

DATE: 05/20/21
 TIME: 13:09:07
 PRG ID: AP215000.WOW

VILLAGE OF OLYMPIA FIELDS
 CHECK REGISTER

CHECK DATE: 05/20/21

CHECK #	VENDOR #	INVOICE NUMBER	INVOICE DATE	ITEM #	DESCRIPTION	ACCOUNT #	ITEM AMT	
73828	ARCAD	ARCADIAN HOMEOWNERS						
		GRANT PYMT 1 OF 2	05/20/21	01	HOA LANDSCAPING GRANT	01-52-000-5282	500.00	
						INVOICE TOTAL:	500.00	*
						CHECK TOTAL:		500.00
73829	CHI TITL	CHICAGO TITLE INSURANCE						
		EARNEST	05/20/21	01	EARNEST MONEY-LAND AQUITION	09-45-000-8799	1,000.00	
						INVOICE TOTAL:	1,000.00	*
						CHECK TOTAL:		1,000.00
73830	DELTA	DELTA DENTAL						
		1455840	05/20/21	01	DENTAL BENEFITS 6/1-6/30/2021	01-20-000-2140	2,332.90	
				02	VISION BENEFITS 6/1-6/30/2021	01-20-000-2140	193.82	
						INVOICE TOTAL:	2,526.72	*
		1455841	05/20/21	01	HMO DENTAL BENEFIT 6/1-6/30/21	01-20-000-2140	16.34	
						INVOICE TOTAL:	16.34	*
						CHECK TOTAL:		2,543.06
73831	LINCOLN	THE LINCOLNNATIONAL LIFE						
		0621	05/20/21	01	LIFE INS COVERAGE 6/1-6/30/21	01-41-000-4112	18.26	
				02	LIFE INS COVERAGE 6/1-6/30/21	01-46-000-4612	27.39	
				03	LIFE INS COVERAGE 6/1-6/30/21	01-43-000-4312	18.26	
				04	LIFE INS COVERAGE 6/1-6/30/21	01-45-000-4512	14.00	
				05	LIFE INS COVERAGE 6/1-6/30/21	02-45-000-4512	32.48	
				06	LIFE INS COVERAGE 6/1-6/30/21	03-45-000-4512	32.49	
				07	LIFE INS COVERAGE 6/1-6/30/21	01-44-000-4412	188.53	
						INVOICE TOTAL:	331.41	*
						CHECK TOTAL:		331.41

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73832	UNITEDHE	UNITED HEALTHCARE						
	784123169616		05/10/21	01	GROUP INSURANCE 5/28-6/27/2021	01-20-000-2140	49,794.23	
						INVOICE TOTAL:	49,794.23 *	
						CHECK TOTAL:	49,794.23	
						TOTAL AMOUNT PAID:	54,168.70	