

# 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
111 ABBOTT	_____
111F FOOD PROGRAM	_____
112 EHS-LEAGUERS	_____
114 SUMMER CAMP	_____
222 DCF- CODING	_____
223 OICA	_____
225 AMERICORPS	_____
467 WORKFORCE-UA	_____

COST CENTERS:	AMOUNT
460 IHOP-FDU	_____
368 WELLSFARGO-NR	_____
600 ADMIN	_____
620 CFO	_____
650 FACILITIES	_____
760 ULEC GALA	_____
910 STREET FAIR	_____
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  
☒ 8560 PROCESSING FEES  
☐ 8570 ADVERTISING/MARKETING EXP  
☐ 8580 LICENSES & FEES

PROGRAM DIRECTOR'S APPROVAL \_\_\_\_\_

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 # \_\_\_\_\_



STATEMENT FOR :

<sup>382</sup> 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
<b>Total Due by 03/25/20</b>	<b>\$44.35</b>

**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 :

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

Total Due : \$44.35

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 Number : \_\_\_\_\_

Card Verification  
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 : \_\_\_\_\_

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



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