

Voucher Summary Report Parameters

Report ID:	FUND 4 -TB		
Report By:	Posted		
Year:	2017	To:	2017
Period:	1	To:	12
Date Range:	Pay Due Date	Range:	08/22/2017 To: 09/08/2017
Sort By:	Voucher Number	Range:	To:
Vendor Type.:		To:	Print Vendor Name 2: No
Vendor Code.:		To:	Print Vendor Address: No
Batch No.:		To:	Condense Report: Y
Check ID:	00004	To:	00004 Print Vch Dist Detail: No
Entered By:		To:	Print Quotes: No
Include:	All		Print Multi Inv Detail: No
User Defined:			Use Alt Fund: No
Print Certification:	Yes, no Page Break	Certification Option:	Voucher B
Cash Totals:	Yes, no Page Break	Fund Totals:	Yes, no Page Break
Account Table:			
Alt. Sort Table:			

TOWN OF WEST SENECA

Voucher Summary Report

Voucher No. Cash Account	Vendor Cd Vendor Name	Invoice No.	Inv. Date Stub- Description	Voucher Amt.	Disc. Amt. Taxable	Check ID	Period PO No.	Year	Check No. Due/Check Date	Account No.	Amount
101605	0000057508 *****		08/31/2017	7,723.44	0.00	00004	7	2017	HELD	004.0004.0040	2,975.00
										004.0004.0040	152.76
										004.0004.0040	4,595.68
0200.0000	NYS EMPLOYEES RETIREMENT SYSTEM		AUG 2017 ERS-PR#18-8/31/17						08/31/2017	Total Dist.	7,723.44
101606	0000057815 *****		08/31/2017	1,122.02	0.00	00004	7	2017	HELD	004.0004.0040	211.02
										004.0004.0040	911.00
0200.0000	NYS POLICE & FIRE RETIREMENT SYSTEM		AUG 2017 PFRS-PR#18-8/31/17						08/31/2017	Total Dist.	1,122.02
101607	0000057153 *****		08/31/2017	30,096.32	0.00	00004	7	2017		004.0004.0018	981.59
										004.0004.0018	17,921.40
										004.0004.0018	11,193.33
0200.0000	NYS DEFERRED COMPENSATION PLAN		PR#18 DEFERRED COMP-8/31/17						08/31/2017	Total Dist.	30,096.32
101608	0000040076 *****		08/31/2017	1,329.61	0.00	00004	7	2017		004.0004.0010	118.75
										004.0004.0010	396.82
										004.0004.0010	814.04
0200.0000	PEARL CARROLL & ASSOC,LLC		PR#18 CSEA INS-8/31/17		M				08/31/2017	Total Dist.	1,329.61
101609	0000999656 20170831029		08/31/2017	945.92	0.00	00004	7	2017		004.0004.0011	945.92
0200.0000	WEST SENECA PBA		PR#18 PBA DUES-8/31/17						08/31/2017		
101610	0000070370 20170831034		08/31/2017	212.00	0.00	00004	7	2017		004.0004.0014	212.00
0200.0000	ZEIS, CINDY L.		P/R ROBYN 8/31/17						08/31/2017		
101611	0000017318 *****		08/31/2017	3,788.04	0.00	00004	7	2017		004.0004.0010	965.44
										004.0004.0010	2,822.60
0200.0000	CSEA, INC.		PR#18 CSEA DUES-8/31/17						08/31/2017	Total Dist.	3,788.04
101612	0000001255 *****		08/31/2017	538.34	0.00	00004	7	2017		004.0004.0047	15.88
										004.0004.0047	289.68
										004.0004.0047	114.49
										004.0004.0047	118.29
0200.0000	AFLAC NEW YORK		PR#18 AFLAC INS-8/31/17						08/31/2017	Total Dist.	538.34
101613	0000080799 *****		08/31/2017	171,356.55	0.00	00004	7	2017	HELD	004.0004.0026	74,517.20
										004.0004.0022	79,353.09
										004.0004.0027	17,486.26
0200.0000	US TREASURY-IRS		PR#18 941 TAX PYMT-8/31/17						08/31/2017	Total Dist.	171,356.55
101614	0000057506 20170831STA		08/31/2017	28,568.77	0.00	00004	7	2017	HELD	004.0004.0021	28,568.77
0200.0000	NYS EMPLOYMENT CONTRIBUTIONS & TAX		PR#18 STATE TAX PYMT-8/31/17						08/31/2017		

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Total Vouchers reported: 10

Total GL Detail Reported 245,681.01

Total Amount All Vouchers 245,681.01

Fund	Cash Item		Regular	Prepaid	Wire Transfer	----- Direct Pay -----		Total
						Outstanding	Paid	
004 - TRUST FUND								
	0200.0000	TOWN	245,681.01	0.00	0.00	0.00	0.00	245,681.01
		Fund Total	245,681.01	0.00	0.00	0.00	0.00	245,681.01
Grand Totals			245,681.01	0.00	0.00	0.00	0.00	245,681.01
Grand Total Regular, Prepaid, Wire Transfer and Direct Pay			245,681.01					

Fund			Regular	Prepaid	Wire Transfer	----- Direct Pay -----		Total
						Outstanding	Paid	
004 - TRUST FUND		TOWN	245,681.01	0.00	0.00	0.00	0.00	245,681.01
Grand Totals			245,681.01	0.00	0.00	0.00	0.00	245,681.01
Grand Total Regular, Prepaid, Wire Transfer and Direct Pay			245,681.01					

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Voucher No.	Vendor Cd	Invoice No.	Inv. Date	Voucher Amt.	Disc. Amt.	Check ID	Period	Year	Check No.	Account No.	Amount
Cash Account	Vendor Name	Stub- Description	Taxable	PO No.	Due/Check Date						

ABSTRACT OF CLAIMS FOR TOWN BOARD AUDIT

The claims set forth bearing numbers _____ to _____ have been audited and allowed by us being members of the Town Board.

TOWN BOARD

DATE _____

TO THE SUPERVISOR OF THE TOWN

You are hereby authorized and directed to pay to the order of the following vendors the various amounts in payment of Claims hereinafter set forth, numbered the same as above inclusive, which have been audited and allowed and are chargeable to the fund and appropriation account as designated.