



ALGONQUIN TOWNSHIP
 PAM GAVERS
 3702 U.S. HIGHWAY 14
 CRYSTAL LAKE IL 60013

Coverage Period	April 2018
Statement Date:	03/17/2018
Client ID:	12218918
Statement Number:	805002527

Payment Activity

Previous Statement Balance:	\$	746.43
Payments Received:	\$	0.00
Other Adjustments:	\$	(746.53)
Remaining Balance:	\$	(0.10)

Current Statement Activity

Remaining Balance:	\$	(0.10)
Current Charges:	\$	402.41
Adjustments:	\$	25.38
Amount Due:	\$	427.69
Payment Due Date:	Due Upon Receipt	

Paying your bill has never been easier. Access our online tools at www.vsp.com by clicking the Employers tab, then going to "Manage Your Plan". You'll have tools at your fingertips that will make paying bills and managing eligibility a snap.

Questions? Please call 800.216.6248 if you have questions regarding your statement.

Euclid Managers

234 Spring Lake Dr.
Itasca, IL 60143
Ph. (630) 238-1900
Fax (630) 773-8790

04/01/18 to 04/30/18 Invoice, Issued March 14, 2018
ALGONQUIN TOWNSHIP - EM Cust # 5641173

Previous Account Summary

Previous Account Balance: \$5,594.41
Payment Received: \$5,594.41
Outstanding Balance: \$0.00

Current Account Summary

Outstanding Balance: \$0.00
Administrative Fee: \$0.00
Total Current Billing: \$3,140.97
Total Retroactive Adjustments: \$0.00
Total Amount Due: \$3,140.97

Current Billing (04/01/18 to 04/30/18)

Division	Class	Name	Eff Date	Dental	Life	AD&D	Total
0001	All	0001 ALEXANDER, RICHARD	07/10/2017	\$137.52	\$26.80	\$2.00	\$166.32
0001		0001 BALDACCI, NANCY D	02/01/2007	\$61.76	\$26.80	\$2.00	\$90.56
0001		0001 CONE, BONNIE A	03/19/2007	\$127.04	\$17.42	\$1.30	\$145.76
0001		0001 DOUBEK, BRIAN R	02/01/2007	\$61.76	\$26.80	\$2.00	\$90.56
0001		0001 FITZGERALD, KEVIN	10/01/2015	\$61.76	\$26.80	\$2.00	\$90.56
0001		0001 GÄVERS, PAMELA	06/05/2017	\$202.77	\$26.80	\$2.00	\$231.57
0001		0001 HECKMAN, ANDREW	12/06/2017	\$61.76	\$26.80	\$2.00	\$90.56
0001		0001 HOERAUF, ANDRE	10/13/2017	\$202.77	\$26.80	\$2.00	\$231.57
0001		0001 JORGENSEN, BRIAN	01/22/2018	\$61.76	\$26.80	\$2.00	\$90.56
0001		0001 KASZNAK III, RICHARD	01/18/2018	\$61.76	\$26.80	\$2.00	\$90.56
0001		0001 KUNZ JR, ROBERT R	02/01/2007	\$127.04	\$17.42	\$1.30	\$145.76
1100		0001 LEE, DEREK G	02/01/2007	\$202.77	\$0.00	\$0.00	\$202.77
0001		0001 LUTZOW, CHARLES	05/15/2017	\$127.04	\$26.80	\$2.00	\$155.84
0001		0001 MAGANA, SUSAN M	06/01/2008	\$137.52	\$26.80	\$2.00	\$166.32
0001		0001 MILLER, ANNA M	02/01/2007	\$61.76	\$0.00	\$0.00	\$61.76
0001		0001 MILLER, ROBERT J	02/01/2007	\$61.76	\$0.00	\$0.00	\$61.76
0001		0001 MORRISON, DANIEL	05/01/2017	\$137.52	\$26.80	\$2.00	\$166.32
0001		0001 STERN, DYLAN P	06/01/2008	\$202.77	\$26.80	\$2.00	\$231.57
0001		0001 TORRES, LUIS	08/21/2017	\$61.76	\$26.80	\$2.00	\$90.56
0001		0001 VITOUS, TALYA	09/01/2017	\$61.76	\$0.00	\$0.00	\$61.76
0001		0001 VITOUS, TONYA	08/01/2008	\$61.76	\$26.80	\$2.00	\$90.56
0001		0001 VOSS, RANDALL O	02/01/2007	\$202.77	\$26.80	\$2.00	\$231.57
0001		0001 WILDEBOER, DOROTHY	05/15/2017	\$127.04	\$26.80	\$2.00	\$155.84
Division 0001 - All Billing Total				\$2,613.93	\$490.44	\$36.60	\$3,140.97
Total Current Billing				\$2,613.93	\$490.44	\$36.60	\$3,140.97

736 08
1025-13 SUPER 550.00
1379.11 Hwy 5010.005
6010.002
5010.005

Retroactive Adjustments

Division	Class	Name	Adj Mo/Yr	Total
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Euclid Managers

234 Spring Lake Dr.

Itasca, IL 60143

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04/01/18 to 04/30/18 Invoice, issued March 14, 2018
ALGONQUIN TOWNSHIP - EM Cust # 5641173

Total Retroactive Adjustments

Benefit Summary

	Dental	Life	AD&D
ALEXANDER, RICHARD	[MC] Dental	50,000	50,000
BALDACCI, NANCY D	[S] Dental	50,000	50,000
CONE, BONNIE A	[MS] Dental	32,500	32,500
DOUBEK, BRIAN R	[S] Dental	50,000	50,000
FITZGERALD, KEVIN	[S] Dental	50,000	50,000
GAVERS, PAMELA	[F] Dental	50,000	50,000
HECKMAN, ANDREW	[S] Dental	50,000	50,000
HOERAUF, ANDRE	[F] Dental	50,000	50,000
JORGENSEN, BRIAN	[S] Dental	50,000	50,000
KASZNAK III, RICHARD	[S] Dental	50,000	50,000
KUNZ JR, ROBERT R	[MS] Dental	32,500	32,500
LEE, DEREK G	[F] Dental		
LUTZOW, CHARLES	[MS] Dental	50,000	50,000
MAGANA, SUSAN M	[MC] Dental	50,000	50,000
MILLER, ANNA M	[S] Dental		
MILLER, ROBERT J	[S] Dental		
MORRISON, DANIEL	[MC] Dental	50,000	50,000
STERN, DYLAN P	[F] Dental	50,000	50,000
TORRES, LUIS	[S] Dental	50,000	50,000
VITOUS, TALYA	[S] Dental		
VITOUS, TONYA	[S] Dental	50,000	50,000
VOSS, RANDALL O	[F] Dental	50,000	50,000
WILDEBOER, DOROTHY	[MS] Dental	50,000	50,000

Euclid Managers, a THIRD PARTY ADMINISTRATOR Providing TPA services for MetLife, the Insurer.



VSP Current Charges Member Detail
Statement Coverage Period: **April 2018**

Client Name: ALGONQUIN TOWNSHIP
Client ID: 12218918
Statement Date: March 17, 2018

Division 0001 ALGONQUIN TOWNSHIP

Member	Coverage	Rates	Member	Coverage	Rates
Alexander, Richard	Member + Family	\$33.01	Magana, Susan	Member + Family	\$33.01
Baldacci, Nancy D	Member Only	\$12.69	Miller, Anna	Member Only	\$12.69
Cone, Bonnie	Member + One	\$18.41	Miller, Robert J	Member Only	\$12.69
Doubek, Brian	Member Only	\$12.69	Morrison, Daniel	Member + One	\$18.41
Fitzgerald, Kevin R	Member Only	\$12.69	Stern, Dylan	Member + One	\$18.41
Gavers, Pamela	Member + Family	\$33.01	Torres, Luis	Member Only	\$12.69
Hoerauf, Andre	Member + Family	\$33.01	Vitous, Talya	Member Only	\$12.69
Jorgensen, Brian	Member Only	\$12.69	Vitous, Tonya	Member Only	\$12.69
Kaszniak, Richard	Member Only	\$12.69	Voss, Randall O	Member + Family	\$33.01
Kunzjr, Robert R	Member + One	\$18.41	Wildeboer, Dorothy	Member + One	\$18.41
Lutzow, Charles	Member + One	\$18.41			

Summary for Division 0001 ALGONQUIN TOWNSHIP

Coverage	Members Billed	Rate	Total
Member Only	10	\$ 12.69	\$ 126.90
Member + One	6	\$ 18.41	\$ 110.46
Member + Children	0	\$ 33.01	\$ 0.00
Member + Family	5	\$ 33.01	\$ 165.05
Total Membership	21		Current Charges*
			\$402.41

* Please refer to your Statement to view and remit total Amount Due

~~ASSESS~~ 114.87 5010.002
~~SUPER~~ 128.22 5010.001
~~HWY~~ 159.32 5010.005

Please call 800.216.6248 if you have questions.



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 PAM GAVERS
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 CRYSTAL LAKE IL 60013

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Remaining Balance:	\$ (0.10)

Current Statement Activity	
Remaining Balance:	\$ (0.10)
Current Charges:	\$ 402.41
Adjustments:	\$ 25.38
Amount Due:	\$ 427.69
Payment Due Date:	Due Upon Receipt

Paying your bill has never been easier. Access our online tools at www.vsp.com by clicking the Employers tab, then going to "Manage Your Plan". You'll have tools at your fingertips that will make paying bills and managing eligibility a snap.

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Payment Activity

Payments Received		
Date	Description	Amount
Total Payments Received:		\$ 0.00

Current Statement Activity

**Current Charges
Coverage Period April 2018**

Division 0001 ALGONQUIN TOWNSHIP						
Coverage	Members Billed			Rate	Amount Due	
Member Only	10	@	\$	12.69 \$	126.90	
Member + One	6	@	\$	18.41 \$	110.46	
Member + Children	0	@	\$	33.01 \$	0.00	
Member + Family	5	@	\$	33.01 \$	165.05	
Total Membership:	21			\$	402.41	



Account: 665700 - ALGONQUIN TOWNSHIP		6423
Profile: 0000457658 - ALL SUBSCRIBERS		6423
Bill Date: 03-16-2018	Payment Due Date: 04-01-2018	Page
Bill Period: 04-01-2018 to 05-01-2018		4

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	PRODUCT	REL/TIER	CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
000821798679	ALEXANDER, RICHARD S.	0000	0009-BLUEOP	SUB			431.39	431.39
000821798679	ALEXANDER, ETHAN S.	0000	0009-BLUEOP	DEP	Super 6304.21	5010.00	253.46	253.46
000821798679	ALEXANDER, ADDISON M.	0000	0009-BLUEOP	DEP			253.46	253.46
000846074720	BALDACCI, NANCY D.	0000	0008-PPO+	SUB	ASSES 7032.57	6010.00	970.44	970.44
000842909931	CONE, BONNIE A.	0000	0008-PPO+	SUB			1,427.13	1,427.13
000846492782	DOUBEK, BRIAN R.	0000	0008-PPO+	SUB	Hwy 11, 616.33		686.92	686.92
000822130112	FITZGERALD, KEVIN R.	0000	0008-PPO+	SUB			532.32	532.32
000822130112	FITZGERALD, BRAYDEN	0000	0008-PPO+	DEP			363.92	363.92
000823617015	GAVERS, PAMELA S.	0000	0008-PPO+	SUB		5010.00	1,015.63	1,015.63
000823617015	GAVERS, ROBERT M.	0000	0008-PPO+	SPS			928.58	928.58
000823617015	GAVERS, KELSEY	0000	0008-PPO+	DEP			434.32	434.32
000824418732	HECKMAN, ANDREW W.	0000	0008-PPO+	SUB			588.93	588.93
000851039168	HOERAUF, ANDRE R.	0000	0008-PPO+	SUB			585.12	585.12
000851039168	HOERAUF, LINDA	0000	0008-PPO+	SPS			581.31	581.31
000851039168	HOERAUF, AVALYN V.	0000	0008-PPO+	DEP			363.92	363.92
000851039168	HOERAUF, DOMINIC	0000	0008-PPO+	DEP			363.92	363.92
000824843369	JORGENSEN, BRIAN M.	0000	0008-PPO+	SUB			630.31	630.31
000824752601	KASZNAK, RICHARD M.	0000	0009-BLUEOP	SUB			431.39	431.39
000824810927	LUTZOW, CHARLES A.	0000	0009-BLUEOP	SUB			738.86	738.86
000824810927	LUTZOW, DARLENE J.	0000	0009-BLUEOP	SPS			844.22	844.22
000841617681	MAGANA, SUSAN M.	0000	0009-BLUEOP	SUB			431.39	431.39
000841617681	MAGANA, NATHANIEL G.	0000	0009-BLUEOP	DEP			293.22	293.22
000841617681	MAGANA, ANNASTACIA J.	0000	0009-BLUEOP	DEP			275.99	275.99
000841617681	FOX, TERRENCE R.	0000	0009-BLUEOP	DEP			332.65	332.65
000841617681	MAGANA, ANNGELICA R.	0000	0009-BLUEOP	DEP			331.33	331.33
000841617681	MAGANA, ADRIANA E.	0000	0009-BLUEOP	DEP			311.78	311.78
000845503230	MILLER, ROBERT J.	0000	0008-PPO+	SUB			1,404.29	1,404.29
000828784908	MORRISON, DANIEL A.	0000	0008-PPO+	SUB			498.54	498.54
000828784908	MORRISON, KASSIDY	0000	0008-PPO+	DEP			363.92	363.92
000839112826	STERN, DYLAN P.	0000	0008-PPO+	SUB			585.12	585.12
000839112826	STERN, JENNIFER L.	0000	0008-PPO+	SPS			569.90	569.90
000839112826	STERN, WYATT P.	0000	0008-PPO+	DEP			363.92	363.92
000839112826	STERN, MARSHALL P.	0000	0008-PPO+	DEP			363.92	363.92
000822978265	TORRES, LUIS E.	0000	0008-PPO+	SUB			447.64	447.64
000821649330	VITOUS, TALYA L.	0000	0008-PPO+	SUB			487.12	487.12
000841538301	VITOUS, TONYA K.	0000	0008-PPO+	SUB			1,109.82	1,109.82
000843888623	VOSS, RANDALL O.	0000	0008-PPO+	SUB			1,404.29	1,404.29
000843888623	VOSS, HOLLY L.	0000	0008-PPO+	SPS			1,336.74	1,336.74
000843888623	VOSS, JENNIFER C.	0000	0008-PPO+	DEP			475.71	475.71

Tier Identifier
M=Medicare
P=Split Medicare

Do not submit membership changes (cancellations forms, new employee applications) with your bill payment. Documents relating to membership updates should be mailed to: BlueCross and BlueShield of Illinois, P.O. Box 805107, Chicago IL 60680-4112. Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

(*) = Subscriber or dependent is nearing age 65. Based on employee group size and actively-at-work status, Medicare primary premium rates and claim status may be applicable. Please contact us for more information.

BlueCross
BlueShield
of Illinois



300 East Randolph Street
Chicago, IL 60601

HMO Illinois
A Blue Cross HMO

Remittance Address:
Health Care Service Corporation
25550 Network Place
Chicago, IL 60673-1255

For All Billing Inquiries Call:
800-414-7147

Account: 665700 - ALGONQUIN TOWNSHIP		
Profile: 0000457658 - ALL SUBSCRIBERS		6423
Bill Date: 03-16-2018	Payment Due Date: 04-01-2018	Page
Bill Period: 04-01-2018 to 05-01-2018		5

SUBSCRIBER FEES

SUBSCRIBER	NAME	CAT	PRODUCT	REL/TIER	CHANGE REASON	RETRO FEE ADJUST	CURRENT CHARGES **	TOTAL CHARGES
000822326399	WILDEBOER, DOROTHY M.	0000	0008-PPO+	SUB			577.51	577.51
000822326399	WILDEBOER, KENNETH R.	0000	0008-PPO+	SPS			562.76	562.76
TOTAL FEES						Total Member Count: 41	24,953.11	24,953.11

**Current Charges includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

Allocated Taxes and Fees: \$561.44

Tier Identifier
M=Medicare
P=Split Medicare

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(*) = Subscriber or dependent is nearing age 65. Based on employee group size and actively-at-work status, Medicare primary premium rates and claim status may be applicable. Please contact us for more information.

||



BlueCross BlueShield of Illinois
 P.O. Box 7344
 Chicago, IL 60680-7344

PROFILE # 0000457658

ATTN: CHARLES LUTZOW
 SUPERVISOR

ALGONQUIN TOWNSHIP
 3702 U.S. HIGHWAY 14
 CRYSTAL LAKE IL 60014-8204

6423

About the Bill...

Each section of the bill will provide you with information to reflect the status of your Account's enrollment as of the date the billing was prepared. Additions, cancellations, terminations, adjustments, and other needed information will be clearly identified so that you can prepare your Account's payment for the forthcoming period with a minimum of time and effort.

How to Read the Bill...

The bill is divided into three sections:

- The Bill Summary,
- Subscriber Fees List,
- Rate and Exposure Tables

Also, included with your bill is a Payment Coupon.

Bill Summary:

The first line in the summary is the amount due from the previous bill. All activities such as payments and adjustments are individually listed. Charges included in the billing period are summarized by Current Subscriber Fees, which represent the fees calculated for the current bill period, and Subscriber Fee Adjustments, which represent adjustments to prior periods occurring since the last bill. The last line of the summary indicates the total amount due.

Subscriber Fees:

Each of your subscribers will be identified on this report. Columns will identify the appropriate Category, Product, Rate Tier, and Rate for each subscriber. In addition, an explanation is provided for any adjustments to the subscriber fee.

Rate Table:

The Rate Table will confirm the charged rates for the latest billing period by rate structure and product.

Exposure Table:

The Exposure table will summarize the number of members by product and rate structure relative to your account in effect at the end of this billing period. In addition, if the family unit is split between Non-Medicare and Medicare Primary, their counts will appear in the Split row. This will provide you with verification that all of your subscribers have been accounted for on the bill.

Payment Coupon:

When returned to us with your payment, the Payment Coupon will enable us to more quickly credit your account. Simply fill in the dollar amount of your payment and return the coupon with your check in the envelope provided, making sure our address shows through the window.

Online Bill Payment is here. It's easy to view and print your statements online.

Learn how to sign-up at http://www.bcbsil.com/employer/safe_secure.htm

BlueCross
BlueShield
of Illinois



300 East Randolph Street
Chicago, IL 60601

HMO Illinois
A Blue Cross HMO

IMPORTANT

Do not submit membership changes (cancellations forms, new employee applications) with your bill payment.

Documents relating to membership updates should be mailed to: Blue Cross and Blue Shield of Illinois, P.O. Box 805107, Chicago, IL 60680-4112.

It is BCBSIL policy to invoice our group customers prior to the coverage period to avoid any lapse in coverage for their employees (our members). There may be instances when retroactive adjustments may be subsequently billed if the applicable rates are not available in the system at the time invoices are generated. Rate changes are triggered by a variety of situations (including but not limited to) renewals, benefit changes, and membership changes.

Please mail your premium payment, with the payment coupon attached, in the enclosed envelope.

If sending your payment via an overnight delivery service, please include the payment coupon and address to:

**JPMorgan Chase
131 S Dearborn, 6th Floor
Chicago, IL 60603
Attn: Health Care Service Corporation Box 25550**

BlueCross
BlueShield
of Illinois



HMO Illinois
A Blue Cross HMO

300 East Randolph Street
Chicago, IL 60601

Remittance Address:
Health Care Service Corporation
25550 Network Place
Chicago, IL 60673-1255

For All Billing Inquiries Call:
800-414-7147

Account: 665700 - ALGONQUIN TOWNSHIP		
Profile: 0000457658 - ALL SUBSCRIBERS		6423
Bill Date: 03-16-2018	Payment Due Date: 04-01-2018	Page
Bill Period: 04-01-2018 to 05-01-2018		3

BILL SUMMARY

	Date	Activity	Total Due
Previous Amount Billed			\$42,625.80
Payments			
Check # 014240	03-05-2018	(13,967.09)	
Check # 018358	03-05-2018	(11,616.33)	
Check # 018361	03-05-2018	(9,930.86)	
Check # 014243	03-05-2018	(7,111.52)	
Adjustments			
NONE		.00	
Total Payments and Adjustments			(\$42,625.80)
Remaining Balance			\$0.00
Fees			
Current Charges		24,953.11	
Subscriber Fee Adjustments		.00	
Total Fees			\$24,953.11
Total Amount Due *			\$24,953.11
* Total Amount Due includes the effects of Health Insurer and Reinsurance fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.			
Allocated Taxes and Fees:	\$561.44		

In order to properly apply your payment and avoid possible disruption of service, please note the following instructions when remitting your payment:

<p>If remitting by check, please use the payment coupon and envelope that is provided with your Bill.</p> <p>If remitting electronically via wire, please indicate the following in the description field of the transmittal:</p> <p>665700 0000457658 04-01</p>	<p>If sending your payment via overnight delivery service, please include the payment coupon and address to:</p> <p>JPMorgan Chase 131 S Dearborn, 6th Floor Chicago, IL 60603 Attn: Health Care Service Corporation Box 25550</p>
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Welcome, CHARLES LUTZOW (Acct #665700)

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- [Employee Maintenance](#)
- [Billing](#)
- [Premium Bills](#)
- [Online Payments](#)
- [Reports](#)

Premium Bills - Bill Summary

Bill Profile: 0000457658 - ALL SUBSCRIBERS

Bill Period: 04/01/2018-05/01/2018 **Rebill:** NO **ProcessDate:** 03/16/2018

I want to view: Bill Summary

Bill Summary

Statement as of: 03/16/2018

Current Paid To Date: 04/01/2018 [View Payment History](#)

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[Provider Finder](#)
[Find a Pharmacy](#)
[View Drug Coverage](#)

Payments and Adjustments

Date	Activity	Amount Due
	Previous Amount Billed	\$42,625.80
Payments		
03/05/2018	Check # 014243	(\$7,111.52)
03/05/2018	Check # 018361	(\$9,930.86)
03/05/2018	Check # 018358	(\$11,616.33)
03/05/2018	Check # 014240	(\$13,967.09)
Adjustments		
	NONE	\$0.00
Total Payments and Adjustments		(\$42,625.80)
Remaining Balance		\$0.00

*Payments received after your current bills process date will be automatically applied to your next statement.

Fees

Activity	Amount Due
Current Employee Fees	\$24,953.11
Employee Fee Adjustments	\$0.00
Total Fees	\$24,953.11
Payment Due Date 04/01/2018	Total Amount Due** \$24,953.11

[Learn about Auto Payment](#)

**Total Amount Due Includes the effects of Health Insurer Fees and Reinsurance Fees (including but not limited to successor or alternate programs), if any, plus any federal and state taxes applicable to the fees for (BCBSIL) products/services.

Allocated Taxes and Fees: \$561.44

Payment Instructions

In order to properly apply your payment and avoid possible disruption of service, please note the following instructions while remitting your payment:

For Electronic Payments (Wire or ACH), make payments to:

Mellon Bank
 Health Care Service Corporation
 ABA#: 043000261
 Account#: 120-5032

The following information must appear in the description field of the transmittals: Account: 665700 Profile: 0000457658
 Payment Due Date: 04/01/2018

For check payments:

Make check payable to: Health Care Service Corporation
 Write your profile number on the check and include with your payment coupon.

If sending payment by 1st Class Mail, remit to:

Health Care Service Corporation
 25550 Network Place

Chicago, IL 60673-1255

If sending via **Overnight Courier:**

JPMorgan Chase
131 S Dearborn, 6th Floor
Chicago, IL 60603
Attn: Health Care Service Corporation - #25550

Important Notice

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an Independent Licensee of the Blue Cross and Blue Shield Association.

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[Legal and Privacy](#)



7750.003

Barrett Invoice for 3/12-4/6

Week of 3/12-3/16

3/12 4.0 hrs

Compiled FOIA requests, attempted to find information regarding River Way in Mt. Moriah, uploaded Agenda

3/13 4.0 hrs

Assisted multiple offices in finding documents in the clerk's records, scanned IGA's and filed FY 2017 Financial reports away

3/14 4.5 hrs

Collected info needed for monthly meetings, ensured the clerk had all of her documents for meeting, assisted in live stream for monthly meeting

3/15 3.5 hrs

Ensured that meeting was properly uploaded to YT, searched for accident reports regarding a street sweeper back in 2012

3/16 4.0 hrs

Met with representatives from the state regarding record retention, went through the documents with him, meanwhile worked with IT staff to export surveillance footage for a FOIA request

TOTAL: 20 hrs

Week of 3/19-3/23

3/19 4.0 hrs

Assisted Assessor's office with moving documents into one of the clerk's rooms that are secured. Proceeded to begin the record categorization process as stipulated by the state IL

3/20 4.0 hrs

Continued process of record categorization, categorized each box of set of files by years, pallets, and type of records, facilitated the movement of more records by Highway Dpt staff to secured record rooms

3/21 3.0 hrs

Continued process of codifying records

3/22 3.0 hrs

Compiled FOIA requests, and then proceeded to continue the process of codifying the clerk's records

3/23 3.5 hrs

Continued process of organizing records to fulfill the stipulations set by the state of Illinois

TOTAL 17.5 hrs

Week of 3/26-3/30

3/26 3 hrs

Assisted township staff with finding records regarding IGAs for the Hwy Dpt

3/27 3 hrs

Continued to find documents needed in preparation for the budget for the Hwy Dpt and the Township

3/28 3.5 hrs

Continued to organized building 6 in search of very old records dating back as far as 1972

3/29 3.5 hrs

Met with Karen to discuss goals for record categorization, posted agenda around township, and assisted Township assistants in record inventorying

3/30 (Good Friday 1/2 Day) 2.0 hrs

Met with Karen briefly and assisted with cleaning and organizing basement record room to locate missing documents, only half day due to holiday

TOTAL: 15 hrs

Week of 4/2-4/6

4/2 4.0 hrs

Searched for records regarding sick time from 1972 to 1993 in bldng 6

4/3 3.0 hrs

Continued to search for records within the above timeline regarding sick time, assisted highway commissioner by providing April 2017 Hwy Dpt bills on a thumb drive, assisted Supervisor's office with TF bank statements

4/4 6.0 hrs

Continued to search for records regarding sick time, compiled what I did have and spoke to attorney on what should be gathered; assisted Tyco by giving them daytime and afternoon access to bldng 6 court protected rooms to install new security system

4/5 3.0 hrs

Assisted in search of personnel files regarding a FOIA, as well as began process of inventorying the downstairs record room

4/6 4 hrs

Concluded search for sick time payouts throughout 70s and 80s, continued and finished the process of inventorying the record room, also allowed Tyco worker to finish installation of new security system in court protected room.

TOTAL: 20 hrs

TOTAL FOR PAY PERIOD: 72.5 hrs x \$17 an hour = \$1,232

Pamela Gavers

From: Jack Barrett
Sent: Friday, April 6, 2018 1:22 PM
To: Karen Lukasik; Pamela Gavers; Charles Lutzow
Subject: Invoice for 3rd Month (3/12-4/6)
Attachments: Barrett Invoice for 3rd month.docx

Hello all

I hope you all are having a wonderful Friday afternoon and will continue to have a great a weekend. Here is my invoice from March 12th-April 6th

Thanks and see you all next week!

Jack



ALGONQUIN TOWNSHIP

AccountID: 685856, Invoice # 25985372

Billing End Date: 03/31/2018

Access Code: RA685856

Due Before	4/22/2018
Amount Due	\$987.76
Amount Paid	_____

31. 00006858563 00000987766

Birch Communications
PO Box 105066
Atlanta, GA 30348-5066

ALGONQUIN TOWNSHIP
3702 US HIGHWAY 14
CRYSTAL LAKE, IL 60014-0000

▲ Fold and Tear Here ▲

Account Summary

Account Activity	
Amount of Last Bill	\$987.92
Payments Received	\$987.92
Balance	\$0.00
Current Activity	
Recurring Charges	\$962.36
Long Distance Charges	\$0.00
Miscellaneous Charges	\$0.00
Adjustments	\$0.00
Taxes & Surcharges	\$25.40
Total Current Activity	\$987.76
Amount Due:	\$987.76

ASSES 329.25 6190.002
SUPER 329.25 5190.001
HWY 329.25 5190.005

Refer a Business Customer to Birch and
Receive a \$100 invoice credit!

Visit www.birch.com/customer-referral for
details.

**Alert ! Please update your records with the new
billing address located on the payment stub above
and verify the Account ID is correct in your records.**

Birch Contact Information:

Customer Care 888-772-4724

For your records

Payment Date _____
Check Number _____
Amount Paid _____

**New: Web Invoice- Create your own Login and see
your invoice on-line. You can also make credit card
payments at www.birch.com**

BillRun ID: 9149

ALGONQUIN TOWNSHIP
Account ID: 685856, Invoice # 25985372
Access Code: RA685856

ALGONQUIN TOWNSHIP

Account ID: 685856, Invoice # 25985372

Access Code: RA685856

About Your Bill:**How to pay your bill****Please do:**

- Make check or money order payable to:
Birch Communications
- Write your account number on your check or money order
- Enclose your stub and check in the remittance envelope
- Make sure the Payment Center address shows through the window

Please do not:

- Send cash; Use staples, paper clips or tape;
- Fold check or statement

Questions about your bill

If you have questions concerning your bill, please call the number for "Customer Care" shown below. All non-payment correspondences should be mailed to:

Birch Communications, Inc.
115 Gateway Drive
Macon, GA 31210
Tax ID 58-2233012

Previous Payments

You may have sent a payment not processed in time to be reflected on your current statement. Please deduct any amount already paid from your total before sending your current payment.

Returned Checks

A returned check charge may apply for each check returned for any reason.

Payphone Surcharge

Pursuant to the Telecommunications Act of 1996, toll free calls originating from a pay phone will be assessed a \$.60 per call surcharge in order to compensate the pay phone provider for the use of their equipment. These calls will be identified by a "pp" in the call detail section of your invoice.

Past due amounts

A Late Payment Charge will be applied to unpaid amounts, not received by the Due Before Date on the next bill after these charges are first billed. These charges are:

- AR, AZ, CA, CT, DC, DE, HI, IA, ID, IL, MA, MD, ME, MI, ND, NE, NJ, NM, NV, NY, OK, OR, RI, SC, UT, VA, WA, WI, WV & WY: 1.5%; AK, CO, MT, NC & VT: 1%; IN & KS: 3%; LA: 5%; MN & MS: 2%; NH: 1.3%; SD: 1.25%; AL: Business \$12; Residential \$5.50; FL: Business \$15, Residential \$5; GA: Business \$15; Residential \$5.50; KY: Business \$15, Residential \$5.50; MO: Business \$8, Residential \$5.50; OH: Business \$11, Residential \$5; PA: Business 1.25% Residential 1.25%; TN: Business 3%, Residential 2%; TX: Business 6.5%, Residential \$5.50.

A Finance Charge will be applied to outstanding charges after the end of the Due Before Date, with effect from the second month after the charges are first applied.

A Finance Charge of 1.5% will be applied in all States, except NC who has a Finance Charge of 1%, AK whose charge is .86% and DE, ID, KS, MD, ME, NM, PA, VA & WV who are all exempt from the Finance Charge.

When to Pay your Bill

Your payment is due when you receive your bill. If we do not receive payment for your local and long distance charges by the "Due Before" date, your account will become past due. If we disconnect your service for non-payment, you must pay the past due amount and a charge to reconnect your service.

We also offer automatic bank draft as a payment option. Please contact Customer Care for more information. You may also visit us at our web site at www.birch.com

Helpful Numbers

Customer Care 888-772-4724

When contacting us, please have your access code available

Notices:

Birch Communications makes every attempt possible to minimize customer rate increases but, at this time, we must adjust some rates on your account to reflect changes in costs for providing international long distance services in addition to additional dial codes for mobile destinations. Effective on your next invoice, your rates will be adjusted to reflect the increase or decrease depending on the destination that you are calling. The new international rates can be found at: <http://www.birch.com/legal>. As always, thank you for your business and call 888-772-4724 if you have any questions.

Birch has intentionally delayed passing on additional costs associated with providing service to our customers. Unfortunately, we must now adjust some of our rates to offset a small portion of our recently increased costs. Going forward, fax to email service will be billed \$5 per month. Your adjusted rates will appear on your next invoice. The good news is that you will continue to enjoy the same service, with the personal attention you deserve, at a very competitive rate. As always, thank you for your business and call 888-772-4724 if you have any questions.

Birch has intentionally delayed passing on additional costs associated with providing service to our customers. Unfortunately, we must now adjust some of our rates to offset a small portion of our recently increased costs. Going forward, groups of 20 DID blocks will be billed \$5 per month. Your adjusted rates will appear on your next invoice. The good news is that you will continue to enjoy the same service, with the personal attention you deserve, at a very competitive rate. As always, thank you for your business and call 888-772-4724 if you have any questions.

Birch has intentionally delayed passing on additional costs associated with providing service to our customers. Unfortunately, we must now adjust some of our rates to offset a small portion of our recently increased costs. Going forward, additional static IPs will be billed \$5 per month. Your adjusted rates will appear on your next invoice. The good news is that you will continue to enjoy the same service, with the personal attention you deserve, at a very competitive rate. As always, thank you for your business and call 888-772-4724 if you have any questions.

ALGONQUIN TOWNSHIP

Account ID:685856, Invoice # 25985372 Access Code: RA685856

Billing End Date: 03/31/2018

Service Locations

	<u>Recurring</u>	<u>Long Dist.</u>	<u>Misc.Chgs</u>	<u>Taxes</u>	<u>Total</u>
1 Account Level	\$35.00	\$0.00	\$0.00	\$0.32	\$35.32
3702 NORTHWEST HWY ROOM FLR 1 CRYSTL LK IL 60014					
1 Location Level	\$927.36	\$0.00	\$0.00	\$21.99	\$949.35
2 847 839-2700	\$0.00	\$0.00	\$0.00	\$0.01	\$0.01
3 847 829-8907	\$0.00	\$0.00	\$0.00	\$1.54	\$1.54
4 847 829-8908	\$0.00	\$0.00	\$0.00	\$1.54	\$1.54
5 847 829-8909	\$0.00	\$0.00	\$0.00	\$0.00	\$0.00
Total	<u>\$927.36</u>	<u>\$0.00</u>	<u>\$0.00</u>	<u>\$25.08</u>	<u>\$952.44</u>
Grand Total	\$962.36	\$0.00	\$0.00	\$25.40	\$987.76

The above charges are based on the information provided to us by the customer. We are not responsible for any errors or omissions. If you have any questions, please contact us at 847-839-2700.

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ALGONQUIN TOWNSHIP

Account ID:685856 , Invoice # 25985372 Access Code: RA685856

Billing End Date: 03/31/2018

Payments

1 03/26/2018 Payment	\$329.31
2 03/26/2018 Payment	\$658.61
Total Payments	\$987.92

Recurring Charges - Account Level

Product	Qty	Charge	Amount
1 VoIP Gateway Fee(04/01-04/30)	1	\$35.00	\$35.00
2 Free Conference Calling Minutes(04/01-04/30)			
3 Inclusive Minutes Package(04/01-04/30)			
Total Recurring Account Level			\$35.00

3702 NORTHWEST HWY ROOM FLR 1 CRYSTL LK IL 60014

Recurring Charges - Location

Product	Qty	Charge	Amount
1 Voice Call Path(04/01-04/30)	20	\$10.00	\$200.00
2 BirchLink Business Access(04/01-04/30)	1	\$843.00	\$843.00
3 Web Hosting(04/01-04/30)	1	\$9.11	\$9.11
4 Preferred Customer Discount(04/01-04/30)	1	(\$124.75)	(\$124.75)
Subtotal			\$718.25
5 Inclusive LD Minutes Package(04/01-04/30)	5000	\$0.00	\$0.00
6 Group of 20 DID Numbers(04/01-04/30)	5	\$0.00	\$0.00
7 Additional IP Charge(04/01-04/30)	2	\$0.00	\$0.00
<i>Eff. From next invoice</i>			
<i>the rate for service will change to \$5.00</i>			
<i>Eff. From next invoice</i>			
<i>the rate for service will change to \$5.00</i>			
Total Recurring Location Level			\$927.36

Recurring Charges - 847 639-2700

Product	Qty	Charge	Amount
1 Toll-Free Number Monthly Fee(04/01-04/30)	1	\$0.00	\$0.00

Recurring Charges - 847 829-8909

Product	Qty	Charge	Amount
1 Fax to Email(04/01-04/30)	1	\$0.00	\$0.00
<i>Eff. From next invoice</i>			
<i>the rate for service will change to \$5.00</i>			

Service Surcharges

Surcharge	Amount
1 IL STATE 9-1-1 SURCHARGE	\$4.50
2 IL UNIVERSAL SERV FUND CHARGE	\$3.39
3 FEDERAL UNIVERSAL SERVICE FUND	\$2.18
4 IL STATE IMF	\$1.00
5 IL PUC FEE	\$0.20
6 IL TELECOM RELAY SERV. & EQUIP	\$0.12
7 FCC FEE - TOLL FREE NUMBER	\$0.01
Total Surcharges	\$11.40

Service Taxes

Tax	Amount
1 IL STATE EXCISE TAX	\$14.00
Total Taxes	\$14.00

✓

The Bug Man, Inc.

P.O. Box 18, Woodstock, IL 60098
Phone: (815) 337-2847 Fax: (815) 337-4802
A MBE/WBE Company

Invoice

DATE	INVOICE #
3/19/2018	38032

Minimizing the Impact, Finding the Balance

BILL TO

Algonquin Township
Attn: Accounts Payable
3702 US Highway 14
Crystal Lake, IL 60014

5100.001

P.O. No.	TERMS
	Net 30

DESCRIPTION	QTY	SERVICED	RATE	AMOUNT
Regular monthly service rendered for the month of March: Algonquin Township		3/7/2018	57.00	57.00
			Total	\$57.00

We Now Accept Credit Cards Payments over the phone or via our website. Please visit www.thebugmanservices.com and click Pay Your Bill	Payments/Credits	\$0.00
	Balance Due	\$57.00

5260.001

C & Z FLOOR MAINTENANCE

1046 Menoma Trail

Algonquin, IL 60102

847-426-6646

SOLD BY /		DATE
1-2		3-29-18
NAME		
Algonquin Twp		
ADDRESS		
121 W		
CASH	CHARGE	ON ACCT.
		<input checked="" type="checkbox"/>
Duff		225-
RECEIVED BY		225-

All claims and returned goods MUST be accompanied by this bill.

228707

Thank You!

CABAY & COMPANY INC.

4559 PRIME PARKWAY
 MCHENRY IL 60050
 815-578-0038
 FAX 815-578-0104



Invoice

Date	Invoice #
3/14/2018	58962

Bill To
ALGONQUIN TOWNSHIP 3702 NW HIGHWAY CRYSTAL LAKE, IL 60014

Ship To
ALGONQUIN TOWNSHIP 3702 NW HIGHWAY CRYSTAL LAKE, IL 60014

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
OFFICE	Net 30	SDC	3/14/2018	TRUCK		

Quantity	Item Code	Description	Price Each	Amount
1	AT-DX6B	PK. 6" BOWLS	12.99	12.99T
1	AT-CCTRN3858XH	CS. 2.5 MIL TRASH LINERS XH BLACK	49.85	49.85T
1	AT-PGC40725	CS. BOUNTY SELECT A SIZE	24.48	24.48T
1	AT-CCP814	CS. PREMIUM TOILET PAPER 500	58.40	58.40T
1	AT-DXNAP	PK. DIXIE NAPKINS	15.65	15.65T
1	AT-KCC1080	CS. PREMIUM DISPENSER ROLL TOWELS V88102	87.51	87.51T
1	AT-MONK6	CS. MONK DISINFECTING WIPES	28.36	28.36T
	FREE	FREE DELIVERY	0.00	0.00
		Sales Tax	0.00%	0.00
5510.00				

Thank you for your business.	Total	\$277.24
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CABAY & COMPANY INC.

Invoice

4559 PRIME PARKWAY
 MCHENRY IL 60050
 815-578-0038
 FAX 815-578-0104

Date	Invoice #
3/7/2018	58925

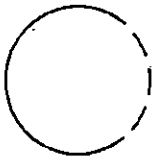
Bill To
ALGONQUIN TOWNSHIP 3702 NW HIGHWAY CRYSTAL LAKE, IL 60014

Ship To
ALGONQUIN TOWNSHIP 3702 NW HIGHWAY CRYSTAL LAKE, IL 60014

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
PAM	Net 30	SDC	3/5/2018	TRUCK		

Quantity	Item Code	Description	Price Each	Amount
2	AT-GMT0846	BX. DUNKIN DONUT DECAF K-CUP	15.74	31.48T
3	AT-CSCFOL	CAN FOLGERS COFFEE	12.98	38.94T
	FREE	FREE DELIVERY	0.00	0.00
		Sales Tax	0.00%	0.00
		5830.001		

Thank you for your business.	Total	\$70.42
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Call One

Page: 1 of 5
Account: 1211945-1132498
Bill Date: Mar 15 2018
Name: ALGONQUIN TOWNSHIP
Telephone: 847 639-4529



Account Summary

Previous Balance Due *Pd in March* \$617.50
Unpaid Balance as of Mar 06 *march* \$617.50
 (Unpaid Balance Due Immediately)
Current Charges Summary
 Account Service Charges \$3.00
 Voice Charges \$184.00
 Usage Charges \$1.46
 Taxes and Surcharges \$138.59
Total Current Charges \$327.05
Total Amount Due by Apr 01 \$944.55

Thank you for choosing Call One Inc. Terms and conditions of service are provided in the Regulatory section of our website at www.callone.com.

Under the FCC Truth-in-Billing rules, phone companies must provide clear, non-misleading, plain language in describing bill services. A more complete description of charges are provided on the FCC website at <https://www.fcc.gov/general/truth-billing-policy>.

Call One has adjusted pricing on various services effective on this invoice. Please refer to the Regulatory section of our website at www.callone.com to view current tariff rates. Please visit <https://callone.cdg.ws/> to sign up for access to your online account.

Payments received after 3/6/18 will be reflected on your next bill. Recurring Monthly Services are billed from 3/15/18 to 4/14/18. Local and Long Distance Calls are billed through 3/6/18.

ALL CUSTOMER SERVICE NEEDS....(800) 440-9440
OR LOCALLY IN ILLINOIS.....(312) CALL-ONE

**PLEASE NOTE:
THE REMIT TO ADDRESS HAS CHANGED
CALL ONE
P. O. BOX 76112
CLEVELAND OH 44101-4755**

327.05
 ASSES 109.02 6190.002
 Super 109.02 5190.001
 Hwy 109.01 5190.005

Please make checks payable to Call One

Please detach and remit with your payment
ALGONQUIN TOWNSHIP
1211945 1132498 868
03/15/18 1 847 639-4529



Call One

225 W Wacker Dr, Floor 8, Chicago, IL 60606

180661917

Total Due By Apr 01	\$944.55
Amount Enclosed	

Check here for address change

ALGONQUIN TOWNSHIP
3702 US HIGHWAY 14
CRYSTAL LAKE IL 60014

CALL ONE
P. O. BOX 76112
CLEVELAND OH 44101-4755

98100000000012119450000000113249800000944552

Page: 2 of 5
Account: 1211945-1132498
Bill Date: Mar 15 2018
Name: ALGONQUIN TOWNSHIP
Telephone: 847 639-4529

Welcome to Call One.

Thank you for selecting Call One as your telecommunications carrier.

How to pay your bill.

Mail your payment in the enclosed return envelope. Be sure to enclose the remittance section and write your account number on the check.

If you do not have the return envelope, please use a standard envelope and mail your check to:

Call One
P.O. Box 76112
Cleveland, OH 44101-4755

Questions about your bill.

If you have questions about your bill, please call Billing Customer Service at (800) 440-9440 or (312) CALL ONE. If you are not satisfied after receiving an explanation, ask to speak with a Billing Specialist. We will investigate your questions and notify you promptly with the results.

Should your address change, please either write the new address on your remittance section when paying your bill, or contact the billing customer service 800 number above.

The Universal Telephone Service Assistance Program (UTSAP) helps low income households obtain phone service. Contributions to the Program are provided through the assistance of all local phone companies. If you wish to make a voluntary monthly contribution of \$1, \$5, \$10 or \$25, billed on your invoice, please call customer service.

Customer Service.

For any repair or other service problems, please contact Customer Service at (800) 440-9440 OR (312) CALL ONE.

When to pay your bill/Late Payments.

You should send your payment when you receive your bill. If we do not receive payment before the due date shown on the remittance page, your account will be past due, and we will have the right to add a late payment charge of 2.5% or the maximum rate allowed by law whichever is less of all overdue amounts each month until they are paid.

NSF and Other Charges.

If you send us a check or other payment which is not honored because you do not have sufficient funds in your account, or do not have an account at the bank on which the check or other payment is drawn, or not have sufficient credit with your bank, your will be required to pay us the greater of (i) \$25.00, (ii) 2% of the dishonored check or other payment, or (iii) if we make any demand which may be required by law, all cost and expenses, including reasonable attorney's fees, which we incur in connection with the collection of the check or other payment. In addition, Call One may demand immediate payment for all services by wire or other method, and the account may be subject to immediate termination of all services.

If the services are discontinued or disconnected for nonpayment, the account will be subject to a reconnection fee of the greater of \$250 or \$20 per telephone number. Call One reserves the right to request a deposit of not less than one month's estimated service prior to reconnection of terminated account.

Other Bill Information.

Long distance and local charges are normally billed on a monthly basis to each account. Occasionally, calls may be billed from prior periods.

Taxation is determined by regulations issues by each locality and is not controlled by Call One.

All Call One inbound 800 numbers are subject to a minimum usage of \$10 per month for full month's use.

All terms and conditions of service, including obligations and liabilities relating to provision of service, are governed by Call One, Applicable State Tariff.

CHANGE OF ADDRESS FORM

Please print

Effective date _____

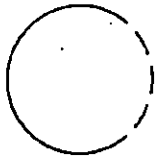
Name _____

Company _____

Address _____

City, State, Zip _____

Alternate telephone number _____



Call One

Page: 3 of 5
Account: 1211945-1132498
Bill Date: Mar 15 2018
Name: ALGONQUIN TOWNSHIP
Telephone: 847 639-4529

Account and Service Summary

		Service	Other	Usage	Taxes and Surcharges	Total
Account Service		3.00	.00	.00	12.35	15.35
Voice	847 516-1554	23.00	.00	.00	15.78	38.78
	847 516-3510	23.00	.00	.56	15.78	39.34
	847 516-5266	23.00	.00	.00	15.78	38.78
	847 639-0824	23.00	.00	.24	15.78	39.02
	847 639-1363	23.00	.00	.00	15.78	38.78
	847 639-4529	23.00	.00	.66	15.78	39.44
	847 639-8638	23.00	.00	.00	15.78	38.78
	847 639-9803	23.00	.00	.00	15.78	38.78
Total		187.00	.00	1.46	138.59	327.05

Preferred Service Providers

Your current Intralata long distance carrier for 8 services is Call One Long Distance
Your current Interlata long distance carrier for 8 services is Call One Long Distance

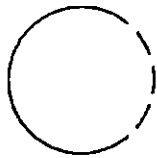
Call One Voice

If you have any questions about your bill, please call (800) 440-9440 or (312) 225-5663
If you have any questions about your service, please call (800) 440-9440

Monthly Service

Monthly Service from Mar 15 through Apr 14

847 516-1554		
BUSINESS LINE - ACCESS AREA C		23.00
Total for 847 516-1554		23.00
847 516-3510		
BUSINESS LINE - ACCESS AREA C		23.00
Total for 847 516-3510		23.00
847 516-5266		
BUSINESS LINE - ACCESS AREA C		23.00
Total for 847 516-5266		23.00
847 639-0824		
BUSINESS LINE - ACCESS AREA C		23.00
Total for 847 639-0824		23.00
847 639-1363		
BUSINESS LINE - ACCESS AREA C		23.00
Total for 847 639-1363		23.00
847 639-4529		
BUSINESS LINE - ACCESS AREA C		23.00
Total for 847 639-4529		23.00
847 639-8638		
BUSINESS LINE - ACCESS AREA C		23.00
Total for 847 639-8638		23.00
847 639-9803		
BUSINESS LINE - ACCESS AREA C		23.00
Total for 847 639-9803		23.00



Call One

Page: 4 of 5
Account: 1211945-1132498
Bill Date: Mar 15 2018
Name: ALGONQUIN TOWNSHIP
Telephone: 847 639-4529

Monthly Service

Monthly Service from Mar 15 through Apr 14 (continued)

Account Service		
SERVICE SUBLOCATION	New	3.00
Total for Account Service		3.00
Total Monthly Service Charges		187.00

NEW Indicates an item that is being charged for the first time.

Usage Summary

Local Band A				.02
Local	Calls	Duration	Charge	
	1	1:00	.02	
Local Band B				.77
Local	Calls	Duration	Charge	
	9	22:00	.77	
Local Band C				.58
Local	Calls	Duration	Charge	
	29	29:00	.58	
Total Usage Charges				1.37
Usage for 39 calls are not itemized				
Total Call One Voice Charges				188.37

Call One Long Distance

Usage Summary

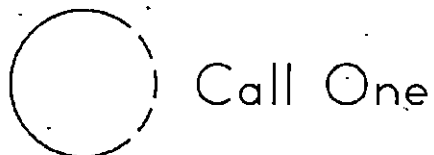
Switched 1+ Per Min - IntraState	Calls	Minutes	
	3	2:24	.09
Total Usage Charges			.09

Usage Detail

Toil Detail

Item	Date	Time	Place Called	Number	Minutes	Charge
847 639-4529						
1	Feb 28	8:28am	Freeport	IL 815 235-1564	:48	.03
2	Feb 28	8:33am	Freeport	IL 815 235-1564	:48	.03
3	Feb 28	8:36am	Freeport	IL 815 235-1564	:48	.03
Total of 3 calls for 847 639-4529					2:24	.09
Total Usage Detail Charges						.09

Total Call One Long Distance Charges **.09**



Page: 5 of 5
Account: 1211945-1132498
Bill Date: Mar 15 2018
Name: ALGONQUIN TOWNSHIP
Telephone: 847 639-4529

Taxes and Surcharges**Voice**

Carrier Cost Recovery Charge	10.06
Federal Access Charge	55.60
Line Recovery Charge	18.56
Portability Surcharge	3.12
Presubscription	12.00
Process Recovery Charge	11.20
Federal Excise Tax	8.46
Federal Regulatory Fee	.35
Federal Universal Service Fund	19.24
Total Taxes and Surcharges	138.59
Total for Account	327.05



CHAIR YOGA
Sarah Matchen
5523 Windgate Way
Lake in the Hills, IL 60156

INVOICE

DATE: April 6, 2018

Bill To:	Description
Algonquin Township 3702 US HWY 14 Crystal Lake, IL 60014-8204	Thursday Chair Yoga class for seniors.
03-22-2018	\$ 60.00
03-29-2018	\$ 60.00
04-05-2018	\$ 60.00

Balance Due: \$180.00

5830.001



ORIGINAL INVOICE

REMIT TO: CINTAS CORPORATION #355
 P.O. BOX 630921
 CINCINNATI, OH 45263-0921
 815-398-6200



SHIP TO: ALGONQUIN TOWNSHIP SUPERV
 3702 US HIGHWAY 14
 CRYSTAL LAKE, IL 60014-8204

INVOICE NO. 355520753
 INVOICE DATE 3/02/18

BILL TO: ALGONQUIN TOWNSHIP SUPERV
 3702 US HIGHWAY 14
 CRYSTAL LAKE, IL 60014-8204

CONTRACT NO. ACCOUNT NO. STOP SEQ DELIVERY CODE SOL TRT CNT
 10828 10828 8 W100005 R

LOC ROUTE DAY CUST NO. DEPARTMENT CUSTOMER P.O. NO.
 355 72 5 10828

TERMS DUE 4/10/18
 EVEN BILLING

CONTACT: PAM GAVERS
 847-639-2700

TAX CODE IL-WINN-ROCK PAGE 1

LINE NO.	SHIP CNT	MIN CHG.	C O	BB	ITEM DESCRIPTION OR EMPLOYEE NAME	EMP. NO.	ITEM NO.	QUANTITY INVENTORY	QUANTITY INVOICED	PRICE	INVOICE AMOUNT	T X
1					3X5 ACTIVE MAT BLK	UF	10184	4	4	3.000	12.00	N
2					3X10 GRAY MAT	UF	84030	3	3	6.500	19.50	N
3					SERVICE-CHARGE	F	15	-1	-1	5.950	-5.95	N
										SUBTOTAL	37.45	
										8.250 % SALES TAX	.00	
										INVOICE TOTAL	37.45	
<p>**ONLINE BILL PAY: WWW.CINTAS.COM/PAY** VIEW INVOICES, STATEMENTS AND PAY BILLS ONLINE**</p>												
								<p>\$ 5100.00</p> <p>239 80</p> <p>==</p>				

ABBREVIATION

CODE DESCRIPTION
SH ____ SHIRT
PT ____ PANTS
CV ____ COVERALL
JS ____ JUMPSUIT
SC ____ SHOP COAT
LC ____ LAB COAT
DR ____ DRESS
SM ____ SMOCK
JK ____ JACKET
LP ____ LAPEL COAT
BZ ____ BLAZER
SA ____ SHOP APRON
VT ____ VEST
LN ____ LINER
SK ____ SKIRT

BUY BACK CODE (BB)

B - Buy Back
BB - Buy Back Both Combo Items
B1 - Buy Back 1st Combo Item
B2 - Buy Back 2nd Combo Item
b - No Buy Back

PACKING CODES (PK)

B - Package in Bundle
H - Package on Hanger
2 - String Tie
3 - Polywrap
6 - Wrap in Brown Paper

CHANGE OVER (CO)

0 - No Change Over
1 - Standard Change Over
2 - Philadelphia Only

PRICE EXTENSION (PR EX)

U - Unit Priced
F - Flat Rated

DELIVERY FREQUENCY (DEL FR)

W - Weekly
E - Every Other Week
M - Monthly

SERVICE TYPE

G - Garment
D - Dust
L - Linen
T - Towel
S - Direct Sales Only

EXCHANGE METHOD (EX ME)

D - Delayed Exchange
E - Even Exchange
F - Fixed Quantity Exchange
b - Unit Exchange

USAGE

C - Clean
D - Direct Sale
L - Lease
N - N.O.G.
P - Unilease
R - Lost Replacement
X - Special Charge
0 - Rental Item



ORIGINAL INVOICE

REMIT TO:

CINTAS CORPORATION #355
 P.O. BOX 630921
 CINCINNATI, OH 45263-0921

SHIP TO:

ALGONQUIN TOWNSHIP SUPERV
 3702 US HIGHWAY 14
 CRYSTAL LAKE, IL 60014-8204

815-398-6200

INVOICE NO.

355523908

CONTRACT NO. ACCOUNT NO. STOP SEQ DELIVERY CODE 0 E1H3
 10828 10828 8 W100005 R

INVOICE DATE 3/09/18

BILL TO:

ALGONQUIN TOWNSHIP SUPERV
 3702 US HIGHWAY 14
 CRYSTAL LAKE, IL 60014-8204

LOC ROUTE DAY CUST NO. DEPARTMENT CUSTOMER P.O. NO. TERMS

355 72 5 10828

DUE 4/18/18
 EVEN BILLING

CONTACT: PAN SAVERS
 847-639-2700

TAX CODE

IL-WINN-ROCK

PAGE 1

LINE NO.	SOIL CHG	MIN CHG.	C O	BB	ITEM DESCRIPTION OR EMPLOYEE NAME	EMP. NO.	ITEM NO.	QUANTITY INVENTORY	QUANTITY INVOICED	PRICE	INVOICE AMOUNT	T X
1					3XE ACTIVE NAT BLK	UF	10184		4	3.000	12.00	N
2					3X10-GRAY NAT	UF	84030		3	6.500	19.50	N
3					SERVICE CHARGE	F	15	1	1	5.950	5.95	N
4												
										SUBTOTAL	37.45	
										8.250 % SALES TAX	.00	
										INVOICE TOTAL	37.45	
										INVOICES, STATEMENTS AND		
										ONLINE BILL PAY: WWW.CINTAS.COM/PAY		
										PAY BILLS ONLINE**		

ABBREVIATION

<u>CODE</u>	<u>DESCRIPTION</u>
SH ____	SHIRT
PT ____	PANTS
CV ____	COVERALL
JS ____	JUMPSUIT
SC ____	SHOP COAT
LC ____	LAB COAT
DR ____	DRESS
SM ____	SMOCK
JK ____	JACKET
LP ____	LAPEL COAT
BZ ____	BLAZER
SA ____	SHOP APRON
VT ____	VEST
LN ____	LINER
SK ____	SKIRT

BUY BACK CODE (BB)

B	- Buy Back
BB	- Buy Back Both Combo Items
B1	- Buy Back 1st Combo Item
B2	- Buy Back 2nd Combo Item
b	- No Buy Back

CHANGE OVER (CO)

Ø	- No Change Over
1	- Standard Change Over
2	- Philadelphia Only

DELIVERY FREQUENCY (DEL FR)

W	- Weekly
E	- Every Other Week
M	- Monthly

EXCHANGE METHOD (EX ME)

D	- Delayed Exchange
E	- Even Exchange
F	- Fixed Quantity Exchange
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PACKING CODES (PK)

B	- Package in Bundle
H	- Package on Hanger
2	- String Tie
3	- Polywrap
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PRICE EXTENSION (PR EX)

U	- Unit Priced
F	- Flat Rated

SERVICE TYPE

G	- Garment
D	- Dust
L	- Linen
T	- Towel
S	- Direct Sales Only

USAGE

C	- Clean
D	- Direct Sale
L	- Lease
N	- N.O.G.
P	- Unilease
R	- Lost Replacement
X	- Special Charge
Ø	- Rental Item



ORIGINAL INVOICE

REMIT TO: CINTAS CORPORATION #355
 P.O. BOX 630921
 CINCINNATI, OH 45263-0921
 815-398-6200

SHIP TO: ALGONQUIN TOWNSHIP SUPERV
 3702 US HIGHWAY 14
 CRYSTAL LAKE, IL 60014-8204

INVOICE NO. 355527085
 INVOICE DATE 3/16/18

CONTRACT NO. ACCOUNT NO. STOP SEQ DELIVERY CODE SOIL TKT CNT
 10828 10828 7 W100005 R

BILL TO: ALGONQUIN TOWNSHIP SUPERV
 3702 US HIGHWAY 14
 CRYSTAL LAKE, IL 60014-8204

LOC ROUTE DAY CUST NO. DEPARTMENT CUSTOMER P.O. NO.
 355 72 5 10828

TERMS DUE 4/10/18
 EVEN BILLING

CONTACT: PAN GAVERS
 847-639-2700

TAX CODE IL-WINN-ROCK

PAGE 1

LINE NO.	SOIL CNT	MIN CHG.	C O	BB	ITEM DESCRIPTION OR EMPLOYEE NAME	EMP. NO.	ITEM NO.	QUANTITY INVENTORY	QUANTITY INVOICED	PRICE	INVOICE AMOUNT	T X
1					3X5 ACTIVE MAT BLK	UF	10184	4	4	3.000	12.00	N
2					3X10 GRAY MAT	UF	84030	3	3	6.500	19.50	N
3					SERVICE CHARGE	F	15	1	1	5.950	5.95	N
SUBTOTAL											37.45	
8.250 % SALES TAX											.00	
INVOICE TOTAL											37.45	
ONLINE BILL PAY: WWW.CINTAS.COM/PAY** VIEW INVOICES, STATEMENTS AND PAY BILLS ONLINE												
REVIEWED BY												SIGNATURE
INVOICE # 355527085											FINAL TOTAL	

ABBREVIATION

<u>CODE</u>	<u>DESCRIPTION</u>
SH ____	SHIRT
PT ____	PANTS
CV ____	COVERALL
JS ____	JUMPSUIT
SC ____	SHOP COAT
LC ____	LAB COAT
DR ____	DRESS
SM ____	SMOCK
JK ____	JACKET
LP ____	LAPEL COAT
BZ ____	BLAZER
SA ____	SHOP APRON
VT ____	VEST
LN ____	LINER
SK ____	SKIRT

BUY BACK CODE (BB)

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CHANGE OVER (CO)

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1	- Standard Change Over
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DELIVERY FREQUENCY (DEL FR)

W	- Weekly
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EXCHANGE METHOD (EX ME)

D	- Delayed Exchange
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PACKING CODES (PK)

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3	- Polywrap
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PRICE EXTENSION (PR EX)

U	- Unit Priced
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SERVICE TYPE

G	- Garment
D	- Dust
L	- Linen
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S	- Direct Sales Only

USAGE

C	- Clean
D	- Direct Sale
L	- Lease
N	- N.O.G.
P	- Unilease
R	- Lost Replacement
X	- Special Charge
Ø	- Rental Item



ORIGINAL INVOICE

REMIT TO: CINTAS CORPORATION #355
 P.O. BOX 630921
 CINCINNATI, OH 45263-0921
 815-398-6200

SHIP TO: ALGONQUIN TOWNSHIP SUPERV
 3702 US HIGHWAY 14
 CRYSTAL LAKE, IL 60014-8204

INVOICE NO. 355530257
 INVOICE DATE 3/23/18

CONTRACT NO. ACCOUNT NO. STOP SEQ DELIVERY CODE SOIL TKT CNT
 10828 10828 8 W100005 R

BILL TO: ALGONQUIN TOWNSHIP SUPERV
 3702 US HIGHWAY 14
 CRYSTAL LAKE, IL 60014-8204

LOC ROUTE DAY CUST NO. DEPARTMENT CUSTOMER P.O. NO.
 355 72 5 10828

TERMS DUE 4/10/18
 EVEN BILLING

CONTACT: PAH GAVERS
 847-639-2700

TAX CODE IL-WINN-ROCK

PAGE 1

LINE NO.	SOIL CNT	MIN CHG.	C O	BB	ITEM DESCRIPTION OR EMPLOYEE NAME	EMP. NO.	ITEM NO.	QUANTITY INVENTORY	QUANTITY INVOICED	PRICE	INVOICE AMOUNT	T X
1					3XS ACTIVE MAT BLK	UF	10184	4	4	3.000	12.00	N
2					3X10 GRAY MAT	UF	84030	3	3	6.500	19.50	N
3					SERVICE CHARGE	F	15	1	1	5.950	5.95	N
4												
										SUBTOTAL	37.45	
										8.250 % SALES TAX	.00	
										INVOICE TOTAL	37.45	
										ONLINE BILL PAY: WWW.CINTAS.COM/PAY** VIEW INVOICES, STATEMENTS AND PAY BILLS ONLINE		
REVIEWED BY												
SIGNATURE												
										FINAL TOTAL		
INVOICE # 355530257												

ABBREVIATION

<u>CODE</u>	<u>DESCRIPTION</u>
SH ____	SHIRT
PT ____	PANTS
CV ____	COVERALL
JS ____	JUMPSUIT
SC ____	SHOP COAT
LC ____	LAB COAT
DR ____	DRESS
SM ____	SMOCK
JK ____	JACKET
LP ____	LAPEL COAT
BZ ____	BLAZER
SA ____	SHOP APRON
VT ____	VEST
LN ____	LINER
SK ____	SKIRT

BUY BACK CODE (BB)

B	- Buy Back
BB	- Buy Back Both Combo Items
B1	- Buy Back 1st Combo Item
B2	- Buy Back 2nd Combo Item
b	- No Buy Back

CHANGE OVER (CO)

0	- No Change Over
1	- Standard Change Over
2	- Philadelphia Only

DELIVERY FREQUENCY (DEL FR)

W	- Weekly
E	- Every Other Week
M	- Monthly

EXCHANGE METHOD (EX ME)

D	- Delayed Exchange
E	- Even Exchange
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PACKING CODES (PK)

B	- Package in Bundle
H	- Package on Hanger
2	- String Tie
3	- Polywrap
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PRICE EXTENSION (PR EX)

U	- Unit Priced
F	- Flat Rated

SERVICE TYPE

G	- Garment
D	- Dust
L	- Linen
T	- Towel
S	- Direct Sales Only

USAGE

C	- Clean
D	- Direct Sale
L	- Lease
N	- N.O.G.
P	- Unlease
R	- Lost Replacement
X	- Special Charge
0	- Rental Item



ORIGINAL INVOICE

REMIT TO: CINTAS CORPORATION #355
 P.O. BOX 630921
 CINCINNATI, OH 45263-0921
 815-398-6200

SHIP TO: ALGONQUIN TOWNSHIP SUPERV
 3702 US HIGHWAY 14
 CRYSTAL LAKE, IL 60014-8204

INVOICE NO. 355531703
 INVOICE DATE 3/27/18

CONTRACT NO. ACCOUNT NO. STOP SEQ DELIVERY CODE SOIL TKT CNT
 10973 10973 1 M202000 R

BILL TO: ALGONQUIN TOWNSHIP SUPERV
 3702 US HIGHWAY 14
 CRYSTAL LAKE, IL 60014-8204

LOC ROUTE DAY CUST NO. DEPARTMENT CUSTOMER P.O. NO.
 355 80 2 10973

TERMS DUE 4/10/18
 EVEN BILLING

CONTACT: PAN GAVERS
 847-639-2700

TAX CODE IL-WINN-ROCK

PAGE 1

LINE NO.	SOIL CNT	MIN CHG.	C O	BB	ITEM DESCRIPTION OR EMPLOYEE NAME	EMP. NO.	ITEM NO.	QUANTITY INVENTORY	QUANTITY INVOICED	PRICE	INVOICE AMOUNT	T X
1					ULTRACLEAR SQ/FT CHG BASEMENT MEN'S	UF	7706	150	150	.200	30.00	N
2					ULTRACLEAR SQ/FT CHG BASEMENT WOMEN'S	UF	7706	150	150	.200	30.00	N
3					ULTRACLEAR SQ/FT CHG BASEMENT UNISEX	UF	7706	150	150	.200	30.00	N
4												
										SUBTOTAL	90.00	
										8.250 % SALES TAX	.00	
										INVOICE TOTAL	90.00	
<p>***ONLINE BILL PAY: WWW.CINTAS.COM/PAY** VIEW INVOICES, STATEMENTS AND PAY BILLS ONLINE***</p>												
<p>REVIEWED BY SIGNATURE INVOICE # 355531703 FINAL TOTAL</p>												

ABBREVIATION

<u>CODE</u>	<u>DESCRIPTION</u>
SH ____	SHIRT
PT ____	PANTS
CV ____	COVERALL
JS ____	JUMPSUIT
SC ____	SHOP COAT
LC ____	LAB COAT
DR ____	DRESS
SM ____	SMOCK
JK ____	JACKET
LP ____	LAPEL COAT
BZ ____	BLAZER
SA ____	SHOP APRON
VT ____	VEST
LN ____	LINER
SK ____	SKIRT

BUY BACK CODE (BB)

B - Buy Back
BB - Buy Back Both Combo Items
B1 - Buy Back 1st Combo Item
B2 - Buy Back 2nd Combo Item
Ø - No Buy Back

CHANGE OVER (CO)

Ø - No Change Over
1 - Standard Change Over
2 - Philadelphia Only

DELIVERY FREQUENCY (DEL FR)

W - Weekly
E - Every Other Week
M - Monthly

EXCHANGE METHOD (EX ME)

D - Delayed Exchange
E - Even Exchange
F - Fixed Quantity Exchange
Ø - Unit Exchange

PACKING CODES (PK)

B - Package in Bundle
H - Package on Hanger
2 - String Tie
3 - Polywrap
6 - Wrap in Brown Paper

PRICE EXTENSION (PR EX)

U - Unit Priced
F - Flat Rated

SERVICE TYPE

G - Garment
D - Dust
L - Linen
T - Towel
S - Direct Sales Only

USAGE

C - Clean
D - Direct Sale
L - Lease
N - N.O.G.
P - Unilease
R - Lost Replacement
X - Special Charge
Ø - Rental Item



READY FOR THE WORKDAY™

0343 CHICAGO IL FAS
1870 Brummel Drive
Elk Grove Village, IL 60007

SVC/BILLING QUESTIONS: 847-228-3970
FAX : 847-228-3180
PAYMENT INQUIRY : (877) 275-4933
ROUTE # : LOC #0343 ROUTE 0027

INVOICE
PLEASE PAY DIRECTLY FROM THIS INVOICE

ALGONQUIN TOWNSHIP
ALGONQUIN TOWNSHIP-OFFICE
3702 US HIGHWAY 14
CRYSTAL LAKE, IL 60014-8204
847-639-2237

INVOICE # : 5010205489
DATE : 3/20/18
PO # : N/A
STORE # :
CUSTOMER # : 0010621787
PAYER # : 0010621787
SVC ORDER # : 8017933902
CREDIT TERMS: NET 30 DAYS

MATERIAL #	DESCRIPTION	QTY	UNIT PRICE	EXT PRICE	TAX
7451713	OFFICE	01844354			
120	CABINET ORGANIZED	1	\$0.00	\$0.00	
130	EXPIRATION DATES CHECKED	1	\$0.00	\$0.00	
132	BBP KIT CHECKED	1	\$0.00	\$0.00	
400	SERVICE CHARGE	1	\$5.63	\$5.63	
55555	HARD SURFACE DISINFEC SVC	1	\$9.25	\$9.25	
100039	TRIPLE ANTIBIOTIC OINT SM	1	\$2.01	\$2.01	
130000	THERA TEARS, SMALL	1	\$3.56	\$3.56	
280020	LENS/SCREEN PADS 100/BX	2	\$21.63	\$43.26	
				UNIT SUBTOTAL	\$63.71
7237489	basement	02160154			
120	CABINET ORGANIZED	1	\$0.00	\$0.00	
130	EXPIRATION DATES CHECKED	1	\$0.00	\$0.00	
121220	ALEVE SMALL	2	\$9.23	\$18.46	
				UNIT SUBTOTAL	\$18.46
DEPARTMENT ALGONQUIN TOWNSHIP-OFFICE				DEPART SUBTOTAL	\$82.17
				TAX	\$0.00
				DEPART TOTAL	\$82.17
REMIT TO : Cintas			SUB-TOTAL	\$82.17	
P.O. Box 631025			TAX	\$0.00	
CINCINNATI, OH 45263-1025			TOTAL	\$82.17	

SIGNATURE : _____ DATE : _____

NAME : _____

5100.001



An Exelon Company

ComEd MAIN



Account Number 3733809001

Name ALGONQUIN TOWNSHIP SUP
Service Location 3702 NORTHWEST HY ALGONQUIN TWP
Phone Number 847-639-2700

Bill Summary

Table with 2 columns: Description, Amount. Includes Previous Balance (\$2,884.40), Total Payments - Thank You (\$3,806.74), Amount Due on May 7, 2018 (\$992.71).

Issue Date March 20, 2018

Visit ComEd.com

Customer Service / Power Outage

English 1.877.4COMED1 (1.877.426.6331)

Español 1.800.95.LUCES (1.800.955.8237)

Hearing/Speech Impaired 1.800.572.5789 (TTY)

Your Usage Profile 13-Month Usage (Total kWh)



Electric Usage

Table with 2 columns: Month, kWh. Lists usage from Mar-17 (21600) to Mar-18 (22548).

Table with 3 columns: Month Billed, kWh, Average Daily Temp. Shows Last Year (744.8 kWh, 38 Temp), Last Month (760.6 kWh, 27 Temp), Current Month (727.4 kWh, 37 Temp).

Meter Information

Table with 9 columns: Read Dates, Meter Number, Load Type, Reading Type, Previous, Meter Reading Present, Difference, Multiplier X, Usage. Lists meter readings for various meters from 2/16-3/19.

Service from 2/16/2018 to 3/19/2018 - 31 Days

Retail Delivery Service - 0 to 100 kW

Electricity Supply Services - Nordic Energy Services

\$1,338.98

Table with 2 columns: Description, Amount. Includes ELECTRIC SUPPLY CHARGES (22,547.85 kWh X 0.03402 = 767.08) and PJM PASS THRU CHARGES (22,547.85 kWh X 0.02536 = 571.90).

Nordic Energy Services 1-877-808-1022 www.nordicenergy-us.com

Please refer to your supplier contract for details.

5240.00

Delivery Services - ComEd

\$423.65

Customer Charge

19.14

For Electric Supply Choices visit pluginillinois.org

(continued on next page)

Return only this portion with your check made payable to ComEd. Please write your account number on your check.



An Exelon Company

To pay by phone call 1-800-588-9477. A convenience fee will apply.

0102515 01 AV 0.375 **AUTO T3 0 1056 60014-820402 -C01-B1-P02517-11 6



ALGONQUIN TOWNSHIP SUP
CRYSTAL LAKE
3702 US HIGHWAY 14
CRYSTAL LAKE, IL 60014-8204



Account Number 3733809001

Payment Amount

Please pay this amount by 5/7/2018

\$992.71



COMED
PO BOX 6111
CAROL STREAM, IL 60197-6111

373380900100009927181270992712



Standard Metering Charge				13.91
Distribution Facilities Charge	48.82 kW	X	6.47000	315.87
IL Electricity Distribution Charge	22,548 kWh	X	0.00119	26.83
Meter Lease				47.90

Taxes and Other **\$152.42**

Environmental Cost Recovery Adj	22,548 kWh	X	0.00048	10.82
Renewable Portfolio Standard	22,548 kWh	X	0.00094	21.20
Zero Emission Standard	22,548 kWh	X	0.00195	43.97
Energy Efficiency Programs	22,548 kWh	X	0.00019	4.28
State Tax				72.15

Total Current Charges **\$1,915.05**

Miscellaneous **-\$922.34**

Overpayment -922.34

Thank you for your payment of \$2,884.40 on March 19, 2018

Thank you for your payment of \$922.34 on February 21, 2018

Total Amount Due **\$992.71**

Message Center

Nordic Energy Services

- ROCKFORD/LOVES PARK CUSTOMER SERVICE CALL 888-731-5406, OTHERWISE 877-808-1022.



10% total recycled fiber

CME906R 03/10

(continued on next page)

Visit ComEd.com

Customer Service / Power Outage

English
1.877.4COMED1 (1.877.426.6331)

Español
1.800.95.LUCES (1.800.955.8237)

Hearing/Speech Impaired
1.800.572.5789 (TTY)

Message Center

ComEd

- The ComEd Energy Efficiency Program offers low-cost comprehensive tune-ups of HVAC packaged rooftop units and split systems to eligible commercial and industrial customers. These tune-ups help businesses save energy and money on their energy bills, improve HVAC system performance and enhance indoor air quality and occupant comfort. Each tune-up, conducted by a trained Trade Ally, includes a thorough inspection and adjustment of the HVAC unit's thermostat, economizer, refrigerant charge, coils and belts for optimal performance. Call 1-855-433-2700 to schedule.
- IT'S A SNAP - GET THE APP! ComEd's free app now offers fingerprint login, account alerts & notifications, and easy pay options on smartphones and tablets. Download the new app today at ComEd.com/App
- WAYS TO PAY: Looking for ways to pay your bill? Visit ComEd.com/Pay
- ILLINOIS COMMERCE COMMISSION CONSUMER DIVISION: (800-524-0795): The Consumer Services Division is available to help resolve disputes with ComEd. However, customers should contact ComEd before seeking assistance from the ICC.

DO NOT MAIL THIS PORTION WITH YOUR PAYMENT





Country Donuts
 181 W Virginia St
 Crystal Lake, IL 60014
 815-455-2028
 www.countrydonuts.net

Invoice

Number: 7370

Date: 3/8/2018

Bill To:

Algonquin Township Senior Prog.
 3702 U.S. 14
 Crystal Lake, Ill., 60014

Ship To:

Monday Morning Pick-ups
 1st & 3rd Mondays

PO Number	Terms	Sales Rep	Sales Territory	Ship Via	Code

Date	Description	Quantity	Price	Tax	Tax 2	Amount
Feb 2018	Dozens of Donuts	9.00	\$9.75			\$87.75
	Less Discount	9.00	(\$3.00)			(\$27.00)
<p>5830.00</p>						

SubTotal	\$60.75
State Tax 1.75% on \$0.00	\$0.00
City Tax 7.75% on \$0.00	\$0.00

Total \$60.75

0 - 30 days	31 - 60 days	61 - 90 days	> 90 days	Total
\$60.75	\$0.00	\$121.50	\$0.00	\$182.25



COUNTRY DONUTS
181 Virginia St.
Crystal Lake, Ill. 60014
815-455-2028

3/19/18

M
Address Algonquin Township

Reg. No. Clerk AK Account Forward

Reg. No.	Clerk	Account Forward
1		
2	9 Dozen	
3		
4	Donuts	Charge
5		
6		
7		
8		
9		
10		
11		
12		
13		
14	2284-	
15		

A-1200/3510/3530 T-45202/46202/46203 Your Account Stated to Date - If Error is Found, Return at Once

COUNTRY DONUTS

181 Virginia St.
Crystal Lake, Ill. 60014 3/2/18
815-455-2028 (Sam)

M
Address (847) 639-2700 Algonquin Township

Reg. No.	Clerk	BF	Account Forward	
1	9 dozen donuts			
2	(mixed)			
3				
4				
5				
6				
7				
8				
9	P.V. Monday, 3/5			
10	@ 7:45am			
11				
12				\$78.75
13				+tax
14	5500-21			
15				

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

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

Chicago Support Center
 2600 Warrenville Road
 Suite 200
 Downers Grove IL 60515
 630-969-4300



COVERALL ✓
 Health-Based Cleaning System®

Customer Invoice
www.Coverall.com

Invoice Number 1010615987
 Account Number 101-17001
 Invoice Date 04/01/2018
 Payment Due Date 04/11/2018
 PO Number



Algonquin Township
 Accounts Payable
 3702 US Hwy. 14
 CRYSTAL LAKE IL 60014

16474

Clean, shiny floors are a sure sign of a clean building. Coverall Franchised Business Owners are experts at caring for your carpets and floors.

Service Description	From	To	Amount	Tax	Total
Commercial Cleaning Services - billed on behalf of Three Master Cleaning Company, Coverall Franchise Owner.	04/01/2018	04/30/2018	549.00	0.00	549.00
Current Invoice Total			549.00	0.00	549.00

Account balance as of: 03/28/2018	Current	1-30 Days	31-60 Days	61-90 Days	91-120+ Days	Total Amount Due
	549.00	50.00	0.00	0.00	0.00	599.00

Customer Remittance

Algonquin Township

Please remit this portion of the invoice with your payment. Be sure to write your invoice number on the front of your check.

If you have a service questions please contact your local Coverall Support Center, WE APPRECIATE YOUR BUSINESS.

Invoice Amount 549.00
 Balance Due 599.00
 Invoice Number 1010615987
 Account Number 101-17001
 Invoice Date 04/01/2018
 Payment Due Date 04/11/2018

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

Coverall North America, Inc.
 2955 Momentum Place
 CHICAGO IL 60689

Amount Paid: \$ _____



FIFTH THIRD BANK

TRAVEL REWARDS



mastercard.

5526-3277-4749-1984

Page 1 of 4

Account Summary for Period
February 28, 2018 - March 27, 2018

Total Credit Limit \$6,000
Cash Limit \$3,000
Available Credit \$5,764
Portion Available for Cash \$3,000
The Cash Limit is a portion of the Total Credit Limit.

Previous Balance \$235.87
Payments & Credits \$235.87
Purchases & Cash Advances \$235.87
Other Charges \$0.00
FINANCE CHARGES \$0.00
New Balance \$235.87
Minimum Payment Due \$10.00
Payment Due Date April 24, 2018

Transactions

Table with columns: TRAN DATE, POST DATE, REFERENCE NUMBER - DESCRIPTION, AMOUNT. Includes transactions for RYAN PROVENZANO, Payments & Credits, and Purchases, Cash Advances & Other Charges.

Finance Charges

Please see reverse side for important information

Days in Current Billing Period 28

Table with columns: Outstanding Balance, Average Daily Balance, Monthly Periodic Rate, Corresponding Annual Percentage Rate, Periodic FINANCE CHARGE. Includes rows for Current Purchases, Current Cash, Total Transaction Charges, and Total FINANCE CHARGES.

Finance charges incurred using 1Method 1 or 2Method 2

Handwritten calculations: 219.94 - 6530.002, 15.93 5530.001

Please write your account number on your check made payable to Fifth Third Bank and mail portion below in return envelope.



FIFTH THIRD BANK

Madisonville Operations Center
MD 1MOC2G Cincinnati, OH 45253



RYAN PROVENZANO
ALGONQUIN TOWNSHIP
C/O RYAN PROVENZANO
3702 US HIGHWAY 14
CRYSTAL LAKE IL 60014-8204

0044720



FIFTH THIRD BANK
PO BOX 740789
CINCINNATI OH 45274-0789

0000001000000002358755263277474919840

Print address changes below.

Street Apt.#
City State Zip
Home Phone Alternate Phone

Account Number 5526-3277-4749-1984
New Balance \$235.87
Minimum Payment Due \$10.00
Payment Due Date April 24, 2018

Total Enclosed \$ []

000000 23587 0015 1440000 2100 10 5526327747491984

CRD000 / FTBW / 20180327 / 0013 / 44720

Online Payment: Payments can be made via Online Banking at 53.com. If we receive your request on a Business Day by 7 p.m. ET we will credit your payment as of that day. If we receive your request after that time we will credit your payment as of the next Business Day.

Mailed Payment: Payments received in proper form before 5pm ET on a Business Day at the address printed on the payment coupon portion of your statement will be credited as of that Business Day. A payment received there in proper form after that time will be credited as of the next Business Day. Allow 5 to 7 days for payments by regular mail to reach us. There may be a delay of up to 5 days in crediting a payment we receive that is not in proper form or not sent to the correct address. A mailed payment is in proper form if it includes the payment coupon; includes a valid check or money order (no cash or foreign currency please); and your name and account number are on the front of your check or money order.

In Person Payment: All payments made in person to a Fifth Third employee at a Fifth Third Banking Center will be credited as of that day. Payments made at an ATM on a Business Day by 7 p.m. ET will be credited as of that day. Payments made at an ATM after that time will be credited as of the next Business Day.

Phone Payment: Payments made by phone on a Business Day by 7 p.m. ET will be credited as of that day.

Business Days: Monday through Friday, excluding Federal Reserve Bank holidays.

Electronic Check Conversion: If you send an eligible check with this payment coupon, you authorize us to make a one-time electronic fund transfer from your account. If we do, the checking account will be debited in the amount on the check and the check will be destroyed. We may do this as soon as the day we receive the check.

Calculation of Interest Charges: We calculate interest charges separately for each balance shown in the Interest Charge Calculation box, using the average daily balance method (including new transactions). To get the "average daily balance" we take the beginning balance of each day, and, as applicable to that balance, add any new charges and fees, and subtract any payments or credits. This gives us the daily balance. We add up all the daily balances for the billing cycle and divide by the number of days in the billing cycle. This gives us the "average daily balance." We multiply the applicable monthly periodic rate by the "average daily balance" and that gives us the interest charges for that balance for the billing cycle. (The monthly periodic rate equals the APR in effect divided by 12.)

How to Avoid Paying Interest on Purchases: Your due date is at least 23 days after the close of each billing cycle. We will not charge you interest on Purchases if you pay your entire balance by the payment due date.

Variable APRs: APRs followed by (V) may vary.

Payment: You may pay all or part of your account balance at any time. However, you must pay, by the payment due date, at least the minimum payment due.

What To Do If You Think You Find A Mistake On Your Statement:

If you think there is an error on your statement, write to us at: Fifth Third Bank, Attn: Disputes Resolution Department, MD: 1MOC2G, 5050 Kingsley Drive, Cincinnati, OH 45227. You may also contact us at 877-833-6197, Monday through Friday 7 AM to 8 PM (EST) and Saturday 8:30 AM to 5 PM (EST). Upon contacting us provide the following information:

- *Account information:* Your name and Account number.
 - *Dollar amount:* The dollar amount of the suspected error.
 - *Description of Problem:* If you think there is an error on your bill, describe what you believe is wrong and why you believe it is a mistake.
- You must contact us within 60 days after the error appeared on your statement.



FIFTH THIRD BANK

TRAVEL REWARDS



mastercard.

5526-3277-4749-1984

Page 3 of 4

Real Life Rewards Summary

Point Balance on this card: 13,233

As of: 03/27/2018

The Reward Points shown on this statement include Rewards Points earned only on this product and may not include all earned Reward points for all transactions you made this month. To obtain your total Reward Point balance login to 53.com Internet Banking or call 1-800-449-2142.



FIFTH THIRD BANK

TRAVEL REWARDS



mastercard.

5526-3277-4749-1984

Page 4 of 4

1 First National Bank
Omaha



Account Number: 4418 2292 7437 2682
 New Balance: \$252.84
 Minimum Payment Due: \$87.00
 Payment Due Date: April 22, 2018

Make checks payable to First National Bank Omaha

Amount of Payment Enclosed

\$ 5530.00

Change of Address? If yes, please complete reverse side.

2253

ALGONQUIN TOWNSHIP
 DIANNE L KLEMM
 3702 US HIGHWAY 14
 CRYSTAL LAKE IL 60014-8204

First National Bank Omaha
 P.O. Box 2818
 Omaha, NE 68103-2818

36804
 0103



5530.00

4418229274372682 0000000008700 0000000025284

PLEASE DETACH HERE AND RETURN TOP PORTION WITH YOUR PAYMENT

Business Edition® Visa®

Account Number:
 4418 2292 7437 2682
 Page 001 of 001



Account Summary

Previous Balance \$215.25
 Payments -\$0.00
 Other Credits -\$0.00
 Purchases +\$0.00
 Balance Transfers +\$0.00
 Cash Advances +\$0.00
 Fees Charged +\$35.00
 Interest Charged +\$2.59
New Balance \$252.84

Statement Closing Date 03/27/18
 Days in Billing Cycle 32

Total Credit Limit \$15,000.00
 Available Credit \$0.00
 Cash Limit \$3,000.00
 Available Cash \$0.00



Payment Information

New Balance \$252.84
 Minimum Payment Due \$87.00
 Past Due Amount \$48.00
Payment Due Date April 22, 2018

Manage your business expenses with convenient online access.



- Make secure online payments
- Access current and historical statements, up to 7 years old
- Monitor monthly expenses

Login today to explore all the online possibilities!



Customer Service

Call: Toll Free 1-800-819-4249

(TDD Telecommunications Device for the Deaf: 1-800-925-2833)

Save Time and Stamps
 by Paying Online!

Visit: www.firstbankcard.com/fnbo

Remit to: First National Bank Omaha, P.O. Box 2818, Omaha, NE 68103-2818

Important Information Regarding Your Account

We have told a credit bureau about a late payment, missed payment or other default on your account.
 This information may be reflected in your credit report.



Transaction Detail

Trans Date	Post Date	Reference Number	Transaction Description	Credits (CR) and Debits
3-22	3-27	7441822928086000086062000	LATE FEE	\$35.00

Your Annual Percentage Rate (APR) is the annual interest rate on your account. (v) Variable Rate (f) Fixed Rate

Charge Summary	Annual Percentage Rate (APR)	Special Offer or Eligible Purchase APR Expiration Date	Balance Subject to Interest Rate	Days Rate Used	Interest Charge
Purchases	13.33% (v)	N/A	\$223.02	32	\$2.59
Cash Advance	26.58% (v)	N/A	\$0.00	32	\$0.00

DXH

2018 Total Year-to-Date

Total fees charged in 2018 \$70.00
 Total interest charged in 2018 \$4.50

To ensure accuracy, please print clearly using upper-case letters and numbers only.
Please do not use Red Ink, Gel pens or Pencil.

CHANGE OF ADDRESS, PHONE, OR E-MAIL

Address _____
Apt/Bldg# _____
City _____
State, ZIP _____
Home Phone _____
Work Phone _____
Cell Phone _____
E-mail Address _____

2-1

If you have a Credit Card for business purposes, and are requesting an address change, we may request additional information.

COLORADO 8114 5018 DKH 07 180528 PAGE 00001 OF 00001 36904

Payment Requirements: Payments must be (1) accompanied by the top portion of this billing statement; (2) received no later than 5:00 p.m. (Central Time) on the Payment Due Date at the location we have specified for receipt of your payment, (3) made only by one check or money order with the account number listed thereon if your payment is made by mail, (4) made in U.S. Dollars, and (5) sent in the enclosed envelope to the P.O. Box specified on the top of the front of this statement. If we accept a payment that does not comply with these requirements, there may be a delay in crediting your account, which may result in additional interest and fees. If your payment is returned unpaid by your bank for insufficient funds, we may re-present your check electronically. If you want to make a single payment on multiple accounts, please contact Commercial Card Customer Service for specific instructions.

Credit Limits: Only the "Cash Limit" portion of your Credit Limit is available for cash advances. "Available Credit" or "Available Cash" refers to the part of your Credit Limit or Cash Limit that was available as of this billing statement's closing date and may not reflect overlimit or credit balance amounts. We may raise or lower your Credit Limit and/or Cash Limit at any time and may restrict the amount that is available for Balance Transfers. After we credit a payment to your account, there may be a delay before it operates to restore your Available Credit or Available Cash. There may be a delay in restoring your Available Credit until we determine a payment is unlikely to be returned for insufficient funds or for some other reason. If an individual Credit Limit has not been established for an account by the Company, its authorized representative or the account owner, the Credit Limit disclosed on statements for any such account may disclose an amount up to the Credit Limit of the Company's account (which may not accurately reflect the actual Credit Limit available for the Company's account).

Errors, Questions and Charges Not Recognized:

- Merchants may bill under different names and/or locations. If possible, verify the dollar amount to a sales receipt.
- When returning merchandise through the mail, always request a returned receipt.
- Be sure to obtain a cancellation number when canceling lodging reservations.
- Regarding problems with goods or services, first attempt to resolve with the merchant.

Liability for Unauthorized Use: If you notice the loss or theft of your credit card or a possible unauthorized use of your card, you should write to us immediately at P.O. Box 3696 Omaha, NE 68103-0696 or the facsimile number 402-602-6098 or call us at 1-800-688-7070. If we issue less than ten cards: (1) You will not be liable for any unauthorized use that occurs after you notify us; (2) You may, however, be liable for unauthorized use that occurs before your notice to us; and (3) In any case, your liability will not exceed \$50. If we issue ten or more cards, the Company, its authorized representative and/or the account owner shall be liable for any and all unauthorized use thereof.

Information Provided to Credit Bureaus: Information about your account is periodically provided to one or more credit bureaus. Late payments, missed payments, or other defaults on your account may be reflected in your credit report. If you think any information regarding you or your account is inaccurate, write to us on a separate sheet at: P.O. Box 3412, Omaha, NE 68103-0412.