

Register Of Claims

Report Date: From **9/14/16** To **9/30/16**

| Warrant Number | Claim Number | Name of Claimant | Fund | Account | Amount | Date | Explanation |
|----------------|--------------|---------------------------|----------------|----------------------------|--------------------|---------|---|
| 0 | 708 | Payroll | Operating Fund | Salary of Library Director | \$2,877.60 | 9/23/16 | PAYROLL |
| | | | Operating Fund | Full Time Staff Wages | \$13,491.12 | | |
| | | | Operating Fund | Full Time Staff Wages | \$2,018.40 | | |
| | | | Operating Fund | Part Time Staff Wages | \$11,268.19 | | |
| | | | Operating Fund | Part Time Staff Wages | \$3,391.64 | | |
| | | | Operating Fund | Wages of Janitor | \$1,116.42 | | |
| | | | Operating Fund | College Clerks | \$396.50 | | |
| | | | Operating Fund | Pages | \$710.64 | | |
| | | | | Total this claim | \$35,270.51 | | |
| 0 | 709 | BLUFFTON UTILITIES | Operating Fund | Electricity | \$4,887.47 | 9/23/16 | MAIN UTILITIES ACCT# 6940 9/14/16 |
| | | | Operating Fund | Water | \$40.33 | | |
| | | | Operating Fund | Waste Disposal Services | \$64.18 | | |
| | | | Operating Fund | Fire Protection | \$80.68 | | |
| | | | | Total this claim | \$5,072.66 | | |
| 0 | 710 | EFTPS/INTERNAL REVENUE S | Operating Fund | Employer's share-FICA/Me | \$2,203.00 | 9/23/16 | FEDERAL TAX PAYMENT FOR |
| | | | Operating Fund | Employer's share-FICA/Me | \$396.90 | | PAYROLL 9/23/16 |
| | | | Federal Tax | SALARIES AND WAGES | \$3,251.60 | | |
| | | | FICA | SALARIES AND WAGES | \$2,107.11 | | |
| | | | Medicare | SALARIES AND WAGES | \$492.79 | | |
| | | | | Total this claim | \$8,451.40 | | |
| 0 | 711 | INDIANA LIBRARY FEDERATIO | Operating Fund | Professional Meetings | \$1,590.00 | 9/23/16 | 2016 ILF ANNUAL CONFERENCE 16-349 9/9/16 |
| | | | | Total this claim | \$1,590.00 | | |
| 0 | 712 | LINCOLN NATIONAL LIFE INS | Annuities | SALARIES AND WAGES | \$1,542.87 | 9/23/16 | ANNUITIES FOR PAYROLL 9/23/16 |
| | | | | Total this claim | \$1,542.87 | | |
| 0 | 713 | PUBLIC EMPLOYEE'S RETIRE | Operating Fund | Employer's Cont PERF | \$2,324.37 | 9/23/16 | PERF CONTRIBUTIONS FOR |
| | | | Operating Fund | Employer's Cont PERF | \$286.61 | | PAYROLL 9/23/16 |
| | | | | Total this claim | \$2,610.98 | | |
| 0 | 714 | REPUBLIC SERVICES #091 | Operating Fund | Waste Disposal Services | \$147.95 | 9/23/16 | MAIN'S OCTOBER TRASH SERVICE ACCT# 7722 9/15/16 |
| | | | | Total this claim | \$147.95 | | |

| <i>Warrant Number</i> | <i>Claim Number</i> | <i>Name of Claimant</i> | <i>Fund</i> | <i>Account</i> | <i>Amount</i> | <i>Date</i> | <i>Explanation</i> |
|-----------------------|---------------------|--------------------------------|-------------------------|---------------------------|-------------------|-------------|---------------------------------|
| 0 | 715 | United Healthcare Insurance Co | Operating Fund | Employer's Cont. Group In | \$5,400.00 | 9/23/16 | OCTOBER HEALTH INSURANCE |
| | | | Operating Fund | Employer's Cont. Group In | \$600.00 | | CUST# 697790 9/14/16 |
| | | | Health Ins (Tax Exempt) | SALARIES AND WAGES | \$497.80 | | |
| | | | | Total this claim | <u>\$6,497.80</u> | | |
| 0 | 716 | UNITED WAY OF WELLS COU | United Way | SALARIES AND WAGES | \$317.96 | 9/23/16 | UNITED WAY CONTRIBUTIONS FOR |
| | | | | | | | SEPTEMBER 9/23/16 |
| | | | | Total this claim | <u>\$317.96</u> | | |
| 0 | 717 | VISION SERVICE PLAN - (IN) | Health Ins (Tax Exempt) | SALARIES AND WAGES | \$68.98 | 9/23/16 | VISION INSURANCE FOR |
| | | | | | | | SEPTEMBER ACCT# 9380001 8/16/16 |
| | | | | Total this claim | <u>\$68.98</u> | | |
| 0 | 718 | WELLS COUNTY PUBLIC LIBR | Operating Fund | Transfer to Operating Fun | \$8,451.40 | 9/23/16 | ACH TRANSFER FOR EFTPS |
| | | | | | | | PAYMENT 9/23/16 |
| | | | | Total this claim | <u>\$8,451.40</u> | | |
| 0 | 719 | WELLS COUNTY PUBLIC LIBR | H.SA (Tax Exempt) | SALARIES AND WAGES | \$783.50 | 9/23/16 | H.S.A DIRECT DEPOSIT FOR |
| | | | | | | | PAYROLL 9/23/16 |
| | | | | Total this claim | <u>\$783.50</u> | | |

| <i>Warrant Number</i> | <i>Claim Number</i> | <i>Name of Claimant</i> | <i>Fund</i> | <i>Account</i> | <i>Amount</i> | <i>Date</i> | <i>Explanation</i> |
|-----------------------|---------------------|-------------------------|-------------|----------------|---------------|-------------|--------------------|
|-----------------------|---------------------|-------------------------|-------------|----------------|---------------|-------------|--------------------|

Total Amount of Claims **\$70,806.01**

I hereby certify that each of the above listed vouchers and the invoices, or bills attached thereto, are true and correct and I have audited same in accordance with IC 5-11-10-1.6.

Tuesday, October 11, 2016

Fiscal Officer

ALLOWANCE OF VOUCHERS

(IC 5-11-10-2 permits the governing body to sign the Accounts Payable Voucher Register in lieu of signing each claim the governing body is allowing)

We have examined the vouchers listed on the forgoing accounts payable voucher register, consisting of pages, and except for vouchers not allowed as shown on the Register such vouchers are allowed in the total amount of

Date this _____ day of _____, 20____.

SIGNATURES OF GOVERNING BOARD

Approved by the State Board Of Accounts for on 12:00:00 AM.