

CLAIM NO. _____
 Warrant No 763201 to 763207
 (Inclusive)

PAYROLL OF
 May 26, 2009
 Monroe Co. Community School Corp.

DISTRIBUTION OF EXPENSE		
Appropriation or Account Title	Approp. Or Acct. No.	Amount
General	0100	\$3,668.00
Capital Projects	0350	
Transportation	0410	
Sp Ed Pre-Sch	0600	
Food Service	0800	
Area Voc Sch	1400	
Community Found	2001	
Tutoring - Foundation	2003	
Initiative Grant - Mid	2091	
Lilly Endowment	2190	
Tech Plan Grant	3711	
School Improvement	4160	
Title I	4190	
Title V Inn Prg	4200	
Sp Ed #14206	5200	
Sp Ed #14024	5240	
Sp Ed # 14205	5250	
Pre-Sch Proj 4570	5420	
Adult Ed Outreach	5500	
Adult Ed Comp	5510	
Adult Basic Ed	5530	
Alcohol Abuse Red	5809	
C Perkins	6230	
21st Century Learn	6600	
Title II	6840	
Eng Lang Acq	6889	
Performance Based	8100	
Dennis Martin Honor	8500	
Adult Ed Comp	8590	
Total Gross		\$3,668.00

010,035,041,060,,080,140,219,371,410,
 423,523,541,552,556,557,627,688,691,762
803,809
 (Funds)

Total Gross Pay \$3,668.00

DEDUCTIONS

Fed W/H Tax	\$25.00
Social Security Tax	\$227.40
Medicare Tax	\$53.17
State Withholding	\$99.29
Local Tax	\$27.31
Tax Shtl Annuities	_____
Insurance	_____
Direct Deposits	_____
Reimbursables	_____
Income Protection	_____
Garnishments	_____
Voluntary Levies	_____
Professional Dues	_____
IU Credit Union	_____
MCCSC Foundation	_____
United Fund	_____
Volunteer TRF	_____
Total Deductions	\$432.17
Net Amount of Warrants	\$3,235.83

Allowed _____ 20 _____
 In the Sum of \$3,948.57

BENEFITS	
Teacher Retirement	_____
PERF	_____
FICA	\$227.40
Medicare	\$53.17
Insurance	_____
Veba	_____
401 (a) Match	_____
Total Benefits	\$280.57

 School Board

STATE OF INDIANA, _____ COUNTY,SS:
 I, _____
 Name
 _____ of _____
 Title 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 totalling \$ _____ is correct and has by me been approved.

Basic Pay
 Dated _____, 20 _____
 _____ (Signature)
 _____ (Official Title)

I have examined the within claim and hereby certify as follows:
 This is in properform.
 That it is duly authenticated as required by law.

_____ contract
 That it is based upon _____
 _____ statutory authority.
 _____ correct.
 That it is apparently _____
 _____ incorrect.

 Disbursing Officer