

SOUTHERN ADIRONDACK LIBRARY SYSTEM

FOR BOARD PERUSAL

Warrants & Payroll Expense For June 2023

General Fund - June 2023		
Approved	Warrant #	Amount
6/13/2023	2023-15	\$ 11,872.80
6/13/2023	2023-16	\$ 47,716.80
6/13/2023	PAY#12-2023	\$ 62,141.27
6/27/2020	2023-17	\$ 30,998.43
6/27/2020	PAY#13-2023	\$ 40,337.97
		<u>\$ 193,067.27</u>

Trust & Agency - June 2023		
Approved	Warrant #	Amount
6/2/2023	ACH-NYS Ret (May)	\$ 1,420.77
6/1/2023	ACH-NYS DC	\$ 1,771.07
6/13/2023	TA23-12	\$ 23,270.34
6/13/2023	ACH-NYS DC	\$ 1,771.07
6/27/2023	TA23-13	\$ 385.09
6/27/2023	ACH-NYS DC	\$ 1,771.07
		<u>\$ 30,389.41</u>

Southern Adirondack Library System
Warrant for Payment 2023-15
Authorized Expenditures as Approved: 6/9/2023

Date 6/13/2023

Vou #	Claimant	Account	Amount	Check #
179	Baker, Elaine			
		A90608 · Employee Health Insurance	989.40	14214
	Total Baker, Elaine		989.40	
180	Bowen, Nancy-V			
		A90608 · Employee Health Insurance	989.40	14215
	Total Bowen, Nancy-V		989.40	
181	Bunse, Barbara			
		A90608 · Employee Health Insurance	989.40	14216
	Total Bunse, Barbara		989.40	
182	Hanley, Mary			
		A90608 · Employee Health Insurance	989.40	14217
	Total Hanley, Mary		989.40	
183	Leonelli, Elayne			
		A90608 · Employee Health Insurance	989.40	14218
	Total Leonelli, Elayne		989.40	
184	Martz, Jill			
		A90608 · Employee Health Insurance	989.40	14219
	Total Martz, Jill		989.40	
185	Meier, Miriam			
		A90608 · Employee Health Insurance	989.40	14220
	Total Meier, Miriam		989.40	
186	O'Connor, Edward M.			
		A90608 · Employee Health Insurance	989.40	14221
	Total O'Connor, Edward M.		989.40	
187	Orton, Catherine			
		A90608 · Employee Health Insurance	989.40	14222
	Total Orton, Catherine		989.40	
188	Phillips, Norma			
		A90608 · Employee Health Insurance	989.40	14223
	Total Phillips, Norma		989.40	
189	Robinson, Diane			
		A90608 · Employee Health Insurance	989.40	14224
	Total Robinson, Diane		989.40	
190	Scott, Dorothy			
		A90608 · Employee Health Insurance	989.40	14225
	Total Scott, Dorothy		989.40	
TOTAL			11,872.80	

 Authorized Signature

Southern Adirondack Library System
Warrant for Payment 2023-16
 Authorized Expenditures as Approved: 6/12/2023

Date 6/13/2023

Vou #	Claimant	Account	Amount	Check #
191	GLE			
		A410B · GTM Books	15.99	
	Total GLE		15.99	14227
192	Jeffords			
		A437 · Professional Fees	466.90	
	Total Jeffords		466.90	14228
193	Midwest Tape			
		A436 · MARC Records	202.80	
	Total Midwest Tape		202.80	14229
194	MVLS/SALS Joint Automation Project			
		A445-JA · Joint Automation Fees-01	40,046.53	
		A445-2 · Mbr Lib Purchases	24.99	
	Total MVLS/SALS Joint Automation Project		40,071.52	14230
195	National Grid			
		A450 · Utilities	1,423.31	
	Total National Grid		1,423.31	14231
196	OverDrive			
		A491B · County Aid	1,716.95	
		A491B · County Aid	1,511.76	
		A491B · County Aid	1,410.16	
	Total OverDrive		4,638.87	14232
197	Paychex, Inc.			
		A437 · Professional Fees	758.05	
	Total Paychex, Inc.		758.05	14233
198	Staples, Inc.			
		A430 · Supplies	72.02	
	Total Staples, Inc.		72.02	14234
199	WB Mason Co., Inc.			
		A430 · Supplies	-6.00	
		A430 · Supplies	-6.00	
		A430 · Supplies	9.24	
		A430 · Supplies	7.99	
		A430 · Supplies	15.24	
	Total WB Mason Co., Inc.		20.47	14235
200	WEX BANK			
		A471 · Automotive - Fuel	46.67	
	Total WEX BANK		46.67	14236
TOTAL			47,716.60	

 Authorized Signature

TRUST & AGENCY FUND
Journal Entry for Set Up of Payroll

PAY#12-2023

	<u>Acct.#</u>	<u>Debit</u>	<u>Credit</u>
Cash	TA200	\$ 62,141.27	
Net Payroll	TA10		25,805.61
Deferred Compensation 457	TA17		1,771.07
ROTH 457	TA17A		
NYS Empl Retire.Contribution	TA18		376.26
NYS Empl Retire.Arrears	TA18A		
NYS Empl Retire.Loans	TA18B		333.00
Group Insurance	TA20A		22,449.94
NYS Income Tax	TA21		1,647.90
Federal Income Tax	TA22		3,854.43
Income Executions	TA23		
Social Security	TA26		5,597.82
Disability Insurance	TA27		
Annuity 403 (b)	TA29		
URM Med FSA	TA30		225.39
DDC Child Care	TA31		
AFLAC Cancer	TA32A		
AFLAC Accident	TA32B		
NYCON Dental	TA32C		79.85
AFLAC DBL	TA33		
AFLAC Life Ins.	TA33A		
To set up payroll for period			
Including employer's social security, hospitalization and disability.			
			30,897.61 .141
<u>Check # 14226</u>	<u>Total</u>	<u>\$ 62,141.27</u>	<u>6/13/2023</u>
<u>Expense</u>		<u>Total</u>	<u>1,981.12 .144</u>
FICA	9030.8	2,798.91	37,487.43
HOSPITALIZATION	9060.8	21,854.93	
RETIREMENT ARREARS			

\$40,286.34

Paychex Cash Req'd

Southern Adirondack Library System
Warrant for Payment 2023-17
Authorized Expenditures as Approved: 6/26/2023

Date 6/27/2023

Vou #	Claimant	Account	Amount	Check #
201	American Library Association-V			
		A438 · Membership	426.00	
	Total American Library Association-V		426.00	14237
202	Arnoff Moving & Storage			
		A433A · Delivery	10,639.42	
		A433A · Delivery	9,313.56	
	Total Arnoff Moving & Storage		19,952.98	14238
203	B&T			
		A410B · GTM Books	1,531.98	
	Total B&T		1,531.98	14239
204	CDW Government			
		A430 · Supplies	103.24	
	Total CDW Government		103.24	14240
205	Dallas			
		A435 · Travel & CE - Employee & Board	46.37	
	Total Dallas		46.37	14241
206	Davis Vision			
		A90608 · Employee Health Insurance	89.82	
	Total Davis Vision		89.82	14242
207	Electronic Office Products			
		A439 · Equipment Maintenance & Repair	33.00	
	Total Electronic Office Products		33.00	14243
208	FirstLight Fiber			
		A431 · Telephone	976.61	
	Total FirstLight Fiber		976.61	14244
209	Leonelli, Elayne			
		A90608 · Employee Health Insurance	3,920.40	
	Total Leonelli, Elayne		3,920.40	14245
210	MVLS/SALS Joint Automation Project			
		A445-2 · Mbr Lib Purchases	198.50	
	Total MVLS/SALS Joint Automation Project		198.50	14246
211	OverDrive			
		A491B · County Aid	2,032.03	
	Total OverDrive		2,032.03	14247
212	Ryder			
		A435 · Travel & CE - Employee & Board	57.64	
	Total Ryder		57.64	14248
213	Staples, Inc.			
		A430 · Supplies	83.97	
	Total Staples, Inc.		83.97	14249
214	VISA			
		A413 · Serials	26.99	
		A495 · Technology Grant	761.43	
		A435 · Travel & CE - Employee & Board	700.00	
		A430 · Supplies	32.99	
	Total VISA		1,521.41	14250
215	WB Mason Co., Inc.			
		A430 · Supplies	-6.00	

Southern Adirondack Library System
Warrant for Payment 2023-17
Authorized Expenditures as Approved: 6/26/2023

<u>Vou #</u>	<u>Claimant</u>	<u>Account</u>	<u>Amount</u>	<u>Check #</u>
		A430 · Supplies	-6.00	
		A430 · Supplies	6.00	
		A430 · Supplies	15.24	
		A430 · Supplies	15.24	
	Total WB Mason Co., Inc.		<u>24.48</u>	14251
TOTAL			<u><u>30,998.43</u></u>	

 Authorized Signature

TRUST & AGENCY FUND
Journal Entry for Set Up of Payroll

PAY#13-2023

	<u>Acct.#</u>	<u>Debit</u>	<u>Credit</u>
Cash	TA200	\$ 40,337.97	
Net Payroll	TA10		26,241.43
Deferred Compensation 457	TA17		1,771.07
ROTH 457	TA17A		
NYS Empl Retire.Contribution	TA18		376.26
NYS Empl Retire.Arrears	TA18A		
NYS Empl Retire.Loans	TA18B		333.00
Group Insurance	TA20A		
NYS Income Tax	TA21		1,693.15
Federal Income Tax	TA22		3,996.60
Income Executions	TA23		
Social Security	TA26		5,701.07
Disability Insurance	TA27		
Annuity 403 (b)	TA29		
URM Med FSA	TA30		225.39
DDC Child Care	TA31		
AFLAC Cancer	TA32A		
AFLAC Accident	TA32B		
NYCON Dental	TA32C		
AFLAC DBL	TA33		
AFLAC Life Ins.	TA33A		
To set up payroll for period			
Including employer's social security, hospitalization and disability.			30,897.61 .141
<u>Check # 14252</u>	<u>Total</u>	<u>\$ 40,337.97</u>	<u>6/27/2023</u>
<u>Expense</u>		<u>Total</u>	<u>1,981.12 .144</u>
FICA	9030.8	2,850.54	37,487.43
HOSPITALIZATION	9060.8		
RETIREMENT ARREARS			

\$40,337.97

Paychex Cash Req'd

Post Submission Process

[Report Summary](#) |
 [Report Details](#) |
 [Warnings](#) |
 [New Hire Summary](#)

Location 50780 S ADIRONDACK LIBRARY SYSTEM **Report Date** 05/31/2023 **Report Format** Enhanced [Return to Dashboard](#)
Report ID 202305507801 **Report Status** Posted **Report Type** Regular

Report Summary

Employer Reported:

Total Days Reported	246.21
Total Earnings Reported	\$75,264.91
Contributions	
Pre Tax	\$754.77
Post Tax	\$0.00
Loans	
Post Tax	\$666.00
Service Credit Purchase	
Pre Tax	\$0.00
Post Tax	\$0.00
Total Withholding Reported	\$1,420.77
Excess Withholdings	

NYSLRS Accepted:

Total Days Accepted	246.21
Contributions	
Pre Tax	\$754.77
Post Tax	\$0.00
Loans	
Post Tax	\$666.00
Service Credit Purchase	
Pre Tax	\$0.00
Post Tax	\$0.00
Total Withholdings Accepted	\$1420.77

Comments

Errors and Warnings Count

Message	Type

I agree the submission of this Employer Report.

5/31/2023 2:40:33 PM

~~XXXXXXXXXX~~

Submit



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	05-30-2023
Submission time	11:09:49 AM
Pay date	06-02-2023
Payment amount	\$1,771.07
Debit ACH account	THE ADIRONDACK TRUST CO
Bank routing number	*****2884
Bank account number	***2565
Debit account type	Checking
Debit ACH draft date	06-01-2023

[+] Feedback

SALS Payroll Account
T&A Warrant for Payment TA23-12
 Authorized Expenditures as Approved: 6/9/2023

Date 6/13/2023

Vou #	Claimant	Account	Amount	Check #
24	NYS Health Insurance			
		TA20A · Health Insurance	23,044.95	2135
	Total NYS Health Insurance		<u>23,044.95</u>	
25	SALS Employee			
		TA30 · UnReimbursed Medical - 125	225.39	2136
	Total SALS Employee		<u>225.39</u>	
TOTAL			<u><u>23,270.34</u></u>	

 Authorized Signature



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	06-13-2023
Submission time	12:38:35 PM
Pay date	06-16-2023
Payment amount	\$1,771.07
Debit ACH account	THE ADIRONDACK TRUST CO
Bank routing number	*****2884
Bank account number	***2565
Debit account type	Checking
Debit ACH draft date	06-15-2023

[+] Feedback

SALS Payroll Account
T&A Warrant for Payment TA23-13
Authorized Expenditures as Approved: 6/23/2023

Date 6/27/2023

Vou #	Claimant	Account	Amount	Check #
26	NYCON, Inc.	TA32D · NYCON Dental	159.70	2137
	Total NYCON, Inc.		<u>159.70</u>	
27	SALS Employee	TA30 · UnReimbursed Medical - 125	225.39	2138
	Total SALS Employee		<u>225.39</u>	
TOTAL			<u>385.09</u>	

 Authorized Signature



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	06-27-2023
Submission time	12:39:26 PM
Pay date	06-30-2023
Payment amount	\$1,771.07
Debit ACH account	THE ADIRONDACK TRUST CO
Bank routing number	*****2884
Bank account number	***2565
Debit account type	Checking
Debit ACH draft date	06-29-2023

[+] Feedback