

ULEC CHECK REQUEST FORM

INVOICE DATE: 3/24/2020 PREPARED BY: Alice Frazier PERIOD COVERED: 02/01 -02/29

PAYABLE TO: Credco AMOUNT: \$ 44.35

INVOICE #: _____ BUDGET AVAILABLE: YES NO: DUE DATE: 3/26/2020

COMMENTS: Charge to LISC

COST CENTERS:		AMOUNT	COST CENTERS:		AMOUNT
111	ABBOTT	_____	460	IHOP-FDU	_____
111F	FOOD PROGRAM	_____	368	WELLSFARGO-NR	_____
112	EHS-LEAGUERS	_____	600	ADMIN	_____
114	SUMMER CAMP	_____	620	CFO	_____
222	DCF- CODING	_____	650	FACILITIES	_____
223	OICA	_____	760	ULEC GALA	_____
225	AMERICORPS	_____	910	STREET FAIR	_____
467	WORKFORCE-UA	_____	950	ALLOCATED EXP	_____

GL CODES:

1410 ADVANCES
7240 EMPLOYEE BENEFITS
7540 INSTRUCTORS/CONSULTANTS/SUBS
7560 PROFESSIONAL FEES - OTHER
7570 TEMPORARY HELP/CONTRACT
8110 SUPPLIES
8130 TELEPHONE & COMMUNICATIONS
8131 TELEPHONE MAINTENANCE CONTRACT
8132 CELL PHONE SERVICE
8140 POSTAGE & SHIPPING
8160 COMPUTER SOFTWARE & HARDWARE
8170 PRINTING & COPYING
8180 BOOKS, SUBSCRIPTIONS, REFERENCE
8190 INTERNET/WEB HOSTING FEES
8205 RENT, PARKING & OTHER OCCUPANCY
8210 UTILITIES
8211 UTILITIES WATER
8220 EQUIPMENT RENTAL, REPAIR & MAINTENANCE
8221 COPIER LEASE
8227 EQUIPMENT RENTAL
8228 POSTAGE LEASE
8230 BUILDING REPAIR & MAINTENANCE
8231 BUILDING REPAIR & MAINTENANCE - ALARM SERVICES
8233 BUILDING REPAIR & MAINTENANCE - TRASH REMOVAL
8235 BUILDING REPAIR & MAINTENANCE - EXTERMINATING

GL CODES:

8240 MAINTENANCE SUPPLIES
8260 PROPERTY INSURANCE
8310 TRANSPORTATION & PARKING
8320 MEALS
8340 AIRFARE
8350 CONFERENCE, CONVENTIONS, MEETINGS
8405 CLASSROOM MATERIALS & SUPPLIES
8410 CLASSROOM TECHNOLOGY
8415 COMMUNITY SERVICE PROJECT
8420 TUTORING
8425 EXPUNGEMENT
8430 JOB TRAINING
8435 GED & ABE CLASSES
8445 FOOD & RELATED SUPPLIES
8450 PROGRAM TRAINING
8460 STIPENDS & ASSISTANCE
8470 FOOD FOR CLASSES
8510 INTEREST EXPENSE - GENERAL
8520 INSURANCE - NON EMPLOYMENT RELATED
8525 SPECIAL EVENT EXPENSES
8530 MEMBERSHIP DUES - ORGANIZATIONS
8540 STAFF DEVELOPMENT/TRAINING
x 8560 PROCESSING FEES
8570 ADVERTISING/MARKETING EXP
8580 LICENSES & FEES

PROGRAM DIRECTOR'S APPROVAL CAF

DATE: 3/24/20

FINANCE APPROVAL PROCESS:

INVOICE/SUPPORTING DOCS ATTACHED: YES NO A/P INITIAL: _____ DATE: _____

FISCAL OFFICE APPROVAL: _____

PRESIDENT/CEO'S APPROVAL _____ CLASS CODE _____

CHECK # _____

CoreLogic Credco, LLC
10277 Scripps Ranch Boulevard
San Diego, California 92131
www.credco.com



CoreLogic
Credco



STATEMENT FOR :

³⁸² PATRICIA SERMON
URBAN LEAGUE OF ESSEX COUNTY FOC
508 CENTRAL AVENUE
NEWARK, NJ 07107

For questions regarding this statement, please e-mail us at credco.billing@corelogic.com, call (800) 294-5566 or fax to (800) 998-4747.

Account Number	Statement Number	Service Period	Statement Date	Print Date
0744-4890-8	11097022	02/01/20 - 02/29/20	03/03/20	03/03/20

Balance Forward Previous Month	\$279.05
Adjustments	\$5.00
Payments	(\$279.05)
Current Charges	\$37.85
Third Party Fees	\$0.00
Surcharges	\$1.50
Sales Tax	\$0.00
Total Due by 03/25/20	\$44.35

Please do not adjust before contacting our billing department.

AGED BALANCE SUMMARY

Current	30 Days	60 Days	90 Days	120+ Days	Total
\$44.35	\$0.00	\$0.00	\$0.00	\$0.00	\$44.35

Remittance Portion - To ensure proper credit, please enclose this portion with your remittance.

PATRICIA SERMON
URBAN LEAGUE OF ESSEX COUNTY FOC
508 CENTRAL AVENUE
NEWARK, NJ 07107

Account Number : 0744-4890-8
Int Number : 4448908
Statement Number : 11097022
Ind Code : 301

PLEASE REMIT TO :

Total Due : \$44.35

CoreLogic Credco LLC
P.O. Box 847070
Dallas, TX 75284-7070

Amount Remitted :

Major Credit Cards Accepted
(See page 2 for instructions)

Credit Card Authorization Form

Account Number : 0744-4890-8

Statement Number : 11097022

URBAN LEAGUE OF ESSEX COUNTY FOC

I would like to pay on my Credco account by charging the following credit card:

VISA

MasterCard

American Express

Discover Card

Amount to Charge : _____

Card Verification
Number : _____

Card Number : _____

Expiration Date : _____

(Necessary to charge your account)

Name as it appears on card : _____

Signature : _____

(Necessary to charge your account)

Cardholder's Address : _____

City : _____ State : _____ Zip Code : _____

Phone Number : _____

I understand that this is not retained for future use.

Fax Credit Card payments directly to
the Accounts Receivable Department at 800-998-4747.

To ensure accuracy, please print neatly.

Address changes may be faxed directly to the Account Set Up Department at 800-494-2580.

Account Number : 0744-4890-8

URBAN LEAGUE OF ESSEX COUNTY FOC

New Address Change (check all that apply): Billing address Branch / Location address Corporate address

New Street Address : _____

City : _____ State : _____ Zip Code : _____

Telephone Number : _____ Fax Number : _____

Attention : _____

Change Requested By : _____ Title : _____

Account Num : 0744-4890-8
Account Name : URBAN LEAGUE OF ESSEX COUNTY FOC

Statement Num : 11097022
Statement Date : 03/03/20

CURRENT CHARGES DETAIL

Name	Date	FAC File\Refno	Product	Flag	Charge	Tax	Total *
Notes							
Instant Merge ID: 4448909 KAMILLA JOHNSON							
HAZEL, BELITA	02/27/20	114020825810000	INSTANT MERGE/2 BUR	16	\$15.94	\$0.00	\$15.94
	2020-02-27T08:29:29.806-07:00 HIGGINS,ROSA						
OYEWOLE, MICHAEL	02/24/20	114010846750000	INSTANT MERGE/1 BUR	16	\$7.47	\$0.00	\$7.47
	HIGGINS,ROSA 2020-02-24T09:17:08.061-07:00						
OYEWOLE, MICHAEL	02/24/20	114010859630000	INSTANT MERGE/2 BUR	16	\$15.94	\$0.00	\$15.94
	HIGGINS,ROSA 2020-02-24T09:19:39.832-07:00						
Totals for: 4448909 KAMILLA JOHNSON					\$39.35	\$0.00	\$39.35

GRAND TOTALS

Charges	Tax	Total
\$39.35	\$0.00	\$39.35

Account Num : 0744-4890-8
Account Name : URBAN LEAGUE OF ESSEX COUNTY FOC

Statement Num : 11097022
Statement Date : 03/03/20

FLAG LIST

- 01 Number of Repositories Merged
- 02 Different Repository
- 03 Address - City, State or Zip
- 04 Individual vs Joint
- 05 First Name
- 06 Last Name
- 07 Middle Name or Generation
- 08 Age
- 09 Co-Applicant SSN
- 10 Duplicate Days - Original found outside Dup Days
- 15 Address - Others
- 16 User Forced Primary
- 17 FAC Product Mis-Match



Account Num : 0744-4890-8

Account Name : URBAN LEAGUE OF ESSEX COUNTY FOC

Statement Num : 11097022

Statement Date : 03/03/20

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Name	Date	FAC File\Refno	Product	Flag	Charge	Tax	Total *
Instant Merge ID: 4448909 KAMILLA JOHNSON							
HAZEL, BELITA 02/27/20 114020825810000 INSTANT MERGE/2 BUR 16 \$15.94 \$0.00 \$15.94							
2020-02-27T08:29:29.806-07:00 HIGGINS,ROSA							
OYEWOLE, MICHAEL 02/24/20 114010846750000 INSTANT MERGE/1 BUR 16 \$7.47 \$0.00 \$7.47							
HIGGINS,ROSA 2020-02-24T09:17:08.061-07:00							
OYEWOLE, MICHAEL 02/24/20 114010859630000 INSTANT MERGE/2 BUR 16 \$15.94 \$0.00 \$15.94							
HIGGINS,ROSA 2020-02-24T09:19:39.832-07:00							
Totals for: 4448909 KAMILLA JOHNSON						\$39.35	\$0.00
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GRAND TOTALS

	Charges	Tax	Total
	\$39.35	\$0.00	\$39.35