

**CITY OF AURORA
E911 FUND REIMBURSEMENT
SUMMARY OF ELIGIBLE EXPENDITURES
FOR THE PERIOD 9/1/2024 THROUGH 11/30/2024**

EXPENDITURES:

SALARY & BENEFITS	967,602.43
PHONE MAINTENANCE CONTRACT	50,361.68
LANGUAGE SERVICES	6,438.62
TRAINING	
OTHER EQUIPMENT	
COMPUTER SOFTWARE	
COMPUTER HARDWARE	
COMPUTER MAINTENANCE CONTRACT	54,821.50
COMPUTER NETWORK EQUIPMENT	
CONSULTING SERVICES	
OPERATING COSTS	111,621.80
TOTAL	1,079,224.23

E911 Surcharge Revenues
06/01/2024-08/31/2024

Sum of AMOUNT	Column Labels	
Row Labels	AURORA	NAPERVILLE
E911 SURCHARGE		
2024		
6/19/2024	133,500.29	245,123.49
8/8/2024	212,068.81	260,157.71
8/22/2024	243,817.11	287,920.52
Grand Total	589,386.21	793,201.72

2024 SALARY RECAP

CITY OF AURORA
E911 LABOR COSTSFOR REPORTING PURPOSES
(AMOUNTS INCLUDED IN THE TOTAL COSTS)

911 MANAGER SALARY

PY PERIOD DATES	PAID DATE		GROSS WAGES	MEDICARE	IMRF	FICA	GROSS WAGES	MEDICARE	IMRF	FICA
11/18/23 TO 12/1/23	12/7/2023	PAY PERIOD 25	142,201.76	2,003.91	12,055.50	6,785.22	5,475.20	76.59	512.48	327.47
12/2/23 TO 12/15/23	12/21/2023	PAY PERIOD 26	121,022.26	1,695.95	9,642.34	5,986.14	4,975.20	69.19	465.68	295.85
12/16/23 TO 12/29/23	1/4/2024	PAY PERIOD 1	140,756.97	1,975.47	12,808.90	8,446.90	5,166.40	71.73	470.14	306.71
12/30/23 TO 1/12/24	1/18/2024	PAY PERIOD 2	123,784.92	1,728.69	11,264.43	7,391.63	5,166.40	71.59	470.14	306.09
1/13/2024 TO 1/26/24	2/1/2024	PAY PERIOD 3	121,143.37	1,691.10	11,024.04	7,230.92	5,166.40	71.73	470.14	306.71
1/27/24 TO 2/9/24	2/15/2024	PAY PERIOD 4	116,400.73	1,621.60	10,592.47	6,933.75	5,166.40	71.59	470.14	306.09
2/10/24 TO 2/23/24	2/29/2024	PAY PERIOD 5	125,673.77	1,756.07	11,436.28	7,508.75	5,166.40	71.59	470.14	306.09
			890,983.78	12,472.79	78,823.96	50,283.31	36,282.40	504.01	3,328.86	2,155.01
		Q1 REIMBURSEMENT REQUEST				1,032,563.84				
2/24/2024 TO 3/8/2024	3/14/2024	PAY PERIOD 6	128,128.60	1,789.71	11,659.72	7,652.57	5,666.40	78.98	515.64	337.71
3/9/2024 TO 3/22/2024	3/28/2024	PAY PERIOD 7	125,328.95	1,748.43	11,404.93	7,475.94	5,166.40	71.59	470.14	306.09
3/23/2024 TO 4/5/2024	4/11/2024	PAY PERIOD 8	130,810.04	1,826.47	11,903.70	7,809.81	5,166.40	71.73	470.14	306.71
4/6/2024 TO 4/19/2024	4/25/2024	PAY PERIOD 9	121,204.49	1,688.76	11,029.63	7,220.96	5,166.40	71.59	470.14	306.09
4/20/2024 TO 5/3/2024	5/9/2024	PAY PERIOD 10	126,683.53	1,769.67	11,528.20	7,566.79	5,166.40	71.73	470.14	306.71
5/4/2024 TO 5/17/2024	5/23/2024	PAY PERIOD 11	120,082.66	1,674.98	10,927.49	7,162.02	5,166.40	71.59	470.14	306.09
			752,238.27	10,498.02	68,453.67	44,888.09	31,498.40	437.21	2,866.34	1,869.40
		Q2 REIMBURSEMENT REQUEST				876,078.05				

5/18/24 TO 5/31/24	6/6/2024	PAY PERIOD 12	119,672.83	1,669.79	10,890.22	7,139.78	5,166.40	71.73	470.14	306.71
6/1/24 TO 6/14/24	6/20/2024	PAY PERIOD 13	123,218.82	1,720.47	11,212.88	7,356.54	5,666.40	78.84	515.64	337.09
6/15/24 TO 6/28/24	7/3/2024	PAY PERIOD 14	129,096.47	1,806.44	11,747.75	7,724.06	5,166.40	71.73	470.14	306.71
6/29/24 TO 7/12/24	7/18/2024	PAY PERIOD 15	137,767.16	1,927.54	12,536.82	8,241.91	5,166.40	71.59	470.14	306.09
7/13/24 TO 7/26/24	8/1/2024	PAY PERIOD 16	133,679.57	1,868.98	12,164.82	7,991.58	5,166.40	71.73	470.14	306.71
7/27/24 TO 8/09/24	8/15/2024	PAY PERIOD 17	122,678.64	1,707.48	11,163.76	7,300.94	5,592.21	77.76	508.89	332.50
8/10/24 TO 8/23/24	8/29/2024	PAY PERIOD 18	126,638.05	1,769.16	11,524.06	7,564.70	5,294.40	73.44	481.79	314.04
			892,751.54	12,469.86	81,240.31	53,319.51				
Q3 REIMBURSEMENT REQUEST						1,039,781.22				
8/24/2024 TO 9/6/24	9/12/2024	PAY PERIOD 19	134,087.76	1,874.97	11,956.53	8,017.18	4,996.59	69.27	454.69	296.19
9/7/24 TO 9/20/24	9/26/2024	PAY PERIOD 20	135,039.91	1,885.64	11,916.58	8,062.77	5,794.40	80.69	527.29	345.04
9/21/24 TO 10/4/24	10/10/2024	PAY PERIOD 21	130,970.15	1,827.39	11,201.87	7,813.61	5,294.40	73.59	481.79	314.66
10/5/24 TO 10/18/24	10/24/2024	PAY PERIOD 22	146,081.14	2,044.49	12,256.66	8,741.99	5,294.40	73.44	481.79	314.04
10/19/24 TO 11/1/24	11/7/2024	PAY PERIOD 23	141,257.42	1,977.91	11,863.70	8,457.38	5,294.40	73.59	481.79	314.66
11/2/24 TO 11/15/24	11/21/2024	PAY PERIOD 24	146,961.85	2,060.96	12,432.20	8,812.37	5,294.40	73.44	481.79	314.04
			834,398.23	11,671.36	71,627.54	49,905.30				
Q4 REIMBURSEMENT REQUEST						967,602.43				
PAY PERIOD 25										
PAY PERIOD 26										
DECEMBER 2024						-				

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CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
Pay Date 9/12/24

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Pay Period 19
8/24/24 to 09/06/24

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER

Description	Employee Name		Employee Number		M-T-D		Q-T-D		Y-T-D	
	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
WHALEN, TRACIE	1656									
Hrs-W.C.-HOURS	.000	.00	.000	.00	.000	.00	3.000	155.16		
W.C.-HOURS/NO RATE	.000	.00	.000	.00	.000	.00	.750	.00		
OT 1.5-PD	.000	.00	.000	.00	58.000	4499.64	300.917	23345.15		
PREP TIME 1.5 RATE	.000	.00	.000	.00	1.900	147.44	10.900	845.84		
OT 1.0-PD	.000	.00	.000	.00	.000	.00	32.000	1655.04		
OT DBL-PD	.000	.00	.000	.00	32.000	3310.08	40.000	4137.60		
HOLIDAY TIME 2023	.000	.00	.000	.00	.000	.00	29.000	1499.88		
HOLIDAY TIME 2024	.000	.00	.000	.00	16.000	827.52	25.000	1293.00		
OT DBL-BANK	.000	.00	.000	.00	8.000	.00	8.000	.00		
Add-LONGEVITY 2.5%		103.44		103.44		840.26		2734.99		
ABT-PENSION-IMRF TIER 1		190.85		190.85		1550.29		5046.05		
WELLNESS CREDIT		20.00-		20.00-		60.00-		180.00-		
HMO PLAN C-E+FAMILY		204.36		204.36		1210.83		3668.22		
DENTAL-E+F		50.24		50.24		301.44		954.56		
AFLAC INDIV-PRETAX		.00		.00		87.45		314.82		
Tax-TAX-MEDICARE		58.26		58.26		478.21		1560.14		
TAX-SOCIAL SECURITY		249.11		249.11		2044.75		6670.94		
TAX-FEDERAL INCOME		366.18		366.18		3939.27		12901.08		
TAX-STATE INCOME		189.44		189.44		1555.77		5076.22		
MEDICARE ADDITIONAL		.00		.00		.00		.00		
Ded-VOLUNTARY IMRF TIER 1		212.05		212.05		1722.52		5606.74		
LIFE INS-VOL EMPLOYEE		4.25		4.25		25.50		80.75		
AFLAC INDIV-POST TAX		.00		.00		161.55		581.58		
MET LIFE - HOME AND AUTO		.00		.00		.00		157.99		
DUES-3298/F.T.		26.79		26.79		160.74		509.01		
Ben-GROUP TERM LIFE INSURANCE		.01		.01		.06		.19		
EMPLOYER HEALTH INS. COST		817.43		817.43		4919.91		15745.79		
CITY SHARE-MEDICARE 1.45		58.26		58.26		478.21		1560.14		
CITY SHARE- IMRF TIER 1		385.93		385.93		3134.98		10204.23		
CITY SHARE-SOC SEC 6.20		249.11		249.11		2044.75		6670.94		
CITY SHARE-WORKERS COMP		245.98		245.98		1492.02		4728.68		

***** Division Totals *****

Ben-GROSS	134087.76		134087.76		783947.65		2439378.80
NET	78865.44		78865.44		456499.83		1427615.69
Hrs-REGULAR HOURS WORKED	1641.670	65688.35	1641.670	65688.35	9107.370	362103.36	1212806.54
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	.00
BONUS/STIPEND	.000	.00	.000	.00	.000	.00	1000.00
COMP TIME PAID CIV.	35.000	1246.80	35.000	1246.80	184.000	7219.42	35221.01
CONFERENCE/SEMINAR	.000	.00	.000	.00	.000	.00	415.96
COMP TIME USED CIV.	.000	.00	.000	.00	.000	.00	70.42
COMP PD OFF-PRV YR	.000	.00	.000	.00	.000	.00	510.334
HOLI-DESIGNATED/TIME	48.000	2552.08	48.000	2552.08	128.000	6803.44	17278.88
DEATH LEAVE	24.000	1241.28	24.000	1241.28	48.000	2297.76	3573.36
TARDY/LATE - NO PAY	.000	.00	.000	.00	.000	.00	.00
END OF YEAR PTO	.000	.00	.000	.00	.000	.00	496.000
FLOAT HOLI	34.000	1368.84	34.000	1368.84	62.000	2606.68	15303.70

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CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
Pay Date 9/12/24

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Pay Period 19
8/24/24 to 09/06/24

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER
Employee Name Employee Number

Description	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
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***** Division Totals *****

Ded-CRIT ILL INS-SPOUSE	18.20	18.20	109.20	345.80
CRIT ILL INS-CHILD	7.12	7.12	42.72	135.28
MET LIFE - HOME AND AUTO	.00	.00	.00	157.99
C.U.-POLICE	2695.50	2695.50	14259.00	43729.50
ACCDNT LIFE EMPLOYEE	23.25	23.25	139.50	441.75
ACCDNT LIFE E+CHILD	9.11	9.11	54.66	173.09
ACCDNT LIFE E+FAMILY	62.40	62.40	374.40	1185.60
SHIFT OVERPAY REPAYMENT	25.00	25.00	150.00	475.00
VOLUNTARY IMRF TIER 1	4211.10	4211.10	25482.18	80428.80
VOLUNTARY IMRF TIER 2	1871.24	1871.24	12431.74	38832.16
Ben-GROUP TERM LIFE INSURANCE	.30	.30	1.69	5.26
EMPLOYER HEALTH INS. COST	14254.01	14254.01	84586.39	268194.99
CITY SHARE-MEDICARE 1.45	1874.97	1874.97	10954.57	34087.64
CITY SHARE- IMRF TIER 1	5784.51	5784.51	33851.08	106117.89
CITY SHARE- IMRF TIER 2	6172.02	6172.02	37242.66	115620.01
CITY SHARE-SOC SEC 6.20	8017.18	8017.18	46840.37	145754.29
CITY SHARE-WORKERS COMP	5451.44	5451.44	31994.63	102859.66

30 Current Employees
4 Terminated Employees

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Cumulative Payroll Register
BIWEEKLY
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Pay Period 20
9/07/24 to 09/20/24

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER

Description	Employee Name		Employee Number		Current		M-T-D		Q-T-D		Y-T-D	
	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
WHALEN, TRACIE	1656											
Hrs-HOLIDAY TIME 2024	.000	.00	.000	.00	16.000	827.52	25.000	1293.00				
OT DBL-BANK	.000	.00	.000	.00	8.000	.00	8.000	.00				
Add-LONGEVITY 2.5%		104.02		207.46		944.28		2839.01				
ABT-PENSION-IMRF TIER 1		191.92		382.77		1742.21		5237.97				
WELLNESS CREDIT		.00		20.00-		60.00-		180.00-				
HMO PLAN C-E+FAMILY		204.36		408.72		1415.19		3872.58				
DENTAL-E+F		50.24		100.48		351.68		1004.80				
AFLAC INDIV-PRETAX		.00		.00		87.45		314.82				
Tax-TAX-MEDICARE		58.32		116.58		536.53		1618.46				
TAX-SOCIAL SECURITY		249.35		498.46		2294.10		6920.29				
TAX-FEDERAL INCOME		366.51		732.69		4305.78		13267.59				
TAX-STATE INCOME		189.58		379.02		1745.35		5265.80				
MEDICARE ADDITIONAL		.00		.00		.00		.00				
Ded-VOLUNTARY IMRF TIER 1		213.25		425.30		1935.77		5819.99				
LIFE INS-VOL EMPLOYEE		4.25		8.50		29.75		85.00				
AFLAC INDIV-POST TAX		.00		.00		161.55		581.58				
MET LIFE - HOME AND AUTO		.00		.00		.00		157.99				
DUES-3298/F.T.		26.79		53.58		187.53		535.80				
Ben-GROUP TERM LIFE INSURANCE		.01		.02		.07		.20				
EMPLOYER HEALTH INS. COST		817.43		1634.86		5737.34		16563.22				
CITY SHARE-MEDICARE 1.45		58.32		116.58		536.53		1618.46				
CITY SHARE- IMRF TIER 1		388.11		774.04		3523.09		10592.34				
CITY SHARE-SOC SEC 6.20		249.35		498.46		2294.10		6920.29				
CITY SHARE-WORKERS COMP		246.02		492.00		1738.04		4974.70				

***** Division Totals *****

Ben-GROSS		135039.91		266605.59		909103.48		2564534.63
NET		80530.33		157707.99		530348.01		1501463.87
Hrs-REGULAR HOURS WORKED	1716.830	69971.35	3301.830	133899.53	10527.530	423088.14	31535.130	1273791.32
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	8.840	.00
BONUS-STIPEND	.000	500.00	.000	500.00	.000	500.00	.000	1500.00
COMP TIME PAID CIV.	14.000	481.32	49.000	1728.12	198.000	7700.74	851.500	35702.33
CONFERENCE/SEMINAR	.000	.00	.000	.00	.000	.00	12.670	415.96
COMP TIME USED CIV.	.000	.00	.000	.00	.000	.00	1.750	70.42
COMP PD OFF-PRV YR	.000	.00	.000	.00	.000	.00	510.334	19849.64
HOLI-DESIGNATED/TIME	.000	.00	48.000	2552.08	128.000	6803.44	328.000	17278.88
DEATH LEAVE	.000	.00	24.000	1241.28	48.000	2297.76	72.000	3573.36
TARDY/LATE - NO PAY	.000	.00	.000	.00	.000	.00	2.883	.00
END OF YEAR PTO	.000	.00	.000	.00	.000	.00	496.000	22003.18
FLOAT HOLI	50.000	2030.04	76.000	3150.40	104.000	4388.24	383.667	17085.26
FLOAT HOLI-CONT SFT	.000	.00	.000	.00	16.000	932.16	209.000	11332.86
FMLA TRACKING ONLY	8.000	.00	72.000	.00	354.000	.00	499.670	.00
FINAL SICK PAYOFF	.000	.00	.000	.00	.000	.00	42.550	1312.80
FINAL PTO PAYOFF	.000	.00	.000	.00	.000	.00	33.334	1029.02
HOLIDAY MONEY 2022	.000	.00	.000	.00	.000	.00	173.000	8131.29
HOLIDAY MONEY 2023	.000	.00	16.000	577.60	66.000	2473.16	111.000	4077.38
HOLIDAY MONEY 2024	.000	.00	14.000	629.58	21.000	871.92	49.000	1754.88

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CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
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9/07/24 to 09/20/24

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER
Employee Name

Employee Number

Description	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
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***** Division Totals *****

Ded-ACCDNT LIFE E+FAMILY	62.40	124.80	436.80	1248.00
SHIFT OVERPAY REPAYMENT	25.00	50.00	175.00	500.00
VOLUNTARY IMRF TIER 1	4338.99	8550.09	29821.17	84767.79
VOLUNTARY IMRF TIER 2	11.40	1882.64	12443.14	38843.56
Ben-GROUP TERM LIFE INSURANCE	.28	.57	1.93	5.50
EMPLOYER HEALTH INS. COST	14791.95	28766.47	98539.87	282148.47
CITY SHARE-MEDICARE 1.45	1885.64	3725.32	12700.73	35833.80
CITY SHARE- IMRF TIER 1	5666.87	11451.38	39517.95	111784.76
CITY SHARE- IMRF TIER 2	6249.71	12192.22	42592.93	120970.28
CITY SHARE-SOC SEC 6.20	8062.77	15929.05	54306.71	153220.63
CITY SHARE-WORKERS COMP	5609.92	10917.23	37041.23	107906.26
29 Current Employees				
4 Terminated Employees				

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CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
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9/21/24 to 10/04/24

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER

Employee Name		Employee Number							
		--- Current ---		---- M-T-D ----		---- Q-T-D ----		---- Y-T-D ----	
Description		Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
WHALEN, TRACIE	1656								
Hrs-W.C.-HOURS		.000	.00	.000	.00	.000	.00	3.000	155.16
W.C.-HOURS/NO RATE		.000	.00	.000	.00	.000	.00	.750	.00
OT 1.5-PD	14.000	1086.12	14.000	1086.12	14.000	1086.12	314.917	24431.27	
PREP TIME 1.5 RATE	.900	69.84	.900	69.84	.900	69.84	12.100	938.96	
OT 1.0-PD	.000	.00	.000	.00	.000	.00	32.000	1655.04	
OT DBL-PD	16.000	1655.04	16.000	1655.04	16.000	1655.04	56.000	5792.64	
HOLIDAY TIME 2023	.000	.00	.000	.00	.000	.00	29.000	1499.88	
HOLIDAY TIME 2024	.000	.00	.000	.00	.000	.00	25.000	1293.00	
OT DBL-BANK	.000	.00	.000	.00	.000	.00	8.000	.00	
Add-LONGEVITY 2.5%		173.72	173.72		173.72			3012.73	
ABT-PENSION-IMRF TIER 1		320.50	320.50		320.50			5558.47	
WELLNESS CREDIT		20.00-	20.00-		20.00-			200.00-	
HMO PLAN C-E+FAMILY		204.36	204.36		204.36			4076.94	
DENTAL-E+F		50.24	50.24		50.24			1055.04	
AFLAC INDIV-PRETAX		.00	.00		.00			314.82	
Tax-TAX-MEDICARE		100.04	100.04		100.04			1718.50	
TAX-SOCIAL SECURITY		427.75	427.75		427.75			7348.04	
TAX-FEDERAL INCOME		928.86	928.86		928.86			14196.45	
TAX-STATE INCOME		325.65	325.65		325.65			5591.45	
MEDICARE ADDITIONAL		.00	.00		.00			.00	
Ded-VOLUNTARY IMRF TIER 1		356.12	356.12		356.12			6176.11	
LIFE INS-VOL EMPLOYEE		4.25	4.25		4.25			89.25	
AFLAC INDIV-POST TAX		.00	.00		.00			581.58	
MET LIFE - HOME AND AUTO		.00	.00		.00			157.99	
DUES-3298/F.T.		26.79	26.79		26.79			562.59	
Ben-GROUP TERM LIFE INSURANCE		.01	.01		.01			.21	
EMPLOYER HEALTH INS. COST		817.43	817.43		817.43			17380.65	
CITY SHARE-MEDICARE 1.45		100.04	100.04		100.04			1718.50	
CITY SHARE- IMRF TIER 1		648.13	648.13		648.13			11240.47	
CITY SHARE-SOC SEC 6.20		427.75	427.75		427.75			7348.04	
CITY SHARE-WORKERS COMP		251.14	251.14		251.14			5225.84	

***** Division Totals *****

Ben-GROSS		130970.15		130970.15		130970.15		2695504.78
NET		77074.91		77074.91		77074.91		1578538.78
Hrs-REGULAR HOURS WORKED	1599.330	66224.52	1599.330	66224.52	1599.330	66224.52	33134.460	1340015.84
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	8.840	.00
BONUS/STIPEND	.000	.00	.000	.00	.000	.00	.000	1500.00
COMP TIME PAID CIV.	36.000	1550.88	36.000	1550.88	36.000	1550.88	887.500	37253.21
CONFERENCE/SEMINAR	.000	.00	.000	.00	.000	.00	12.670	415.96
COMP TIME USED CIV.	.000	.00	.000	.00	.000	.00	1.750	70.42
COMP PD OFF-PRV YR	.000	.00	.000	.00	.000	.00	510.334	19849.64
HOLI-DESIGNATED/TIME	.000	.00	.000	.00	.000	.00	328.000	17278.88
DEATH LEAVE	.000	.00	.000	.00	.000	.00	72.000	3573.36
TARDY/LATE - NO PAY	1.170	.00	1.170	.00	1.170	.00	4.053	.00
END OF YEAR PTO	.000	.00	.000	.00	.000	.00	496.000	22003.18
FLOAT HOLI	38.000	1632.20	38.000	1632.20	38.000	1632.20	421.667	18717.46

Prepared 10/08/24, 16:10:10
Program PR546L
CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
Pay Date 10/10/24

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Pay Period 21
9/21/24 to 10/04/24

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER
Employee Name Employee Number

Description	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
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***** Division Totals *****

Ded-CRIT ILL INS-EMPLOYEE	64.07	64.07	64.07	1345.47
CRIT ILL INS-SPOUSE	18.20	18.20	18.20	382.20
CRIT ILL INS-CHILD	7.12	7.12	7.12	149.52
MET LIFE - HOME AND AUTO	.00	.00	.00	157.99
C.U.-POLICE	2695.50	2695.50	2695.50	49120.50
ACCDNT LIFE EMPLOYEE	23.25	23.25	23.25	488.25
ACCDNT LIFE E+CHILD	9.11	9.11	9.11	191.31
ACCDNT LIFE E+FAMILY	62.40	62.40	62.40	1310.40
SHIFT OVERPAY REPAYMENT	25.00	25.00	25.00	525.00
VOLUNTARY IMRF TIER 1	4169.34	4169.34	4169.34	88937.13
VOLUNTARY IMRF TIER 2	1351.11	1351.11	1351.11	40194.67
Ben-GROUP TERM LIFE INSURANCE	.29	.29	.29	5.79
EMPLOYER HEALTH INS. COST	14791.95	14791.95	14791.95	296940.42
CITY SHARE-MEDICARE 1.45	1827.39	1827.39	1827.39	37661.19
CITY SHARE- IMRF TIER 1	5612.25	5612.25	5612.25	117397.01
CITY SHARE- IMRF TIER 2	5589.62	5589.62	5589.62	126559.90
CITY SHARE-SOC SEC 6.20	7813.61	7813.61	7813.61	161034.24
CITY SHARE-WORKERS COMP	5439.46	5439.46	5439.46	113345.72

29 Current Employees
4 Terminated Employees

Prepared 10/22/24, 13:13:29
Program PR546L
CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
Pay Date 10/24/24

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Pay Period 22
10/05/24 to 10/18/24

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER

Description	Employee Name		Employee Number		M-T-D		Q-T-D		Y-T-D	
	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
WHALEN, TRACIE	1656									
Hrs-SICK FAMILY EXCUSED	.000	.00	8.000	413.76	8.000	413.76	16.000	827.52		
SICK FAMILY	.000	.00	.000	.00	.000	.00	12.000	620.64		
SICK/FAM-LV/PAID	.000	.00	.000	.00	.000	.00	96.000	4965.12		
SICK/FAM-LV/UNPAID	.000	.00	.000	.00	.000	.00	8.000	.00		
SICK SELF	4.000	206.88	4.000	206.88	4.000	206.88	28.000	1448.16		
TRADE-FLOATING HOLIDAY	4.000	.00	4.000	.00	4.000	.00	4.000	.00		
TRADE-HOLIDAY CHIT	.000	.00	.000	.00	.000	.00	9.000	.00		
TRADE-SICK	.000	.00	.000	.00	.000	.00	8.000	.00		
W.C.-HOURS	.000	.00	.000	.00	.000	.00	3.000	155.16		
W.C.-HOURS/NO RATE	.000	.00	.000	.00	.000	.00	.750	.00		
OT 1.5-PD	46.000	3568.68	60.000	4654.80	60.000	4654.80	360.917	27999.95		
PREP TIME 1.5 RATE	1.100	85.36	2.000	155.20	2.000	155.20	13.200	1024.32		
OT 1.0-PD	17.000	879.24	17.000	879.24	17.000	879.24	49.000	2534.28		
OT DBL-PD	.000	.00	16.000	1655.04	16.000	1655.04	56.000	5792.64		
HOLIDAY TIME 2023	.000	.00	.000	.00	.000	.00	29.000	1499.88		
HOLIDAY TIME 2024	.000	.00	.000	.00	.000	.00	25.000	1293.00		
OT DBL-BANK	.000	.00	.000	.00	.000	.00	8.000	.00		
Add-LONGEVITY 2.5%		216.77		390.49		390.49		3229.50		
ABT-PENSION-IMRF TIER 1		399.94		720.44		720.44		5958.41		
WELLNESS CREDIT		.00		20.00		20.00		200.00		
HMO PLAN C-E+FAMILY		204.36		408.72		408.72		4281.30		
DENTAL-E+F		50.24		100.48		100.48		1105.28		
AFLAC INDIV-PRETAX		.00		.00		.00		314.82		
Tax-TAX-MEDICARE		125.35		225.39		225.39		1843.85		
TAX-SOCIAL SECURITY		535.96		963.71		963.71		7884.00		
TAX-FEDERAL INCOME		1295.35		2224.21		2224.21		15491.80		
TAX-STATE INCOME		408.11		733.76		733.76		5999.56		
MEDICARE ADDITIONAL		.00		.00		.00		.00		
Ded-VOLUNTARY IMRF TIER 1		444.38		800.50		800.50		6620.49		
LIFE INS-VOL EMPLOYEE		4.25		8.50		8.50		93.50		
AFLAC INDIV-POST TAX		.00		.00		.00		581.58		
MET LIFE - HOME AND AUTO		.00		.00		.00		157.99		
DUES-3298/F.T.		26.79		53.58		53.58		589.38		
Ben-GROUP TERM LIFE INSURANCE		.01		.02		.02		.22		
EMPLOYER HEALTH INS. COST		817.43		1634.86		1634.86		18198.08		
CITY SHARE-MEDICARE 1.45		125.35		225.39		225.39		1843.85		
CITY SHARE- IMRF TIER 1		808.78		1456.91		1456.91		12049.25		
CITY SHARE-SOC SEC 6.20		535.96		963.71		963.71		7884.00		
CITY SHARE-WORKERS COMP		254.31		505.45		505.45		5480.15		

***** Division Totals *****

Ben-GROSS		146081.14		277051.29		277051.29		2841585.92
NET		85070.11		162145.02		162145.02		1663608.89
Hrs-REGULAR HOURS WORKED	1611.330	65970.08	3210.660	132194.60	3210.660	132194.60	34745.790	1405985.92
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	8.840	.00
BONUS/STIPEND	.000	.00	.000	.00	.000	.00	.000	1500.00
COMP TIME PAID CIV.	60.000	2109.00	96.000	3659.88	96.000	3659.88	947.500	39362.21

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Program PR546L
CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
Pay Date 10/24/24

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Pay Period 22
10/05/24 to 10/18/24

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER
Employee Name

Employee Number

Description	--- Current ---		---- M-T-D ----		---- Q-T-D ----		---- Y-T-D ----	
	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount

***** Division Totals *****

Ded-AFLAC INDIV-POST TAX	.00	.00	.00	3636.84
AFLAC GROUP-POST TAX	.00	.00	.00	518.94
LIFE INS-VOL SPOUSE	10.71	21.42	21.42	224.30
LIFE INS-VOL CHILD	2.10	4.20	4.20	46.71
DUES-3298/F.T.	616.17	1232.34	1232.34	13073.52
HOSP INDEMNITY - EMPLOYEE	13.08	32.70	32.70	425.10
HOSP INDEMNITY - E+SPOUSE	13.65	13.65	13.65	13.65
HOSP INDEMNITY E+FAMILY	37.04	74.08	74.08	796.36
AD&D INS -EMPLOYEE	21.86	43.72	43.72	477.46
AD&D INS -SPOUSE	1.12	2.24	2.24	24.64
AD&D INS -CHILD	.56	1.12	1.12	12.18
CRIT ILL INS-EMPLOYEE	64.07	128.14	128.14	1409.54
CRIT ILL INS-SPOUSE	18.20	36.40	36.40	400.40
CRIT ILL INS-CHILD	7.12	14.24	14.24	156.64
MET LIFE - HOME AND AUTO	.00	.00	.00	157.99
C.U.-POLICE	2695.50	5391.00	5391.00	51816.00
ACCDNT LIFE EMPLOYEE	23.25	46.50	46.50	511.50
ACCDNT LIFE E+CHILD	9.11	18.22	18.22	200.42
ACCDNT LIFE E+FAMILY	62.40	124.80	124.80	1372.80
SHIFT OVERPAY REPAYMENT	25.00	50.00	50.00	550.00
VOLUNTARY IMRF TIER 1	5142.59	9311.93	9311.93	94079.72
VOLUNTARY IMRF TIER 2	1576.73	2927.84	2927.84	41771.40
Ben-GROUP TERM LIFE INSURANCE	.29	.58	.58	6.08
EMPLOYER HEALTH INS. COST	15063.02	29854.97	29854.97	312003.44
CITY SHARE-MEDICARE 1.45	2044.49	3871.88	3871.88	39705.68
CITY SHARE- IMRF TIER 1	6535.66	12147.91	12147.91	123932.67
CITY SHARE- IMRF TIER 2	5721.00	11310.62	11310.62	132280.90
CITY SHARE-SOC SEC 6.20	8741.99	16555.60	16555.60	169776.23
CITY SHARE-WORKERS COMP	5706.15	11145.61	11145.61	119051.87
29 Current Employees				
4 Terminated Employees				

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER

Description	Employee Name		Employee Number		Current		M-T-D		Q-T-D		Y-T-D	
	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount
WHALEN, TRACIE			1656									
Add-LONGEVITY 2.5%		204.94		204.94				595.43				3434.44
ABT-PENSION-IMRF TIER 1		378.12		378.12				1098.56				6336.53
WELLNESS CREDIT		20.00-		20.00-				40.00-				220.00-
HMO PLAN C-E+FAMILY		204.36		204.36				613.08				4485.66
DENTAL-E+F		50.24		50.24				150.72				1155.52
AFLAC INDIV-PRETAX		.00		.00				.00				314.82
Tax-TAX-MEDICARE		118.60		118.60				343.99				1962.45
TAX-SOCIAL SECURITY		507.13		507.13				1470.84				8391.13
TAX-FEDERAL INCOME		1197.84		1197.84				3422.05				16689.64
TAX-STATE INCOME		386.17		386.17				1119.93				6385.73
MEDICARE ADDITIONAL		.00		.00				.00				.00
Ded-VOLUNTARY IMRF TIER 1		420.13		420.13				1220.63				7040.62
LIFE INS-VOL EMPLOYEE		4.25		4.25				12.75				97.75
AFLAC INDIV-POST TAX		.00		.00				.00				581.58
MET LIFE - HOME AND AUTO		.00		.00				.00				157.99
DUES-3298/F.T.		26.79		26.79				80.37				616.17
Ben-GROUP TERM LIFE INSURANCE		.01		.01				.03				.23
EMPLOYER HEALTH INS. COST		817.43		817.43				2452.29				19015.51
CITY SHARE-MEDICARE 1.45		118.60		118.60				343.99				1962.45
CITY SHARE- IMRF TIER 1		764.63		764.63				2221.54				12813.88
CITY SHARE-SOC SEC 6.20		507.13		507.13				1470.84				8391.13
CITY SHARE-WORKERS COMP		253.44		253.44				758.89				5733.59

***** Division Totals *****

Ben-GROSS		141257.42		141257.42			418308.71		2982843.34
NET		81985.44		81985.44			244130.46		1745594.33
Hrs-REGULAR HOURS WORKED	1600.000	64789.40	1600.000	64789.40	4810.660	196984.00	36345.790	1470775.32	
ADMIN LEAVE NO PAY	.000	.00	.000	.00	.000	.00	8.840	.00	
BONUS/STIPEND	.000	.00	.000	.00	.000	.00	.000	1500.00	
COMP TIME PAID CIV.	4.000	202.40	4.000	202.40	100.000	3862.28	951.500	39564.61	
CONFERENCE/SEMINAR	.000	.00	.000	.00	.000	.00	12.670	415.96	
COMP TIME USED CIV.	.000	.00	.000	.00	.000	.00	1.750	70.42	
COMP PD OFF-PRV YR	.000	.00	.000	.00	.000	.00	510.334	19849.64	
HOLI-DESIGNATED/TIME	.000	.00	.000	.00	.000	.00	328.000	17278.88	
DEATH LEAVE	.000	.00	.000	.00	.000	.00	72.000	3573.36	
TARDY/LATE - NO PAY	.000	.00	.000	.00	1.170	.00	4.053	.00	
END OF YEAR PTO	.000	.00	.000	.00	.000	.00	496.000	22003.18	
FLOAT HOLI	51.500	2298.52	51.500	2298.52	113.500	4896.32	497.167	21981.58	
FLOAT HOLI-CONT SFT	36.000	1663.56	36.000	1663.56	84.000	4372.68	293.000	15705.54	
FMLA TRACKING ONLY	4.670	.00	4.670	.00	104.090	.00	603.760	.00	
FINAL SICK PAYOFF	9.250	304.51	9.250	304.51	9.250	304.51	51.800	1617.31	
FINAL PTO PAYOFF	13.334	438.96	13.334	438.96	13.334	438.96	46.668	1467.98	
HOLIDAY MONEY 2022	.000	.00	.000	.00	.000	.00	173.000	8131.29	
HOLIDAY MONEY 2023	12.000	528.24	12.000	528.24	12.000	528.24	123.000	4605.62	
HOLIDAY MONEY 2024	.000	.00	.000	.00	.000	.00	49.000	1754.88	
SICK ON OVERTIME	24.000	.00	24.000	.00	24.000	.00	178.000	.00	
LIGHT DUTY	212.500	9907.88	212.500	9907.88	424.500	20019.88	2098.920	92907.77	

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CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
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Pay Period 23
10/19/24 to 11/01/24

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER
Employee Name

Employee Number

Description	--- Current ---		---- M-T-D ----		---- Q-T-D ----		---- Y-T-D ----	
	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount

***** Division Totals *****

Ded-ACCDNT LIFE E+CHILD	9.11	9.11	27.33	209.53
ACCDNT LIFE E+FAMILY	62.40	62.40	187.20	1435.20
SHIFT OVERPAY REPAYMENT	25.00	25.00	75.00	575.00
VOLUNTARY IMRF TIER 1	5212.29	5212.29	14524.22	99292.01
VOLUNTARY IMRF TIER 2	1814.54	1814.54	4742.38	43585.94
Ben-GROUP TERM LIFE INSURANCE	.30	.30	.88	6.38
EMPLOYER HEALTH INS. COST	15063.02	15063.02	44917.99	327066.46
CITY SHARE-MEDICARE 1.45	1977.91	1977.91	5849.79	41683.59
CITY SHARE- IMRF TIER 1	6688.09	6688.09	18836.00	130620.76
CITY SHARE- IMRF TIER 2	5175.61	5175.61	16486.23	137456.51
CITY SHARE-SOC SEC 6.20	8457.38	8457.38	25012.98	178233.61
CITY SHARE-WORKERS COMP	5947.35	5947.35	17092.96	124999.22
30 Current Employees				
4 Terminated Employees				

Prepared 11/19/24, 14:37:25
Program PR546L
CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
Pay Date 11/21/24

Page 937
Pay Period 24
11/02/24 to 11/15/24

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER

Employee Name	Employee Number							
	--- Current ---		---- M-T-D ----		---- Q-T-D ----		---- Y-T-D ----	
Description	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount

WHALEN, TRACIE	1656							
Hrs-PTO-VA, FH, PD	.000	.00	.000	.00	.000	.00	128.000	6620.16
PD-NO WORK/TRADE DAY	32.000	1655.04	32.000	1655.04	32.000	1655.04	344.000	17791.68
SICK FAMILY EXCUSED	.000	.00	8.000	413.76	16.000	827.52	24.000	1241.28
SICK FAMILY	3.000	155.16	3.000	155.16	3.000	155.16	15.000	775.80
SICK/FAM-LV/PAID	.000	.00	.000	.00	.000	.00	96.000	4965.12
SICK/FAM-LV/UNPAID	.000	.00	.000	.00	.000	.00	8.000	.00
SICK SELF	.000	.00	.000	.00	4.000	206.88	28.000	1448.16
TRADE-FLOATING HOLIDAY	.000	.00	.000	.00	4.000	.00	4.000	.00
TRADE-HOLIDAY CHIT	.000	.00	.000	.00	.000	.00	9.000	.00
TRADE-SICK	.000	.00	.000	.00	.000	.00	8.000	.00
W.C.-HOURS	.000	.00	.000	.00	.000	.00	3.000	155.16
W.C.-HOURS/NO RATE	.000	.00	.000	.00	.000	.00	.750	.00
OT 1.5-PD	24.000	1861.92	50.000	3879.00	110.000	8533.80	410.917	31878.95
PREP TIME 1.5 RATE	.600	46.56	1.600	124.16	3.600	279.36	14.800	1148.48
OT 1.0-PD	.000	.00	2.000	103.44	19.000	982.68	51.000	2637.72
OT DBL-PD	8.000	827.52	26.000	2689.44	42.000	4344.48	82.000	8482.08
HOLIDAY TIME 2023	.000	.00	.000	.00	.000	.00	29.000	1499.88
HOLIDAY TIME 2024	.000	.00	.000	.00	.000	.00	25.000	1293.00
OT DBL-BANK	.000	.00	.000	.00	.000	.00	8.000	.00
Add-LONGEVITY 2.5%		171.84		376.78		767.27		3606.28
ABT-PENSION-IMRF TIER 1		317.04		695.16		1415.60		6653.57
WELLNESS CREDIT		.00		20.00-		40.00-		220.00-
HMO PLAN C-E+FAMILY		204.36		408.72		817.44		4690.02
DENTAL-E+F		50.24		100.48		200.96		1205.76
AFLAC INDIV-PRETAX		.00		.00		.00		314.82
Tax-TAX-MEDICARE		98.63		217.23		442.62		2061.08
TAX-SOCIAL SECURITY		421.75		928.88		1892.59		8812.88
TAX-FEDERAL INCOME		908.31		2106.15		4330.36		17597.95
TAX-STATE INCOME		321.02		707.19		1440.95		6706.75
MEDICARE ADDITIONAL		.00		.00		.00		.00
Ded-VOLUNTARY IMRF TIER 1		352.27		772.40		1572.90		7392.89
LIFE INS-VOL EMPLOYEE		4.25		8.50		17.00		102.00
AFLAC INDIV-POST TAX		.00		.00		.00		581.58
MET LIFE - HOME AND AUTO		.00		.00		.00		157.99
DUES-3298/F.T.		26.79		53.58		107.16		642.96
Ben-GROUP TERM LIFE INSURANCE		.01		.02		.04		.24
EMPLOYER HEALTH INS. COST		817.43		1634.86		3269.72		19832.94
CITY SHARE-MEDICARE 1.45		98.63		217.23		442.62		2061.08
CITY SHARE- IMRF TIER 1		641.14		1405.77		2862.68		13455.02
CITY SHARE-SOC SEC 6.20		421.75		928.88		1892.59		8812.88
CITY SHARE-WORKERS COMP		251.01		504.45		1009.90		5984.60
***** Division Totals *****								
Ben-GROSS		146961.85		288219.27		565270.56		3129805.19
NET		85944.15		167929.59		330074.61		1831538.48
Hrs-REGULAR HOURS WORKED	1693.250	68652.70	3293.250	133442.10	6503.910	265636.70	38039.040	1539428.02
ADMIN LEAVE NO PAY	14.300	.00	14.300	.00	14.300	.00	23.140	.00

Prepared 11/19/24, 14:37:25
Program PR546L
CITY OF AURORA, ILLINOIS

Cumulative Payroll Register
BIWEEKLY
Pay Date 11/21/24

Page 940
Pay Period 24
11/02/24 to 11/15/24

Dp/Dv/Act: 35 37 421 POLICE-E911 CENTER
Employee Name

Employee Number

Description	--- Current ---		---- M-T-D ----		---- Q-T-D ----		---- Y-T-D ----	
	Qty	Amount	Qty	Amount	Qty	Amount	Qty	Amount

***** Division Totals *****

Tax-TAX-SOCIAL SECURITY	8812.37	17269.75	33825.35	187045.98
Ded-LIFE INS-VOL EMPLOYEE	277.48	556.54	1122.58	6702.31
LIFE INS-NCPERS	16.00	32.00	64.00	352.00
AFLAC INDIV-POST TAX	.00	.00	.00	3636.84
AFLAC GROUP-POST TAX	.00	.00	.00	518.94
LIFE INS-VOL SPOUSE	9.90	20.03	41.45	244.33
LIFE INS-VOL CHILD	2.10	4.20	8.40	50.91
DUES-3298/F.T.	616.17	1232.34	2464.68	14305.86
HOSP INDEMNITY - EMPLOYEE	13.08	26.16	58.86	451.26
HOSP INDEMNITY - E+SPOUSE	13.65	27.30	40.95	40.95
HOSP INDEMNITY E+FAMILY	37.04	74.08	148.16	870.44
AD&D INS -EMPLOYEE	21.86	43.72	87.44	521.18
AD&D INS -SPOUSE	1.12	2.24	4.48	26.88
AD&D INS -CHILD	.56	1.12	2.24	13.30
CRIT ILL INS-EMPLOYEE	64.07	128.14	256.28	1537.68
CRIT ILL INS-SPOUSE	18.20	36.40	72.80	436.80
CRIT ILL INS-CHILD	7.12	14.24	28.48	170.88
MET LIFE - HOME AND AUTO	.00	.00	.00	157.99
C.U.-POLICE	2695.50	5391.00	10782.00	57207.00
ACCDNT LIFE EMPLOYEE	23.25	46.50	93.00	558.00
ACCDNT LIFE E+CHILD	9.11	18.22	36.44	218.64
ACCDNT LIFE E+FAMILY	62.40	124.80	249.60	1497.60
SHIFT OVERPAY REPAYMENT	25.00	50.00	100.00	600.00
VOLUNTARY IMRF TIER 1	4552.00	9764.29	19076.22	103844.01
VOLUNTARY IMRF TIER 2	2158.03	3972.57	6900.41	45743.97
Ben-GROUP TERM LIFE INSURANCE	.29	.59	1.17	6.67
EMPLOYER HEALTH INS. COST	14245.59	29308.61	59163.58	341312.05
CITY SHARE-MEDICARE 1.45	2060.96	4038.87	7910.75	43744.55
CITY SHARE- IMRF TIER 1	5994.49	12682.58	24830.49	136615.25
CITY SHARE- IMRF TIER 2	6437.71	11613.32	22923.94	143894.22
CITY SHARE-SOC SEC 6.20	8812.37	17269.75	33825.35	187045.98
CITY SHARE-WORKERS COMP	5917.33	11864.68	23010.29	130916.55

29 Current Employees
5 Terminated Employees

PREPARED 11/25/2024, 14:04:45

ACCOUNT ACTIVITY LISTING

PROGRAM GM360L

FISCAL YEAR: 2024

ACCOUNT NUMBER SELECTION

FROM: 211-0000-400.00-00 TO: 211-9999-999.99-99

TYPE: S (O-ONLY, R-RANGE, S-SELECTIVE)

TRANSACTION SELECTION

TYPES... AJ X CR X BA X TF X EN AP X

DATE RANGE...FROM: 0/00/0000 TO: 99/99/9999

PERIOD...FROM: 09 TO: 11

POSTING DATE RANGE...FROM: 0/00/0000 TO: 99/99/9999

SUPPRESS PRINTING OF ACCOUNTS WITHOUT TRANSACTIONS (N/Y): Y

PRINT DEBIT/CREDIT COLUMNS, SUPPRESS BUDGET . . . (N/Y): Y

PRINT ENCUMBRANCE (N/Y): N

PAGE BREAK BY FUND: N

PAGE BREAK BY ACCOUNT: N

PAGE BREAK BY DPT/DIV: N

USE CURRENT BUDGET FOR ESTIM/APPROP TOTAL: N

GROUP NBR	PO NBR	ACCTG PER.	----TRANSACTION----	DESCRIPTION	DEBITS	CREDITS	CURRENT BALANCE
NBR	NBR	PER.	CD	DATE	NUMBER		
FUND 211 WIRELESS 911 SURCHARGE							
211-0000-819.01-01 TRANSFER TO OTHER FUNDS / GENERAL FUND							
6167		10/24	AJ	10/01/24	1027	MISC INTERFUND TRANSFERS QUARTER 4	312,500.00
ACCOUNT TOTAL						312,500.00	.00
							312,500.00
211-1280-419.38-12 REPAIRS & MTCE. SERVICES / C.A.D.S.							
ACCOUNT TOTAL						.00	.00
							.00
211-1280-419.50-50 OTHER SC-SPECIAL PROGRAMS / GRANT/OTHER							
7355	302414	11/24	AP	10/31/24	0030242	VOIANCE LANGUAGE SERVICES LLC	211.07 (a)
						PROFESSIONAL CONSULTING	
7355	302414	11/24	AP	10/31/24	0030242	VOIANCE LANGUAGE SERVICES LLC	1,630.55 (a)
						PROFESSIONAL CONSULTING	
7368	307916	11/24	AP	10/16/24	0492558	AT & T	16,805.85 (b)
						MAINTENANCE CONTRACTS	
7368	307916	11/24	AP	10/13/24	0492558	AT & T	67.40 (b)
						MAINTENANCE CONTRACTS	
6730	302414	10/24	AP	09/30/24	0030022	VOIANCE LANGUAGE SERVICES LLC	61.56 (a)
						PROFESSIONAL CONSULTING	
6730	302414	10/24	AP	09/30/24	0030022	VOIANCE LANGUAGE SERVICES LLC	1,980.58 (a)
						PROFESSIONAL CONSULTING	
7279	301596	11/24	AP	09/30/24	0030153	INTERGRAPH CORPORATION	14,681.50
						MAINTENANCE CONTRACTS	
6342	307916	10/24	AP	09/16/24	0491811	AT & T	16,803.04 (b)
						MAINTENANCE CONTRACTS	
6342	307916	10/24	AP	09/13/24	0491811	AT & T	67.21 (b)
						MAINTENANCE CONTRACTS	
5931	302414	09/24	AP	08/31/24	0029620	VOIANCE LANGUAGE SERVICES LLC	2,313.90 (a)
						PROFESSIONAL CONSULTING	
5931	302414	09/24	AP	08/31/24	0029620	VOIANCE LANGUAGE SERVICES LLC	240.96 (a)
						PROFESSIONAL CONSULTING	
5970	307916	09/24	AP	08/16/24	0491342	AT & T	16,550.97 (b)
						MAINTENANCE CONTRACTS	
5970	307916	09/24	AP	08/13/24	0491342	AT & T	67.21 (b)
						MAINTENANCE CONTRACTS	
ACCOUNT TOTAL						71,481.80	.00
							71,481.80
211-3537-421.38-13 REPAIRS & MTCE. SERVICES / EQUIPMENT-TELEPHONE							
7279	300049	11/24	AP	10/01/24	0492618	INTRADO LIFE & SAFETY SOLUTIO	20,070.00
						MAINTENANCE CONTRACTS	
6338	300049	10/24	AP	09/01/24	0491850	INTRADC LIFE & SAFETY SOLUTIO	20,070.00
						MAINTENANCE CONTRACTS	
ACCOUNT TOTAL						40,140.00	.00
							40,140.00

$\Sigma (a) = 6,438.62$
language

$\Sigma (b) = 50,361.68$
phone maint
computer
maintenance

computer
maintenance

PREPARED 11/25/2024, 14:04:45
PROGRAM GM360L
CITY OF AURORA ILLINOIS

ACCOUNT ACTIVITY LISTING

PAGE 2
ACCOUNTING PERIOD 11/2024

GROUP	PO	ACCTG	----	TRANSACTION	----				
NBR	NBR	PER.	CD	DATE	NUMBER	DESCRIPTION	DEBITS	CREDITS	CURRENT BALANCE
						FUND TOTAL	424,121.80	.00	424,121.80
						GRAND TOTAL	424,121.80	.00	424,121.80

less:
Transfers <312,500>
\$ 111,621.80