

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

Warrant Number: A-62  
Checks Dated: 2/28/2025

Number of Payments: 18  
Voided Checks: None

Wires Numbered: 1030-1033  
Checks Numbered: 582400-582413

Amount of Warrant: \$1,316,365.25

Findings Summary

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

2/27/25 Dorie A. Munnis

## SCOTIA-GLENVILLE CSD

Check Warrant Report For A - 62: 2/28/25 payroll For Dates 2/1/2025 - 2/28/2025



Check #	Check Date	Vendor ID	Vendor Name	Check Description	Invoice Number	Check Amount	Liquidated
Account	Account Description	Explanation	PO Number	Check Amount			
1030	02/27/2025	2412 SCOTIA-GLENVILLE CSD		Trust & Agency Payment			
A 710	CONSOLIDATED PAYROLL	Trust & Agency Payment		882,253.22			
				<b>Check Total:</b>		882,253.22	
1031	02/27/2025	7328 NYS WITHHOLDING TAX		Trust & Agency Payment			
A 721	NYS INCOME TAX	Trust & Agency Payment		53,087.73			
				<b>Check Total:</b>		53,087.73	
1032	02/27/2025	7329 EFTPS		Trust & Agency Payment			
A 726FICA	FICA TAX	Trust & Agency Payment		75,575.98			
A 726FICA	FICA TAX	Trust & Agency Payment		75,575.98			
A 722	FEDERAL INCOME TAX	Trust & Agency Payment		110,794.83			
A 726MED	MED TAX	Trust & Agency Payment		17,675.15			
A 726MED	MED TAX	Trust & Agency Payment		17,675.15			
				<b>Check Total:</b>		297,297.09	
1033	02/27/2025	10867 US OMNI & TSACG COMPLIANCE SERVICES INC.		Trust & Agency Payment			
A 729	EMPLOYEES ANNUITIES	Trust & Agency Payment		10,340.00			
A 729	EMPLOYEES ANNUITIES	Trust & Agency Payment		200.00			
A 729	EMPLOYEES ANNUITIES	Trust & Agency Payment		7,453.00			
A 729	EMPLOYEES ANNUITIES	Trust & Agency Payment		575.00			
A 729	EMPLOYEES ANNUITIES	Trust & Agency Payment		305.00			
A 729	EMPLOYEES ANNUITIES	Trust & Agency Payment		2,260.00			
A 729	EMPLOYEES ANNUITIES	Trust & Agency Payment		4,313.05			
A 729	EMPLOYEES ANNUITIES	Trust & Agency Payment		4,280.00			
A 729	EMPLOYEES ANNUITIES	Trust & Agency Payment		9,381.54			
A 729	EMPLOYEES ANNUITIES	Trust & Agency Payment		1,875.00			
A 729	EMPLOYEES ANNUITIES	Trust & Agency Payment		1,250.00			
A 729	EMPLOYEES ANNUITIES	Trust & Agency Payment		50.00			
				<b>Check Total:</b>		42,282.59	
582400	02/27/2025	1223 AFSCME COUNCIL 66		Trust & Agency Payment - DU			
A 724	ASSOCIATION AND UNION DUES	Trust & Agency Payment - DU		902.10			
				<b>Check Total:</b>		902.10	
582401	02/27/2025	8174 BENETECH		Trust & Agency Payment - Z2 MEDICAL			
A 704	IRS.125 MEDICAL REIMBURSE	Trust & Agency Payment - Z2 MEDICAL		3,724.02			
A 705	IRS.125 DEPENDENT CARE	Trust & Agency Payment - Z1 DEPCARE		387.50			
				<b>Check Total:</b>		4,111.52	
582402	02/27/2025	1272 NYS & LOCAL EMPL. RETIRE. SYST		Trust & Agency Payment - ERSLN			
A 718	STATE RETIREMENT	Trust & Agency Payment - ERS		8,073.14			
A 718	STATE RETIREMENT	Trust & Agency Payment - ERSAR PostTax		618.80			
A 718	STATE RETIREMENT	Trust & Agency Payment - ERSAR414 Pretax		24.77			
A 718	STATE RETIREMENT	Trust & Agency Payment - ERSLN		3,886.00			
				<b>Check Total:</b>		12,602.71	
582403	02/27/2025	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>		374.00	
582404	02/27/2025	10733 NYS CHILD SUPPORT PROCESSING CENTER (SDU)		Trust & Agency Payment - IWO1			
A 723	INCOME EXECUTIONS	Trust & Agency Payment - IWO1	CC20808U1 SCHDY CNTY DSS - BR	376.58			
				<b>Check Total:</b>		376.58	
582405	02/27/2025	10733 NYS CHILD SUPPORT PROCESSING CENTER (SDU)		Trust & Agency Payment - IWO2			
A 723	INCOME EXECUTIONS	Trust & Agency Payment - IWO2	CASE CC58274N1 RENSS DSS - BRO	289.16			
				<b>Check Total:</b>		289.16	



## SCOTIA-GLENVILLE CSD

Check Warrant Report For A - 62: 2/28/25 payroll For Dates 2/1/2025 - 2/28/2025



Check # Account	Check Date	Vendor ID	Vendor Name Account Description	Explanation	Invoice Number	Check Description PO Number	Check Amount	Liquidated
582406	02/27/2025	9953	NYS529 CSP DIRECT PLAN			Trust & Agency Payment - NYS529		
A 790			OTHER MISC	Trust & Agency Payment - NYS529			1,400.00	
						Check Total:	1,400.00	
582407	02/27/2025	1277	NYSTRS			Trust & Agency Payment - TRSLN		
A 727			TEACHER RETIREMENT LOAN	Trust & Agency Payment - TRSLN			6,008.00	
						Check Total:	6,008.00	
582408	02/27/2025	1227	NYSUT MEMBER BENEFITS			Trust & Agency Payment - NYSUT BENEFITS		
A 754			NYSUT BENEFIT	Trust & Agency Payment - NYSUT BENEFITS			1,780.69	
						Check Total:	1,780.69	
582409	02/27/2025	1225	S-G SECRETARIES ASSOCIATION			Trust & Agency Payment - DS		
A 724			ASSOCIATION AND UNION DUES	Trust & Agency Payment - DS			412.61	
						Check Total:	412.61	
582410	02/27/2025	1270	S-G TEACHERS ASSOC			Trust & Agency Payment - DT		
A 724			ASSOCIATION AND UNION DUES	Trust & Agency Payment - DMA			754.27	
A 724			ASSOCIATION AND UNION DUES	Trust & Agency Payment - DT			11,770.46	
						Check Total:	12,524.73	
582411	02/27/2025	1224	SASIE			Trust & Agency Payment - DR		
A 724			ASSOCIATION AND UNION DUES	Trust & Agency Payment - DR			2.00	
						Check Total:	2.00	
582412	02/27/2025	1726	SCHENECTADY COUNTY SHERIFF			Trust & Agency Payment - GR1		
A 723			INCOME EXECUTIONS	Trust & Agency Payment - GR1	18000333 - GAMBILL, TANYA L		91.20	
						Check Total:	91.20	
582413	02/27/2025	6259	SGAA			Trust & Agency Payment - DA		
A 724			ASSOCIATION AND UNION DUES	Trust & Agency Payment - DA			569.32	
						Check Total:	569.32	
						Warrant Total:	1,316,365.25	
						Vendor Portion:	1,316,365.25	

Number of Transactions: 18

## Certification of Warrant

To The District Treasurer: I hereby certify that I have verified the above claims, 582400-582413 in number, in the total amount of \$ 1,316,365.25. 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.

2/27/25  
Date

[Signature]  
Signature

Claims Auditor  
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