STATE OF INDIANA, ____________________ COUNTY, SS:  

CLAIM NO.____________  

DISTRIBUTION OF EXPENSE  

Warrant No 749818 to 750106 Appropriation or  
(Inclusive) Account Title Acct. No. Amount  

<table>
<thead>
<tr>
<th>Payroll Category</th>
<th>Acct. No.</th>
<th>Amount</th>
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<tbody>
<tr>
<td>General</td>
<td>010</td>
<td>$1,634,423.95</td>
</tr>
<tr>
<td>Payroll of Capital Projects</td>
<td>0350</td>
<td>$10,859.76</td>
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<tr>
<td>Transportation</td>
<td>0410</td>
<td>$4,208.23</td>
</tr>
<tr>
<td>Sp Ed Pre-Sch</td>
<td>0600</td>
<td>$5,467.48</td>
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<tr>
<td>Food Service</td>
<td>0900</td>
<td>$2,567.42</td>
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<tr>
<td>Area Voc Sch</td>
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<td>$28,425.34</td>
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<tr>
<td>Community Found</td>
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<tr>
<td>Lilly Endowment</td>
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<td>$1,756.31</td>
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<tr>
<td>New Tech HS</td>
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<tr>
<td>Gifted &amp; Talented</td>
<td>3200</td>
<td>$1,756.31</td>
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<td>Monroe Co. Community School Corp Sp Ed Pre-Sch</td>
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<td>$1,596.88</td>
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<td>Transportation</td>
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<td>$4,208.23</td>
</tr>
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PAYROLL OF  
October 24, 2008  
Monroe Co. Community School Corp.  

010,035,041,060,080,140,219,371,410,  
423,523,541,552,555,557,627,688,691,762  
803.809  

DEDUCTIONS  

Federal Withholding Tax $195,306.93  
Social Security Tax $108,703.71  
Medicare Tax $25,422.96  
State Withholding $55,309.96  
Local Tax $17,358.28  
Tax Shift Annuitities $96,216.86  
Insurance $65,308.38  
Direct Deposits $45,966.12  
Reimbursables $15,549.12  
Income Protection $100.76  
Garnishments $1,644.55  
Voluntary Levies $140.00  
Professional Dues $15,652.75  
IU Credit Union $16,223.78  
MCCSC Foundation $324.38  
United Fund $1,822,897.57  
Volunteer TRF $42.80  

Total Deductions $661,271.36  

Total Gross Pay $1,822,897.57  

I,____________________________ Name of_________________________  
I hereby certify that I have examined the time record of each employee listed on Pages____ to____ of the payroll, that each employee has performed the services for which the salaries or compensation is paid; that to the best of my knowledge and belief no part of the salary or compensation or any employee listed hereon is being divided or paid to any person on account of or by reason of his employment: that the compensation listed opposite the name of each employee is based upon either statutory or regulatory authority and is justly due each such employee: that the deductions have been authorized for the purpose stated: that this payroll totaling $________________ is correct and has by me been approved.  

Dated____________________,20____  
(Signature)  
(Official Title) 

I have examined the within claim and hereby certify as follows:  
This is in proper form.  
That it is duly authenticated as required by law.  
That it is based upon statutory authority.  
That it is apparently correct.  

Total Amount of Warrants $1,161,626.21  

Authorization of_________________________  
Dated____________________,20____  
(Signature)  
(Official Title) 

401 (a) Match $3,292.64  

Total Benefits $472,175.05  

Disbursing Officer  

Dennis Martin Honor 8500 $48.27  

Total Gross $1,822,897.57  

I,____________________________ Name of_________________________  
I hereby certify as follows:  
This is in proper form.  
That it is apparently correct.  

Total Amount of Warrants $1,161,626.21  

Authorization of_________________________  
Dated____________________,20____  
(Signature)  
(Official Title)