County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Ambulance
BOARD MEETING DATE: 08/08/2014
DATE SUBMITTED: 08/06/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Jim & Dot's FUND LINE 11 5207 01 UNIFORMS	DESCRIPTION New Boots 07-23-14 Jess Dawley $125.00 08-01-14 Jay Lopez $119.99	324.99
	INVOICE NUMBER 6760 / INVOICE DATE 07/31/2014 VENDOR NAME Ullin Auto Care FUND LINE 11 5204 01 MAINTENANCE	DESCRIPTION 5U11 Inspection	22.00
	INVOICE NUMBER / INVOICE DATE VENDOR NAME County Fuel Fund 05 FUND LINE 11 5208 01 FUEL	DESCRIPTION 06/02/2014 - 07/13/2014	5,550.14
	INVOICE NUMBER / INVOICE DATE 08/01/2014 VENDOR NAME Womick Disposal, Inc FUND LINE 11 5303 01 UTILITIES	DESCRIPTION July Trash Hauling	70.00
	INVOICE NUMBER / INVOICE DATE VENDOR NAME City of Jonesboro FUND LINE 11 5303 01 UTILITIES	DESCRIPTION AMBUS01 301 W Miss $61.70 AMBUS1654 204 W Miss $52.62	114.32
	INVOICE NUMBER 982902431 / INVOICE DATE 07/31/2014 VENDOR NAME Moore Medical FUND LINE 11 5221 01 MEDICAL EQUIPMENT/SUPPLIES	DESCRIPTION IV Solution	45.00
	INVOICE NUMBER / INVOICE DATE VENDOR NAME VOID FUND LINE [Select a Fund Line]	DESCRIPTION	
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	INVOICE NUMBER / INVOICE DATE VENDOR NAME VOID FUND LINE [Select a Fund Line]	DESCRIPTION	
		TOTAL	$ 6,126.45

Consent given by the County Board

Official/Department Head Signature

Unless noted by circling an item on this form, board consent implies approval of all individual requests.

Jim & Dot's Shoe Store & Western Wear
113 West Davie St.
Anna, IL 62906
(618) 833-5245
Email: jimndots1@hotmail.com

CUSTOMER'S ORDER NO.	PHONE	DATE
		July 23 14

NAME Jess Owsley
ADDRESS Union Co. Ams.
CITY STATE ZIP

CASH			MDSE RETD	PAID OUT	
QTY.	DESCRIPTION			PRICE	AMOUNT
	Uniform				125 00
	Boots				
SOLD BY	RECEIVED BY			TAX	
Sef				TOTAL	125 00

No. 50060 All claims and returned goods MUST be accompanied by this bill. **THANK YOU**

Jim & Dot's Shoe Store & Western Wear
113 West Davie St.
Anna, IL 62906
(618) 833-5245
Email: jimndots1@hotmail.com

CUSTOMER'S ORDER NO.	PHONE	DATE
		8-1-14

NAME Jay Lopez
ADDRESS UC Ambulance
CITY STATE ZIP

CASH			MDSE RETD	PAID OUT	
QTY.	DESCRIPTION			PRICE	AMOUNT
	Boots				119 99
SOLD BY	RECEIVED BY			TAX	
				TOTAL	119 99

No. 50086 All claims and returned goods MUST be accompanied by this bill. **THANK YOU**

ULLIN AUTO CARE, INC.

Auto Body & Mechanics
P.O. Box 159
Ullin, IL 62992
618-845-3392

COLLISION SPECIALISTS

CUSTOMER'S ORDER NO.	SOLD BY	DATE 7-31-14

SOLD TO: Union Co. Ambulance

ADDRESS: POB 37 Jonesboro, IL 62952

MDSE. SOLD		MDSE. RET'D		REC'D ON ACCT. - NOTE	MISC'L	PAID OUT
CASH	CHARGE	CASH	CHARGE			

QTY.	PART NO.	ARTICLES	PRICE	AMOUNT
1		Inspection 5011		22 00
			TAX	
RECEIVED BY			TOTAL	22 00

C PRODUCT 611 All claims and returned goods MUST be accompanied by this bill.

6760

Thank You

COUNTY FUEL EXPENDITURES

Billing Period 6/2/2014 to 7/31/2014

Unleaded Gasoline

	Gallons Used	Price/ Gallon $	$ owed General Fuel Fund 05
Highway	1397.919	2.939	.$ 4,108.48
Sheriff	2394.102	2.939	$ 7,036.27
Ambulance	0	2.939	$ -
Animal Control	188.668	2.939	$ 554.50
State's Attorney	0	2.939	$ -
ESDA	20.007	2.939	$ 58.80
911	94.349	2.939	$ 277.29
Total	4095.045	2.939	$ 12,035.34

Diesel Fuel

	Gallons Used	Price/ Gallon $	$ owed General Fuel Fund 05
Highway	6505.521	3.202	$ 20,830.68
Sheriff	100	3.202	$ 320.20
Ambulance	1733.335	3.202	$ 5,550.14
Animal Control	151.43	3.202	$ 484.88
State's Attorney	0	3.202	$ -
ESDA	20.399	3.202	$ 65.32
911	0	3.202	$ -
Total	8510.685	3.202	$ 27,251.21

Total to Fuel Fund 05 this period ===> $ 39,286.55

Statement

Womick Disposal, Inc.
1555 Old Hwy 51 N.
Anna, Illinois 62906

Date
8/1/2014

To:
Union Co. Ambulance Service P. O. Box 37 309 W. Market St. Jonesboro, Illinois 62952

Amount Due	Amount Enc.
$70.00	

Date	Transaction	Amount	Balance
07/01/2014	Balance forward		70.00
07/14/2014	PMT #1351. Payment for June	-70.00	0.00
08/01/2014	Due 08/22/2014. Trash Hauling for July	70.00	70.00

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
70.00	0.00	0.00	0.00	0.00	$70.00

City of Jonesboro

PO Box 330
Jonesboro, IL 62952
833-2712

Utility Bill

AMBULANCE SERVICE
P.O.BOX 37 .

JONESBORO, IL 62952

Account #: AMBUS01
Rt-Seq: 02273-02

Service Address
301 W. MISSISSIPPI ST.

ACCOUNT NO	Prev Date Read	Date Read	Days
AMBUS01	6/17/2014	7/14/2014	27
Meter	**Prev Reading**	**Current Reading**	**Usage**
GR1	464	465	1
WR1	1,620,300	1,624,500	4,200

Due Date: 8/20/2014
Pay By Due Date: $61.70
After Due Date: $67.87

Description	Amount	Code
GAS-RES/COM	15.60	GR1
WATER-RES/COM	32.77	WR1
SEWER-RES/COM	13.33	SR1

If you would like a receipt when paying please bring entire bill.

If you smell gas call 833-2712! Nights & weekends call 833-5500!

Please include lower portion with remittance. Allow 5 days for mail delivery.

Amount Paid **Check #**

Account ID: **AMBUS01**
AMBULANCE SERVICE
Rt-Seq: 02273-02
Service Address: 301 W. MISSISSIPPI ST.

Bal Fwd:	0.00	
	15.60	G
	13.33	S
	0.00	T
	32.77	W
Pay By Due Date:	**61.70**	
After Due Date:	67.87	

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City of Jonesboro

PO Box 330
Jonesboro, IL 62952
833-2712

Utility Bill

AMBULANCE SERVICE
P.O. BOX 37

JONESBORO, IL 62952

Account #: AMBUS1654
Rt-Seq: 02271-00

Service Address
204 W. MISSISSIPPI ST.

ACCOUNT NO	Prev Date Read	Date Read	Days
AMBUS1654	6/17/2014	7/14/2014	27
Meter	**Prev Reading**	**Current Reading**	**Usage**
GR1	2,402	2,403	1
WR1	21,300	21,600	300

Due Date: 8/20/2014
Pay By Due Date: $52.62
After Due Date: $57.88

Description	Amount	Code
GAS-RES/COM	15.60	GR1
WATER-RES/COM	17.33	WR1
SEWER-RES/COM	8.69	SR1
TRASH	11.00	TR1

If you would like a receipt when paying please bring entire bill.

If you smell gas call 833-2712! Nights & weekends call 833-5500!

Please include lower portion with remittance. Allow 5 days for mail delivery.

Amount Paid **Check #**

Account ID: **AMBUS1654**
AMBULANCE SERVICE
Rt-Seq: 02271-00
Service Address: 204 W. MISSISSIPPI ST.

Bal Fwd:	0.00	
	15.60	G
	8.69	S
	11.00	T
	17.33	W
Pay By Due Date:	**52.62**	
After Due Date:	57.88	

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mooremedical
Supporting Health & Care

Corporate Office
1690 New Britain Avenue
PO Box 4066
Farmington, CT 06032-4066
800.234.1464 | www.mooremedical.com

INVOICE

Invoice #	Invoice Amount Due	Invoice Date
98290243 I	$ 45.00	07/31/14
Bill to Customer #	**Terms**	**Order #**
1125804	NET 30 DAYS	16956788
Ship Date	**Due Date**	
05/08/14	08/30/14	
Customer Order #		
Blanket #	**PO #**	

0206125 01 MB 0.432 **AUTO 7 0 1153 62952-123001 -C01-P06131-I MED DLY

Union County Ambulance Service
Grant Capel
301 W Mississippi St
JONESBORO IL 62952-1230

Ship To: 1125804

Union County Ambulance Service
Mark Donvito MD
301 W Mississippi St
JONESBORO IL 62952

CA - 7950 West Doe Avenue, Visalia, CA 93291
CT - 370 John Downey Drive, New Britain, CT 06051
FL - 8100 Westside Ind'l Dr, Bldg 4, Jacksonville, FL 32219
IL - 495 Woodcreek Drive, Bolingbrook, IL 60440

Item #	Item Description	Order Qty	Ship Qty	B/O Qty	$ Unit Price	U/M	$ Extended	$ Sales Tax	Ship From
69411	Sodium Chloride .9% Inj L8000 Pedigree# 21000256291 NDC#: 00264780000	36	36		1.25	EA	45.00	.00	CT

This purchase listed on this invoice may be subject to a discount or other promotional consideration that may require you to report the value of such discount or promotional consideration, if any, as a discount. In addition, the prices on this invoice may include fees for service that may not be reimbursable under the Medicare Medicaid statues. You can receive an itemized list of any fees in the included prices upon request.

For any inquires about your payments and balances, or to request a copy of the pedigree(s), call 800.234.1464, and select option 3, 8:00am - 8:00pm ET Monday-Friday, or log in at www.mooremedical.com and view your options under the "My Account" tab.

Late payments are subject to 1.5% finance charge.

Subtotal	$	45.00
Tax	$	.00
Handling	$	.00
Ship Ice/Haz	$	.00
Freight	$	.00
Fuel Surcharge	$	.00
Total	$	45.00
Balance Due	$	45.00

Please detach here and return with your remittance

Moore DEA# PP0040167

mooremedical
Supporting Health & Care

Corporate Office
1690 New Britain Avenue
PO Box 4066
Farmington, CT 06032-4066
800.234.1464 | www.mooremedical.com

Invoice #	Invoice Amount Due	Invoice Date
98290243I	$ 45.00	07/31/14
Bill to Customer #	**Terms**	**Order #**
1125804	NET 30 DAYS	16956788
Ship Date	**Due Date**	
05/08/14	08/30/14	
Customer Order #		
Blanket #	**PO #**	

Send Payments To:

Union County Ambulance Service
Grant Capel
301 W Mississippi St
JONESBORO IL 62952

Moore Medical LLC
PO Box 99718
Chicago, IL 60696

98290243011258040000045006

1163-01-b2-0206125-0001-0009159