County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/26/2014
DATE SUBMITTED: 09/24/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Cape Radiology Group FUND LINE 01 5335 32 Detention	DESCRIPTION Original Charge 36.00 DPA Rate 11.00	11.00
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Cape Radiology Group FUND LINE 01 5335 32 Detention	DESCRIPTION Original Charge 194.00 DPA rate 31.35	31.35
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Cape Radiology Group FUND LINE 01 5335 32 Detention	DESCRIPTION Original Charge 28.00 DPA Rate 7.17	7.17
	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	
	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	$ 49.52

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.

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/26/2014
DATE SUBMITTED: 09/24/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Integritas Emergency Physician FUND LINE 01 5335 32 Detention	DESCRIPTION Original Charge 486.00 DPA Rate 32.20	32.20
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Integritas Emergency Physician FUND LINE 01 5335 32 Detention	DESCRIPTION Original Charge 726.00 DPA Rate 44.00	44.00
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Integritas Emergency Physician FUND LINE 01 5335 32 Detention	DESCRIPTION Original Charge 561.00 DPA Rate 32.20	32.20
	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	
	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	$ 108.40

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: 09/26/2014
DATE SUBMITTED: 09/24/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Southern Orthopedic Associates FUND LINE 01 5335 32 Detention	DESCRIPTION Original Charge 565.00 DPA Rate 93.70	93.70
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Southern Orthopedic Associates FUND LINE 01 5335 32 Detention	DESCRIPTION Original Charge 110.05 DPA Rate 15.34	15.34
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Southern Orthopedic Associates FUND LINE 01 5335 32 Detention	DESCRIPTION Original Charge 533.00 DPA Rate 111.40	111.40
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Southern Orthopedic Associates FUND LINE 01 5335 32 Detention	DESCRIPTION Original Charge 107.00 DPA Rate 32.00	32.00
	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	
	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	$ 252.44

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: 09/26/2014
DATE SUBMITTED: 09/24/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE 09/07/2014 VENDOR NAME Visa - 0679 FUND LINE 01 5200 08 Office Supplies	DESCRIPTION staples, dollar general and omaha targets	193.88
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Visa - 0679 FUND LINE 01 5204 08 Maintenance	DESCRIPTION car wash for sheriff x 2	16.00
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Visa - 0679 FUND LINE 01 5205 08 Travel	DESCRIPTION Sheriff's Conference	320.10
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Visa - 0679 FUND LINE 01 5208 08 Fuel	DESCRIPTION Gas Pump not working	50.00
	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	
	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	$ 579.98

Consent given by the County Board

Official/Department Head Signature

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Invoice Modification /Voucher Memo

- [x] Modified invoice
- [x] Explanation Memo
- [x] Missing receipts

Vendor Name	Visa	**Submitted By**	R. Tally
Invoice Date	9-7-14	**Date Submitted**	9-24-14

Description of Change:

missing receipt for 2 purchases in the amount of 49.95 and 1 for 4.95.
Looking in to them before they get paid
Fraudulent Purchase (Working with Visa)
Trying to figure out what remaining balance is from.

Justification:

Approval:

Signature | Title | Date

Comments:

ASH EMPLOYEES CREDIT UNION

VISA

UNION COUNTY SHERIFF
DAVID LIVESAY
Account Number: #### #### #### 0679

Statement Closing Date:
August 07, 2014

Summary of Account Activity

Previous Balance		$ 790.54
Payments	-	769.51
Other Credits	-	0.00
Other Debits	+	0.00
Purchases	+	521.93
Cash Advances	+	0.00
Fees Charged	+	0.00
Interest Charged	+	4.74
NEW BALANCE		**$ 547.70**
Credit Limit		$ 10,000.00
Available Credit		9,452.00
Available Cash		9,452.00
Amount Disputed		0.00
Statement Closing Date		08/07/14
Days in Billing Cycle		31

Payment Information

New Balance	**$ 547.70**
Total Minimum Payment Due	**** NONE ****
Payment Due Date	**09/01/14**

Late Payment Warning: IF WE DO NOT RECEIVE YOUR MINIMUM PAYMENT BY THE DATE LISTED ABOVE, YOU MAY HAVE TO PAY A LATE FEE UP TO **$10.**

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimated total of...
Only the minimum payment	3 year(s)	$606.00

If you would like information about credit counseling services, call (877)271-1764.

Contact Information

Customer Service: (800) 322-8472
Report Lost or Stolen Card: (727) 570-4881
After Hours: (866) 604-0381

Please send Billing Inquiries and Correspondence to:
CUSTOMER SERVICE PO BOX 30495 TAMPA, FL 33630

Visit us on the web at:
www.eZCardInfo.com

Please Mail Your Payments to:
VISA PO BOX 4521 CAROL STREAM IL 60197-4521

NOTICE: CONTINUED ON PAGE 3

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW UP TO 7 DAYS FOR RECEIPT

ASH EMPLOYEES CREDIT UNION
PO BOX 644
ANNA IL 62906 - 0644

Account Number
0679

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
08/07/14	$547.70	** NONE **	09/01/14

AMOUNT OF PAYMENT ENCLOSED

$

UNION COUNTY SHERIFF
DAVID LIVESAY
309 W. MARKET, R00M 004
JONESBORO IL 62952

72779

MAKE CHECK PAYABLE TO:

VISA
PO BOX 4521
CAROL STREAM IL 60197 - 4521

21 4777 5253 3000 0679 00000000 00054770 6

ASH EMPLOYEES CREDIT UNION

VISA

72779

UNION COUNTY SHERIFF
DAVID LIVESAY
Account Number: #### #### #### 0679

Statement Closing Date:
August 07, 2014

Important News

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY!
SIMPLY GO TO WWW.EZCARDINFO.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY WITH EZCARDINFO. ENROLL TODAY!

Transactions

Trans Date	Post Date	MCC Code	Reference Number	Description	Amount
07/23	07/25	5942	24254774205477480801576	8887176583HEALTHYCHOIC 888-7176583 MD	4.95
07/25	07/27	5499	24412894206980008293410	8662110533MSTRTRMPR 866-211-0533 FL	49.95
07/30	08/01	5943	24164074212105110344742	STAPLES 00107607 office supplies CARBONDALE IL	112.05 ✓
07/30	08/01	5331	24445004212100515123575	DOLLAR GENERAL #10617 " " JONESBORO IL	26.88 ✓
08/01	08/03	7542	24492804213118000184948	PHILLIPS AUTO WASH QPS maint ANNA IL	8.00 ✓
08/03	08/04	5814	24427334215720041351646	MCDONALDS F16339 travel MURPHYSBORO IL	6.71 ✓
08/05	08/06	5542	24015174217000460894970	WYCKLES CONV DECATUR IL travel	68.14 ✓
08/05	08/07	7011	24755424218162183997837	DECATUR CONFERENCE CENTER DECATUR IL travel	245.25 ✓
				Payments, Adjustments and Others	
07/14	07/15	0000	74777524196001518130320	PAYMENT - THANK YOU	56.99 -
08/04	08/05	0000	74777524217001718061056	PAYMENT - THANK YOU	712.52 -
				TOTAL PAYMENTS OR ADJUSTMENTS	$ 769.51 -
				Interest Charged	
08/07	08/07		74777524219010219064004	INTEREST CHARGE-PURCHASE	4.74
				TOTAL INTEREST FOR THIS PERIOD	$ 4.74
				Fees	
				TOTAL FEES FOR THIS PERIOD	$ 0.00

2014 Totals Year To Date

Total Fees Charged in 2014	$ 0.00
Total Interest Charged in 2014	$ 19.94

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	$ 719.29	0.6583%	7.90%	$ 4.74
CASH	A	$ 0.00	0.6583%	7.90%	$ 0.00
TOTAL				7.91%	$ 4.74

[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.

ASH EMPLOYEES CREDIT UNION

VISA

UNION COUNTY SHERIFF
DAVID LIVESAY
Account Number: #### #### #### 0679

Statement Closing Date:
September 07, 2014

Summary of Account Activity

Previous Balance		$ 547.70
Payments	-	0.00
Other Credits	-	0.00
Other Debits	+	0.00
Purchases	+	162.90
Cash Advances	+	0.00
Fees Charged	+	0.00
Interest Charged	+	4.13
NEW BALANCE		**$ 714.73**
Credit Limit		$ 10,000.00
Available Credit		9,285.00
Available Cash		9,185.00
Amount Disputed		0.00
Statement Closing Date		09/07/14
Days in Billing Cycle		31

Payment Information

New Balance	**$ 714.73**
Total Minimum Payment Due	**** NONE ****
Payment Due Date	**10/01/14**

Late Payment Warning: IF WE DO NOT RECEIVE YOUR MINIMUM PAYMENT BY THE DATE LISTED ABOVE, YOU MAY HAVE TO PAY A LATE FEE UP TO **$10**.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimated total of...
Only the minimum payment	3 year(s)	$817.00

If you would like information about credit counseling services, call (877)271-1764.

Contact Information

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After Hours: (866) 604-0381

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CUSTOMER SERVICE PO BOX 30495 · TAMPA, FL 33630

Visit us on the web at:
www.eZCardInfo.com

Please Mail Your Payments to:
VISA PO BOX 4521 CAROL STREAM IL 60197-4521

NOTICE: CONTINUED ON PAGE 3

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW UP TO 7 DAYS FOR RECEIPT 0919

ASH EMPLOYEES CREDIT UNION
PO BOX 644
ANNA IL 62906 - 0644

Account Number
0679

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
09/07/14	$714.73	** NONE **	10/01/14

AMOUNT OF PAYMENT ENCLOSED
$

UNION COUNTY SHERIFF
DAVID LIVESAY
309 W. MARKET, R00M 004
JONESBORO IL 62952

68401

MAKE CHECK PAYABLE TO:

VISA
PO BOX 4521
CAROL STREAM IL 60197 - 4521

21 4777 5253 3000 0679 00000000 00071473 6

ASH EMPLOYEES CREDIT UNION

VISA

68401

UNION COUNTY SHERIFF
DAVID LIVESAY
Account Number: #### #### #### 0679

Statement Closing Date:
September 07, 2014

Important News

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Transactions

Trans Date	Post Date	MCC Code	Reference Number	Description	Amount
08/17	08/19	5542	24445004230100462554846	CASEYS GEN STORE 2290 JONESBORO IL Fuel	50.00
08/19	08/20	7399	24412894231980008706568	888-352-1310.COM 888-352-1310 FL	49.95
08/26	08/27	2741	24755424238262389674283	OMAHA PRINT 402-7348951 NE office supplies	54.95
09/04	09/05	7542	24492804247118000191828	PHILLIPS AUTO WASH QPS ANNA IL maint	8.00
				Interest Charged	
09/07	09/07		74777524250010250064004	INTEREST CHARGE-PURCHASE	4.13
				TOTAL INTEREST FOR THIS PERIOD	$ 4.13
				Fees	
				TOTAL FEES FOR THIS PERIOD	$ 0.00

2014 Totals Year To Date

Total Fees Charged in 2014	$ 0.00
Total Interest Charged in 2014	$ 24.07

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	$ 627.88	0.6583%	7.90%	$ 4.13
CASH	A	$ 0.00	0.6583%	7.90%	$ 0.00
TOTAL				7.89%	$ 4.13

[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.

UNION COUNTY SHERIFF'S OFFICE
Credit Card Expenditure Report

NAME: Lucas DATE: 8-17-14

REASON: Fuel

Date Used	Location	Amount
8/17/14	Casey's	80.00
	County fuel Pump	
	Would Not Work	
	Fixed on 8/18/14	

UNION COUNTY SHERIFF'S OFFICE
Credit Card Expenditure Report

NAME: LIUESAY DATE: Aug 2,3,4, 2014

REASON: ISA CAN TRAINING (MANDATORY)

Date Used	Location	Amount
8/03/14	McDonalds (Breakfast)	$10.71
8/05/14	Wyckles (Gas) Decatur Il	$68.14
8/01/14	Car Wash (Aurora) Phillips	$8.00
8/05/14	Decatur Conference Center	—
—	Hotel (2) nights	$245.25

UNION COUNTY SHERIFF'S OFFICE
Credit Card Expenditure Report

NAME: LIUESAY DATE: Aug 2,3,4, 2014

REASON: ISA Car Training (Mandatory)

Date Used	Location	Amount
8/03/14	McDonalds (Breakfast)	$6.71
8/05/14	Wyckles (Gas) Decatur Il	$68.14
8/01/14	Car Wash (Aurora) Phillips	$8.00
8/05/14	Decatur Conference Center	—
—	Hotel (2) nights	$245.25

I.S.A. TRAINING

DCCH
DECATUR CONFERENCE CENTER & HOTEL

DAVID LIVESAY 903 W MARKET ST Jonesboro IL 62952 United States	A/R Number Group Code ISA Folio/Invoice No. 205128 / Confirmation # 8244965 Custom Ref #

Room No.	3105	Page No.	1 of 1
Arrival	08-03-14	Cashier No.	122
Departure	08-05-14	User ID	PEY

Date	Description			Charges	Credits
08-03-14	*Accommodation			105.00	
08-03-14	State Occupancy Tax			6.30	
08-03-14	City Occupancy Tax			6.30	
08-04-14	Fireside Breakfast	Room# 3105 : CHECK# 0010777		10.05	
08-04-14	*Accommodation			105.00	
08-04-14	State Occupancy Tax			6.30	
08-04-14	City Occupancy Tax			6.30	
08-05-14	Visa	XXXXXXXXXXXX0679	XX/XX		245.25
			Total	245.25	245.25
			Balance	0.00	

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or association fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

Decatur Conference Center & Hotel
4191 W US Highway 36
Decatur IL 62522
Telephone: (217) 422-8800 Fax: (217) 422-9690

STAPLES

Low prices. Every item. Every day.
1325 East Main St.
Carbondale, IL 62901
(618) 457-2825

SALE 1179083 2 002 26178
0760 07/30/14 11:28

QTY	SKU	PRICE
	REWARDS NUMBER 5769709766	
1	~~HP 901 XL BLACK IN~~ 883585702602	~~39.99N~~
1	AVY INK LBL 10UP 2 072782081638	13.29N
1	~~HP 901 XL BLACK IN~~ 883585702602	~~39.99N~~
1	AVY INK LBL 10UP 2 072782081638	13.29N
1	SHARPIE MARKR FINE 071641306653	5.49N
	SUBTOTAL	112.05

Tax Exempt Number 5769709766

(LIVESAY)

ISA TRAINING

BUY ONE GET ONE FREE QUARTER POUNDER
W/CHEESE OR EGG MCMUFFIN
Go to www.mcdvoice.com within 7 days
and tell us about your visit.
Validation Code:_____
Expires 30 days after receipt date.
Valid at participating US McDonald's.
1020 WALNUT ST
MURPHYSBORO
IL
62966
! ! ! THANK YOU ! ! !
TEL# 618 687 1235 Store# 16339

KS# 15 Aug.03'14 (Sun) 06:56

MFY SIDE 1 KVS Order 88

QTY	ITEM	TOTAL
1	Stk Egg Ch Bagel Ml	5.89
1	_ Coffee	0.29
	<Drink Upcharge>	
	ADD 6 Sugar	
	Subtotal	6.18
	Tax	0.53
	Take-Out Total	6.71
	Cashless	6.71
	Change	0.00

DOLLAR GENERAL STORE #10617
607 E BROAD STREET
P O BOX 394
JONESBORO, IL 62952-1503
(618) 833-8746

X-LG CLEAR STORAGE 073149188984-200	12.50 S
X-LG CLEAR STORAGE 073149188984-200	12.50 S
SUBTOTAL	$25.00
Taxi	$1.88
TOTAL	$26.88
Visa	$26.88

**********0679
EXPIRY: **/** SWIPED
AUTH# 001653
REFERENCE# 18177427

ITEMS 2
2014-07-30 13:22:55 10617 01 0644

Lisay
Fuel Pump
Not Working

Casey's General
Store #2290
100 Willard Ferry Rd
Jonesboro, IL 62952

Date 08/17/2014
Time 07:55

VI
##########0679

Pump	Gallons	Price
08	14.709	$ 3.399

Product	Amount
UNLEADED	$ 50.00

Total Sale $ 50.00

SALE -
Auth #
Merch
Approve

VIST WWW.BASVIST.COM
WELCOME TO OUR STORE
0020469
WYCKLES CONV
355 N WYCKLES
DECATUR IL 62522

STARSTR
Text to
to win
to Holl
MTN Dew

DUPLICATE OUTDOOR RECEIPT

DATE 08/05/14 12:34
PUMP # 06
PRODUCT: REGULAR
GALLONS: 19.474
PRICE/G: $ 3.499
FUEL SALE $ 68.14

VISA Acct 279
AUTH: CO-005551
ZIP ENTERED

PEACH PARADE

****
* FRI 08-01-14 12:00 P *
****

Wash #3 Purchased:
PREMIUM WASH

Wash Price	$ 8.00
Card No.	XXXX XXXX 0679
Charge Amount	$ 8.00
Change	$ 0.00

Larry Tripp Turner

****
* THU 09-04-14 08:26 A *
****

Wash #3 Purchased:
PREMIUM WASH

Wash Price	$ 8.00
Card No.	XXXX XXXX 0679
Charge Amount	$ 8.00
Change	$ 0.00

Below is the Receipt for your order

Cart Number: CT18699
Bank Reference: VTHFC2C54C46

Ordered By

Deliver To
Bart Hileman
309 W. Market St.
Jonesboro IL 62952
US

Item #	Date	Qty	Name	Product	Cost
PM38269	Tuesday, August 19, 2014	50	23 x 35 Card Stock - 1902C	23 x 35 Card Stock - 1902C	$17.50
PM38270	Tuesday, August 19, 2014	50	24 X 35 Part No. 5001	24 X 35 Part No. 5001	$25.00
				Cost of Items	**$42.50**
				Freight	$12.45
				Total excl. Sales Tax	**$54.95**
				Sales Tax	$0.00
				Total incl. Sales Tax	**$54.95**
				Total Payment	**$54.95**
				Balance Due	**$0.00**

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County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/26/2014
DATE SUBMITTED: 09/24/2014

CHECK	BILL INFORMATION			AMOUNT
	INVOICE NUMBER 1453057-IN VENDOR NAME Ray O'Herron FUND LINE 01 5207 08 Uniforms	INVOICE DATE 09/15/2014	DESCRIPTION pants	78.76
	INVOICE NUMBER 1453057-IN VENDOR NAME Ray O'Herron FUND LINE 01 5207 33 Uniforms - Judicial Security	INVOICE DATE 09/15/2014	DESCRIPTION pants	78.75
	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	$ 157.51

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.

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: 1453057-IN
Invoice Date: 9/19/2014

Order Number: 1427697
Order Date 9/15/2014
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
HARVEL	UPS	NET 30 DAYS

Item Number	Ordered	Shipped	Back Ordered	Price	Amount
MAW FOR SCOTT HARVEL					
8567-BR-38 PANTS,6PKT,POLY/WOOL,BR,38	2.00	2.00	0.00	74.00	148.00

NO HEM

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

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

Net Invoice:	148.00
Less Discount:	0.00
Freight:	9.51
Sales Tax:	0.00
Invoice Total:	157.51

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/26/2014
DATE SUBMITTED: 09/24/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE 09/16/2014 VENDOR NAME Greg Lambert FUND LINE 01 5207 33 Uniforms - Judicial Security	DESCRIPTION Reimburse for alterations to uniform and patches	15.00
	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	
	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	
		TOTAL	$ 15.00

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.

Date 8-8-14

M Erick Gallam

Address

Reg. No.	Clerk	Account Forward		
1	Hemmo			
2	1 Pan			50
3		$15		
4	Pan			
5				
6	32			
7				
8				
9	Thank's			
10				
11	Edwina			
12	697.3501			
13				
14	0455-12			
15				

A-1200/3510/3530
T-45202/46202/46203

Your Account Stated to Date - If Error Is Found, Return at Once

Date 9-16-14

M Greg Lambert

Address 697-8540

Reg. No.	Clerk	Account Forward		
1				
2	2 patties		$10	00
3				
4				
5				
6				
7				
8				
9	Thank's			
10	Edwina			
11	697.3501			
12				
13				
14	0759-28			
15				

A-1200/3510/3530
T-45202/46202/46203

Your Account Stated to Date - If Error Is Found, Return at Once

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/26/2014
DATE SUBMITTED: 09/24/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE 09/18/2014 VENDOR NAME Associated Lumber FUND LINE 01 5201 08 Equipment	DESCRIPTION Twine/for electrical line	3.79
	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	
	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	$ 3.79

Consent given by the County Board

Official/Department Head Signature

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Associated Lumber Anna
104 W. Chestnut
Anna, IL 62906
Phone : 618-833-2103 Fax : 618-833-2104

Invoice # 177883

Taken On : 09/18/2014 at 11:13 AM Date Printed: 09/18/2014 at 11:13:36 AM

Sold To UNION COUNTY COURTHOUSE
JONESBORO IL 62952

ShipTo UNION COUNTY COURTHOUSE
JONESBORO IL 62952

Tax Category : (2) Tax Exempt (0%)
Account Rep : (2) David
Sales Clerk : (3) Mike

Account # 1308
Ordered By :
PO #

Qty Ord	Qty Ship	UOM	Item Number	Description	Unit Price	Extended
1	1	Each	6338529	10502 SEINE TWINE #24 185FT	3.7900	3.79

Cash :	$0.00	**Check :**	$0.00	**Credit Card :**	$0.00	**On Account :**	$3.79

SubTotal :	$3.79
Discount :	$0.00
Deposit :	$0.00
Tax (0%)	$0.00
Shipping :	$0.00
Total :	$3.79
Tendered :	$0.00
Change Due :	$0.00
Amount Due :	$3.79

AGREEMENT: The parties agree as follows: (1) Terms: Net cash 10th of the month. (2) Purchaser agrees to pay: (a) 15% handling charge for items pickup by our truck for return. (b) Delivery charge of $1.00 per mile for orders less than $100.00 and/or a stop charge if assessed (c) SERVICE CHARGE of 2% per month(min charge $1.00) which is an ANNUAL PERECENTAGE RATE of 24% after 30 days. (d) In the event of default by purchaser, seller's reasonable attorney fees and collection expenses. □

Signature _____

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/26/2014
DATE SUBMITTED: 09/24/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER 5001450867, INVOICE DATE VENDOR NAME Wells Fargo Financial Leasing FUND LINE 01 5200 08 Office Supplies	DESCRIPTION Copier Lease payment, I never received the invoice from August. There was a mix up with Darren's Office and Wells Fargo.	676.00
	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	
	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	
	INVOICE NUMBER INVOICE DATE VENDOR NAME FUND LINE [Select a Fund Line]	DESCRIPTION	
		TOTAL	$ 676.00

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.

COUNTY OF UNION
307 MARKET ST
JONESBORO, IL 62952-0000

Customer Service

Hours of operation
M - F, 7am - 6pm Central Time

Telephone
866-497-6661

Payments
PO Box 6434
Carol Stream, IL 60197-6434

Fax
888-241-4382

Correspondence
Leasing Customer Service
MAC N0005-055
800 Walnut Street
Des Moines, IA 50309-3605

Federal Tax ID#
42-1074725

Please have your Federal Tax ID available when contacting us.

Invoice

Page 1 of 1

Summary

Account number	603-0093619-004
Invoice number	5001450867
Due date	09/27/14
Invoice date	08/31/14
Current period covered	09/27/14 - 10/26/14
Total due	$676.00

Last payment $338.00 posted on 08/04/14.

Account number	Asset description	Item description	Amount	Tax	Item total	Due date	Subtotal
603-0093619-004	SAVIN COPIER SHERIFF'S DEPT Model C5050SPF SN V1386000065	Lease Payment	338.00		338.00	08/27/14	$338.00
		Lease Payment	338.00		338.00	09/27/14	$338.00
					Total: 603-0093619-004		$676.00

000112/009685 AS1F8

Account number 603-0093619-004 Due date 09/27/14
Invoice number 5001450867 Invoice date 08/31/14

Total due $676.00

Wells Fargo Financial Leasing
PO Box 6434
Carol Stream, IL 60197-6434

Amount enclosed $

☐ Check here and see reverse side for billing address and/or asset address change.

Please make check payable to Wells Fargo Financial Leasing

04548/000112/009685 0000 1 AS1F8

COUNTY OF UNION
307 MARKET ST
JONESBORO, IL 62952-0000

WELLS FARGO FINANCIAL LEASING
PO BOX 6434
CAROL STREAM IL 60197-6434

02720-100 N 00013E

00148878088536035001450867920140927000000676005

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/26/2014
DATE SUBMITTED: 09/24/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE 09/07/2014 VENDOR NAME Visa - 0687 FUND LINE 01 5202 08 Postage	DESCRIPTION Certified Mailings/ had a credit from last payment to visa so only paying the balance	14.35
	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	
	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	$ 14.35

Consent given by the County Board

Official/Department Head Signature

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Invoice Modification /Voucher Memo

- [x] Modified invoice
- [x] Explanation Memo
- [ ] Missing receipts

Vendor Name	Visa	**Submitted By**	R. Tally
Invoice Date	9-7-14	**Date Submitted**	9-24-14

Description of Change:

We paid more last month and I am only paying remaining balance

Justification:

Approval:

Signature _____ Title _____ Date _____

Comments:

ASH EMPLOYEES CREDIT UNION

VISA

UNION COUNTY SHERIFF
KENNY TAYLOR
Account Number: #### #### #### 0687

Statement Closing Date:
September 07, 2014

Summary of Account Activity

Previous Balance		$ 919.25
Payments	-	965.98
Other Credits	-	0.00
Other Debits	+	0.00
Purchases	+	61.08
Cash Advances	+	0.00
Fees Charged	+	0.00
Interest Charged	+	0.00
NEW BALANCE		**$ 14.35**
Credit Limit		$ 10,000.00
Available Credit		9,985.00
Available Cash		9,985.00
Amount Disputed		0.00
Statement Closing Date		09/07/14
Days in Billing Cycle		31

Payment Information

New Balance	**$ 14.35**
Total Minimum Payment Due	**$14.35**
Payment Due Date	**10/01/14**

Late Payment Warning: IF WE DO NOT RECEIVE YOUR MINIMUM PAYMENT BY THE DATE LISTED ABOVE, YOU MAY HAVE TO PAY A LATE FEE UP TO **$10**.

Contact Information

Customer Service: (800) 322-8472
Report Lost or Stolen Card: (727) 570-4881
After Hours: (866) 604-0381

Please send Billing Inquiries and Correspondence to:
CUSTOMER SERVICE PO BOX 30495 TAMPA, FL 33630

Visit us on the web at:
www.eZCardInfo.com

Please Mail Your Payments to:
VISA PO BOX 4521 CAROL STREAM IL 60197-4521

Important News

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY!
SIMPLY GO TO WWW.EZCARDINFO.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY WITH EZCARDINFO. ENROLL TODAY!

Transactions

Trans Date	Post Date	MCC Code	Reference Number	Description	Amount
08/18	08/19	9402	24164074230418191611428	USPS 16166801115423163 COBDEN IL	15.65
09/03	09/04	9402	24164074246418201611584	USPS 16166801115423163 COBDEN IL	45.43
				Payments, Adjustments and Others	
09/04	09/04	0000	74777524247001510350073	PAYMENT - THANK YOU	965.98 -
				TOTAL PAYMENTS OR ADJUSTMENTS	$ 965.98 -

NOTICE: CONTINUED ON PAGE 3

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW UP TO 7 DAYS FOR RECEIPT 0919

ASH EMPLOYEES CREDIT UNION
PO BOX 644
ANNA IL 62906 - 0644

Account Number
0687

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
09/07/14	$14.35	$14.35	10/01/14

AMOUNT OF PAYMENT ENCLOSED
$ 14.35

UNION COUNTY SHERIFF
KENNY TAYLOR
309 W. MARKET, ROOM 004
JONESBORO IL 62952 - 1240

68402

MAKE CHECK PAYABLE TO:

VISA
PO BOX 4521
CAROL STREAM IL 60197 - 4521

21 4777 5253 3000 0687 00001435 00001435 0

ASH EMPLOYEES CREDIT UNION

VISA

68402

UNION COUNTY SHERIFF
KENNY TAYLOR
Account Number: #### #### #### 0687

Statement Closing Date:
September 07, 2014

Transactions... Continued

Trans Date	Post Date	MCC Code	Reference Number	Description	Amount
				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	$ 14.01

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.

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U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
For delivery information visit our website at www.usps.com®

PS Form 3800, August 2006 See Reverse for Instructions

COBDEN P.O.
113 S APPLEKNOCKER ST
COBDEN, IL 62920-9998
USPS 1616680117
1-800-275-8777

Merchant ID: 23901542316
Term ID: 01
Clerk ID: 000001

Sale

**********0687
VISA

TOTAL: $45.43

09/03/14 15:45:34
Inv #: 000002 Appr Code: 003220
Credit Tran #: 158

All Sales Final on Stamps and Postage.
Refunds for Guaranteed Services Only.

CUSTOMER COPY

Order Stamps at USPS.com/shop or call 1-800-Stamp24. Go to USPS.com/clickship to print shipping labels with postage. For other info call 1-800-ASK-USPS.

Sent To Stephen Schenk
Street, Apt. No.; or PO Box No. PO Box 96
City, State, ZIP+4 Fillmore, IL 62032

PS Form 3800, August 2006 See Reverse for Instru

2014

COBDEN P.O.
113 S APPLEKNOCKER ST
COBDEN, IL 62920-9998
USPS 1616680117
1-800-275-8777

Merchant ID: 23901542316
Term ID: 01
Clerk ID: 000001

Sale

**********0687
VISA

TOTAL: $15.65

08/18/14 14:16:32
Inv #: 000005 Appr Code: 003140
Credit Tran #: 142

All Sales Final on Stamps and Postage.
Refunds for Guaranteed Services Only.

CUSTOMER COPY

Order Stamps at USPS.com/shop or call 1-800-Stamp24. Go to USPS.com/clickship to print shipping labels with postage. For other info call 1-800-ASK-USPS.

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/26/2014
DATE SUBMITTED: 09/24/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE 09/18/2014 VENDOR NAME Secretary of State's Office FUND LINE 01 5201 08 Equipment	DESCRIPTION Title and registration for boat trailer.	105.00
	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	$ 105.00

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.

Office of the Secretary of State

Date 9·18·14 Received From _____

__ _____ Drivers License Renewal Class _____

__ _____ ID Card

__ _____ Driving Abstract

__ _____ Reinstatement Fee

✓ 105 Title and Registration (Title 95/Municipal Plate 10)

__ _____ Title and Transfer Plate _____

__ _____ Title (Duplicate/Corrected/Title only)

__ _____ Tax

__ _____ Registration (Sticker Renewal/Plates Only)

__ _____ Other (_____)

Michelle Barnard Employee

Secretary of State Anna Drivers Facility
101A Transcraft Drive
Anna, IL 62906

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/26/2014
DATE SUBMITTED: 09/24/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE 09/22/2014 VENDOR NAME Jeffrey Stroehlein FUND LINE 01 5201 08 Equipment	DESCRIPTION reimbursement for getting his gun refinished	75.00
	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	
	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	$ 75.00

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.

Invoice

Bill To
Jeff Stroehlein

PO Number	Terms	Project

Date	Description	Hours	Rate	Amount
	refinish remington 870 barrell & receiver		$0.00	$100.00

		Discount	($25.00)
Amount Due	$75.00	Shipping Cost	$0.00
		Sub Total	$75.00
		Total	$75.00

PAID
CK # 1139

County of Union, Illinois
Departmental Bill List

OFFICE/DEPARTMENT: Sheriff
BOARD MEETING DATE: 09/26/2014
DATE SUBMITTED: 09/24/2014

CHECK	BILL INFORMATION		AMOUNT
	INVOICE NUMBER / INVOICE DATE 09/07/2014 VENDOR NAME Visa-0695 FUND LINE 01 5205 08 Travel	DESCRIPTION EMD training for lance	62.90
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Visa - 0695 FUND LINE 01 5208 08 Fuel	DESCRIPTION Fuel - Lance EMD class	44.72
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Visa - 0695 FUND LINE 01 5200 08 Office Supplies	DESCRIPTION Staples	31.99
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Visa - 0695 FUND LINE 01 5202 08 Postage	DESCRIPTION stamps and mailing	106.39
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Visa - 0695 FUND LINE 48 5400 01 Sheriff's Anti-Crime	DESCRIPTION Drug test kits and key cameras	289.49
	INVOICE NUMBER / INVOICE DATE VENDOR NAME Visa - 0695 FUND LINE 01 5250 08 Food	DESCRIPTION Retirement cake and supplies	109.99
	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	
		TOTAL	$ 645.48

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.

ASH EMPLOYEES CREDIT UNION

VISA

UNION COUNTY SHERIFF
MICHAEL DAMMERMAN
Account Number: #### #### #### 0695

Statement Closing Date:
September 07, 2014

Summary of Account Activity

Previous Balance		$ 1,298.60
Payments	-	0.00
Other Credits	-	0.00
Other Debits	+	0.00
Purchases	+	260.36
Cash Advances	+	0.00
Fees Charged	+	0.00
Interest Charged	+	9.10
NEW BALANCE		**$ 1,568.06**
Credit Limit		$ 5,000.00
Available Credit		3,431.00
Available Cash		3,431.00
Amount Disputed		0.00
Statement Closing Date		09/07/14
Days in Billing Cycle		31

Payment Information

New Balance	**$ 1,568.06**
Total Minimum Payment Due	**** NONE ****
Payment Due Date	**10/01/14**

Late Payment Warning: IF WE DO NOT RECEIVE YOUR MINIMUM PAYMENT BY THE DATE LISTED ABOVE, YOU MAY HAVE TO PAY A LATE FEE UP TO **$10**.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimated total of...
Only the minimum payment	6 year(s)	$1,910.00
49.00	3 years	$ 1,766.00 (Savings=$144.00)

If you would like information about credit counseling services, call (877)271-1764.

Contact Information

Customer Service: (800) 322-8472
Report Lost or Stolen Card: (727) 570-4881
After Hours: (866) 604-0381

Please send Billing Inquiries and Correspondence to:
CUSTOMER SERVICE PO BOX 30495 TAMPA, FL 33630

Visit us on the web at:
www.eZCardInfo.com

Please Mail Your Payments to:
VISA PO BOX 4521 CAROL STREAM IL 60197-4521

NOTICE: CONTINUED ON PAGE 3

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW UP TO 7 DAYS FOR RECEIPT 0919

ASH EMPLOYEES CREDIT UNION
PO BOX 644
ANNA IL 62906 - 0644

Account Number
0695

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
09/07/14	$1,568.06	** NONE **	10/01/14

AMOUNT OF PAYMENT ENCLOSED
$ 645.48

UNION COUNTY SHERIFF
MICHAEL DAMMERMAN
309 W. MARKET, R00M 004
JONESBORO IL 62952

68403

MAKE CHECK PAYABLE TO:

VISA
PO BOX 4521
CAROL STREAM IL 60197 - 4521

21 4777 5253 3000 0695 00000000 00156806 1

ASH EMPLOYEES CREDIT UNION

VISA

68403

UNION COUNTY SHERIFF
MICHAEL DAMMERMAN
Account Number: #### #### #### 0695

Statement Closing Date:
September 07, 2014

Important News

MANAGE YOUR CARD ACCOUNT ONLINE. IT'S FREE! IT'S EASY!
SIMPLY GO TO WWW.EZCARDINFO.COM AND ENROLL IN OUR ONLINE SERVICE. YOU CAN REVIEW ACCOUNT INFORMATION, TRACK SPENDING, SET ALERT NOTIFICATIONS, DOWNLOAD FILES, AND MUCH MORE. MANAGING YOUR ACCOUNT IS FAST, SECURE AND EASY WITH EZCARDINFO. ENROLL TODAY!

Transactions

Trans Date	Post Date	MCC Code	Reference Number	Description	Amount
08/26	08/27	5814	24427334238720041266243	MCDONALDS F5816 MURPHYSBORO IL Travel	6.69
08/26	08/27	5964	24431064239207569300642	COPQUEST INC 8053880707 CA cameras for Asa	152.74
08/26	08/28	5814	24445004239100500733932	WENDY'S 756 SWANSEA IL Travel	9.02
08/27	08/28	5812	24692164239000435045158	JOESCRBSHK-FAIRVIEW HG FAIRVIEW HEIG IL Travel	17.64
08/27	08/28	5812	24326884240207099701281	HOOTERS OF FAIRVIEW HEIG FAIRVIEW HEIG IL Travel	10.56
08/27	08/29	5812	24412894240080080406283	HOKKAIDO SEAFOOD BUFFET L SWANSEA IL Travel	9.27
08/28	08/29	5812	24755424240282405502991	HICKS BAR B QUE CO BELLEVILLE IL travel	9.72
08/28	08/31	5542	24445004241100544476437	CASEYS GEN STORE 2290 JONESBORO IL Fuel	44.72
				Interest Charged	
09/07	09/07		74777524250011250064002	INTEREST CHARGE-PURCHASE	9.10
				TOTAL INTEREST FOR THIS PERIOD	$ 9.10
				Fees	
				TOTAL FEES FOR THIS PERIOD	$ 0.00

2014 Totals Year To Date

Total Fees Charged in 2014	$ 10.00
Total Interest Charged in 2014	$ 41.32

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	$ 1,383.04	0.6583%	7.90%	$ 9.10
CASH	A	$ 0.00	0.6583%	7.90%	$ 0.00
TOTAL				7.89%	$ 9.10

[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.

ASH EMPLOYEES CREDIT UNION

VISA

UNION COUNTY SHERIFF
MICHAEL DAMMERMAN
Account Number: #### #### #### 0695

Statement Closing Date:
August 07, 2014

Summary of Account Activity

Previous Balance		$ 1,158.83
Payments	-	253.50
Other Credits	-	0.00
Other Debits	+	0.00
Purchases	+	385.12
Cash Advances	+	0.00
Fees Charged	+	0.00
Interest Charged	+	8.15
NEW BALANCE		**$ 1,298.60**
Credit Limit		$ 5,000.00
Available Credit		3,701.00
Available Cash		3,701.00
Amount Disputed		0.00
Statement Closing Date		08/07/14
Days in Billing Cycle		31

Payment Information

New Balance	**$ 1,298.60**
Total Minimum Payment Due	**** NONE ****
Payment Due Date	**09/01/14**

Late Payment Warning: IF WE DO NOT RECEIVE YOUR MINIMUM PAYMENT BY THE DATE LISTED ABOVE, YOU MAY HAVE TO PAY A LATE FEE UP TO **$10**.

Minimum Payment Warning: If you make only the minimum payment each period, you will pay more in interest and it will take you longer to pay off your balance. For example:

If you make no additional charges using this card and each month you pay...	You will pay off the balance shown on this statement in about ...	And you will end up paying an estimated total of...
Only the minimum payment	6 year(s)	$1,565.00
41.00	3 years	$ 1,463.00 (Savings=$102.00)

If you would like information about credit counseling services, call (877)271-1764.

Contact Information

Customer Service: (800) 322-8472
Report Lost or Stolen Card: (727) 570-4881
After Hours: (866) 604-0381

Please send Billing Inquiries and Correspondence to:
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NOTICE: CONTINUED ON PAGE 3

PLEASE DETACH COUPON AND RETURN PAYMENT USING THE ENCLOSED ENVELOPE - ALLOW UP TO 7 DAYS FOR RECEIPT

ASH EMPLOYEES CREDIT UNION
PO BOX 644
ANNA IL 62906 - 0644

Account Number
0695

Check box to indicate name/address change on back of this coupon ☐

Closing Date	New Balance	Total Minimum Payment Due	Payment Due Date
08/07/14	$1,298.60	** NONE **	09/01/14

AMOUNT OF PAYMENT ENCLOSED
$

UNION COUNTY SHERIFF
MICHAEL DAMMERMAN
309 W. MARKET, R00M 004
JONESBORO IL 62952

72781

MAKE CHECK PAYABLE TO:

VISA
PO BOX 4521
CAROL STREAM IL 60197 - 4521

21 4777 5253 3000 0695 00000000 00129860 2

ASH EMPLOYEES CREDIT UNION

VISA

72781

UNION COUNTY SHERIFF
MICHAEL DAMMERMAN
Account Number: #### #### #### 0695

Statement Closing Date:
August 07, 2014

Important News

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Transactions

Trans Date	Post Date	MCC Code	Reference Number	Description		Amount
07/11	07/13	9402	24164074192418141610872	USPS 16166801115423163 COBDEN IL postage		98.00
07/21	07/22	7393	24110394202207586804842	BRICKHOUSE ELECTRON 800-654-7966 NY test kits		136.75
07/25	07/27	5411	24445714206300360375443	KROGER #672 ANNA IL food		109.99
07/30	07/31	9402	24164074211418191611124	USPS 16166801115423163 COBDEN IL postage		8.39
07/31	08/03	5943	24164074213105104180796	STAPLES 00107607 CARBONDALE IL office supplies		31.99
			Payments, Adjustments and Others			
07/14	07/15	0000	74777524196001518130346	PAYMENT - THANK YOU		137.50 -
08/04	08/05	0000	74777524217001718061072	PAYMENT - THANK YOU		116.00 -
				TOTAL PAYMENTS OR ADJUSTMENTS	$	253.50 -
			Interest Charged			
08/07	08/07		74777524219011219064002	INTEREST CHARGE-PURCHASE		8.15
				TOTAL INTEREST FOR THIS PERIOD	$	8.15
			Fees			
				TOTAL FEES FOR THIS PERIOD	$	0.00

2014 Totals Year To Date	
Total Fees Charged in 2014	$ 10.00
Total Interest Charged in 2014	$ 32.22

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	$ 1,237.70	0.6583%	7.90%	$ 8.15
CASH	A	$ 0.00	0.6583%	7.90%	$ 0.00
TOTAL				7.90%	$ 8.15

[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.

UNITED STATES POSTAL SERVICE

USPS Receipt for Money or Services

Post Office	Station		Receipt Number 16
☒ P.O. Receipt for Money	Finance Number	Unit ID	AIC Number
Receipt for: *(indicate purpose)* 2 Rolls of Stamps			Amount $ 98.00
Received from: *(show address only when receipt is mailed)*		Permit Number or SSN *(Employees only)*	

☐ P.O. Box/Caller Service Fees

Customer name:

Box/Caller Number(s)

☐ For one semiannual p

☐ For annual payment p

☐ Reserved Number Fee (Ending date /

Certifying Signature

PS Form 3544, July 2004 (PSN: 7530-03-000-3768)

Order Stamps at USPS.com/shop or call 1-800-Stamp24 to 1-800-782-6724. USPS cost/shipping to 3-bit shipping labels with postage for other info call 1-800-ASK-USPS.

All Sales Final on Stamps and Postage. Refunds for Guaranteed Services Only.

CUSTOMER COPY

USPS 161668117 R ST 99998 1-800-275-8777

Merchant ID: 2390154231 6
Term ID: 01
Clerk ID: 000001

Sale

**********0695
VISA

TOTAL: $98.00

07/11/14 09:43:38
Inv #: 000001 Appr Code: 004482
Credit Tran #: 087

Distribution: Original - Customer; Duplicate - File with PS Form 1412

Casey's General
Store #2298
100 Willard Ferry Rd
Jonesboro, IL 62952

Date 08/28/2014
Time 07:33

VI
##########0695

Pump	Gallons	Price
04	13.516	$ 3.309

Product	Amount
UNLEADED	$ 44.72

Total Sale $ 44.72

Joe's Crab Shack
www.joescrabshack.com
51 Ludwig Dr.
Fairview Heights, ILL.
(618)398-9993

08/26/2014
8:11 PM
20014

Server: CAILIN
Table 43/3
Guests: 1

Fisherams, Tilapia BRO	15.99
Wate	0.00
Subtotal	15.99
Tax	1.65
Total	17.64

Balance Due $ 17.64

Hokkaido Buffet & Grill
4580 N. Illinois St
Swansea, IL 62226
Tel:(618)416-2077
Fax:(618)416-2039

Dine In
Date: 08-27-2014 Time: 12:59PM # 37

Server: APRIL
TAB#: 4-4
No. of Guest : 1

1 Adult Lunch Buffet	8.59
Amount :	8.59
TAX(7.85%) :	0.68
TOTAL :	9.27

Thank you very much.

---

xxxxxxxxxxxx0695 Entry Method: Swiped
VISA
Amount: $ 9.72
Tip:
Total:

08/28/14 11:40:52
Inv #: 000010 Appr Code: 005555
Approvd: Online

Customer Copy
THANK YOU!

BUY ONE GET ONE FREE QUARTER POUNDER
W/CHEESE OR EGG MCMUFFIN
Go to www.mcdvoice.com within 7 days
and tell us about your visit.
Validation Code:_____
Expires 30 days after receipt date.
Valid at participating US McDonald's.
50 E INDUSTRIAL PARK RD 14 RT 13 AND 1
MURPHYSBORO
IL
62966-9300
! ! ! THANK YOU ! ! !
TEL# 618 687 1171 Store# 5816

LS# 13 Aug.26'14 (Tue) 05:40

FM SIDE 1 KVS Order 04

QTY	ITEM	TOTAL
1	Bac Egg Ch McGriddle	3.99
1	Hash Brown	1.00
1	M Decaf Coffee	1.19
	ADD 2 Cream	
	ADD 2 Sugar	

Subtotal	6.18
Tax	0.51
Take-Out Total	6.69
Cashless	6.69
Change	0.00

MER# 20035302
CARD ISSUER ACCOUNT#
Visa SALE **********4DE95
AUTHORIZATION CODE - C04485 SEQ# 134828

McDonald's $2 OFF 1 * SEE BACK *

Fairview Heights
301 Market Place, Suite C
Fairview Heights, IL 62208
618-398-3374

Check : 200
Date : 8/27/2014
Time : 6:15 PM
Employee : CASSIE S
Table :
Guests : 1

Seat	Item	Amount
1	Hooters Burger	7.99
	Bacon	0.99
	Provolone Cheese	0.59
	Subtotal :	9.57
	Sales Tax	0.99
	Total :	10.56
	Visa	-10.56
	Change Due	0.00
	Balance :	

Delightfully Tacky, Yet Unrefined

It's important to me that you have
a great experience here
at Hooters!!
If you have a comment or a suggestion
Call me directly at
(618) 398-2906
Kelly Knight
General Manager
Text the word Fairview to 36832
For Free Stuff!!!

Wendy's Store #00008329
2638 N. Illinois Avenue
(618) 277-2414

LANCE

08/26/20[illegible]
11:43 AM
200[illegible]

Host: Justyna
LANCE

Order Type: IN

2 JBC (@1.89)	
(2)NO Tomato	
Broccoli & Chz Potato	3.79
Sour Cream	2.79
Butter	1.79
Medium (Self Serve)	8.38
Self Serve FS	0.69
# Items Sold 4	
Tax	9.02
IN Total	$ 9.02
Visa	
Auth:003363	

$2 OFF LARGE SANDWICH OR FULL-SIZE SALAD * SEE BACK *

How was your visit?
Call us at (618) 277-2414
Want coupons? Join WendyMail!
https://www1.wendys.com/mywendysonline

--- Check Closed ---

YOUR CASHIER WAS KEESET

	WHT SHT CKE		43.99 B
	BKRY CUPCAKE		8.99 B
	BKRY CUPCAKE		8.99 B
	KRO POTATO CHIPS	PC	1.88 B
SC	KROGER SAVINGS	0.11	
	KRO CHIPS	PC	1.88 B
SC	KROGER SAVINGS	0.11	
	KRO CHIPS	PC	1.88 B
SC	KROGER SAVINGS	0.11	
	LAYS WAVY	PC	2.50 B
SC	KROGER SAVINGS	0.49	
SC	Lays/Kettle $1 Off		1.00-B
	LAYS WAVY	PC	2.50 B
SC	KROGER SAVINGS	0.49	
	BIG K G ALE	PC	0.00 B
SC	KROGER SAVINGS	0.89	
	BIG K G ALE	PC	0.89 B
	BIG K G ALE	PC	0.89 B
	BIG K G ALE	PC	0.89 B
	HAWAIAN PNCH	PC	1.99 B
SC	KROGER SAVINGS	0.30	
	HAWAIAN PNCH	PC	1.99 B
SC	KROGER SAVINGS	0.30	
	HAWAIAN PNCH	PC	1.99 B
SC	KROGER SAVINGS	0.30	
	HAWAIAN PNCH	PC	1.99 B
SC	KROGER SAVINGS	0.30	
	VEG TRAY NO DIP		3.99 B
	KRO VEG TRAY	PC	7.99 B
SC	KROGER SAVINGS	2.00	
	KRO DLUX SHERBET	PC	2.50 B
SC	KROGER SAVINGS	0.49	
	MARZ VEG DIP		3.99 B
	KRO DLUX SHERBET	PC	2.50 B
SC	KROGER SAVINGS	0.49	
	KRO DLUX SHERBET	PC	2.50 B
SC	KROGER SAVINGS	0.49	
	KRO DLUX SHERBET	PC	2.50 B
SC	KROGER SAVINGS	0.49	
RD	Summer Fuel 2X Pts		1
BO	Summer Fuel 2X Pts		
	TAX		1.78
	**** BALANCE		109.99

024 Kroger #672
Rt. 1 Hwy 146
Anna IL 62906
VISA Purchase

STAPLES

Low prices. Every item. Every day.
1325 East Main St.
Carbondale, IL 62901
(618) 457-2825

EXCHANGE
1650386 3 001 76374
0760 07/31/14 10:20

QTY	SKU	PRICE
	REWARDS NUMBER 5769709766	
	********** START RETURN **********	
	Original transaction information:	
	REG: 2 TRANS: 26178	
	DATE: 07/30/14 STORE: 760	
1	HP 901 XL BLACK IN	
	883585702602	
1	HP 901 XL BLACK IN	-39.99N
	883585702602	
	Tax Exempt Number 5769709766	-39.99N
	********** END RETURN **********	
1	HP 61XL BLACK INK	
	884962983621	
1	HP 61XL BLACK INK	30.99N
	884962983621	
1	BROTHER TN420 BLAC	30.99N
	012502626763	
SUBTOTAL		49.99N
	Tax Exempt Number 5769709766	31.99
TOTAL		$31.99
Visa		
Card No.: XXXXXXXXXXXX0695 [S]		31.99
Auth No.: 007280		

TOTAL ITEMS 3

CopQuest™ *Serving Those Who Serve*

Thank you for your order!

Invoice No. 92531
Payment Method: Credit Card

Date: 08/19/2014 07:57 am
Order Number: 247823990

Ship To
Asa Busby
309 West Market rm #4
Jonesboro, IL 62952
United States
Company: Union County Sheriff's Office
E-mail: abusby@unioncountyil.gov

Bill To
Asa Busby
309 West Market rm #4
Jonesboro, IL 62952
United States
Phone: 618-833-5500
E-mail: abusby@unioncountyil.gov
Company: Union County Sheriff's Office

Shipping Method
USA Ground

Payment Method
Credit Card
Credit Card Type: Visa
Account Number: **********0695
Expiration Date: 09-15

Item Description	Price	Quantity	Total
43-2106-000 NIK Narcotic Test Kits - Test G: Cocaine, Crack, Free-Base (NIK-6077)	$22.46	2	$44.92
43-2130-000 NIK Bath Salts Test	$8.99	2	$17.98
43-2104-000 NIK Narcotic Test Kits - Test E: Marijuana (NIK-6075)	$22.46	2	$44.92
43-2118-000 NIK Narcotic Test Kits - Test U: Methamphetamine (NIK-6087)	$22.46	2	$44.92
		Subtotal:	$152.74
		Order Total:	**$152.74**

CopQuest, Inc. | 365 Camino Carillo,Camarillo, CA 93012 | (800) 728-0974 | **www.CopQuest.com**

CopQuest, Inc.
365 Camino Carillo
Camarillo, CA 93012
(800) 728-0974
www.CopQuest.com
orders@CopQuest.com

Join Our Mailing List to Keep Updated on New Products and Special Discounts

BRICKHOUSE SECURITY
WHEN YOU NEED TO KNOW.

Order Info

Order #77379747
Date:July 21, 2014
Status:Ordered

Billing Info	Payment Method
asabusby 309 w market st jonesboro, IL62952 US (618) 833-5500 (618) 833-5500 abusby@unioncountyil.gov	VI**********0695for$136.75

Shipping Info	Shipping Method
asabusby 309 w market st jonesboro, IL62952 US (618) 833-5500 (618) 833-5500	**Standard - Within 7 Days** Your order will arrive within 7 business days.

Item#	Product	Qty	Price Each	Total Price
228-BH-CAR-KEY-REC	BrickHouse KeyChain Hidden Cam	2	$29.95	$59.90
32GB-SD	32GB Micro SD card with Adapter	2	$34.95 ~~$69.95~~	$69.90
			Merchandise Subtotal	**$129.80**
			Shipping	$6.95
			Tax	$0.00
			Total Charge	**$136.75**

Thank you for Your Order. You will receive a summary of your order via email, soon. If you have any questions or concerns, please feel free to call customer service at 800-654-7966.