

HOMER CENTRAL SCHOOL DISTRICT
ACCOUNTS PAYABLE WARRANT REPORT

TRUST & AGENCY

I HEREBY CERTIFY THAT THE ATTACHED CLAIMS TOTALING
\$2,017,778.97

March 31, 2018

YOU ARE HEREBY AUTHORIZED TO PAY THE CLAIMANTS THE
AMOUNT OF EACH CLAIM AND CHARGE EACH TO THE PROPER FUND.

WARRANT: # 49-PR # 18 BD, # 50, # 51, # 52-PR # 17, # 53-PR # 19 BD, # 54-PR # 18, # 55

DISTRICT TREASURER



INTERNAL CLAIMS AUDITOR



DETAIL WARRANT NUMBER 49 - FUND TA - PR#18BD TA Dist 3/2/18 FOR 03/01/18 - 03/31/18

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
2227	801	KEY BANK/IRS-SOC SEC TA 026	SOCIAL SECURITY TAX	03/02/18	1,963.08	
		TA 026	SOCIAL SECURITY TAX		1,963.08	
		TA 026	SOCIAL SECURITY TAX		459.13	
		TA 026	SOCIAL SECURITY TAX		459.13	
			CHECK TOTAL		4,844.42	
2228	802	KEY BANK/FED TAX TA 022	FEDERAL INCOME TAX	03/02/18	2,058.00	
			CHECK TOTAL		2,058.00	
2229	1106	NYS CHILD SUPPORT PROCESSING TA 036	COURT ORDER DEPOSITS	03/02/18	156.00	
			CHECK TOTAL		156.00	
2230	1118	NYS INCOME TAX BUREAU TA 021	NYS INCOME TAX	03/02/18	915.07	
			CHECK TOTAL		915.07	
2231	1209	PAYROLL ACCOUNT TA 010	CONSOLIDATED PAYROLL	03/02/18	24,784.32	
			CHECK TOTAL		24,784.32	
2232	2450	OMNI TA 029	EMPLOYEE ANNUITIES	03/02/18	109.19	
		TA 029	EMPLOYEE ANNUITIES		54.60	
			CHECK TOTAL		163.79	
908992	656	HCSSPA BUS DRIVERS TA 024.01	ASSOC & UNION DUES/BUS	03/02/18	610.85	
			CHECK TOTAL		610.85	

DETAIL WARRANT NUMBER 49 - FUND TA - PR#18BD TA Dist 3/2/18 FOR 03/01/18 - 03/31/18

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
NUMBER OF CHECKS				7		
				WARRANT TOTAL	33,532.45	
				VENDOR PORTION	33,532.45	

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 7 in number, in the total amount of \$ 33,532.45.
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.

4/4/18 [Signature] Treasurer
DATE SIGNATURE TITLE

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have audited the above claims in the total amount of \$ 33,532.45.
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.

4-20-18 [Signature] Claims Auditor
DATE AUDITOR'S SIGNATURE TITLE

DETAIL WARRANT NUMBER 50 - FUND TA - T&A - MARCH 2018 FOR 03/01/18 - 03/31/18

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
908993	5778	AMERITAS LIFE INS CORP OF NY TA 020.02	DENTAL INSURANCE	03/01/18	6,166.26	
					CHECK TOTAL	6,166.26
908994	274	CNY COOPERATIVE HEALTH TRUST TA 020	HEALTH INSURANCE	03/01/18	146,036.65	
					CHECK TOTAL	146,036.65
908995	5399	LIFETIME BENEFIT SOLUTIONS TA 020.03	VISION INSURANCE	03/01/18	311.68	
					CHECK TOTAL	311.68
NUMBER OF CHECKS					3	
					WARRANT TOTAL	152,514.59
					VENDOR PORTION	152,514.59

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 3 in number, in the total amount of \$ 152,514.59.
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.

4/4/18

DATE

[Signature]

SIGNATURE

Treasurer

TITLE

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have audited the above claims in the total amount of \$ 152,514.59.
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.

4.20.18

DATE

[Signature]

AUDITOR'S SIGNATURE

Claims Auditor

TITLE

DETAIL WARRANT NUMBER 51 - FUND TA - T&A MARCH CASH DISB FOR 03/01/18 - 03/31/18

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
200442	447	LIFETIME BENEFIT SOLUTIONS IN TA 020.04	FLEX PLAN	03/31/18	1,399.85	
				CHECK TOTAL	1,399.85	
200443	447	LIFETIME BENEFIT SOLUTIONS IN TA 020.02	DENTAL INSURANCE	03/31/18	266.34	
				CHECK TOTAL	266.34	
200444	1115	NYS EMPLOYEES' RETIREMENT SYS TA 018	STATE RETIREMENT	03/31/18	4,860.61	
				CHECK TOTAL	4,860.61	
200445	447	LIFETIME BENEFIT SOLUTIONS IN TA 020.04	FLEX PLAN	03/31/18	1,433.98	
				CHECK TOTAL	1,433.98	
200446	447	LIFETIME BENEFIT SOLUTIONS IN TA 020.05	FLEX PLAN, FEES	03/31/18	136.80	
				CHECK TOTAL	136.80	
200447	447	LIFETIME BENEFIT SOLUTIONS IN TA 020.04	FLEX PLAN	03/31/18	1,000.00	
				CHECK TOTAL	1,000.00	
200448	447	LIFETIME BENEFIT SOLUTIONS IN TA 020.04	FLEX PLAN	03/31/18	2,226.16	
				CHECK TOTAL	2,226.16	
200449	447	LIFETIME BENEFIT SOLUTIONS IN TA 020.02	DENTAL INSURANCE	03/31/18	310.78	
				CHECK TOTAL	310.78	
200450	447	LIFETIME BENEFIT SOLUTIONS IN TA 020.04	FLEX PLAN	03/31/18	2,631.91	
				CHECK TOTAL	2,631.91	
908996	513	FIRST UNUM LIFE INS CO TA 019	DISABILITY INSURANCE	03/08/18	580.00	
				CHECK TOTAL	580.00	

DETAIL WARRANT NUMBER 51 - FUND TA - T&A MARCH CASH DISB FOR 03/01/18 - 03/31/18

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
NUMBER OF CHECKS		10	WARRANT TOTAL		14,846.43	
			VENDOR PORTION		14,846.43	

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 10 in number, in the total amount of \$ 14,846.43.
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.

4/4/18 [Signature] Treasurer
DATE SIGNATURE TITLE

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have audited the above claims in the total amount of \$ 14,846.43.
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.

4-20-18 M. Meredith Claims Auditor
DATE AUDITOR'S SIGNATURE TITLE

DETAIL WARRANT NUMBER 52 - FUND TA - PR#17 TA DIST 3-15-2018 FOR 03/01/18 - 03/31/18

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
2233	801	KEY BANK/IRS-SOC SEC TA 026	SOCIAL SECURITY TAX	03/15/18	45,835.19	
		TA 026	SOCIAL SECURITY TAX		45,835.19	
		TA 026	SOCIAL SECURITY TAX		10,719.84	
		TA 026	SOCIAL SECURITY TAX		10,719.84	
			CHECK TOTAL		113,110.06	
2234	802	KEY BANK/FED TAX TA 022	FEDERAL INCOME TAX	03/15/18	71,954.81	
			CHECK TOTAL		71,954.81	
2235	1106	NYS CHILD SUPPORT PROCESSING TA 036	COURT ORDER DEPOSITS	03/15/18	1,043.62	
			CHECK TOTAL		1,043.62	
2236	1118	NYS INCOME TAX BUREAU TA 021	NYS INCOME TAX	03/15/18	33,314.19	
			CHECK TOTAL		33,314.19	
2237	1209	PAYROLL ACCOUNT TA 010	CONSOLIDATED PAYROLL	03/15/18	522,852.12	
			CHECK TOTAL		522,852.12	
2238	2450	OMNI TA 029	EMPLOYEE ANNUITIES	03/15/18	4,082.92	
		TA 029	EMPLOYEE ANNUITIES		956.45	
		TA 029	EMPLOYEE ANNUITIES		75.00	
		TA 029	EMPLOYEE ANNUITIES		400.00	
		TA 029	EMPLOYEE ANNUITIES		1,510.00	
		TA 029	EMPLOYEE ANNUITIES		100.00	
		TA 029	EMPLOYEE ANNUITIES		2,910.00	
		TA 029	EMPLOYEE ANNUITIES		15,964.85	
		TA 029	EMPLOYEE ANNUITIES		700.00	
		TA 029	EMPLOYEE ANNUITIES		250.00	
		TA 029	EMPLOYEE ANNUITIES		368.81	
		TA 029	EMPLOYEE ANNUITIES		630.00	
		TA 029	EMPLOYEE ANNUITIES		292.71	
		TA 029	EMPLOYEE ANNUITIES		2,072.04	
			CHECK TOTAL		30,310.78	

DETAIL WARRANT NUMBER 52 - FUND TA - PR#17 TA DIST 3-15-2018 FOR 03/01/18 - 03/31/18

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
908997	321	CORTLAND COUNTY SHERIFF TA 036	COURT ORDER DEPOSITS	03/15/18	75.29	
					CHECK TOTAL	75.29
908998	655	HCS TEACHERS ASSOCIATION TA 024	ASSOC & UNION DUES/TEACHER	03/15/18	10,228.20	
					CHECK TOTAL	10,228.20
908999	702	HOMER AIDES/ASSISTANTS ASSOC TA 024.02	ASSOC & UNION DUES/AIDES	03/15/18	1,083.84	
					CHECK TOTAL	1,083.84
909000	1145	NYSUT MEMBERS BENEFITS TA 019	DISABILITY INSURANCE	03/15/18	1,111.36	
					CHECK TOTAL	1,111.36
909001	2838	VOTE-COPE TA 085.02	UNITED WAY/HOMER FOUNDATION	03/15/18	92.00	
					CHECK TOTAL	92.00

NUMBER OF CHECKS 11

WARRANT TOTAL 785,176.27
VENDOR PORTION 785,176.27

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 11 in number, in the total amount of \$ 785,176.27.
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.

4/4/18
DATE

[Signature]
SIGNATURE

Treasurer
TITLE



DETAIL WARRANT NUMBER 52 - FUND TA - PR#17 TA DIST 3-15-2018 FOR 03/01/18 - 03/31/18

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have audited the above claims in the total amount of \$ 785,176.27.

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.

4.20.18
DATE

M. Mesinger
AUDITOR'S SIGNATURE

Claims Auditor
TITLE

Report Completed 10:29 AM

DETAIL WARRANT NUMBER 53 - FUND TA - PR#19BD TA Dist 3/16/18 FOR 03/01/18 - 03/31/18

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
2239	801	KEY BANK/IRS-SOC SEC TA 026	SOCIAL SECURITY TAX	03/16/18	1,776.32	
		TA 026	SOCIAL SECURITY TAX		1,776.32	
		TA 026	SOCIAL SECURITY TAX		415.42	
		TA 026	SOCIAL SECURITY TAX		415.42	
			CHECK TOTAL		4,383.48	
2240	802	KEY BANK/FED TAX TA 022	FEDERAL INCOME TAX	03/16/18	1,824.31	
			CHECK TOTAL		1,824.31	
2241	1106	NYS CHILD SUPPORT PROCESSING TA 036	COURT ORDER DEPOSITS	03/16/18	156.00	
			CHECK TOTAL		156.00	
2242	1118	NYS INCOME TAX BUREAU TA 021	NYS INCOME TAX	03/16/18	803.05	
			CHECK TOTAL		803.05	
2243	1209	PAYROLL ACCOUNT TA 010	CONSOLIDATED PAYROLL	03/16/18	22,481.79	
			CHECK TOTAL		22,481.79	
2244	2450	OMNI TA 029	EMPLOYEE ANNUITIES	03/16/18	80.48	
		TA 029	EMPLOYEE ANNUITIES		40.24	
			CHECK TOTAL		120.72	
909002	656	HCSSPA BUS DRIVERS TA 024.01	ASSOC & UNION DUES/BUS	03/16/18	610.85	
			CHECK TOTAL		610.85	

DETAIL WARRANT NUMBER 53 - FUND TA - PR#19BD TA Dist 3/16/18 FOR 03/01/18 - 03/31/18

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
NUMBER OF CHECKS					7	
WARRANT TOTAL					30,380.20	
VENDOR PORTION					30,380.20	

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 7 in number, in the total amount of \$ 30,380.20.
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.

4/4/18
DATE

[Signature]
SIGNATURE

Treasurer
TITLE

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have audited the above claims in the total amount of \$ 30,380.20.
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.

4.25.18
DATE

[Signature]
AUDITOR'S SIGNATURE

Claims Auditor
TITLE

Report Completed 10:30 AM

DETAIL WARRANT NUMBER 54 - FUND TA - PR#18 TA DIST 3/29/2018 FOR 03/01/18 - 03/31/18

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
2245	801	KEY BANK/IRS-SOC SEC TA 026	SOCIAL SECURITY TAX	03/29/18	48,977.41	
		TA 026	SOCIAL SECURITY TAX		48,977.41	
		TA 026	SOCIAL SECURITY TAX		11,455.91	
		TA 026	SOCIAL SECURITY TAX		11,455.91	
			CHECK TOTAL		120,866.64	
2246	802	KEY BANK/FED TAX TA 022	FEDERAL INCOME TAX	03/29/18	76,094.37	
			CHECK TOTAL		76,094.37	
2247	1106	NYS CHILD SUPPORT PROCESSING TA 036	COURT ORDER DEPOSITS	03/29/18	1,171.16	
			CHECK TOTAL		1,171.16	
2248	1118	NYS INCOME TAX BUREAU TA 021	NYS INCOME TAX	03/29/18	34,884.51	
			CHECK TOTAL		34,884.51	
2249	1209	PAYROLL ACCOUNT TA 010	CONSOLIDATED PAYROLL	03/29/18	562,201.04	
			CHECK TOTAL		562,201.04	
2250	2450	OMNI TA 029	EMPLOYEE ANNUITIES	03/29/18	4,082.92	
		TA 029	EMPLOYEE ANNUITIES		961.16	
		TA 029	EMPLOYEE ANNUITIES		75.00	
		TA 029	EMPLOYEE ANNUITIES		400.00	
		TA 029	EMPLOYEE ANNUITIES		1,510.00	
		TA 029	EMPLOYEE ANNUITIES		100.00	
		TA 029	EMPLOYEE ANNUITIES		2,910.00	
		TA 029	EMPLOYEE ANNUITIES		16,084.90	
		TA 029	EMPLOYEE ANNUITIES		700.00	
		TA 029	EMPLOYEE ANNUITIES		250.00	
		TA 029	EMPLOYEE ANNUITIES		366.81	
		TA 029	EMPLOYEE ANNUITIES		630.00	
		TA 029	EMPLOYEE ANNUITIES		292.71	
		TA 029	EMPLOYEE ANNUITIES		2,118.01	
			CHECK TOTAL		30,481.51	

DETAIL WARRANT NUMBER 54 - FUND TA - PR#18 TA DIST 3/29/2018 FOR 03/01/18 - 03/31/18

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
909003	321	CORTLAND COUNTY SHERIFF TA 036	COURT ORDER DEPOSITS	03/29/18	75.29	
				CHECK TOTAL	75.29	
909004	655	HCS TEACHERS ASSOCIATION TA 024	ASSOC & UNION DUES/TEACHER	03/29/18	10,228.20	
				CHECK TOTAL	10,228.20	
909005	656	HCSSPA BUS DRIVERS TA 024.01	ASSOC & UNION DUES/BUS	03/29/18	610.85	
				CHECK TOTAL	610.85	
909006	702	HOMER AIDES/ASSISTANTS ASSOC TA 024.02	ASSOC & UNION DUES/AIDES	03/29/18	1,095.00	
				CHECK TOTAL	1,095.00	
909007	1940	HOMER EDUCATION FOUNDATION TA 085.02	UNITED WAY/HOMER FOUNDATION	03/29/18	28.50	
				CHECK TOTAL	28.50	
909008	898	LOAN UNIT TA 027	TEACHERS RETIREMENT LOANS	03/29/18	8,900.00	
				CHECK TOTAL	8,900.00	
909009	1145	NYSUT MEMBERS BENEFITS TA 019	DISABILITY INSURANCE	03/29/18	1,169.55	
				CHECK TOTAL	1,169.55	
909010	2838	VOTE-COPE TA 085.02	UNITED WAY/HOMER FOUNDATION	03/29/18	92.00	
				CHECK TOTAL	92.00	

DETAIL WARRANT NUMBER 54 - FUND TA - PR#18 TA DIST 3/29/2018 FOR 03/01/18 - 03/31/18

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
NUMBER OF CHECKS				14		
				WARRANT TOTAL	847,898.62	
				VENDOR PORTION	847,898.62	

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 14 in number, in the total amount of \$ 847,898.62. 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.

4/4/18 [Signature] Treasurer
DATE SIGNATURE TITLE

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have audited the above claims in the total amount of \$ 847,898.62. 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.

4.20.18 [Signature] Claims Auditor
DATE AUDITOR'S SIGNATURE TITLE

DETAIL WARRANT NUMBER 55 - FUND TA - TA - HEALTH & DENTAL FOR 03/01/18 - 03/31/18

CHECK#	VENDOR#	VENDOR NAME ACCOUNT CODE	CHECK DESCRIPTION ACCOUNT DESCRIPTION	CHECK DATE PO#	CHECK AMOUNT	LIQUIDATED
909011	5778	AMERITAS LIFE INS CORP OF NY TA 020.02	DENTAL INSURANCE	03/29/18	6,510.33	
					CHECK TOTAL	6,510.33
909012	274	CNY COOPERATIVE HEALTH TRUST TA 020	HEALTH INSURANCE	03/29/18	146,608.40	
					CHECK TOTAL	146,608.40
909013	5399	LIFETIME BENEFIT SOLUTIONS TA 020	HEALTH INSURANCE	03/29/18	311.68	
					CHECK TOTAL	311.68
NUMBER OF CHECKS				3		
					WARRANT TOTAL	153,430.41
					VENDOR PORTION	153,430.41

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have verified the above claims, 3 in number, in the total amount of \$ 153,430.41.
 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.

4/4/18 [Signature] Treasurer
 DATE SIGNATURE TITLE

CERTIFICATION OF WARRANT

To The District Treasurer:

I hereby certify that I have audited the above claims in the total amount of \$ 153,430.41.
 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.

4.20.18 [Signature] Claims Auditor
 DATE AUDITOR'S SIGNATURE TITLE