

Date:

## City of South Bend Department of Administration & Finance Claims Allowance Request

To: From: Date:	South Bend Redevelopment Cor Kyle Willis, City Controller Monday, July 24, 2023	mmission			
	nt to Indiana Code 36-4-8-7, I have them for allowance in the following		ified the attached	l clair	ns and
	GBLN-0060174 GBLN-0000000 GBLN-0000000		\$45,872.96 \$0.00 \$0.00		
	35 <u>2</u> .,, 3333333	Total:	\$45,872.96		
Kyle W	li Willi				
	ached claims described above were		ollowing	\$	45,872.96
total all	South Bend Redevelopment Cor			Ψ	43,672.70
Ву:	 Name:	-			

Attest:	
	Name:

Payment method: Voucher:

CHK-Total RDCP-00018415

Payment date:

7/18/2023

Payment date:	7/18/2023						
Vendor#	<b>Name</b> LOCHMUELLER	Invoice #	Line description	Due date	Invoice amount	Financial dimensions 324-10-102-121-444000	Purchase order
V-00001012	GROUP INC	514237	Seitz Park Phase I: Construction Inspection	7/27/2023	\$17,890.25	PROJ00000079 452-11-206-289-444000	PO-0007779
V-00001012	GROUP INC	514237	Seitz Park Phase I: Construction Inspection	7/27/2023	\$7,480.00	PROJ00000079 436-10-102-121-444000	PO-0007779
V-00001012	GROUP INC	514237	Change Order #1	7/27/2023	\$4,900.31	PROJ00000079	PO-0007779
Payment method: Voucher: Payment date:	ACH-Total RDCP-0001841 7/18/2023	6					
Vendor #	<b>Name</b> SMITHGROUP	Invoice #	Line description	Due date	Invoice amount	Financial dimensions 436-10-102-121-444000	Purchase order
V-00001518	INC	171927	Amendment #6	7/27/2023	\$5,412.50	PROJ00000079	PO-0006606
Payment method: Voucher: Payment date:	ACH-Total RDCP-0001841 7/18/2023	7					
	Name	Invoice #	Line description	Due date	Invoice amount	Financial dimensions 433-10-102-123-439300	Purchase order
Vendor #	Name					// 3 3 - 1 1 1 1 1 7 - 1 7 3 - 7 3 4 3 1 1 1	

Voucher: RDCP-00018418

**CHK-Total** 

Payment date: 7/18/2023

Payment method:

Vendor # Name Invoice # Line description Due date Invoice amount Financial dimensions Purchase order

Tuesley Hall

V-00003121 Konopa LLP 59230017A Legal Services - 300 E. Lasalle matter 7/27/2023 \$3,248.00 324-10-102-121-431001-- PO-0024730

Payment method: CHK-Total Voucher: RDCP-00018419 Payment date: 7/18/2023

Line description Vendor # Name Invoice # Due date Invoice amount Financial dimensions **Purchase order** Indiana 324-10-102-121-441000--Dinosaur V-00010644 Museum Inc SBCC Grant Indiana Dinosaur Museum \$3,500.00 PROJ00000403 PO-0022186 6282023 7/28/2023