SOUTHERN ADIRONDACK LIBRARY SYSTEM

FOR BOARD PERUSAL Warrants & Payroll Expense For June 2025

General Fund - June 2025			
Approved	Warrant #		Amount
7/8/2025	2025-18	\$	83,023.97
7/8/2025	PAY#14-2025	\$	38,258.26
7/22/2025	2025-19	\$	12,201.03
7/22/2025	PAY#15-2025	\$	58,803.25
		\$	192,286.51

Trust & Agency - June 2025				
Approved	Warrant #		Amount	
7/8/2025	TA25-14	\$	201.92	
7/11/2025	ACH-NYS DC	\$	1,484.39	
6/24/2025	ACH-NYS Ret (June)	\$	915.39	
7/22/2025	TA25-15	\$	21,897.46	
7/25/2025	ACH-NYS DC	\$	1,484.39	
		\$	25,983.55	

Warrant #		Amount
FSA 06/13 - 06/27/25	\$	403.84
FSA 07/11 - 07/25/25	\$	403.84
	\$	807.68
	FSA 06/13 - 06/27/25	FSA 06/13 - 06/27/25 \$ FSA 07/11 - 07/25/25 \$

Southern Adirondack Library System Warrant for Payment 2025-18

Authorized Expenditures as Approved: 7/8/2025

Date: 7/8/2025

Claimant Account Amount Check # Vou# Arnoff Moving & Storage 10,096.03 A433A · Delivery \$10,096.03 **Total for Arnoff Moving & Storage** 15300 207 Backus A435 · Travel & CE - Employee & Board 316.25 Total for Backus \$316.25 15301 208 Davis Vision A90608 · Employee Health Insurance 75.20 **Total for Davis Vision** \$75.20 15302 209 Jeffords 550.24 A437 · Professional Fees **Total for Jeffords** \$550.24 15303 211 June Garcia LLC 8,553.63 A437 · Professional Fees **Total for June Garcia LLC** \$8,553.63 15304 212 Kim Bolan 875 34 A435 · Travel & CE - Employee & Board Total for Kim Bolan \$875.34 15305 213 Michele Largeteau 46.55 A435 · Travel & CE - Employee & Board 15313 Total for Michele Largeteau \$46.55 15306 214 MVLS/SALS Joint Automation Project 890.58 A445-2 · Mbr Lib Purchases 2,875.00 A445-2 · Mbr Lib Purchases 125.00 A410M - Software A445-2 · Mbr Lib Purchases 1,734.00 47.97 A445-2 · Mbr Lib Purchases 26.99 A445-2 · Mbr Lib Purchases 163.18 A445-2 · Mbr Lib Purchases 198.50 A445-2 · Mbr Lib Purchases A445-JA · Joint Automation Fees-01 42,131.96 \$48,193.18 15307 **Total for MVLS/SALS Joint Automation Project** 215 OverDrive A445-1 - MembLib E-Content Contribution 3,319.76 \$3,319.76 216 **Total for OverDrive** 15308 Stephanie Chase 197.83 A435 · Travel & CE - Employee & Board \$197.83 **Total for Stephanie Chase** 217 15309 UHY, LLP 10,762.50 A437 · Professional Fees Total for UHY, LLP \$10,762.50 15310 217 Verizon Wireless 76.02 A431 · Telecommunications \$76.02 **Total for Verizon Wireless** 15311 218 WB Mason Co., Inc. A430 · Supplies 7.99 Total for WB Mason Co., Inc. \$7.99 15312 218 TOTAL \$83,070.52

Authorized Signature

TRUST & AGENCY FUND Journal Entry for Set Up of Payroll

PAY#14-2025

	Acct.#	<u> </u>		Debit	Credit	i
Cash	TA200		\$	38,258.26		ı
Net Payroll	TA10	_			24,668.63	i
Deferred Compensation 457	TA17	_			1,484.39	i
ROTH 457	TA17A	_				ı
NYS Emply Retire.Contribution	TA18	_			286.00	i
NYS Emply Retire.Arrears	TA18A	_				
NYS Emply Retire.Loans	TA18B	_			145.00	
Group Insurance	TA20A	_			613.69	i
NYS Income Tax	TA21	_			1,625.11	
Federal Income Tax	TA22	_			3,881.30	i
Income Executions	TA23	_				ı
Social Security	TA26	_			5,316.60	i
Disability Insurance	TA27	_				i
Annuity 403 (b)	TA29	_				ı
URM Med FSA	TA30				201.92	ı
DDC Child Care	TA31	_				ı
AFLAC Cancer	TA32A					ı
AFLAC Accident	TA32B	_				ı
NYCON Dental	TA32C	<u> </u>			35.62	
AFLAC DBL	TA33	<u> </u>				
AFLAC Life Ins.	TA33A	_				i
To set up payroll for period Including employer's social securi	ty, hospitaliz	zation and disab	bility	·.	30,282.95	.141
Check # 15299 Total	\$	38,258.26		7/8/2025	3,188.64	.142
Expense FIGA		0020.0		Total	2,128.37	.144
FICA HOSPITALIZATION		9030.8 9060.8		2,658.30	35,599.96	
RETIREMENT ARREARS		_				
						28 258 1

\$38,258.26

Southern Adirondack Library System Warrant for Payment 2025-19

Authorized Expenditures as Approved: 7/22/2025

Date: 7/22/2025

Claimant Account Amount Check # Vou # B&T 51.20 A410E · WCF Books 219 Total for B&T \$51.20 15315 Casella Waste Services 64.21 A452 · Building Maint. & Repair 220 **Total for Casella Waste Services** \$64.21 15316 CDLC_V A438 · Membership 2,889.00 Total for CDLC_V \$2,889.00 221 15317 Electronic Office Products 81.17 A439 · Equipment Maintenance & Repair 222 **Total for Electronic Office Products** \$81.17 15318 June Garcia LLC 2,000.00 A437 · Professional Fees 223 **Total for June Garcia LLC** \$2,000.00 15319 NYCON, Inc. A90898 · Other Employee Benefits 52.00 224 Total for NYCON, Inc. \$52.00 15320 OverDrive A445-1 · MembLib E-Content Contribution 2,566.75 A445-1 · MembLib E-Content Contribution 2,014.30 A445-1 · MembLib E-Content Contribution 2,330.45 **Total for OverDrive** \$6,911.50 15321 Scott, Jack A435 · Travel & CE - Employee & Board 64.00 \$64.00 226 Total for Scott, Jack 15322 Visa 39.99 A435 · Travel & CE - Employee & Board **Total for Visa** \$39.99 227 15323 WB Mason Co., Inc. 71.96 A430 · Supplies -24.00 A430 · Supplies Total for WB Mason Co., Inc. \$47.96 15424 228 TOTAL \$12,201.03

Authorized Signature

TRUST & AGENCY FUND Journal Entry for Set Up of Payroll

PAY#15-2025

PAY#15-2025	Acct.#	_	Debit	Credit	ı
Cash	TA200	_\$	58,803.25		r
Net Payroll	TA10			24,512.75	ı
Deferred Compensation 457	TA17			1,484.39	i
ROTH 457	TA17A				ı
NYS Emply Retire.Contribution	TA18			283.75	i
NYS Emply Retire.Arrears	TA18A				i
NYS Emply Retire.Loans	TA18B			71.00	i
Group Insurance	TA20A			21,212.55	i
NYS Income Tax - EE	TA21			1,625.11	i
Federal Income Tax - EE	TA22			4,067.30	
Income Executions	TA23				ı
Social Security	TA26			5,308.86	i
Disability Insurance	TA27				i
Annuity 403 (b)	TA29				i
URM Med FSA	TA30			201.92	i
DDC Child Care	TA31				i
AFLAC Cancer	TA32A				i
AFLAC Accident	TA32B				i
NYCON Dental	TA32C			35.62	ı
AFLAC DBL	TA33				ı
AFLAC Life Ins.	TA33A				
To set up payroll for period Including employer's social securit	y, hospitaliz	zation and disab	ility.	30,282.95	.141
Check # 15314 Total	\$	58,803.25	7/22/2025	3,138.64	.142
Expense			Total	2,128.37	.144
FICA HOSPITALIZATION		9030.8 9060.8	2,654.43 20,598.86	35,549.96	
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\$38,204.39

SALS Payroll Account T&A Warrant for Payment TA25-14 Authorized Expenditures as Approved: 7/8/2025

				Date 7/8/2025
Vou#	Claimaint	Account	Amount	Check #
26	SALS Employee			
		TA30 · UnReimbursed Medical - 125	201.92	
	Total SALS Employee		201.92	2237
TOTAL			201.92	
	Authorized Signature			



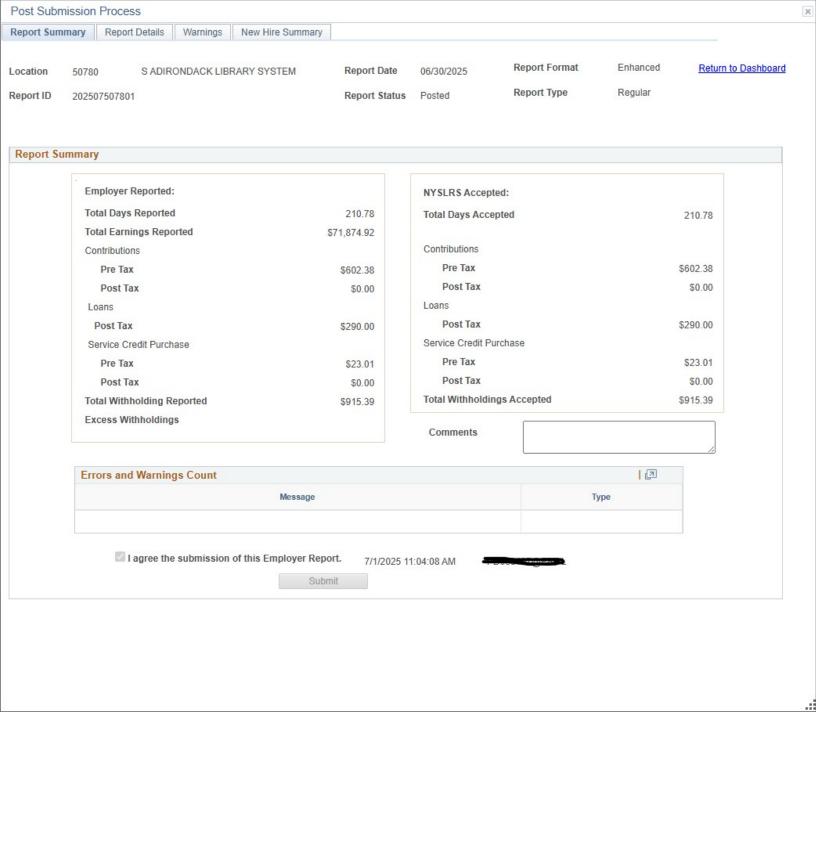
Contact us at 1-877-496-1630 or NRSPlan@nationwide.com.

FastPay

Payroll detail payment submission

Feedback

Plan name	NEW YORK STATE DEFERRED COMPENSATION PLAN
Plan number	0045420001
Pay Center	SOUTHERN ADIRONDACK LIBRARY SYSTEM (DCP)
Submission date	07-08-2025
Submission time	11:56:26 AM
Pay date	07-11-2025
Payment amount	\$1,484.39
Debit ACH account	THE ADIRONDACK TRUST CO
Bank routing number	****2884
Bank account number	***2565
Debit account type	Checking
Debit ACH draft date	07-11-2025



SALS Payroll Account T&A Warrant for Payment TA25-15Authorized Expenditures as Approved: 7/22/2025

				Date 6/24/2025
Vou #	Claimaint	Account	Amount	Check #
27	NYS Health Insurance			
		TA20A · Health Insurance	21,826.24	
	Total NYS Health Insurance		21,826.24	2241
28	NYCON, Inc.			
		TA32D · NYCON Dental	71.22	
	Total NYCON, Inc.		71.22	2242
29	SALS Employee			
		TA30 · UnReimbursed Medical - 125	201.92	
	Total SALS Employee		201.92	2243
TOTAL			21,897.46	



Contact us at 1-877-496-1630 or NRSPlan@nationwide.com.

FastPay

Payroll detail payment submission

Plan name	NEW YORK STATE DEFERRED COMPENSATION PLAN
Plan number	0045420001
Pay Center	SOUTHERN ADIRONDACK LIBRARY SYSTEM (DCP)
Submission date	07-22-2025
Submission time	11:32:38 AM
Pay date	07-25-2025
Payment amount	\$1,484.39
Debit ACH account	THE ADIRONDACK TRUST CO
Bank routing number	****2884
Bank account number	***2565
Debit account type	Checking
Debit ACH draft date	07-25-2025

SOUTHERN ADIRONDACK LIBRARY SYSTEM 22 WHITNEY PLACE SARATOGA SPRINGS, NY 12866 (518) 584-7300 Fax (518) 587-5589

NYCON, Inc.-Group Employee Benefit Plan 272 Broadway Albany, NY 12204

Company #268

Withdrawals for FSA Funding

Payroll date	Amount
6/13/2025	201.92
6/27/2025	201.92

\$ 403.84

AUTHORIZED SIGNATURE

DATE 8/5/2025

ACCOUNT CODE TA30 403.84

SOUTHERN ADIRONDACK LIBRARY SYSTEM 22 WHITNEY PLACE SARATOGA SPRINGS, NY 12866 (518) 584-7300 Fax (518) 587-5589

NYCON, Inc.-Group Employee Benefit Plan 272 Broadway Albany, NY 12204

Company #268

Withdrawals for FSA Funding

Payroll date	Amount
7/11/2025	201.92
7/25/2025	201.92

\$ 403.84

AUTHORIZED SIGNATURE

ACH DATE 7/24/2025
DATE 8/5/2025
TA20 402.84

ACCOUNT CODE TA30 403.84