

Warrant 091616

PAYROLL VOUCHER REGISTER

Period  
8/27/2016 to 9/9/2016

Park Board

Check Date  
09/16/2016

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 \$44,900.99 . Dated this 16th day of September , 2016 .

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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.

 , City Controller

Signature

September 13 , 2016 .

Warrant 091616

PAYROLL VOUCHER REGISTER

Period  
8/27/2016 to 9/9/2016

Park Board

Check Date  
09/16/2016

Account	Loc # / Emp #	Name	Check #	Pay Type	Units	Tax Fringe	Exp Amount			
20400000 511101 Park-Salaries, Dept Head	5000 / 2583	JANET E FAWLEY	13708	100 SALARIES - DEPARTMENT HEAD		\$0.00	\$2,834.68			
			13708	910 LIFE INSURANCE FRINGE BENEFIT		\$9.14	\$0.00			
			<b>Employee Total</b>						<b>\$9.14</b>	<b>\$2,834.68</b>
			<b>Account Total</b>						<b>\$9.14</b>	<b>\$2,834.68</b>
20400000 511105 Park-Salaries, FT Regular	5000 / 208	PENNIE AINSWORTH	13659	105 SALARIES - FULL TIME		\$0.00	\$2,437.33			
			13659	910 LIFE INSURANCE FRINGE BENEFIT		\$6.09	\$0.00			
			<b>Employee Total</b>						<b>\$6.09</b>	<b>\$2,437.33</b>
			5000 / 520	MARY C FOLEY	13713	105 SALARIES - FULL TIME		\$0.00	\$1,962.87	
13713	910 LIFE INSURANCE FRINGE BENEFIT				\$1.98	\$0.00				
<b>Employee Total</b>						<b>\$1.98</b>	<b>\$1,962.87</b>			
5000 / 540	THOMAS L JAMES	13756			105 SALARIES - FULL TIME		\$0.00	\$1,715.24		
		<b>Employee Total</b>						<b>\$0.00</b>	<b>\$1,715.24</b>	
		5000 / 1086	CHERYL M KOLB	13772	105 SALARIES - FULL TIME		\$0.00	\$1,576.34		
				<b>Employee Total</b>						<b>\$0.00</b>
5000 / 1554	KENNETH W VANDERHOFF			13860	105 SALARIES - FULL TIME		\$0.00	\$1,563.93		
				<b>Employee Total</b>						<b>\$0.00</b>

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20400000 511105 Park-Salaries, FT Regular	5000 / 1595	JOHN W HEITMILLER	13742	105 SALARIES - FULL TIME		\$0.00	\$1,477.67
			<b>Employee Total</b>			<b>\$0.00</b>	<b>\$1,477.67</b>
	5000 / 1630	ROBERT L CHEEVER	13681	105 SALARIES - FULL TIME		\$0.00	\$1,477.67
			<b>Employee Total</b>			<b>\$0.00</b>	<b>\$1,477.67</b>
	5000 / 1958	ROBERT E REIFEL	13820	105 SALARIES - FULL TIME		\$0.00	\$1,448.12
			<b>Employee Total</b>			<b>\$0.00</b>	<b>\$1,448.12</b>
	5000 / 1980	JON M MUNN	13802	105 SALARIES - FULL TIME		\$0.00	\$2,025.34
			13802	910 LIFE INSURANCE FRINGE BENEFIT		\$0.69	\$0.00
			<b>Employee Total</b>			<b>\$0.69</b>	<b>\$2,025.34</b>
	5000 / 2375	DANIEL H DUNTEN	13704	105 SALARIES - FULL TIME		\$0.00	\$1,643.34
			<b>Employee Total</b>			<b>\$0.00</b>	<b>\$1,643.34</b>
	5000 / 2392	TAMMY WAGNER	13866	105 SALARIES - FULL TIME		\$0.00	\$1,273.51
			<b>Employee Total</b>			<b>\$0.00</b>	<b>\$1,273.51</b>
	5000 / 2420	JOHN N RAWLES	13817	105 SALARIES - FULL TIME		\$0.00	\$1,477.67
			<b>Employee Total</b>			<b>\$0.00</b>	<b>\$1,477.67</b>

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20400000 511105 Park-Salaries, FT Regular	5000 / 2434	CALEB D PAVEY	13809	105 SALARIES - FULL TIME		\$0.00	\$1,378.90					
			<b>Employee Total</b>						<b>\$0.00</b>	<b>\$1,378.90</b>		
			5000 / 2656	KEVIN M NOE	13806	105 SALARIES - FULL TIME		\$0.00	\$1,623.76			
					<b>Employee Total</b>						<b>\$0.00</b>	<b>\$1,623.76</b>
					5001 / 2001	MARIANNE GAIO	13721	105 SALARIES - FULL TIME		\$0.00	\$734.94	
<b>Employee Total</b>							<b>\$0.00</b>	<b>\$734.94</b>				
5001 / 2497	BESS M WITCOSKY	13874	105 SALARIES - FULL TIME		\$0.00	\$1,643.34						
		<b>Employee Total</b>						<b>\$0.00</b>	<b>\$1,643.34</b>			
		<b>Account Total</b>						<b>\$8.76</b>	<b>\$25,459.97</b>			
20400000 511201 Park-Salaries, Part Time Reg	5002 / 2537	SONJA R WOOD	13875	150 SALARIES - REGULAR PART-TIME	39.75	\$0.00	\$454.74					
			13875	550 CITY HOLIDAY DAY OFF PART TIME	4.00	\$0.00	\$45.76					
			<b>Employee Total</b>						<b>\$0.00</b>	<b>\$500.50</b>		
			<b>Account Total</b>						<b>\$0.00</b>	<b>\$500.50</b>		
20400000 511202 Park-Salaries, PT Season/Temp	5003 / 2585	SARAH E MCKELLIPS	13791	155 SALARIES - TEMP/SEASONAL PT	5.00	\$0.00	\$45.00					
			<b>Employee Total</b>						<b>\$0.00</b>	<b>\$45.00</b>		
			<b>Account Total</b>						<b>\$0.00</b>	<b>\$45.00</b>		

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8/27/2016 to 9/9/2016

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Account	Loc # / Emp #	Name	Check #	Pay Type	Units	Tax Fringe	Exp Amount		
20400000 511300 Park-Salaries, Overtime	5000 / 208	PENNIE AINSWORTH	13659	200 OVERTIME STRAIGHT RATE	3.00	\$0.00	\$97.49		
			<b>Employee Total</b>						<b>\$0.00</b>
			<b>\$97.49</b>						
5000 / 540	THOMAS L JAMES	13756	200 OVERTIME STRAIGHT RATE	6.25	\$0.00	\$134.00			
		<b>Employee Total</b>						<b>\$0.00</b>	
		<b>\$134.00</b>							
<b>Account Total</b>						<b>\$0.00</b>	<b>\$231.49</b>		
<hr/>									
20400000 512000 Park-FICA				1000 FICA		\$0.00	\$1,699.17		
	<b>Total</b>						<b>\$0.00</b>	<b>\$1,699.17</b>	
	<b>Account Total</b>						<b>\$0.00</b>	<b>\$1,699.17</b>	
<hr/>									
20400000 513000 Park-Medicare				1100 MEDICARE		\$0.00	\$397.38		
	<b>Total</b>						<b>\$0.00</b>	<b>\$397.38</b>	
	<b>Account Total</b>						<b>\$0.00</b>	<b>\$397.38</b>	
<hr/>									
20400000 514000 Park-INPRS-Civilian City				7000 INPRS - RETIREMENT		\$0.00	\$3,194.92		
	<b>Total</b>						<b>\$0.00</b>	<b>\$3,194.92</b>	
	<b>Account Total</b>						<b>\$0.00</b>	<b>\$3,194.92</b>	
<hr/>									
20400000 515000 Park-Unemploy Compensation Tax				8999 UNEMPLOYMENT		\$0.00	\$3.86		
	<b>Total</b>						<b>\$0.00</b>	<b>\$3.86</b>	
	<b>Account Total</b>						<b>\$0.00</b>	<b>\$3.86</b>	

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Period  
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Park Board

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Account	Loc # / Emp #	Name	Check #	Pay Type	Units	Tax Fringe	Exp Amount
<hr/>							
20400000 516000 Park-Medical Ins-Employee							
			2000	125 MEDICAL EMPLOYEE		\$0.00	\$1,431.24
			2001	125 MEDICAL EMPLOYEE/SPOUSE		\$0.00	\$840.76
			2003	125 MEDICAL EMPLOYEE/FAMILY		\$0.00	\$4,291.42
						<b>Total</b>	<b>\$0.00</b>
							<b>\$6,563.42</b>
						<b>Account Total</b>	<b>\$0.00</b>
							<b>\$6,563.42</b>
<hr/>							
20400000 517000 Park-Dental Ins-Employee							
			2100	125 DENTAL EMPLOYEE ONLY		\$0.00	\$128.45
			2101	125 DENTAL EMPLOYEE/SPOUSE		\$0.00	\$110.46
			2103	125 DENTAL EMPLOYEE/FAMILY		\$0.00	\$240.65
			8100	DENTAL EMPLOYEE ONLY		\$0.00	\$18.35
						<b>Total</b>	<b>\$0.00</b>
							<b>\$497.91</b>
						<b>Account Total</b>	<b>\$0.00</b>
							<b>\$497.91</b>
<hr/>							
20400000 518000 Park-Vision Ins-Employee							
			2200	125 VISION EMPLOYEE ONLY		\$0.00	\$22.80
			2201	125 VISION EMPLOYEE/SPOUSE		\$0.00	\$11.13
			2203	125 VISION EMPLOYEE/FAMILY		\$0.00	\$33.50
			8200	VISION EMPLOYEE ONLY		\$0.00	\$2.85
						<b>Total</b>	<b>\$0.00</b>
							<b>\$70.28</b>
						<b>Account Total</b>	<b>\$0.00</b>
							<b>\$70.28</b>
<hr/>							
20400000 519200 Park-Basic Life Ins-EE Only							
			8300	BASIC LIFE		\$0.00	\$58.30

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Period  
8/27/2016 to 9/9/2016

Park Board

Check Date  
09/16/2016

Account	Loc # / Emp #	Name	Check #	Pay Type	Units	Tax Fringe	Exp Amount		
<hr/>							<b>Total</b>	<b>\$0.00</b>	<b>\$58.30</b>
<hr/>							<b>Account Total</b>	<b>\$0.00</b>	<b>\$58.30</b>
20405260 511202 Park Aquatics-Sal PT Seasonal	5003 / 2336	ALEXIS R KOLO							
			13773	155 SALARIES - TEMP/SEASONAL PT	1.00	\$0.00	\$12.00		
<hr/>							<b>Employee Total</b>	<b>\$0.00</b>	<b>\$12.00</b>
	5003 / 2339	MATTHEW T WRIGHT							
			13876	155 SALARIES - TEMP/SEASONAL PT	2.00	\$0.00	\$24.00		
<hr/>							<b>Employee Total</b>	<b>\$0.00</b>	<b>\$24.00</b>
<hr/>							<b>Account Total</b>	<b>\$0.00</b>	<b>\$36.00</b>
20405260 512000 Park Aquatics-FICA									
				1000 FICA		\$0.00	\$2.23		
<hr/>							<b>Total</b>	<b>\$0.00</b>	<b>\$2.23</b>
<hr/>							<b>Account Total</b>	<b>\$0.00</b>	<b>\$2.23</b>
20405260 513000 Park Aquatics-Medicare									
				1100 MEDICARE		\$0.00	\$0.52		
<hr/>							<b>Total</b>	<b>\$0.00</b>	<b>\$0.52</b>
<hr/>							<b>Account Total</b>	<b>\$0.00</b>	<b>\$0.52</b>
20405260 515000 Park Aquatics-Unemploy Compen									
				8999 UNEMPLOYMENT		\$0.00	\$0.25		
<hr/>							<b>Total</b>	<b>\$0.00</b>	<b>\$0.25</b>
<hr/>							<b>Account Total</b>	<b>\$0.00</b>	<b>\$0.25</b>

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PAYROLL VOUCHER REGISTER

Period  
8/27/2016 to 9/9/2016

Park Board

Check Date  
09/16/2016

Account	Loc # / Emp #	Name	Check #	Pay Type	Units	Tax Fringe	Exp Amount
21100000 511105 NRO-Salaries, FT Regular	5001 / 2001	MARIANNE GAIO	13721	105 SALARIES - FULL TIME		\$0.00	\$734.93
					<b>Employee Total</b>	<b>\$0.00</b>	<b>\$734.93</b>
			5001 / 2101	PHILLIP J GUTIERREZ	13731	105 SALARIES - FULL TIME	
					<b>Employee Total</b>	<b>\$0.00</b>	<b>\$1,378.90</b>
					<b>Account Total</b>	<b>\$0.00</b>	<b>\$2,113.83</b>
21100000 512000 NRO-FICA				1000 FICA		\$0.00	\$125.50
					<b>Total</b>	<b>\$0.00</b>	<b>\$125.50</b>
					<b>Account Total</b>	<b>\$0.00</b>	<b>\$125.50</b>
21100000 513000 NRO- Medicare				1100 MEDICARE		\$0.00	\$29.35
					<b>Total</b>	<b>\$0.00</b>	<b>\$29.35</b>
					<b>Account Total</b>	<b>\$0.00</b>	<b>\$29.35</b>
21100000 514000 NRO-INPRS- Civilian City				7000 INPRS - RETIREMENT		\$0.00	\$236.75
					<b>Total</b>	<b>\$0.00</b>	<b>\$236.75</b>
					<b>Account Total</b>	<b>\$0.00</b>	<b>\$236.75</b>
21100000 516000 NRO-Medical Ins-Employee			2000	125 MEDICAL EMPLOYEE		\$0.00	\$110.09
			2003	125 MEDICAL EMPLOYEE/FAMILY		\$0.00	\$613.06
					<b>Total</b>	<b>\$0.00</b>	<b>\$723.15</b>
				<b>Account Total</b>	<b>\$0.00</b>	<b>\$723.15</b>	

Warrant 091616

PAYROLL VOUCHER REGISTER

Period  
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Park Board

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Account	Loc # / Emp #	Name	Check #	Pay Type	Units	Tax Fringe	Exp Amount
21100000 517000 NRO-Dental Ins-Employee			2101	125 DENTAL EMPLOYEE/SPOUSE		\$0.00	\$15.78
			2103	125 DENTAL EMPLOYEE/FAMILY		\$0.00	\$48.13
			<b>Total</b>			<b>\$0.00</b>	<b>\$63.91</b>
			<b>Account Total</b>			<b>\$0.00</b>	<b>\$63.91</b>
21100000 518000 NRO-Vision Ins-Employee			2201	125 VISION EMPLOYEE/SPOUSE		\$0.00	\$2.22
			2203	125 VISION EMPLOYEE/FAMILY		\$0.00	\$6.70
			<b>Total</b>			<b>\$0.00</b>	<b>\$8.92</b>
			<b>Account Total</b>			<b>\$0.00</b>	<b>\$8.92</b>
21100000 519200 NRO-Basic Life Ins-EE Only			8300	BASIC LIFE		\$0.00	\$3.70
			<b>Total</b>			<b>\$0.00</b>	<b>\$3.70</b>
			<b>Account Total</b>			<b>\$0.00</b>	<b>\$3.70</b>
<b>Grand Total</b>						<b>\$17.90</b>	<b>\$44,900.99</b>

City of West Lafayette

Warrant 091616

PAYROLL VOUCHER REGISTER  
Summary by Fund

Period  
8/27/2016 to 9/9/2016

Park Board

Check Date  
09/16/2016

Fund	Amount
Parks and Recreation	\$41,595.88
Parks Nonreverting Operating	\$3,305.11
GRAND TOTAL	\$44,900.99