

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

Warrant Number: A-2  
Checks Dated: 7/5/2024

Number of Payments: 7  
Voided Checks: None

Wires Numered: 963-966  
Checks Numbered: 582024-582026

Amount of Warrant: \$228,085.73

Findings Summary

Description	Number	Check #	Amount	Department	Resolution
No claims audit findings noted.					

7/18/24 Doris A. Munn

SCOTIA-GLENVILLE CSD

Check Warrant Report For A - 2: 7/5/24 PAYROLL For Dates 7/1/2024 - 7/31/2024



Check #	Check Date	Vendor ID	Vendor Name	Check Description	Invoice Number	Check Amount	Liquidated
Account	Account	Description	Explanation	PO Number			
963	07/04/2024	2412	SCOTIA-GLENVILLE CSD	Trust & Agency Payment			
A 710		CONSOLIDATED PAYROLL	Trust & Agency Payment			136,821.97	
						<b>Check Total:</b>	<b>136,821.97</b>
964	07/04/2024	7328	NYS WITHHOLDING TAX	Trust & Agency Payment			
A 721		NYS INCOME TAX	Trust & Agency Payment			9,263.60	
						<b>Check Total:</b>	<b>9,263.60</b>
965	07/04/2024	7329	EFTPS	Trust & Agency Payment			
A 726FICA		FICA TAX	Trust & Agency Payment			12,102.43	
A 726FICA		FICA TAX	Trust & Agency Payment			13,351.53	
A 722		FEDERAL INCOME TAX	Trust & Agency Payment			20,720.63	
A 726MED		MED TAX	Trust & Agency Payment			2,830.43	
A 726MED		MED TAX	Trust & Agency Payment			3,122.57	
						<b>Check Total:</b>	<b>52,127.59</b>
966	07/04/2024	10867	US OMNI & TSUS OMNI & TSACG COMPLIANCE SERVICES, INCACG COMPLIANCE SERVICES, INC	Trust & Agency Payment			
A 729		EMPLOYEES ANNUITIES	Trust & Agency Payment			7,055.00	
A 729		EMPLOYEES ANNUITIES	Trust & Agency Payment			1,570.83	
A 729		EMPLOYEES ANNUITIES	Trust & Agency Payment			3,450.00	
A 729		EMPLOYEES ANNUITIES	Trust & Agency Payment			700.00	
A 729		EMPLOYEES ANNUITIES	Trust & Agency Payment			1,721.75	
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			4,100.00	
A 729		EMPLOYEES ANNUITIES	Trust & Agency Payment			8,450.00	
A 729		EMPLOYEES ANNUITIES	Trust & Agency Payment			130.00	
						<b>Check Total:</b>	<b>28,227.58</b>
582024	07/04/2024	1223	AFSCME COUNCIL 66	Trust & Agency Payment - DU			
A 724		ASSOCIATION AND UNION DUES	Trust & Agency Payment - DU			471.00	
						<b>Check Total:</b>	<b>471.00</b>
582025	07/04/2024	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>
582026	07/04/2024	10733	NYS CHILD SUPPORT PROCESSING CENTER (SDU)	Trust & Agency Payment - IWO1			
A 723		INCOME EXECUTIONS	Trust & Agency Payment - IWO1	CASE CC96033D1 SCHDY DSS - LO		374.00	
						<b>Check Total:</b>	<b>374.00</b>
						<b>Warrant Total:</b>	<b>228,085.73</b>
						<b>Vendor Portion:</b>	<b>228,085.73</b>

Number of Transactions: 7

Certification of Warrant

To The District Treasurer: I hereby certify that I have verified the above claims, <sup>963-966</sup> ~~582024~~ <sup>582026</sup> in number, in the total amount of \$ <sup>73</sup> ~~228,085~~. 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.

7/18/24                      Doreen A. Munn                      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