

Warrant 040315

PAYROLL VOUCHER REGISTER

Period
3/14/2015 to 3/27/2015

Park Board

Check Date
04/03/2015

We have examined the vouchers listed on the foregoing voucher register, consisting of 9 pages, and except for vouchers not allowed as shown on the register such vouchers are hereby allowed in the total amount of \$41,871.57 . Dated this 7 day of April , 2015 .

Signature of Governing Board

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

Michelle C. Alford , Clerk-Treasurer

Signature

April 2 , 20 15 .

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Park Board

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Account	Loc # / Emp #	Name	Check #	Pay Type	Units	Tax Fringe	Exp Amount			
20400000 511101 Park-Salaries, Dept Head	5000 / 2583	JANET E FAWLEY	3545	100 SALARIES - DEPARTMENT HEAD		\$0.00	\$2,779.09			
			3545	910 LIFE INSURANCE FRINGE BENEFIT		\$5.95	\$0.00			
			Employee Total						\$5.95	\$2,779.09
			Account Total						\$5.95	\$2,779.09
			<hr/>							
20400000 511105 Park-Salaries, FT Regular	5000 / 208	PENNIE AINSWORTH	3498	105 SALARIES - FULL TIME		\$0.00	\$2,389.54			
			3498	910 LIFE INSURANCE FRINGE BENEFIT		\$3.05	\$0.00			
			Employee Total						\$3.05	\$2,389.54
			<hr/>							
			5000 / 210	GERMAL L BOOTH	3513	105 SALARIES - FULL TIME		\$0.00	\$1,985.63	
3513	910 LIFE INSURANCE FRINGE BENEFIT				\$1.98	\$0.00				
Employee Total						\$1.98	\$1,985.63			
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5000 / 520	MARY C FOLEY	3550			105 SALARIES - FULL TIME		\$0.00	\$1,863.13		
		Employee Total						\$0.00	\$1,863.13	
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5000 / 540	THOMAS L JAMES	3593	105 SALARIES - FULL TIME		\$0.00	\$1,681.61				
		Employee Total						\$0.00	\$1,681.61	
		<hr/>								
5000 / 1086	CHERYL M KOLB	3608	105 SALARIES - FULL TIME		\$0.00	\$1,545.43				
		Employee Total						\$0.00	\$1,545.43	
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20400000 511105 Park-Salaries, FT Regular	5000 / 1487	SUZANNE S MATTERN	3622	105 SALARIES - FULL TIME		\$0.00	\$1,591.92
			Employee Total			\$0.00	\$1,591.92
	5000 / 1554	KENNETH W VANDERHOFF					
			3694	105 SALARIES - FULL TIME		\$0.00	\$1,533.26
			Employee Total			\$0.00	\$1,533.26
	5000 / 1595	JOHN W HEITMILLER					
			3581	105 SALARIES - FULL TIME		\$0.00	\$1,448.70
			Employee Total			\$0.00	\$1,448.70
	5000 / 1630	ROBERT L CHEEVER					
			3522	105 SALARIES - FULL TIME		\$0.00	\$1,448.70
			Employee Total			\$0.00	\$1,448.70
	5000 / 2375	DANIEL H DUNTEN					
			3541	105 SALARIES - FULL TIME		\$0.00	\$1,533.26
			Employee Total			\$0.00	\$1,533.26
	5000 / 2392	TAMMY WAGNER					
			3699	105 SALARIES - FULL TIME		\$0.00	\$1,248.54
			Employee Total			\$0.00	\$1,248.54
	5000 / 2420	JOHN N RAWLES					
			3653	105 SALARIES - FULL TIME		\$0.00	\$1,448.70
			Employee Total			\$0.00	\$1,448.70
	5000 / 2434	CALEB D PAVEY					
			3645	105 SALARIES - FULL TIME		\$0.00	\$1,351.86
			Employee Total			\$0.00	\$1,351.86

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20400000 511105 Park-Salaries, FT Regular	5000 / 2498	BRADLEY F YOUNG	3709	105 SALARIES - FULL TIME		\$0.00	\$1,351.86
						Employee Total	\$0.00
						Account Total	\$5.03
20400000 511201 Park-Salaries, Part Time Reg	5002 / 2537	SONJA R WOOD	3708	150 SALARIES - REGULAR PART-TIME	48.50	\$0.00	\$544.17
			3708	503 PERSONAL DAY PART TIME REG	4.00	\$0.00	\$44.88
						Employee Total	\$0.00
						Account Total	\$0.00
20400000 511202 Park-Salaries, PT Season/Temp	5003 / 2585	SARAH E MCKELLIPS	3628	155 SALARIES - TEMP/SEASONAL PT	7.50	\$0.00	\$67.50
						Employee Total	\$0.00
						Account Total	\$0.00
20400000 512000 Park-FICA				1000 FICA		\$0.00	\$1,523.22
						Total	\$0.00
						Account Total	\$0.00
20400000 513000 Park-Medicare				1100 MEDICARE		\$0.00	\$356.23
						Total	\$0.00
						Account Total	\$0.00
20400000 514000 Park-INPRS-Civilian City				7000 INPRS - RETIREMENT		\$0.00	\$2,822.55

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Account	Loc # / Emp #	Name	Check #	Pay Type	Units	Tax Fringe	Exp Amount
<hr/>							
20400000 518000 Park-Vision Ins-Employee							
			2200	125 VISION EMPLOYEE ONLY		\$0.00	\$29.43
			2201	125 VISION EMPLOYEE/SPOUSE		\$0.00	\$5.29
			2202	125 VISION EMPLOYEE/CHILD		\$0.00	\$5.36
			2203	125 VISION EMPLOYEE/FAMILY		\$0.00	\$23.76
			8200	VISION EMPLOYEE ONLY		\$0.00	\$3.27
						Total	\$0.00
						Account Total	\$67.11
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20400000 519200 Park-Basic Life Ins-EE Only							
			8300	BASIC LIFE		\$0.00	\$50.40
						Total	\$0.00
						Account Total	\$50.40
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20400000 519300 Park-LTD Ins							
			8400	LONG TERM DISABILITY		\$0.00	\$100.94
						Total	\$0.00
						Account Total	\$100.94
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21100000 511105 NRO-Salaries, FT Regular	5001 / 2001	MARIANNE GAIO					
			3560	105 SALARIES - FULL TIME		\$0.00	\$1,441.05
						Employee Total	\$0.00
							\$1,441.05
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	5001 / 2101	PHILLIP J GUTIERREZ					
			3570	105 SALARIES - FULL TIME		\$0.00	\$1,351.86
						Employee Total	\$0.00
							\$1,351.86

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Account	Loc # / Emp #	Name	Check #	Pay Type	Units	Tax Fringe	Exp Amount
21100000 511105 NRO-Salaries, FT Regular	5001 / 2497	BESS M WITCOSKY	3707	105 SALARIES - FULL TIME		\$0.00	\$1,611.12
						Employee Total	\$0.00
						Account Total	\$4,404.03
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21100000 512000 NRO-FICA				1000 FICA		\$0.00	\$264.04
						Total	\$0.00
						Account Total	\$264.04
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21100000 513000 NRO-Medicare				1100 MEDICARE		\$0.00	\$61.75
						Total	\$0.00
						Account Total	\$61.75
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21100000 514000 NRO-INPRS-Civilian City				7000 INPRS - RETIREMENT		\$0.00	\$493.26
						Total	\$0.00
						Account Total	\$493.26
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21100000 516000 NRO-Medical Ins-Employee				2000 125 MEDICAL EMPLOYEE		\$0.00	\$209.47
				2003 125 MEDICAL EMPLOYEE/FAMILY		\$0.00	\$1,163.92
						Total	\$0.00
						Account Total	\$1,373.39

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Account	Loc # / Emp #	Name	Check #	Pay Type	Units	Tax Fringe	Exp Amount
<hr/>							
21100000 517000 NRO-Dental Ins-Employee							
			2100	125 DENTAL EMPLOYEE ONLY		\$0.00	\$17.23
			2101	125 DENTAL EMPLOYEE/SPOUSE		\$0.00	\$29.33
			2103	125 DENTAL EMPLOYEE/FAMILY		\$0.00	\$44.50
					Total	\$0.00	\$91.06
					Account Total	\$0.00	\$91.06
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21100000 518000 NRO-Vision Ins-Employee							
			2200	125 VISION EMPLOYEE ONLY		\$0.00	\$3.27
			2201	125 VISION EMPLOYEE/SPOUSE		\$0.00	\$5.29
			2203	125 VISION EMPLOYEE/FAMILY		\$0.00	\$7.92
					Total	\$0.00	\$16.48
					Account Total	\$0.00	\$16.48
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21100000 519200 NRO-Basic Life Ins-EE Only							
			8300	BASIC LIFE		\$0.00	\$9.10
					Total	\$0.00	\$9.10
					Account Total	\$0.00	\$9.10
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21100000 519300 NRO-LTD Ins- EE							
			8400	LONG TERM DISABILITY		\$0.00	\$20.99
					Total	\$0.00	\$20.99
					Account Total	\$0.00	\$20.99
					Grand Total	\$10.98	\$41,871.57

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Park Board

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04/03/2015

We have examined the vouchers listed on the foregoing voucher register, consisting of _____ pages, and except for vouchers not allowed as shown on the register such vouchers are hereby allowed in the total amount of \$41,871.57 . Dated this _____ day of _____ , 20____ .

Signature of Governing Board

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

_____, Clerk-Treasurer

Signature

_____, 20 ____ .

City of West Lafayette

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PAYROLL VOUCHER REGISTER
Summary by Fund

Period
3/14/2015 to 3/27/2015

Park Board

Check Date
04/03/2015

Fund	Amount
Parks and Recreation	\$35,137.47
Parks Nonreverting Operating	\$6,734.10
GRAND TOTAL	\$41,871.57