County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/03/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER T1502814 INVOICE DATE 08/25/2014 VENDOR NAME COMMUNICATION REVOLVING FUND FUND LINE 01 5301 08 Service Contracts	DESCRIPTION MONTHLY CHARGE FOR LEADS	498.55
	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	
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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	$ 498.55

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.

* 8880205L01

ILLINOIS DEPARTMENT OF CENTRAL MANAGEMENT SERVICES
COMMUNICATIONS REVOLVING FUND
BILLING INVOICE

FY 2015

CUSTOMER:	REMIT PAYMENT TO:
UNION COUNTY SHERIFF'S OFFICE ISP LEADS ATTN: SHERIFF 309 W MARKET ST RM 4 JONESBORO, IL 62952-1240	COMMUNICATION REVOLVING FUND A & R SHARED SERVICE CENTER P.O. BOX 7199 SPRINGFIELD, ILLINOIS 62791-7199

BILLING ACCOUNT #: T8880205	BILLING DATE: 08/25/2014
INVOICE #: T1502814	GUC #: 100041650

DESC. OF ARTICLE OR SERVICES PERFORMED	QTY	UNIT PRICE	AMOUNT
COMMUNICATION CHARGES FOR ACCOUNT T88802-05, AS FOLLOWS:			
COMM SVCS STWD 8880205L01 07/31/2014 M			498.55

LESS ADJUSTMENTS:

EXP. OBJ.	EXP. AMOUNT		
		SUBTOTAL	498.55
		ADJUSTMENTS	.00
TOTAL EXP.		TOTAL AMOUNT	498.55

PLEASE REFERENCE BILLING # T8880205 & INVOICE # T1502814 WHEN PAYING. PLEASE DIRECT REQUESTS FOR COPIES OF INVOICES OR BILLING DETAIL AND QUESTIONS REGARDING VALIDITY OR NATURE OF CHARGES OR CREDITS TO CRF BILLING HELP DESK AT (217) 524-9369

FE0163 - 7/00

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/03/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER 22251,22252 INVOICE DATE 08/29/2014 VENDOR NAME COBDEN AUTO REPAIR FUND LINE 01 5204 08 Maintenance	DESCRIPTION TIRE REPAIR FOR THE 2009 CHARGER	226.76
	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	
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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	$ 226.76

Consent given by the County Board

Official/Department Head Signature

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Statement

Cobden Auto Repair
PO Box 640
213 N Appleknocker
Cobden, IL 62920

Date
8/29/2014

To:
Union Co Sheriff Dept 307 W Market St Jonesboro, IL 62952

Amount Due	Amount Enc.
$226.76	

Date	Transaction	Amount	Balance
07/31/2014	Balance forward		31.50
08/05/2014	PMT #2378.	-31.50	0.00
08/25/2014	INV #22251. Due 09/10/2014.	131.77	131.77
08/25/2014	INV #22252. Due 09/10/2014.	94.99	226.76

ALL PAST DUE accounts will incur a FINANCE CHARGE of 1 1/2% a month which is an annual percentage rate of 18%.

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
226.76	0.00	0.00	0.00	0.00	$226.76

Cobden Auto Repair

PO Box 640
213 N Appleknocker
Cobden, IL 62920

Phone #

6188893-2102

Invoice

Date	Invoice #
8/25/2014	22251

Bill To
Union Co Sheriff Dept 307 W Market St Jonesboro, IL 62952

Rep	P.O. No.
jn	

YEAR	MODEL	Mileage
2009	charger	72,975

Quantity	Description	Rate	Amount
1	225/60/18 firestone gt pursuit	111.27	111.27
1	Illinois surcharge	2.50	2.50
1	used tire disposal	3.00	3.00
1	Labor	15.00	15.00
	license s-91-928		
	charge		
	Thank you for your business.		

I hereby authorize the above repair work to be done, along with necessary materials. You and your employees may operate vehicle for purposes of testing, inspection or delivery at my risk. An express mechanics lien is acknowledged on vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control.

Subtotal	$131.77
Sales Tax (7.5%)	$0.00
Total	$131.77

Cobden Auto Repair

PO Box 640
213 N Appleknocker
Cobden, IL 62920

Phone #

6188893-2102

Invoice

Date	Invoice #
8/25/2014	22252

Bill To
Union Co Sheriff Dept 307 W Market St Jonesboro, IL 62952

Rep	P.O. No.
jn	

YEAR	MODEL	Mileage
2009	charger	72,975

Quantity	Description	Rate	Amount
1	92-1129 tire pressure sensor	94.99	94.99
	license s-91-928		
	charge		
	Thank you for your business.		

I hereby authorize the above repair work to be done, along with necessary materials. You and your employees may operate vehicle for purposes of testing, inspection or delivery at my risk. An express mechanics lien is acknowledged on vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control.

Subtotal	$94.99
Sales Tax (7.5%)	$0.00
Total	$94.99

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/03/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER 35713 INVOICE DATE 09/01/2014 VENDOR NAME T & I OFFICE EQUIPMENT FUND LINE 01 5200 08 Office Supplies	DESCRIPTION BLACK AND COLOR COPIES	155.69
	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	
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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	$ 155.69

Consent given by the County Board

Official/Department Head Signature

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T & I Office Equipment, Inc.
102 S. Main P.O. Box 623
Anna,, IL 62906

Voice: 618-833-8004
Fax: 618-833-8823

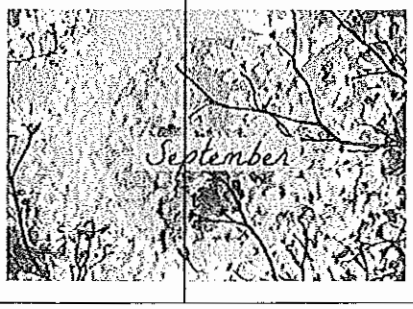
INVOICE

Invoice Number: 35713
Invoice Date: Sep 1, 2014
Page: 1

Bill To:	Ship to:
Union County Sheriff's Office 309 W. Market St. Room 4 Jonesboro, IL 62952	CPC for Service & Supplies 8/1 - 9/1/2014

Customer ID	Customer PO	Payment Terms	
Union County She-432		Net Due	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
	No Charge Delivery		9/1/14

Quantity	Item	Description	Unit Price	Amount
4,103.00	copies-4	Black Copies @ .0125 ***	0.01	51.29
1,044.00	copies-4	Color Copies @ .10	0.10	104.40



Subtotal	155.69
Sales Tax	
Total Invoice Amount	155.69
Payment/Credit Applied	
TOTAL	**155.69**

Check/Credit Memo No:

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/03/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE 08/26/2014 VENDOR NAME FCJDC FUND LINE 01 5336 32 Detention - Juveniles	DESCRIPTION	300.00
	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	$ 300.00

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: 09/03/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE 08/29/2014 VENDOR NAME PRO-1 AUTO BODY & SERVICE CENTER FUND LINE 01 5204 08 Maintenance	DESCRIPTION OIL CHANGE FOR ASA'S TRUCK	22.91
	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	$ 22.91

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.

REPAIR ORDER 21784

PRO-1 AUTO BODY & SERVICE CENTER

"Need A Place To Go - Bring It To The Pro"
P.O. Box 655, Main Street
Cobden, IL 62920 • Phone (618) 893-2252
24 Hour Towing

We Recommend The Following Repairs:

ESTIMATE:

Qty.	Part No.	Description	Amount
	P.O. No.	Sublet Repair	
	Qts. Motor Oil		
	Pts. Trans. Oil		

Name VESD Date 8-26-14
Address City
Business Phone Home Phone

Year	Make	Model	License	Mileage	Motor No.
	Chev	1025			

OPERATOR	TIME UNITS	DESCRIPTION
		Chevy truck
		ASA Busby
		61,025

✓	OPERATION	LABOR
	Lubrication	
	Change Oil	
	Change Trans.	
	Change Diff.	
	Front End Align	
	Pack Wheel Bearings	
	Adjust Brakes	
	Adjust Clutch	
	Rotate Tires	
	Wash	
	Polish	
	_____ Mile Inspection	
	Other	
	Call When Ready ☐ Yes ☐ No	

COMPRESSION (1) (2) (3) (4) (5) (6) (7) (8)

Service Advisor OK

Quality Control OK

NOT RESPONSIBLE FOR ANY PERSONAL ITEMS LEFT IN VEHICLE
I hereby authorize the above repair work to be done along with the necessary materials. You and your employees may operate the above vehicle for purposes of testing, inspection or delivery at my risk. An express mechanic's lien is acknowledged on the above vehicle to secure the amount of repairs thereto. You will not be held responsible for loss or damage to vehicle or articles left in vehicle in case of fire, theft, accident or any other cause beyond your control. STORAGE WILL BE CHARGED FORTY-EIGHT HOURS AFTER REPAIRS ARE COMPLETED. IN THE EVENT LEGAL ACTION IS NECESSARY TO ENFORCE THIS CONTRACT, I WILL PAY REASONABLE ATTORNEY'S FEES AND COURT COSTS.

SIGNED X _____

Terms: STRICTLY CASH Unless Arrangements Made.

DESCRIPTION	SALES
Mech Lube & Labor	
Other Shop Labor & Mat.	
Parts & Access.	
Gas, Oil, Grease	
Sublet	
Subtotal	
Sales Tax	
E.P.A./Waste Disposal	
Total Charge Sales	22.91
Total Cash Sales	

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/03/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE 08/17/2014 VENDOR NAME VISA - 0778 FUND LINE 01 5205 08 Travel	DESCRIPTION ROOM FOR LANCE FOR EMD TRAINING	140.38
	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	$ 140.38

Consent given by the County Board

Official/Department Head Signature

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ASH EMPLOYEES CREDIT UNION

VISA

54606

CRYSTAL GURLEY
Account Number: #### #### #### 0778

Statement Closing Date:
August 17, 2014

Transactions... Continued

Trans Date	Post Date	MCC Code	Reference Number	Description	Amount
08/15	08/17	8299	24755414228162289161360	MEDICAL PRIORITY CONSULT 801-3639127 UT	395.00
08/16	08/17	4722	24692164228000623225615	EXPEDIA*182879229518 BELLEVUE NV	140.38
				Payments, Adjustments and Others	
08/11	08/12	0000	74777524224001718031944	PAYMENT - THANK YOU	177.90 -
				TOTAL PAYMENTS OR ADJUSTMENTS	$ 177.90 -
				Fees	
				TOTAL FEES FOR THIS PERIOD	$ 0.00
				Interest Charged	
				TOTAL INTEREST FOR THIS PERIOD	$ 0.00

2014 Totals Year To Date	
Total Fees Charged in 2014	$ 0.00
Total Interest Charged in 2014	$ 6.54

Interest Charge Calculation/Plan Level Information

Plan Description	ICM[1]	Balance Subject to Interest Rate	Periodic Rate	Annual Percentage Rate (APR)[2]	Interest Charge
CURRENT					
PURCHASES	G	$ 0.00	0.6583%	7.90%	$ 0.00
CASH	A	$ 0.00	0.6583%	7.90%	$ 0.00
TOTAL				0.00%	$ 0.00

[1] ICM Interest Charge Method: See reverse side of Page 1 for explanation.
[2] Your Annual Percentage Rate (APR) is the annual interest rate on your account.
(V) = Variable Rate. If you have a variable rate account the periodic rate and Annual Percentage Rate (APR) may vary.

Emergency Medical Dispatch Training
Lance Meisenheimer - Hotel
Sheriff Pay $140.38

76502 - 54606

Expedia

Thank you for booking with Expedia!
Your booking is confirmed.

You can manage your reservation or review your itinerary online for the most up-to-date information.

Access your itinerary anywhere.
GET THE FREE APP

Extended Stay America - St. Louis - O' Fallon, IL, O'Fallon

Tue Aug/26/2014 - Thu Aug/28/2014
Itinerary # 182879229518

Extended Stay America - St. Louis - O' Fallon, IL

Tue Aug/26/2014 - Thu Aug/28/2014
1 room | 2 nights

BOOKED

Your reservation is booked. No need to call us to reconfirm this reservation.

View hotel details
154 Regency Park, O'Fallon, IL, 62269 United States of America
Tel: 1 (618) 624-1757, Fax: 1 (618) 624-1778

Checking in

- Check-in time ends at 11 PM
- Check-in time starts at 3 PM
- Your room will be guaranteed for late arrival.

Important Hotel Information

Although Expedia does not charge a fee to change or cancel your booking, **Extended Stay America - St. Louis - O' Fallon, IL** may still charge a fee in accordance with its own rules & regulations.

- Cancellations or changes made after 6:00 PM (Central Daylight Time (US & Canada)) on August 26, 2014 or no-shows are subject to a hotel fee equal to the first night's rate plus taxes and fees.

- View your online itinerary for additional rules and restrictions.

Award points and airline mileage may not be awarded when booking an Expedia Special Rate hotel.

Room

Studio One Queen Non Smoking

Includes:

Free Parking Free Wireless Internet

Reserved for

Lance Meisenheimer 1 adult

Requests

1 queen, non-smoking room

Price Summary

Total Collected by Expedia	**$140.38**
Room Price **2 nights**	**$140.38** $59.99 /night
Taxes & Fees	$20.40

All prices quoted in USD.

Additional Hotel Services

The below fees and deposits only apply if they are not included in your selected room rate.

The following fees and deposits are charged by the property at time of service, check-in, or check-out.

- Pet fee: USD 25 Per room, per day (maximum USD 150 per stay)

The above list may not be comprehensive. Fees and deposits may not include tax and are subject to change.

Need help with your reservation?

- Visit our Customer Support page.
- Call us at 1-877-261-3523

- For faster service, mention itinerary # **182879229518**

Expedia +rewards

281 points
For Rewards members

Join Expedia +rewards

Expedia.

Complete Your Trip

Get there
Add a Flight

Get around
Add a Car

Get out and explore
Add an Activity

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(EMID: ETM_ENSPC_1.0_2_01_M_en)(MD: 20140815100110)(EPID: X)(ETID: 863723)

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/03/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER 32420 INVOICE DATE 08/27/2014 VENDOR NAME WASHINGTON RADIO REPORTS, INC. FUND LINE 48 5400 01 Sheriff's Anti-Crime	DESCRIPTION LICENSE FOR REPEATERS	625.00
	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	
	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	$ 625.00

Consent given by the County Board

Official/Department Head Signature

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WASHINGTON RADIO REPORTS, INC.
PO BOX 3594
GETTYSBURG PA 17325
717-334-0668

THIS WILL BE THE ONLY INVOICE ISSUED

BILL TO:

UNION, COUNTY OF
SHERIFF'S OFFICE
309 WEST MARKET STREET
JONESBORO IL 62952

DATE	INVOICE #
8/27/2014	*32420*

SUBSCRIPTION PROGRAM	STATES	TERM	RATE	AMOUNT
NEW APPLICATION - UNION, COUNTY OF			*110.00*	*110.00*
FREQUENCY COOR.			*450.00*	*450.00*
PREPARATION FEES - CONSTRUCTION NOTICE			*65.00*	*65.00*

We appreciate your prompt payment.

Total *$625.00*

- PLEASE RETURN BOTTOM PORTION WITH PAYMENT -

PAYMENT METHOD

VISA____ MASTER CARD___ CHECK___

ACCOUNT # & EXPIRATION DATE:

SIGNATURE:

PLEASE PROVIDE CONTACT TELEPHONE #

BILL TO:

UNION, COUNTY OF
SHERIFF'S OFFICE
309 WEST MARKET STREET
JONESBORO, IL 62952

INVOICE #	AMOUNT DUE
32420	*$625.00*

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/05/2014
DATE SUBMITTED: 09/03/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER 1068270 INVOICE DATE 08/11/2014 VENDOR NAME DIGITAL - ALLY FUND LINE 01 5201 31 Equipment - Traffic Division	DESCRIPTION CAMERA SYSTEM FOR SQUAD CARS	2,000.00
	INVOICE NUMBER INVOICE DATE VENDOR NAME DIGITAL ALLY FUND LINE 48 5400 01 Sheriff's Anti-Crime	DESCRIPTION CAMERA SYSTEM FOR SQUAD CARS	6,000.00
	INVOICE NUMBER INVOICE DATE VENDOR NAME DIGITAL ALLY FUND LINE ~~[Select a Fund Line]~~ OUT	DESCRIPTION CAMERA SYSTEM FOR SQUAD CARS	940.00
	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	
	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	$ 8,940.00

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.

Digital Ally

Invoice	1068270
Date	8/11/2014
Page	1

9705 Loiret Blvd
Lenexa KS 66219

Bill To:

Union County Sheriff's Office
Scott Harvel
308 West Mississippi Street
Jonesboro IL 62952

Ship To:

Union County Sheriff's Office
Scott Harvel
308 West Mississippi Street
Jonesboro IL 62952

Purchase Order No.	Customer ID	Salesperson	Tracking No.	Shipping Method	Terms	Req Ship Date	Master No.
SCOTT/EMAIL	UNIIL3	JH2	596080732642	FEDERAL EXPRESS	Net 30	8/7/2014	111,763

Ordered	Shipped	B/O	Item Number	Description	Discount	Unit Price	Ext. Price
2	2	0	001-00038-10	DVM-800 Complete Kit	$0.00	$3,495.00	$6,990.00
				1D03-0433/14060344			
				1D03-0430/14060345			
2	2	0	012-00031-00	Premium Package Option	$0.00000	$500.00000	$1,000.00
2	2	0	006-08255-00	ASSY, CAM Visor MTG Plate, Standard	$0.00000	$0.00000	$0.00
2	2	0	002-05136-40	Kit, CAM-12XC Plus Backseat Option, Reverse Imag	$0.00000	$0.00000	$0.00
				14050529/WDRV7965C1425035			
				14050526/WDRV7965C1425033			
2	2	0	CAR TYPE	1-2010 Crown Vic 1- 2013 Int Sedan	$0.00	$0.00	$0.00
1	1	0	910-00256-00	Software, VuVault	$0.00000	$595.00000	$595.00
1	1	0	011-00009-00	UAP-Outdoor+ U.S.	$0.00000	$295.00000	$295.00
				24A43C98168F			

Subtotal	$8,880.00
Misc	$0.00
Tax	$0.00
Freight	$60.00
Trade Discount	$0.00
Total	$8,940.00

Questions? Contact AR@digitalallyinc.com or 913-814-7774
Please Remit Payment to:
P.O. Box 413183
Kansas City, MO 64141-3183
Standard terms and conditions for this transaction are on the reverse side