Office of

DAVID E. LIVESAY

Union County Sheriff

309 West Market Street
(618) 833-5500

Jonesboro, Illinois 62952
Fax (618) 833-3900

Date: July 22, 2014

ACCRUED TIME

Employee: Joshua Kelley
Date of Hire: 02/26/2014
Last Date of Employment: 08/24/2014
Final Hourly Rate: $ 14.59

SICK - 50 hours
HOLIDAY - 20 hours
VACATION - 0 hours
COMP- 9 hours

Total Hours 79 x $14.59= $1152.61

Submitted By: _____

Approved By: _____ 9/2/14

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/02/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME JOSH KELLEY - 6177 FUND LINE [Select a Fund Line]	DESCRIPTION 50hrs x 14.59 = 729.50 sick time	729.50
	INVOICE NUMBER / INVOICE DATE VENDOR NAME JOSH KELLEY - 6177 FUND LINE 01 5131 08 Holiday Buy Back	DESCRIPTION 20HRS X 14.59 = 291.80	291.80
	INVOICE NUMBER / INVOICE DATE VENDOR NAME JOSH KELLEY FUND LINE [Select a Fund Line]	DESCRIPTION 9HRS X 14.59 = 131.31 COMP TIME	131.31
	INVOICE NUMBER / INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	INVOICE NUMBER / INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	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	
	INVOICE NUMBER / INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	INVOICE NUMBER / INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
		TOTAL	$ 1,152.61

Consent given by the County Board

Official/Department Head Signature

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County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/02/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Asa Busby -5848 FUND LINE 01 5130 08 SIEG Agent	DESCRIPTION 80hrs x $21.76 =1740.80 16hrs SD x .50 = 8.00	1,748.80
	INVOICE NUMBER / INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	INVOICE NUMBER / INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	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	
	INVOICE NUMBER / INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	INVOICE NUMBER / INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
		TOTAL	$ 1,748.80

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County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/02/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER 55-403 INVOICE DATE VENDOR NAME Erick Hallam - 6129 FUND LINE 01 5132 08 Civil Process Server	DESCRIPTION 0 papers x $8.00	
	INVOICE NUMBER 55-403 INVOICE DATE VENDOR NAME Ron Stamp -5308 FUND LINE 01 5132 08 Civil Process Server	DESCRIPTION 48 papers x $8.00	384.00
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	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	
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
		TOTAL	$ 384.00

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Official/Department Head Signature

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County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/02/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER 60-402 INVOICE DATE VENDOR NAME Todd Vincent - 6020 FUND LINE 01 5103 33 Employees - Judicial Security	DESCRIPTION 80hrs x $11.50	920.00
	INVOICE NUMBER 60-402 INVOICE DATE VENDOR NAME Erick Hallam - 6129 FUND LINE 01 5103 33 Employees - Judicial Security	DESCRIPTION 48hrs x $10.25 = 0hrs x 15.38 = 0	492.00
	INVOICE NUMBER 60-402 INVOICE DATE VENDOR NAME RON STAMP -5308 FUND LINE 01 5103 33 Employees - Judicial Security	DESCRIPTION 18HRS X 10.25	184.50
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	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	
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
		TOTAL	$ 1,596.50

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County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/02/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Josh Schildknecht - 6179 FUND LINE 01 5103 31 Employees - Traffic Division	DESCRIPTION 80hrs x $16.51 = 1320.80 16hrs x .50 SD =8.00	1,328.80
	INVOICE NUMBER / INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	INVOICE NUMBER / INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	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	
	INVOICE NUMBER / INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
		TOTAL	$ 1,328.80

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County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/02/2014

CHECK	BILL INFORMATION			AMOUNT
	INVOICE NUMBER 55-400 VENDOR NAME David Livesay – 5310 FUND LINE 01 5100 08 Officials	INVOICE DATE	DESCRIPTION 57685.00/26=	2,218.65
	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	
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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	
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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 VENDOR NAME FUND LINE [Select a Fund Line]	INVOICE DATE	DESCRIPTION	
			TOTAL	$ 2,218.65

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County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/02/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER 55-402 INVOICE DATE VENDOR NAME Scott Harvel - 5706 FUND LINE 01 5103 08 Employees	DESCRIPTION 58,816.00 / 26 =	2,262.15
	INVOICE NUMBER 55-402 INVOICE DATE VENDOR NAME Kenny Taylor - 5309 FUND LINE 01 5103 08 Employees	DESCRIPTION 80hrs x $21.95	1,756.00
	INVOICE NUMBER 55-402 INVOICE DATE VENDOR NAME Steve Stearns - 5749 FUND LINE 01 5103 08 Employees	DESCRIPTION 80hrs x $20.89	1,671.20
	INVOICE NUMBER 55-402 INVOICE DATE VENDOR NAME Bart Hileman - 5983 FUND LINE 01 5103 08 Employees	DESCRIPTION 80hrs x $19.65 = 1572.00 + 16hrs SD x .50 = 8.00	1,580.00
	INVOICE NUMBER 55-402 INVOICE DATE VENDOR NAME Robert McGee - 5947 FUND LINE 01 5103 08 Employees	DESCRIPTION 80hrs x $19.47 = 1557.60 80hrs SD x .50 =40.00	1,597.60
	INVOICE NUMBER 55-402 INVOICE DATE VENDOR NAME Larry Clover - 6082 FUND LINE 01 5103 08 Employees	DESCRIPTION 80hrs x $18.23 = 1458.40 + 80hrs SD x .50 = 40.00	1,498.40
	INVOICE NUMBER 55-402 INVOICE DATE VENDOR NAME Jeffrey Stroelhlein - 6139 FUND LINE 01 5103 08 Employees	DESCRIPTION 80hrs x $18.23 = 1458.40 + 60hrs SD x .50 = 30.00	1,488.40
	INVOICE NUMBER 55-402 INVOICE DATE VENDOR NAME Kyle McDaniel - 6161 FUND LINE 01 5103 08 Employees	DESCRIPTION 80hrs x $16.51 = 1320.80 + 80hrs SD x .50 = 40.00	1,360.80
	INVOICE NUMBER 55-402 INVOICE DATE VENDOR NAME Tim Goodman - 6165 FUND LINE 01 5103 08 Employees	DESCRIPTION 80hrs x $16.51 = 1320.80 + 0hrs SD x .50 =	1,320.80
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
		TOTAL	$ 14,535.35

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Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/02/2014

CHECK	BILL INFORMATION			AMOUNT
	INVOICE NUMBER 55-402.3 VENDOR NAME Derek Pender 6146 FUND LINE 01 5120 32 Custodian	INVOICE DATE	DESCRIPTION 80hrs x $14.22	1,137.60
	INVOICE NUMBER 55-402.3 VENDOR NAME Adam Sherwood - 6166 FUND LINE 01 5120 32 Custodian	INVOICE DATE	DESCRIPTION 80hrs x $12.02 = 961.60	961.60
	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	
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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	
			TOTAL	$ 2,099.20

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County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/02/2014

CHECK	BILL INFORMATION			AMOUNT
	INVOICE NUMBER 55-402.1 VENDOR NAME Rachel Tally - 6019 FUND LINE 01 5102 08 Secretary	INVOICE DATE	DESCRIPTION 80hrs x $15.45	1,236.00
	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	
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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 VENDOR NAME FUND LINE [Select a Fund Line]	INVOICE DATE	DESCRIPTION	
			TOTAL	$ 1,236.00

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County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/02/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Tim Goodman - 6173 FUND LINE 01 5105 08 Overtime	DESCRIPTION 0hrs x 24.77 = 0hrs x .50 =	
	INVOICE NUMBER / INVOICE DATE VENDOR NAME ASA BUSBY - 5848 FUND LINE 01 5105 08 Overtime	DESCRIPTION hrs X 32.64 = hrs SD x .50 =	
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Bart Hileman - FUND LINE 01 5105 08 Overtime	DESCRIPTION hrs x 29.48 = hrs SD x .50 =	
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Robbie McGee - 5947 FUND LINE 01 5105 08 Overtime	DESCRIPTION 7hrs x 29.21 = 204.47 5hrsSD x .50 =2.50	206.97
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Larry Clover -6172 FUND LINE 01 5105 08 Overtime	DESCRIPTION 7hrs x 27.35 = 191.45 7hr SD x .50 = 3.50	194.95
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Jeff Stroehlein - 6171 FUND LINE 01 5105 08 Overtime	DESCRIPTION 5hrs x 27.35 = 136.75 5hrs SD x .50 = 2.50	139.25
	INVOICE NUMBER / INVOICE DATE VENDOR NAME STEVE STEARNS - 5749 FUND LINE 01 5105 08 Overtime	DESCRIPTION 10hrs x31.34 =313.40 10hrs SD x .50 = 5.00	318.40
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Kyle McDaniel - 6167 FUND LINE 01 5105 08 Overtime	DESCRIPTION 5hrs x 24.77 =123.85 5hrs SD x .50 = 2.50	126.35
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Michael Turner - 5986 FUND LINE 01 5105 08 Overtime	DESCRIPTION 0hrs x 28.34 =0 0hr SD x .50 = 0	
	INVOICE NUMBER / INVOICE DATE VENDOR NAME David Waun - 6035 FUND LINE 01 5105 08 Overtime	DESCRIPTION hrs x 27.09 = hrs x .50 =	
	INVOICE NUMBER / INVOICE DATE VENDOR NAME JOSHUA SCHILDKNECT - FUND LINE 01 5105 08 Overtime	DESCRIPTION 5hrs x 24.77 = 123.85 5hrs SD x .50 = 2.50	126.35
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Jeremy Moss - 6169 FUND LINE 01 5105 08 Overtime	DESCRIPTION 2.5hrs x 22.61 = 56.53 2.5hrs SD x .50 =1.25	57.78
		TOTAL	$ 1,170.05

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County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/02/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER 55-402.4 INVOICE DATE VENDOR NAME Mike Dammerman - 5795 FUND LINE 01 5107 08 Radio Operators	DESCRIPTION 80hrs x $19.88 = 1590.40 0hrs SD x .50 = 0.00	1,590.40
	INVOICE NUMBER INVOICE DATE VENDOR NAME Michael Turner - 5986 FUND LINE 01 5107 08 Radio Operators	DESCRIPTION 80hrs x $18.89 = 1511.20 0hrs SD x .50 =	1,511.20
	INVOICE NUMBER INVOICE DATE VENDOR NAME Brian Hill - 6004 FUND LINE 01 5107 08 Radio Operators	DESCRIPTION 80hrs x $18.56 + .24hr for leads = 1504.00 28hrs SD x .50 =14.00	1,518.00
	INVOICE NUMBER INVOICE DATE VENDOR NAME David Waun - 6035 FUND LINE 01 5107 08 Radio Operators	DESCRIPTION 80hrs x $18.06 = 1444.80 80hrs SD x .50 = 40.00	1,484.80
	INVOICE NUMBER INVOICE DATE VENDOR NAME Anthony Pena - 6040 FUND LINE 01 5107 08 Radio Operators	DESCRIPTION 80hrs x $18.06 = 1444.80 80hrs SD x .50 = 40.00	1,484.80
	INVOICE NUMBER INVOICE DATE VENDOR NAME Lance Meisenheimer - 6163 FUND LINE 01 5107 08 Radio Operators	DESCRIPTION 80hrs x $16.04=1283.20 10.00hrs SD x .50 =5.00	1,288.20
	INVOICE NUMBER INVOICE DATE VENDOR NAME Jeremy Moss - 6159 FUND LINE 01 5107 08 Radio Operators	DESCRIPTION 80hrs x $15.56 = 1244.80 68hrs SD x .50 = 34.00	1,278.80
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
		TOTAL	$ 10,156.20

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