County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Assessor
BOARD MEETING DATE: 08/22/2014
DATE SUBMITTED: 08/19/2014

CHECK	BILL INFORMATION			AMOUNT
	INVOICE NUMBER VENDOR NAME KENNY SWINK JR FUND LINE 01 5205 05 TRAVEL	INVOICE DATE 08/19/2014	DESCRIPTION MILEAGE REIMBURSEMENT 299 miles X .56 =	167.44
	INVOICE NUMBER VENDOR NAME FUND LINE [Select a Fund Line]	INVOICE DATE	DESCRIPTION	
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	INVOICE NUMBER VENDOR NAME FUND LINE [Select a Fund Line]	INVOICE DATE	DESCRIPTION	
	INVOICE NUMBER VENDOR NAME FUND LINE [Select a Fund Line]	INVOICE DATE	DESCRIPTION	
	INVOICE NUMBER 0063292 VENDOR NAME FUND LINE [Select a Fund Line]	INVOICE DATE	DESCRIPTION	
	INVOICE NUMBER VENDOR NAME FUND LINE [Select a Fund Line]	INVOICE DATE	DESCRIPTION	
	INVOICE NUMBER VENDOR NAME FUND LINE [Select a Fund Line]	INVOICE DATE	DESCRIPTION	
	INVOICE NUMBER VENDOR NAME FUND LINE [Select a Fund Line]	INVOICE DATE	DESCRIPTION	
	INVOICE NUMBER VENDOR NAME FUND LINE [Select a Fund Line]	INVOICE DATE	DESCRIPTION	
	INVOICE NUMBER VENDOR NAME FUND LINE [Select a Fund Line]	INVOICE DATE	DESCRIPTION	
			TOTAL	$ 167.44

Consent given by the County Board

Tammy M Robinson
Official/Department Head Signature

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

Union County
Mileage Reimbursement

Department/Office Assessor

Date	Odometer Reading Beginning	Odometer Reading Ending	Destination To and From	Purpose	Miles Driven
8-4-14	178250	178311		12-2-1	61
8-11-14	178325	178390		12-2-W, 13-2-W	65
8-12-14	178392	178459		13-2-W	67
8-13-14	178461	178567		13-2-W, 11-1-E, 11-2-W	106

Total Business Miles 299

Rate .56

Amount Reimbursed 167.44

I hereby certify that the above mileage was driven using my vehicle for Union County business purposes.

Kenneth R Swint Jr 8-19-14
Employee Signature/Date

Tammy M Robinson
Approval/Signature

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Assessor
BOARD MEETING DATE: 08/22/2014
DATE SUBMITTED: 08/19/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER 6141 INVOICE DATE VENDOR NAME TAMMY ROBINSON FUND LINE 01 5100 05 OFFICIALS	DESCRIPTION 47,151.00 / 26 = 1,813.50 PAYROLL ENDING 8/22/14	1,813.50
	INVOICE NUMBER 5835 INVOICE DATE VENDOR NAME KENNY SWINK JR. FUND LINE 01 5103 05 EMPLOYEES	DESCRIPTION 70 hours X 17.55 = 1,228.50	1,228.50
	INVOICE NUMBER 5956 INVOICE DATE VENDOR NAME AMY MIDDLETON FUND LINE 01 5103 05 EMPLOYEES	DESCRIPTION 70 hours X 17.55 = 1,228.50	1,228.50
	INVOICE NUMBER 6075 INVOICE DATE VENDOR NAME LISA SULLIVAN FUND LINE 01 5103 05 EMPLOYEES	DESCRIPTION 70 hours X 17.55 = 1,228.50	1,228.50
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
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	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
		TOTAL	$ 5,499.00

Consent given by the County Board

Tammy M Robinson
Official/Department Head Signature

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