

TJ WATTERS SUPPLY, INC.

05/02/2022

5893 State Route 140
Moro, IL 62067
Home: 618-377-4767
Fax: 618-377-9519

Cell: 618-304-0057
Cell: 618-401-1669
teamwatters@aol.com
teamwatterssonar.com

Invoice:

Austin Pritchard
Commander, Shelby County Dive Team
~~1905 E 700 North Rd~~
Shelbyville, IL. 62565

Quantity:	Description:	List:
Cost:		
[1] \$2,215.00	Humminbird Helix 12 MSI GPS G4N Serial# 22033102-0370	\$2,499.99
[1] \$1,499.99	Humminbird Universal Mega 360	\$1,499.99
\$75.00	Shipping:	
\$3,789.99	Total Amount:	

Thank You!

STATE OF ILLINOIS

County of Shelby

ss.

Claimant Amazon, PO Box 530958, Atlanta GA 30353-0958

certifies or declares under penalty of perjury that the foregoing claim and items as herein set are true and correct; that no part thereof has been heretofore paid and that the amount is justly due against the County of Shelby, Illinois, amounting to the total sum of one hundred sixty-five and 95/100 dollars for Gear Bags for O2 and is specifically set forth below.

Submission Date: 4-11-2022


Signature of Claimant/Office Head

BUDGET LINE ITEM FUND #	ITEM DESCRIPTION	AMOUNT OWED
001-033-74230	Pelican Storm Case	64.95
001-033-74230	32" O2 Gear Bag	45.99
001-033-74230	O2 Dixie Duffle	43.95
001-033-74230	Shipping	11.06
	Total	165.95

USE THIS BOX FOR SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return check to requester, etc.)

Receipts, invoices, etc. shall be attached upon submission of the claim

AMAZON
PO BOX 530958
ATLANTA, GA 30353-0958

SHELBY COUNTY EMA
Account: 8781 047652 9
Location: 0003

Date of Sale: 01/30/22
Invoice: 566595785535
P.O.: DIVE 1

0-0
SHG

S.K.U.	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
B0018NE6GW	Pelican Storm IM2075 Case With	1.000	EA	64.9500	64.95
B00F5BH81I	KB-1172 Oxygen O2 Gear Bag 32"	1.000	EA	45.9900	45.99
B00RFZVJJS	Dixie EMS Oxygen O2 Duffle Tra	1.000	EA	43.9500	43.95
MISC	SHIPPING AND TAX	1.000	EA	11.0600	11.06
Subtotal:				165.95	
	Tax:			0.00	
				Balance Due:	165.95

STATE OF ILLINOIS

County of Shelby | ss. Claimant Battery & Starter Specialist, 300 N. Cedar, Shelbyville IL

certifies or declares under penalty of perjury that the foregoing claim and items as herein set are true and correct; that no part thereof has been heretofore paid and that the amount is justly due against the County of Shelby, Illinois, amounting to the total sum of Twenty-nine and 95/100 dollars for Sonar Deep cycle Battery and is specifically set forth below.

Submission Date: _____


Signature of Claimant/Office Head

BUDGET LINE ITEM FUND #	ITEM DESCRIPTION	AMOUNT OWED
001-033-74230	Battery Specialist - Sonar Battery	99 95

USE THIS BOX FOR SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return check to requester, etc.)

Receipts, invoices, etc. shall be attached upon submission of the claim

BATTERY & STARTER SPECIALIST

INVOICE
No. 502551

300 N. Cedar
Shelbyville, IL 62565
217-774-4949

Customer's Order No. _____ Date 4-9-22
Name Shelby County Dive & Rescue
Address _____

SOLD BY	CASH	C.O.D.	CHARGE	ON ACCT	MDSE. RETD.	PAID OUT	CREDIT
<u>M</u>			<u>X</u>				
QUAN.	DESCRIPTION		CORE	PRICE	AMOUNT		
<u>1</u>	<u>NC27MH</u>				<u>99.95</u>		
All claims and returned goods MUST be accompanied by this bill.						TAX	
Received By						TOTAL	<u>99.95</u>

STATE OF ILLINOIS

County of Shelby

ss.

Claimant Wex Bank, PO Box 6293, Carol Stream IL 60197-6293

certifies or declares under penalty of perjury that the foregoing claim and items as herein set are true and correct; that no part thereof has been heretofore paid and that the amount is justly due against the County of Shelby, Illinois, amounting to the total sum of one hundred fifty-four and 73/100 dollars for Fuel Purchases and is specifically set forth below.

Submission Date: 4-11-22



Signature of Claimant/Office Head

BUDGET LINE ITEM FUND #	ITEM DESCRIPTION	AMOUNT OWED
001-033-74230	Fuel Purchases	154.73

USE THIS BOX FOR SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return check to requester, etc.

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Invoice Statement

INVOICE NUMBER: 79912997
 ACCOUNT NAME: Shelby County Dive Team

PAGE 1

ACCOUNT NUMBER	CREDIT LIMIT	DAYS THIS PERIOD	BILL CLOSING DATE	PAYMENT DUE DATE	AMOUNT DUE
0496-00-793263-5	3000.00	31	MAR-31-2022	APR-26-2022	154.73

DATE	ACTIVITY DESCRIPTION	CHARGES / DEBITS	PAYMENTS / CREDITS
MAR-31-2022	Fuel Purchases	61.02	

The Finance Charge is determined by applying a periodic rate of 0%

PURCHASES, RETURNS AND PAYMENTS MADE JUST PRIOR TO BILLING DATE MAY NOT APPEAR UNTIL THE NEXT INVOICE/STATEMENT.

CURRENT PERIOD	ONE BILLING PERIOD PAST DUE	TWO BILLING PERIODS PAST DUE	THREE+ BILLING PERIODS PAST DUE	TOTAL DUE
61.02	93.71	0.00	0.00	154.73

PREVIOUS BALANCE	(-)PAYMENTS	(+)ACTIVITY THIS PERIOD	(-)SAVINGS THIS PERIOD	(=)NEW BALANCE
93.71	0.00	61.02	0.00	154.73

CALL CUSTOMER SERVICE TO PAY BY PHONE
 FEDERAL TAX ID: 841425616

SEE REVERSE SIDE FOR IMPORTANT INFORMATION AND TERMS.
 TO ENSURE PROPER CREDIT, TEAR AT PERFORATION AND INCLUDE BOTTOM PORTION WITH YOUR PAYMENT

WEX Fleet Universal

P.O. Box 639
 Portland, ME 04104-0639

Austin Pritchard
 Shelby County Dive Team
 PO Box 326
 Shelbyville, IL 62565

ACCOUNT NAME	SHELBY CO DIVE TEAM
ACCOUNT NUMBER	0496-00-793263-5
INVOICE NUMBER	79912997
BILL CLOSING DATE	MAR-31-2022
AMOUNT DUE	154.73
AMOUNT ENCLOSED	
PAYMENT DUE DATE	APR-26-2022

PAYMENTS RECEIVED AFTER THIS DATE SUBJECT TO A FINANCE CHARGE.

Make check payable to: WEX BANK
 To avoid processing delays, remit all payments to:



WEX BANK
 P.O. BOX 6293
 CAROL STREAM IL 60197-6293

04960079326350000000015473 220426

Balance Subject to Late Fees

If Company's fails to make payment in full by the applicable Due Date, or a payment is returned (each a "Payment Default"), then a fee (the "Late Fee") will apply to the Total Outstanding Balance (as defined below). The late fee will be calculated by multiplying the applicable late fee rate by the Total Outstanding Balance on the Calculation Date, not to exceed the amount allowable by applicable law. For Billing Cycles other than monthly, the percentage rate used in the Late Fee calculation will be prorated based on the length of the billing cycle in relation to a monthly billing cycle. Company will be considered to have made a payment to Issuer on an Account only when the payment is posted to the Account as provided in this Agreement. 7.2 The "Calculation Date" is the earlier of (a) the posting date for Company's payment in full of the invoiced amount to its Account, or (b) the last day of the Billing Cycle during which the Payment Default occurred. The "Total Outstanding Balance" is the invoiced amount, plus the amount of any unbilled Transactions delivered by a merchant to issuer, and minus any credits that have posted to the Account, through the Calculation Date.

How to Dispute Your Invoice

Charges must be disputed in writing no later than sixty (60) days from the bill closing date or they will be considered final and binding.

Card Issuer

The card is issued and payable to WEX Bank under a Business Charge Account Agreement with the cardholder named on the reverse.

Customer Service

For account inquiries and correspondence regarding account service or billing:

- **Call 1-866-544-5796, or**
- **Email correspondence@wexinc.com, or**
- **Fax to 1-800-395-0809, or**
- **Mail to P.O. Box 639, Portland, ME 04104**

Do not mail payments to this address. Payments must be sent to the remit address on your invoice.

Be sure to include your account number on all correspondence.

Your full Business Card Agreement is available here:
<https://www.wexdrive.com/tncs/wex.pdf>

Payment Options

Mail

Be sure to include bottom portion of invoice with your payment. Write your account number or invoice number on the check to help avoid delays in payment processing if the check and remit stub become separated. Check payments can take up to two Business Days to process from the time the envelope containing a check arrives at Issuer's facility to posting of the check amount to the Account.

Allow 10 business days prior to the due date for mailing to help avoid late fees. Paper checks must be received at least two business days before Payment Due Date to enable on-time processing.

Online

Authorized users can elect to receive an email notification when an invoice is ready for online viewing and payment. Log in or register to set up an online account at go.wexonline.com.

Online payments scheduled by 3:00 PM ET (on business days) are credited to your account on the same day. There is no fee for online payments.

Phone

Call Customer Service and select the menu option for Billing Inquiries. In addition to scheduling a payment, you can also check your balance.

Payments scheduled by 3:00 PM ET (on business days) are credited to your Account on the same day.

Be prepared with your fleet card account number and a sample check to enter your bank account number and routing number. There is no fee for phone payments.



Purchase Activity Report - Codes Legend

TRANSACTION CODES:	FEE CODES:
AD = Adjustment CL = Cardlock CP = Contract Pricing EN = Enhanced Merchant Network IP = Indoor Payment Terminal MF = Mobile Fueling MN = Manual OP = Outdoor Payment Terminal PS = Private Site TP = Transponder TR = Transaction Reversal	CCF = Currency Conversion Fee EVF = Electric Vehicle Fee PSF = Private Site Fee TSF = Truck Stop Fee CBF = Cash Back Fee ONF = Out of Network Fee

Please note not all codes will be applicable for your account.

Command

Command Truck

Command Truck

WELCOME
To
MotoMart
1003 Main St.
Shelbyville IL 62565

Term: 301
Appr : 984231
Ticket# : 90004692
Diesel
PUMP No. 03
GALLONS 12.585
PRICE/Gal \$4.999
Fuel Total \$62.91
Total 62.91

SALE
Wright Exp
Card Num : (\$)
XXXXXXXXXXXXXXXX4873
Swiped

Odometer : 7910
PD Seq# : 42413

03/31/2022 19:08:16

I agree to pay the
above Total Amount
according to Card
Issuer Agreement.

THANK YOU
HAVE A NICE DAY

WELCOME
To
MotoMart
1003 Main St.
Shelbyville IL 62565

Term: 301
Appr : 874859
Ticket# : 80004541
Diesel
PUMP No. 02
GALLONS 8.201
PRICE/Gal \$4.999
Fuel Total \$41.00
Total 41.00

SALE
Wright Exp
Card Num : (\$)
XXXXXXXXXXXXXXXX4873
Swiped

Odometer : 7794
PD Seq# : 42413

03/21/2022 19:39:42

I agree to pay the
above Total Amount
according to Card
Issuer Agreement.

THANK YOU
HAVE A NICE DAY

WELCOME
To
MotoMart
1003 Main St.
Shelbyville IL 62565

Term: 301
Appr : 875486
Ticket# : 80004544
Diesel
PUMP No. 03
GALLONS 4.005
PRICE/Gal \$4.999
Fuel Total \$20.02
Total 20.02

SALE
Wright Exp
Card Num : (\$)
XXXXXXXXXXXXXXXX4873
Swiped

Odometer : 7794
PD Seq# : 42413

03/21/2022 19:41:15

I agree to pay the
above Total Amount
according to Card
Issuer Agreement.

THANK YOU
HAVE A NICE DAY

Chevy 2500

MotoMart

1003 Main St.
Shelbyville IL
62565
217-728-1350

(DUPLICATE RECEIPT)

Term: 301
Appr : 985365
Ticket# : 90004699

Regular Unl No.4
23.452 G @ \$4.399/ L \$103.17
Phone Fee \$0.00
F/B Tax \$0.00
Lo Tax \$0.00
Hi Tax \$0.00
Sub Total \$103.17

Total \$103.17
Discount Total \$0.00

STATE OF ILLINOIS

County of Shelby

ss.

Claimant

Austin Pritchard, ~~1907 S 750 North Rd~~
Shelbyville IL 62565

certifies or declares under penalty of perjury that the foregoing claim and items as herein set are true and correct; that no part thereof has been heretofore paid and that the amount is justly due against the County of Shelby, Illinois, amounting to the total sum of one thousand eighty-four and 69/100 dollars for oxygen supply equipment and is specifically set forth below.

Submission Date: 1-31-22

Signature of Claimant/Office Head

BUDGET LINE ITEM FUND #	ITEM DESCRIPTION	AMOUNT OWED
001-033-74230	oxygen supply equipment	1,084.69

USE THIS BOX FOR SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return check to requester, etc.)

Receipts, invoices, etc. shall be attached upon submission of the claim

From: Divers Alert Network dan@dan.org
Subject: Divers Alert Network: Order Receipt
Date: January 29, 2022 at 8:51 PM
To: shelbycountydiveteam@gmail.com

ORDER #: 199857
DATE: 29-Jan-2022



BUYER INFO

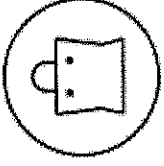
Shelby County Dive Team
████████████████████
Shelbyville, IL 62565

SHIP TO INFO

Dive Team, Shelby County
ShelbyCounty DiveTeam
████████████████████
Shelbyville, IL 62565

SKU	Description	Price	Qty	Total
611-3100	Manually Triggered Vent(MTV-100)w/hose	\$330.00	2	\$660.00
611-8305	Replacement One-Way Valve with Filter	\$3.00	3	\$9.00
611-8300	Oronasal Resucitation Mask	\$10.00	2	\$20.00
611-8100	Non-Rebreather Mask	\$5.00	2	\$10.00
611-2000	Brass Multi-Function Regulator	\$170.00	2	\$340.00
611-7000	Handwheel Wrench	\$12.00	2	\$24.00
			Subtotal	\$1,063.00
			Shipping	\$21.69
			TOTAL	\$1,084.69


DAN SERVICES INC



Appears on your statement as:

DAN SERVICES INC DURHAM NC 27705 USA

Made on Saturday, January 29, 2022

 Report a Problem

STATE OF ILLINOIS

County of Shelby

ss.

Claimant

Hart Divers International, 912 S. Vine St.
Urbana, IL 61801

certifies or declares under penalty of perjury that the foregoing claim and items as herein set are true and correct;
that no part thereof has been heretofore paid and that the amount is justly due against the County of Shelby, Illinois,
amounting to the total sum of one thousand fifty-four and 20/100 dollars
for Oxygen Admin Training/Certification and is specifically set forth below.

Submission Date: 1-31-22

[Redacted Signature]
Signature of Claimant/Office Head

BUDGET LINE ITEM FUND #	ITEM DESCRIPTION	AMOUNT OWED
001-033-84100	Oxygen Admin Training/Certification	\$1054.20

USE THIS BOX FOR SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return check to requester, etc.)

Receipts, invoices, etc. shall be attached upon submission of the claim

Invoice from Hart Divers International

 Download PDF



Hart Divers International

912 S Vine Street
10
Urbana, IL 61801
UNITED STATES
hartdivers.com

☎ +1 631-903-7555 ✉ hartdivers@gmail.com

Bill to

shelbycountydiveteam@gmail.com

Items

Emergency Oxygen for Scuba Diving Injuries v2.1 **\$975.00**

15 x \$65.00

Scuba diving injuries are rare and symptoms are often subtle, but recognizing problems and initiating appropriate action can speed an injured diver's recovery and minimize lasting effects. Oxygen first aid is one of the initial responses for diving injuries.

Instructor Travel Expenses **\$79.20**

2 x \$39.60

Urbana, IL to 1032 N Morgan Street Shelbyville, IL 62565
= 72 miles @ \$ 0.55 = \$39.60 one way

Subtotal	\$1,054.20
Shipping	\$0.00
Total	\$1,054.20

Invoice #0004
Issued : Jan 27, 2022
Due : Feb 26, 2022

Last updated on **January 27,**
2022 at 7:18:46 AM PST

Balance due:

\$1,054.20

\$1,054.20

DUE

Pay \$1,054.20

Powered by  **PayPal**

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#	ITEMS & DESCRIPTION	QTY/HRS	PRICE	AMOUNT(\$)
1	Emergency Oxygen for Scuba Diving Injuries v2.1 Scuba diving injuries are rare and symptoms are often subtle, but recognizing problems and initiating appropriate action can speed an injured diver's recovery and minimize lasting effects. Oxygen first aid is one of the initial responses for diving injuries.	15	\$65.00	\$975.00
2	Instructor Travel Expenses Urbana, IL to 1032 N Morgan Street Shelbyville, IL 62565 = 72 miles @ \$ 0.55 = \$39.60 one way	2	\$39.60	\$79.20
			Subtotal	\$1,054.20
			Shipping	\$0.00
			TOTAL	\$1,054.20 USD

#	ITEMS & DESCRIPTION	QTY/HRS	PRICE	AMOUNT(\$)
1	Emergency Oxygen for Scuba Diving Injuries v2.1 Scuba diving injuries are rare and symptoms are often subtle, but recognizing problems and initiating appropriate action can speed an injured diver's recovery and minimize lasting effects. Oxygen first aid is one of the initial responses for diving injuries.	15	\$65.00	\$975.00
2	Instructor Travel Expenses Urbana, IL to 1032 N Morgan Street Shelbyville, IL 62565 = 72 miles @ \$ 0.55 = \$39.60 one way	2	\$39.60	\$79.20
			Subtotal	\$1,054.20
			Shipping	\$0.00
		TOTAL		\$1,054.20 USD

Invoice

Invoice no.: 1

Invoice date: Jan 8, 2022

Due: Feb 8, 2022

From

CPR

Mike Schwenke

~~mschwenke07@gmail.com~~

2179620569

104 Arborgate Drive Mattoon IL 61938

Bill to

Shelby County Dive Team

shelbycountydive@gmail.com

Shelbyville, Illinois

DESCRIPTION	RATE, USD	QTY	AMOUNT, USD
AHA CPR / FIRST AID CERTIFICATION	50.00	14	700.00

Notes

Thanks you for your business

Subtotal: \$700.00

Tax (0%): \$0.00

Total: \$700.00

Balance Due: \$700.00

STATE OF ILLINOIS

County of Shelby

ss. Claimant

Austin Pritchard

being duly sworn, on oath, says the account against the County of Shelby, Illinois, amounting to the sum of

Three hundred seventy five and 48/100

Dollars

For Boat Maint, Cleaning Supplies & Training Meals

is just after allowing all credits and is due and unpaid.

Sworn and subscribed to before me this 12th

day of Jan A. D. 2022



(Sign here)

County Clerk or Notary Public

(Attach itemized statement to claim)

Equip & Maint

001-033-74230	Boat Maint	167	48	
" "	Cleaning Supplies	64	09	
00-033-84100	Training Meals	143	91	
<u>Training</u>		375	48	

73.83 +
 93.65 +
 167.486 +
 29.18 +
 34.91 +
 64.096 +
 47.63 +
 41.72 +
 54.56 +
 143.916 +
 167.48 +
 64.09 +
 143.91 +
 375.486 +

Give us feedback @ survey.walmart.com
Thank you! ID #: 7080821H3P2V



217-774-1560 Mgr: SHARRON

2607 W. MAIN ST.

SHELBYVILLE IL 62565

STN 04259	OPN 001869	TRN 07 TRN 02479
646 MICROS	061965917585	13.48 X
646 MICROS	061965917585	13.48 X
	SUBTOTAL	26.96
TAX 1	0.250	2.22
	TOTAL	29.10
	CASH TEND	100.00
	CHANGE DUE	70.82

ITEMS SOLD 2

TCN 6402 0743 2046 2052 7360



04/10/21 09:55:32

DOLLAR GENERAL STORE #01123
2105 W MAIN ST
SHELBYVILLE, IL 62565-9102
(618) 693-9164

CLOROX MANUAL TBC 2P	3.75 S
044600306278-120	
CLOROX DISINFECT WIP	2.65 S
044600016941-120	
CLOROX DISINFECT WIP	2.65 S
044600016941-120	
MR CLN MPC AB CITRLS	3.00 S
037000771319-120	
CLOROX WIPES LEMON 7	4.50 S
044600016283-120	
CLOROX CLEAN UP SPRA	3.00 S
044600169330-120	
THE WORKS TOILET CLE	1.85 S
074157033105-120	
KABOOM FOAMTASTIC	3.85 S
757037352700-120	
DGH REUSABLE WIPES	1.00 S
857747006495-200	
NS SCOUR PAD	2.00 S
021200871610-200	
LARGE HANDLE SCRUBBE	1.00 S
430000167869-200	
SB LITTLE HANDY SCRU	3.00 S
051141928012-200	CE

SUBTOTAL	\$32.26
Tax1	\$2.66
TOTAL SALE	\$34.91
DEBIT	\$34.91

PIN VERIFIED
*****8759
EXPIRY: **/** CHIP
PIN VERIFIED
AUTH# 121937
REFERENCE# 000000001469
AID# A0000000042203

ITEMS 12
2021-05-15 12:14:04 01123 01 5193



-----CUT HERE-----

 * You may have a chance to *
 * WIN A \$100 Gift Card *
 * *
 * Go To *

LAKEVIEW FAMILY
RESTAURANT
1908 ILLINOIS RD
SHELBYVILLE, IL 62565
217-450-1147

LAKEVIEW FAMILY
RESTAURANT
1908 ILLINOIS RD
SHELBYVILLE, IL 62565
217-450-1147

Merchant ID: 050017508
Term ID: 0002

Merchant ID: 050017508
Term ID: 0002

Sale

Sale

Application Label: DEBIT
DEBIT

Application Label: DEBIT
DEBIT

MASTERCARD

MASTERCARD

XXXXXXXXXXXX8759

XXXXXXXXXXXX8759

AID: A0000000042203

AID: A0000000042203

Authorizing Network: MASTERCARD

Authorizing Network: MASTERCARD

Entry Method: Chip Read

Entry Method: Chip Read

Apprvd: Online

Batch#: 000008

Apprvd: Online

Batch#: 000002

02/13/21

06:36:37

01/08/22

06:21:53

Inv#: 00000003

Appr Code: 221054

Inv#: 00000003

Appr Code: 497166

Amount: \$ 93.65

Amount: \$ 73.83

Tip:

Tip:

Total:

Total:

Mode: Issuer
TVR: 8000000000
IAD: 0110601001220000000000000000
00000000FF
TSI: 6800
ARC: 00
I agree to pay above total amount
according to card issuer agreement
(Merchant agreement if credit voucher)

Mode: Issuer
TVR: 8000000000
IAD: 0118601001220000000000000000
00000000FF
TSI: 6800
ARC: 00
I agree to pay above total amount
according to card issuer agreement
(Merchant agreement if credit voucher)

X
 PRITCHARD/ AUSTIN H
 Customer Copy
 THANK YOU

X
 PRITCHARD/ AUSTIN H
 Customer Copy
 THANK YOU

LAKEVIEW FAMILY
RESTAURANT
1908 ILLINOIS 16
SHELBYVILLE, IL 62565
217-450-1147

Merchant ID: 050017508
Term ID: 0002

Sale

MASTERCARD

XXXXXXXXXXXX8759

Entry Method: FSwipe

Apprvd: OnLine

Batch#: 000003

12/11/21

06:25:37

Invt: 00000005

Appr Code: 311535

Amount: \$ 54.56

Tip:

Total:

I agree to pay above total amount
according to card issuer agreement
(Merchant agreement if credit voucher)

X

PRITCHARD, AUSTIN W

Customer Copy

THANK YOU



REG 04-10 2021 07:53
000013

1	DEPT001	T1	\$9.99
1	DEPT001	T1	\$4.99
1	DEPT001	T1	\$2.99
1	DEPT001	T1	\$2.99
1	DEPT001	T1	\$2.50
1	DEPT001	T1	\$2.99
1	DEPT001	T1	\$2.99
1	DEPT001	T1	\$2.99
1	DEPT001	T1	\$1.99
1	DEPT001	T1	\$1.99
1	DEPT001	T1	\$2.49
	TA1		\$38.90
	TX1		\$2.82
	TL	\$41.72	
	CASH		\$60.00
	CG		\$18.28



REG 03-13-2021 08:55
000011

1	DEPT001	T1	\$9.99
1	DEPT001	T1	\$2.50
1	DEPT001	T1	\$2.99
1	DEPT001	T1	\$2.99
1	DEPT001	T1	\$7.99
1	DEPT001	T1	\$9.99
1	DEPT001	T1	\$1.99
1	DEPT001	T1	\$1.99
1	DEPT001	T1	\$1.99
	TA1		\$44.41
	TX1		\$3.22
	TL	\$47.63	
	CASH		\$100.00
	CG		\$52.37

STATE OF ILLINOIS

County of Shelby

ss.

Claimant Sub-Avatics, Inc. Breathing Air Systems
8855 East Broad St., Reynoldsburg, OH 43068

certifies or declares under penalty of perjury that the foregoing claim and items as herein set are true and correct; that no part thereof has been heretofore paid and that the amount is justly due against the County of Shelby, Illinois, amounting to the total sum of four hundred fifty and 09/100 dollars for Service of SCUBA Fill Station and is specifically set forth below.

Submission Date: 10-31-21



Signature of Claimant/Office Head

BUDGET LINE ITEM FUND #	ITEM DESCRIPTION	AMOUNT OWED
001-033-74230	Breathing Air Systems, Service Fill Station	\$450.09

USE THIS BOX FOR SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return check to requester, etc.)

Receipts, invoices, etc. shall be attached upon submission of the claim

Sub-Aquatics, Inc
Breathing Air Systems
8855 E Broad Street
Reynoldsburg OH 43068
United States



Invoice
#INV-IL74-286
10/21/2021
Customer ID: 857063

Requested By: Austin Prichard **Email:** shelbycountydiveteam@gmail.com **Phone:** (217) 343-6265
Title:

Bill To
SHELBY COUNTY DIVE TEAM
Shelbyville IL 62565
United States

Ship To
SHELBY COUNTY DIVE TEAM
Shelbyville IL 62565
United States

Terms	Due Date	PO #	Sales Rep
Due Upon Receipt	10/21/2021		Lisa Diehl

Item	Quantity	Back Order	Unit Price	Amount
Labor Service Labor- per hour - ONSITE Time ** Done on 10/20/2021 **	1.5	0	\$125.00	\$187.50
Travel Labor - BAS Travel Labor - BAS ** Travel time to/from your location **	1.5	0	\$125.00	\$187.50
VAL-0239 VALVE	1	0	\$51.53	\$51.53
CON-0247 BULKHD UNN;1/4" TUBE, BRASS, PRESTO	2	0	\$11.78	\$23.56

Shipping Method:	Tracking #:	F.O.B.:	Subtotal	\$450.09
			Shipping	\$0.00
			Tax (%)	\$0.00
			Total	\$450.09
			Amount Paid	\$0.00
			Amount Due	\$450.09

For Invoice questions, please contact our Accounts Receivable Department call 614-864-1235 or email ar@breathingair.com.

PAYMENT TERMS: PAST DUE INVOICES ARE SUBJECT TO LATE CHARGES AT THE RATE OF 1.5% PER MONTH (ANNUAL 18%).

ALL PARTS RETURNS OR EXCHANGES MUST BE COMPLETED WITHIN 45 DAYS FROM INVOICE DATE. ALL RETURNS REQUIRE A RETURN MERCHANDISE AUTHORIZATION. ALL RETURNS ARE SUBJECT TO A 15% RESTOCKING FEE.

NOTE: PAYMENTS BY CREDIT CARD WILL INCUR A CONVENIENCE FEE TOTALING 3.0% OF THE INVOICE TOTAL ON ALL TRANSACTIONS EXCEEDING \$1,200.00.

Remit Payments to:

Sub-Aquatics, Inc
Breathing Air Systems
8855 East Broad St.
Reynoldsburg, OH 43068

E-MAILED
10/21/21





THE NATIONS LARGEST DISTRIBUTOR OF COMPRESSORS

SERVICE REPORT

Service Visit 2223161

Details

DATE	10/20/2021	CUSTOMER	SHELBY COUNTY DIVE TEAM
TASK NO.	2223161	ACCOUNT NO.	857063
TASK TYPE	Service Visit	ADDRESS	1032 N Morgan St
TASK ASSIGNEE	Allan Pote		Shelbyville IL 62565
CASE DETAILS	Air Leak somewhere		United States

Actions Taken

Repaired air leaks, replaced 2 low pressure bulkhead fittings, & push button 3 way air valve on fill station, & checked for leaks.

Signatures

Customer Name:
Scott Jefson

Customer Signature:

Time

Item	Hours
Field Labor - BAS	1.5
Travel Labor - BAS	2

Sales


Item	Quantity
VAL-0239	1
CON-0247	2

Account: 60457 8781 047652 9 Statement Date: 09/10/21 Page: 1 of 1

Account: 60457 8781 047652 9

Create a free Amazon Business account to access:
- Business-Only Pricing
- FREE Two-Day Shipping on eligible orders
- Multi-User Accounts and Business Analytics
Register at www.amazonbusiness.com/loc

SHELBY COUNTY EMA
ATTN: A/P
315 E MAIN ST
SHELBYVILLE, IL 62565-1657


SHELBY COUNTY EMA 17739
ATTN: A/P P109
315 E MAIN ST
SHELBYVILLE, IL 62565-1657

PLEASE INDICATE ADDRESS CHANGES

PAYMENT ADDRESS
SYNCB/AMAZON
P.O. BOX 530958
ATLANTA, GA 30353-0958

Customer Service Online at amazon.com/creditline
This account is already registered
See your Online Admin to get a User ID & Password




Payments Received

08/16/21 0075795 (4623.54) PAYMENT RECEIVED - THANK YOU



SHG 0-1

Current Invoices: \$ 0.00
Previously Billed \$ 0.00
Invoices: \$ 0.00
Unapplied Payments & Credits: \$ 0.00

 Send payments to:
P.O. Box 530958
Atlanta GA 30353-0958
 For billing/general inquiries:
PO Box 965055
Orlando FL 32896
 For Customer Service:
Call 1-866-634-8381

Account: 60457 8781 047652 9

NO PAYMENT IS DUE

PLEASE RETURN THIS STUB WITH YOUR PAYMENT

AMOUNT ENCLOSED \$ _____

Retain left hand portion for your records, send right hand portion noting items paid by a with your payment. If not sending stub, note account number, invoice number and amounts being paid on your check.

Purchases, returns and payments made just prior to the statement date may not appear until the next month's statement. Any payments received after 5:00 pm ET on any business day or on any day other than a business day, at the address indicated above, will be credited on the next business day. If payment is made at a location other than such address, credit may be delayed.

STATE OF ILLINOIS

County of Shelby

ss.

Claimant Shelbyville Marathon

certifies or declares under penalty of perjury that the foregoing claim and items as herein set are true and correct; that no part thereof has been heretofore paid and that the amount is justly due against the County of Shelby, Illinois, amounting to the total sum of fifty three and 63/100 dollars for Fuel Inv# 0005846 and is specifically set forth below.

Submission Date: 9-9-21


Signature of Claimant/Office Head

BUDGET LINE ITEM FUND #	ITEM DESCRIPTION	AMOUNT OWED
001-033-74220	Fuel Inv# 0005846	53.63
Rescue Squad Equipmt		
Maint		

USE THIS BOX FOR SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return check to requester, etc.)

Receipts, invoices, etc. shall be attached upon submission of the claim

0005846

EXPIRATION DATE

SHIPPED TO SOCIETY

Shelbycounty Rescue



10735.9

SHELBYVILLE MARA
SHELBYVILLE IL

DATE		DOCUMENT NUMBER		
8/21		5999213		
PRODUCT OR SERVICE		QTY.	PRICE	AMOUNT
REG. <input type="checkbox"/>	PLUS <input type="checkbox"/>			
PREM. <input type="checkbox"/>	DIESEL <input type="checkbox"/>	7.4	335	58.46
MOTOR OIL				
SIGNATURE				
[Redacted Signature]				
PAYMENT IN FULL DUE ON RECEIPT OF STATEMENT				
LICENSE NUMBER	STATE			
CREDIT AUTH. NO.	SOLD BY			
		TAX		
TOTAL AMOUNT INCLUDES ALL APPLICABLE TAXES. EXEMPT TAXES WILL BE DEDUCTED ON STATEMENT.		TOTAL	58.46	

DEALER COPY

Shelbyville Marathon
1200 West Main St
Shelbyville IL. 62565

We have enclosed a copy of your charge receipts for Aug. 1st

Thru Aug. 31st your total chargers for the Month of Aug. are \$ 53.63

Last Month charge due \$ 0

Late fee add \$ 0

Total charge due are \$ 53.63

58.46
4.83

53.63

Please remit in full payment by Sep. 15th, 2021 to:-

Shelbyville Marathon
1200 west main st
Shelbyville IL. 62565

Any questions please call 217-774-2947

Thank you for allowing us to serve you.

"All late payments will have \$ 30.00 late fee charge attached"

Sincerely,

You're Marathon

Fast and friendly serves with free smile only at Shelbyville Marathon

.....

STATE OF ILLINOIS

County of Shelby

ss.

Claimant Active 911, Inc., 4100 SW Research Way, Suite B, Corvallis, OR 97333

certifies or declares under penalty of perjury that the foregoing claim and items as herein set are true and correct; that no part thereof has been heretofore paid and that the amount is justly due against the County of Shelby, Illinois, amounting to the total sum of two hundred eight and ⁰⁰/₁₀₀ dollars for SCDT paging system, Agency Subscription and is specifically set forth below.

Submission Date: 9-8-21


Signature of Claimant/Office Head

BUDGET LINE ITEM FUND #	ITEM DESCRIPTION	AMOUNT OWED
001-033-74230	Paging Subscription (1 year)	208 ⁰⁰

USE THIS BOX FOR SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return check to requester, etc.)

Receipts, invoices, etc. shall be attached upon submission of the claim



ACTIVE 911

Active911, Inc.
4100 SW Research Way
Suite B
Corvallis, OR 97333

Invoice

Invoice # 323516
PO #
Billed On Wed, 25 Aug 2021
Terms On-Receipt

Billed To

Shelby County Dive Team
Shelbyville, IL
United States

Attn: Austin Pritchard (user ID 166827)

PENDING	on Wed, 25 Aug 2021
208.00 USD	

Description	Quantity	Subtotal
Traditional subscription for an Agency	16	208.00

Subtotal	208.00
Taxes	0.00
Total Due	208.00

Notes

- All Amounts are in United States Dollars (USD)
- You have indicated your acceptance of the Terms of Service, located at http://active911.com/terms_of_service
- Your purchase will be completed once payment is remitted

541.223.7992
www.active911.com
contact@active911.com

STATE OF ILLINOIS

County of Shelby | ss.

Claimant Omni Scuba, PO Box 21, Effingham IL 62401

certifies or declares under penalty of perjury that the foregoing claim and items as herein set are true and correct; that no part thereof has been heretofore paid and that the amount is justly due against the County of Shelby, Illinois, amounting to the total sum of one thousand four hundred twenty-five and ^{no}/₁₀₀ dollars for OTS full face MASK & Ear Mic Assy and is specifically set forth below.

Submission Date: 9-8-21


Signature of Claimant/Office Head

BUDGET LINE ITEM FUND #	ITEM DESCRIPTION	AMOUNT OWED
001-033-74230	OTS Full Face & Ear Mic Assembly	\$1425 ⁰⁰

USE THIS BOX FOR SPECIAL REQUESTS/DIRECTIONS (ie separate checks, return check to requester, etc.)

Receipts, invoices, etc. shall be attached upon submission of the claim

OMNI SCUBA

PO Box 21 Effingham, IL. 62401

omni@mchsi.com or 217-821-4378

INVOICE

8-27-21

Quantity	Item	Price	Ext Price
1	OTS Guardian Full Face Mask	725.00	725.00
1	Ear Mic Assembly EM-OTS-2	700.00	700.00
Total	(no tax – gov't)		\$1425.00



793907 429 01 005274 04
Austin Pritchard
Shelby County Dive Team
PO Box 326
Shelbyville IL 62565



REPORT FOR:
 Shelby County Dive Team
 0496007932635
 AS OF: OCT-07-2021

Account Profile - Cards by Assignment

Account Information	
PRIMARY CONTACT Austin Pritchard	PRIMARY ADDRESS 1032 N Morgan St Shelbyville, IL 62565
PRIMARY PHONE 217-343-6265	SETUP DATE OCT-07-2021
TAX EXEMPT STATUS None	

DEPARTMENT	CARD NUMBER	CARD EMBOSSING	PURCHASES ALLOWED*	STATUS	INITIAL ACTIVE DATE	LATEST ACTIVE DATE	LAST PURCHASE	EXPIRATION
VEHICLE/ASSET CARDS								
SCDT	045500113487342397 045500113487342405 045500113487342413	2019 CHEVY 2500 FORD F150 COMMAND TRUCK	Unrestricted Unrestricted Unrestricted	Active Active Active	OCT-07-2021 OCT-07-2021 OCT-07-2021	OCT-07-2021 OCT-07-2021 OCT-07-2021	NEVER USED NEVER USED NEVER USED	OCT-06-2024 OCT-06-2024 OCT-06-2024
TOTAL CARDS	3							

Customer Service, 24 hours a day, 7 days a week, 866-544-5796
 *Reminder: Additional authorization controls are available online.



REPORT FOR:
 Shelby County Dive Team
 0496007932635
 AS OF: OCT-07-2021

Account Profile - Drivers

Account Information		PRIMARY PHONE	SETUP DATE	TAX EXEMPT STATUS
PRIMARY CONTACT	PRIMARY ADDRESS	217-343-6265	OCT-07-2021	None
Austin Pritchard	1032 N Morgan St Shelbyville, IL 62565			

DEPARTMENT	LAST NAME	FIRST NAME	MIDDLE INITIAL	DRIVER IDENTIFIER	DRIVER PROMPT ID	INITIAL ACTIVE DATE	LATEST ACTIVE DATE	LAST PURCHASE
SCDT	CAMPBELL	MICHELLE			0004	OCT-07-2021	OCT-07-2021	NEVER USED
	DAVIS	JOREN			0006	OCT-07-2021	OCT-07-2021	NEVER USED
	DIAL	SEAN			0007	OCT-07-2021	OCT-07-2021	NEVER USED
	FARLEY	KENNETH			0012	OCT-07-2021	OCT-07-2021	NEVER USED
	HAYNES	DONALD			0015	OCT-07-2021	OCT-07-2021	NEVER USED
	JEFFSON	SCOTT			0002	OCT-07-2021	OCT-07-2021	NEVER USED
	LOCKHART	DEVIN			0016	OCT-07-2021	OCT-07-2021	NEVER USED
	MACARI	SANDY			0011	OCT-07-2021	OCT-07-2021	NEVER USED
	MARTIN	CRAIG			0010	OCT-07-2021	OCT-07-2021	NEVER USED
	MENIS	MATT			0014	OCT-07-2021	OCT-07-2021	NEVER USED
	PRITCHARD	AUSTIN			0001	OCT-07-2021	OCT-07-2021	NEVER USED
	QUICK	NICK			0003	OCT-07-2021	OCT-07-2021	NEVER USED
	SHANKS	MARK			0005	OCT-07-2021	OCT-07-2021	NEVER USED
	SPANGLER	KEVIN			0009	OCT-07-2021	OCT-07-2021	NEVER USED
TOTAL DRIVERS 14								





REPORT FOR:
 Shelby County Dive Team
 0496007932635
 AS OF: OCT-07-2021

Account Profile - Vehicles/Assets

Account Information

PRIMARY CONTACT Austin Pritchard	PRIMARY ADDRESS 1032 N Morgan St Shelbyville, IL 62565	PRIMARY PHONE 217-343-6265	SETUP DATE OCT-07-2021	TAX EXEMPT STATUS None
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DEPARTMENT	VEHICLE/ASSET DESCRIPTION	CARD NUMBER (if applicable)	LICENSE PLATE (ST)	VIN	VEHICLE/ASSET IDENTIFIER	INITIAL ACTIVE DATE	LATEST ACTIVE DATE	LAST PURCHASE
SCDT		045500113487342397 045500113487342413 045500113487342405	M 220650 (IL) M 191077 (IL) M 180968 (IL)		2019 CHEVY 2500 COMMAND TRUCK FORD F150	OCT-07-2021 OCT-07-2021 OCT-07-2021	OCT-07-2021 OCT-07-2021 OCT-07-2021	NEVER USED NEVER USED NEVER USED
TOTAL VEHICLES/ASSETS 3								

Customer Service, 24 hours a day, 7 days a week, 866-544-5796
 *Reminder: Additional authorization controls are available online.



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Welcome to your new Fleet Card Program!

To begin, here are some simple steps that will help you and your employees get ready.

1 Review the enclosed Account Profile

Please make sure it is accurate. If you need to make any changes, just log in to your account at go.wexonline.com.

Haven't signed up for online access yet? **Register today!**

2 Register your account online

Don't miss out on the great tools and reporting available online. Getting started is easy:

1. Go to go.wexonline.com
2. Click "Enroll as a New User"
3. Refer to the account profile for your account number to complete the enrollment process.

3 Distribute your Driver ID (PIN) numbers

Your Driver ID (PIN) numbers are listed in the enclosed Account Profile. All transactions will require an active, valid Driver ID number in order to be processed. As you provide them to your employees, please keep the following in mind:

- Driver ID numbers must be kept confidential.
- Employees must only use their own assigned Driver ID number.
- Any driver with a valid Driver ID number can use any card on your account.
- Sometimes, a sale needs to be processed manually at a gas or service station. If this occurs, an employee may have to give their Driver ID number to an attendant.

What to Expect Next – Your New Cards are on the Way

Please be aware that cards will arrive **ACTIVE** and can be used immediately! For security reasons, your cards have been mailed in a separate package. If they don't arrive within a week, please call Customer Service – available 24/7 at **1-866-544-5796**.