

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

Warrant Number: A-4
Checks Dated: 7/12/2022
Check Numbers: 93912-93920

Number of Checks: 10
Voided Checks: 93060
Amount of Warrant: \$911,796.80

Findings Summary

Description	Number	Check #	Amount	Department	Resolution
No claims audit findings noted.					7/13/22 Scott A. Mum

SCOTIA-GLENVILLE CSD

Check Warrant Report For A - 4: Cash Disbursement - 7/15/22 For Dates 7/1/2022 - 7/31/2022



Check #	Check Date	Vendor ID	Vendor Name	Check Description	Invoice Number	PO Number	Check Amount	Liquidated
Account	Account Description							
93060	07/08/2022	215	**VOID** CASCADE SCHOOL SUPPLIES	**VOID**				
A 2110.451-07	SUPPLIES GENERAL TCHG GW				81520		-67.64	
A 2110.451-07	SUPPLIES GENERAL TCHG GW				81526		-32.93	
A 2110.451-07	SUPPLIES GENERAL TCHG GW				81531		-33.22	
A 2110.451-01-50	SUPPLIES PSEN DW				27322		-10.63	
A 2110.451-01-70	SUPPLIES ART DW				41900		-22.74	
A 2110.451-01-70	SUPPLIES ART DW				41991		-97.62	
A 2250.451-01-82	HANDICAP SPECIAL CLASS SUPPLIES DW				41987		-56.35	
A 2110.451-06	SUPPLIES GENERAL TCHG GD				81469		-141.70	
A 2110.451-07	SUPPLIES GENERAL TCHG GW				06421		-19.62	
A 2110.451-07	SUPPLIES GENERAL TCHG GW				06428		-20.19	
A 2110.451-06	SUPPLIES GENERAL TCHG GD				42480		11.06	
							Check Total:	-491.58
93912	07/12/2022	215	CASCADE SCHOOL SUPPLIES					
A 2110.451-07	SUPPLIES GENERAL TCHG GW				81520		67.64	
A 2110.451-07	SUPPLIES GENERAL TCHG GW				81526		32.93	
A 2110.451-07	SUPPLIES GENERAL TCHG GW				81531		33.22	
A 2110.451-01-50	SUPPLIES PSEN DW				27322		10.63	
A 2110.451-01-70	SUPPLIES ART DW				41900		22.74	
A 2110.451-01-70	SUPPLIES ART DW				41991		97.62	
A 2250.451-01-82	HANDICAP SPECIAL CLASS SUPPLIES DW				41987		56.35	
A 2110.451-06	SUPPLIES GENERAL TCHG GD				81469		141.70	
A 2110.451-06	SUPPLIES GENERAL TCHG GD				42480		-11.06	
A 2110.451-07	SUPPLIES GENERAL TCHG GW				06428		20.19	
A 2110.451-07	SUPPLIES GENERAL TCHG GW				06421		19.62	
							Check Total:	491.58
93913	07/12/2022	1061	CASHIC					
A 9060.810-01	HEALTH INSURANCE				119306/119308/119309	420435	537,229.16	537,229.16
A 9060.820-01	DENTAL INSURANCE				119307	420435	23,330.49	23,330.49
A 9060.812-01	HEALTH INSURANCE RETIREE				119306/119308/119309	420435	305,331.63	305,331.63
A 9060.822-01	DENTAL INSURANCE RETIREE				119307	420435	14,699.69	14,699.69
							Check Total:	880,590.97
93914	07/12/2022	9440	CHARTER COMMUNICATIONS					
A 1680.400-01	CENTRAL DP CONT & OTHER				142516201061422	420458	85.64	85.64
							Check Total:	85.64
93915	07/12/2022	6590	COUNTY WASTE					
A 1620.460-13	PLANT OPER CONT EXPENSE				31507067W910	420333	2,629.57	2,629.57
A 5510.400-11	TRANS CONTRACTUAL AND OTHER				31507067W910	420333	186.53	186.53
							Check Total:	2,816.10
93916	07/12/2022	8342	METLIFE- GROUP BENEFITS					
A 9045.800-01	LIFE INSURANCE				TM05750565/JUL Y2022	420449	1,501.99	1,501.99
							Check Total:	1,501.99
93917	07/12/2022	1343	TRANSFINDER					
A 5510.400-11	TRANS CONTRACTUAL AND OTHER				47903	420528	11,050.00	11,050.00
							Check Total:	11,050.00
93918	07/12/2022	450	UNITED STATES POSTAL SERVICE					
A 1670.400-01	CENTRAL P&M CONT & OTHER				36283430	420465	10,000.00	10,000.00
							Check Total:	10,000.00
93919	07/12/2022	4132	USPS BUSINESS MAIL ENTRY UNIT					
A 1670.400-01	CENTRAL P&M CONT & OTHER				BULK PERMIT # 854	420466	2,000.00	2,000.00
							Check Total:	2,000.00
93920	07/12/2022	130	VERIZON					

SCOTIA-GLENVILLE CSD

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Check # Account	Check Date Account Description	Vendor ID Vendor Name	Check Description	Invoice Number	PO Number	Check Amount	Liquidated
A 1620.426-13	PLANT OPER TELEPHONE SERV			251-804-297-0001 -77/JULY2022	420467	3,752.10	3,752.10
Check Total:						3,752.10	
Warrant Total:						911,796.80	
Vendor Portion:						911,796.80	

Number of Transactions: 10

Certification of Warrant

To The District Treasurer: I hereby certify that I have verified the above claims, ⁸⁰ 93912- 93920 in number, in the total amount of \$ 911,796.80. 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.

7/13/22
Date

Doreen A. Mumuk
Signature

Claims Auditor
Title