

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

Warrant Number: A-10  
Checks Dated: 8/16/2024

Number of Payments: 8  
Voided Checks: None

Wires Numered: 975-978  
Checks Numbered: 582236-582239

Amount of Warrant: \$326,170.06

Findings Summary

| Description                        | Number | Check # | Amount | Department | Resolution |
|------------------------------------|--------|---------|--------|------------|------------|
| No claims auditing findings noted. |        |         |        |            |            |

8/15/24 Dorie Amun

**SCOTIA-GLENVILLE CSD**



**Check Warrant Report For A - 10: 8/16/24 payroll For Dates 8/1/2024 - 8/31/2024**

| Check #<br>Account | Check Date | Vendor ID<br>Account Description   | Vendor Name<br>Explanation          | Invoice Number                       | Check Description<br>PO Number      | Check Amount        | Liquidated        |
|--------------------|------------|--|-------------------------------------|--------------------------------------|-------------------------------------|---------------------|-------------------|
| 975                | 08/15/2024 | 2412 SCOTIA-GLENVILLE CSD  |                                     |                                      | Trust & Agency Payment              |                     |                   |
| A 710              |            | CONSOLIDATED PAYROLL   | Trust & Agency Payment              |                                      |                                     | 228,276.18          |                   |
|                    |            |  |                                     |                                      |                                     | <b>Check Total:</b> | <b>228,276.18</b> |
| 976                | 08/15/2024 | 7328 NYS WITHHOLDING TAX   |                                     |                                      | Trust & Agency Payment              |                     |                   |
| A 721              |            | NYS INCOME TAX   | Trust & Agency Payment              |                                      |                                     | 13,131.68           |                   |
|                    |            |  |                                     |                                      |                                     | <b>Check Total:</b> | <b>13,131.68</b>  |
| 977                | 08/15/2024 | 7329 EFTPS   |                                     |                                      | Trust & Agency Payment              |                     |                   |
| A 726FICA          |            | FICA TAX   | Trust & Agency Payment              |                                      |                                     | 19,098.01           |                   |
| A 726FICA          |            | FICA TAX   | Trust & Agency Payment              |                                      |                                     | 19,098.01           |                   |
| A 722              |            | FEDERAL INCOME TAX   | Trust & Agency Payment              |                                      |                                     | 27,658.84           |                   |
| A 726MED           |            | MED TAX  | Trust & Agency Payment              |                                      |                                     | 4,466.52            |                   |
| A 726MED           |            | MED TAX  | Trust & Agency Payment              |                                      |                                     | 4,466.52            |                   |
|                    |            |  |                                     |                                      |                                     | <b>Check Total:</b> | <b>74,787.90</b>  |
| 978                | 08/15/2024 | 10867 US OMNI & TSUS OMNI & TSACG COMPLIANCE SERVICES, INCACG COMPLIANCE SERVICES, INC |                                     |                                      | Trust & Agency Payment              |                     |                   |
| A 729              |            | EMPLOYEES ANNUITIES  | Trust & Agency Payment              |                                      |                                     | 230.00              |                   |
| A 729              |            | EMPLOYEES ANNUITIES  | Trust & Agency Payment              |                                      |                                     | 1,570.83            |                   |
| A 729              |            | EMPLOYEES ANNUITIES  | Trust & Agency Payment              |                                      |                                     | 800.00              |                   |
| A 729              |            | EMPLOYEES ANNUITIES  | Trust & Agency Payment              |                                      |                                     | 700.00              |                   |
| A 729              |            | EMPLOYEES ANNUITIES  | Trust & Agency Payment              |                                      |                                     | 1,000.00            |                   |
| A 729              |            | EMPLOYEES ANNUITIES  | Trust & Agency Payment              |                                      |                                     | 50.00               |                   |
| A 729              |            | EMPLOYEES ANNUITIES  | Trust & Agency Payment              |                                      |                                     | 2,400.00            |                   |
| A 729              |            | EMPLOYEES ANNUITIES  | Trust & Agency Payment              |                                      |                                     | 950.00              |                   |
| A 729              |            | EMPLOYEES ANNUITIES  | Trust & Agency Payment              |                                      |                                     | 130.00              |                   |
|                    |            |  |                                     |                                      |                                     | <b>Check Total:</b> | <b>7,830.83</b>   |
| 582236             | 08/15/2024 | 1223 AFSCME COUNCIL 66   |                                     |                                      | Trust & Agency Payment - DU         |                     |                   |
| A 724              |            | ASSOCIATION AND UNION DUES   | Trust & Agency Payment - DU         |                                      |                                     | 535.74              |                   |
|                    |            |  |                                     |                                      |                                     | <b>Check Total:</b> | <b>535.74</b>     |
| 582237             | 08/15/2024 | 8174 BENETECH  |                                     |                                      | Trust & Agency Payment - Z2 MEDICAL |                     |                   |
| A 705              |            | IRS.125 DEPENDENT CARE   | Trust & Agency Payment - Z1 DEPCARE |                                      |                                     | 37.50               |                   |
| A 704              |            | IRS.125 MEDICAL REIMBURSE  | Trust & Agency Payment - Z2 MEDICAL |                                      |                                     | 762.49              |                   |
|                    |            |  |                                     |                                      |                                     | <b>Check Total:</b> | <b>799.99</b>     |
| 582238             | 08/15/2024 | 10733 NYS CHILD SUPPORT PROCESSING CENTER (SDU)  |                                     |                                      | Trust & Agency Payment - IWO1       |                     |                   |
| A 723              |            | INCOME EXECUTIONS  | Trust & Agency Payment - IWO1       | CASE CC96033D1<br>SCHDY DSS - LO     |                                     | 374.00              |                   |
|                    |            |  |                                     |                                      |                                     | <b>Check Total:</b> | <b>374.00</b>     |
| 582239             | 08/15/2024 | 10733 NYS CHILD SUPPORT PROCESSING CENTER (SDU)  |                                     |                                      | Trust & Agency Payment - IWO2       |                     |                   |
| A 723              |            | INCOME EXECUTIONS  | Trust & Agency Payment - IWO2       | CASE CC58274N1<br>RENSS DSS -<br>BRO |                                     | 433.74              |                   |
|                    |            |  |                                     |                                      |                                     | <b>Check Total:</b> | <b>433.74</b>     |

SCOTIA-GLENVILLE CSD

Check Warrant Report For A - 10: 8/16/24 payroll For Dates 8/1/2024 - 8/31/2024



| Check #<br>Account        | Check Date<br>Account Description | Vendor ID<br>Vendor Name | Explanation | Invoice Number | Check Description<br>PO Number | Check Amount    | Liquidated |
|---------------------------|-----------------------------------|--------------------------|-------------|----------------|--------------------------------|-----------------|------------|
| Number of Transactions: 8 |                                   |                          |             |                |                                | Warrant Total:  | 326,170.06 |
|                           |                                   |                          |             |                |                                | Vendor Portion: | 326,170.06 |

Certification of Warrant

To The District Treasurer: I hereby certify that I have verified the above claims, <sup>975-978</sup> ~~582236~~ <sup>582239</sup> in number, in the total amount of \$ <sup>06</sup> ~~326,170.~~ 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.

8/15/24                      Doree Amund                      Claims Auditor  
 Date                                      Signature                                      Title

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.

\_\_\_\_\_  
 Date                                      Auditor's Signature                                      Title