

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
7 Released	AMEREN ILLINOIS* 181 416 COURT ST	9337035532-0819	07/2019	08/17/2019	07/19/2019 08/14/2019	475.52	198287	1
01	100-181-533-620		ELECTRIC & GAS			475.52	Expense	
7 Released	AMEREN ILLINOIS* 181 360 COURT ST	9569812254-0819	07/2019	08/17/2019	07/19/2019 08/14/2019	1,097.23	198287	1
01	100-181-533-620		ELECTRIC & GAS			1,097.23	Expense	
*** Check-Number= 198287 Vendor Name= AMEREN ILLINOIS* Check Date= 08/14/2019						Check Amount=	1,572.75	***
18 Released	RUYLE MECHANICAL SERVICES INC* 182 REPAIR TRU-JC	9561	08/2019	08/17/2019	07/19/2019 08/14/2019	2,820.00	198288	1
01	100-182-533-731		MECHANICAL EQUIP. MAINT			2,820.00	Expense	
01	100-182-533-731		MECHANICAL EQUIP. MAINT			2,000.00	Liquidation	
*** Check-Number= 198288 Vendor Name= RUYLE MECHANICAL SERVICES INC* Check Date= 08/14/2019						Check Amount=	2,820.00	***
42 Released	ZIMMERMAN*J DAVID 181 CELL PHONE REIMB JULY	42-0819	08/2019	08/17/2019	07/18/2019 08/14/2019	60.00	198289	1
01	100-181-533-202		CELLULAR SERVICE			60.00	Expense	
*** Check-Number= 198289 Vendor Name= ZIMMERMAN*J DAVID Check Date= 08/14/2019						Check Amount=	60.00	***
51 Released	LCD UNIFORMS* 211 JULY UNIFORMS	5392	08/2019	08/17/2019	07/15/2019 08/14/2019	446.70	198290	1
01	100-211-522-110		UNIFORMS & CLOTHING			446.70	Expense	
01	100-211-522-110		UNIFORMS & CLOTHING			1,000.00	Liquidation	
*** Check-Number= 198290 Vendor Name= LCD UNIFORMS* Check Date= 08/14/2019						Check Amount=	446.70	***
74 Released	TCRC INC* 181 CLEAN BUILDINGS	092731	07/2019	08/17/2019	07/15/2019 08/14/2019	4,491.50	198291	1
01	100-181-533-030		JANITORIAL SERVICE			4,491.50	Expense	
*** Check-Number= 198291 Vendor Name= TCRC INC* Check Date= 08/14/2019						Check Amount=	4,491.50	***
80 Released	MENARDS* 182 PVC WATER LINES	54005	07/2019	08/17/2019	07/16/2019 08/14/2019	152.99	198292	1
01	100-182-533-720		BUILDING MAINTENANCE			152.99	Expense	
01	100-182-533-720		BUILDING MAINTENANCE			152.99	Liquidation	
80 Released	MENARDS* 182 PVC WATER LINES	54266	07/2019	08/17/2019	07/19/2019 08/14/2019	34.10	198292	1
01	100-182-533-720		BUILDING MAINTENANCE			34.10	Expense	
01	100-182-533-720		BUILDING MAINTENANCE			34.10	Liquidation	
80 Released	MENARDS* 182 PVC WATER LINES	54075	07/2019	08/17/2019	07/17/2019 08/14/2019	91.19	198292	1
01	100-182-533-720		BUILDING MAINTENANCE			91.19	Expense	
01	100-182-533-720		BUILDING MAINTENANCE			62.91	Liquidation	
*** Check-Number= 198292 Vendor Name= MENARDS* Check Date= 08/14/2019						Check Amount=	278.28	***

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
228 Released	RAY DENNISON CHEVROLET INC* 230 REPAIR WIRE HARNESS	CVCS480862	08/2019 19000684	08/10/2019 E 08/01/2019	08/01/2019 08/14/2019	371.59	198293 1	
01 01	100-230-533-700 100-230-533-700		VEHICLE MAINTENANCE VEHICLE MAINTENANCE			371.59 375.00	Expense Liquidation	
228 Released	RAY DENNISON CHEVROLET INC* 230 TRANSMISSION REPAIR	CTCS480145	08/2019 19000677	08/10/2019 E 07/31/2019	08/01/2019 08/14/2019	630.42	198293 1	
01 01	100-230-533-700 100-230-533-700		VEHICLE MAINTENANCE VEHICLE MAINTENANCE			630.42 700.00	Expense Liquidation	
228 Released	RAY DENNISON CHEVROLET INC* 230 HEADLIGHT	CVCS480927	08/2019 19000685	08/17/2019 E 08/01/2019	08/02/2019 08/14/2019	423.71	198293 1	
01 01	100-230-533-700 100-230-533-700		VEHICLE MAINTENANCE VEHICLE MAINTENANCE			423.71 45.00	Expense Liquidation	
*** Check-Number= 198293 Vendor Name= RAY DENNISON CHEVROLET INC* Check Date= 08/14/2019 Check Amount= 1,425.72 ***								
265 Released	FRONTIER COMMUNICATIONS CORP* 244 LINE CHARGES	Z016S19201	08/2019	08/17/2019	07/23/2019 08/14/2019	174.62	198294 1	
01	244-911-533-210		ETSB TELEPHONE LINE CHARGES			174.62	Expense	
*** Check-Number= 198294 Vendor Name= FRONTIER COMMUNICATIONS CORP* Check Date= 08/14/2019 Check Amount= 174.62 ***								
326 Released	IICLE* 233 BOOK	ISO 387527	08/2019	08/17/2019	07/11/2019 08/14/2019	123.75	198295 1	
01	233-126-522-030		BOOKS & RECORDS			123.75	Expense	
326 Released	IICLE* 233 BOOKS	SI301673571	08/2019	08/17/2019	06/25/2019 08/14/2019	127.50	198295 1	
01	233-126-522-030		BOOKS & RECORDS			127.50	Expense	
*** Check-Number= 198295 Vendor Name= IICLE* Check Date= 08/14/2019 Check Amount= 251.25 ***								
362 Released	CENTRAL ILLINOIS POLICE TRAINI 913 FIELD TRAINING SHERIFF	294	08/2019	08/17/2019	08/01/2019 08/14/2019	50.00	198296 1	
01	100-913-533-910		EDUCATION/TRAVEL/TRAINING			50.00	Expense	
*** Check-Number= 198296 Vendor Name= CENTRAL ILLINOIS POLICE TRAINI Check Date= 08/14/2019 Check Amount= 50.00 ***								
734 Released	QUILL CORPORATION* 161 MINI CALENDARDS	8757666	07/2019 19000637	08/17/2019 P 07/16/2019	07/16/2019 08/14/2019	44.35	198297 1	
01 01	100-161-522-010 100-161-522-010		OFFICE SUPPLIES OFFICE SUPPLIES			44.35 44.35	Expense Liquidation	
734 Released	QUILL CORPORATION* 161 MINI CALENDARDS	8775702	07/2019 19000637	08/17/2019 E 07/16/2019	07/17/2019 08/14/2019	11.69	198297 1	
01 01	100-161-522-010 100-161-522-010		OFFICE SUPPLIES OFFICE SUPPLIES			11.69 5.65	Expense Liquidation	
*** Check-Number= 198297 Vendor Name= QUILL CORPORATION* Check Date= 08/14/2019 Check Amount= 56.04 ***								

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
1236 Released	MWI ANIMAL HEALTH* 411 EUTHANASIA SOLUTION	18588994	07/2019 19000617	08/17/2019 E 07/10/2019	07/16/2019 08/14/2019	254.19	198298 1	
01 01	211-411-522-050 211-411-522-050		MEDICAL SUPPLIES MEDICAL SUPPLIES			254.19 230.00	Expense Liquidation	
1236 Released	MWI ANIMAL HEALTH* 411 VACCINES	18634584	07/2019 19000644	08/17/2019 E 07/18/2019	07/18/2019 08/14/2019	107.04	198298 1	
01 01	211-411-522-050 211-411-522-050		MEDICAL SUPPLIES MEDICAL SUPPLIES			107.04 100.00	Expense Liquidation	
*** Check-Number= 198298 Vendor Name= MWI ANIMAL HEALTH* Check Date= 08/14/2019						Check Amount=	361.23 ***	
1251 Released	COURIER NEWSPAPERS* 161 AUG LEGAL NOTICE	3413	07/2019	08/17/2019	07/17/2019 08/14/2019	110.60	198299 1	
01	100-161-533-400		LEGAL NOTICES			110.60	Expense	
1251 Released	COURIER NEWSPAPERS* 161 AUG LEGAL NOTICE	3411	07/2019	08/17/2019	07/17/2019 08/14/2019	79.00	198299 1	
01	100-161-533-400		LEGAL NOTICES			79.00	Expense	
*** Check-Number= 198299 Vendor Name= COURIER NEWSPAPERS* Check Date= 08/14/2019						Check Amount=	189.60 ***	
1265 Released	RAGAN COMMUNICATIONS INC* 244 TOWER CREW WORK	22414	07/2019	08/17/2019	07/20/2019 08/14/2019	1,448.75	198300 1	
01	244-911-533-710		ETSB MAINTENANCE			1,448.75	Expense	
1265 Released	RAGAN COMMUNICATIONS INC* 211 POWER CABLE,SPEAKER	22417	07/2019	08/17/2019	07/20/2019 08/14/2019	172.70	198300 1	
01	100-211-533-760		RADIO MAINTENANCE			172.70	Expense	
*** Check-Number= 198300 Vendor Name= RAGAN COMMUNICATIONS INC* Check Date= 08/14/2019						Check Amount=	1,621.45 ***	
2054 Released	COPS INC SECURITY SOLUTIONS* 211 KEYS FOR RANGE	171332	07/2019	08/17/2019	07/19/2019 08/14/2019	98.52	198301 1	
01	100-211-522-120		RANGE OPERATIONS			98.52	Expense	
*** Check-Number= 198301 Vendor Name= COPS INC SECURITY SOLUTIONS* Check Date= 08/14/2019						Check Amount=	98.52 ***	
2184 Released	RAY O'HERRON CO INC* 211 STEELE/ISSUE UNIFORM	1938833-IN	07/2019 19000461	08/17/2019 E 05/02/2019	07/16/2019 08/14/2019	78.87	198302 1	
01 01	100-211-522-110 100-211-522-110		UNIFORMS & CLOTHING UNIFORMS & CLOTHING			78.87 38.35	Expense Liquidation	
2184 Released	RAY O'HERRON CO INC* 211 C/O UNIFORM MCGRAUGH	1939566-IN	07/2019 19000605	08/17/2019 P 07/02/2019	07/18/2019 08/14/2019	437.55	198302 1	
01 01	100-211-522-110 100-211-522-110		UNIFORMS & CLOTHING UNIFORMS & CLOTHING			437.55 437.55	Expense Liquidation	
2184 Released	RAY O'HERRON CO INC* 211 C/O UNIFORM DURHAM	1939352-IN	07/2019 19000606	08/17/2019 P 07/02/2019	07/18/2019 08/14/2019	139.77	198302 1	
01	100-211-522-110		UNIFORMS & CLOTHING			139.77	Expense	

Check Register

08/14/2019 07:20:40

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
01	100-211-522-110		UNIFORMS & CLOTHING			139.77	Liquidation	
2184 Released	RAY O'HERRON CO INC* 211 GLOVES	1939448-IN		07/2019 08/17/2019	07/18/2019 08/14/2019	101.74	198302 1	
01	100-211-522-110		UNIFORMS & CLOTHING			101.74	Expense	
2184 Released	RAY O'HERRON CO INC* 211 UNIFORM WHITE GLOVES	1939689-IN		07/2019 08/17/2019	07/19/2019 08/14/2019	30.73	198302 1	
01	100-211-522-110		UNIFORMS & CLOTHING			30.73	Expense	
2184 Released	RAY O'HERRON CO INC* 211 VEHICLE EQUIP	1939784-IN		07/2019 08/17/2019	07/19/2019 08/14/2019	88.57	198302 1	
01	100-211-533-700		VEHICLE MAINTENANCE			88.57	Expense	
*** Check-Number= 198302 Vendor Name= RAY O'HERRON CO INC* Check Date= 08/14/2019 Check Amount= 877.23 ***								
5417 Released	GREEN*MICHAEL 800 REIMB HOTEL	1606		08/2019 08/17/2019	07/18/2019 08/14/2019	1,099.75	198303 1	
01	100-800-533-150		SPECIALTY COURT			1,099.75	Expense	
*** Check-Number= 198303 Vendor Name= GREEN*MICHAEL Check Date= 08/14/2019 Check Amount= 1,099.75 ***								
7311 Released	VERIZON WIRELESS* 214 MOBILE DATA AIR CARDS	9835002428		08/2019 08/17/2019	07/28/2019 08/14/2019	489.44	198304 1	
01	100-214-533-000		CONTRACTUAL SERVICE			489.44	Expense	
*** Check-Number= 198304 Vendor Name= VERIZON WIRELESS* Check Date= 08/14/2019 Check Amount= 489.44 ***								
10564 Released	SUPREME RADIO COMMUNICATIONS I 244 TOWER RENT	8848		07/2019 08/17/2019	07/15/2019 08/14/2019	486.90	198305 1	
01	244-911-533-210		ETSB TELEPHONE LINE CHARGES			486.90	Expense	
*** Check-Number= 198305 Vendor Name= SUPREME RADIO COMMUNICATIONS I Check Date= 08/14/2019 Check Amount= 486.90 ***								
14756 Released	HEART TECHNOLOGIES INC* 244 SIP FAILURE	26880		08/2019 08/17/2019	07/31/2019 08/14/2019	255.00	198306 1	
01	244-911-533-710		ETSB MAINTENANCE			255.00	Expense	
*** Check-Number= 198306 Vendor Name= HEART TECHNOLOGIES INC* Check Date= 08/14/2019 Check Amount= 255.00 ***								
17631 Released	TAZEWELL COUNTY HIGHWAY* 252 GAS FOR SQUADS	312		08/2019 08/17/2019	07/01/2019 08/14/2019	169.65	198307 1	
01	100-252-522-100		GASOLINE			169.65	Expense	
17631 Released	TAZEWELL COUNTY HIGHWAY* 411 JULY FUEL	311		08/2019 08/17/2019	08/01/2019 08/14/2019	1,052.53	198307 1	
01	211-411-522-100		GASOLINE			1,052.53	Expense	
17631 Released	TAZEWELL COUNTY HIGHWAY* 230 JULY FUEL	313		08/2019 08/17/2019	08/02/2019 08/14/2019	657.32	198307 1	
01	100-230-522-100		GASOLINE/OIL			657.32	Expense	

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
*** Check-Number= 198307 Vendor Name= TAZEWELL COUNTY HIGHWAY*					Check Date= 08/14/2019	Check Amount=	1,879.50	***
18504 Released	COOK*DAWN M 181 REIMB CELL PHONE JULY	3913883992	08/2019	08/17/2019	07/18/2019 08/14/2019	60.00	198308	1
01	100-181-533-202		CELLULAR SERVICE			60.00	Expense	
*** Check-Number= 198308 Vendor Name= COOK*DAWN M					Check Date= 08/14/2019	Check Amount=	60.00	***
20053 Released	R A CULLINAN & SON INC* 204 - TREMONT	19FINAL1801	08/2019	08/14/2019	08/01/2019 08/14/2019	57,900.00	198309	1
01	204-311-544-110		ROAD IMPROVEMENT			57,900.00	Expense	
*** Check-Number= 198309 Vendor Name= R A CULLINAN & SON INC*					Check Date= 08/14/2019	Check Amount=	57,900.00	***
20076 Released	TREMONT OIL CO* 202 - FUEL	184911	08/2019	08/14/2019	07/31/2019 08/14/2019	11.53	24685 198310	1
01	202-311-522-100		FUEL			11.53	Expense	
20076 Released	TREMONT OIL CO* 202 - MOWING TRCTR TIRE RPR	177785	08/2019	08/14/2019	07/10/2019 08/14/2019	1,687.50	24653 198310	1
01	202-311-533-730		EQUIPMENT MAINTENANCE			1,687.50	Expense	
*** Check-Number= 198310 Vendor Name= TREMONT OIL CO*					Check Date= 08/14/2019	Check Amount=	1,699.03	***
20095 Released	AG-LAND FS INC* 202 - FUEL	88005031	08/2019	08/14/2019	07/31/2019 08/14/2019	18,736.20	24460 198311	1
01	202-311-522-100		FUEL			18,736.20	Expense	
*** Check-Number= 198311 Vendor Name= AG-LAND FS INC*					Check Date= 08/14/2019	Check Amount=	18,736.20	***
20227 Released	TRI-COUNTY REGIONAL PLANNING C 203 - TAZ SHARE FY20 FUNDING	23892	08/2019	08/14/2019	07/09/2019 08/14/2019	28,491.00	198312	1
01	203-311-533-150		ENGINEER CONSULTANT			28,491.00	Expense	
*** Check-Number= 198312 Vendor Name= TRI-COUNTY REGIONAL PLANNING C					Check Date= 08/14/2019	Check Amount=	28,491.00	***
20304 Released	RAGAN COMMUNICATIONS* 202 - FCC LICENSE LABOR	22391	08/2019	08/14/2019	07/11/2019 08/14/2019	642.50	198313	1
01	202-311-533-730		EQUIPMENT MAINTENANCE			642.50	Expense	
*** Check-Number= 198313 Vendor Name= RAGAN COMMUNICATIONS*					Check Date= 08/14/2019	Check Amount=	642.50	***
20489 Released	ENNIS PAINT INC* 203 - PAINT	378441	08/2019	08/14/2019	07/25/2019 08/14/2019	9,911.00	24459 198314	1
01	203-311-533-740		HIGHWAY MAINTENANCE			9,911.00	Expense	
*** Check-Number= 198314 Vendor Name= ENNIS PAINT INC*					Check Date= 08/14/2019	Check Amount=	9,911.00	***
30110 Released	IMPREST CASH* MISC. EXPENSES	30110#-080219	08/2019	08/14/2019	08/02/2019 08/14/2019	921.90	198315	1
01	222-414-533-210		POSTAGE			77.96	Expense	

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
01	222-412-544-000		NEW EQUIPMENT			254.78	Expense	
01	222-419-533-000		CONTRACTUAL			535.00	Expense	
01	222-412-533-000		CONTRACTUAL SERVICE			54.16	Expense	
*** Check-Number= 198315 Vendor Name= IMPREST CASH* Check Date= 08/14/2019 Check Amount= 921.90 ***								
30609 Released	SAINT FRANCIS MEDICAL CENTER* MAMMOS	30609-0719	08/2019	08/14/2019	06/21/2019 08/14/2019	9,188.43	198316	1
01	222-419-533-130		PATIENT CARE			9,120.09	Expense	
01	222-412-533-130		PATIENT CARE			68.34	Expense	
*** Check-Number= 198316 Vendor Name= SAINT FRANCIS MEDICAL CENTER* Check Date= 08/14/2019 Check Amount= 9,188.43 ***								
30647 Released	VERIZON WIRELESS* PHONE SERVICES 7/20-8/19/19	9834397076	08/2019	08/14/2019	07/19/2019 08/14/2019	109.51	198317	1
01	222-416-533-000		CONTRACTUAL SERVICE			67.72	Expense	
01	222-412-533-000		CONTRACTUAL SERVICE			32.11	Expense	
01	222-418-533-000		CONTRACTUAL SERVICE			1.71	Expense	
01	222-419-533-000		CONTRACTUAL			7.97	Expense	
*** Check-Number= 198317 Vendor Name= VERIZON WIRELESS* Check Date= 08/14/2019 Check Amount= 109.51 ***								
30647 Released	VERIZON WIRELESS* PHONE SERVICES 7/20-8/19/19	9834397077	08/2019	08/14/2019	07/19/2019 08/14/2019	764.32	198318	1
01	222-418-533-000		CONTRACTUAL SERVICE			387.86	Expense	
01	222-414-533-000		CONTRACTUAL SERVICE			49.60	Expense	
01	222-419-533-000		CONTRACTUAL			30.32	Expense	
01	222-412-533-000		CONTRACTUAL SERVICE			296.54	Expense	
*** Check-Number= 198318 Vendor Name= VERIZON WIRELESS* Check Date= 08/14/2019 Check Amount= 764.32 ***								
30968 Released	LABORATORY CORP OF AMERICA* MAMMOS	30968-0719	08/2019	08/14/2019	06/25/2019 08/14/2019	464.29	198319	1
01	222-419-533-130		PATIENT CARE			464.29	Expense	
*** Check-Number= 198319 Vendor Name= LABORATORY CORP OF AMERICA* Check Date= 08/14/2019 Check Amount= 464.29 ***								
31148 Released	CENTRAL IL RADIOLOGICAL ASSOC* MAMMOS	31148-0719	08/2019	08/14/2019	06/20/2019 08/14/2019	5,048.93	198320	1
01	222-419-533-130		PATIENT CARE			5,048.93	Expense	
*** Check-Number= 198320 Vendor Name= CENTRAL IL RADIOLOGICAL ASSOC* Check Date= 08/14/2019 Check Amount= 5,048.93 ***								
31246 Released	UNITYPOINT HEALTH-CBO* MAMMOS	31246-0719	08/2019	08/14/2019	06/26/2019 08/14/2019	243.30	198321	1
01	222-419-533-130		PATIENT CARE			243.30	Expense	
*** Check-Number= 198321 Vendor Name= UNITYPOINT HEALTH-CBO* Check Date= 08/14/2019 Check Amount= 243.30 ***								
31257 Released	ILLINOIS STATE UNIVERSITY CONF REGISTRATION FEES - CONF. 10/16-17/19	31257#-PO607-19	08/2019	08/14/2019	07/31/2019 08/14/2019	810.00	198322	1
01	222-419-533-000		CONTRACTUAL			810.00	Expense	
*** Check-Number= 198322 Vendor Name= ILLINOIS STATE UNIVERSITY CONF Check Date= 08/14/2019 Check Amount= 810.00 ***								

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
32101 Released	PEORIA TAZEWELL PATHOLOGY GROU MAMMOS	32101-0719	08/2019	08/14/2019	06/26/2019 08/14/2019	230.81	198323	1
01	222-419-533-130		PATIENT CARE			230.81	Expense	
*** Check-Number= 198323 Vendor Name= PEORIA TAZEWELL PATHOLOGY GROU Check Date= 08/14/2019 Check Amount= 230.81 ***								
32206 Released	ILLINOIS STATE UNIVERSITY* MHFA TRAIN THE TRAINER COURSE	32206#-PO615-19	08/2019	08/14/2019	07/31/2019 08/14/2019	400.00	198324	1
01	222-412-533-000		CONTRACTUAL SERVICE			400.00	Expense	
*** Check-Number= 198324 Vendor Name= ILLINOIS STATE UNIVERSITY* Check Date= 08/14/2019 Check Amount= 400.00 ***								
32241 Released	HEARTLAND COMM HEALTH CENTER* MAMMOS	32241-0719	08/2019	08/14/2019	06/17/2019 08/14/2019	1,712.22	198325	1
01	222-419-533-130		PATIENT CARE			1,634.20	Expense	
01	222-412-533-130		PATIENT CARE			78.02	Expense	
*** Check-Number= 198325 Vendor Name= HEARTLAND COMM HEALTH CENTER* Check Date= 08/14/2019 Check Amount= 1,712.22 ***								
32266 Released	JALOVEC*LYNNE M MAMMOS	32266-0719A	08/2019	08/14/2019	06/05/2019 08/14/2019	635.38	198326	1
01	222-419-533-130		PATIENT CARE			635.38	Expense	
*** Check-Number= 198326 Vendor Name= JALOVEC*LYNNE M Check Date= 08/14/2019 Check Amount= 635.38 ***								
32280 Released	CENTRAL ILLINOIS PATHOLOGY SC* MAMMOS	32280-0719	08/2019	08/14/2019	06/17/2019 08/14/2019	171.46	198327	1
01	222-419-533-130		PATIENT CARE			171.46	Expense	
*** Check-Number= 198327 Vendor Name= CENTRAL ILLINOIS PATHOLOGY SC* Check Date= 08/14/2019 Check Amount= 171.46 ***								
32303 Released	A5.COM INC* WEBSITE HOSTING	2019-13062	08/2019	08/14/2019	08/01/2019 08/14/2019	9.95	198328	1
01	222-412-533-000		CONTRACTUAL SERVICE			9.95	Expense	
*** Check-Number= 198328 Vendor Name= A5.COM INC* Check Date= 08/14/2019 Check Amount= 9.95 ***								
32363 Released	GLAXOSMITHKLINE PHARMACEUTICAL VACCINES	8252867278	08/2019	08/14/2019	07/22/2019 08/14/2019	1,384.94	198329	1
01	222-412-522-053		MEDICAL SUPPLIES - FIELD			1,384.94	Expense	
*** Check-Number= 198329 Vendor Name= GLAXOSMITHKLINE PHARMACEUTICAL Check Date= 08/14/2019 Check Amount= 1,384.94 ***								
32397 Released	VILLAGE OF NORTH PEKIN* WATER SERVICES	32397#-08012019	08/2019	08/14/2019	08/01/2019 08/14/2019	40.36	198330	1
01	222-417-533-850		DHC RENT & UTILITIES			40.36	Expense	
*** Check-Number= 198330 Vendor Name= VILLAGE OF NORTH PEKIN* Check Date= 08/14/2019 Check Amount= 40.36 ***								
35456 Released	BOCHANTIN OBSTETRICS & GYNECOL MAMMOS	35456-0719	08/2019	08/14/2019	06/28/2019 08/14/2019	683.99	198331	1
01	222-419-533-130		PATIENT CARE			683.99	Expense	

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
***	Check-Number=	198331	Vendor Name= BOCHANTIN OBSTETRICS & GYNECOL		Check Date= 08/14/2019	Check Amount=		683.99 ***
35489 Released	ASSOCIATED ANESTHESIOLOGISTS* MAMMOS	35489-0719		08/2019 08/14/2019	06/17/2019 08/14/2019	600.00	198332	1
01	222-419-533-130		PATIENT CARE			600.00	Expense	
***	Check-Number=	198332	Vendor Name= ASSOCIATED ANESTHESIOLOGISTS*		Check Date= 08/14/2019	Check Amount=		600.00 ***
37697 Released	TAZEWELL COUNTY HEALTH DEPT.* MAMMOS	37697-0719		08/2019 08/14/2019	06/05/2019 08/14/2019	248.76	198333	1
01	222-419-533-130		PATIENT CARE			248.76	Expense	
***	Check-Number=	198333	Vendor Name= TAZEWELL COUNTY HEALTH DEPT.*		Check Date= 08/14/2019	Check Amount=		248.76 ***
37720 Released	CENTER FOR HEALTH AMBULATORY* MAMMOS	37720-0719		08/2019 08/14/2019	06/20/2019 08/14/2019	1,707.03	198334	1
01	222-419-533-130		PATIENT CARE			1,707.03	Expense	
***	Check-Number=	198334	Vendor Name= CENTER FOR HEALTH AMBULATORY*		Check Date= 08/14/2019	Check Amount=		1,707.03 ***
37828 Released	WOMEN'S HEALTH INSTITUTE LTD* MAMMOS	37828-0719		08/2019 08/14/2019	06/25/2019 08/14/2019	895.70	198335	1
01	222-419-533-130		PATIENT CARE			895.70	Expense	
***	Check-Number=	198335	Vendor Name= WOMEN'S HEALTH INSTITUTE LTD*		Check Date= 08/14/2019	Check Amount=		895.70 ***
37980 Released	ACADEMY OF LACTATION* RECERTIFICATION FEE	37980#-PO611-19		08/2019 08/14/2019	08/05/2019 08/14/2019	102.00	198336	1
01	222-414-533-000		CONTRACTUAL SERVICE			102.00	Expense	
***	Check-Number=	198336	Vendor Name= ACADEMY OF LACTATION*		Check Date= 08/14/2019	Check Amount=		102.00 ***
37997 Released	PEORIA SURGICAL GROUP LTD* MAMMOS	37997-0719		08/2019 08/14/2019	06/19/2019 08/14/2019	1,405.67	198337	1
01	222-419-533-130		PATIENT CARE			1,405.67	Expense	
***	Check-Number=	198337	Vendor Name= PEORIA SURGICAL GROUP LTD*		Check Date= 08/14/2019	Check Amount=		1,405.67 ***
38130 Released	BROWN*AMANDA SUPPLIES	38130#-07302019		08/2019 08/14/2019	07/30/2019 08/14/2019	48.55	198338	1
01	222-416-522-020		EDUCATIONAL SUPPLIES			48.55	Expense	
***	Check-Number=	198338	Vendor Name= BROWN*AMANDA		Check Date= 08/14/2019	Check Amount=		48.55 ***
38170 Released	OLT S.C. INC*TAMARA MAMMOS	38170-0719		08/2019 08/14/2019	06/20/2019 08/14/2019	255.83	198339	1
01	222-412-533-130		PATIENT CARE			79.22	Expense	
01	222-419-533-130		PATIENT CARE			176.61	Expense	
***	Check-Number=	198339	Vendor Name= OLT S.C. INC*TAMARA		Check Date= 08/14/2019	Check Amount=		255.83 ***

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
38332 Released	METHODIST ANESTHESIA SVCS* MAMMOS	38332-0719	08/2019	08/14/2019	07/19/2019 08/14/2019	300.00	198340	1
01	222-419-533-130		PATIENT CARE			300.00	Expense	
*** Check-Number= 198340 Vendor Name= METHODIST ANESTHESIA SVCS* Check Date= 08/14/2019 Check Amount= 300.00 ***								
38714 Released	HELM*TAMMY INTERPRETTING SERVICES	38714#-PO602-19	08/2019	08/14/2019	07/31/2019 08/14/2019	100.00	198341	1
01	222-417-533-000		CONTRACTUAL			100.00	Expense	
*** Check-Number= 198341 Vendor Name= HELM*TAMMY Check Date= 08/14/2019 Check Amount= 100.00 ***								
38915 Released	SCHELL SYSTEMS, INC* SERVICE CALL TO REPAIR AC UNITS	41372-41373	08/2019	08/14/2019	07/23/2019 08/14/2019	899.59	198342	1
01	222-412-533-720		BUILDING MAINTENANCE			899.59	Expense	
*** Check-Number= 198342 Vendor Name= SCHELL SYSTEMS, INC* Check Date= 08/14/2019 Check Amount= 899.59 ***								
39156 Released	I3 BROADBAND* PHONE SERVICES 7/27-8/26/19	1677977-1	08/2019	08/14/2019	07/27/2019 08/14/2019	377.29	198343	1
01	222-417-533-000		CONTRACTUAL			377.29	Expense	
*** Check-Number= 198343 Vendor Name= I3 BROADBAND* Check Date= 08/14/2019 Check Amount= 377.29 ***								
39411 Released	BUSEY BANK* DHC LOAN PAYMENT	39411#-073019	08/2019	08/14/2019	07/30/2019 08/14/2019	1,803.05	198344	1
01	222-417-555-100		LOAN PAYMENT			1,803.05	Expense	
*** Check-Number= 198344 Vendor Name= BUSEY BANK* Check Date= 08/14/2019 Check Amount= 1,803.05 ***								
39485 Released	SPECIALISTS IN MEDICAL IMAGING MAMMOS	39485-0719	08/2019	08/14/2019	06/28/2019 08/14/2019	112.94	198345	1
01	222-419-533-300		MILEAGE			112.94	Expense	
*** Check-Number= 198345 Vendor Name= SPECIALISTS IN MEDICAL IMAGING Check Date= 08/14/2019 Check Amount= 112.94 ***								
39493 Released	OSF HEALTHCARE SYSTEM* TESTS & TITERS - ACCT.#700000958	39493#-PO586-19	08/2019	08/14/2019	07/15/2019 08/14/2019	514.19	198346	1
01	222-412-533-130		PATIENT CARE			514.19	Expense	
*** Check-Number= 198346 Vendor Name= OSF HEALTHCARE SYSTEM* Check Date= 08/14/2019 Check Amount= 514.19 ***								
39637 Released	THE GITM FOUNDATION* ENDING HUNGER TOGETHER CONSULTING	8.4.2019	08/2019	08/14/2019	08/04/2019 08/14/2019	825.00	198347	1
01	222-419-533-000		CONTRACTUAL			825.00	Expense	
*** Check-Number= 198347 Vendor Name= THE GITM FOUNDATION* Check Date= 08/14/2019 Check Amount= 825.00 ***								
39637 Released	THE GITM FOUNDATION* ISPAN CONSULTING	8.4.2019.	08/2019	08/14/2019	08/04/2019 08/14/2019	1,200.00	198348	1
01	222-419-533-000		CONTRACTUAL			1,200.00	Expense	

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
***	Check-Number= 198348	Vendor Name= THE GITM FOUNDATION*			Check Date= 08/14/2019	Check Amount=	1,200.00	***
39661 Released	SCHREIBER*BRITTANY SUPPLIES	39661#-07012019	08/2019	08/14/2019	07/01/2019 08/14/2019	15.00	198349	1
01	222-417-522-052	DHC PROGRAM SUPPLIES				15.00	Expense	
39661 Released	SCHREIBER*BRITTANY SUPPLIES	39661#-07312019	08/2019	08/14/2019	07/31/2019 08/14/2019	20.00	198349	1
01	222-417-522-052	DHC PROGRAM SUPPLIES				20.00	Expense	
***	Check-Number= 198349	Vendor Name= SCHREIBER*BRITTANY			Check Date= 08/14/2019	Check Amount=	35.00	***
39852 Released	IOWA PHYSICIANS CLINIC MEDICA* MAMMOS	39852-0719	08/2019	08/14/2019	06/13/2019 08/14/2019	48.16	198350	1
01	222-419-533-130	PATIENT CARE				48.16	Expense	
***	Check-Number= 198350	Vendor Name= IOWA PHYSICIANS CLINIC MEDICA*			Check Date= 08/14/2019	Check Amount=	48.16	***
39906 Released	AMERICAN ASSOCIATION OF DIABET 1 YR - AADE NETWORK/DATA ANALYSIS	39906#-PO600-19	08/2019	08/14/2019	08/01/2019 08/14/2019	500.00	198351	1
01	222-412-544-100	CAPITAL PROJECTS				500.00	Expense	
***	Check-Number= 198351	Vendor Name= AMERICAN ASSOCIATION OF DIABET			Check Date= 08/14/2019	Check Amount=	500.00	***
39907 Released	CROWDER*JILL K REFUND FOR FSSMC CLASS OVERPAYMENT	39907#-PO590-19	08/2019	08/14/2019	07/26/2019 08/14/2019	61.50	198352	1
01	222-412-533-000	CONTRACTUAL SERVICE				61.50	Expense	
***	Check-Number= 198352	Vendor Name= CROWDER*JILL K			Check Date= 08/14/2019	Check Amount=	61.50	***
39908 Released	ECONOLOGDE INN & SUITES* REFUND - FSSMC CLASSES	39908#-PO589-19	08/2019	08/14/2019	07/29/2019 08/14/2019	248.00	198353	1
01	222-412-533-000	CONTRACTUAL SERVICE				248.00	Expense	
***	Check-Number= 198353	Vendor Name= ECONOLOGDE INN & SUITES*			Check Date= 08/14/2019	Check Amount=	248.00	***
39909 Released	LIBERTY DENTAL PLAN* OVERPAYMENT REIMBURSEMENT x2 CLAIMS	39909#-PO580-19	08/2019	08/14/2019	07/18/2019 08/14/2019	92.00	198354	1
01	222-417-533-000	CONTRACTUAL				92.00	Expense	
***	Check-Number= 198354	Vendor Name= LIBERTY DENTAL PLAN*			Check Date= 08/14/2019	Check Amount=	92.00	***
50009 Released	MALONE TOWNSHIP* 254 RECYCLING GRANT	50009-0819	08/2019	08/17/2019	06/19/2019 08/14/2019	575.63	198355	1
01	254-112-533-000	CONTRACTUAL SERVICE				575.63	Expense	
***	Check-Number= 198355	Vendor Name= MALONE TOWNSHIP*			Check Date= 08/14/2019	Check Amount=	575.63	***
50015 Released	CINCINNATI TOWNSHIP* 254 RECYCLING GRANT	50015-0819	08/2019	08/17/2019	07/08/2019 08/14/2019	1,801.92	198356	1
01	254-112-533-000	CONTRACTUAL SERVICE				1,801.92	Expense	

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
*** Check-Number= 198356 Vendor Name= CINCINNATI TOWNSHIP*					Check Date= 08/14/2019	Check Amount=	1,801.92	***
61440 Released	FARNSWORTH GROUP INC* 182 CONTROL ROOM UPDATES	208440		07/2019 08/17/2019	07/16/2019 08/14/2019	1,232.00	198357	1
01	100-182-544-002		SECURITY/TECHNOLOGY			1,232.00	Expense	
*** Check-Number= 198357 Vendor Name= FARNSWORTH GROUP INC*					Check Date= 08/14/2019	Check Amount=	1,232.00	***
66418 Released	X WASTE INC* 181 GUN RANGE	424761		08/2019 08/17/2019	08/01/2019 08/14/2019	19.57	198358	1
01	100-181-533-660		GARBAGE COLLECTION			19.57	Expense	
66418 Released	X WASTE INC* 181 MCK BLD	424762		08/2019 08/17/2019	08/01/2019 08/14/2019	183.34	198358	1
01	100-181-533-660		GARBAGE COLLECTION			183.34	Expense	
66418 Released	X WASTE INC* 181 OPO	424763		08/2019 08/17/2019	08/01/2019 08/14/2019	44.70	198358	1
01	100-181-533-660		GARBAGE COLLECTION			44.70	Expense	
66418 Released	X WASTE INC* 181 TAZWELL BLD	424764		08/2019 08/17/2019	08/01/2019 08/14/2019	41.20	198358	1
01	100-181-533-660		GARBAGE COLLECTION			41.20	Expense	
66418 Released	X WASTE INC* 181 EMA BLD	424765		08/2019 08/17/2019	08/01/2019 08/14/2019	41.20	198358	1
01	100-181-533-660		GARBAGE COLLECTION			41.20	Expense	
*** Check-Number= 198358 Vendor Name= X WASTE INC*					Check Date= 08/14/2019	Check Amount=	330.01	***
68103 Released	AMEREN ILLINOIS (VAC)* 208 EMERGENCY UTILITY ASSIST	73543-11053		08/2019 08/17/2019	08/02/2019 08/14/2019	191.00	198359	1
01	208-422-533-970		EMERGENCY ASSISTANCE			191.00	Expense	
*** Check-Number= 198359 Vendor Name= AMEREN ILLINOIS (VAC)*					Check Date= 08/14/2019	Check Amount=	191.00	***
71392 Released	SCHROER*DIANA 258 JULY CRISIS COUNSELING	71392-0819		08/2019 08/17/2019	08/08/2019 08/14/2019	3,120.00	198360	1
01	258-333-533-000		CONTRACTUAL SERVICE			3,120.00	Expense	
*** Check-Number= 198360 Vendor Name= SCHROER*DIANA					Check Date= 08/14/2019	Check Amount=	3,120.00	***
73183 Released	RISINGER*MICHAEL D 800 REIMB HOTEL	54181		08/2019 08/17/2019	07/17/2019 08/14/2019	844.88	198361	1
01	267-800-533-160		DRUG COURT			844.88	Expense	
*** Check-Number= 198361 Vendor Name= RISINGER*MICHAEL D					Check Date= 08/14/2019	Check Amount=	844.88	***
75298 Released	HOBSON*LINCOLN C 181 REIMB PHONE JULY	9834477456		08/2019 08/17/2019	07/21/2019 08/14/2019	60.00	198362	1
01	100-181-533-202		CELLULAR SERVICE			60.00	Expense	

Check Register

08/14/2019 07:20:40

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
***	Check-Number= 198362	Vendor Name= HOBSON*LINCOLN C			Check Date= 08/14/2019	Check Amount=		60.00 ***
75734 Released	WRHEL*LEE ANN 258 JULY TRANSCRIPTS	75734-0819	08/2019	08/17/2019	08/01/2019 08/14/2019	185.00	198363	1
01	258-333-533-410	PRINTING/ARTWORK				185.00	Expense	
***	Check-Number= 198363	Vendor Name= WRHEL*LEE ANN			Check Date= 08/14/2019	Check Amount=		185.00 ***
75820 Released	FIVE STAR WATER* 411 DRINKING WATER	107490-0819	08/2019	08/17/2019	07/25/2019 08/14/2019	5.00	198364	1
01	211-411-533-600	GAS, ELECTRIC & WATER				5.00	Expense	
***	Check-Number= 198364	Vendor Name= FIVE STAR WATER*			Check Date= 08/14/2019	Check Amount=		5.00 ***
76920 Released	YOUNG*RICHARD R 161 JUNE CODE INSPT	60	08/2019	08/17/2019	06/17/2019 08/14/2019	125.00	198365	1
01	100-161-533-980	BUILDING CODE INSPECTIONS				125.00	Expense	
***	Check-Number= 198365	Vendor Name= YOUNG*RICHARD R			Check Date= 08/14/2019	Check Amount=		125.00 ***
81739 Released	MORTON COMMUNITY BANK* 244 NTWRT TBL SHOOT,PINGPLOT	9284-0819A	08/2019	08/17/2019	07/25/2019 08/14/2019	1,550.00	198366	1
01	244-911-533-710	ETSB MAINTENANCE				1,550.00	Expense	
81739 Released	MORTON COMMUNITY BANK* 244 1AND1,MCSFT,RED DOT, EVNT	9284-0819	08/2019	08/17/2019	07/25/2019 08/14/2019	329.13	198366	1
01	244-911-533-101	ADMINISTRATION-OTHER				329.13	Expense	
81739 Released	MORTON COMMUNITY BANK* 244 HDMI CABLES	9284-0819B	08/2019	08/17/2019	07/25/2019 08/14/2019	119.97	198366	1
01	244-911-544-000	ETSB EQUIPMENT				119.97	Expense	
***	Check-Number= 198366	Vendor Name= MORTON COMMUNITY BANK*			Check Date= 08/14/2019	Check Amount=		1,999.10 ***
84567 Released	CALPINE ENERGY SOLUTIONS* 213 ENERGY	192120011119400	08/2019	08/17/2019	07/31/2019 08/14/2019	188.05	198367	1
01	100-213-533-620	GAS & ELECTRIC				188.05	Expense	
***	Check-Number= 198367	Vendor Name= CALPINE ENERGY SOLUTIONS*			Check Date= 08/14/2019	Check Amount=		188.05 ***
85851 Released	IWIRC* 411 RABIES VAC RYAN 10F3	291437	08/2019	08/17/2019	07/27/2019 08/14/2019	268.00	198368	1
01	211-411-533-980	EMPLOYEE RABIES IMMUNIZATIONS				268.00	Expense	
***	Check-Number= 198368	Vendor Name= IWIRC*			Check Date= 08/14/2019	Check Amount=		268.00 ***
87937 Released	AMERICAN SCREENING CORP* 230 DRUG TEST SUPPLIES	0170499-IN	08/2019	08/17/2019	08/02/2019 08/14/2019	119.00	198369	1
01	100-230-533-180	MEDICAL SERVICES				119.00	Expense	
01	100-230-533-180	MEDICAL SERVICES				110.00	Liquidation	

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
*** Check-Number=		198369	Vendor Name= AMERICAN SCREENING CORP*		Check Date= 08/14/2019	Check Amount=		119.00 ***
90239 Released	FIRESTONE* 211 TIRES	207600		07/2019 19000634 E	08/17/2019 07/15/2019 08/14/2019	106.05	198370	1
01	100-211-533-700		VEHICLE MAINTENANCE			106.05	Expense	
01	100-211-533-700		VEHICLE MAINTENANCE			106.05	Liquidation	
*** Check-Number=		198370	Vendor Name= FIRESTONE*		Check Date= 08/14/2019	Check Amount=		106.05 ***
92905 Released	HAYES & SARFF PC* 800 12 -P-60	12-P-60		08/2019	08/17/2019 04/29/2019 08/14/2019	300.00	198371	1
01	100-800-533-120		ATTORNEY FEES			300.00	Expense	
*** Check-Number=		198371	Vendor Name= HAYES & SARFF PC*		Check Date= 08/14/2019	Check Amount=		300.00 ***
94936 Released	COAST TO COAST COMPUTER PRODUC 913 TONERS	A2009975		07/2019 19000642 E	08/17/2019 07/18/2019 08/14/2019	74.97	198372	1
01	100-913-522-300		COMPUTER SUPPLIES			74.97	Expense	
01	100-913-522-300		COMPUTER SUPPLIES			74.97	Liquidation	
*** Check-Number=		198372	Vendor Name= COAST TO COAST COMPUTER PRODUC		Check Date= 08/14/2019	Check Amount=		74.97 ***
96092 Released	GRANT*AUSTIN 213 CALL OUT	96092-0819		08/2019	08/17/2019 07/29/2019 08/14/2019	6.00	198373	1
01	100-213-533-360		EMERGENCY CALL			6.00	Expense	
*** Check-Number=		198373	Vendor Name= GRANT*AUSTIN		Check Date= 08/14/2019	Check Amount=		6.00 ***
96717 Released	YOUMANS DO INC*AMANDA J 252 AUTOPSY	19-06-23-B		07/2019	08/17/2019 07/21/2019 08/14/2019	925.00	198374	1
01	100-252-533-020		PATHOLOGY EXPENSE			925.00	Expense	
96717 Released	YOUMANS DO INC*AMANDA J 252 AUTOPSY	19-06-28		07/2019	08/17/2019 07/24/2019 08/14/2019	925.00	198374	1
01	100-252-533-020		PATHOLOGY EXPENSE			925.00	Expense	
*** Check-Number=		198374	Vendor Name= YOUMANS DO INC*AMANDA J		Check Date= 08/14/2019	Check Amount=		1,850.00 ***
99414 Released	PEORIA COUNTY CORONER* 252 MORGUE USE	2427		07/2019	08/17/2019 07/16/2019 08/14/2019	267.00	198375	1
01	100-252-533-022		MORGUE USE EXPENSE			267.00	Expense	
99414 Released	PEORIA COUNTY CORONER* 252 MORGUE USE	2428		07/2019	08/17/2019 07/16/2019 08/14/2019	267.00	198375	1
01	100-252-533-022		MORGUE USE EXPENSE			267.00	Expense	
99414 Released	PEORIA COUNTY CORONER* 252 MORGUE FEE	2431		07/2019	08/17/2019 07/18/2019 08/14/2019	267.00	198375	1
01	100-252-533-022		MORGUE USE EXPENSE			267.00	Expense	
*** Check-Number=		198375	Vendor Name= PEORIA COUNTY CORONER*		Check Date= 08/14/2019	Check Amount=		801.00 ***

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
99416 Released	MORGAN-JONES MORTUARY SVCS* 252 BOADY REMOVAL	3261	08/2019	08/17/2019	07/07/2019 08/14/2019	1,600.00	198376 1	
01	100-252-533-370		BODY REMOVAL			1,600.00	Expense	
*** Check-Number= 198376 Vendor Name= MORGAN-JONES MORTUARY SVCS* Check Date= 08/14/2019						Check Amount=	1,600.00	***
99608 Released	FOX*PATRICK W 252 AUTOPSY ASSIST	1943	07/2019	08/17/2019	07/16/2019 08/14/2019	480.00	198377 1	
01	100-252-533-020		PATHOLOGY EXPENSE			480.00	Expense	
*** Check-Number= 198377 Vendor Name= FOX*PATRICK W Check Date= 08/14/2019						Check Amount=	480.00	***
99654 Released	MORTON COMMUNITY BANK* 244 TEAMVIEWER, INDEED	1305-0819	08/2019	08/17/2019	07/25/2019 08/14/2019	921.01	198378 1	
01	244-911-522-140		DUES & SUBSCRIPTIONS			921.01	Expense	
*** Check-Number= 198378 Vendor Name= MORTON COMMUNITY BANK* Check Date= 08/14/2019						Check Amount=	921.01	***
102775 Released	SHI INTERNATIONAL CORP* 219 LAPTOP UNIT 1910	B10267186	07/2019	08/17/2019	07/16/2019 08/14/2019	2,111.00	198379 1	
01	219-914-533-510		PHYSICAL DAMAGE/LOSS REPLACE			2,111.00	Expense	
102775 Released	SHI INTERNATIONAL CORP* 219 DOCKING STATION UNIT 1910	B10266015	07/2019	08/17/2019	07/15/2019 08/14/2019	699.99	198379 1	
01	219-914-533-510		PHYSICAL DAMAGE/LOSS REPLACE			699.99	Expense	
*** Check-Number= 198379 Vendor Name= SHI INTERNATIONAL CORP* Check Date= 08/14/2019						Check Amount=	2,810.99	***
105393 Released	ALL WEB PROMOTION* 242 CIR CLK WEBSITE UPGRADE	INV 62524	08/2019	08/17/2019	05/23/2019 08/14/2019	1,585.00	198380 1	
01	242-121-533-000		CONTRACTUAL SERVICE			1,585.00	Expense	
01	242-121-533-000		CONTRACTUAL SERVICE			1,585.00	Liquidation	
*** Check-Number= 198380 Vendor Name= ALL WEB PROMOTION* Check Date= 08/14/2019						Check Amount=	1,585.00	***
107094 Released	IACC* 243 IACC CONF REG JULIE Y	107094-0819	08/2019	08/17/2019	08/06/2019 08/14/2019	125.00	198381 1	
01	243-121-533-910		EDUCATION & TRAINING			125.00	Expense	
*** Check-Number= 198381 Vendor Name= IACC* Check Date= 08/14/2019						Check Amount=	125.00	***
108916 Released	SUMMIT FOOD SERVICE LLC* 211 INMT MEALS	INV2-51161	07/2019	08/17/2019	07/15/2019 08/14/2019	4,561.13	198382 1	
01	100-211-533-060		PRISONERS FOOD			4,561.13	Expense	
108916 Released	SUMMIT FOOD SERVICE LLC* 211 INMT MEALS 7/13-7/19	INV2-51877	07/2019	08/17/2019	07/22/2019 08/14/2019	4,825.40	198382 1	
01	100-211-533-060		PRISONERS FOOD			4,825.40	Expense	
*** Check-Number= 198382 Vendor Name= SUMMIT FOOD SERVICE LLC* Check Date= 08/14/2019						Check Amount=	9,386.53	***

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
109182 Released	SUPERION LLC* 244 CONSTL TRAVEL EXPENSES	245666	08/2019	08/17/2019	07/17/2019 08/14/2019	668.60	198383	1
01	244-911-533-150		CONSULTING SERVICES			668.60	Expense	
109182 Released	SUPERION LLC* 244 CONSLT EXPENSES ON SITE	246677	08/2019	08/17/2019	07/29/2019 08/14/2019	969.51	198383	1
01	244-911-533-150		CONSULTING SERVICES			969.51	Expense	
109182 Released	SUPERION LLC* 244 CONSLT AIRFARE	246404	08/2019	08/17/2019	07/24/2019 08/14/2019	367.00	198383	1
01	244-911-533-150		CONSULTING SERVICES			367.00	Expense	
*** Check-Number= 198383 Vendor Name= SUPERION LLC* Check Date= 08/14/2019						Check Amount=	2,005.11	***
109678 Released	FOX*MATTHEW F 252 AUTOPSY	19-06-23-A	07/2019	08/17/2019	07/15/2019 08/14/2019	900.00	198384	1
01	100-252-533-020		PATHOLOGY EXPENSE			900.00	Expense	
*** Check-Number= 198384 Vendor Name= FOX*MATTHEW F Check Date= 08/14/2019						Check Amount=	900.00	***
110376 Released	AMAZON CAPITAL SERVICES* 152 DYMO LABELS	1H91-7T34-FRCY	07/2019	08/17/2019	07/10/2019 08/14/2019	76.96	198385	1
01	100-152-522-080		ELECTION SUPPLIES			76.96	Expense	
01	100-152-522-080		ELECTION SUPPLIES			90.00	Liquidation	
110376 Released	AMAZON CAPITAL SERVICES* 211 DYMO LABELS	19LD-7N41-Q7T1	07/2019	08/17/2019	07/09/2019 08/14/2019	55.84	198385	1
01	100-211-522-010		OFFICE SUPPLIES			55.84	Expense	
01	100-211-522-010		OFFICE SUPPLIES			55.00	Liquidation	
110376 Released	AMAZON CAPITAL SERVICES* 211 USB CABLES	1R1F6VCPHPFK	07/2019	08/17/2019	07/10/2019 08/14/2019	17.98	198385	1
01	100-211-522-011		FIELD SUPPLIES			17.98	Expense	
110376 Released	AMAZON CAPITAL SERVICES* 211 DRY ERASE BOARD	1R1F-6VCP-HPFK	07/2019	08/17/2019	07/10/2019 08/14/2019	13.19	198385	1
01	100-211-522-010		OFFICE SUPPLIES			13.19	Expense	
110376 Released	AMAZON CAPITAL SERVICES* 211 OPIOID OVERDOSE KITS	14P7-RPVJ-61WY	07/2019	08/17/2019	07/12/2019 08/14/2019	19.90	198385	1
01	100-211-522-011		FIELD SUPPLIES			19.90	Expense	
110376 Released	AMAZON CAPITAL SERVICES* 257 WALL MOUNT/CART	1FCN-NLNM-CKLQ	07/2019	08/17/2019	07/09/2019 08/14/2019	59.98	198385	1
01	257-211-533-700		FAILURE TO APPEAR WARRANT FEE			59.98	Expense	

*** Check-Number= 198385 Vendor Name= AMAZON CAPITAL SERVICES* Check Date= 08/14/2019 Check Amount= 243.85 ***

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number Account-Description	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number Action	Remit-Addr
110505 Released	MCAHAN*DAN 211 PAPER SVC 7/28-8/3	110505-0819A	08/2019	08/17/2019	08/03/2019 08/14/2019	250.00	198386	1
01	100-211-533-040		PROCESS SERVERS			250.00	Expense	
*** Check-Number= 198386 Vendor Name= MCAHAN*DAN						Check Date= 08/14/2019	Check Amount=	250.00 ***
112702 Released	FICK*GINA 161 JULY ZBA TRANSCRIPT	1793	07/2019	08/17/2019	07/16/2019 08/14/2019	485.00	198387	1
01	100-161-533-060		APPEAL BOARD			485.00	Expense	
*** Check-Number= 198387 Vendor Name= FICK*GINA						Check Date= 08/14/2019	Check Amount=	485.00 ***
113395 Released	MCKESSON MEDICAL-SURGICAL* 211 INMT MED SUPPLIES	59427246	07/2019	08/17/2019	07/19/2019 08/14/2019	16.57	198388	1
01	100-211-522-050		MEDICAL SUPPLIES			16.57	Expense	
*** Check-Number= 198388 Vendor Name= MCKESSON MEDICAL-SURGICAL*						Check Date= 08/14/2019	Check Amount=	16.57 ***

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number	Remit-Addr
------------------------	--	------------	----------------------	----------------------	-------------------------	----------------------	---------------------------	------------

*** Run Totals ***

Check-Count	Paid	Pre-Paid	Total
102.00			102.00

Invoice Total	206,616.93		206,616.93
Amount Paid	206,616.93		206,616.93
Amount Liquidated	7,386.69		7,386.69

Check Register

Vendor Status Chk-Acct	Vendor Name Transaction-Description Account-Number	Invoice-No	Trans-mmyy PO-Number	Due Date Liq PO-Date	Invoice-Date Check-Date	Invoice-Total Amount	Claim-Number Check-Number	Remit-Addr
------------------------	--	------------	----------------------	----------------------	-------------------------	----------------------	---------------------------	------------

*** Bank Account Activity By Fund ***

Fund Description	Check Account	Cash-Account-Number	Regular	Pre-Paid	Total
COUNTY GENERAL FUND	01	100-000-101-000	33,509.25		33,509.25
COUNTY HIGHWAY FUND	01	202-000-101-000	21,077.73		21,077.73
COUNTY MOTOR FUEL TAX FUND	01	203-000-101-000	38,402.00		38,402.00
TOWNSHIP ROAD FUEL TAX FUND	01	204-000-101-000	57,900.00		57,900.00
VETERANS ASSISTANCE FUND	01	208-000-101-000	191.00		191.00
ANIMAL CONTROL FUND	01	211-000-101-000	1,686.76		1,686.76
RISK MANAGEMENT & LIABILITY	01	219-000-101-000	2,810.99		2,810.99
COUNTY HEALTH FUND	01	222-000-101-000	35,200.05		35,200.05
LAW LIBRARY FUND	01	233-000-101-000	251.25		251.25
CIRCUIT CLERK'S AUTOMATION	01	242-000-101-000	1,585.00		1,585.00
CIRCUIT CLERK OPERATIONS	01	243-000-101-000	125.00		125.00
EMERGENCY SERVICES TELEPHONE	01	244-000-101-000	7,290.49		7,290.49
SOLID WASTE PLANNING FUND	01	254-000-101-000	2,377.55		2,377.55
POLICE VEHICLE & EQUIPMENT FUN	01	257-000-101-000	59.98		59.98
CHILDREN'S ADVOCACY CENTER	01	258-000-101-000	3,305.00		3,305.00
DRUG COURT FUND	01	267-000-101-000	844.88		844.88
		*** Grand Totals ***	206,616.93		206,616.93