

FILED

JUN 16 2023

Jane Wilson
FRANKLIN COUNTY CLERK

689991

Claim No. _____

Vendor # 3685

Check # 103563 Date Paid 6/21/23

Name Janice Manis

Address 10214 Avery Road

West Frankfort, IL 62896

VS. COUNTY OF FRANKLIN

Budget Numbers

Fund 754/
00460.001

Invoice No	Invoice Date	Description	Amount Due	Amount (1)	Amount (2)	Amount (3)
	6/15/2023	Scanning Circuit Clerk's Office	\$540.00	\$540.00		
		See attached information from Circuit Clerk's Info				
TOTALS			\$540.00			

I J. Larry Miller hereby certify that the above supplies and/or services and expenses have been delivered, performed, or rendered and the charges are just and true, and that the amount claimed against Franklin County is due and unpaid after allowance of all just credits, and as substantiated by attached invoices.

Date: 6/15/2023

Signature of Department Head or Designee J. Larry Miller Department Franklin County Board

Approved on _____
Comments on claim not approved

By: _____

Signed _____

FILED

JUN 14 2023

Gene Wilson
FRANKLIN COUNTY CLERK

Claim No. 689945

Vendor # _____ Check # _____ Date Paid _____

Name Janice Manis

Address 10214 Avery Road

West Frankfort, IL 62896

VS. COUNTY OF FRANKLIN

Budget Numbers

Invoice No.	Invoice Date	Description	Amount Due	Budget Numbers		
				ARPA	Amount (1)	Amount (2)
	6/15/2023	Scanning Circuit Clerk's Office				
		Pay Period 6-5-23 to 6-18-23 - 36 hours @ \$15	\$540.00			
TOTALS			\$540.00			

I Jim Muir hereby certify that the above supplies and/or services and expenses have been delivered, performed, or rendered and the charges are just and true, and that the amount claimed against Franklin County is due and unpaid after allowance of all just credits, and as substantiated by attached invoices.

Date: 6/15/2023

Signature of Department Head or Designee *Jim Muir* Department Circuit Clerk

Approved on _____

By: _____

Comments on claim not approved

Signed _____

JANICE MANIS

6-5-23

to

6-18-23

	Monday	Tuesday	Wednesday	Thursday	Friday
Date	6-5	6-6	6-7	6-8	6-9
Reg Hrs	6	6	6		
Vacation					
Sick Time					
Over Time					

	Mondays	Tuesday	Wednesday	Thursday	Friday
Date	6-12	6-13	6-14	6-15	6-16
Reg Hrs	6	6	6		
Vacation					
Sick Time					
Overtime					

36 hours @ 15⁰⁰

County Clerk's Office Use Only

FILED

JUN 16 2023

Kene Wilson
FRANKLIN COUNTY CLERK

Claim No. 689992

Vendor # 3659 Check # 103565 Date Paid 6/21/23

Name Kay Kearney

Address 1116 West Webster St.
Benton, IL 62812

VS. COUNTY OF FRANKLIN

Budget Numbers

Fund 754/ 00460.001	Amount (1)	Amount (2)	Amount (3)

Invoice No	Invoice Date	Description	Amount Due
	6/15/2023	Scanning Circuit Clerk's Office	\$405.00
		See attached information from Circuit Clerk's Info	

TOTALS \$405.00

I J. Larry Miller hereby certify that the above supplies and/or services and expenses have been delivered, performed, or rendered and the charges are just and true, and that the amount claimed against Franklin County is due and unpaid after allowance of all just credits, and as substantiated by attached invoices.

Date: 6/15/2023

Signature of Department Head or Designee *J. Larry Miller* Department Franklin County Board

Approved on _____
Comments on claim not approved

By: _____

Signed _____

County Clerk's Office Use Only

FILED

JUN 14 2023

Jim Muir

FRANKLIN COUNTY CLERK

089916

Claim No. _____

Vendor # _____ Check # _____ Date Paid _____

Name _____ Kay Kearney _____

Address _____ 1116 W. Webster St. _____

_____ Benton, IL 62812 _____

VS. COUNTY OF FRANKLIN

Budget Numbers

Invoice No.	Invoice Date		Amount Due	Budget Numbers		
				ARPA	Amount (1)	Amount (2)
	6/15/2023	Scanning Circuit Clerk's Office				
		Pay Period 6-5-23 to 6-18-23 - 27 hours @ \$15	\$405.00			
TOTALS			\$405.00			

I, Jim Muir hereby certify that the above supplies and/or services and expenses have been delivered, performed, or rendered and the charges are just and true, and that the amount claimed against Franklin County is due and unpaid after allowance of all just credits, and as substantiated by attached invoices.

Date: 6/15/2023

Signature of Department Head or Designee *Jim Muir* Department Circuit Clerk

Approved on _____

By: _____

Comments on claim not approved

Signed _____

Kay Kearney

6-5-23

to 6-18-23

	Monday	Tuesday	Wednesday	Thursday	Friday
Date	6-5	6-6	6-7	6-8	6-9
Reg Hrs			4.5	4.5	4.5
Vacation					
Sick Time					
Over Time					

	Mondays	Tuesday	Wednesday	Thursday	Friday
Date	6-12	6-13	6-14	6-15	6-16
Reg Hrs			4.5	4.5	4.5
Vacation					
Sick Time					
Overtime					

27 hours @ 15⁰⁰