

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

Warrant Number: H-6
 Checks Dated: 10/21/2022
 Check Numbers: 94624-94628

Number of Checks: 5
 Voided Checks: None

Amount of Warrant: \$224,180.28

Findings Summary

Description	Number	Check #	Amount	Department	Resolution
No claims audit findings noted.					10/20/22 Done

SCOTIA-GLENVILLE CSD

Check Warrant Report For H - 6: H WARRANT - 10/21/22 For Dates 10/1/2022 - 10/31/2022



Check #	Check Date	Vendor ID	Vendor Name	Payment Address	Invoice Number	Check Description	Check Amount	Liquidated
Account		Account Description				PO Number		
94624	10/21/2022	7923 B.A. CONSTRUCTION SERVICES LLC	ATTN: KURT SCHWARZ	1 MILL ROAD, LATHAM NY 12110				
H21 2110.201-10-SAC		CM FEES-SAC			7044-9	410764	2,911.52	2,911.52
H21 2110.201-04-MS		CM FEES-MIDDLE SCHOOL			7044-9	410764	2,674.28	2,674.28
H21 2110.201-07-GW		CM FEES-GW			7044-9	410764	5,974.00	5,974.00
H21 2110.201-03-HS		CM FEES-HS			7044-9	410764	5,068.19	5,068.19
H21 2110.201-06-GD		CM FEES-GD			7044-9	410764	4,291.79	4,291.79
H21 2110.201-08-L		CM FEES-L			7044-9	410764	431.34	431.34
H21 2110.201-01-DW		CM FEES-DW			7044-9	410764	215.66	215.66
Check Total:							21,566.78	
94625	10/21/2022	10529 ECKERT MECHANICAL, LLC		1062 CENTRAL AVENUE , ALBANY NY 12205				
H21 1620.294-07-GW		HVAC GLEN-WORDEN			653-007	411366	23,550.00	23,550.00
H21 605		RETAINAGE-ECKERT MECHANICAL			653-007	411366	-1,177.50	0.00
Check Total:							22,372.50	
94626	10/21/2022	1663 FISCAL ADVISORS & MARKETING		CORPORATE HEADQUARTERS 250 SOUTH CLINTON STREET, SUITE 502, SYRACUSE NY 13202				
H21 2110.240-01-DW		GEN ADMIN COSTS-DISTRICT WIDE			37125	420480	6.00	6.00
H21 2110.240-06-GD		GEN ADMIN COSTS-GLENDAAAL			37125	420480	119.40	119.40
H21 2110.240-07-GW		GEN ADMIN COSTS-GLEN-WORDEN			37125	420480	166.20	166.20
H21 2110.240-03-HS		GEN ADMIN COSTS-HIGH SCHOOL			37125	420480	141.00	141.00
H21 2110.240-08-L		GEN ADMIN COSTS-LINCOLN			37125	420480	12.00	12.00
H21 2110.240-04-MS		GEN ADMIN COSTS-MIDDLE SCHOOL			37125	420480	74.40	74.40
H21 2110.240-10-SAC		GEN ADMIN COSTS-SAC			37125	420480	81.00	81.00
Check Total:							600.00	
94627	10/21/2022	7386 GREAT AMERICAN INSURANCE GROUP		SPECIALTY ACCOUNTING PO BOX 89400, CLEVELAND OH 441016400				
H21 2110.243-06-GD		INSURANCE FEES -GLENDAAAL			IMP E897817 00-00	420835	1,927.51	1,927.51
H21 2110.243-07-GW		INSURANCE FEES -GLEN WORDEN			IMP E897817 00-00	420835	2,683.03	2,683.03
H21 2110.243-03-HS		INSURANCE FEES -HIGH SCHOOL			IMP E897817 00-00	420835	2,276.21	2,276.21
H21 2110.243-10-SAC		INSURANCE FEES -SACANDAGA			IMP E897817 00-00	420835	1,307.61	1,307.61
H21 2110.243-04-MS		INSURANCE FEES -MIDDLE SCHOOL			IMP E897817 00-00	420835	1,201.06	1,201.06
H21 2110.243-08-LIN		INSURANCE FEES -LINCOLN			IMP E897817 00-00	420835	193.72	193.72
H21 2110.243-01-DW		INSURANCE FEES -DISTRICT WIDE			IMP E897817 00-00	420835	96.86	96.86
Check Total:							9,686.00	
94628	10/21/2022	10633 JAMES H. MALOY, INC.		421 ALBANY SHAKER ROAD , ALBANY NY 12211				
H21 2110.297-03-HS		SITE WORK -HIGH SCHOOL			3	411814	38,281.50	38,281.50
A 1621.440-08		PLANT MAINT LINCOLN PROJECTS			3/GW	411801	16,000.00	16,000.00
H21 2110.297-07-GW		SITE WORK -GLEN WORDEN			3	411814	45,123.30	45,123.30
A 1621.440-08		PLANT MAINT LINCOLN PROJECTS			3/GW	411801	-800.00	0.00
H21 2110.297-06-GD		SITE WORK -GLENDAAAL			3	411814	32,417.10	32,417.10
H21 2110.297-10-SAC		SITE WORK -SACANDAGA			3	411814	21,991.50	21,991.50
H21 2110.297-04-MS		SITE WORK -MIDDLE SCHOOL			3	411814	20,199.60	20,199.60
H21 2110.297-08-LIN		SITE WORK -LINCOLN			3	411814	3,258.00	3,258.00
H21 2110.297-01-DW		SITE WORK -DISTRICT WIDE			3	411814	1,629.00	1,629.00
H21 610		RETAINAGE-JAMES H. MALOY, INC			3	411814	-8,145.00	0.00
Check Total:							169,955.00	



Check # Account	Check Date	Vendor ID	Vendor Name	Payment Address	Invoice Number	Check Description		Check Amount	Liquidated
						PO Number	Check Amount		
Number of Transactions: 5						Warrant Total:	224,180.28		
						Vendor Portion:	224,180.28		

94624
 Certification of Warrant # 94628
 To The District Treasurer: I hereby certify that I have verified the above claims, 28 in number, in the total amount of
 \$ 224,180. 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.

10/20/22 *Lorrie A. Munro* Claims Auditor
 Date Signature Title