

Range of Checking Accts: GENERAL to UTILITY Range of Check Dates: 03/20/18 to 03/20/18  
Report Type: All Checks Report Format: Detail Check Type: Computer: Y Manual: Y Dir Deposit: Y

Check #	Check Date	Vendor	Amount Paid	Charge Account	Account Type	Reconciled/Void Contract	Ref Num
PO #	Item	Description					Ref Seq Acct
GENERAL							
24665	03/20/18	DELTA005 DELTA DENTAL OF DELAWARE, INC					1818
18-00742	1	DELTA DENTAL-1/2018 INVOICE	974.00	01-000-2150 Insurance Payable	Expenditure		18 1
24666	03/20/18	DLLG0050 DLLG					1818
18-00741	1	DLLG MONTHLY MEETING-3/22/18	60.00	01-200-5346 Meetings	Expenditure		17 1
24667	03/20/18	FIRST050 FIRST STATE INSPECTION AGENCY					1818
18-00735	1	LOT.189 CANNERY VILLAGE-CAPSTN	112.50	01-650-5230 Bldg Inspections - Prior Year Projects	Expenditure		3 1
18-00736	1	304 HOLLAND STR.-TINA NIGH	40.00	01-650-5225 Bldg. Plan Review/Inspection Fees	Expenditure		4 1
18-00738	1	LOT.54 WAGAMONS-JB BLDRS.	112.50	01-650-5225 Bldg. Plan Review/Inspection Fees	Expenditure		6 1
			<u>265.00</u>				
24668	03/20/18	KRISROG KRISTY L ROGERS					1818
18-00737	1	REIMB.FOR LOGMEIN SUBSCRIPTION	349.99	01-200-5340 Dues & Subscriptions	Expenditure		5 1
24669	03/20/18	OFFIC005 STATE OF DE - OMB					1818
18-00740	1	HEALTH INS.BILLING:4/2018	1,212.69	01-200-5150 Employee Ins Benefits	Expenditure		11 1
18-00740	2	HEALTH INS.BILLING:4/2018	494.79	01-250-5150 Employee Insurance Benefits	Expenditure		12 1
18-00740	3	HEALTH INS.BILLING:4/2018	5,322.72	01-300-5150 Employee Ins Benefits	Expenditure		13 1
18-00740	5	HEALTH INS.BILLING:4/2018	404.67	01-600-5150 Employee Insurance Benefits	Expenditure		14 1
18-00740	6	HEALTH INS.BILLING:4/2018	585.38	01-650-5150 Employee Ins Benefits	Expenditure		15 1
18-00740	7	HEALTH INS.BILLING:4/2018	4,728.30	01-000-2150 Insurance Payable	Expenditure		16 1
			<u>12,748.55</u>				
24670	03/20/18	STRATEGI STRATEGIC INSURANCE PARTNERS					1818
18-00755	1	DFIT W/C AUDIT 9/1/16-9/1/17	142.74	01-200-5400 Town Insurance	Expenditure		23 1
18-00755	4	DFIT W/C AUDIT 9/1/16-9/1/17	336.11	01-250-5400 Insurance	Expenditure		24 1
18-00755	5	DFIT W/C AUDIT 9/1/16-9/1/17	464.31	01-600-5400 Insurance	Expenditure		25 1
18-00755	6	DFIT W/C AUDIT 9/1/16-9/1/17	2,183.02	01-300-5400 Insurance	Expenditure		26 1
18-00755	7	DFIT W/C AUDIT 9/1/16-9/1/17	10.57	01-650-5400 Insurance	Expenditure		27 1
			<u>1,229.29</u>				

Check #	Check Date	Vendor	Amount Paid	Charge Account	Account Type	Reconciled/Void Contract	Ref Seq	Ref Seq	Ref Seq
PO #	Item	Description							Acct
GENERAL									
Continued									
24671	03/20/18	TRUIT005 TRUITT, TERRY							1818
18-00743	1	REIMBURSE NOTARY APPL.FEE	60.00	01-200-5340	Expenditure		19	1	
				Dues & Subscriptions					
24672	03/20/18	VERIZ033 VERIZON							1818
18-00744	1	TELEPHONE SERV.:3/4-4/3/18	407.04	01-200-5480	Expenditure		20	1	
				Telephone					
24673	03/20/18	YEAGE005 YEAGER LAW FIRM							1818
18-00739	1	LEGAL BILLING THROUGH 3/15/18	2,717.30	01-200-5240	Expenditure		7	1	
				Legal Fees					
18-00739	3	LEGAL BILLING THROUGH 3/15/18	413.60	01-650-5240	Expenditure		8	1	
				Legal Fees					
18-00739	4	LEGAL BILLING THROUGH 3/15/18	131.60	01-300-5240	Expenditure		9	1	
				Legal Fees					
18-00739	5	LEGAL BILLING THROUGH 3/15/18	75.20	01-250-5240	Expenditure		10	1	
				Legal Fees					
			3,337.70						
Checking Account Totals									
			<u>Paid</u>	<u>Void</u>	<u>Amount Paid</u>	<u>Amount Void</u>			
		Checks:	9	0	19,431.57	0.00			
		Direct Deposit:	0	0	0.00	0.00			
		Total:	9	0	19,431.57	0.00			
UTILITY									
6835	03/20/18	BAKERPET BAKER PETROLEUM							1819
18-00751	1	210 FRONT STR-PROPANE DELIVERY	217.78	20-450-5440	Expenditure		8	1	
				Propane					
18-00752	1	113 CHANDLER STR-PROPANE DELVY	76.26	20-450-5440	Expenditure		9	1	
				Propane					
18-00754	1	210 FRONT STR-PROPANCE DELIVRY	188.79	20-450-5440	Expenditure		11	1	
				Propane					
			482.83						
6836	03/20/18	BEL AIR BELAIR ROAD SUPPLY							1819
18-00660	1	(6) WATER METER PITS	2,895.42	20-450-5285	Expenditure		1	1	
				Supplies - Pits/Meters/Lid					
6837	03/20/18	OFFIC005 STATE OF DE - OMB							1819
18-00740	4	HEALTH INS.BILLING:4/2018	3,012.45	20-450-5150	Expenditure		3	1	
				Employee Ins Benefits					
6838	03/20/18	STRATEGI STRATEGIC INSURANCE PARTNERS							1819
18-00755	2	DFIT W/C AUDIT 9/1/16-9/1/17	2,521.56	20-450-5400	Expenditure		12	1	
				Town Insurance					
18-00755	3	DFIT W/C AUDIT 9/1/16-9/1/17	4,294.27	20-450-5400	Expenditure		13	1	
				Town Insurance					
			1,772.71						
6839	03/20/18	VERIZ033 VERIZON							1819
18-00753	1	TELEPHONE CHARGES:3/4-4/3/18	140.97	20-450-5480	Expenditure		10	1	
				Telephone - water					

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PO #	Item	Description					Ref Seq Acct

UTILITY		Continued					
6840	03/20/18	YEAGE005 YEAGER LAW FIRM					1819
18-00739	2	LEGAL BILLING THROUGH 3/15/18	37.60	20-450-5240	Expenditure		2 1
				Legal Fees			

Checking Account Totals	<u>Paid</u>	<u>Void</u>	<u>Amount Paid</u>	<u>Amount Void</u>
Checks:	6	0	8,341.98	0.00
Direct Deposit:	0	0	0.00	0.00
Total:	6	0	8,341.98	0.00

Report Totals	<u>Paid</u>	<u>Void</u>	<u>Amount Paid</u>	<u>Amount Void</u>
Checks:	15	0	27,773.55	0.00
Direct Deposit:	0	0	0.00	0.00
Total:	15	0	27,773.55	0.00

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Totals by Year-Fund  
Fund Description

Fund	Expend Total	Revenue Total	G/L Total	Total
GENERAL FUND 8-01	13,729.27	0.00	0.00	13,729.27
UTILITY FUND 8-20	8,341.98	0.00	0.00	8,341.98
Year Total:	22,071.25	0.00	0.00	22,071.25
GENERAL FUND X-01	5,702.30	0.00	0.00	5,702.30
Total of All Funds:	27,773.55	0.00	0.00	27,773.55

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Totals by Fund					
Fund Description	Fund	Expend Total	Revenue Total	G/L Total	Total
GENERAL FUND	01	19,431.57	0.00	0.00	19,431.57
UTILITY FUND	20	8,341.98	0.00	0.00	8,341.98
Total of All Funds:		<u>27,773.55</u>	<u>0.00</u>	<u>0.00</u>	<u>27,773.55</u>

Fund Description	Fund	Current	Prior Rcvd	Prior Open	Paid Prior	Fund Total
GENERAL FUND	8-01	13,729.27	0.00	0.00	0.00	13,729.27
UTILITY FUND	8-20	8,341.98	0.00	0.00	0.00	8,341.98
Year Total:		22,071.25	0.00	0.00	0.00	22,071.25
GENERAL FUND	X-01	5,702.30	0.00	0.00	0.00	5,702.30
Total of All Funds:		27,773.55	0.00	0.00	0.00	27,773.55