

DATE: 03/16/21
TIME: 09:46:29
PRG ID: AP215000.WOW

VILLAGE OF OLYMPIA FIELDS
CHECK REGISTER

CHECK DATE: 03/16/21

CHECK #	VENDOR #	INVOICE NUMBER	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	ITEM AMT	
73623	DELTA	DELTA DENTAL						
	1437539		03/16/21	01	DENTAL BENEFITS 4/1-4/30/2021	01-20-000-2140	2,505.98	
				02	VISION BENEFITS 4/1-4/30/2021	01-20-000-2140	217.98	
					INVOICE TOTAL:		2,723.96	*
	1437540		03/16/21	01	HMO DENTAL BENEFITS 4/1-4/30	01-20-000-2140	16.34	
					INVOICE TOTAL:		16.34	*
					CHECK TOTAL:			2,740.30
73624	UNITEDHE	UNITED HEALTHCARE						
	784127050310		03/10/21	01	GROUP INSURANCE 3/28-4/27/21	01-20-000-2140	55,857.31	
					INVOICE TOTAL:		55,857.31	*
					CHECK TOTAL:			55,857.31
					TOTAL AMOUNT PAID:			58,597.61