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

Warrant Number:

A-5

Number of Payments: 10

Checks Dated:

7/19/2024

Voided Checks: None

Wires Numered:

967-970

Amount of Warrant: \$280,567.52

Checks Numbered:

582227-582232

Findings Summary

Description	Number	Check #	Amount	Department	Resolution
No claims audit findings noted.					
	8				
				×	
				7/18/24	Sorie A. Mund

SCOTIA-GLENVILLE CSD

Check Warrant Report For A - 5: 07/19/24 PAYROLL For Dates 7/1/2024 - 7/31/2024



Check # Check Date Vendor ID Vendor Name Account Account Description		Explanation	Invoice Number	Check Description PO Number Check Amount		l lavidat-	
967	07/18/2024	2412 SCOTIA-GLENVIL			Trust & Agency Payment		Liquidated
A 710	CONS	OLIDATED PAYROLL	Trust & Agency Payment		Trust & Agency F	<u> </u>	
			react a regelley i aymoni			184,893_97	
968	07/18/2024	7328 NYS WITHHOLDII	NG TAX		Check Total: Trust & Agency F	184,893.97	
A 721	NYS IN	NCOME TAX	Trust & Agency Payment		Trust & Agency F	11,539 ₋ 48	
					-		
969	07/18/2024	7329 EFTPS			Check Total: Trust & Agency F	11,539.48	
A 726FICA	FICA T		Trust & Agency Payment		Trust & Agency F		
A 726FICA	FICA T		Trust & Agency Payment			15,955.67	
A 722	FEDERAL INCOME TAX		Trust & Agency Payment			15,955.67	
A 726MED	MED TAX		Trust & Agency Payment			27,263,39	
A 726MED						3,731,58	
/ TEOMED	WILD		Trust & Agency Payment			3,731.58	
970	07/18/2024 10867 US OMNI & TSUS COMPLIANCE SE COMPLIANCE SE		RVICES, INCACG		Check Total: Trust & Agency F	66,637.89 Payment	
A 729	EMPLO	OYEES ANNUITIES	Trust & Agency Payment			230.00	
A 729		OYEES ANNUITIES	Trust & Agency Payment			1,570.83	
A 729	EMPLO	OYEES ANNUITIES	Trust & Agency Payment			800.00	2
A 729	EMPLO	OYEES ANNUITIES	Trust & Agency Payment			700_00	
A 729		DYEES ANNUITIES	Trust & Agency Payment				
A 729		DYEES ANNUITIES	Trust & Agency Payment			1,000_00	
A 729		OYEES ANNUITIES	Trust & Agency Payment			50.00	
A 729		DYEES ANNUITIES				2,800.00	
A 729		DYEES ANNUITIES	Trust & Agency Payment			950.00	
A 123	EMPLO	STEES ANNOTHES	Trust & Agency Payment			130.00	
582227	07/18/2024	1223 AFSCME COUNC	L 66		Check Total: Trust & Agency F	8,230,83 Payment - DU	
A 724	ASSO DUES	CIATION AND UNION	Trust & Agency Payment - DU			541,65	
582228	07/18/2024	8174 BENETECH			Check Total:	541.65	
A 705		5 DEPENDENT CARE	Trust & Agency Payment - Z1 DEPCA	ARE	Trust & Agency F	Payment - Z2 MEDICAL	
A 704		5 MEDICAL REIMBURSE	Trust & Agency Payment - Z2 MEDIC			37,50 762,49	
E00000	07/40/0004				Check Total:	799.99	
582229	07/18/2024	1272 NYS & LOCAL EM			Trust & Agency F	Payment - ERSLN	
A 718		RETIREMENT	Trust & Agency Payment - ERS			4,002.80	
A 718	STATE	RETIREMENT	Trust & Agency Payment - ERSAR PostTax			212.14	
A 718	STATE	RETIREMENT	Trust & Agency Payment - ERSAR414 Pretax	4		100.76	
A 718	STATE	RETIREMENT	Trust & Agency Payment - ERSLN			2,949.00	
582230	07/18/2024	10733 NYS CHILD SUPP CENTER (SDU)	ORT PROCESSING		Check Total: Trust & Agency F	7,264.70 Payment - IWO1	
A 723	INCOM	E EXECUTIONS	Trust & Agency Payment - IWO1	CASE CC96033D SCHDY DSS - LC		374,00	
582231	07/18/2024	1277 NYSTRS			Check Total: Trust & Agency F	374.00 Payment - TRSLN	
A 727	TEACH	HER RETIREMENT LOAN	Trust & Agency Payment - TRSLN			269.00	
582232	07/10/0004	4700 00 IENEOTAE:	OUNTY OUT THE		Check Total:	269.00	
	07/18/2024	1726 SCHENECTADY C			Trust & Agency F		
A 723	INCOM	E EXECUTIONS	Trust & Agency Payment - GR1	18000333 - GAMBILL, TANYA L		16.01	
					Check Total:	16.01	

SCOTIA-GLENVILLE CSD

Check Warrant Report For A - 5: 07/19/24 PAYROLL For Dates 7/1/2024 - 7/31/2024



Check # Check Date Vendor ID Vendor Name **Check Description** Account Account Description Explanation Invoice Number PO Number Check Amount Liquidated Warrant Total: 280,567.52 Number of Transactions: 10 Vendor Portion: 280,567.52 Certification of Warran surer: I hereby certify that I have verified the above claims, 582232 in number, 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 Certification of Warrant To The District Treasurer: I hereby certify that I have audited the above claims in the total amount of \$______. You are here authorized and directed to pay to the claimants certified above the amount of each claim allowed and charge each to the proper fund. You are hereby Date Auditor's Signature Title

07/16/2024 12:28 PM