Scotia-Glenville Central School District 900 Preddice Parkway, Scotia, NY 12302

Warrant Number: A-71 Number of Payments: 6
Checks Dated; 6/28/2024 Voided Checks: None

Wires Numered: 960-962 Amount of Warrant: \$214,939.61

Checks Numbered: 582021-582023

Findings Summary

Description	Number	Check#	Amount	Department	Resolution
No claims auditing findings noted.					
				6/29/24 A	orieth.hum

SCOTIA-GLENVILLE CSD



/27/2024	nt Description 2412 SCOTIA-GLENVILLI OLIDATED PAYROLL		Invoice Number	PO Number Trust & Agency Pa	Check Amount yment	Liquidate
				Trust & Agency Pa	yment	
CONSC	OLIDATED PAYROLL	Trust 9 Aganou Doumant				
		Trust & Agency Payment			152,175,88	
				Check Total:	152,175.88	
06/27/2024 7328 NYS WITHHOLDI		G TAX		Trust & Agency Payment		
NYS IN	ICOME TAX	Trust & Agency Payment			5,196.70	
				Check Total:	5,196.70	
/27/2024	7329 EFTPS			Trust & Agency Pa	ayment	
FICA TAX		Trust & Agency Payment			11,352.13	
FICA TAX		Trust & Agency Payment			11,352.13	
FEDERAL INCOME TAX		Trust & Agency Payment			8,732.86	
MED TAX		Trust & Agency Payment		2,654.93		
MED T	AX	Trust & Agency Payment			2,654.93	
				Check Total:	36,746.98	
/27/2024	1272 NYS & LOCAL EMP	PL. RETIRE, SYST		Trust & Agency Pa	ayment - ERSLN	
STATE RETIREMENT		Trust & Agency Payment - ERS			8,654.60	
STATE RETIREMENT		Trust & Agency Payment - ERSAR PostTax			861,42	
STATE RETIREMENT		Trust & Agency Payment - ERSAR414 Pretax			92.20	
STATE RETIREMENT		Trust & Agency Payment - ERSLN			4,124,00	
				Check Total:	13,732.22	
/27/2024	1277 NYSTRS			Trust & Agency Pa	ayment - TRSLN	
TEACH	HER RETIREMENT LOAN	Trust & Agency Payment - TRSLN			6,999,00	
				Check Total:	6,999.00	
06/27/2024 1726 SCHENECTADY (OUNTY SHERIFF		Trust & Agency Payment - GR1		
INCOM	ME EXECUTIONS	Trust & Agency Payment - GR1	18000333 - GAMBILL, TANYA L		88.83	
				Check Total:	88.83	
insactions:	6			Warrant Total:	214,939.61	
				Vendor Portion:	214,939.61	
6	NYS IN 6/27/2024 FICA T FICA T FEDEF MED T MED T 6/27/2024 STATE STATE STATE STATE STATE STATE STATE STATE STATE A S/27/2024 INCOM	NYS INCOME TAX S/27/2024 7329 EFTPS FICA TAX FICA TAX FEDERAL INCOME TAX MED TAX MED TAX MED TAX S/27/2024 1272 NYS & LOCAL EMF STATE RETIREMENT STATE RETIREMENT STATE RETIREMENT STATE RETIREMENT STATE RETIREMENT STATE RETIREMENT STATE RETIREMENT STATE RETIREMENT STATE RETIREMENT STATE RETIREMENT STATE RETIREMENT STATE RETIREMENT	NYS INCOME TAX Trust & Agency Payment FICA TAX FICA TAX FICA TAX FICA TAX Trust & Agency Payment FEDERAL INCOME TAX Trust & Agency Payment MED TAX MED TAX Trust & Agency Payment MED TAX Trust & Agency Payment MED TAX Trust & Agency Payment Trust & Agency Payment S/27/2024 1272 NYS & LOCAL EMPL. RETIRE, SYST STATE RETIREMENT STATE RETIREMENT Trust & Agency Payment - ERSAR PostTax STATE RETIREMENT Trust & Agency Payment - ERSAR414 Pretax STATE RETIREMENT Trust & Agency Payment - ERSAR414 Pretax STATE RETIREMENT Trust & Agency Payment - ERSLN S/27/2024 1277 NYSTRS TEACHER RETIREMENT LOAN Trust & Agency Payment - TRSLN S/27/2024 1726 SCHENECTADY COUNTY SHERIFF INCOME EXECUTIONS Trust & Agency Payment - GR1	NYS INCOME TAX Trust & Agency Payment FICA TAX FICA TAX FICA TAX FICA TAX Trust & Agency Payment FEDERAL INCOME TAX Trust & Agency Payment MED TAX Trust & Agency Payment MED TAX Trust & Agency Payment MED TAX Trust & Agency Payment S127/2024 1272 NYS & LOCAL EMPL. RETIRE, SYST STATE RETIREMENT Trust & Agency Payment - ERS STATE RETIREMENT Trust & Agency Payment - ERSAR PostTax STATE RETIREMENT Trust & Agency Payment - ERSAR414 Pretax STATE RETIREMENT Trust & Agency Payment - ERSAN PostTax STATE RETIREMENT Trust & Agency Payment - ERSAN STATE RETIREMENT Trust & Agency Payment - ERSAN S127/2024 1277 NYSTRS TEACHER RETIREMENT LOAN Trust & Agency Payment - TRSLN S127/2024 1726 SCHENECTADY COUNTY SHERIFF INCOME EXECUTIONS Trust & Agency Payment - GR1 18000333 - GAMBILL, TANYAL	NYS INCOME TAX Trust & Agency Payment Check Total: Trust & Agency Payment	NYS INCOME TAX

Certification of Warrant To The District Treasurer: I hereby certify that I have audited the above claims in the total amount of \$_____. You are hereby authorized and directed to pay to the claimants certified above the amount of each claim allowed and charge each to the proper fund.

Title

Auditor's Signature

Date