County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 08/22/2014
DATE SUBMITTED: 08/20/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Memorial Hospital of Carbondale FUND LINE 58 5400 01 Arrestee Medical	DESCRIPTION Original Charge 2902.00 DPA rate 174.66	174.66
	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	$ 174.66

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: 08/22/2014
DATE SUBMITTED: 08/20/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Cape Radiology Group FUND LINE 58 5400 01 Arrestee Medical	DESCRIPTION Original Charge 249.00 DPA Rate 50.54	50.54
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Cape Radiology Group FUND LINE 58 5400 01 Arrestee Medical	DESCRIPTION Original Charge 31.00 DPA Rate 9.80	9.80
	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	$ 60.34

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: 08/22/2014
DATE SUBMITTED: 08/20/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Southern Orthopedic Associates FUND LINE 58 5400 01 Arrestee Medical	DESCRIPTION Original Charge 98.00 DPA Rate 10.00	10.00
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Southern Orthopedic Associates FUND LINE 58 5400 01 Arrestee Medical	DESCRIPTION Original Charge 275.00 DPA Rate 46.45	46.45
	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	$ 56.45

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: 08/22/2014
DATE SUBMITTED: 08/20/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Union County Hospital FUND LINE 58 5400 01 Arrestee Medical	DESCRIPTION Original Charge 388.41 DPA Rate 25.09	25.09
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Union County Hospital FUND LINE 58 5400 01 Arrestee Medical	DESCRIPTION Original Charge 1204.29 DPA Rate 174.66	174.66
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Union County Hospital FUND LINE 58 5400 01 Arrestee Medical	DESCRIPTION Original Charge 1616.78 DPA Rate 174.66	174.66
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Union County Hospital FUND LINE 58 5400 01 Arrestee Medical	DESCRIPTION Original Charge 388.41 DPA Rate 25.09	25.09
	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	$ 399.50

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: 08/22/2014
DATE SUBMITTED: 08/20/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME St. Joseph Memorial Hospital FUND LINE 58 5400 01 Arrestee Medical	DESCRIPTION Original Charge 2312.80 DPA Rate 174.66	174.66
	INVOICE NUMBER / INVOICE DATE VENDOR NAME St. Joseph Memorial Hospital FUND LINE 58 5400 01 Arrestee Medical	DESCRIPTION Original Charge 3515.45 DPA Rate 174.66	174.66
	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	$ 349.32

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: 08/22/2014
DATE SUBMITTED: 08/20/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Integritas Emergency Physician FUND LINE 58 5400 01 Arrestee Medical	DESCRIPTION Original Charge 726.00 DPA Rate 44.00	44.00
	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	
	INVOICE NUMBER / INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
		TOTAL	$ 44.00

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: 08/22/2014
DATE SUBMITTED: 08/20/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER 656997 INVOICE DATE 08/15/2014 VENDOR NAME RUSTY'S HOME CENTER-ANNA FUND LINE 01 5201 08 Equipment	DESCRIPTION RANGE SAFETY GLASSES	22.97
	INVOICE NUMBER 656995 INVOICE DATE 08/15/2014 VENDOR NAME RUSTY'S HOME CENTER - ANNA FUND LINE 01 5201 08 Equipment	DESCRIPTION KEY CASE FOR METH TRAILER	4.58
	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	$ 27.55

Consent given by the County Board

Official/Department Head Signature

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Invoice #	Page
656997	001
Invoice Date	
08-15-2014 10:06:07	

Rusty's Home Center-Anna
418 East Davie St.
Anna, IL 62906

618-833-2101

SOLD TO:
UNION COUNTY COURTHOUSE
309 W MARKET ROOM 100
JONESBORO, IL 62952

618-833-5711

Please Remit To: Rusty's Home Center, 418 East Davie St., Anna, IL 62906

Terms	P.O.#	Order #	Type	Sld By	Cust #	Slm
Net NEXT 10		656997	House	TLM	U57130	Store

Quantity	UM	Item #	Description	Price	Extended Price
1.000	EA	9802331	19806 SAFETY GLASSES SMK LENS	6.99	6.99
2.000	EA	8857690	3011375 CAMO SAFETY GLASSES	7.99	15.98

Lisa
Range Safety Glasses

If this matter goes to collections you will be responsible for collection costs and attorney fees

Taxable:	0.00
Tax:	0.00
Non-Tax:	22.97
Total:	22.97

Rec

Invoice #	Page
656995	001
Invoice Date	
08-15-2014 09:53:07	

Rusty's Home Center-Anna
418 East Davie St.
Anna, IL 62906

618-833-2101

SOLD TO:
UNION COUNTY COURTHOUSE
309 W MARKET ROOM 100
JONESBORO, IL 62952

618-833-5711

Please Remit To: Rusty's Home Center, 418 East Davie St., Anna, IL 62906

Terms	P.O.#	Order #	Type	Sld By	Cust #	Slm
Net NEXT 10	SHERRIFF	656995	House	CDQ	U57130	Store

Quantity	UM	Item#	Description	Price	Extended Price
2.000	EA	X9906	Misc Taxable KEY CASE	2.29	4.58

If this matter goes to collections you will be responsible for collection costs and attorney fees

Taxable:	0.00
Tax:	0.00
Non-Tax:	4.58
Total:	4.58

Rec

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 08/22/2014
DATE SUBMITTED: 08/20/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER 35599 INVOICE DATE 08/01/2014 VENDOR NAME T & I OFFICE EQUIPMENT, INC. FUND LINE 01 5200 08 Office Supplies	DESCRIPTION COPIES	248.64
	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	$ 248.64

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

INVOICE

Invoice Number: 35599
Invoice Date: Aug 1, 2014
Page: 1

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

Bill To:	Ship to:
Union County Sheriff's Office 307 W. Market St. Room 100 Jonesboro, IL 62952	CPC for Service & Supplies 7/1 - 8/1/2014

Customer ID	Customer PO	Payment Terms	
Union County She-432		Net Due	
Sales Rep ID	**Shipping Method**	**Ship Date**	**Due Date**
	No Charge Delivery		8/1/14

Quantity	Item	Description	Unit Price	Amount
6,683.00	copies-4	Black Copies @ .0125 ***	0.01	83.54
1,651.00	copies-4	Color Copies @ .10	0.10	165.10

Subtotal	248.64
Sales Tax	
Total Invoice Amount	248.64
Payment/Credit Applied	
TOTAL	**248.64**

Check/Credit Memo No:

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 08/22/2014
DATE SUBMITTED: 08/20/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER 548763 INVOICE DATE 08/05/2014 VENDOR NAME ROY WALKER COMMUNICATIONS FUND LINE 01 5301 08 Service Contracts	DESCRIPTION MONTHLY TOWER RENTAL	60.00
	INVOICE NUMBER 127671 INVOICE DATE 08/15/2014 VENDOR NAME ROY WALKER COMMUNICATION FUND LINE 01 5204 08 Maintenance	DESCRIPTION PROGRAM RADIO	27.50
	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	$ 87.50

Consent given by the County Board

Official/Department Head Signature

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MOTOROLA
Authorized Two-Way Radio Dealer

ROY WALKER COMMUNICATIONS, INC.
441 Church Camp Road
MAKANDA, ILLINOIS 62958

(618) 529-3301

INV 548763 sequence: 1

SALESPERSON	DATE OF INVOICE
091	08/05/2014

SHIP TO

Union County Sheriff Dept
309 West Market
Jonesboro Il 62952-0000

Union County Sheriff Dept
307 West Market Room 100
Jonesboro IL 62952-0000

ACCOUNT NO.	DATE SHIPPED	SHIPPED VIA	COL	P.P.	F.O.B. POINT	TERMS	YOUR ORDER NUMBER
00362					Makanda IL	DUE ON RECEIPT	

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1	SKYLINE TOWER MONTHLY TOWER RENTAL. THANK YOU FOR YOUR BUSINESS! Document covers 08/01/2014 to 09/01/2014	60.00	60.00
		TOTAL	60.00

Thank You

Please Remit Invoice Total

INV 127671

Page: 1

SALESPERSON	DATE OF INVOICE
001	08/15/2014

SHIP TO
UNION COUNTY SHERIFF DEPT
307 WEST MARKET ROOM 100
JONESBORO, IL 62952-0000

ROY WALKER COMMUNICATIONS, INC.
441 Church Camp Road
MAKANDA, ILLINOIS 62958

(618) 529-3301

MOTOROLA Authorized Two-Way Radio Dealer

UNION COUNTY SHERIFF DEPT
307 WEST MARKET ROOM 100
JONESBORO, IL 62952-0000

ACCOUNT NO.	DATE SHIPPED	SHIPPED VIA	COL	P.P.	F.O.B. POINT	TERMS	YOUR ORDER NUMBER
00362	08/13/2014					DUE ON RECEIPT	

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
0.30	Serial #: 019TM87066 Location: UNION CO SHERIF PROGRAM RADIO FOR NARROWBAND. UPDATED FREQUENCY CHANGES AND PL'S.	55.00	27.50

MOTOROLA SOLUTIONS Premier Service Partner

Roy Walker Communications, Inc. Eric
441 Church Camp Road
Makanda, IL 62958
Phone: 618-529-3301
0212A077001

№ 127671

TECH NO. ASSIST NO.

CUST. NO.	MODEL NO.	SERIAL NO.	DATE
	AAM50KQF9AA3	019TM87066	8/13/14

VEH.	UNIT	TYPE ACC.	P.O. NO./CONTRACT NO.	DATE COMPLETED
	913			/ /

WORK LOCATION | CALL SIGN | MA | EX | IA | DEM | D | CE | P

NAME Union Co Sheriff
STREET
CITY STATE ZIP

☐ SER. CALL ☐ PREV. MAIN ☐ F.C.C. ☐ INSTALL ☐ REM ☐ SALE

BILLING IS

QTY.		EACH	TOTAL
	Program radio for narrowband. Updated frequency changes and PL's.		

FREQ. METER MODEL SERIAL		MODEL METER MODEL SERIAL			
AS FOUND		ADJUSTED TO			
F1	Mc		Mc	PARTS	
F2	Mc		Mc	LABOR	
F3	Mc		Mc		
F4	Mc		Mc	TAX	
MOD	Kc		Kc	TOTAL	
PWR IN EP	IP W	EP	IP W	CUST. SIGN.	
PWR OUT	W	FWD. 40	REF. 2 W	REC. SENS. UV	P.L. CODE

TECH. | LIC. | EXP. DATE / /

REMARKS

Terms Net 30 Days 2% Per Month Past 30 Days 24% Per Year

COPY TO BE RETAINED IN CUSTOMER FCC FILE

TIC 3234

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 08/22/2014
DATE SUBMITTED: 08/20/2014

CHECK	BILL INFORMATION			AMOUNT
	INVOICE NUMBER 1445233-IN VENDOR NAME RAY O'HERRON FUND LINE 01 5207 08 Uniforms	INVOICE DATE 08/14/2014	DESCRIPTION PANTS FOR LANCE	231.51
	INVOICE NUMBER 1444582-IN VENDOR NAME RAY O'HERRON FUND LINE 01 5201 08 Equipment	INVOICE DATE 08/11/2014	DESCRIPTION 2 BADGES	142.28
	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	
	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	$ 373.79

Consent given by the County Board

Official/Department Head Signature

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Invoice

3549 North Vermilion Street
PO Box 1070
Danville, IL 61834-1070

1-800-223-2097
www.oherron.com
rayoherron@oherron.com

Suppliers of public safety equipment since 1964

Invoice Number: 1445233-IN
Invoice Date: 8/14/2014

Order Number: 1422637
Order Date 7/29/2014
Salesperson: LJF
Customer Number: 00-62952SH

Sold To:
UNION COUNTY SHERIFF
309 W MARKET
JONESBORO, IL 62952

Ship To:
UNION COUNTY SHERIFF'S DEPT
309 W MARKET
JONESBORO, IL 62952

Confirm To:ATT: SCOTT HARVEL

Customer P.O.	Ship VIA	Terms
HARVEL	UPS	NET 30 DAYS

Item Number	Ordered	Shipped	Back Ordered	Price	Amount
MAW					
8567-BR-38 PANTS,6PKT,POLY/WOOL,BR,38	3.00	3.00	0.00	74.00	222.00

HEM TO 30" FOR SCOTT HARVEL

==========
ADD ACTUAL FREIGHT CHARGES
==========

Now that we are going paperless it is possible that your invoice may arrive before your product

Net Invoice:	222.00
Less Discount:	0.00
Freight:	9.51
Sales Tax:	0.00
Invoice Total:	231.51

RAY O'HERRON Co., Inc.

Invoice

3549 North Vermilion Street
PO Box 1070
Danville, IL 61834-1070

1-800-223-2097
www.oherron.com
rayoherron@oherron.com

Suppliers of public safety equipment since 1964

Invoice Number: 1444582-IN
Invoice Date: 8/11/2014

Order Number: 1422623
Order Date 7/29/2014
Salesperson: LJF
Customer Number: 00-62952SH

Sold To:
UNION COUNTY SHERIFF
309 W MARKET
JONESBORO, IL 62952

Ship To:
UNION COUNTY SHERIFF'S DEPT
309 W MARKET
JONESBORO, IL 62952

Confirm To: DAVID LIVESAY

Customer P.O.	Ship VIA	Terms
	UPS	NET 30 DAYS

Item Number	Ordered	Shipped	Back Ordered	Price	Amount
DKO					
B891-R	2.00	2.00	0.00	70.00	140.00
RHOD BADGE SAFETY CATCH					

BLACK REG BLOCK LETTERS
DEPUTY SHERIFF
ILL - FCS
UNION COUNTY
==========
ADD ACTUAL FREIGHT CHARGES
==========

any invoices paid with a personal payment must pay sales tax

Net Invoice:	140.00
Less Discount:	0.00
Freight:	2.28
Sales Tax:	0.00
Invoice Total:	142.28

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 08/22/2014
DATE SUBMITTED: 08/20/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE 08/16/2014 VENDOR NAME WALMART COMMUNITY FUND LINE 01 5200 08 Office Supplies	DESCRIPTION FLASH DRIVES, WHITEOUT, PENS, BATTERIES, DVD-R'S, DVD CASES AND SLEEVES	179.45
	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	
	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	$ 179.45

Consent given by the County Board

Official/Department Head Signature

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Tran Date	Post Date	Reference Number	Description of Transaction or Credit		Amount
07/21	07/21	P927300JX01KWWJ6A	WALMART 000233 ANNA IL		$136.51
07/23	07/23	P927300K001LY7WJW	WALMART 000233 ANNA IL		$42.94
			TOTAL FOR AUTHORIZED BUYER NO	02	$179.45

Late Charge Summary

Annual Percentage Rate	Balance Subject to Late Charge	Late Charge
18.00%	$0.00	$0.00

Cardholder News and Information

Important information about your Account

Your Walmart Community card account with General Electric Capital Corporation, is now owned by Retail Finance Credit Services, LLC. You are not required to take any action at this time. The Terms and Conditions applicable to your account will continue to apply. The customer service number on the back of your card will remain the same for continued support of your credit card account.

Please note that all references to "General Electric Capital Corporation" in communications regarding your Walmart Community credit card account that you receive after April 1, 2014, and in any account related terms, including but not limited to the credit card account agreement, shall be deemed to be references to Retail Finance Credit Services, LLC. Please keep this important document for your records.

PAYMENT DUE BY 5 P.M. (ET) ON THE DUE DATE.

NOTICE: We may convert your payment into an electronic debit. See reverse for details, Billing Rights and other important information.

5404 0009 BEH 3 7 16 140815 PAGE 1 of 3 9273 2000 N122 01DX5404 50560

Detach and mail this portion with your check. Do not include any correspondence with your check.

Walmart
Save money. Live better.

Account Number: 6032 2020 0050 6148

Total Minimum Payment Due	Payment Due Date	New Balance
$179.45	09/11/2014	$179.45

Payment Enclosed: $ _____ . __
Please use blue or black ink.

New address or email? Print changes on back.

UNION COUNTY SHERIFF
309 W MARKET ST RM 4
JONESBORO IL 62952-1240

50560
C308

Make Payment To: WALMART COMMUNITY/RFCSLLC
P.O. BOX 530934
ATLANTA, GA 30353-0934

00179450028114 00179450001794 5 000603220 2000506 14822

	C				
089198737	ROV RECHARGE PL AAA4	2.000	EA	9.9700	19.94
090397642	MEM DVD-R 100PK TOTE	1.000	EA	34.8800	34.88

SUB $136.51	TAX $0.00	TOTAL INVOICE	$136.51
		CREDITS TOTAL	$0.00
		BALANCE DUE	$136.51

UNION COUNTY SHERIFF

AUTHORIZED BUYER #: 02000

ACCOUNT #: 6032 2020 0050 6148

P.O. #:

INVOICE#: 003605

DATE OF SALE #: 072314

STORE #: 00000233

TRANSACTION #: 3605

AUTHORIZATION #: 023330

REGISTER #: 45

S.K.U	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
092272543	32GB USB FLASH DRIVE	2.000	EA	19.9700	39.94

SUB $39.94	TAX $3.00	TOTAL INVOICE	$42.94
		CREDITS TOTAL	$0.00
		BALANCE DUE	$42.94

Walmart
Save money. Live better.

Self Checkout
Fast. Fun. Easy.

(618) 833 - 8592
MANAGER ALAN KIMMEL
300 LEIGH AVE
ANNA IL 62906

ST# 0233 OP# 00009045 TE# 45 TR# 03605

32G USB DRIV	061965909416	19.97 X
32G USB DRIV	061965909416	19.97 X
	SUBTOTAL	39.94
TAX 1	7.500 %	3.00
	TOTAL	42.94
WALMART CREDIT TEND		42.94

ACCOUNT # **** **** **** **48 02 S
APPROVAL # 023330
REF # 420400171223
TERMINAL # 34008723

07/23/14 16:48:26

CHANGE DUE 0.00

ITEMS SOLD 2

TC# 1000 6883 4202 0027 1844

Our Guaranteed Low Prices
Are Unbeatable with Ad Match!
07/23/14 16:48:26

CUSTOMER COPY

Scan QR Code Get eReceipt in Walmart ap
p

Walmart
Save money. Live better.

(618) 833 - 8592
MANAGER ALAN KIMMEL
300 LEIGH AVE
ANNA IL 62906

ST# 0233 OP# 00003421 TE# 06 TR# 07606

JEWEL CASE	003470701931	8.98 0
JEWEL CASE	003470701931	8.98 0
DISC SLEEVES	003470701961	6.97 0
WITE-OUT	007033050589	5.47 0
WITE-OUT	007033050589	5.47 0
DVD-R 3PK	002724227288	11.88 0
DVD-R 3PK	002724227288	11.88 0
DVD-R 3PK	002724227288	11.88 0
GV 50CT LB	007874207176	1.00 0
GV 50CT LB	007874207176	1.00 0
GV 50CT LB	007874207176	1.00 0
DVD-R 100PK	003470799265	34.88 0
PENS	007283831032	2.67 0
PENS	007283831032	2.67 0
BATTERIES	001280051978	9.97 0
BATTERIES	001280051978	9.97 0
REFILL BLUE	007283877241	1.84 0
	SUBTOTAL	136.51
	TOTAL	136.51
WALMART CREDIT TEND		136.51

ACCOUNT # **** **** **** **48 02 S
APPROVAL # 021680
REF # 420200814888
TERMINAL # 281768603

07/21/14 10:46:46

CHANGE DUE 0.00

ITEMS SOLD 17

TC# 4521 0466 5296 0140 3565 2

Our Guaranteed Low Prices
Are Unbeatable with Ad Match!
07/21/14 10:46:46

CUSTOMER COPY

eReceipts

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 08/22/2014
DATE SUBMITTED: 08/20/2014

CHECK	BILL INFORMATION			AMOUNT
	INVOICE NUMBER 12154 VENDOR NAME ANNA FAST LUBE FUND LINE 01 5204 08 Maintenance	INVOICE DATE 08/13/2014	DESCRIPTION OIL CHANGE STEVE STEARNS 2014 FORD TAURUS	39.20
	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	
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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	$ 39.20

Consent given by the County Board

Official/Department Head Signature

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Anna Fast Lube
1215 E. Vienna Street
ANNA, IL 62906
618-833-4999

INVOICE
12154

Union County Sheriff 911
309 W Market Street Room 016
Jonesboro, IL 62952

Steve

LICENSE	YEAR	MAKE	MODEL	ENGINE	MILEAGE	DATE	TIME
IL-S91936	2014	Ford	Taurus	E-t 6-c 3.5l (213) Turbo [t]	17019	8/13/2014	10:51 A

VEHICLE MAINTENANCE SCHEDULE

RECOMMENDED SERVICE	DATE DUE	MILEAGE DUE
Automatic Transmission	72 months	every 30000
Cooling System		every 100000
Differential*		every 3000

CHECKLIST

CHECKLIST ITEM	STATUS
Oil Change Light	Reset
(1 Qt) Oil Level At Arrival	Low
Lubrication Points	Sealed
(40) Front Tires	Checked
(40) Rear Tires	Checked
Powersteering Fluid	Sealed
Washer Fluid	Filled
Anti-freeze / Coolant	Checked
Wiper Blades	Checked
Air Filter	Checked
Transmission Fluid	Sealed
Rear Diff	N/A
Front Diff	N/A
Transfer Case	N/A
Tire Rotation	Checked
Fuel Filter	Checked
Cabin Air Filter	Not Changed
Head Lights	Recommended
PTFE Engine Additive	Recommended
Spare Tire	Not Checked

MANAGER:	Travis	UPPER TECH:	Josh	OPER:	13
COURTESY:	Christina	LOWER TECH:	Matt	T/V:	1

SERVICE REMARKS

SERVICES COMPLETED

Full Service Oil Change	34.19
5.0 - FS5W30 Formula Shell 5w30	
Extra 1.00 -FS5W30 @ 3.56	3.56
1.0 - M500 Oil Filters	

SUBTOTAL	37.75
TAX	1.45
TOTAL	39.20
AMOUNT TENDERED (Fleet Charge, 6)	39.20
CHANGE	.00

RETURN FOR SERVICE

Signature: _____

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 08/22/2014
DATE SUBMITTED: 08/20/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME NOTARY PUBLIC ASSOCIATION OF IL FUND LINE 01 5200 08 Office Supplies	DESCRIPTION NOTARY FOR MICHAEL DAMMERMAN	49.00
	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	$ 49.00

Consent given by the County Board

Official/Department Head Signature

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ORDERING INFORMATION

#A

1 Affidavit Stamp ($14.90)

+ Shipping & Handling ($4.00/Stamp)

Total: $18.90

#B

1 Notary Public Record Book ($19.95)

+ Shipping & Handling ($5.00)

Total: $24.95

#C

Notary Public Commission
1 Notary Stamp

Includes:
+1 Deluxe Stamp
+State Filing Fee
+4 Yr Notary Bond
+Free Membership
+Shipping

Total: $49.00

#D

Notary Public Commission
2 Notary Stamps
(Same name only)
Includes:
+2 Deluxe Stamps
+State Filing Fee
+4 Yr Notary Bond
+Free Membership
+Shipping

Total: $59.00

SAVINGS: $8.90

#E

Notary Public Commission
1 Notary Stamp

Includes:
+1 Deluxe Stamp
+State Filing Fee
+4 Yr Notary Bond
+Free Membership
+Shipping & Handling

+1 Affidavit Stamp

Total: $64.00

SAVINGS: $3.90

#F

Notary Public Commission
2 Notary Stamps
(Same name only)
Includes:
+2 Deluxe Stamps
+State Filing Fee
+4 Yr Notary Bond
+Free Membership
+Shipping & Handling

+1 Affidavit Stamp

Total: $74.00

SAVINGS: $12.80

VALUE SAVING PACKAGES

#G

Notary Public Commission
1 Notary Stamp

Includes:
+1 Deluxe Stamp
+State Filing Fee
+4 Yr Notary Bond
+Free Membership
+Shipping & Handling

+1 Notary Public Record Book

Total: $69.00

SAVINGS: $4.95

#H

Notary Public Commission
2 Notary Stamps
(Same name only)
Includes:
+2 Deluxe Stamps
+State Filing Fee
+4 Yr Notary Bond
+Free Membership
+Shipping & Handling

+1 Notary Public Record Book

Total: $79.00

SAVINGS: $13.85

#I

Notary Public Commission
1 Notary Stamp

Includes:
+1 Deluxe Stamp
+State Filing Fee
+4 Yr Notary Bond
+Free Membership
+Shipping & Handling

+1 Affidavit Stamp

+1 Notary Public Record Book

Total: $79.00

SAVINGS: $13.85

#J

Notary Public Commission
2 Notary Stamps
(Same name only)
Includes:
+2 Deluxe Stamps
+State Filing Fee
+4 Yr Notary Bond
+Free Membership
+Shipping & Handling

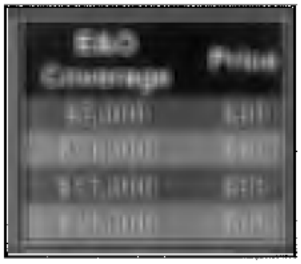
+1 Affidavit Stamp

+1 Notary Public Record Book

Total: $89.00

SAVINGS: $22.75

ADD NOTARY ERRORS & OMISSIONS INSURANCE



STEP 1

PLEASE SELECT YOUR PACKAGE: #C PRICE $ 49.00

PLEASE SELECT YOUR NOTARY E&O COVERAGE AMOUNT: $ Ø PRICE $ —

ADD EXPEDITED APPLICATION PROCESSING SERVICE FOR $30.00..... $ Ø

TOTAL AMOUNT ENCLOSED..... $ 49.00

FULL NAME: _____ EMAIL: _____

STEP 2

✓ METHOD OF PAYMENT

☐ CHECK / MONEY ORDER ☐ MASTER CARD ☐ VISA ☐ AMERICAN EXPRESS

MAKE ONE CHECK PAYABLE TO NOTARY PUBLIC ASSOCIATION

CREDIT CARD ACCOUNT # **EXP DATE**

☐☐☐☐-☐☐☐☐-☐☐☐☐-☐☐☐☐ ☐☐/☐☐

STEP 3

TO COMPLETE THE APPLICATION

1. COMPLETE THE ATTACHED APPLICATION AS IT APPLIES TO YOU.
2. IN THE MIDDLE SECTION "NOTARIAL OATH," PLEASE SIGN YOUR NAME AND HAVE YOUR SIGNATURE NOTARIZED BY A VALID NOTARY OTHER THAN YOURSELF. ALL SIGNATURES SENT MUST BE ORIGINAL.
3. YOU MUST SIGN ON THE BOTTOM LEFT LINE OF THE PAGE.
4. MAKE A COPY OF YOUR DRIVER'S LICENSE OR STATE ID AND ATTACH AND MAIL IT WITH YOUR APPLICATION. **YOU CANNOT FAX YOUR APPLICATION. ALL SIGNATURES MUST BE ORIGIONAL.**

NOTE: THE COUNTY CLECK WILL NOTIFY YOU WHEN THEY HAVE RECEIVED YOUR NOTARY PUBLIC COMMISSION. YOU MUST RECORD YOUR COMMISSION IN THAT OFFICE. THE FEE FOR RECORDING IS $5.00 OR YOU MAY RECORD BY MAIL AND THE FEE IS $10.00. THIS FEE IS NOT INCLUDED IN THE FEE YOU PAID TO THE NOTARY PUBLIC ASSOCIATION OF ILLINOIS. THIS FEE IS PAID DIRECTLY TO THE COUNTY CLERK'S OFFICE. THEY WILL NOTIFY YOU BY MAIL WHEN THEY REQUIRE IT.

YOUR PRESENT NOTARY PUBLIC COMMISSION WILL EXPIRE SOON. IF YOU WOULD LIKE TO REMAIN A NOTARY PUBLIC, YOU MUST RENEW YOUR PRESENT COMMISSION. THE STATE OF ILLINOIS DOES NOT AUTOMATICALLY RENEW YOUR PRESENT COMMISSION. EVERY FOUR YEARS NOTRARIES MUST COMPLETE A NEW APPLICATION, BE RE-BONDED AND YOU MUST RECEIVE A NEW RUBBER STAMP.

WE ARE NOT ASSOCIATED WITH ANY STATE OR LOCAL GOVERNMENT AGENCY

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 08/22/2014
DATE SUBMITTED: 08/20/2014

CHECK	BILL INFORMATION			AMOUNT
	INVOICE NUMBER 114024 VENDOR NAME UVANTA FUND LINE 58 5400 01 Arrestee Medical	INVOICE DATE 07/31/2014	DESCRIPTION INMATE MEDS	3,019.97
	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	
	INVOICE NUMBER VENDOR NAME FUND LINE [Select a Fund Line]	INVOICE DATE	DESCRIPTION	
			TOTAL	$ 3,019.97

Consent given by the County Board

Official/Department Head Signature

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