## DISTRIBUTION OF EXPENSE

**CLAIM NO.**

Warrant No 752279 to 752569

**PAYROLL OF**

December 5, 2008

Monroe Co. Community School Corp.

<table>
<thead>
<tr>
<th>Account Title</th>
<th>Acct. No.</th>
<th>Amount</th>
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<tbody>
<tr>
<td>General</td>
<td>0100</td>
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<tr>
<td>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>$1,596.88</td>
</tr>
<tr>
<td>Food Service</td>
<td>0800</td>
<td>$2,607.42</td>
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<td>0410</td>
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</table>

**STATE OF INDIANA, COUNTY, SS:**

I, ____________________________________________

Name

Title

of

Agency

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.

That it is apparently incorrect.

Total Gross Pay $1,802,765.64

Total Benefits $470,874.47

**DEDUCTIONS**

Fed W/H Tax $193,257.73

Social Security Tax $107,371.66

Medicare Tax $25,128.04

State Withholding $54,857.97

Local Tax $17,203.65

Tax Shft Annuitiles $96,644.61

Insurance $66,124.03

Direct Deposits $45,998.32

Reimbursables $15,257.50

Income Protection $100.78

Garnishments $1,362.31

Voluntary Levies $140.00

Professional Dues $15,646.00

IU Credit Union $16,258.76

MCCSC Foundation $368.59

United Fund $42.80

Volunteer TRF $1,016.46

Total Deductions $655,562.76

Net Amount of Warrants $1,147,202.88

**BENEFITS**

Teacher Retirement $173,917.17

PERF $1,802,765.64

FICA $107,371.65

Medicare $25,128.04

Insurance $173,917.17

Veba $3,121.04

Total Benefits $470,874.47

School Board

Disbursing Officer