

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Ambulance
BOARD MEETING DATE: 08/08/2014
DATE SUBMITTED: 07/30/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER VENDOR NAME Delta Dental FUND LINE 11 5190 01 HEALTH INSURANCE	INVOICE DATE DESCRIPTION 13 employees x \$14.16 1 retiree (\$0)	184.08
	INVOICE NUMBER VENDOR NAME Blue Cross Blue Shield FUND LINE 11 5190 01 HEALTH INSURANCE	INVOICE DATE DESCRIPTION 13 employees x \$559.23 1 Retiree - \$350	7,619.99
	INVOICE NUMBER 2176-245332 VENDOR NAME O'Reilly Auto Parts FUND LINE 11 5220 01 SUPPLIES	INVOICE DATE 07/24/2014 DESCRIPTION Spray nozzle, Car Wash Brush	28.68
	INVOICE NUMBER VENDOR NAME Medical Arts Press FUND LINE 11 5220 01 SUPPLIES	INVOICE DATE 07/17/2014 DESCRIPTION Inv 8238982 - File folders (1000) \$127.48 Inv 8241056 - envelopes (500) \$29.75 Inv 8241454 - paper(10)/post-its \$50.37	207.60
	INVOICE NUMBER 142142 VENDOR NAME Vidacare FUND LINE 11 5221 01 MEDICAL EQUIPMENT/SUPPLIES	INVOICE DATE 07/18/2014 DESCRIPTION (10) EZ-IO needles (\$110 ea)	1,110.88
	INVOICE NUMBER 81498262 VENDOR NAME Bound Tree Medical, LLC FUND LINE 11 5221 01 MEDICAL EQUIPMENT/SUPPLIES	INVOICE DATE 07/28/2014 DESCRIPTION Furosemide (2)	10.28
	INVOICE NUMBER 65364 VENDOR NAME Personal Medical Equipment FUND LINE 11 5221 01 MEDICAL EQUIPMENT/SUPPLIES	INVOICE DATE 07/25/2014 DESCRIPTION Oxygen	48.50
	INVOICE NUMBER 606221 VENDOR NAME Coad Ford FUND LINE 11 5204 01 MAINTENANCE	INVOICE DATE 07/24/2014 DESCRIPTION 5U14 Air suspension valve part and repair	109.08
	INVOICE NUMBER VENDOR NAME New Wave FUND LINE 11 5303 01 UTILITIES	INVOICE DATE DESCRIPTION Acct 028037401 204 W Mississippi	197.00
	INVOICE NUMBER 1596 VENDOR NAME Gurley & Son FUND LINE 11 5305 01 BUILDING MAINT/CONSTRUCTION	INVOICE DATE 07/21/2014 DESCRIPTION Seasonal Check and Media Filter	131.57
	INVOICE NUMBER VENDOR NAME VOID FUND LINE [Select a Fund Line]	INVOICE DATE DESCRIPTION	
	INVOICE NUMBER VENDOR NAME VOID FUND LINE [Select a Fund Line]	INVOICE DATE DESCRIPTION	
TOTAL			\$ 9,647.66

Consent given by the County Board



Juanita W. Williams

Official/Department Head Signature

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

UNION COUNTY AMBULANCE SERVICE

204 W. Mississippi St. - PO Box 37 - Jonesboro, IL 62952
Phone: (618) 833-2871 - Fax: (618) 833-6201
Email: unioncountyambulanceservice@gmail.com

Dental Insurance

Month September 2014

Date July 30, 2014 *JS*

Bowen, Bill - Retiree		\$0
Akers, Mike		\$14.16
Brown, Greg		\$14.16
Capel, Grant		\$14.16
Cerny, Mark		\$14.16
Dawley, Jess		\$14.16
Hartman, Michael		\$14.16
Lofton, Megan		\$14.16
Lopez, Jay		\$14.16
O'Daniell, Carrell		\$14.16
Roberts, Jessica		\$14.16
Trammel, Joshua		\$14.16
Walker, Roy		\$14.16
Watkins, Jamie		\$14.16
TOTAL		\$184.08

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204 W. Mississippi St. - PO Box 37 - Jonesboro, IL 62952
Phone: (618) 833-2871 - Fax: (618) 833-6201
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Health Insurance

Month September 2014

Date July 30, 2014 *AW*

Bowen, Bill - Retiree		\$350.00
Akers, Mike		559.23
Brown, Greg		559.23
Capel, Grant		559.23
Cerny, Mark		559.23
Dawley, Jess		559.23
Hartman, Michael		559.23
Lofton, Megan		559.23
Lopez, Jay		559.23
O'Daniell, Carrell		559.23
Roberts, Jessica		559.23
Trammel, Joshua		559.23
Walker, Roy		559.23
Watkins, Jamie		559.23
		559.23
TOTAL		\$7,619.99



OFFICE P.O. BOX 1156, SPRINGFIELD, MO. 65801
PHONE (417) 862-3333



STORE PHONE # 618 833-2030
ADDRESS: 507 EAST VIENNA STREET
ANNA IL 62906-2029
REMIT TO: PO BOX 9464
SPRINGFIELD MO 65801-9464

BILL TO
874068 SHIP TO
UNION COUNTY AMBLANCE
37 P O BOX
JONESBORO IL 62952

INVOICE NUMBER 2176-245332
INVOICE TYPE CHARGE SALE
INVOICE DATE 7/24/14

COUNTER NO.	SPECIAL INSTRUCTIONS					SHIP VIA	CUSTOMER ORDER NO.	TIME OF ORDER	FILLED BY	CHECKED BY			
26249						DELIVER		15:16:11					
TAX	R C	QTY.	LINE	ITEM NUMBER	UNIT MEAS.	CD.	DESCRIPTION	LIST PRICE	NET PRICE	DISC %	CORE PRICE	EXTENDED PRICE	
N		1		VCC 999000	EA		SPRAY NOZZLE	11.34	6.69			6.69	
N		1		CRD 93097	EA		10" BRUSH	37.27	21.99			21.99	
TOTALS		2	CUSTOMER COPY "We appreciate your business"					48.61	28.68			SUB-TOTAL	28.68
BROWN		CUSTOMER SIGNATURE <i>Dryga</i>					CASH TEND.					MISC.	
							CHANGE					TAX/FEES	.00
												TOTAL	28.68

*** ALL MERCHANDISE RETURNED MUST BE ACCOMPANIED BY THIS INVOICE ***

Visit Us At: www.oreillyauto.com



2315:
 Order Date : 07/17/2014
 Ship Date : 07/17/2014
 InvoiceDate : 07/17/2014
 TIN : 41-0842870

P.O. Box 37647 Philadelphia, PA 19101-0647
 Customer Service: 1-800-328-2179
 www.medicalartspress.com

0001757 01 MB 0.432 **AUTO T3 0 1442 62952-003737 -C01-P01757-I

Sold To:
 Union County Ambulance



Ship To:
 Union Co Ambulance

Po Box 37
 Jonesboro IL 62952-0037

204 W Mississippi St
 Jonesboro IL 62952



1442-01-00-0001757-0001-0002278

Customer PO : watkinsjaime Order# : 69445983 Invoice# : 8238982 Account# : C4462685

Item Number	Description	Color	Qty shipped	Price/UM	Extended
174-31456B	E-T fldr,11 pt,Full cut,500/bx		2	\$63.74/box	\$127.48
244-897802	Spls copy paper select, ltr	White	0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
174-7-382-YW	Qb self-Stick notes, 1-1/2X2	Yellow	0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
174-63012-PK	3X3 lined post-It notes	Yellow	0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
999-34041	#10 reg env w/secure tint,Blnk		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
999-64017M	Take \$25 off your next order		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
999-54236M	Take \$20 off your next order		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
999-64026M	Win \$250 in map cash!		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					
999-39999	Free mrs fields cookie tin		0	\$0.00/	\$0.00
The item above will be shipped and billed separately					

Your coupon savings of \$22.50 is reflected in the item prices on this invoice

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.



Please remit stub from total page.



P.O. Box 37647 Philadelphia, PA 19101-0647
Customer Service: 1-800-328-2179
www.medicalartspress.com

2316:
Order Date : 07/17/2014
Ship Date : 07/17/2014
InvoiceDate : 07/17/2014
TIN : 41-0842870

Sold To:
Union County Ambulance

Po Box 37
Jonesboro IL 62952-0037

Ship To:
Union Co Ambulance

204 W Mississippi St
Jonesboro IL 62952

1442-01-00-0001757-0002-000279

Customer PO : watkinsjaime Order# : 69445983 Invoice# : 8238982 Account# : C4462685

Item Number	Description	Color	Qty shipped	Price/UM	Extended
-------------	-------------	-------	-------------	----------	----------



Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Medicalartspress.com.



Earn up to \$20 per month in Medical Arts Cash
Go to Medicalartspress.com/inkrecycle

To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below.

Mdse Total:	\$127.48
Tax:	\$0.00
Freight:	Free

Amount Due: \$127.48

Due Date: 08/16/2014

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: C4462685
Union County Ambulance



Invoice Number: 8238982
Invoice Date: 07/17/2014
Amount Due: \$127.48
Payable in U.S. Dollars

Payable to:
Medical Arts Press
P.O.Box 37647
Philadelphia, PA 19101-0647

0022000000082389820004462685110000000127483

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.



2317:
 Order Date : 07/17/2014
 Ship Date : 07/17/2014
 InvoiceDate : 07/17/2014
 TIN : 41-0842870

P.O. Box 37647 Philadelphia, PA 19101-0647
 Customer Service: 1-800-328-2179
 www.medicalartspress.com

Sold To:
 Union County Ambulance

Ship To:
 Union Co Ambulance

Po Box 37
 Jonesboro IL 62952-0037

204 W Mississippi St
 Jonesboro IL 62952

1442-01-00-0001757-0003-0002290

Customer PO : watkinsjaime Order# : 69446516 Invoice# : 8241056 Account# : C4462685

Item Number	Description	Color	Qty shipped	Price/UM	Extended
999-34041	#10 reg env w/secure tint,Blnk		5	\$5.95/ C	\$29.75

Your coupon savings of \$5.25 is reflected in the item prices on this invoice



Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Medicalartspress.com.



Earn up to \$20 per month in Medical Arts Cash
 Go to Medicalartspress.com/inkrecycle

Mdse Total:	\$29.75
Tax:	\$0.00
Freight:	Free

To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below.

Amount Due:	\$29.75
Due Date:	08/16/2014

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: **C4462685**
 Union County Ambulance



Invoice Number: **8241056**
 Invoice Date: 07/17/2014
 Amount Due: \$29.75
 Payable in U.S. Dollars

Payable to:
 Medical Arts Press
 P.O.Box 37647
 Philadelphia, PA 19101-0647

0022000000082410560004462685110000000029752

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.

Medical arts press.

A STAFLES COMPANY

2318:
 Order Date : 07/17/2014
 Ship Date : 07/17/2014
 InvoiceDate : 07/17/2014
 TIN : 41-0842870

P.O. Box 37647 Philadelphia, PA 19101-0647
 Customer Service: 1-800-328-2179
 www.medicalartspress.com

Sold To:
 Union County Ambulance

 Po Box 37
 Jonesboro IL 62952-0037

Ship To:
 Union Co Ambulance

 204 W Mississippi St
 Jonesboro IL 62952

1442-01-00-0001757-0004-0002281

Customer PO : watkinsjaime Order# : 69446515 Invoice# : 8241454 Account# : C4462685

Item Number	Description	Color	Qty shipped	Price/UM	Extended
244-897802	Spls copy paper select, ltr	White	1	\$29.99/carton	\$29.99
174-7-382-YW	Qb self-Stick notes, 1-1/2X2	Yellw	1	\$5.09/dozen	\$5.09
174-63012-PK	3X3 lined post-It notes	Yellw	1	\$15.29/dozen	\$15.29
999-64017M	Take \$25 off your next order		1	\$0.00/each	\$0.00
999-54236M	Take \$20 off your next order		1	\$0.00/each	\$0.00
999-64026M	Win \$250 in map cash!		1	\$0.00/each	\$0.00
999-39999	Free mrs fields cookie tin		1	\$0.00/each	\$0.00

Your coupon savings of \$3.60 is reflected in the item prices on this invoice



Remember you can check your order status & tracking, print invoices and more in the Manage My Account section on Medicalartspress.com.



ink & toner
RECYCLE PROGRAM

Earn up to \$20 per month in Medical Arts Cash
Go to Medicalartspress.com/inkrecycle

Mdse Total:	\$50.37
Tax:	\$0.00
Freight:	Free

To help apply your payment properly, remember to include your **account #** on your check and remit your payment to the address shown below.

Amount Due:	\$50.37
Due Date:	08/16/2014

Customer is responsible for collection fees, court costs and reasonable attorney fees to collect unpaid accounts

Payment Coupon: Please detach and enclose this portion with your payment. Please do not staple. Thank You.

Account Number: **C4462685**
 Union County Ambulance



Invoice Number: **8241454**
 Invoice Date: 07/17/2014
 Amount Due: \$50.37
 Payable in U.S. Dollars

Payable to:
 Medical Arts Press
 P.O.Box 37647
 Philadelphia, PA 19101-0647

0022000000082414540004462685110000000050378

Place an "X" above _____ if you include any comments, suggestions and/or address changes on the back of this payment slip.



INVOICE

Please remit payments to:
Dept 2474 PO Box 122474
Dallas, TX 75312-2474

INVOICE NO.	INV. DATE	CUST. NO.	GLN. NO.	PG NO.
142142	7/18/2014	24450	TF0001085270	1

BILL TO**Union County Ambulance**

Attn: Accounts Payable
PO BOX 37
Jonesboro IL 62952

SHIP TO**Union County Ambulance.**

Attn: Receiving
204 W Mississippi
Jonesboro IL 62952

SHIPPED DATE	PURCHASE ORDER NO.	SHIP VIA	SHIPPING TERMS	TERMS	PAYMENT DUE BY
7/18/2014	07182014ph	UPS Ground	FOB-Origin	Net 30	08/17/2014
SALESPERSON Ryan Plungas		EMAIL Ryan.Plungas@vidacare.com		PHONE	
REMARKS Phone order by Grant. Based On Sales Orders 135145. Based On Deliveries 140114.				TRACKING NO. 1ZA01R830358826377	
EIN #	74-2899035				
ITEM NO.	DESCRIPTION	QTY SHIPPED	BACK ORDER	UNIT PRICE	TOTAL
9001-VC-005	EZ-IO® 25mm Needle (box of 5)	1	0	\$550.00	\$550.00
9079-VC-005	EZ-IO® 45mm Needle (box of 5)	1	0	\$550.00	\$550.00

SUBTOTAL	\$1100.00
DISCOUNT	\$0.00
FREIGHT	\$10.88
TAX	\$0.00
TOTAL INVOICE	\$1,110.88
AMOUNT PAID ON INVOICE	\$0.00
PLEASE REMIT THIS AMOUNT	\$1,110.88

Claims as to price, shortage or otherwise, must be reported within 7 days of a shipping date. Products may not be returned without prior approval and are subject to a 25% restocking fee. Delivery and acceptance of the items listed herein represents an agreement by purchaser that the obligation presented on the related invoice is due and payable at the office of the company shown above within 30 days from the date of the invoice. Custom products are not returnable.

Contact us at: Tel 866-479-8500**Email: VASales@vidacare.com****Website: www.Vidacare.com**



INVOICE

Invoice 81498262

Page 1

Date 7/28/2014

TIN# 31-1739487

Making Precious Minutes Count...™

Correspondence Address:

5000 Tuttle Crossing Blvd

Dublin, OH 43016

PHONE: (800) 533-0523 FAX: (800) 257-5713

www.boundtree.com

Bill To: 217495

Ship To: SHIP001

UNION COUNTY AMBULANCE
PO BOX 37
JONESBORO, IL 62952-0037

UNION COUNTY AMBULANCE
301 W MISSISSIPPI ST
JONESBORO, IL 62952-1230



PO Number	Sales Order Number	Account Manager	Shipping Method	Ship Date	Payment Terms	
JULY 18 2014	96169395	C SCHUTTENBERG	FEE < \$150	07/24/2014	NET 30	
Item Number	Description	Ordered	Shipped	B/O	Unit Price	Ext Price
	<p>THE FOLLOWING ITEMS SHIPPED FROM:</p> <p>03 481 AIRPORT INDUSTRIAL DR, SUITE #101 SOUTHAVEN, MS 38671</p>					
358000	IV Solution, Sodium Chloride 0.9% 1000 ml Bag 12ea/cs BBraun L8000	0	0	36	\$1.12	\$0.00
4755-02	ONDANSETRON 4MG 2ML VIAL 25EA/BX 4BX/CS	0	0	1	\$28.17	\$0.00
601322	IV Solution, Sodium Chloride 0.9% 250 ml Bag 36ea/cs Baxter 2B1322Q	0	0	6	\$1.45	\$0.00
6102-10	FUROSEMIDE 100MG, 10ML VIAL 2049	2	2	0	\$5.14	\$10.28
	<p>Tracking Numbers:</p> <p>596901634900</p>					
* Indicates that sales tax was applied to this item.						

Merchandise	Misc	Sales Tax	Freight	Deposit	Total Due
\$10.28	\$0.00	\$0.00	\$0.00	\$0.00	\$10.28

Personal Medical Equipment & Serv., Inc.
 517 E VIENNA SUITE D
 ANNA, IL 62906
 (618) 833 4444

Invoice

Customer

UNION COUNTY AMBULANCE
 303 MARKET ST
 JONESBORO, IL 62952

Misc

Print Date 7/25/2014
 First Print 7/25/2014
 Invoice 65364
 Order 15441
 Account No.

Qty	Date	Description	Extended Amt.	Balance Amt.
2	07/24/2014	M TANK M O2 TANK	\$29.00	\$29.00
2	07/24/2014	D TANK D O2 TANK	\$19.50	\$19.50

Total	\$48.50	\$48.50
Balance	\$48.50	

Payment Cash Check Charge

Comments _____
 Name _____
 CC # _____
 Expires _____

PAY THIS AMOUNT :	\$48.50
--------------------------	----------------



Account Number	028037401
Payment Due By	08/17/2014
Amount Due	\$197.00

newwavecom.com/livechatactive.php

newwavebusiness.com

1-866-460-9283

We certainly appreciate your business. Payment must be received on or before the due date to avoid a late fee of 1.5%, or a minimum of \$7.99 (taxes may apply). This invoice does not include transactions after the statement date. For assistance with any of your business needs, please email us @ bizsupport@newwavecom.com or call us at 1-866-460-9283.

FOR SERVICE AT:
204 W MISSISSIPPI ST
JONESBORO, IL 62952-1230

Monthly Statement Summary

Service Period	07/28/14 - 08/27/14
Previous Balance	\$197.12
Payments and Adjustments	-\$197.12
Current Charges	\$197.00
Total Amount Due	\$197.00



Solutions to keep your business connected

- » High-Speed Internet
- » Business Phone Service
- » Crystal-Clear Television
- » Fiber-based Services



Please allow 3-5 days for delivery and payment processing. If payment is processed after due date a late fee will be assessed.



SAVE TIME AND MONEY

visit newwavecom.com/easypay.html for free online payment service

Important billing detail on back

Please return this portion with your payment



7522 0600 NO RP 21 07212014 NYNNNNNN 0004240 31 T28
5631 1 AB 0.403

UNION CO AMBULANCE
204 W MISSISSIPPI ST
JONESBORO IL 62952-1210

Account Number	028037401
Payment Due By	08/17/2014
Amount Due	\$197.00
Amount Enclosed	\$ _____

Make checks payable to:
NEWWAVE COMMUNICATIONS
PO BOX 988
SIKESTON MO 63801

028037401000197002

Gurley & Son HVAC Inc.

1540 Old Hwy 51N
Anna, IL 62906

(618)833-5211
<http://www.gurleyandsonheatingandair.com>



BILL TO
UNION COUNTY AMBULANCE
301 WEST MISSISSIPPI
STREET
JONESBORO, IL
62952

INVOICE NO. 1596
TERMS Net 30
DATE 07/21/2014
DUE DATE 08/20/2014

DESCRIPTION	DATE	QUANTITY	RATE	AMOUNT
SEASONAL CHECK SEASONAL CHECK ON A/C UNITS---- WASHED OUTDOOR UNITS, CHECK FREON AND CHANGED FILTERS---	07/17/2014	1	91.25	91.25
20X25X5 MEDIA FILTER	07/21/2014	1	40.32	40.32
BALANCE DUE				\$131.57

FAILURE TO PAY WILL RESULT IN CUSTOMER PAYING ALL COSTS OF COLLECTIONS INCLUDING BUT NOT LIMITED TO ATTORNEYS FEE AND COURT COSTS.