
SPEED S.E.J.A. #802 VOUCHER**Voucher No:** 1244**Voucher Date:** 01/31/2017**Prepared By:**
Printed: 01/26/2017 04:26:11 PM

SPEED S.E.J.A. #802 is hereby authorized to draw warrants against SPEED S.E.J.A. #802 funds for the sum of \$224,293.93 on account of obligations incurred for value received in services and for materials as shown below for period July 1, 2016 to June 30, 2017 (period cannot overlap fiscal year end.)

I certify that this claim is just and correct, and the services and/or materials herein represented have been received during the period listed above. All items are properly coded and not in excess of the budget.



SPEED S.E.J.A. #802



Fund	Amount
10 Education	\$224,293.93
	<hr/>
	\$224,293.93

SPEED S.E.J.A. #802

Voucher Detail Listing

Voucher Batch Number: 1244

01/31/2017

Fiscal Year: 2016-2017

Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
ALPHA PEST CONTROL, INC						
Check Group:						
Invoice # 30497 - Property Services Main Bldg O&M - Monthly pest control service to 1125 Division St. for the month of January 2017		1	731	30497/30498 1/26/2017	10.5.2540.320.0000.28.30	\$50.00
Invoice 30498 - Property Services ALL O&M - Monthly pest control service to 410 Ashland Ave. for the month of January 2017		1	731	30497/30498 1/26/2017	10.5.2540.320.0000.28.31	\$165.00
Check #: 0						PO/InvoiceTotal: <u>\$215.00</u>
						Vendor Total: <u>\$215.00</u>
AMERICANEAGLE.COM,INC						
Check Group:						
Monthly invoice for website		1	201	241745 1/26/2017	10.5.2220.470.0000.25.00	\$500.00
Check #: 0						PO/InvoiceTotal: <u>\$500.00</u>
						Vendor Total: <u>\$500.00</u>
AYALA-MARTINEZ, LENA						
Check Group:						
Employee tuition reimbursement		1	0	01.17.17 1/26/2017	10.5.1200.230.0000.18.00	\$1,473.60
Check #: 0						PO/InvoiceTotal: <u>\$1,473.60</u>
						Vendor Total: <u>\$1,473.60</u>
BERRY, CATHERINE						
Check Group:						
SLP Contracted Services		1	0	01.24.17 1/26/2017	10.5.2150.319.1342.24.00	\$3,528.00
Check #: 0						

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
						PO/InvoiceTotal: <u>\$3,528.00</u>
						Vendor Total: <u>\$3,528.00</u>
BRESHOCK, TIM	2465					
Check Group:						
Contract PT		1 0		011317 1/26/2017	10.5.2130.319.1342.23.00	\$2,220.00
						Check #: 0
						PO/InvoiceTotal: <u>\$2,220.00</u>
						Vendor Total: <u>\$2,220.00</u>
BRIDGES CONSULTING SERV	22780					
Check Group:						
Psych Contracted Services-IES		1 0		01.25.17 1/26/2017	10.5.2140.319.1342.10.00	\$4,443.26
Psych Contracted Services-IHS		1 0		01.25.17 1/26/2017	10.5.2140.319.1342.17.00	\$1,110.82
						Check #: 0
						PO/InvoiceTotal: <u>\$5,554.08</u>
						Vendor Total: <u>\$5,554.08</u>
CALHOUN, ANNA						
Check Group:						
Employee tuition reimbursement		1 0		01.31.17 1/26/2017	10.5.1200.230.0000.13.00	\$1,305.60
						Check #: 0
						PO/InvoiceTotal: <u>\$1,305.60</u>
						Vendor Total: <u>\$1,305.60</u>
CALL ONE						
Check Group:						
PRI Line, Pots Lines, & Circuit IDs: August 2016 <i>Phones</i>		1 730		ID 01.15.17 1/26/2017	10.5.2900.340.0000.11.00	\$860.44
						Check #: 0

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
						PO/InvoiceTotal: <u>\$860.44</u>
Check Group:						
PRI Line, Pots lines, & Circuit IDs: Jan 15-Feb 14, 2017		1	748	01.31.17 1/26/2017	10.5.2900.340.0000.11.00	\$1,261.69
						Check #: 0
						PO/InvoiceTotal: <u>\$1,261.69</u>
						Vendor Total: <u>\$2,122.13</u>
CAREERSTAFF UNLIMITED - CHICAGO						
Check Group:						
SLP Contracted Services-H. Smith		1	0	33354-311054 1/26/2017	10.5.2150.319.1342.24.00	\$1,022.00
Other Prof/Technical Services IHS H. Smith		1	0	33354-311812 1/26/2017	10.5.1200.319.0000.17.00	\$2,409.00
						Check #: 0
						PO/InvoiceTotal: <u>\$3,431.00</u>
						Vendor Total: <u>\$3,431.00</u>
CAREY, EILEEN						
Check Group:						
Monthly mileage reimbursement		1	0	012517 1/26/2017	10.5.2150.332.0000.15.00	\$31.30
						Check #: 0
						PO/InvoiceTotal: <u>\$31.30</u>
						Vendor Total: <u>\$31.30</u>
CITY OF CHICAGO HEIGHTS WATER 75-01						
Check Group:						
Invoice Date 1/5/17 - Water/Sewer Service ALL O&M - Water sewer service to 410 Ashland Ave. for the dates of 12/5/16 - 1/5/17		1	733	ID 01.05.17 1/26/2017	10.5.2540.370.0000.28.31	\$283.62

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
Invoice Date 1/5/17 - Water/Sewer Service Main Bldg O&M - Domestic water and sewer service to 1125 Division St. for the dates of 12/2/16 - 1/5/17		1	733	ID 01.05.17 1/26/2017	10.5.2540.370.0000.28.30	\$1,910.30
Invoice Date 1/5/17 - Water/Sewer Service Main Bldg O&M - Bypass line water and sewer service to 1125 Division St. for the dates of 12/2/16 - 1/5/17		1	733	ID 01.05.17 1/26/2017	10.5.2540.370.0000.28.30	\$19.00
Invoice Date 1/5/17 - Water/Sewer Service Main Bldg O&M - Fire meter water and sewer service to 1125 Division St. for the dates of 12/2/16 - 1/5/17		1	733	ID 01.05.17 1/26/2017	10.5.2540.370.0000.28.30	\$19.00
Check #: 0						
PO/InvoiceTotal:						\$2,231.92
Vendor Total:						\$2,231.92
COM ED						
Check Group:						
Invoice Date 1/20/17 - Electricity ALL O&M - Electrical service to 410 Ashland Ave. for the dates of 12/16/16 - 1/20/17		1	729	ID 01.20.17 1/26/2017	10.5.2540.466.0000.28.31	\$1,730.85
Check #: 0						
PO/InvoiceTotal:						\$1,730.85
Vendor Total:						\$1,730.85
CRETE MONEE DIST. # 201U						
Check Group:						
Fee For Service-Medicaid-SEPT		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.01.00	\$501.19
Fee For Service-Medicaid-OCT		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.01.00	\$869.11
Fee For Service-Medicaid-NOV		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.01.00	\$2,135.73
Fee For Service-Medicaid-DEC		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.01.00	\$1,152.07

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
Check #: 0						
PO/InvoiceTotal:						\$4,658.10
Vendor Total:						\$4,658.10
DE BRUIN, JANET						
Check Group:						
Monthly mileage reimbursement		1	0	01.25.17 1/26/2017	10.5.2210.332.0000.24.00	\$45.15
Check #: 0						
PO/InvoiceTotal:						\$45.15
Check Group:						
Mileage Reimbursement for Professional Development: Excel Training for J. DeBruin		1	732	01.31.17 1/26/2017	10.5.2210.312.4620.24.07	\$34.63
Check #: 0						
PO/InvoiceTotal:						\$34.63
Vendor Total:						\$79.78
DOXY, FANIA						
Check Group:						
Employee tuition reimbursement		1	0	01.31.17 1/26/2017	10.5.1200.230.0000.15.00	\$1,473.60
Check #: 0						
PO/InvoiceTotal:						\$1,473.60
Vendor Total:						\$1,473.60
GORDON FOOD SERVICE_103310	103310					
Check Group:						
Food Delivery		1	705	01.31.17 1/26/2017	10.5.2560.490.0000.29.00	\$1,226.96
Food Delivery		1	705	01.31.17 1/26/2017	10.5.2560.490.0000.29.00	\$31.56

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
Food Delivery		1	705	01.31.17 1/26/2017	10.5.2560.490.0000.29.00	\$2,252.74
Check #: 0						
PO/InvoiceTotal:						\$3,511.26
Check Group:						
Food Delivery		1	714	1.31.17 1/26/2017	10.5.2560.490.0000.29.00	\$37.06
Food Delivery		1	714	1.31.17 1/26/2017	10.5.2560.490.0000.29.00	\$44.56
Food Delivery		1	714	1.31.17 1/26/2017	10.5.2560.490.0000.29.00	\$22.50
Food Delivery		1	714	1.31.17 1/26/2017	10.5.2560.490.0000.29.00	\$1,727.61
Check #: 0						
PO/InvoiceTotal:						\$1,831.73
Check Group:						
Food Delivery		1	735	01.31.17 DF 1/26/2017	10.5.2560.490.0000.29.00	\$1,368.11
Food Prep		1	735	01.31.17 DF 1/26/2017	10.5.2560.490.0000.29.00	\$28.82
Food Delivery		1	735	01.31.17 DF 1/26/2017	10.5.2560.490.0000.29.00	\$1,527.93
Check #: 0						
PO/InvoiceTotal:						\$2,924.86
Vendor Total:						\$8,267.85
HAUSER IZZO, LLC	21839					
Check Group:						
Legal Services Admin Board		1	0	18388 1/26/2017	10.5.2310.318.0000.11.00	\$5,113.50

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
Legal Services Admin Board		1	0	18389 1/26/2017	10.5.2310.318.0000.11.00	\$1,596.00
Legal Services Admin Board		1	0	18402 1/26/2017	10.5.2310.318.0000.11.00	\$1,554.00
Check #: 0						
IMPREST FUND SPEED						
Check Group:						
FEP Field trip to Children's Museum	1621	1	0	11.01.17 1/26/2017	10.5.3000.332.3705.16.00	\$266.25
PAL - mattress for a Home Ec class		1	0	11.01.17 1/26/2017	10.5.1200.420.0000.13.00	\$89.32
UCP Infinitec Training - C. Berry, J. Love, K. Jordan		1	0	11.01.17 1/26/2017	10.5.2210.312.4620.24.07	\$120.00
Bank Fee		1	0	11.01.17 1/26/2017	10.5.2520.319.0000.11.00	\$20.00
Check #: 0						
KING, YOLANDA J						
Check Group:						
Employee tuition reimbursement		1	0	01.31.17 1/26/2017	10.5.1200.230.0000.13.00	\$1,500.00
Check #: 0						
KOLOSH, MONICA						
Check Group:						
	17418					

PO/InvoiceTotal: \$8,263.50

Vendor Total: \$8,263.50

PO/InvoiceTotal: \$495.57

Vendor Total: \$495.57

PO/InvoiceTotal: \$1,500.00

Vendor Total: \$1,500.00

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01/31/2017

Fiscal Year: 2016-2017

Vendor Remit Name
Description

Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
	1	0	12.05.16 1/26/2017	10.5.1200.332.0000.15.00	\$5.67
				Check #: 0	
				PO/InvoiceTotal:	\$5.67
				Vendor Total:	\$5.67
KRYSTAL DAIRY & FOOD DIST					
8078					
Check Group:					
Milk Delivery	1	710	080609 1/26/2017	10.5.2560.490.0000.29.00	\$271.70
Milk Delivery	1	710	080609 1/26/2017	10.5.2560.490.0000.29.00	\$187.20
				Check #: 0	
				PO/InvoiceTotal:	\$458.90
Check Group:					
Milk delivery	1	726	78304 1/26/2017	10.5.2560.490.0000.29.00	\$237.80
Milk Delivery	1	726	78304 1/26/2017	10.5.2560.490.0000.29.00	\$183.75
				Check #: 0	
				PO/InvoiceTotal:	\$421.55
Check Group:					
Milk Delivery	1	746	078329 1/26/2017	10.5.2560.490.0000.29.00	\$219.70
Milk Delivery	1	746	078329 1/26/2017	10.5.2560.490.0000.29.00	\$151.40
				Check #: 0	
				PO/InvoiceTotal:	\$371.10
				Vendor Total:	\$1,251.55

Lenoir, Margie

Check Group:

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
Other Prof/Technical Services IHS		1 0		01.24.17 1/26/2017	10.5.2140.319.0000.17.00	\$4,800.00
					Check #: 0	
					PO/InvoiceTotal:	\$4,800.00
					Vendor Total:	\$4,800.00
Mary Eileen Murney						
Check Group:						
Contract PT		1 0		01.13.17 1/26/2017	10.5.2130.319.1342.23.00	\$1,960.00
Contract PT		1 0		01.19.17 1/26/2017	10.5.2130.319.1342.23.00	\$1,470.00
					Check #: 0	
					PO/InvoiceTotal:	\$3,430.00
					Vendor Total:	\$3,430.00
NEXTERA ENERGY SERVICES						
Check Group:						
Invoice # 01102017 - Electricity Main Bldg O&M - Electric supply to 1125 Division St. for the dates of 12/5/16 - 1/6/17		1 750		01102017 1/26/2017	10.5.2540.466.0000.28.30	\$9,535.97
					Check #: 0	
					PO/InvoiceTotal:	\$9,535.97
					Vendor Total:	\$9,535.97
O'MALLEY, MAUREEN P, LTD	6211					
Check Group:						
SLP Contracted Services		1 0		01.11.17 1/26/2017	10.5.2150.319.1342.24.00	\$896.00
					Check #: 0	
					PO/InvoiceTotal:	\$896.00
					Vendor Total:	\$896.00
Olivia's Place						

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
Check Group:						
SLP Contracted Services		1 0		1014 1/26/2017	10.5.2150.319.1342.24.00	\$975.00
SLP Contracted Services		1 0		1015 1/26/2017	10.5.2150.319.1342.24.00	\$4,200.00
					Check #: 0	
						PO/InvoiceTotal: <u>\$5,175.00</u>
						Vendor Total: <u>\$5,175.00</u>
OTHER SIDE OF THE RAINBOW	22188					
Check Group:						
Contract OT-F. Kennedy		1 0		01.13.17 1/26/2017	10.5.2130.319.1342.22.00	\$882.00
Contract OT-F. Kennedy		1 0		01.20.17 1/26/2017	10.5.2130.319.1342.22.00	\$1,134.00
					Check #: 0	
						PO/InvoiceTotal: <u>\$2,016.00</u>
						Vendor Total: <u>\$2,016.00</u>
PEPPERS, CHEMONTE Y						
Check Group:						
Employee tuition reimbursement		1 0		01.31.17 1/26/2017	10.5.1200.230.0000.15.00	\$1,473.60
					Check #: 0	
						PO/InvoiceTotal: <u>\$1,473.60</u>
						Vendor Total: <u>\$1,473.60</u>
PICK'S	5336					
Check Group:						
Invoice # 109010 - Property Services Main Bldg O&M - Monthly van cleaning service for the month of January 2017		1 724		109010 1/26/2017	10.5.2540.320.0000.28.30	\$240.00
					Check #: 0	

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						PO/InvoiceTotal: <u>\$240.00</u>
PRETE-STEWART, KRISTINA	19978					Vendor Total: <u>\$240.00</u>
Check Group:						
Supplies for student activity to raise awareness of cultural traditions: baking project		1	712	12.16.16 1/25/2017	10.5.1200.410.1342.19.00	\$9.97
						Check #: 0
						PO/InvoiceTotal: <u>\$9.97</u>
PROVEN BUSINESS SYSTEMS	16190					Vendor Total: <u>\$9.97</u>
Check Group:						
Invoice 361177 - Monthly Canon Copier Service		1	706	361177 1/26/2017	10.5.2900.360.0000.11.00	\$1,229.92
						Check #: 0
						PO/InvoiceTotal: <u>\$1,229.92</u>
Check Group:						
Invoice #361176 - Monthly Kyocera Printer Service		1	707	361176 1/26/2017	10.5.2900.360.0000.11.00	\$2,079.58
						Check #: 0
						PO/InvoiceTotal: <u>\$2,079.58</u>
SCHOOL DIST #153	8268					Vendor Total: <u>\$3,309.50</u>
Check Group:						
Fee For Service-Medicaid-SEP		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.53.00	\$67.91
Fee For Service-Medicaid-OCT		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.53.00	\$233.48
Fee For Service-Medicaid-NOV		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.53.00	\$1,028.15

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Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
Fee For Service-Medicaid-DEC		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.53.00	\$450.64
					Check #: 0	
					PO/InvoiceTotal:	\$1,780.18
SCHOOL DIST #161	2870				Vendor Total:	\$1,780.18
Check Group:						
Fee For Service-Medicaid-OCT		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.61.00	\$388.08
Fee For Service-Medicaid-NOV		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.61.00	\$1,421.68
Fee For Service-Medicaid-DEC		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.61.00	\$617.84
					Check #: 0	
					PO/InvoiceTotal:	\$2,427.60
SCHOOL DIST #162	6061				Vendor Total:	\$2,427.60
Check Group:						
Fee For Service-Medicaid-SEPT		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.62.00	\$183.35
Fee For Service-Medicaid-OCT		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.62.00	\$695.69
Fee For Service-Medicaid-NOV		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.62.00	\$4,707.56
Fee For Service-Medicaid-District 162		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.62.00	\$2,351.75
					Check #: 0	
					PO/InvoiceTotal:	\$7,938.35
SCHOOL DIST #163	2872				Vendor Total:	\$7,938.35

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Check Group:							
Fee For Service-Medicaid-SEPT		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.63.00	\$59.68	
Fee For Service-Medicaid-OCT		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.63.00	\$258.93	
Fee For Service-Medicaid-NOV		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.63.00	\$3,385.52	
Fee For Service-Medicaid-DEC		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.63.00	\$2,430.56	
Check #: 0							
						PO/InvoiceTotal: <u>\$6,134.69</u>	
						Vendor Total: <u>\$6,134.69</u>	
SCHOOL DIST #167	2873						
Check Group:							
Fee For Service-Medicaid-SEP		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.67.00	\$196.16	
Fee For Service-Medicaid-OCT		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.67.00	\$340.64	
Fee For Service-Medicaid-NOV		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.67.00	\$1,540.77	
Fee For Service-Medicaid-DEC		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.67.00	\$1,712.79	
Check #: 0							
						PO/InvoiceTotal: <u>\$3,790.36</u>	
						Vendor Total: <u>\$3,790.36</u>	
SCHOOL DIST #168	18998						
Check Group:							
Fee For Service-Medicaid SEPT		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.68.00	\$736.00	

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Fee For Service-Medicaid-OCT		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.68.00	\$657.12
Fee For Service-Medicaid-NOV		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.68.00	\$2,016.46
Fee For Service-Medicaid-DEC		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.68.00	\$1,008.74
Check #: 0						
SCHOOL DIST #169						
Check Group:						
	2875					
Fee For Service-Medicaid-SEPT		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.69.00	\$11.32
Fee For Service-Medicaid-OCT		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.69.00	\$45.27
Fee For Service-Medicaid-NOV		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.69.00	\$1,038.21
Fee For Service-Medicaid-DEC		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.69.00	\$511.38
Check #: 0						
SCHOOL DIST #170_2876						
Check Group:						
	2876					
Fee For Service-Medicaid-SEP		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.70.00	\$902.43
Fee For Service-Medicaid-OCT		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.70.00	\$1,238.64
Fee For Service-Medicaid-NOV		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.70.00	\$13,303.84

PO/InvoiceTotal: \$4,418.32
Vendor Total: \$4,418.32

PO/InvoiceTotal: \$1,606.18
Vendor Total: \$1,606.18

SPEED S.E.J.A. #802

Voucher Detail Listing

Fiscal Year: 2016-2017

Voucher Batch Number: 1244

01/31/2017

Vendor Remit Name
Description

Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
		1 0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.70.00	\$10,286.60
				Check #: 0	
				PO/InvoiceTotal:	\$25,731.51
				Vendor Total:	\$25,731.51
SCHOOL DIST #194-ADMIN CN		2879			
Check Group:					
Fee For Service-Medicaid-OCT		1 0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.94.00	\$495.76
Fee For Service-Medicaid-NOV		1 0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.94.00	\$1,435.37
Fee For Service-Medicaid-DEC		1 0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.94.00	\$973.40
				Check #: 0	
				PO/InvoiceTotal:	\$2,904.53
				Vendor Total:	\$2,904.53
SCHOOL DIST #227 - RICH T		3294			
Check Group:					
Fee For Service-Medicaid-SEPT		1 0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.27.00	\$78.52
Fee For Service-Medicaid-OCT		1 0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.27.00	\$612.59
Fee For Service-Medicaid-NOV		1 0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.27.00	\$1,313.31
Fee For Service-Medicaid-DEC		1 0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.27.00	\$1,386.74
				Check #: 0	
				PO/InvoiceTotal:	\$3,391.16
				Vendor Total:	\$3,391.16
SCHOOL DIST #233		10799			

SPEED S.E.J.A. #802

Voucher Detail Listing

Fiscal Year: 2016-2017

Voucher Batch Number: 1244

01/31/2017

Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount	
Check Group:							
Fee For Service-Medicaid-SEPT		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.33.00	\$79.90	
Fee For Service-Medicaid-OCT		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.33.00	\$114.69	
Fee For Service-Medicaid-NOV		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.33.00	\$2,661.15	
Fee For Service-Medicaid-DEC		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.33.00	\$153.37	
Check #: 0							
						PO/InvoiceTotal: <u>\$3,009.11</u>	
						Vendor Total: <u>\$3,009.11</u>	
SCHOOL DIST 144	208714						
Check Group:							
Fee For Service-Medicaid-SEPT		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.44.00	\$156.33	
Fee For Service-Medicaid-OCT		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.44.00	\$705.35	
Fee For Service-Medicaid-NOV		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.44.00	\$9,753.77	
Fee For Service-Medicaid-DEC		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.44.00	\$6,240.94	
Check #: 0							
						PO/InvoiceTotal: <u>\$16,856.39</u>	
						Vendor Total: <u>\$16,856.39</u>	
SCHOOL DIST 172	205555						
Check Group:							
Fee For Service-Medicaid-OCT		1 0		FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.72.00	\$22.64	

SPEED S.E.J.A. #802

Voucher Detail Listing

Fiscal Year: 2016-2017

Voucher Batch Number: 1244

01/31/2017

Vendor Remit Name Description	Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
Fee For Service-Medicaid-NOV		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.72.00	\$304.18
Fee For Service-Medicaid-DEC		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.72.00	\$366.91
Check #: 0						
PO/InvoiceTotal:						\$693.73
Vendor Total:						\$693.73
SCHOOL DIST 206	204205					
Check Group:						
Fee For Service-Medicaid- DEC		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.06.00	\$15,695.02
Fee For Service-Medicaid - SEPT.		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.06.00	\$121.81
Fee For Service-Medicaid - OCT		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.06.00	\$433.85
Fee For Service-Medicaid- NOV		1	0	FFS 09-12 2016 1/26/2017	10.5.4190.680.4490.06.00	\$15,242.84
Check #: 0						
PO/InvoiceTotal:						\$31,493.52
Vendor Total:						\$31,493.52
SCHULTZ SUPPLY CO, INC	18746					
Check Group:						
paper goods delivery		1	738	01.31.17 1/26/2017	10.5.2560.490.0000.29.00	\$409.93
paper goods		1	738	01.31.17 1/26/2017	10.5.2560.490.0000.29.00	(\$30.89)
Check #: 0						
PO/InvoiceTotal:						\$379.04
Vendor Total:						\$379.04
SOLIANT HEALTH	18281					

SPEED S.E.J.A. #802

Voucher Detail Listing

Fiscal Year: 2016-2017

Voucher Batch Number: 1244

01/31/2017

Vendor Remit Name
Description

Vendor #	QTY	PO No.	Invoice Invoice Date	Account	Amount
8463436 L. Rubenstien - Social Worrker	1 0		01.31.17 1/26/2017	10.5.2110.319.1342.24.00	\$1,050.00
8463218 K. O'Connor - OT	1 0		01.31.17 1/26/2017	10.5.2130.319.1342.22.00	\$1,001.00
8463383 M. Priest - IES Teacher	1 0		01.31.17 1/26/2017	10.5.1200.319.0000.10.00	\$910.00
8463390 L. Booth - Social Worker	1 0		01.31.17 1/26/2017	10.5.2110.319.1342.24.00	\$980.00
8479643 M. Priest - IES Teacher	1 0		01.31.17 1/26/2017	10.5.1200.319.0000.10.00	\$2,502.50
8479650 L. Rubenstien - Social Worker	1 0		01.31.17 1/26/2017	10.5.2110.319.1342.24.00	\$2,775.00
8479652 L. Booth - Social Worker	1 0		01.31.17 1/26/2017	10.5.2110.319.1342.24.00	\$2,450.00
8479816 K. O'Connor - OT	1 0		01.31.17 1/26/2017	10.5.2130.319.1342.22.00	\$2,502.50
8496186 K. O'Connor - OT	1 0		01.31.17 1/26/2017	10.5.2130.319.1342.22.00	\$2,002.00
8496761 L. Rubenstien - Social Worker	1 0		01.31.17 1/26/2017	10.5.2110.319.1342.24.00	\$2,100.00
8496763 L. Booth - Social Worker	1 0		01.31.17 1/26/2017	10.5.2110.319.1342.24.00	\$1,960.00
8496771 M. Priest - IES Teacher	1 0		01.31.17 1/26/2017	10.5.1200.319.0000.10.00	\$1,960.00

Check #: 0

T-MOBILE

Check Group:

23842

PO/InvoiceTotal: \$22,193.00

Vendor Total: \$22,193.00

SPEED S.E.J.A. #802

Voucher Detail Listing

Fiscal Year: 2016-2017

Voucher Batch Number: 1244

01/31/2017

Vendor Remit Name
Description

Vendor #

QTY

PO No.

Invoice
Invoice Date

Account

Amount

Cell Phone Service: Dated December 27, 2016

1 739

Acct: 755087375 10.5.2900.340.0000.11.00
1/26/2017

\$1,563.66

Check #: 0

PO/InvoiceTotal: \$1,563.66

Check Group:

Cell Phone Service: Dated November 27, 2016

1 740

Acct: 755087375 10.5.2900.340.0000.11.00
1/26/2017

\$1,330.07

Check #: 0

PO/InvoiceTotal: \$1,330.07

TRAVAGINI, AL

18246

Check Group:

Other Prof/Technical Services IES

1 0

1303 10.5.2140.319.0000.10.00
1/26/2017

\$5,400.00

Check #: 0

PO/InvoiceTotal: \$5,400.00

WARD, CHAD J

Check Group:

Monthly mileage reimbursement

1 0

01.18.17 10.5.1200.332.0000.10.00
1/26/2017

\$27.39

Check #: 0

PO/InvoiceTotal: \$27.39

Vendor Total: \$27.39

Grand Total: \$224,293.93

End of Report