CLAIM NO._____

Warrant No 767393to 767626
(Inclusive)

PAYROLL OF
September 25, 2009
Monroe Co. Community School Corp.

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		$1,827,865.41
DEDUCTIONS		
Fed W/H Tax	$175,719.63	
Social Security Tax	$108,510.59	
Medicare Tax	$25,377.86	
State Withholding	$55,540.90	
Local Tax	$17,463.13	
Tax Shlt Annuitites	$91,565.41	
Insurance	$71,649.80	
Direct Deposits	$48,517.40	
Reimbursables	$19,424.44	
Income Protection	$91.18	
Garnishments	$1,677.37	
Voluntary Levies	$140.00	
Professional Dues	$0.00	
IU Credit Union	$15,984.19	
MCCSC Foundation	$418.17	
United Fund		
Volunteer TRF	$44.28	
Total Deductions	$632,124.35	
Net Amount of Warrants		
		$1,195,741.06

Allowed_____20_____

In the Sum of $2,319,974.64

_____
_____
_____
_____
_____
_____
_____
School Board

DISTRIBUTION OF EXPENSE

Appropriation or Account Title	Approp. Or Acct. No.	Amount
General	0100	$1,599,272.14
Capital Projects	0350	$10,859.76
Transportation	0410	$4,394.14
Sp Ed Pre-Sch	0600	$9,433.81
Food Service	0800	$4,723.85
Area Voc Sch	1400	$30,877.70
Initiative Grant - Mid	2091	$2,076.21
Lilly Endowment	2190	$282.00
	3080	$2,000.00
	3712	$1,083.95
Title I	4110	$53,190.67
Sch Improvement	4180	$2,596.27
Sp Ed #14206	5200	$3,757.65
Sp Ed # 14209	5230	$1,064.68
Sp Ed #14024	5240	$54,569.17
Intervention # 14	5291	$500.00
PRE Sch	5490	$2,220.49
Adult Ed Comp	5510	$515.26
Adult Basic Ed	5580	$1,052.96
Adult Ed Comp	5591	$1,664.62
Alcohol Abuse Red	5809	$2,630.82
Alcohol Abuse Red	5820	$2,105.09
	5890	$1,032.48
Carl Perkins	6230	$1,533.52
Carl Perkins 2	6291	$1,036.69
21st Century Learn	6600	$295.00
Title II	6840	$12,008.95
	6849	$1,798.96
	6881	$71.45
Eng Lang Acq	6889	$1,736.61
	7620	$6,091.96
Sp Ed # 14200	7951	$10,748.55
Sp Ed Part B	7953	$640.00
Total Gross		$1,827,865.41

BENEFITS

Teacher Retirement	$119,705.25
PERF	$10,301.01
FICA	$108,510.59
Medicare	$25,377.86
Insurance	$188,386.40
Veba	$3,990.76
401 (a) Match	$35,837.36
Total Benefits	$492,109.23

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