



REVIEW FOR DUPLICATE PAYMENT OF INVOICES

For invoices paid between
7/1/2016 – 9/30/2016

Prepared by:

Bryan Cutler,
Chief Deputy Auditor

WINNEBAGO COUNTY AUDITOR

William D. Crowley, C.F.E.

404 Elm St., Suite 201
Rockford, IL 61104

815-319-4200
FAX: 815-319-4201

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INTRODUCTION

This review was performed in order to detect and identify any invoices that were incorrectly paid in duplicate. The MUNIS financial system has a built-in control for preventing unwanted duplicate payments, based on invoice numbers that are entered by clerks at the time of accounts payable invoice entry. However, this control is dependent upon the accuracy and consistency of invoice numbers as they are entered.

This review was performed by analyzing a listing of all invoices paid during the testing period (7/01/2016 – 9/30/2016). All items with duplicate amounts, vendor numbers, and invoice dates were identified with software tools; these results were then visually scrutinized to identify possible duplicate payments. Documentation in the accounts payable file was reviewed to determine whether payment duplication had occurred.

FINDINGS

During the testing period we noted 2 payments below which appeared to be duplicate. We have notified the applicable department(s) of the duplicate payment with the expectation that proper credit will be pursued if not already provided.

St. Anthony Medical Center	\$524.75
Swedish American	\$1,173.27

Invoice Date	Invoice Number	Invoice Description	PO Numbers	GL Acct Numbers	Net Invoice Amount
06/16/2016	24244826	PATHOLOGY		72500 43150	30.45
06/07/2016	29879159	LABS		72500 43150	421.15
05/12/2016	29634969	LABS		72500 43150	524.75
06/08/2016	28723273	LABS		72500 43150	634.00

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
4995	ST ANTHONY MEDICAL CENTER	0358784	07/28/2016	1,610.35

(A)



Treasurer of Winnebago County

404 Elm Street
Rockford, Illinois 61101

VOID AFTER
90 DAYS

Vendor
Number
4995

Check
Date
07282016

Check
Number

0358784

70-2555
719

VOID

MP

MP

\$ 610.35

Pay One Thousand Six Hundred and Ten Dollars and 35 cents *****

To The Order Of ST ANTHONY MEDICAL CENTER

RIVERSIDE BANK
ROCKFORD, IL

Winnebago County Clerk
Winnebago County Treasurer

⑈0358784⑈ ⑆07192554⑆ 161000971⑈

(A) - pmt of \$ 524.75
is for the same
invoice from pg. 3.

AP



Treasurer of Winnebago County

404 Elm Street
Rockford, Illinois 61101
Vendor Account

Forwarding Service Requested

0358784

ST ANTHONY MEDICAL CENTER
5666 E STATE ST
ROCKFORD, IL 61108-0000

(1)

St Anthony

OSF HEALTHCARE SA
Peoria, IL

PAGE 1

Invoice Date: 05/12/16
Due Date: 06/11/16
Guarantor Acct: 700000664
Hospital Acct: 29634969
Amount Due: 524.75

Bill To:
SAMC LAB CLIENT RIVERBLUFF NURSING HOM
4401 NORTH MAIN STREET ROCKFORD IL
Rockford, 61103

Summary

New Charges:	524.75
Balances for Previous Statements:	0.00
Payments/Adjustments:	0.00
Total Amount Due:	524.75

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Account Aging

0-30	31-60	61-90	91-120	>120	Total
524.75	0.00	0.00	0.00	0.00	524.75

Payments

Post Date	Description	Amount
Total for 0 Payments		0.00

Adjustments

Post Date	Description	Amount
Total for 0 Adjustments		0.00

PAID
Amount JUL 28 2016
BY: 0.00

CM

OSF HEALTHCARE SA
MONTHLY BILL DETAIL FOR
SAMC LAB CLIENT RIVERBLUFF NURSING HOME - UNIT B, CLIENT/SUBMITTER

05/12/16
PAGE 2

Current Statement
Patient Detail For New Charges

2

Invoice Date	Invoice Number	Invoice Description	PO Numbers	GL Acct Numbers	Net Invoice Amount
05/12/2016	700000664	LABS		72500 43150	524.75
Vendor No.	Vendor Name	Check No.	Check Date	Check Amount	
4995	ST ANTHONY MEDICAL CENTER	0358098	06/23/2016	524.75	

(A)



Treasurer of Winnebago County

404 Elm Street
Rockford, Illinois 61101

VOID AFTER
90 DAYS

Vendor
Number
4995

Check
Date
06/23/2016

Check
Number
0358098

70-2555
719

VOID

524.75

Pay Five Hundred Twenty Four Dollars and 75 cents *****

To The Order Of ST ANTHONY MEDICAL CENTER

RIVERSIDE BANK
ROCKFORD, IL

Winnebago County Clerk
Winnebago County Treasurer

⑈0358098⑈ ⑆071925554⑆ 161000971⑈

AP



Treasurer of Winnebago County

404 Elm Street
Rockford, Illinois 61101
Vendor Account

Forwarding Service Requested

0358098

ST ANTHONY MEDICAL CENTER
5666 E STATE ST
ROCKFORD, IL 61108-0000

(3)

Saint Anthony Medical Center
 5666 East State St
 Rockford, IL 61108
 815-395-5070



Invoice Date: 05/12/16
 Due Date: 06/11/16
 Guarantor Acct: 700000664
 Hospital Acct: 29634969
 Amount Due: 524.75

Bill To:
 SAMC LAB CLIENT RIVERBLUFF NURSING HOM
 4401 NORTH MAIN STREET ROCKFORD IL
 Rockford, 61103

Summary

New Charges:	524.75
Balances for Previous Statements:	0.00
Payments/Adjustments:	0.00
Total Amount Due:	524.75

MP
mc

Account Aging

0-30	31-60	61-90	91-120	>120	Total
524.75	0.00	0.00	0.00	0.00	524.75

Payments

Post Date	Description	Amount
Total for 0 Payments		0.00

Stamp: JUN 23 2016

Adjustments

Post Date	Description	Amount
Total for 0 Adjustments		0.00

BY:

CManner

Invoice Date	Invoice Number	Invoice Description	PO Numbers	GL Acct Numbers	Net Invoice Amount
07/08/2016	LEGAULT, R-7/8/16	LEGAULT, RICKIE - 7/8/16 - ORG		21000 43150	223.62
07/14/2016	KONOPKA, W-7/14/16	KONOPKA, WITOLD - 7/14/16 - OR		21000 43150	233.84
07/14/2016	HARE, J-7/14/16	HARE, JEROME - 7/14/16 - ORG \$		21000 43150	244.57
07/25/2016	JONES, L-7/25/16	JONES, LAYANNA - 7/25/16 - ORG		21000 43150	257.86
08/18/2016	FLOYD, D-8/18/16	FLOYD, DESA - 8/19/16 - ORG \$5		21000 43150	281.09
06/26/2016	BROWN, T-6/26/16	BROWN, TYVESHIA - 6/26/16 - ORG		21000 43150	281.74
08/07/2016	CHATMAN, D-8/7/16	CHATMAN, DENISE - 8/6/16 - ORG		21000 43150	294.42
08/03/2016	CREAN, C-8/3/16	CREAN, CHRISTOPHER - 8/3/16 -		21000 43150	300.36
08/31/2016	WINJAIL-8/31/16	LABS		21000 43150	346.49
08/08/2016	FOSTER, L-8/8/16	FOSTER, LAMONT - 8/8/16 - ORG		21000 43150	382.84
07/29/2015	FINKBONER, W-7/29/15	FINKBONER, WILLIAM - 7/29/15 -		21000 43150	396.89
05/24/2016	BAKER, P-5/24/16	BAKER, PERCY - 5/24/16 - ORG \$		21000 43150	400.15
07/04/2016	EIMERMANN, A-7/4/16	EIMERMANN, ASHLEY - 7/4/16 - O		21000 43150	410.43
08/05/2016	WILLIAMS, E-8/5/16	WILLIAMS, ELIJAH - 8/5/16 - OR		21000 43150	553.05
07/17/2016	PENNING, L-7/17/16	PENNING, LAWRENCE - 7/17/16 -		21000 43150	619.83
08/31/2016	WINDC-8/31/16	Screening		60100 43150	627.05
08/31/2016	WINNHEA-8/31/16	Screening		60100 43150	60403 60425 1,113.12
01/24/2014	SORCE, S-1/24/14	SORCE, SUSAN - 1/24/14 - ORG \$		21000 43150	1,731.27

Vendor No.	Vendor Name	Check No.	Check Date	Check Amount
3729	SWEDISH AMERICAN	0360166	09/29/2016	61,049.17

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ⓑ - pmt of \$1,731.27
is for the same
invoice from pg. 7.

Invoice Date	Invoice Number	Invoice Description	PO Numbers	GL Acct Numbers	Net Invoice Amount
04/13/2016	NOE,T-4/13/16	NOE, TYLER - 4/13/16 - ORG \$16		21000 43150	4,659.72
Vendor No.		Vendor Name	Check No.	Check Date	Check Amount
3729		SWEDISH AMERICAN	0360166	09/29/2016	61,049.17



Treasurer of Winnebago County

404 Elm Street
Rockford, Illinois 61101
Vendor Account

VOID AFTER
90 DAYS

Vendor
Number
3729

Check
Date
09/29/2016

Check
Number

0360166

70-2555
719

VOID

Pay Sixty One Thousand Four Hundred Nine Dollars and 17 cents *****

To The Order Of **SWEDISH AMERICAN**

RIVERSIDE BANK
ROCKFORD, IL

Winnebago County Clerk

Winnebago County Treasurer

\$ 61,049.17

⑈0360166⑈ ⑆07192554⑆ 161000971⑈

AP



Treasurer of Winnebago County

404 Elm Street
Rockford, Illinois 61101
Vendor Account

Forwarding Service Requested

0360166

SWEDISH AMERICAN
PO BOX 310283
DES MOINES, IA 50331-0283

5

Invoice Date	Invoice Number	Invoice Description	PO Numbers	GL Acct Numbers	Net Invoice Amount
09/11/2014	9/11/14 JS 12743.26	9/11/14 SHORT, JEANETTE ORIG 1		21000 43150	935.56
09/13/2014	9/13/14 SW 14329.59	9/13/14 WORDEN, SETH ORIG 1432		21000 43150	971.78
01/24/2014	1/24/14 SS 24540.89	1/24/14 SORCE, SUSAN ORIG 2454		21000 43150	1,731.27
05/31/2015	WINDC-5/31/15	Screening		60100 43150 60403	1,985.35
03/14/2014	3/14/14 WS 9735.57	3/14/14 SANDERS, WILLIE B ORIG		21000 43150	2,171.94
06/25/2014	6/25/14 SM 14542.27	6/25/14 MARTIN, SHAUNTAY ORIG		21000 43150	2,289.95
04/19/2014	4/19/14 EW 22485.29	4/19/14 WINCAPAW, ERIC ORIG 22		21000 43150	2,516.80
03/11/2014	3/11/14 LJ 39288.74	3/11/14 JONES, LEROY ORIG 3928		21000 43150	3,090.07
12/29/2014	12/29/14 JT 51054.79	12/29/14 THOMPSON, JAMILLI ORI		21000 43150	3,519.33
10/30/2014	10/30/14 KH 82048.51	10/30/14 HERRING, KEVIN ORIG 8		21000 43150	3,769.00
04/03/2014	4/3/14 DT 91928.03	4/3/14 THOMPSON, DEMARIO ORIG		21000 43150	10,189.32
09/19/2014	9/19/14 HP 39926.84	9/19/14 PECK, HAROLD ORIG 3992		21000 43150	10,963.72
Vendor No. 3729		Vendor Name SWEDISH AMERICAN	Check No. 0348000	Check Date 06/25/2015	Check Amount 54,812.03



Treasurer of Winnebago County

404 Elm Street
Rockford, Illinois 61101
For Account

Vendor Number 3729
Check Date 06252015
Check Number 0348000
70-2555
719

VOID AFTER
90 DAYS

VOID

Pay Fifty Four Thousand Eight Hundred Twelve Dollars and 03 cents *****

To The Order Of **SWEDISH AMERICAN**

RIVERSIDE BANK
ROCKFORD, IL

Winnebago County Clerk
Winnebago County Treasurer
MP
M

⑈0348000⑈ ⑆071925554⑆ 161000971⑈

AP



Treasurer of Winnebago County

404 Elm Street
Rockford, Illinois 61101
Vendor Account

Forwarding Service Requested

0348000

SWEDISH AMERICAN
PO BOX 310283
DES MOINES, IA 50331-0283