Bartholomew County Claims Register for Payment Batches

Payment Type: All Check Numbers: All Funds: 001 to 950

Check Dates: 3/31/2015 to 3/31/2015

Payment Batches: 1 to 9351

Funds: 001 to 950					
Payment Date	Claimant	Batch ID	Account Number	Amount Check Number	
Fund: 001 - COUN	NTY GENERAL				
Department: SHI	ERIFF				
03/31/2015	Corporate Payment Systems	9313	001-05-03-21 (POSTAGE)	\$6.70	0000404875
03/31/2015	Corporate Payment Systems	9313	001-05-02-20 (OPERATING SUPPLIES)	\$124.70	0000404875
03/31/2015	Corporate Payment Systems	9313	001-05-02-20 (OPERATING SUPPLIES)	\$116.43	0000404875
03/31/2015	Walmart Community Brc	9313	001-05-02-20 (OPERATING SUPPLIES)	\$41.76	0000404878
Department SHE	ERIFF Total:			\$289.59	
Department: MA	INTENANCE DEPT				
03/31/2015	Duke Energy	9313	001-31-03-50 (UTILITY SERVICE)	\$33.92	0000404876
Department MAI	NTENANCE DEPT Total:			\$33.92	
Department: JAII	L				
03/31/2015	Corporate Payment Systems	9313	001-32-02-40 (OTHER SUPPLIES)	\$54.98	0000404875
03/31/2015	Corporate Payment Systems	9313	001-32-03-11 (MENTAL HEALTH SERVICES)	\$70.00	0000404875
03/31/2015	Gordon Food Service Inc	9313	001-32-03-90 (OTHER SERVICES & CHARGES)	\$3,610.28	0000404877
Department JAIL	. Total:			\$3,735.26	
Fund 001 - COUN	TY GENERAL Total:			\$4,058.77	
Fund: 007 - HEAL	TH DEPARTMENT				
Department: HE	ALTH				
03/31/2015	Corporate Payment Systems	9313	007-01-02-40 (OTHER SUPPLIES)	\$31.39	0000404875
03/31/2015	Corporate Payment Systems	9313	007-01-04-40 (MACHINERY & EQUIPMENT)	\$399.98	0000404875
Department HEA	ALTH Total:			\$431.37	
Fund 007 - HEALT	TH DEPARTMENT Total:			\$431.37	
Fund: 324 - VIOLE	ENT OFFENDER ADMIN FUND				
Department:					
03/31/2015	Corporate Payment Systems	9313	324-49-49 (MISC. DISBURSEMENT)	\$632.78	0000404875
Department Total	al:			\$632.78	
Fund 324 - VIOLE	NT OFFENDER ADMIN FUND Total:			\$632.78	
Department: 03/31/2015 Department Tota	Corporate Payment Systems	9313	324-49-49 (MISC. DISBURSEMENT)	\$632.78	0000

Claims Register for Payment Batches

Payment Date Claimant	Batch ID	Account Number	Amount C	Check Number		
Fund: 507 - IND LOCAL HEALTH DEPARTMENT TR						
Department: 03/31/2015 Corporate Payment Systems Department Total:	9313	507-01-03-90 (OTHER SERVICES AND CHARGES)	\$170.00 \$170.00	0000404875		
Fund 507 - IND LOCAL HEALTH DEPARTME	NT TR Total:		\$170.00			
Fund: 510 - SHERIFF ACCIDENT REPORT						
Department: PAID W/O APPROPRIATION 03/31/2015 Corporate Payment Systems Department PAID W/O APPROPRIATION To	9313 otal:	510-49-49-49 (MISC CHARGES)	\$314.00 \$314.00	0000404875		
Fund 510 - SHERIFF ACCIDENT REPORT To	otal:		\$314.00			
Grand Total:			\$5,606.92			