Division Number: 00 MAIN DIVISION

Vendor Number / Invoice Number	Invoice Date	Due Date	Discount	Invoice Amount	Discount Applied	Net Amount
DYNEGY Vistra Vision LLC dba Dynegy Energy Services, LLC						
Check Entry Number: 001						
010000207844	7/8/2026	7/8/2026		18,141.39	0.00	18,141.39
Comment: Acct # 400002226321 (05/28-06/25/26)						
			Vendor DYNEGY Totals:	18,141.39	0.00	18,141.39
ECOLAB Ecolab Inc.						
Check Entry Number: 001						
6360276085	7/10/2026	8/9/2026		1,575.64	0.00	1,575.64
Comment: Bill:503897480-AquaBalnce 07/01-07/31/26						
			Vendor ECOLAB Totals:	1,575.64	0.00	1,575.64
KIEFER Adolph Kiefer and Associates LLC dba Kiefer Aquati						
Check Entry Number: 001						
INV001605748	5/20/2026	5/20/2026		4,652.00	0.00	4,652.00
Comment: (2) Suitmate Swimsuit Dryer						
			Vendor KIEFER Totals:	4,652.00	0.00	4,652.00
LSTALEY Lauren Staley						
Check Entry Number: 001						
20260619	6/19/2026	6/19/2026		135.00	0.00	135.00
Comment: Reimb: Continuing Education Credit						
			Vendor LSTALEY Totals:	135.00	0.00	135.00
MPLOTNE Maria Plotner						
Check Entry Number: 001						
20260619	6/19/2026	6/19/2026		125.63	0.00	125.63
Comment: Reimb: Continuing Education Credit						
			Vendor MPLOTNE Totals:	125.63	0.00	125.63
NICORGA Northern Illinois Gas Company						
Check Entry Number: 001						
20260701	7/1/2026	7/1/2026		2,095.99	0.00	2,095.99
Comment: Acct # 38-92-50-1039 9 (6/2/26-7/1/26)						
			Vendor NICORGA Totals:	2,095.99	0.00	2,095.99
PERFORC Performance Chemical & Supply						
Check Entry Number: 001						
333998	7/13/2026	7/13/2026		1,278.72	0.00	1,278.72
Comment: Cust #72623: Wipes						
333999	7/13/2026	7/13/2026		1,097.56	0.00	1,097.56
Comment: Cust #72623: Detergent, Bleach						
			Check Entry 001 Totals:	2,376.28	0.00	2,376.28
			Vendor PERFORC Totals:	2,376.28	0.00	2,376.28
POWER Power Wellness Management LLC						
Check Entry Number: 001						
0039464-IN	7/9/2026	7/9/2026		67.32	0.00	67.32
Comment: (4) Strength Bands						
0039465-IN	7/9/2026	7/9/2026		222.50	0.00	222.50
Comment: (20) Imperial Bottles, (20) Mist Sprayer						
0039488-IN	7/16/2026	7/16/2026		185.40	0.00	185.40
Comment: (6) Strength Bands						
26011	7/13/2026	7/13/2026		5,500.00	0.00	5,500.00
Comment: Marketing Services Fee - Jul. 2026						
43398	7/15/2026	7/15/2026		3,505.50	0.00	3,505.50
Comment: Software & Licensing Fees - Jul. 2026						
			Check Entry 001 Totals:	9,480.72	0.00	9,480.72
			Vendor POWER Totals:	9,480.72	0.00	9,480.72
RJONEIL R.J. O'Neil Inc.						
Check Entry Number: 001						
206128	7/13/2026	7/13/2026		1,925.00	0.00	1,925.00
Comment: Ref #96905: Floor Drain Lobby Restroom						
			Vendor RJONEIL Totals:	1,925.00	0.00	1,925.00
SOLUTIO Solution 3 Graphics OurPrintOrders.com						
Check Entry Number: 001						
151823	7/15/2026	7/15/2026		39.45	0.00	39.45
Comment: Cust # VOPHF - Business Cards (500)						

Division Number: 00 MAIN DIVISION

Vendor Number / Invoice Number	Invoice Date	Due Date	Discount	Invoice Amount	Discount Applied	Net Amount
151857	7/16/2026	7/16/2026		78.90	0.00	78.90
Comment: Cust # VOPHF - Business Cards (1000)						
			Check Entry 001 Totals:	118.35	0.00	118.35
			Vendor SOLUTIO Totals:	118.35	0.00	118.35
STERICY Stericycle Inc.						
Check Entry Number: 001						
8014834597	7/10/2026	8/9/2026		55.18	0.00	55.18
Comment: Cust #1001034869 July 2026						
			Vendor STERICY Totals:	55.18	0.00	55.18
TRAININ Training Concepts, Inc						
Check Entry Number: 001						
68261	7/14/2026	7/14/2026		70.00	0.00	70.00
Comment: 10 BLS Provider Course eCards						
			Vendor TRAININ Totals:	70.00	0.00	70.00
VILLAGE Village of Orland Park						
Check Entry Number: 002			**Check Comment:** Acct #248873 Svc Charge (4/20-6/19/26)			
20260731	7/31/2026	7/31/2026		16.55	0.00	16.55
Comment: Acct #248873 Svc Charge (4/20-6/19/26)						
Check Entry Number: 003			**Check Comment:** Acct #248873 Svc Charge (4/20-6/19/26)			
20260731-1	7/31/2026	7/31/2026		21,541.63	0.00	21,541.63
Comment: Acct #248873 Svc Charge (4/20-6/19/26)						
			Vendor VILLAGE Totals:	21,558.18	0.00	21,558.18
VITALRE Vital Records Holdings, LLC						
Check Entry Number: 001						
6724314	6/30/2026	6/30/2026		106.24	0.00	106.24
Comment: Acct #60115836 CHI2 Shred						
			Vendor VITALRE Totals:	106.24	0.00	106.24
XEROXFI Xerox Corporation dba						
Check Entry Number: 001						
42352035	7/12/2026	7/27/2026		285.00	0.00	285.00
Comment: Contract #010-1001412-001 (07/01-07/31)						
			Vendor XEROXFI Totals:	285.00	0.00	285.00
			Division 00 Totals:	62,700.60	0.00	62,700.60
			Report Totals:	62,700.60	0.00	62,700.60

Total number of checks: 16

Total number of checks not printed: 16

DYNEGY

PO BOX 650764 DALLAS, TX 75265

ACCOUNT ID	400002226321
BILL DATE	07/08/2026
INVOICE NUMBER	010000207844
CURRENT CHARGES	$18,141.39 DUE BY 09/08/2026
TOTAL AMOUNT DUE	$18,141.39

Village of Orland Park
ATTN: ACCOUNTS PAYABLE
14700 RAVINIA AVE
ORLAND PARK IL 60462

RECEIVED
By Lori Johnson at 8:51 am, Jul 08, 2026

---To ensure prompt credit to your account, please detach and include this top portion of your statement with your payment ---

GENERAL INFORMATION

Customer Service Contact:	Make Checks Payable To:	Overnight Check Payment:	Wire/ACH:
Customer Care 1-844-441-0716 (Phone) DESBusinessCare@vistracorp.com	Dynegy Energy Services 27679 Network Place Chicago, IL 60673	JP Morgan Attn Lockbox 27679 Dynegy Energy Services 131 S Dearborn 6th Floor Chicago, IL 60603	Invoice #: 010000207844 ABA #: 071000013 Acct #: 581948291 Preferred Pay Method: ACH-CTX

BILLING SUMMARY FOR ACCOUNT 400002226321

Date	Description	Charge
06/02/2026	Prior Balance	$25,290.44
06/29/2026	Payment Received	-$10,726.80
06/29/2026	Payment Received	-$14,563.64
07/08/2026	Energy Charge	$12,644.65
07/08/2026	Utility Delivery Service Charge	$5,496.74
07/08/2026	Total Current Charges	$18,141.39
07/08/2026	Total Amount Due	$18,141.39

Date Rec'd 07/08/2026
PO #
G/L Code 672001-5000-028
Approved By KK

*If you have questions related to these items on the invoice, please call your local utility.

For power outages and other electrical emergencies, please call your electric distribution company (ComEd) at (800)-334-7661.
Balances not received by the due date are subject to a 1.5% late fee.
Thank you for the opportunity to supply your energy needs. We appreciate your business.

DYNEGY

ACCOUNT NUMBER
4077853971

SERVICE LOCATION
15430 WEST AVE ORLAND PARK, IL 60462

SERVICE PERIOD: 05/28/2026 TO 06/25/2026

METER DETAIL

Meter Number	Service Period	Days	Reading Prior	Reading Current	Const	Total kWh	On-Pk kWh	Off-Pk kWh	Peak kW	Coincident Peak kW
230094469	05/28 - 06/25	29	NA	NA		148,394.016			325.25 at 06/25 08:00	

CHARGE DETAIL

Description	Quantity	Units	Rate	Charge	Totals
ENERGY SUPPLY CHARGES					
Energy Charge	148,394.016	KWH	$0.08521000	$12,644.65	
TOTAL ENERGY SUPPLY CHARGES					**$12,644.65**
DELIVERY SERVICE CHARGES					
Retail Delivery Service - 0 to 100 kW					
DSP Charge		EA		-$733.65	
Customer Charge		EA		$157.70	
Standard Metering Charge		EA		$12.16	
Peak Period DFC (9am-6pm, Mon-Fri excl. Holidays)	339.940	KW	$12.91000000	$4,388.63	
Off Peak DFC (All non-Peak hours)	350.640	KW		$0.00	
IL Electricity Distribution Charge	148,394.000	KWH	$0.00118000	$175.10	
Single Bill Option Credit		EA		-$0.69	
Coal to Solar and Energy Storage Fund	148,394.000	KWH	$0.00009000	$13.36	
Carbon-Free Energy Resource Adj	148,394.000	KWH	-$0.01344000	-$1,994.42	
Energy Efficiency Programs	148,394.000	KWH	$0.00876000	$1,299.93	
Zero Emission Standard	148,394.000	KWH	$0.00087000	$129.10	
Renewable Portfolio Standard	148,394.000	KWH	$0.00516000	$765.71	
Energy Transition Assistance	148,394.000	KWH	$0.00084000	$124.65	
Environmental Cost Recovery Adj	148,394.000	KWH	$0.00009000	$13.36	
Low Income Discount Recovery		EA		$13.50	
Franchise Cost		DO	$0.02319000	$106.83	
Municipal Tax		EA		$570.52	
State Tax		EA		$454.95	
*Charges/Credits from previous bill		EA		$3,047.31	
TOTAL DELIVERY SERVICE CHARGES					**$5,496.74**
TOTAL CURRENT CHARGES					**$18,141.39**

ACCOUNT USAGE PROFILE

Month Billed	Total Demand	Avg Daily kWh	Avg Daily Temp
Current Month	339.94	5117.0	70.9
Last Month	295.54	4087.3	60.9
Last Year	480.96	8393.3	59.6

ECOLAB®

Invoice 6360276085

Bill To Address 503897480	Invoice Date	PO Number	Delivery Number
ORLAND PARK HEALTH P&S 15430 WEST AVE ORLAND PARK IL 60462-4661	07/10/2026	N/A	N/A
	Supply Date	**Order Number**	**Shipping Plant**
	07/10/2026	70876002	JOLIET

Remit Electronic Payment to

Bank Name – JP Morgan
Routing - 071000013
Account - 5101921
Remittance Email – Finance-EDIReports@ecolab.com
FEIN 41-0231510

Scan for Easypay

Ship To Address 503897480

ORLAND PARK HEALTH P&S
15430 WEST AVE
ORLAND PARK IL 60462-4661

Sold To Address 503897480

ORLAND PARK HEALTH P&S
15430 WEST AVE
ORLAND PARK IL 60462-4661

Terms of Delivery and Payment

Delivery Terms: N/A
Mode of Transportation: N/A
Payment Due Date: 08/09/2026
Payment Terms: Due within 30 days net

Ecolab Customer Information

To prevent fraud, you must contact Customer Service or your Ecolab representative before changing remittance information.

Pay your invoice ONLINE through Ecolab Easy Pay - visit easypay.ecolab.com or scan QR code for access.

For Check payment remit to: Ecolab Inc. PO Box: 70343 CHICAGO IL 60673 USA

Item No	Material No	Description	Quantity	UOM	Unit Price	Amount
	Contract Number:1000787397					
	For the period from 07/01/2026 to 07/31/2026					
700267	EXP00305	Aqua Balance Cal Hypo Program	1	EA	1,575.64	1,575.64

Returns may be subject to a restocking fee. **Total Weight:** 0.000 lbs

Sub Total	1,575.64
Total Before Taxes	1,575.64
Sales Tax	0.00

Invoice Notes:

Date Rec'd 07/13/2026
PO #
G/L Code 635004-5000-028
Approved By KK

For questions please contact Customer Service INSTITUTIONAL at 800-352-5326

PAYMENT DUE USD **1,575.64**

Unit price includes the rental fee for any dispensing equipment that may be provided by ECOLAB for the exclusive use of ECOLAB products. At such time as customer has consumed all ECOLAB products and fails to timely reorder the ECOLAB product, the rental agreement shall terminate, and ECOLAB will take possession of such dispensers. ECOLAB agrees to provide all servicing, repair and maintenance of such dispensers or replace any dispenser rendered unusable through normal use and wear. Payment of the invoice constitutes Customer's acceptance and agreement of the amount of any surcharge.

RECEIVED
By Lori Johnson at 8:11 am, Jul 17, 2026

Kiefer AQUATICS
THE LIFEGUARD STORE®

Kiefer Aquatics
The Lifeguard Store
903 Morrissey Drive
Bloomington, IL 61701
P (309) 451-5858
F (309) 451-5959

Invoice

DATE	INVOICE #
05/20/2026	INV001605748

BILL TO
Village of Orland Park
Orland Park Health and Fitness Center
15430 West Ave
Orland Park, IL 60462

SHIP TO
Village of Orland Park
Orland Park Health and Fitness Center
15430 West Ave
Orland Park, IL 60462

Account Number: 16011

P.O. NUMBER	TERMS	REP	SHIP	VIA	Order Number
OPHFC	NET 30	050	05/20/2026	FEDEX_GROUND	ORD001464086

QUANTITY	ITEM CODE	DESCRIPTION	PRICE EACH	AMOUNT
2	SSD12	Suitmate Swimsuit Dryer(115v) 15" X 15" X 23"	$2,275.00	$4,550.00

Tracking Number:
484342482570
484342482580

Date Rec'd 07/17/2026
PO # _____
G/L Code 651001-5000-028
Approved By KK

Subtotal	$4,550.00
Discount Amount	$0.00
Shipping, Packaging & Handling	$102.00
Tax	$0.00
TOTAL	**$4,652.00**

All Balances must be paid within thirty (30) days of invoice date. A 1.5% monthly finance charge will be applied to all over due balances.

Balance Due **$4,652.00**

power wellness®

CHECK REQUEST FORM

Requested Refund (select) ☐ **Member** ☒ **Employee** ☐ **Petty Cash**

Center Name: Orland Park Requested By: Marla Plotner

Today's Date: 6/19/26 Member ID # _____

Payable To: Lauren Staley

Check Amount: $ 135.00 GL Account Code: 618001-3000

Reason for check: Cont. Ed. Reimbursement- Eligible for $135.00 for 2026. This fulfills her 2026 request

Vendor Refunds:		
New Vendor:	YES	NO
W-9 Attached: *(must be included for new vendors)*	YES	NO
Itemized Receipts:	YES	NO

Employee Reimbursement:	
Itemized Receipts:	Required
Expense Date:	_____
Approved By:	

(IRS Mileage Rate eff. January 2023: $.65.5 per mile)

Remittance Address: 8300 Paloma Drive

City: Orland Park State: IL. Zip: 60462

Manager Approval: [signature]

Director Approval: [signature]

Revised: 01/05/2023

Print

ZUMBA fitness

Zumba Fitness LLC
800 Silks Run Ste. 2310
Hallandale, FL 33009
786-577-2445 (Office)

Name Lauren Staley
Address 8300 Paloma Drive
City Orland Park
State Illinois
Country United States
Zip Code 60462

May 21, 2026

Qty	Description	Unit Price	Total
1	Instructor Membership - May, 2026	$36.94	$36.94
		Subtotal	$36.94
		Paid	$36.94
		Total Balance	$0.00

Thank you!

4 months
- 147.76
- Eligable
$135.00

Print

ZUMBA fitness

Zumba Fitness LLC
800 Silks Run Ste. 2310
Hallandale, FL 33009
786-577-2445 (Office)

Name Lauren Staley
Address 8300 Paloma Drive
City Orland Park
State Illinois
Country United States
Zip Code 60462

March 21, 2026

Qty	Description	Unit Price	Total
1	Instructor Membership - March, 2026	$36.94	$36.94
		Subtotal	$36.94
		Paid	$36.94
		Total Balance	$0.00

Thank you!

Print

ZUMBA fitness

Zumba Fitness LLC
800 Silks Run Ste. 2310
Hallandale, FL 33009
786-577-2445 (Office)

Name Lauren Staley
Address 8300 Paloma Drive
City Orland Park
State Illinois
Country United States
Zip Code 60462

April 21, 2026

Qty	Description	Unit Price	Total
1	Instructor Membership - April, 2026	$36.94	$36.94
		Subtotal	$36.94
		Paid	$36.94
		Total Balance	$0.00

Thank you!

Print

ZUMBA fitness

Zumba Fitness LLC
800 Silks Run Ste. 2310
Hallandale, FL 33009
786-577-2445 (Office)

Name Lauren Staley
Address 8300 Paloma Drive
City Orland Park
State Illinois
Country United States
Zip Code 60462

February 21, 2026

Qty	Description	Unit Price	Total
1	Instructor Membership - February, 2026	$36.94	$36.94
		Subtotal	$36.94
		Paid	$36.94
		Total Balance	$0.00

Thank you!

power wellness®

CHECK REQUEST FORM

Requested Refund (select) ☐ **Member** ☒ **Employee** ☐ **Petty Cash**

Center Name: Orland Park Requested By: Maria Plotner

Today's Date: 6/19/26 Member ID # _____

Payable To: Maria Plotner

Check Amount: $ 125.63 GL Account Code: 618001-3000

Reason for check: Cont. Ed Reimbursent- $74.37 left for 2026 Reimbursent.

Vendor Refunds:

New Vendor: YES NO

W-9 Attached: YES NO
(must be included for new vendors)

Itemized Receipts: YES NO

Employee Reimbursement:

Itemized Receipts: Required

Expense Date: _____

Approved By:

(IRS Mileage Rate eff. January 2023: $.65.5 per mile)

Remittance Address: 60860 W. Winding Trail unit 303

City: Oak Forest State: IL. Zip: 60452

Manager Approval: [signature]

Director Approval: [signature]

Revised: 01/05/2023

Maria Plotner

From: donotreply=livestreammania.com@mg.livestreammania.com on behalf of SCW Nutrition Coaching Summit <donotreply@livestreammania.com>
Sent: Wednesday, May 6, 2026 1:55 PM
To: Maria Plotner
Subject: ** Payment Receipt

Payment Receipt

for your payment to Nutrition Coaching Summit May 16, 2026

Amount: $125.63
Date: May 6, 2026
Invoice: 641
Transaction: ch_3TUAbDIdw1plp5cB2HO0LueJ

Paid to

Nutrition Coaching Summit May 16, 2026

Billed to

Maria Plotner
mplotner@ophfc.com (**mplotner@ophfc.com**)

6860 W Winding Trail
unit 303
Oak Forest, IL 60452
US

Nicor Gas

nicorgas.com/myaccount
1 888 Nicor4U 1 888 642-6748

Account Summary for Village of Orland Park

Account Number: 38-92-50-1039 9
Meter Number: 3891295
Service Address: 15430 S West Ave Orland Park
Bill Period: 06/02/26 - 07/01/26 **(29 days)**
Bill Issue Date: 07/01/26

Total Previous Balance	$6,651.16
Payment Received 06/26/2026 - Thank you!	-$3,762.91
Payment Received 06/26/2026 - Thank you!	-$2,888.25
Remaining Balance	$0.00
New Charges - Utility	$2,095.99
Total Amount Due by 08/20/2026	**$2,095.99**

A Message for You

We're Here! MobileX Connect, our mobile unit outreach channel, brings energy assistance and resources directly to customers. Visit nicorgas.com/mobile to learn how we're delivering help that's accessible, local and designed around customer needs.

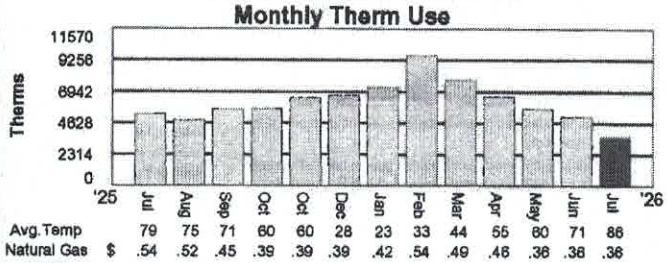
Your safety is important to us. Ask to see an employee ID when our field team is working in or around your premises.

Monthly Energy Profile

Current Reading 07/01/26 (Actual) 95407	Previous Reading 06/02/26 (Actual) 92314	Usage CCF 3093	Pressure Factor 1.132	BTU Factor 1.050	Therms 3676.33	Avg. Daily Therms 2025 182.37	Avg. Daily Therms 2026 126.77

CCF x Pressure Factor x BTU Factor = Therms

Monthly Therm Use



	Jul	Aug	Sep	Oct	Oct	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul
Avg. Temp	79	75	71	60	60	28	23	33	44	55	60	71	86
Natural Gas Cost*	$ .54	.52	.45	.39	.39	.39	.42	.54	.49	.46	.36	.36	.36

*Cost rate per therm applicable if supply obtained from Nicor Gas

New Charges - Commercial - Heat

Rate 4: Commercial Service

Delivery Charges 06/02/2026 - 06/30/2026		**$689.62**
Monthly Customer Charge		$169.82
First 150 Therms	150.00 @ $0.2495	$37.43
151 - 5000 Therms	3,526.33 @ $0.114	$402.00
Environmental Cost Recovery 3,676.33 @ $0.0031 =		$11.40
Government Agency Compensation Adjustment		$0.06
Franchise Cost Adjustment		$0.12
Efficiency Program 3,676.33 @ $0.0171		$62.87
Tax Cost Adjustment 3676.33 @ $-0.0005		-$1.84
Rider LIDA		$7.76
Natural Gas Cost		**$1,316.13**
June @ 3,676.33 Therms x $0.358		$1,316.13
Taxes		**$90.24**
Utility Fund Tax $2,005.75 @ 0.1%		$2.01
State Revenue Tax 3,676.33 @ $0.024 =		$88.23
Total		**$2,095.99**

RECEIVED
By Lori Johnson at 3:26 pm, Jul 07, 2026

Date Rec'd 07/08/2026
PO # _____
G/L Code 672002-5000-028
Approved By KK

Please see the reverse side of this bill for additional billing explanations.

Please do not include written inquiries as the stub is processed by machine. Return this portion with your check made payable to Nicor Gas.

Nicor Gas

PO Box 2020
Aurora, IL 60507-2020

Please circle an amount to add a one-time charitable donation to Sharing:

$5 $10 $25 $50

Payment Due By 08/20/2026
$2,095.99

AV 01 036471 13412H 79 A**5DGT

Village of Orland Park
14700 S RAVINIA AVE
ORLAND PARK IL 60462-3134

Account Number:
3892501039 9

Current bill $2095.99 due by 08/20/2026

PO BOX 5407
CAROL STREAM IL 60197-5407

38 92 50 1039 9 0002095990 0002095990 922

036471 1/1

PRT

PERFORMANCE CHEMICAL & SUPPLY, INC.
ENVIRONMENTAL SANITATION SPECIALISTS
18633 S. 81st AVENUE
TINLEY PARK, IL 60487
(708) 468-8241 FAX: (708) 468-8246
www.performancechemical.com
TIN# 36-3104195

INVOICE NO.	INVOICE DATE	ORDER NO.	ORDER DATE
333998	07/13/26	146465	07/09/26
CUST NO.	SHIP DATE	TAX	PAGE
72623	07/13/26	101	1

INVOICE

SOLD TO
ORLAND PARK HEALTH & FITNESS
15430 WEST AVE
ORLAND PARK, IL 60462

SHIP TO
ORLAND PARK HEALTH & FITNESS
15430 WEST AVE
ORLAND PARK, IL 60462

CUSTOMER P. O. NO.	SALES REP.	SHIP VIA	TERMS
	ROB TUCKER - WWL	OUR TRUCK	NET 30 A

LINE	PRODUCT CODE	QUANTITY ORDERED	QUANTITY SHIPPED	BACK ORDERED	UNIT	DESCRIPTION	PRICE / UNIT	TX	EXTENDED PRICE
1	US6955751	12	12		CT	EVERWIPES SURFACE CLNG,4 192830 WEBORDER 23386 Date Rec'd 07/14/2026 PO # G/L Code 635003-5000-028 Approved By KK	106.56 CT		1278.72

TOTAL PIECES SHIPPED	12		
TOTAL WEIGHT	12		
TOTAL CUBE	12	WAREHOUSE	

SUBTOTAL	1278.72
FREIGHT	
MISC	
TAX	
INVOICE TOTAL	1278.72

PERFORMANCE CHEMICAL & SUPPLY, INC.
ENVIRONMENTAL SANITATION SPECIALISTS
18633 S. 81st AVENUE
TINLEY PARK, IL 60487
(708) 468-8241 FAX: (708) 468-8246
www.performancechemical.com
TIN# 36-3104195

INVOICE NO.	INVOICE DATE	ORDER NO.	ORDER DATE
333999	07/13/26	146466	07/09/26
CUST NO.	SHIP DATE	TAX	PAGE
72623	07/13/26	101	1

INVOICE

SOLD TO
ORLAND PARK HEALTH & FITNESS
15430 WEST AVE
ORLAND PARK, IL 60462

SHIP TO
ORLAND PARK HEALTH & FITNESS
15430 WEST AVE
ORLAND PARK, IL 60462

CUSTOMER P. O. NO.	SALES REP.	SHIP VIA	TERMS
	ROB TUCKER - WWL	OUR TRUCK	NET 30 A

LINE	PRODUCT CODE	QUANTITY ORDERED	QUANTITY SHIPPED	BACK ORDERED	UNIT	DESCRIPTION	PRICE / UNIT	TX	EXTENDED PRICE
1	LY16005	4	4		CTN	GENTLE COMMERCIAL LAUNDRY SUDS & DETERGENT 5 GAL/CTN	122.47 CTN		489.88
2	L13515	6	6		CTN	NDT BLEACH PLUS 5 GAL/CTN	101.28 CTN		607.68
						WEBORDER 23387			

Date Rec'd 07/14/2026
PO #
G/L Code 635002-5000-028
Approved By KK

TOTAL PIECES SHIPPED	10
TOTAL WEIGHT	318
TOTAL CUBE	0

WAREHOUSE

SUBTOTAL	1097.56
FREIGHT	
MISC	
TAX	
INVOICE TOTAL	1097.56

power wellness®

Invoice

Power Wellness Management, LLC
851 Oak Creek Dr.
Lombard, IL 60148
Phone: 630-785-5108 Fax: 630-785-5109

Invoice Number:	0039464-IN
Invoice Date:	7/9/2026
Order Number:	0044112
Order Date:	6/29/2026
Customer PO #:	
Terms:	Due Upon Receipt

Bill To:
Orland Park Health Fitness Ctr
15430 West Avenue
Orland Park, IL 60462

Ship To:
Orland Park Health Fitness Ctr
15430 West Avenue
Attn Michael Kane
Orland Park, IL 60462

Item Number	Cost Code	Quantity	Shipped	BackOrdered	Price	Amount
PS-68163 Strength Band Lt Red 1/2"	30-02-00	4.00	4.00	0.00	$13.40	$53.60
SHIPPING CHARGE Shipping Charge	30-02-00	1.00	1.00	0.00	13.72	13.72

Date Rec'd 07/09/2026
PO #
G/L Code 641001-3000-028
Approved By MK

Subtotal:	$67.32
	$0.00
Total Amount Due:	$67.32

power wellness®

Invoice

Power Wellness Management, LLC
851 Oak Creek Dr.
Lombard, IL 60148
Phone: 630-785-5108 Fax: 630-785-5109

Invoice Number:	0039465-IN
Invoice Date:	7/9/2026
Order Number:	0043754
Order Date:	4/9/2026
Customer PO #:	
Terms:	Due Upon Receipt

Bill To:
Village of Orland Park
15430 West Avenue
Orland Park, IL 60462

Ship To:
Village of Orland Park
15430 West Avenue
Orland Park, IL 60462

Item Number	Cost Code	Quantity	Shipped	BackOrdered	Price	Amount
8POW408-21002 8OZ,NAT,IMPERIAL VOP	20-03-00	10.00	10.00	0.00	$9.00	$90.00
8POW408-21402 8OZ,NAT,IMPERIAL VOP	20-03-00	10.00	10.00	0.00	9.00	90.00
RC15481-1901 Fine Mist Smooth Red Sprayer	20-03-00	10.00	10.00	0.00	0.95	9.50
RC354001 Sprayer Fine Mist Ribbed Blk	20-03-00	10.00	10.00	0.00	0.95	9.50
SHIP CHARGE Shipping Charge	20-03-00	1.00	1.00	0.00	23.50	23.50

Date Rec'd 07/09/2026
PO #
G/L Code 635001-5000-028
Approved By MK

Subtotal:	$222.50
	$0.00
Total Amount Due:	$222.50

power wellness®

Invoice

Power Wellness Management, LLC
851 Oak Creek Dr.
Lombard, IL 60148
Phone: 630-785-5108 Fax: 630-785-5109

Invoice Number:	0039488-IN
Invoice Date:	7/16/2026
Order Number:	0044142
Order Date:	7/8/2026
Customer PO #:	
Terms:	Due Upon Receipt

Bill To:
Orland Park Health Fitness Ctr
15430 West Avenue
Orland Park, IL 60462

Ship To:
Orland Park Health Fitness Ctr
15430 West Avenue
Orland Park, IL 60462

Item Number	Cost Code	Quantity	Shipped	BackOrdered	Price	Amount
PS68164 Strength Band - Black Medium	30-02-00	2.00	2.00	0.00	$17.95	$35.90
PS-68166 Strength Band - Green Extra Heavy	30-02-00	4.00	4.00	0.00	29.90	119.60
SHIPPING CHARGE Shipping Charge	30-02-00	1.00	1.00	0.00	29.90	29.90

Date Rec'd 07/16/2026
PO #
G/L Code 641001-3000-028
Approved By KK

Subtotal:	$185.40
	$0.00
Total Amount Due:	$185.40

power wellness®

Power Wellness Management, LLC
851 Oak Creek Drive
Lombard, IL 60148
Phone 630.570.2600

Invoice #	*26011*
Invoice Date	*7/13/2026*

PO #	
Terms	

Bill To:
Orland Park Health & Fitness Center
15430 West Avenue
Orland Park, IL 60462

Project Name:	***Marketing Services***

Explanation of Services:

Marketing Services Fee - July 2026	*$ 5,500.00*
661001-2000-028	

Date Rec'd 07/13/2026
PO #
G/L Code code listed
Approved By KK

Total Amount Due: *$ 5,500.00*

power wellness®

Power Wellness Management, LLC
851 Oak Creek Drive
Lombard, IL 60148
Phone 630.570.2600

Invoice #	43398
Invoice Date	7/15/2026

PO #	
Terms	Upon Receipt

Bill To:
Kinzie Kuchenbecker
Orland Park Health & Fitness Center
15430 West Avenue
Orland Park, IL 60462

Date Rec'd 07/15/2026
PO #
G/L Code Codes listed
Approved By KK

Project Name:	Software and Licensing Fees - July 2026

Explanation of Services:

Center Apps			
URFitAP Mobile App	652001-2000-028	$ 375.00	
URFit Soap Notes	652001-8000-028	39.00	
URFit Vital Signs	652001-3000-028	142.00	
			$ 556.00
eHHQ/PROMIS	652001-3000-028		50.00
Move	652001-3000-028		550.00
Bodyscript	652001-3000-028		550.00
Group EX Pro			132.50
Volt	652001-3000-028	$ 1,500.00	
iPads	652001-3000-028	167.00	
			1,667.00
Total Amount Due:			$ 3,505.50

RJONEIL
MECHANICAL CONTRACTORS

Invoice

1125 S Lake St
Montgomery IL 60538
(630) 906-1300,
Dispatch@rjoneil.com

DATE	07/13/2026
INVOICE #	206128
TERMS	NET 30

BILL TO

Village of Orland Park
14700 S Ravinia Ave
Orland Park, IL, 60462

Kinzie Kuchenbecker

(815) 662-7334
kkuchenbecker@ophfc.com

SERVICE LOCATION

Village of Orland Park
Orland Park Health & Fitness
15430 West Ave
Orland Park, IL, 60462

(815) 662-7334
kkuchenbecker@ophfc.com

JOB#	DATE	PO
97695	07/02/2026	

Description

Contact - Kinzie
Phone - 815-662-7334

Description: Emergency plumbing service requested. Water is backing up through the floor drains in one of the lobby restrooms and has also been observed coming up through floor drains in other restrooms. Possible blockage in the drainage system. Please investigate and clear the obstruction as needed.

COMPLETION NOTES

Met Paul onsite and reviewed the areas that were backed up. Went to the cleanout in the pool area and rodded the line almost 100 feet. Cleared the blockage and restored drainage. Ran a large amount of water through the drain and verified it was flowing properly with no further issues. Pulled back what appeared to be a wipe or paper towel from the line.
Cleaned up the work area before leaving.

	Description	Qty	Rate	Tax	Total
	Labor - OT (2 Techs) Overtime Labor	8.00	$230.00	$0.00	$1,840.00
	Materials & Equipment Used Large Rodder	1.00	$85.00	$0.00	$85.00

SUB-TOTAL: $1,925.00
TIME & LABOR: $0.00
EXPENSES: $0.00
PMTS/DEPS: $0.00
TOTAL DUE: $1,925.00

CUSTOMER MESSAGE

Invoice Total: **$1,925.00**
Deposits (-): **$0.00**

	Payments (-):	**$0.00**
	Total Due:	**$1,925.00**

TERMS AND CONDITIONS

We appreciate your business.

Please note that this invoice is confirmation for the work completed and to make payments according to the terms of this invoice. Venue for any litigation arising out of this matter, including collecting any payment of sums due R.J. O'Neil, shall be in Kendall County, Illinois. Purchaser agrees to pay all costs of collection, including attorney's fees. Late invoices will be assessed a 1.5% late fee per month delinquent. All credit card payments will be assesed a 3.5% processing fee.

Date Rec'd 07/14/2026
PO #
G/L Code 65|001-5000-028
Approved By KK

solution 3 graphics
The printing & graphics solution
www.solution3graphics.com

10547 S. Western Avenue
Chicago, Illinois 60643
[773] 233-3600 phone
[773] 233-8381 fax

invoice
151823

KD

date
07-15-2026

bill to:

ORLAND PARK HEALTH & FITNESS CENTER
15430 WEST AVENUE
ORLAND PARK, IL 60462

ship to:

ORLAND PARK HEALTH & FITNESS CENTI
15430 WEST AVENUE
ORLAND PARK, IL 60462

cst code	date shipped	shipped via	terms	purchase order #
VOPHF	7/14/2026	S3G		107843462 WEB

quantity	job #	description	price	amount
500	151823	ORLAND PARK HEALTH&FITNESS BUS CARD - JODI WELSH	39.45	39.45

Net	39.45
Tax	0.00
Freight	0.00
Total	39.45

Date Rec'd 07/15/2026
PO #
G/L Code 624001-1000-028
Approved By KK

REMIT PAYMENT TO:

Solution 3 Graphics, Inc. 10547 S. Western Ave., Chicago, IL 60643

** A service charge of 1 1/2% per month will be added to all past due invoices (minimum $6.00).*

ALL appropriate taxes have been paid to suppliers.

solution 3 graphics
The printing & graphics solution
www.solution3graphics.com

10547 S. Western Avenue
Chicago, Illinois 60643
[773] 233-3600 phone
[773] 233-8381 fax

invoice
151857

KD

date
07-16-2026

bill to:

ORLAND PARK HEALTH & FITNESS CENTER
15430 WEST AVENUE
ORLAND PARK, IL 60462

ship to:

ORLAND PARK HEALTH & FITNESS CENTI
15430 WEST AVENUE
ORLAND PARK, IL 60462

cst code	date shipped	shipped via	terms	purchase order #
VOPHF	7/16/2026	S3G		107871181 WEB

quantity	job #	description	price	amount
1,000	151857	ORLAND PARK HEALTH&FITNESS BUS CARD - 2 LOTS @ 500 EA	78.90	78.90
0		ASHLEY KRZYWINSKI, JUSTIN KELLER	0.00	0.00

Net	78.90
Tax	0.00
Freight	0.00
Total	78.90

Date Rec'd 07/16/2026
PO #
G/L Code 624001-1000-028
Approved By KK

REMIT PAYMENT TO:

Solution 3 Graphics, Inc. 10547 S. Western Ave., Chicago, IL 60643

** A service charge of 1 1/2% per month will be added to all past due invoices (minimum $6.00).*

ALL appropriate taxes have been paid to suppliers.

Stericycle® We protect what matters. Shred-it® A Stericycle® Solution

INVOICE

Stericycle, Inc.
2355 Waukegan Road
Bannockburn, IL 60015

Tax ID:36-3640402

Customer ID: **1001034869**
Customer Name: ORLAND PARK HEALTH & FITNESS CENTER
Invoice Date: 07-10-2026
Invoice Number: 8014834597

ORLAND PARK HEALTH & FITNESS CENTER
15430 WEST AVENUE
ORLAND PARK, IL 60462-4661
USA

How To Contact Us	Your Payment Is Due	Total Invoice Charge
Visit www.stericycle.com To pay a bill or explore other online tools visit mystericycle.com. Have a question? For Billing, Scheduling or Customer Service call 1-866-783-7422. Hours of operation Monday through Friday from 7 AM to 7 PM CST or visit MyStericycle.com.	**08-09-2026** Payment Terms: Net due in 30 days Late fees may apply	**$55.18**

Previous Balance		Payments		Adjustments		Current Invoice Charges		Total Account Balance Due
$109.04	+	($53.86)	+	$0.00	+	$55.18	=	$110.36

Important Messages

Stericycle has updated its Schedule of Ancillary Charges. For more information, please click the 'Fees' link on www.stericycle.com

Date Rec'd 07/13/2026
PO #
G/L Code 652001-5000-028
Approved By KK

Please detach the lower portion with payment (no cash or staples)

CUSTOMER ID	INVOICE DATE	INVOICE NO.	TOTAL INVOICE CHARGE
1001034869	07-10-2026	8014834597	$55.18
CHECK NO.		**AMOUNT ENCLOSED**	
-		$	

Be sure to write your customer ID on your check

Please log onto MyStericycle.com to make an electronic payment.

ADDRESSEE

ORLAND PARK HEALTH & FITNESS CENTER
15430 WEST AVENUE
ORLAND PARK, IL 60462-4661
USA

REMIT TO

Stericycle, Inc.
28883 Network Place
Chicago, IL 60673-1288

028883 1001034869 0000008014834597 0000005518 8

Training Concepts

485 W Armory Dr
Suite A
South Holland, IL 60473
Phone: 708-596-3155
Fax: 708-596-1818

Invoice
68261

Invoice Date
7/14/26

Terms: Due Upon Receipt

Unpaid

Ship To:

Orland Park Health & Fitness Cntr.
Attn: Ellen Papan
15430 West Avenue
Orland Park, IL 60462

Bill To:

Orland Park Health & Fitness Cntr.
Attn: Ellen Papan
15430 West Avenue
Orland Park, IL 60462

Customer ID: PHF100

Customer PO:

Description	Amount
10 BLS Provider Course eCards (assigned to Ellen Papan's inventory 7/14/26)	70.00

Date Rec'd 07/14/2026
PO #
G/L Code 18001-1000-028
Approved By KK

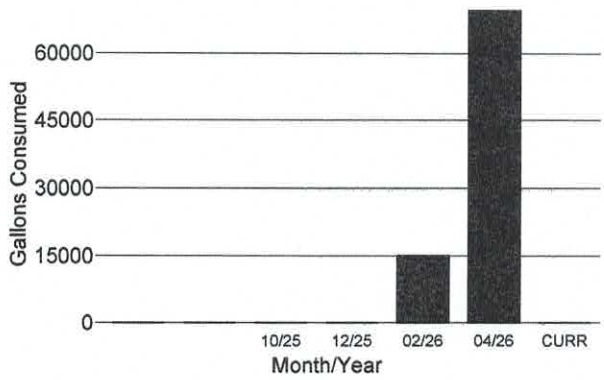
Customer Balance As of: 7/14/26
$ 145.00

Pay with Credit Card			
Card Type (please circle)	Mastercard Visa		
Cardholder's Name:			
Billing Address:			
CC Number:			
Expiration Date:		Verification Code:	

Subtotal	70.00
Sales Tax	
Total Invoice Amount	70.00
Payment Received	
Payment Received By	
TOTAL	70.00

Water Billing: (708) 403-6175
www.orlandpark.org

Account-Customer ID:	**090610-248872**
Bill Number:	178739
Service Address:	15430 WEST BPASS
Service Period:	04/20/2026 TO 06/19/2026
Service Days:	60
Bill Type:	ACTUAL READ
Meter Number:	101801090
Meter Reading:	Prev: 85591 Curr: 85591
Total Consumption Billed:	0



Previous Balance	**$1,794.77**
Payment - Thank You	-$1,794.77
Service Charge	$16.55

Date Rec'd 07/17/2026
PO # _____
G/L Code 672003-5000-028
Approved By KK

Total Charges Due By 08/17/2026	**$16.55**
Total Due After 08/17/2026	**$18.21**

VILLAGE OF ORLAND PARK
14700 RAVINIA AVENUE
ORLAND PARK, IL 60462

DONATIONS
*VOP- Special Recreation $_____
*South Suburban PADS $_____
*Tax-deductible

Account-Customer ID:	**090610-248872**
Bill Number:	178739
Bill Date:	07/31/2026
Payment Due Date:	08/17/2026
Total Amount Due:	**$16.55**
Amount Enclosed:	

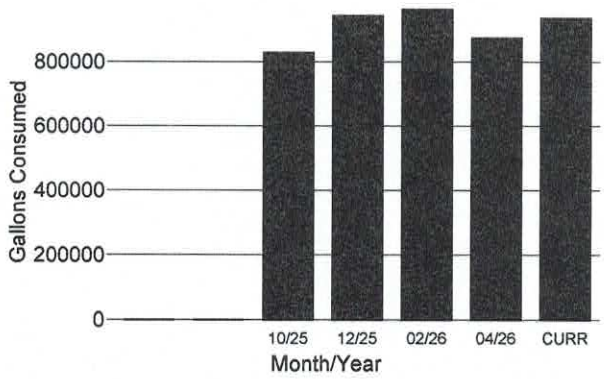
Orland Park Health and Fitness
15430 West Avenue
BPASS
Orland Park, IL 60462

VILLAGE OF ORLAND PARK
PO BOX 74713
CHICAGO IL 60694-4713

00006042026300178739900000016550

Water Billing: (708) 403-6175
www.orlandpark.org

Account-Customer ID:	**095680-248873**
Bill Number:	178746
Service Address:	15430 WEST
Service Period:	04/20/2026 TO 06/19/2026
Service Days:	60
Bill Type:	ACTUAL READ
Meter Number:	92413053
Meter Reading:	Prev: 18828115 Curr: 19764592
Total Consumption Billed:	936477



Previous Balance	**$42,300.88**
Payment - Thank You	-$42,300.88
Water Service	$17,086.18
Storm Water Service	$3,184.02
Sewer Service	$1,254.88
Service Charge	$16.55
Total Charges Due By 08/17/2026	**$21,541.63**
Total Due After 08/17/2026	**$23,695.80**

Date Rec'd 07/17/2026
PO #_____
G/L Code 672003-5000-028
Approved By KK

VILLAGE OF ORLAND PARK
14700 RAVINIA AVENUE
ORLAND PARK, IL 60462

DONATIONS
*VOP- Special Recreation $_____
*South Suburban PADS $_____
*Tax-deductible

Account-Customer ID:	**095680-248873**
Bill Number:	178746
Bill Date:	07/31/2026
Payment Due Date:	08/17/2026
Total Amount Due:	**$21,541.63**
Amount Enclosed:	

Orland Park Health and Fitness
15430 WEST AVENUE
ORLAND PARK, IL 60462

VILLAGE OF ORLAND PARK
PO BOX 74713
CHICAGO IL 60694-4713

00006042026300178746400021541636

Email Delivery: kkuchenbecker@ophfc.com;

VitalShred
Secure Paper & Data Destruction
Pro-Shred dba Vital Records Control

Invoice

Invoice Date: 6/30/2026
Account #: 60115836 (CHI2)
Invoice #: 6724314
Invoice Amount: $106.24

Kinzie Kuchenbecker
Orland Park Health & Fitness Center (48-0000365846)
15430 West Ave.
Orland Park, IL 60462

Please Remit To: **Vital Records Control**
Dept. 5874
PO Box 11407
Birmingham, AL 35246-5874
708-263-4292
shred-chi@vitalshred.com

DESTRUCTION SUMMARY	
4 TOTAL RPS - RECYCLE FEE	$13.20
0 CONTRACTED DESTRUCTIONS - PER MONTH	
0 TOTAL BOXES DESTROYED (0 CUBIC FEET)	$0.00
0 TOTAL BOXES PERM-OUT (0 CUBIC FEET)	$0.00
0 CONTRACTED DB1 - DESTRUCTION BIN CONSOLE - PER MONTH	
4 TOTAL DB1 - DESTRUCTION BIN CONSOLE - ROTATIONS/LBS	$27.16
0 CONTRACTED DB2 - DESTRUCTION BIN 64 GALLON - PER MONTH	
0 TOTAL DB2 - DESTRUCTION BIN 64 GALLON - ROTATIONS/LBS	$0.00
0 CONTRACTED DB3 - DESTRUCTION BIN 96 GALLON - PER MONTH	
0 TOTAL DB3 - DESTRUCTION BIN 96 GALLON - ROTATIONS/LBS	$0.00
0 CONTRACTED DB4 - DESTRUCTION BIN OTHER - PER MONTH	
0 TOTAL DB4 - DESTRUCTION BIN OTHER - ROTATIONS/LBS	$0.00
DELIVERY SUMMARY	
0 CONTRACTED STANDARD DELIVERIES - PER MONTH	
0 TOTAL STANDARD DELIVERIES	$0.00
1 TOTAL FSC - FUEL FEE	$5.10
OTHER SERVICES	
1 TOTAL ADMSHRED - Admin Fee for Shred Service Line	$7.95
1 TOTAL CPSHRED - Compliance Reporting for Shred Service Line	$7.95
1 TOTAL TRP - Transportation	$40.77
LATE FEES	$4.11
TAX	
TAX	$0.00
Invoice Total	**$106.24**

This invoice represents charges in advance for the Standard Monthly Fee which includes Contracted Storage and Services for 7/1/2026 to 7/31/2026 and charges in arrears for "Additional Storage" and any Service Transactions with a date from 6/1/2026 to 6/30/2026 inclusive. Absent a current executed Services Agreement with VRC, Terms & Conditions can be found at https://vitalrecordscontrol.com/vitalshred-terms-and-conditions.

VRC®

NET DUE: 15 DAYS
*** Past due amounts are subject to a finance charge of 1.5% per month**

Date Rec'd 07/10/2026
PO #
G/L Code 652001-2000-028
Approved By KK

xerox™

PO BOX 13604
Philadelphia, PA 19101-3604

Electronic Service Requested

INVOICE

Remittance Section

Customer Account Number:	**1001412**
Invoice Number:	42352035
Invoice Date:	07/12/2026
Invoice Due Date:	**08/01/2026**
Total Due:	**$570.00**

VILLAGE OF ORLAND PARK DBA ORLAND PARK HEALTH AND
15430 WEST AVE
ORLAND PARK IL 60462-4661

Amount Paid: $ _____

Use enclosed envelope and make check payable to:

XEROX FINANCIAL SERVICES
PO BOX 13604
PHILADELPHIA, PA 19101-3604

0100100423520352000000570002 3

For faster processing, please remove the check skirt.

Keep lower portion for your records - Please return upper portion with your payment

Important Messages

YOUR ACCOUNT IS DELINQUENT
This invoice includes unpaid items from your last bill.

Please call **844-815-8948** and talk to your Account Representative about payment options. We offer check by phone payment options.

You can also manage your account and pay online at: www.leaseservices.com.

CUSTOMER ACCOUNT NUMBER	INVOICE DATE	INVOICE NUMBER	DUE DATE	LAST PAYMENT RECEIVED
1001412	07/12/2026	42352035	08/01/2026	06/29/2026

Charges Summary

Contract PO#	Current Billing Period	Charge Description	Current Due	Past Due	Total Due
211-1001412-001	07/01/2026 - 07/31/2026	CONTRACT PAYMENT	$285.00	$285.00	$570.00
		CONTRACT BALANCE DUE	$285.00	$285.00	$570.00
		INVOICE TOTAL BALANCE DUE	$285.00	$285.00	$570.00

Date Rec'd 07/13/2026
PO # _____
G/L Code 052001-1000-028
Approved By KK

Questions? See our FAQs on page 2. Visit us at www.leaseservices.com or 888-236-2409.