Inc.**

15429 W. 139th Street

Homer Glen, IL 60491

815-485-8800 Fax: 815-485-9088

Invoice

DATE	INVOICE #
4/1/2025	23535 MSD

BILL TO
Mokena School District 159 District Office 11244 Willowcrest Lane Mokena, Illinois 60448

SERVICE LOCATION
Mokena School District 159 District Office 11244 Willowcrest Lane Mokena, IL 60448

P.O. NO.		TERMS		REP
		Net 15		WB
ITEM	DESCRIPTION	QTY	RATE	AMOUNT
EXTRA SERVI...	1. FOR SNOW PLOWING/ SALTING 2024 & 2025. 11 HOURS. NICK CZACHOR	11	50.00	550.00
EXTRA SERVI...	FOR PAINTING. 2/27-02/28, 2025	18	50.00	900.00
EXTRA SERVI...	FOR LETTING CONTRACTORS IN & CHANGING LIGHT FIGURES IN MULTI-PURPOSE ROOM - 2024.	12	50.00	600.00
Thank you. We appreciate your business.		Total		\$2,050.00



ALPHA BUILDING MAINTENANCE SERVICES, INC.

15429 W 139th St

Homewood, IL 60491

815-485-8800 - fax 708-233-4105

Work Order

Job Name:	MOKEWA SD 159
Job Address:	11244 WILLOWCREST LN
Requested By:	DAVID RANA
Job Phone:	
Included in	
Contract N/C	
Note: IN CASE OF EMERGENCIES - CUSTOMER MUST SIGN THIS FORM AND AGREE TO PAY THE EXTRA HOURS @ A RATE OF \$22.50 PER HOUR	

Start Date:	12/1/24
Completed Date:	12/31/24
Billing:	
Customer PO#:	
Customer	
Signature:	
TOTAL TO BE BILLED:	
\$ 2050 -	

TERMS: All fees are Due on Completion.

DESCRIPTION OF WORK:

NICK CRACHOR
12/10 2hrs snow plow
2/27 9hrs painting
2/28 4hrs painting
1/6/25 2hrs salting / plow
1/12/25 4hrs snow plow
1/10/25 4hrs snow plow
1/13/25 1 salting
12/18/24 1 hrs plowing
12/24/24 4 let contractors in
12/31/24 8 let contractors in
Lights MES Multipurpose
1/7/25 Salting 1hrs

TOTAL HOURS ALLOWED	# OF WORKERS ALLOWED	For Office Use
4.1		\$ 2,000.00

Supervisor:	Anna Buck
Signature:	
WB Initial:	
LG Initial:	
MK Initial:	

Online Bill Pay - Pay Bills

Pay Bills

Thank you for submitting your payment(s). We will begin processing your payment at 2:00 PM Central Time on 03/20/2025 . Until that time, you can delete or change your payment by using the Update Payments option. Please use the **Track Payments** option to check the status of your payment.

Payment Released by: Kim Zupancich

Released On: March 20, 2025 09.53am

The confirmation number(s) below verify that you authorize Health Care Service Corporation to debit your bank account for the amount shown.

Billing Profiles	Requested Payment	Confirmation Number	Payment Sent To Bank Date	Clearing Date
0000379231 ALL SUBSCRIBERS	\$221,798.93	2560111966	03/20/2025	03/21/2025

Please tear off and return the coupon below with your payment.

K. Zepancich
3/20/25



**Blue Cross Blue Shield
of Illinois**

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross Blue Shield Association.

Corp Code: IL1
Account Number: 347111
Profile Number: 0000379231
Account Name: MOKENA SCHOOL DISTRICT #159

03/18/25

Blue Cross Blue Shield
of Illinois
P.O. Box 650615
Dallas, TX 75265-0615

RECONCILIATION (to be completed by customer)

Total Amount Due: \$441,707.26

Please indicate amount paid:

\$221,798.93

To avoid delays in processing your Membership Changes, please do not include
them with your payment.

DO NOT WRITE BELOW THIS LINE

IL1 000347111 7 0000379231 4 20250401 0000044170726 00163 0000000000 04



Blue Cross Blue Shield of Illinois

P.O. Box 660603
Dallas, TX 75266-0603

PROFILE # 0000379231

ATTN: TERI SHAW
CHIEF SCHOOL BUSINESS OFF

MOKENA SCHOOL DISTRICT #159
11244 WILLOWCREST LANE
MOKENA IL 60448-1334

7148

About the Bill...

Each section of the bill will provide you with information to reflect the status of your Account's enrollment as of the date the billing was prepared. Additions, cancellations, terminations, adjustments, and other needed information will be clearly identified so that you can prepare your Account's payment for the forthcoming period with a minimum of time and effort.

How to Read the Bill...

The bill is divided into three sections:

The Bill Summary,
Subscriber Fees List,
Rate and Exposure Tables

Also, included with your bill is a Payment Coupon.

Bill Summary:

The first line in the summary is the amount due from the previous bill. All activities such as payments and adjustments are individually listed. Charges included in the billing period are summarized by Current Subscriber Fees, which represent the fees calculated for the current bill period, and Subscriber Fee Adjustments, which represent adjustments to prior periods occurring since the last bill. The last line of the summary indicates the total amount due.

Subscriber Fees:

Each of your subscribers will be identified on this report. Columns will identify the appropriate Category, Product, Rate Tier, and Rate for each subscriber. In addition, an explanation is provided for any adjustments to the subscriber fee.

Rate Table:

The Rate Table will confirm the charged rates for the latest billing period by rate structure and product.

Exposure Table:

The Exposure table will summarize the number of members by product and rate structure relative to your account in effect at the end of this billing period. In addition, if the family unit is split between Non-Medicare and Medicare Primary, their counts will appear in the Split row. This will provide you with verification that all of your subscribers have been accounted for on the bill.

Payment Coupon:

When returned to us with your payment, the Payment Coupon will enable us to more quickly credit your account. Simply fill in the dollar amount of your payment and return the coupon with your check in the envelope provided, making sure our address shows through the window.

Online Bill Payment is here. It's easy to view and print your statements online.

Learn how to sign-up at http://www.bcbsil.com/employer/safe_secure.htm



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross Blue Shield Association.

Remittance Address:
Blue Cross Blue Shield
of Illinois
P.O. Box 650615
Dallas, TX 75265-0615

For All Billing Inquiries Call:
800-414-7147

Account:	347111 - MOKENA SCHOOL DISTRICT #159	
Profile:	0000379231 - ALL SUBSCRIBERS	7148
Bill Date:	03-17-2025	Payment Due Date: 04-01-2025
Bill Period:	04-01-2025 to 05-01-2025	Page 2

BILL SUMMARY

Previous Amount Billed

Payments

NONE

Adjustments

NONE

Total Payments and Adjustments

Remaining Balance

Charges

Current Charges
Subscriber Fee Adjustments

Total Fees

Total Amount Due

Date	Activity	Total Due
		\$219,908.33

.00

.00

\$.00

\$219,908.33

220,971.70
827.23

\$221,798.93

\$441,707.26



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Dallas, TX 75265-0615

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Account:	347111 - MOKENA SCHOOL DISTRICT #159		
Profile:	0000379231 - ALL SUBSCRIBERS		
Bill Date:	03-17-2025	Payment Due Date:	04-01-2025
Bill Period:	04-01-2025 to 05-01-2025		
		Page	3
			7148

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	PRODUCT	TIER	CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES	TOTAL CHARGES
000837307811	ALBON, VICTORIA	0001	0007-PPO+	SUB			1,063.37	1,063.37
000810935113	ALDERDEN, AARON	0001	0007-PPO+	SUB			1,063.37	1,063.37
000843959525	ALTAKRITI, NISRIN	0001	0007-PPO+	SUB			1,063.37	1,063.37
000821812395	ALVEY, THANE	0001	0001-BLUEH	CH1+			1,640.64	1,640.64
000807264793	ANDRESEN, JAYMIE	0001	0012-BLUECS	SPS+			2,762.48	2,762.48
000812819955	ANDREWS, SARAH	0001	0007-PPO+	SUB			1,063.37	1,063.37
000828622593	BALTZER, CHERYL	0001	0012-BLUECS	SPS			1,891.85	1,891.85
000843227442	BARR, KATHERINE	0001	0007-PPO+	SUB			1,063.37	1,063.37
000831065273	BARTOLINI, LAUREN	0001	0007-PPO+	SUB			1,063.37	1,063.37
000838902173	BERNDT, SANDRA	0001	0007-PPO+	SUB			1,063.37	1,063.37
000845281574	BERRY, MELISSA	0001	0012-BLUECS	SUB			885.42	885.42
000830249603	BLANK, DEBI	0001	0007-PPO+	SPS			2,272.12	2,272.12
000840180619	BLAZEK, GINA	0001	0001-BLUEH	SUB			827.23	827.23
000814066620	BOGUSZ, LISA	0001	0007-PPO+	SUB			1,063.37	1,063.37
000821144248	BORLEE, SARAH C.	0001	0012-BLUECS	SUB			885.42	885.42
000822584825	BOSS, ANDREW	0001	0012-BLUECS	SPS+	Member Add 02/14/2025		2,762.48	2,762.48
000827859968	BRODZINSKI, SUZANNA	0001	0001-BLUEH	SPS			1,767.55	1,767.55
000809385732	BULLINGTON, LAUREN	0001	0012-BLUECS	SUB			885.42	885.42
000831901516	BUM, JIHEE J.	0001	0001-BLUEH	SUB			827.23	827.23
00083363491	BURBAGE, MARLO A.	0001	0007-PPO+	SUB			1,063.37	1,063.37
000921256970	BURNS, MICHAEL J.	0001	0001-BLUEH	SUB			827.23	827.23
000838181275	CANNING, SHERYL	0001	0012-BLUECS	SPS+			2,762.48	2,762.48
000810128239	CATAIN, SAMANTHA L.	0001	0007-PPO+	SUB			1,063.37	1,063.37
000833743004	CHENEY, REBECCA	0001	0001-BLUEH	CH1+			1,640.64	1,640.64
000836957517	CHEVALIER, MELISSA	0001	0007-PPO+	SUB			1,063.37	1,063.37
000826194855	CLIFFORD, VICTORIA	0001	0007-PPO+	SUB			1,063.37	1,063.37
000832461647	COLTRI SMILES, TINA	0001	0012-BLUECS	SUB			885.42	885.42
000809280789	DEWIT, JACQUELINE C.	0001	0007-PPO+	SUB			1,063.37	1,063.37
000827495461	DRAEGER, AMANDA	0001	0007-PPO+	CH1+			2,108.98	2,108.98
000830839401	ECHAVARRIA, JOSHUA L.	0001	0007-PPO+	SUB			1,063.37	1,063.37
000812593040	ECHOLS, AMARI	0001	0007-PPO+	SUB			1,063.37	1,063.37
000839389033	EDWARDS, HEIDI L.	0001	0001-BLUEH	SUB			827.23	827.23
000823321079	ENNS, JENNA R.	0001	0007-PPO+	SUB			1,063.37	1,063.37
000843334359	ERB, AMY K.	0001	0007-PPO+	CH1+			2,108.98	2,108.98
000845626323	ESGAR, HEATHER	0001	0001-BLUEH	CH1+			1,640.64	1,640.64
000821363232	ESSARY, MARY	0001	0001-BLUEH	CH1+			1,640.64	1,640.64
000822626262	FIENE, LISA	0001	0007-PPO+	SUB			1,063.37	1,063.37
000814157731	FLESHER, BRIANNA	0001	0007-PPO+	SUB			1,063.37	1,063.37
000829442755	FRAINEY, TRACI M.	0001	0001-BLUEH	SPS+			2,580.95	2,580.95

Tier Identifier
M = Medicare
P = Split Medicare



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Remittance Address:
Blue Cross Blue Shield
of Illinois
P.O. Box 650615
Dallas, TX 75265-0615

For All Billing Inquiries Call:
800-414-7147

Account:	347111 - MOKENA SCHOOL DISTRICT #159		
Profile:	0000379231 - ALL SUBSCRIBERS		
Bill Date:	03-17-2025	Payment Due Date:	04-01-2025
Bill Period:	04-01-2025 to 05-01-2025		
		Page	4
			7148

SUBSCRIBER FEES								
SUBSCRIBER	NAME	CAT	PRODUCT	TIER	CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES	TOTAL CHARGES
000823065344	FRANK, LAUREN	0001	0012-BLUECS	CHI+			1,756.03	1,756.03
000823292365	FUGETT, DINA	0001	0012-BLUECS	CHI+			1,756.03	1,756.03
000826438746	GARCIA, VERONICA	0001	0001-BLUEH	SUB			827.23	827.23
000827520368	GARITTY, SARAH	0001	0007-PPO +	SUB			1,063.37	1,063.37
000814808053	GELLERT, MATTHEW	0001	0012-BLUECS	SUB			885.42	885.42
000821166900	GOODKIND, NICOLE E.	0001	0001-BLUEH	SPS+			2,580.95	2,580.95
000826182475	GRABOWSKI, CARRIE	0001	0007-PPO +	CHI+			2,108.98	2,108.98
000808656066	GREEN, HEATHER	0001	0007-PPO +	SUB			1,063.37	1,063.37
000836527193	GRICE, JANET	0001	0007-PPO +	SUB			1,063.37	1,063.37
000840903043	GRIMES, CRYSTAL	0001	0012-BLUECS	SUB			885.42	885.42
000825343997	HELSEL, JACLYN E.	0001	0007-PPO +	CHI+			2,108.98	2,108.98
000842757721	HENSON, LINCOLN	0001	0007-PPO +	SPS+			3,317.72	3,317.72
000828186110	HENTSCH, BRITTANY L.	0001	0007-PPO +	SUB			1,063.37	1,063.37
000838833583	HIPPLEHEUSER, STEPHEN	0001	0001-BLUEH	SPS			1,767.55	1,767.55
000826755039	HORSCH, MEGAN E.	0001	0012-BLUECS	SUB			885.42	885.42
000838974506	HORVATH, SHARON	0001	0007-PPO +	CHI+			2,108.98	2,108.98
000840414501	HUERTA, FABIOLA	0001	0007-PPO +	SUB			1,063.37	1,063.37
000811652982	INESON, EMILY A.	0001	0012-BLUECS	SUB			885.42	885.42
000833641762	ISDONAS, SUZANNE M.	0001	0001-BLUEH	CHI+			1,640.64	1,640.64
000834043060	JANES, MARGARET	0001	0001-BLUEH	SPS+			2,580.95	2,580.95
000841455170	JOHNSON, KRISTIN	0001	0007-PPO +	SPS+			3,317.72	3,317.72
000847385395	JONES, KATHERINE	0001	0012-BLUECS	SUB			885.42	885.42
000827550454	KAZ, KAREN	0001	0001-BLUEH	SPS			1,767.55	1,767.55
000833799438	KEARNEY, MICHELLE E.	0001	0007-PPO +	SUB			1,063.37	1,063.37
000815928355	KELLY, ERIN M.	0001	0007-PPO +	SUB			1,063.37	1,063.37
000847944408	KINSELLA-LACNY, ANDREA	0001	0007-PPO +	SUB			1,063.37	1,063.37
000842483500	KITTLER, STACIE A.	0001	0001-BLUEH	SUB			827.23	827.23
000826628245	KLAPPAUF, KIMBERLY	0001	0007-PPO +	SUB			1,063.37	1,063.37
000813708354	KMAK, KELLY	0001	0007-PPO +	SUB			1,063.37	1,063.37
000839782584	LABNO, DANA A.	0001	0007-PPO +	SUB			1,063.37	1,063.37
000807273453	LAGUNAS, NADIA	0001	0007-PPO +	SUB			1,063.37	1,063.37
000835714483	LAMKIN, COLLIN	0001	0007-PPO +	SUB			1,063.37	1,063.37
000811548928	LAUZZE, KELLY	0001	0007-PPO +	SUB			1,063.37	1,063.37
000833434545	LAVELLE, STACEY L.	0001	0007-PPO +	SUB			1,063.37	1,063.37
000825967274	LEGRAND, KELLY	0001	0001-BLUEH	SUB			827.23	827.23
000834556612	LEWANDOWSKI, ANN M.	0001	0012-BLUECS	SUB			885.42	885.42
000841125831	LODES, LUANN	8888	0001-BLUEH	SUB			827.23	827.23
000836317179	LOPEZ-COSME, DIANA	0001	0007-PPO +	CHI+			2,108.98	2,108.98
000823354301	LORUSSO, SARAH	0001	0007-PPO +	SUB			1,063.37	1,063.37

Tier Identifier
M = Medicare
P = Split Medicare



Blue Cross Blue Shield of Illinois

A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross Blue Shield Association.

Remittance Address:
Blue Cross Blue Shield
of Illinois
P.O. Box 650615
Dallas, TX 75265-0615

For All Billing Inquiries Call:
800-414-7147

Account:	347111 - MOKENA SCHOOL DISTRICT #159		
Profile:	0000379231 - ALL SUBSCRIBERS		
Bill Date:	03-17-2025	Payment Due Date:	04-01-2025
Bill Period:	04-01-2025 to 05-01-2025		
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SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	PRODUCT	TIER	CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES	TOTAL CHARGES
000829124013	LUCAS-NIHEI, JESSICA N.	0001	0007-PPO+	SUB			1,063.37	1,063.37
000827168510	LYNN, KELLY	0001	0012-BLUECS	SPS+			2,762.48	2,762.48
000837534226	MACIE, JENNIFER L.	0001	0001-BLUEH	SPS+			2,580.95	2,580.95
000824901199	MARTIN, MELISSA	0001	0007-PPO+	SUB			1,063.37	1,063.37
000831534526	MARTIN, TAYLOR L.	0001	0007-PPO+	SUB			1,063.37	1,063.37
000842779491	MARTINUS, CRAIG	0001	0001-BLUEH	SUB			827.23	827.23
000837401466	MATT, MICHELLE	0001	0007-PPO+	SUB			1,063.37	1,063.37
000823437023	MCATEE, DAVID	0001	0007-PPO+	SPS			2,272.12	2,272.12
000825642671	MCCUTCHEON, KARIN	0001	0007-PPO+	SUB			1,063.37	1,063.37
000811211201	MEAD, PAMELA	0001	0007-PPO+	SUB			1,063.37	1,063.37
000841287771	MEEHAN, LORI	0001	0007-PPO+	SUB			1,063.37	1,063.37
000824082535	MENA, KELLI	0001	0007-PPO+	SUB			1,063.37	1,063.37
000832787620	MILLER, DIANE	0001	0007-PPO+	SUB			1,063.37	1,063.37
000824017385	MONGE, DAVID E.	0001	0007-PPO+	SUB			1,063.37	1,063.37
000832702230	MONTGOMERY, AUBREY	0001	0007-PPO+	SUB			1,063.37	1,063.37
000842132418	MUCENSKI, JESSICA L.	0001	0007-PPO+	SUB			1,063.37	1,063.37
000827217443	MUELLERSCHOEN, JUDY	0001	0001-BLUEH	SUB			827.23	827.23
000836697675	MUNCH, LUKE	0001	0001-BLUEH	SPS+			2,580.95	2,580.95
000843529934	MUNDT, MEGAN	0001	0001-BLUEH	SPS+			2,580.95	2,580.95
000809392131	MURRAY, BRIAN	0001	0007-PPO+	SUB			1,063.37	1,063.37
000809485876	NYDER, VICTORIA D.	0001	0007-PPO+	SUB			1,063.37	1,063.37
000845744530	OKRASINSKI, JAMIE	0001	0007-PPO+	SUB			1,063.37	1,063.37
000813914977	OROZCO, DESERAE R.	0001	0001-BLUEH	SUB			827.23	827.23
00080503758	PETERS, LISA	0001	0012-BLUECS	SUB			885.42	885.42
000834314395	PIERIK, ALEXANDRIA	0001	0001-BLUEH	SPS+			2,580.95	2,580.95
000838814155	PINKUL, JOSEPH J.	0001	0001-BLUEH	SUB			827.23	827.23
000810524382	POSPISHIL, BRITTANY	0001	0007-PPO+	SUB			1,063.37	1,063.37
000824618909	POULSEN, JIMMIE	0001	0001-BLUEH	SUB	Subscriber Add 03/13/2025	827.23	827.23	1,654.46
000829408831	PUFAHL, NATALIE	0001	0001-BLUEH	CH1+			1,640.64	1,640.64
000805390968	RAMOS-ESPINOSA, ANDREA	0001	0007-PPO+	SUB			1,063.37	1,063.37
000828943642	RANA, DAVID	0001	0007-PPO+	SPS+			3,317.72	3,317.72
000828457587	ROBERT, LINDSAY M.	0001	0001-BLUEH	SUB			827.23	827.23
000830827921	ROBERTS, STEVE	0001	0007-PPO+	SUB			1,063.37	1,063.37
000828667371	RODRIGUEZ, JAVIER	0001	0001-BLUEH	SUB			827.23	827.23
000828642046	ROLINITIS, MICHAEL L.	0001	0007-PPO+	SPS+			3,317.72	3,317.72
000835495317	RUIZ, NICHOLAS	0001	0007-PPO+	SUB			1,063.37	1,063.37
000835538598	RUSSO, CINDY	0001	0007-PPO+	SUB			1,063.37	1,063.37
000822366860	SCHOENECKER, JACLYN A.	0001	0001-BLUEH	CH1+			1,640.64	1,640.64
000813304030	SCHOENEMAN, KELLIE	0001	0012-BLUECS	SUB			885.42	885.42

Tier Identifier
M = Medicare
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A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
an Independent Licensee of the Blue Cross Blue Shield Association.

Remittance Address:
Blue Cross Blue Shield
of Illinois
P.O. Box 650615
Dallas, TX 75265-0615

For All Billing Inquiries Call:
800-414-7147

Account:	347111 - MOKENA SCHOOL DISTRICT #159		
Profile:	0000379231 - ALL SUBSCRIBERS		
Bill Date:	03-17-2025	Payment Due Date:	04-01-2025
Bill Period:	04-01-2025 to 05-01-2025		
		Page	6
			7148

SUBSCRIBER FEES		NAME	CAT	PRODUCT	TIER	CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES	TOTAL CHARGES
SUBSCRIBER									
000810374041	SCHROEDER, HANNAH M.	0001	0001-BLUEH	CH1+				1,640.64	1,640.64
000827258720	SCHUBBE, KRISTEN	0001	0001-BLUEH	SUB				827.23	827.23
000823925870	SENAFE-HERNANDEZ, JESSICA	0001	0007-PPO+	SUB				1,063.37	1,063.37
000841889883	SENDERA, MONICA	0001	0007-PPO+	CH1+				2,108.98	2,108.98
000825871928	SHAUGHNESSY, DONALD	0001	0001-BLUEH	SUB				827.23	827.23
000850778375	SHAW, TERI	0001	0007-PPO+	SPS+				3,317.72	3,317.72
000829042937	SIEVERT, DANIELLE	0001	0012-BLUECS	CH1+				1,756.03	1,756.03
000845508123	SORLEY, CHERYL L.	0001	0007-PPO+	SUB				1,063.37	1,063.37
000842525969	SPASOJEVIC, VIOLETA	0001	0007-PPO+	SUB				1,063.37	1,063.37
000824030747	STACY, DAWN	0001	0007-PPO+	SUB				1,063.37	1,063.37
000835363355	STEC, NICOLE	0001	0001-BLUEH	CH1+				1,640.64	1,640.64
000831630585	STOFFA, CHERIE L.	0001	0012-BLUECS	CH1+				1,756.03	1,756.03
000827675087	STORINO, CYNTHIA	0001	0001-BLUEH	CH1+				1,640.64	1,640.64
000843488761	STREET, ANGELA M.	0001	0007-PPO+	SUB				1,063.37	1,063.37
000843993225	SULLIVAN, HEATHER	0001	0007-PPO+	CH1+				2,108.98	2,108.98
000813084943	SWABOWSKI, DANIELLE M.	0001	0007-PPO+	SUB				1,063.37	1,063.37
000834312571	SWIFT, MONICA	0001	0007-PPO+	CH1+				2,108.98	2,108.98
000921345709	TABOR, THERESA	0001	0007-PPO+	SUB				1,063.37	1,063.37
000921157641	TEHAKO, MALLORY	0001	0012-BLUECS	SPS+				2,762.48	2,762.48
000826305652	TERRELL, LYNN	0001	0001-BLUEH	SUB				827.23	827.23
000832118736	THIEMAN, DANIELLE	0001	0007-PPO+	SUB				1,063.37	1,063.37
000839047752	TIELBUR, BRITTANY	0001	0001-BLUEH	SUB				827.23	827.23
000845459074	TILTON, KARA	0001	0012-BLUECS	SUB				885.42	885.42
000822993523	TOTSCH, VICTORIA	0001	0007-PPO+	SUB				1,063.37	1,063.37
000821497445	ULRICH, RITA	0001	0007-PPO+	SUB				1,063.37	1,063.37
000842288251	UVA, JENNA L.	0001	0001-BLUEH	SPS+				2,580.95	2,580.95
000839948612	VEITH, JILLIAN M.	0001	0001-BLUEH	SUB				827.23	827.23
000838667220	VERSETTO, DONNA	0001	0001-BLUEH	SUB				827.23	827.23
000835245437	VICICH, ASHLEY	0001	0012-BLUECS	CH1+				1,756.03	1,756.03
000849447856	VOLLMAN, MEGAN A.	0001	0012-BLUECS	SUB				885.42	885.42
000848775215	VROOM, PAUL D.	0001	0012-BLUECS	CH1+				1,756.03	1,756.03
000809895219	WALKER, ERVIN	0001	0012-BLUECS	SUB				885.42	885.42
000822596439	WALKER, JANET	0001	0007-PPO+	SUB				1,063.37	1,063.37
000836901665	WARDELL, EMILY A.	0001	0007-PPO+	SUB				1,063.37	1,063.37
000833188013	WEBER, LEANNE	0001	0007-PPO+	CH1+				2,108.98	2,108.98
000833997480	WEST, RICHARD	0001	0007-PPO+	SUB				1,063.37	1,063.37
000825135000	WILKINSON, CHRISTINE	0001	0007-PPO+	CH1+				2,108.98	2,108.98
000840356058	WILLIAMS, CANDY	0001	0007-PPO+	SUB				1,063.37	1,063.37
000820148807	WOERNER, NANCY E.	0001	0001-BLUEH	SUB				827.23	827.23

Member Reinstated 07/01/2024

Tier Identifier
M = Medicare
P = Split Medicare



A Division of Health Care Service Corporation, a Mutual Legal Reserve Company,
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Remittance Address:
Blue Cross Blue Shield
of Illinois
P.O. Box 650615
Dallas, TX 75265-0615

For All Billing Inquiries Call:
800-414-7147

Account:	347111 - MOKENA SCHOOL DISTRICT #159		
Profile:	0000379231 - ALL SUBSCRIBERS		
Bill Date:	03-17-2025	Payment Due Date:	04-01-2025
Bill Period:	04-01-2025 to 05-01-2025		
		Page	7
		7148	

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	PRODUCT	TIER	CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES	TOTAL CHARGES
000827008926	YORKMAN, ANGELA T.	0001	0007-PPO+	SUB			1,063.37	1,063.37
000835955130	YOUNGBLOOD, SHARON	0001	0007-PPO+	SUB			1,063.37	1,063.37
000809173759	ZADLO, JENNIFER	0001	0007-PPO+	SUB			1,063.37	1,063.37
000843305365	ZUPANCICH, KIMBERLY A.	0001	0007-PPO+	SUB			1,063.37	1,063.37
TOTAL FEES						827.23	220,971.70	221,798.93

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P.O. Box 650615
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Bill Date:	03-17-2025	Payment Due Date:	04-01-2025
Bill Period:	04-01-2025 to 05-01-2025		
			8

RATE TABLE FOR 07-01-2024 TO CURRENT

Benefit Agreement	Rate Class	Subscriber (SUB)	Subscriber + Spouse (SPS)	Subscriber + Children (CH1 +)	Subscriber + Spouse + Children (SPS +)
0001 - BLUEH NHHB103	Non-Medicare	827.23	1,767.55	1,640.64	2,580.95
0001 - BLUEH NHHB103	Medicare Primary	482.70	965.40	965.40	965.40
0007 - PPO + MPP73436	Non-Medicare	1,063.37	2,272.12	2,108.98	3,317.72
0007 - PPO + MPP73436	Medicare Primary	620.50	1,240.99	1,240.99	1,240.99
0012 - BLUECS MIBCS2030	Non-Medicare	885.42	1,891.85	1,756.03	2,762.48
0012 - BLUECS MIBCS2030	Medicare Primary	516.65	1,033.29	1,033.29	1,033.29
0014 - BLUEOP MICOE4064	Non-Medicare	796.73	1,702.36	1,580.14	2,485.77
0014 - BLUEOP MICOE4064	Medicare Primary	464.89	929.78	929.78	929.78

EXPOSURE TABLE

Benefit Agreement	Rate Class	Subscriber (SUB)	Subscriber + Spouse (SPS)	Subscriber + Children (CH1 +)	Subscriber + Spouse + Children (SPS +)
0001 - BLUEH NHHB103	Non-Medicare	22	3	10	8
0001 - BLUEH NHHB103	Medicare Primary	0	0	0	0
0007 - PPO + MPP73436	Non-Medicare	72	2	11	5
0007 - PPO + MPP73436	Medicare Primary	0	0	0	0
0012 - BLUECS MIBCS2030	Non-Medicare	15	1	6	5
0012 - BLUECS MIBCS2030	Medicare Primary	0	0	0	0
0014 - BLUEOP MICOE4064	Non-Medicare	0	0	0	0
0014 - BLUEOP MICOE4064	Medicare Primary	0	0	0	0

Vendor Number: _____

FY25

Write check to: _____ Himes, Petrarca and Fester _____ 4/7/2025

Legal bills 3/1-3/31/2025

Invoice number/date _____ 51257 _____

Amount of invoice: _____ \$6,867.00 _____

Account Number : _____ 10E020 2310 3180 _____

Check Number: _____ (district office use)

_____ (district office use)



School: _____ DISTRICT _____ Administrator Signature

SPECIAL INSTRUCTIONS:

- c Return check to: _____
- c Mail attachments with check _____
- c Other: _____

Note: If Items) are charged to equipment Inventory Tag No.: _____

please fill out the following: Location: _____

Serial No.: _____

Attach backup/receipt(s) to this form. Keep copies for your records, submit originals, with an administrator's signature, to District Office, Attention: Accounts Payable



HIMES, PETRARCA & FESTER

ATTORNEYS AT LAW · CHARTERED

180 N STETSON, SUITE 3100
CHICAGO, ILLINOIS 60601-6702
TAXPAYER ID # 36-2813428

SENT VIA E-MAIL

April 1, 2025

Billed through	03/31/2025	
Invoice No.	51257	
Client number	Z5380	JEF
Matter number	00000	

BOARD OF EDUCATION
MOKENA SCHOOL DISTRICT NO. 159
11244 WEST WILLOWCREST LANE
MOKENA, IL 60448

ATTORNEY-CLIENT PRIVILEGED:
Consult legal counsel before public disclosure

SCHOOL LAW

TOTAL FEES \$6,867.00

TOTAL CHARGES FOR THIS MATTER \$6,867.00

PLEASE REMIT PAYMENT TO:

Himes, Petrarca & Fester
180 N. Stetson, Suite 3100
Chicago, IL 60601-6702

For Billing or Payment Inquiries; contact Accounting at (312) 565-3100



HIMES, PETRARCA & FESTER

ATTORNEYS AT LAW · CHARTERED

180 N STETSON, SUITE 3100
CHICAGO, ILLINOIS 60601-6702
TAXPAYER ID # 36-2813428
SENT VIA E-MAIL

FOR BILLING INQUIRIES CONTACT ACCOUNTING AT (312) 565-3100

April 1, 2025

Billing through 03/31/2025

Invoice No. 51257 JEF

BOARD OF EDUCATION
MOKENA SCHOOL DISTRICT NO. 159
11244 WEST WILLOWCREST LANE
MOKENA, IL 60448

Client Number Z5380
Matter Number 00000

ATTORNEY-CLIENT PRIVILEGED:
Consult legal counsel before public disclosure

SCHOOL LAW

FOR PROFESSIONAL SERVICES RENDERED

03/03/2025	TELEPHONE CONFERENCE WITH SUPERINTENDENT RE: BUS DRIVER MATTER	0.20	\$63.00
03/03/2025	TELEPHONE CONFERENCE WITH SUPERINTENDENT RE: PARENT NIGHT QUESTION	0.20	\$63.00
03/04/2025	TELEPHONE CONFERENCE WITH SUPERINTENDENT RE: MCSA NEGOTIATIONS	0.20	\$63.00
03/05/2025	REVIEWED PARENT EMAIL COMPLAINT RE: RC MATTER	0.20	\$63.00
03/05/2025	REVIEWED ISBE CLOSURE NOTICE RE: GD COMPLAINT	0.20	\$63.00
03/05/2025	PREPARE FOR AND ATTEND NEGOTIATIONS SESSION AT DISTRICT OFFICES RE: MCSA NEGOTIATIONS	3.70	\$1,165.50
03/06/2025	DRAFT EMAIL TO SUPERINTENDENT STEIN RE: RESPONSE TO PARENT COMPLAINT EMAIL	0.20	\$63.00
03/06/2025	TELEPHONE CONFERENCE WITH MS. MUNDT RE: PARENT COMPLAINT AND KM MATTER	0.30	\$94.50
03/06/2025	TELEPHONE CONFERENCE WITH MR. STEIN RE: PARENT EMAIL COMPLAINT	0.20	\$63.00
03/12/2025	FINALIZED DISMISSAL OF DUE PROCESS AND EXCHANGED EMAILS WITH HEARING OFFICER AND OPPOSING COUNSEL RE: KM	0.30	\$94.50
03/12/2025	REVIEW CORRESPONDENCE FROM SUPERINTENDENT; REVIEW PROPOSALS AND OPTIONS RE: MCSA NEGOTIATIONS	0.80	\$252.00
03/12/2025	PREPARE FOR AND ATTEND NEGOTIATIONS SESSION AT DISTRICT OFFICES RE: MCSA NEGOTIATIONS	4.00	\$1,260.00
03/17/2025	REVIEW AND ANALYZE HIGH ROADS DOCUMENTATION AND PREPARE EMAIL TO SEND TO OPPOSING COUNSEL RE: KM RECORDS DEFICIENCIES	0.70	\$220.50
03/17/2025	TELEPHONE CONFERENCE WITH MS. MUNDT RE: KM MATTER	0.30	\$94.50
03/18/2025	TELEPHONE CONFERENCE WITH SUPERINTENDENT RE: MCSA NEGOTIATIONS	0.20	\$63.00
03/19/2025	TELEPHONE CONFERENCE WITH MS. MUNDT RE: KM PLACEMENT PREPARATIONS	0.20	\$63.00

ATTORNEY-CLIENT PRIVILEGED:
Consult legal counsel before public disclosure

03/19/2025	REVIEW INTERGOVERNMENTAL AGREEMENT; REVIEW AND REVISE DRAFT; DRAFT CORRESPONDENCE TO ASSISTANT SUPERINTENDENT SHAW RE: PARK DISTRICT AGREEMENT	1.60	\$504.00
03/19/2025	REVIEW CORRESPONDENCE FROM SUPERINTENDENT; REVIEW AGENDA; TELEPHONE CONFERENCE WITH SUPERINTENDENT RE: ADMINISTRATOR CONTRACTS	0.30	\$94.50
03/21/2025	SENT EMAIL TO OPPOSING COUNSEL RE: KM TRANSITION TO HIGH ROADS	0.20	\$63.00
03/24/2025	EXCHANGED COMMUNICATIONS WITH MS MUNDT RE: KM TRANSITION MEETING	0.20	\$63.00
03/24/2025	REVIEW CORRESPONDENCE FROM SUPERINTENDENT; DRAFT AND REVIEW TEMPLATE; REVIEW ISBE RECORDS; DRAFT RESPONSE RE: FOIA REQUESTS	0.70	\$220.50
03/25/2025	REVIEWED EMAIL FROM MS. MUNDT; REVIEWED PARENT EMAIL; TELEPHONE CONFERENCE WITH MS. MUNDT RE: NURSING OPTION	0.60	\$189.00
03/25/2025	REVIEW CORRESPONDENCE FROM SUPERINTENDENT; REVIEW COMPLAINTS AND RESPONSE; DRAFT RESPONSE TO SUPERINTENDENT RE: PARENT COMPLAINTS	0.20	\$63.00
03/25/2025	REVIEW CORRESPONDENCE FROM ASSISTANT SUPERINTENDENT SHAW; REVIEW CONTRACT; DRAFT RESPONSE RE: ROOF CONTRACT	0.40	\$126.00
03/26/2025	REVIEWED EMAIL FROM MS. MUNDT, REVIEWED RECORDS, DRAFTED EMAIL TO OPPOSING COUNSEL AND TELEPHONE CONFERENCE WITH MS. MUNDT RE: KM TRANSITION TO HIGH ROADS	0.50	\$157.50
03/27/2025	REVIEWED COMMUNICATION FROM AL'S ADVOCATE; TELEPHONE CONFERENCE WITH MS. MUNDT	0.50	\$157.50
03/27/2025	REVIEWED UPDATE RE: JF NURSING MATTER	0.10	\$31.50
03/27/2025	TELEPHONE CONFERENCE WITH MS. MUNDT AND REVIEWED COMMUNICATIONS RE: KM TRANSITION TO HIGH ROADS	0.50	\$157.50
03/27/2025	REVIEW CORRESPONDENCE FROM SUPERINTENDENT; DRAFT RESPONSE RE: FOIA'S	0.20	\$63.00
03/27/2025	REVIEW CORRESPONDENCE FROM SUPERINTENDENT; TELEPHONE CONFERENCE WITH BOARD PRESIDENT AND SUPERINTENDENT RE: BOARD MEETING QUESTION	0.30	\$94.50
03/27/2025	REVIEW CORRESPONDENCE FROM TEAM MEMBERS; REVIEW OPTIONS; TELEPHONE CONFERENCE WITH SUPERINTENDENT AND ASSISTANT SUPERINTENDENT SHAW RE: MCSA NEGOTIATIONS	1.40	\$441.00
03/28/2025	REVIEWED EMAILS FROM MS. MUNDT; DRAFTED EMAIL TO PARENT; TELEPHONE CONFERENCE WITH MS. MUNDT; REVIEWED PARENT AND HIGH ROADS EMAILS RE: KM	1.50	\$472.50
03/28/2025	REVIEW CORRESPONDENCE FROM BOARD MEMBER OOST; DRAFT RESPONSES; REVIEW STATUS OF PROPOSALS AND OPTIONS RE: MCSA NEGOTIATIONS	0.50	\$157.50
03/28/2025	TELEPHONE CONFERENCE WITH SUPERINTENDENT AND ASSISTANT SUPERINTENDENT SHAW RE: BUS DRIVER MATTER	0.20	\$63.00

TOTAL FEES FOR THIS MATTER

\$6,867.00

ATTORNEY-CLIENT PRIVILEGED: Consult legal counsel before public disclosure

BILLING SUMMARY

TOTAL FEES	\$6,867.00
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TOTAL CHARGES FOR THIS BILL	\$6,867.00
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MOKENA SCHOOL DISTRICT 159

PAYMENT REQUEST

FY 25

Date: 3/27/2025

Check payable to: Will County ROE

Description of purchase: (39) Background checks

Your "Description of Purchase" is a brief description that will be used in the accounting program

Invoice # or Customer Account #: 02/28/2025

Account #/Account Title: 10E030 2643 3180

Amount of Check: \$1,680.00

School: _____ Administrator's Signature: _____

SPECIAL INSTRUCTIONS:

- ☐ Return check to: _____
- ☐ Mail attachments with check _____
→ (Include 2 copies - one to keep on file with payreq and the other copy to send with check)
- ☐ Pre-pay Check Request

Staple all backup/receipt(s) to the back of this form. Keep copies for your records, submit originals, with an administrator's signature, to District Office, Attention: Accounts Payable

District Office use:

BATCH #: _____

Note: List Item(s) charged to CAPITAL equipment

Date of purchase: _____

Location: _____

Serial No.: _____

Model No: _____

updated: 09/2019



Will County Regional Office of Education
116 N Chicago St. Suite 400, Joliet, IL 60432
Phone: (815) 462-5400

INVOICE

Date: 02/28/2025

Mokena 159
11244 W. Willowcrest Ln.
Mokena, IL 60448-1398

AMOUNT DUE: **\$1,680.00**

Quantity	Description	Total
39	Criminal History Records Check	\$1,680.00

EMPLOYEES PROCESSED:

02/04/2025	Martinez, Roberto - Alpha	\$45.00	New
02/06/2025	Serna, Maria - Alpha	\$45.00	New
02/04/2025	Yanes, Noris - Alpha	\$45.00	New
02/04/2025	Maravilla, Maria - Alpha	\$45.00	New
02/04/2025	Ayala, Stefany - Alpha	\$45.00	New
02/04/2025	Duarte Lozada, Yoana - Alpha	\$45.00	New
02/05/2025	Orduno, Amalia - Alpha	\$45.00	New
02/05/2025	Orduno, Noel - Alpha	\$45.00	New
02/06/2025	Frainey, Megan - Sub (paid)	\$45.00	New
02/05/2025	Martello, Alexandria - Contract Sped	\$45.00	New
02/05/2025	Villa de Alvarado, Benita - Alpha	\$45.00	New
02/05/2025	Alvarado, Ricardo - Alpha	\$45.00	New
02/05/2025	Reyes, Mauro - Alpha	\$45.00	New
02/06/2025	Scott, Robert - Alpha	\$45.00	New
02/06/2025	Szaflarski, David - Alpha	\$45.00	New
02/06/2025	Czachor, Nicholas - Alpha	\$45.00	New
02/05/2025	Mszal, Janina - Alpha	\$45.00	New
02/05/2025	Leja, Maria - Alpha	\$45.00	New
02/10/2025	Budz, Anna - Alpha	\$45.00	New
02/10/2025	Magierska, Maria - Alpha	\$45.00	New
02/10/2025	Beauchamp, Bruce - Alpha	\$45.00	New
02/10/2025	Martinez, Roberto - Alpha	\$20.00	Redo
02/10/2025	Orduno, Macrina - Alpha	\$45.00	New
02/11/2025	Martello, Alexandria - Contract SPED	\$20.00	Redo
02/20/2025	Moreno, Lanie - Contract SPED	\$45.00	New
02/20/2025	Tierney, Sharon - Contract SPED	\$45.00	New
02/18/2025	Reif, Tamara - Contract SPED	\$45.00	New
02/20/2025	Cole, Payton - Contract SPED	\$45.00	New
02/20/2025	Darling, Rebecca - Contract SPED	\$45.00	New
02/19/2025	Alvarado, Gabriela - Alpha	\$45.00	New
02/19/2025	Fernandez, Ivan - Alpha	\$45.00	New
02/19/2025	Santos, Enedina - Alpha	\$45.00	New
02/25/2025	Villalobos Reyna, Anahy - Alpha	\$45.00	New
02/25/2025	Orduno Carreno, Maria - Alpha	\$45.00	New
02/25/2025	Ruvalcaba, Diana - Alpha	\$45.00	New
02/25/2025	Green, Heather - Teacher - Need for ROE Audit	\$45.00	New
02/24/2025	Draeger, Amanda - Teacher - Need for ROE Audit	\$45.00	New
02/24/2025	Reif, Tamara - Contract SPED	\$20.00	Redo
02/26/2025	Poulsen, Jimmie - Bus Driver	\$45.00	New

V. Zupancich
3/11/25

MOKENA SCHOOL DISTRICT 159

PAYMENT REQUEST

FY 25

Date: 4/7/2025

Check payable to: Will County ROE

Description of purchase: (9) Background checks

Your "Description of Purchase" is a brief description that will be used in the accounting program

Invoice # or Customer Account #: 04/01/2025

Account #/Account Title: 10E030 2643 3180

Amount of Check: \$330.00

School: _____ Administrator's Signature: _____

SPECIAL INSTRUCTIONS:

- ☐ Return check to: _____
- ☐ Mail attachments with check _____
→ (Include 2 copies - one to keep on file with payreq and the other copy to send with check)
- ☐ Pre-pay Check Request

Staple all backup/receipt(s) to the back of this form. Keep copies for your records, submit originals, with an administrator's signature, to District Office, Attention: Accounts Payable

District Office use:

BATCH #: _____

Note: List Item(s) charged to CAPITAL equipment

Date of purchase: _____

Location: _____

Serial No.: _____

Model No: _____

updated: 09/2019



Will County Regional Office of Education
116 N Chicago St. Suite 400, Joliet, IL 60432
Phone: (815) 462-5400

INVOICE

Date: 04/01/2025

Mokena 159
11244 W. Willowcrest Ln.
Mokena, IL 60448-1398

AMOUNT DUE: **\$330.00**

Quantity	Description	Total
9	Criminal History Records Check	\$330.00 ✓

EMPLOYEES PROCESSED:

03/04/2025	Gutkowski, Teresa → Young Rembrants	\$45.00	New
03/04/2025	Cook, Paige	\$45.00	New
03/05/2025	Labno, Dana - Sped Teacher	\$45.00	New
03/06/2025	Moreno, Lanie - SPED (Hillmann)	\$20.00	Redo
03/05/2025	Gray-Mitchell, Tatyana - Maxim Nurse	\$45.00	New
03/06/2025	Tierney, Sharon - SPED (Hillmann)	\$20.00	Redo
03/11/2025	Fedor, Rachael - Spanish Club	\$45.00	New
03/10/2025	Smith, Dameron - Maxim Nurse	\$45.00	New
03/25/2025	Gutkowski, Teresa - Young Rembrants	\$20.00	Redo

K. Zupancich
4/7/2025

Mokena School District 159

Expenses for Month of:
MARCH 2025
for

Check No. _____

Date: _____

Lincoln-Way Area Special Education District 843

Account No.	Amount	Description
10E008.4120.6740		Multi-Needs/Autism (IDEA)
10E008.4120.6740		SELF Program Costs (IDEA)
10E010.4122.6740	\$34,502.86	Multi-Needs/Autism
10E010.4122.6740	\$38,709.25	SELF Program Costs
10E010.4123.3000	\$341.53	Hearing Itinerant
10E010.4123.3010		Vision Itinerant
10E010.4123.3020		Braille Services
10E010.4123.3030		Orientation and Mobility
10E010.4123.3040	\$2,948.28	Occupational Therapy
10E010.4123.3050	\$65.37	Physical Therapy
10E010.4124.3010	\$9,170.28	1:1 Aides/Contracted Staff
10E010.4124.3010		1:1 Aides (sub aides)/CIBS
10E010.4124.3030		Assistive Technology
10E010.4124.3080	\$218.67	Audiological Evaluations
10E010.4120.3110	\$1,976.88	Administrative Support
10E010.1200.3000		Purchased Services
10E010.1200.4100		Student Supplies
20E010.4120.3090		SP ED CO-OP BUILD MAINT
30E030.5200.6900		Cooperative Bond Payments
40E010.2559.3310		843 Contract Transportation
40E010.4124.3100	\$9,249.12	Bus Monitors

\$97,182.24**Total Remittance to LWASE #843**

Administrator's Signature: _____





**Lincoln-Way Area Special Education
Joint Agreement District 843**

Invoice

TO: District #159

Mokena S.D.
11244 W. Willowcrest
Mokena, IL 60448

DATE 4/1/2025

DATE	DESCRIPTION	CHARGES	CREDIT	BALANCE
		BALANCE FORWARD:		
4/1/2025	April Tuition & Related Charges (see attached) <i>Note: The 24-25 Agreement with KASEC has a rate of \$120/hr for audiological services. They have only been billing us at a rate of \$100/hr. You will see the adjustment on their invoice that is attached.</i> Due to the Cooperative: May 1, 2025	\$ 97,182.24		\$97,182.24

Please pay last amount in Balance column

Address questions to Sarah Rexroad (815) 806-4600

MAKE ALL CHECKS PAYABLE TO: Lincoln-Way Area Special Education

THANK YOU!

It was our pleasure serving you.

Account # Dist. 159

Amount Enclosed \$ _____

Lincoln-Way Area Special Education
Joint Agreement District 843
601 Willow Street
Frankfort, IL 60423

LINCOLN-WAY AREA SPECIAL EDUCATION DISTRICT #843**2024-2025 TUITION BILLING****FOR MOKENA SCHOOL DISTRICT**

#159

FOR THE MONTH OF:**APRIL****Education****Program Tuition**

Multi-Needs/Autism	\$	34,502.86
Social Emotional Learning Foundations	\$	38,709.25
Extended School Year	\$	-
CIBS/SUBS	\$	-

Itinerant Programs

Hearing Impaired	\$	341.53
Visually Impaired	\$	-
Brailling	\$	-
Orientation and Mobility	\$	-
Occupational Therapy	\$	2,948.28
Physical Therapy	\$	65.37

Services Provided to Districts

Contracted Staff/1:1 Aides	\$	9,170.28
Audiological Evaluation	\$	-
Administrative Support	\$	1,976.88

FY24 Reconciliation

\$ -

Miscellaneous Charges

\$ 218.67

TOTAL EDUCATION

\$ 87,933.12

Operations and Maintenance

Cooperative Building and Maintenance Charges	\$	-
Cooperative Bond Payments	\$	-

TOTAL OPERATIONS AND MAINTENANCE

\$ -

Transportation

Transportation Operations	\$	-
Bus Monitors	\$	9,249.12

TOTAL TRANSPORTATION

\$ 9,249.12

GRAND TOTAL

\$ 97,182.24

RD	StartDate	DataDropped	LastName	FirstName	AttendingSchool I CSY	Program CSY	Tuition Cost	Individual Aide Cost	Occupational Therapist Cost	Physical Therapist Cost	Hearing Itinerant Cost	Vision Itinerant Cost	O&M Specialist Cost	OT Total Weekly	PT Total Weekly	HI Total Weekly	VI Total Weekly	O&M Total Weekly
159	1/9/2025		Martino	Layla	MJH	159	\$ 4,224.84	\$ -	\$ -	\$ -	\$ 341.53	\$ -	\$ -	\$ -	-	32.22	-	-
159	2/27/2025		Gaddis	Antonio	Pioneer Grove	AIM I	\$ 4,224.84	\$ -	\$ 230.40	\$ -	\$ -	\$ -	\$ -	30.00	-	-	-	-
159	12/19/2024		Varela	Jose	Pioneer Grove	AIM I	\$ 4,224.84	\$ -	\$ 384.00	\$ -	\$ -	\$ -	\$ -	50.00	-	-	-	-
159	1/16/2025		Abazid	Mohammed	Pioneer Grove	AIM II	\$ 4,224.84	\$ 4,585.14	\$ 247.45	\$ -	\$ -	\$ -	\$ -	32.22	-	-	-	-
159	3/14/2025		Tzamas	Easton	Pioneer Grove	AIM II	\$ 4,224.84	\$ 4,585.14	\$ 403.20	\$ -	\$ -	\$ -	\$ -	52.50	-	-	-	-
159	8/21/2024		McDonald	Clyde	Pioneer Grove	AIM III	\$ 4,224.84	\$ -	\$ 499.20	\$ -	\$ -	\$ -	\$ -	65.00	-	-	-	-
159	2/25/2025		Vaughn	Cayden	Pioneer Grove	Multineeds II	\$ 4,224.84	\$ -	\$ 51.23	\$ 65.37	\$ -	\$ -	\$ -	6.67	6.67	-	-	-
159	11/8/2024		Gercken	Noah	Pioneer Grove	SCILS I	\$ 4,224.84	\$ -	\$ 364.80	\$ -	\$ -	\$ -	\$ -	47.50	-	-	-	-
159	11/22/2024		Wyack	Logan	Pioneer Grove	SCILS I	\$ 4,224.84	\$ -	\$ 172.80	\$ -	\$ -	\$ -	\$ -	22.50	-	-	-	-
159	8/21/2024		Cosme	Noah	MES	SELF	\$ 4,692.03	\$ -	\$ 115.20	\$ -	\$ -	\$ -	\$ -	15.00	-	-	-	-
159	8/21/2024		Faddah	Samuel	MES	SELF	\$ 4,692.03	\$ -	\$ 38.40	\$ -	\$ -	\$ -	\$ -	5.00	-	-	-	-
159	1/16/2025		Henly	Nila	MES	SELF	\$ 5,865.04	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-
159	8/21/2024		Master-Daney	Kamryn	MES	SELF	\$ 4,692.03	\$ -	\$ 230.40	\$ -	\$ -	\$ -	\$ -	30.00	-	-	-	-
159	8/21/2024		Richardson	Killian	MES	SELF	\$ 4,692.03	\$ -	\$ 57.60	\$ -	\$ -	\$ -	\$ -	7.50	-	-	-	-
159	1/30/2025		Taylor	Jensen	MJH	SELF	\$ 4,692.03	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	-	-	-	-	-
159	1/30/2025		Thomsen	Reagan	MJH	SELF	\$ 4,692.03	\$ -	\$ 76.80	\$ -	\$ -	\$ -	\$ -	10.00	-	-	-	-
159	8/21/2024		Verde	Maximus	MES	SELF	\$ 4,692.03	\$ -	\$ 76.80	\$ -	\$ -	\$ -	\$ -	10.00	-	-	-	-
159 Total							\$ 73,212.11	\$ 9,170.28	\$ 2,948.28	\$ 65.37	\$ 341.53	\$ -	\$ -	\$ 383.89	\$ 6.67	\$ 32.22	-	-

Invoice

Kankakee Area
Special
Education
Cooperative

P.O. Box 71

St. Anne, IL 60964



INVOICE DETAILS:

Invoice # 126
Date of Issue 03/03/2025
Due Date Upon Receipt

BILL TO:

ncolnway Area Special Education Cooperative
Business Office

ITEM/SERVICE	DESCRIPTION	AMOUNT
Services	February, 2025	\$1,229.25
Services	Billing adjustment (Audiological rate) 109 hours total (Aug-Jan)	\$2,180.00
TOTAL		\$3,409.25



SW

CONDITIONS/INSTRUCTIONS

Detailed descriptions for each item/service are attached to this invoice. Moving forward all invoices will be sent out on a monthly basis. Additionally, as of 10/10/24 all payments that are 60 days past due will have a 5% late fee assessed. Prompt payment is appreciated. For questions please contact Lindsey Coffey at coffeyl@kasec.org. Thank you!



District: Lincolnway Area Special Education

Billing Timeframe: February 2025

PROGRAM OR SERVICE	STUDENT	START DATE	END DATE	DAYS	SERVICE MINUTES	PER MINUTES	ANNUAL MINUTES	TUITION/RATE	MONTHLY COST
Alternative Day Program	x								\$0.00
								SUBTOTAL	\$0.00
Communication Program	x								\$0.00
								SUBTOTAL	\$0.00
Transition Program	x								\$0.00
								SUBTOTAL	\$0.00
1:1 Paraprofessional	x								\$0.00
								SUBTOTAL	\$0.00
OT	x								\$0.00
Audiology	x								\$150.00
Speech	x							\$120.00/hr	\$0.00
Vision	x								\$0.00
O&M	x								\$0.00
								SUBTOTAL	\$150.00
Service Assessment								\$12,951.00/annual	\$1,079.25
								SUBTOTAL	\$1,079.25
								TOTAL	\$1,229.25

Date	Student	District	Service	Hours
2/27/2025	L. Skelnik	161	Equipment	0.5
2/27/2025	L. Skelnik	161	Communication	0.25
2/27/2025	L. Skelnik	161	Paperwork	0.5
			Total	1.25

Audiological Services breakdown: March 2025

DISTRICT	HOURS	Rate	March	Previous Hours	Rate Correction	Billing Adjustment
Manhattan 114	0	120	0.00	29.75	20.00	595.00
Frankfort 157C	0	120	0.00	27.25	20.00	545.00
Mokena 159	0	120	0.00	0	20.00	0.00
Summit Hill 161	1.25	120	150.00	4.75	20.00	95.00
Lincolnway 210	0	120	0.00	47.25	20.00	945.00
LWASE	0	120	0.00	0	20.00	0.00
TOTAL	1.25		150.00	109		2,180.00

Service Assessment breakdown: March 2025

DISTRICT	Annual Cost	Monthly Cost	Due to Date	Billed to Date	Balance Due YTD	Bill this month
Manhattan 114	1,643.00	136.92	1,232.25	1,589.95	-357.70	0
Frankfort 157C	2,260.00	188.33	1,695.00	1,506.67	188.33	188.33
Mokena 159	1,312.00	109.33	984.00	655.99	328.01	218.67
Summit Hill 161	2,034.00	169.50	1,525.50	1,080.07	445.43	272.59
Lincolnway 210	5,702.00	475.17	4,276.50	3,801.33	475.17	399.66
LWASE	0.00	0.00	0.00	0.00	0.00	
TOTAL	12,951.00	1,079.25	9,713.25	8634.01	1,079.24	1,079.25

Equipment/Supplies purchased March 2025

DISTRICT	
Manhattan 114	0.00
Frankfort 157C	0.00
Mokena 159	0.00
Summit Hill 161	0.00
Lincolnway 210	0.00
LWASE	0.00
TOTAL	0.00

TOTAL DUE TO KASEC: 3,409.25

DISTRICTS TO BE BILLED:

Manhattan 114	595.00
Frankfort 157C	733.33
Mokena 159	218.67
Summit Hill 161	517.59
Lincolnway 210	1,344.66
LWASE	0.00

GRAND TOTAL 3,409.25

INVOICE



ExperiGreen Chicago

(844) 397-3744

ExperiGreen.com

Invoice 6601370

Total Charge \$670.00

Service Address

Customer No 4956210

Dave Rana

Mokena Elementary School Dist. 159

11244 Willowcrest

Mokena IL 60448

Specialist 002-Jesus Macias

Essential Lawn Round 1

03/26/25

Total Charge

\$670.00

Today I applied a combination Professional Fertilizer and Crabgrass pre-emergent to prevent Crabgrass and other "grass like" weeds from invading your lawn. Broadleaf weeds such as Dandelions and Henbit will be treated on your next regular visit when they are active and growing.

As your ExperiGreen representative, I take great pride in the care of your lawn. If you have any questions or concerns, please call me right away.

Payment due upon receipt. Please enclose remittance with payment. Your invoice is subject to 1.5% interest charge after 30 days.



Billing Information

Dave Rana

Mokena School District 159

11244 Willowcrest

Mokena IL 60448

Amount

Check

Charge my:



Card #

Exp:

Security
Code

Signature

Customer No 4956210

Total Charge \$670.00

ExperiGreen Chicago

Payment Center

3840 Edison Lakes Parkway

Mishawaka, IN 46545

Invoice 6601370



Invoice reprinted from website

INVOICE



ExperiGreen Chicago

(844) 397-3744

ExperiGreen.com

Invoice 6615638

Total Charge \$375.00

Service Address

Customer No 4956212

Dave Rana

Mokena Intermediate School Dist. 159

11331 195th St

Mokena IL 60448

Specialist 002-Jesus Macias

Essential Lawn Round 1

04/01/25

Total Charge

\$375.00

Today I applied a combination Professional Fertilizer and Crabgrass pre-emergent to prevent Crabgrass and other "grass like" weeds from invading your lawn. Broadleaf weeds such as Dandelions and Henbit will be treated on your next regular visit when they are active and growing.

As your ExperiGreen representative, I take great pride in the care of your lawn. If you have any questions or concerns, please call me right away.

Payment due upon receipt. Please enclose remittance with payment. Your invoice is subject to 1.5% interest charge after 30 days.



Billing Information

Dave Rana

Mokena School District 159

11244 Willowcrest

Mokena IL 60448

Amount	Check
--------	-------

Charge my:



Card #

Exp:

Signature

Security
Code

Customer No 4956212

Total Charge \$375.00

ExperiGreen Chicago

Payment Center

3840 Edison Lakes Parkway

Mishawaka, IN 46545

Invoice 6615638



Invoice reprinted from website

INVOICE



ExperiGreen Chicago

(844) 397-3744

ExperiGreen.com

Invoice 6615639

Total Charge \$555.00

Service Address

Customer No 4956213

Dave Rana

Mokena Junior High School Dist.159

19815 Kirkstone Way

Mokena IL 60448

Specialist 002-Jesus Macias

Essential Lawn Round 1

04/01/25

Total Charge

\$555.00

Today I applied a combination Professional Fertilizer and Crabgrass pre-emergent to prevent Crabgrass and other "grass like" weeds from invading your lawn. Broadleaf weeds such as Dandelions and Henbit will be treated on your next regular visit when they are active and growing.

As your ExperiGreen representative, I take great pride in the care of your lawn. If you have any questions or concerns, please call me right away.

Payment due upon receipt. Please enclose remittance with payment. Your invoice is subject to 1.5% interest charge after 30 days.



Billing Information

Dave Rana

Mokena School District 159

11244 Willowcrest

Mokena IL 60448

Amount	Check
--------	-------

Charge my:



Card #

Exp:

Signature

Security
Code

Customer No 4956213

Total Charge \$555.00

ExperiGreen Chicago

Payment Center

3840 Edison Lakes Parkway

Mishawaka, IN 46545

Invoice 6615639



Invoice reprinted from website

INVOICE



ExperiGreen Chicago

(844) 397-3744

ExperiGreen.com

Invoice 6615640

Total Charge \$275.00

Service Address

Customer No 6815338

David Rana

19815 Kirkstone Way

Mokena IL 60448

Specialist 002-Jesus Macias

Essential Lawn Round 1

04/01/25

Total Charge \$275.00

Today I applied a combination Professional Fertilizer and Crabgrass pre-emergent to prevent Crabgrass and other "grass like" weeds from invading your lawn. Broadleaf weeds such as Dandelions and Henbit will be treated on your next regular visit when they are active and growing.

As your ExperiGreen representative, I take great pride in the care of your lawn. If you have any questions or concerns, please call me right away.

Payment due upon receipt. Please enclose remittance with payment. Your invoice is subject to 1.5% interest charge after 30 days.



Billing Information

Dave Rana

11244 Willowcrest

Mokena IL 60448

Amount	Check
--------	-------

Charge my:



Card #

Exp:

Signature

Security
Code

Customer No 6815338

Total Charge \$275.00

ExperiGreen Chicago

Payment Center

3840 Edison Lakes Parkway

Mishawaka, IN 46545

Invoice 6615640



Invoice reprinted from website

HOME DEPOT- FRANKFORT

INVOICE #	DATE	O&M repair supplies - MES	O&M repair supplies- MIS	Grounds supplies	MES repair/repalce	O&M repair supplies	Total
9013928	03/03/25		\$122.85				\$122.85
1623412	03/11/25			\$99.22			\$99.22
1075458	03/21/25		\$215.76				\$215.76
6015672	03/26/25			\$685.92			\$685.92
6625615	03/26/25		\$150.33				\$150.33
4625952	03/28/25					\$41.90	\$41.90
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
							\$0.00
COLUMN TOTAL		\$0.00	\$488.94	\$785.14	\$0.00	\$41.90	\$1,315.98

\$1,315.98
\$0.00
\$1,315.98

Administrator's signature

credit to be applied to this amount.





Commercial Account

**INVOICE****Invoice #:****4625952**

Please pay from this invoice.

Account**xxxx xxxx xxxx 7947****Transaction Date****03/28/25****Total Invoice Due****by 05/31/25****\$41.90****Balance Due if paid online****by 04/17/25****\$41.06**MOKENA SCHOOL DISTRICT 159
11244 WILLOW CREST LN

Customer #	Purchased By	Authorized By	Purchase Order/Job Name	Customer Agreement #
00032	CZACHOR NICK	CZACHOR NICK		
Store / Register #: 6919, FRANKFORT, IL / 62				

PRODUCT	SKU #	QUANTITY	UNIT	UNIT PRICE	TOTAL PRICE
3" COARSE DRYWALL SCREW 5 LB	00007574820000300010	1.0000	EA	\$15.98	\$15.98
FLAT WASHER SAE ZINC #10 100PC	00005913510000300026	1.0000	EA	\$6.87	\$6.87
3/8 X 8" HOT DIP GALV SPIKES (NA3)	10076693360000300015	14.0000	EA	\$0.72	\$10.08
#8 X 1-1/4" PG10 EXT SCREW 1 LB	00001315360000300023	1.0000	EA	\$8.97	\$8.97

SUBTOTAL	\$41.90
TAX	\$0.00
SHIPPING	\$0.00
TOTAL	\$41.90

Early Pay Discount	\$0.84
Balance Due if paid online by 04/17/25	\$41.06

Please pay from this invoice.

The 2% early pay discount is applied to the purchase subtotal (excluding sales tax) on invoices paid online within 20 days of the transaction date.

Questions **ACCT MGR** HOME DEPOT CREDIT SERVICES**PHONE** 1-800-395-7363
(TTY: 711)**About Your Account****EMAIL** WWW.HOMEDEPOT.COM/MYCOMMERCIALACCOUNT**FAX** 1-877-969-6751

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2

8 HP 28

This Account is Issued by Citibank, N.A.

Please detach and return lower portion with your payment to ensure proper credit. Retain upper portion for your records.

P.O. Box 790420
St. Louis, MO 63179

Your Account Number is xxxx xxxx xxxx 7947

Amount Due **\$41.90****Due Date** **May 31, 2025****Invoice Number** **4625952****Amount Enclosed: \$**Please see reverse side to change your address.
Make Checks Payable to ▼HOME DEPOT CREDIT SERVICES
DEPT. xx - xxxxxx7947
PO BOX 6057
CAROL STREAM, IL 60197-6057**Invoice Enclosed**MOKENA SCHOOL DISTRICT 159
11244 WILLOW CREST LN
MOKENA, IL 60448-1334

20101 LAGRANGE ROAD
FRANKFORT, IL 60423 (815)464-9107

6919 00001 10643 03/03/25 12:13 PM
SALE CASHIER CYNTHIA

081098011727 2310RADAR <A>	41.75N
2'X4'#2310 RADAR SQ EDGE CEILING 64SF	
671513038462 KATKX-CSG <A>	43.00N
4 1/2" X 90" TOE KICK CSG	
043374714807 CAULK BK ROD <A,S>	3.27N -
MD 1/2"X20' CAULK BACKER ROD	
043374715064 BACKER ROD <A,S>	3.93N -
MD 5/8"X20' CAULK BACKER ROD	
074985001543 12GREAT STUF <A,S>	3.38N -
GREAT STUFF GAPS & CRACKS 12OZ	
033959711017 PC 6.4OZ <A>	
PC 50:1 6.4OZ 2-CYC OIL	
2@5.98	11.96N
070798182202 D ULTRA 10.1 <A,S>	
DYNAFLEX ULTRA 10.1 OZ BLACK ADVANCE	
2@7.78	15.56N

MIS ceiling tiles
Univent At
MIS outside
Air was coming in

SUBTOTAL	122.85
SALES TAX	0.00
TAX EXEMPT	
TOTAL	\$122.85
XXXXXXXXXXXX7947 HOME DEPOT	
	USD\$ 122.85
AUTH CODE 003245/9013928	TA

MOKENA SCHOOL DISTRICT 159
CZACHOR NICK
Chip Read
AID A0000000049999D8400305 THD PLCC PRO
X

PRO XTRA MEMBER STATEMENT

PRO XTRA ###-###-0189 SUMMARY

2025 PRO XTRA SPEND 03/02: \$2,441.83

Get the CREDIT LINE your business needs
PLUS earn Perks 4X FASTER when you join
Pro Xtra, register, & use your Pro Xtra
Credit Card. Apply and SAVE UP TO \$100.
Learn more at homedepot.com/credit

6919 03/03/25 12:13 PM

20101 LAGRANGE ROAD
FRANKFORT, IL 60423 (815)464-9107

6919 00062 05595 03/11/25 09:46 AM
SALE CASHIER AUDREY

731919653420 FG12PRGLOVES <A> 9.88N
FIRM GRIP 12 PAIR PU DIPPED GLOVE
755625043214 HDXGDNSPADE <A> 19.98N
ANVIL D HANDLE GARDEN SPADE
742786901736 PLAY SAND <A>
WASHED PLAY SAND .4CU FT
12@5.78 69.36N

SUBTOTAL 99.22
SALES TAX 0.00

TAX EXEMPT
TOTAL \$99.22

XXXXXXXXXXXX7947 HOME DEPOT
USD\$ 99.22

AUTH CODE 011109/1623412 TA

MOKENA SCHOOL DISTRICT 159
CZACHOR NICK
Chip Read
AID A0000000049999D8400305 THD PLCC PRO
X

PRO XTRA MEMBER STATEMENT

PRO XTRA ###-###-0189 SUMMARY

2025 PRO XTRA SPEND 03/10: \$2,564.68

Get the CREDIT LINE your business needs
PLUS earn Perks 4X FASTER when you join
Pro Xtra, register, & use your Pro Xtra
Credit Card. Apply and SAVE UP TO \$100.
Learn more at homedepot.com/credit

6919 03/11/25 09:46 AM

20101 LAGRANGE ROAD
FRANKFORT, IL 60423 (815)464-9107

6919 00007 56015 03/21/25 07:50 AM
SALE CASHIER FRANKIE

010254106069 DECO 12IN <A>
EVB DECO L-BRACKET - BLACK 12 IN
12@17.98 215.76N

SUBTOTAL 215.76
SALES TAX 0.00

TAX EXEMPT

TOTAL \$215.76

XXXXXXXXXXXX7947 HOME DEPOT

USD\$ 215.76

AUTH CODE 021857/1075458 TA

MOKENA SCHOOL DISTRICT 159

CZACHOR NICK

Chip Read

AID A0000000049999D8400305 THD PLCC PRO

X

Dracheta FR
Shelony FR
MIS

PRO XTRA MEMBER STATEMENT

PRO XTRA ###-###-0189 SUMMARY

2025 PRO XTRA SPEND 03/20: \$2,663.90

Get the CREDIT LINE your business needs
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Credit Card. Apply and SAVE UP TO \$100.
Learn more at homedepot.com/credit

6919 03/21/25 07:50 AM

6919 07 56015 03/21/2025 8606

RETURN POLICY DEFINITIONS

POLICY ID	DAYS	POLICY EXPIRES ON
A 11	365	03/21/2026

20101 LAGRANGE ROAD
FRANKFORT, IL 60423 (815)464-9107

6919 00001 45045 03/26/25 11:40 AM
SALE CASHIER DONNA

-----Instant Vol Savings-----
090489437008 2X10-8FT GC <A>
2X10-8FT #2PRIME & BTR PT CDR-TN GC
48@15.88 762.24N
MAX REFUND VALUE \$685.92/48
Instant Vol Savings -76.32

SUBTOTAL 685.92
SALES TAX 0.00

TAX EXEMPT

TOTAL \$685.92

XXXXXXXXXXXX7947 HOME DEPOT

USD\$ 685.92

AUTH CODE 026050/6015672

TA

MOKENA SCHOOL DISTRICT 159

CZACHOR NICK

Chip Read

AID A0000000049999D8400305 THD PLCC PRO

X

PRO XTRA MEMBER STATEMENT

PRO XTRA ###-###-0189 SUMMARY

2025 PRO XTRA SPEND 03/25: \$3,029.99

Get the CREDIT LINE your business needs
PLUS earn Perks 4X FASTER when you join
Pro Xtra, register, & use your Pro Xtra
Credit Card. Apply and SAVE UP TO \$100.
Learn more at homedepot.com/credit

6919 03/26/25 11:40 AM

6919 01 45045 03/26/2025 4253

Wood
FOR
MIS Playground

20101 LAGRANGE ROAD
FRANKFORT, IL 60423 (815)464-9107

6919 00062 35527 03/26/25 08:31 AM
SALE CASHIER KIMBERLY

010254106069 DECO 12IN <A>
EVB DECO L-BRACKET - BLACK 12 IN
4@17.98 71.92N
887480132120 ANCHOR <A> 13.68N
#10-12X1-1/4" PLASTIC RIBBED BLU75PK
-----Instant Vol Savings-----
029986672537 CH 12X72 <A>
EVB CHESTNUT WOOD SHELF 12 X 72
4@17.98 71.92N
MAX REFUND VALUE \$64.73/4
Instant Vol Savings -7.19

SUBTOTAL 150.33
SALES TAX 0.00

TAX EXEMPT

TOTAL \$150.33

XXXXXXXXXXXX7947 HOME DEPOT

USD\$ 150.33

AUTH CODE 026726/6625615

TA

MOKENA SCHOOL DISTRICT 159

CZACHOR NICK

Chip Read

AID A0000000049999D8400305 THD PLCC PRO

X

PRO XTRA MEMBER STATEMENT

PRO XTRA ###-###-0189 SUMMARY

2025 PRO XTRA SPEND 03/25: \$2,879.66

Get the CREDIT LINE your business needs
PLUS earn Perks 4X FASTER when you join
Pro Xtra, register, & use your Pro Xtra
Credit Card. Apply and SAVE UP TO \$100.
Learn more at homedepot.com/credit

6919 03/26/25 08:31 AM

Items for
MIS shelving
for music rm.

MOKENA SCHOOL DISTRICT 159

PAYMENT REQUEST

FY 25

Date: 3/27/2025

Check payable to: PMA Securities

Description of purchase: Bond Services

Your "Description of Purchase" is a brief description that will be used in the accounting program

Invoice # or Customer Account #: INV24105

Account #/Account Title: 30E030 5400 3170

Amount of Check: \$2,250.00

School: _____ Administrator's Signature: _____

SPECIAL INSTRUCTIONS:

☐ Return check to: _____

☐ Mail attachments with check _____

(Include 2 copies - one to keep on file with payreq and the other copy to send with check)

☐ Pre-pay Check Request

Staple all backup/receipt(s) to the back of this form. Keep copies for your records, submit originals, with an administrator's signature, to District Office, Attention: Accounts Payable

District Office use:

BATCH #: _____

Note: List Item(s) charged to CAPITAL equipment

Date of purchase: _____

Location: _____

Serial No.: _____

Model No: _____

updated: 09/2019

INVOICE



PMA Securities LLC

2135 CityGate Lane
7th Floor
Naperville, IL 60563
Phone 630-657-6400
Email accountspayable@pmanetwork.com

Bill to:

MOKENA SCHOOL DISTRICT 159
Attn: Teri Shaw
11244 Willow Crest Ln
Mokena, IL 60448-1334

Invoice #: INV24105

Date: 03/06/2025

Due date: 04/05/2025

Description/Memo	Amount
To receive a copy of the 2024 continuing disclosure filing, please access the Municipal Securities Rulemaking Board site at EMMA at emma.msrb.org . From there, insert the municipality name in the search function.	\$2,250.00
Total amount	\$2,250.00
Total due	\$2,250.00

Remittance Address

PMA Securities LLC
2135 CityGate Lane, 7th Floor
Naperville, IL 60563

ACH Instructions

Citibank NA
ABA: 021 052 053
Account: 99970596
FBO: PMA Securities LLC

PAYMENT REQUEST

BILLS LIST - FY25

Write Check to:

MEDWORKS, Joliet

Explanation of purchase:

Physical/drug/alcohol screen test

Account#

40E032 2550 3100

Driver	DESCRIPTION	INVOICE #	DATE	TOTAL
K.J	drug screen/physical exam	417200	3/4/2025	\$70.00
J.T	drug screen/physical exam	417540	3/12/2025	\$70.00

Total:

\$140.00



Signature

Administrator's signature

BALANCE DUE INVOICE**Medworks Corp - JOLIET**

815 Campus Drive

JOLIET,IL,60435-8573

Phone: (815) 744-0808**Fax:** (815) 744-8345**MD:** Donna Skinner,NP**Case #:** 417200**DOS:** 03/04/2025**Location:** JOLIET**Patient Name:** JONES, KATHERINE**DOB:** 11/20/1976**SSN:** 322-82-6670**Guarantor:** Mokena School District #159

11324 Willowcrest Lane

MOKENA,IL,60448

Employer: Mokena School District #159**Claim #:****DOI/DOA:****Diagnosis**

Code	Description
------	-------------

Charges

Service Date	Code	Procedures	Unit	Amount	Total
03/04/2025	116	PHYSICAL EXAM (BASIC)	1	\$45.00	\$45.00
03/04/2025	039	Drug Screen COLLECTION ONLY	1	\$25.00	\$25.00

Total Charges: \$70.00**Total Other Payments:** \$0.00**Total Adjustments:** \$0.00**Balance Due:** \$70.00

BALANCE DUE INVOICE**Medworks Corp - JOLIET**

815 Campus Drive

JOLIET,IL,60435-8573

Phone: (815) 744-0808**Fax:** (815) 744-8345**MD:** Andrew Hernandez,PA-C**Case #:** 417540**DOS:** 03/12/2025**Location:** JOLIET**Patient Name:** TURNER, GERALYN**DOB:** 10/18/1960**SSN:****Guarantor:** Mokena School District #159

11324 Willowcrest Lane

MOKENA,IL,60448

Employer: Mokena School District #159**Claim #:****DOI/DOA:****Diagnosis**

Code	Description
------	-------------

Charges

Service Date	Code	Procedures	Unit	Amount	Total
03/12/2025	116	PHYSICAL EXAM (BASIC)	1	\$45.00	\$45.00
03/12/2025	039	Drug Screen COLLECTION ONLY	1	\$25.00	\$25.00

Total Charges: \$70.00**Total Other Payments:** \$0.00**Total Adjustments:** \$0.00**Balance Due:** \$70.00

PAYMENT REQUEST

BILLS LIST - FY25

Write Check to:

MEDWORKS, Joliet

Explanation of purchase:

Physical/drug/alcohol screen test

Account#

40E032 2550 3100



Driver	DESCRIPTION	INVOICE #	DATE	TOTAL
D.M	drug screen/physical exam	418124	3/26/2025	\$70.00

Total: \$70.00

Signature

Administrator's signature

BALANCE DUE INVOICE**Medworks Corp - JOLIET**

815 Campus Drive

JOLIET,IL,60435-8573

Phone: (815) 744-0808**Fax:** (815) 744-8345**MD:** Andrew Hernandez,PA-C**Case #:** 418124**DOS:** 03/26/2025**Location:** JOLIET**Patient Name:** MONGE, DAVID**DOB:** 08/18/1960**SSN:****Guarantor:** Mokena School District #159

11324 Willowcrest Lane

MOKENA,IL,60448

Employer: Mokena School District #159**Claim #:****DOI/DOA:****Diagnosis**

Code	Description
------	-------------

Charges

Service Date	Code	Procedures	Unit	Amount	Total
03/26/2025	116	PHYSICAL EXAM (BASIC)	1	\$45.00	\$45.00
03/26/2025	039	Drug Screen COLLECTION ONLY	1	\$25.00	\$25.00

Total Charges: \$70.00**Total Other Payments:** \$0.00**Total Adjustments:** \$0.00**Balance Due:** \$70.00

40E032 2550 3100

Administrator's signature

Riverside WorkForce Health
400 S. Kennedy Dr., Suite 700
Bradley, IL 60915
Telephone (815)935-7532

Invoice

Page: 1

Invoice No.	Date
00129473 -00	03/31/2025

Bill To:

Mokena School District-Email Invoices
ATTN: Ervin Walker
11244 Willow Crest Ln
Mokena, IL 60448

Amount Due: \$76.00

Federal ID: 36-2414944

Account: MOSD

Terms: Net due in 30 days

Service Date	Medical Activity	Quantity	Unit Price	Amount
SSN:xxx-xx-0010	Will County Consort Services			Clinic Code: MAIN
03/31/2025	Drug Screen - DOT - Consortium Member	4.00	\$19.00	\$76.00
Sub-Total for Will County Consort Services				\$76.00

Please remit payment today. Thank you for your continued business.

Account MOSD

Mokena School District-Email Invoices

Remit To:

Riverside WorkForce Health
400 S. Kennedy Dr., Suite 700
Bradley, IL 60915
Telephone (815)935-7532

If Paying by Credit Card, fill out below

AMEX ☐ VISA ☐ MC ☐ Discover ☐

Card Number:

Exp. Date:

Sec Code:

Signature:

Amount:

TOTAL DUE: \$76.00

Invoice 00129473 -00 Date 3/31/2025

Thank You



Result List

02/28/2025 to 03/31/2025

Mokena School Dist #159 (129)

Test Status: Negative

Collection Date	Name	SSN	Status	Test Class	DOT	Qualifiers	Test Type	Disp.	Home Base
03/03/2025	Schroeder, William	XXX-XX-1699	Negative	Drug	No		ANN	NAT	
03/04/2025	Jones, Katherine	XXX-XX-6670	Negative	Drug	No		ANN	NAT	
03/12/2025	Turner, Geralyn	XXX-XX-2826	Negative	Drug	No		ANN	NAT	
03/26/2025	Monge, David	XXX-XX-2552	Negative	Drug	No		ANN	NAT	

Records in group Test Status: Negative: 4

Records in company: Mokena School Dist #159 (129): 4