Accounts Payable Voucher Register #R 22-12E

	12/02/22	\$	-
MUNSTER REDEVELOPMENT COMMISSION	12/02/22	\$	6,568.15
TOTAL VOUCHERS CONFIRMED	12/02/22	\$	6,568.15
I hereby certify that each of the above listed ve	ouchers and the invoices o	r bills	
attached thereto, are true and correct and I have au	dited same in accordance	with	
IC 5-11-10-1.6.	Wendy	Mis	
December 2, 2022	Fiscal Officer		1
(IC 5-11-10-2 permits the governing body to sign the lieu of signing each claim the governing body is allowed	<u> </u>	er Register in	
We have examined the vouchers listed on the fi Register, Consisting of 4 pages, and except for the vo- Register, such vouchers are allowed in the amount of	ouchers not allowed as sho		
Approved and confirmed by the Redevelopme Lake County Indiana, this 5th day of December, 202 opposed			
	Chuck Gardiner, Pres	ident	
ATTEST:			
Wendy Mis, Executive Secretary			

FUND SUMMARY - DECEMBER 2, 2202

FUND	DESCRIPTON	AMOUNT
4406	REDEVELOPMENT OPERATING	\$ 6,568.15

REPORT TOTAL

6,568.15

GL Number			Amoun
06	REDEVELOPMENT OPERATING		
105-0100	CLERK-TREASURER		
4406-105-0100-611120	000	SALARY OF CLERK-TREASURER	426.77
4406-105-0100-611310	000	GENERAL GOVERNMENT	415.74
4406-105-0100-613010	000	F.I.C.A.	47.34
4406-105-0100-613020	000	MEDICARE	11.08
4406-105-0100-613030	000	P.E.R.F.	119.63
4406-105-0100-613050	000	MEDICAL INSURANCE	170.97
4406-105-0100-613060	000	LIFE INSURANCE	3.92
4406-105-0100-613090	000	VISION INSURANCE	1.18
4406-105-0100-613350	000	DENTAL INSURANCE	3.62
4406-105-0100-614340	000	LT DISABILITY PREMIUMS	3.78
Totals for Fund-Dept	t: 4406-105-010		1,204.03
110-0100	TOWN MANAGER		
4406-110-0100-611210	000	GENERAL GOVERNMENT	1 500 45
4406-110-0100-611310		GENERAL GOVERNMENT	1,502.43
4406-110-0100-611510		GENERAL GOVERNMENT	1,034.1
4406-110-0100-611850			555.99
4406-110-0100-613010		CLERICAL OVERTIME F.I.C.A.	37.32
4406-110-0100-613020		MEDICARE	197.51
4406-110-0100-613030		P.E.R.F.	46.20
4406-110-0100-613050			231.10
4406-110-0100-613060		MEDICAL INSURANCE	626.8
4406-110-0100-613090		LIFE INSURANCE	14.9
4406-110-0100-613330		VISION INSURANCE	4.06
4406-110-0100-613350		DEFERRED COMPENSATION DENTAL INSURANCE	213.34
4406-110-0100-614340			15.42
Totals for Fund-Dept		LT DISABILITY PREMIUMS	13.47 4,492.87
150-0200	INSPECTIONS/CODE ENFORCEM		
4406-150-0200-611330	000	SUPERVISION	587.00
4406-150-0200-613010		F.I.C.A.	31.4
4406~150~0200~613020	000	MEDICARE	7.3
4406-150-0200-613030		P.E.R.F.	83.3
4406-150-0200-613050		MEDICAL INSURANCE	152.6
4406-150-0200-613060		LIFE INSURANCE	2.9
4406-150-0200-613090		VISION INSURANCE	1.0
4406-150-0200-613350		DENTAL INSURANCE	2.7
4406-150-0200-614340		LT DISABILITY PREMIUMS	2.6
Totals for Fund-Dept		21 STOUDILLI INDULONO	871.25

GL Number

Amount

Totals for Fund: 4406

6,568.15