

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

Internal Claims Auditor's Report

Audit of Warrant # 19
 Checks Dated: 1/15/2021 Voided Checks: None
 Checks Numbered: 581072-581082
 Wire Transfer Number: 561-564 Warrant Total: \$1,065,755.43

Description	Number			Resolution
No findings noted.				1/14/21 Sarah A. Munn



SCOTIA-GLENVILLE CSD



Check Warrant Report For TA - 19: 1/15 payroll For Dates 1/1/2021 - 1/31/2021

Check # Account	Check Date	Vendor ID Account Description	Vendor Name	Check Description	Invoice Number	PO Number	Check Amount	Liquidated
561	01/15/2021	2412 SCOTIA-GLENVILLE CSD		Trust & Agency Payment			701,813.76	
TA 100		NET PAYROLL						
							Check Total:	701,813.76
562	01/15/2021	7328 NYS WITHHOLDING TAX		Trust & Agency Payment			44,492.58	
TA 210		NYS INCOME TAX						
							Check Total:	44,492.58
563	01/15/2021	7329 EFTPS		Trust & Agency Payment				
TA 261		FICA TAX					61,978.43	
TA 261		FICA TAX					61,978.43	
TA 220		FEDERAL TAX WITHHELD					97,285.79	
TA 262		MEDICARE TAX					14,495.00	
TA 262		MEDICARE TAX					14,495.00	
							Check Total:	250,232.65
564	01/15/2021	8175 BENETECH		Trust & Agency Payment				
TA 290		TAX DEFERRED ANNUITIES					5,226.00	
TA 290		TAX DEFERRED ANNUITIES					250.00	
TA 290		TAX DEFERRED ANNUITIES					3,555.53	
TA 290		TAX DEFERRED ANNUITIES					4,455.00	
TA 290		TAX DEFERRED ANNUITIES					9,218.44	
TA 290		TAX DEFERRED ANNUITIES					50.00	
TA 290		TAX DEFERRED ANNUITIES					685.00	
TA 290		TAX DEFERRED ANNUITIES					50.00	
TA 290		TAX DEFERRED ANNUITIES					700.00	
TA 290		TAX DEFERRED ANNUITIES					50.00	
TA 290		TAX DEFERRED ANNUITIES					8,270.00	
TA 290		TAX DEFERRED ANNUITIES					225.00	
TA 290		TAX DEFERRED ANNUITIES					2,097.00	
TA 290		TAX DEFERRED ANNUITIES					300.00	
TA 290		TAX DEFERRED ANNUITIES					280.00	
							Check Total:	35,411.97
581072	01/12/2021	1223 AFSCME COUNCIL 66		Trust & Agency Payment - DU				
TA 241		UNION DUES					1,107.09	
							Check Total:	1,107.09
581073	01/12/2021	8174 BENETECH						
TA 205		IRS.125 DEPENDENT CARE					1,607.34	
TA 204		IRS.125 MEDICAL REIMBURSE					2,712.42	
							Check Total:	4,319.76
581074	01/12/2021	9893 POLINA DECARLO		Trust & Agency Payment - IWO				
TA 230		INCOME EXECUTION					250.00	
							Check Total:	250.00
581075	01/12/2021	1221 FIRST NEW YORK		Trust & Agency Payment - CU				
TA 851		CREDIT UNION					12,795.00	
							Check Total:	12,795.00
581076	01/12/2021	9953 NYS529 CSP DIRECT PLAN		Trust & Agency Payment - NYS529				
TA 890		OTHER MISC					400.00	
							Check Total:	400.00
581077	01/12/2021	1227 NYSUT		Trust & Agency Payment - NYSUT				
TA 854		NYSUT BENEFIT					2,330.40	
							Check Total:	2,330.40
581078	01/12/2021	1225 S-G SECRETARIES ASSOCIATION		Trust & Agency Payment - DS				
TA 241		UNION DUES					508.27	
							Check Total:	508.27
581079	01/12/2021	1270 S-G TEACHERS ASSOC						
TA 241		UNION DUES					408.40	
TA 241		UNION DUES					10,997.25	
							Check Total:	11,405.65
581080	01/12/2021	1726 SCHENECTADY COUNTY SHERIFF		Trust & Agency Payment - GR1				
TA 230		INCOME EXECUTION			20000351 - MASTROIANNI,		221.64	

SCOTIA-GLENVILLE CSD

Check Warrant Report For TA - 19: 1/15 payroll For Dates 1/1/2021 - 1/31/2021



Check # Account	Check Date	Vendor ID Account Description	Vendor Name	Check Description	Invoice Number	PO Number	Check Amount	Liquidated
					KIM V			
581081	01/12/2021	1726	SCHENECTADY COUNTY SHERIFF	Trust & Agency Payment - GR1			221.64	
TA 230			INCOME EXECUTION		18000333 - GAMBILL, TANYA L		39.72	
581082	01/12/2021	6259	SGAA	Trust & Agency Payment - DA			39.72	
TA 241			UNION DUES				426.94	
							Check Total:	426.94
							Warrant Total:	1,065,755.43
							Vendor Portion:	1,065,755.43

Number of Transactions: 15

Certification of Warrant

To The District Treasurer, I hereby certify that I have verified the above claims, ⁴³ ~~581072~~ ⁵⁶¹⁻⁵⁶⁴ ~~581082~~ in number, in the total amount of \$ ^{1,065,755} ~~1,065,755~~. 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.

1/14/21
Date

[Handwritten Signature]
Signature

Claims Auditor
Title