

OKLAHOMA COUNTY CONSERVATION DISTRICT
Financial Statement - September 1-30, 2020

Attachment 1

1. Previous Balance of All Funds \$27,011.78

2. Checking Account Balance Brought Forward \$9,240.72

3. Deposits to Checking:

<u>DATE</u>	<u>RECEIVED OF</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
9/15/2020	Oklahoma Conservation Commission	Reimburse salaries/operating expense	\$7,382.17
9/24/2020	Oklahoma Conservation Commission	Reimburse cost share PY 22 payment	\$3,952.50
			<u>\$11,334.67</u>

Total Deposits to Checking

4. Disbursements From Checking Account:

<u>CHECK#</u>	<u>DATE</u>	<u>PAID TO</u>	<u>DESCRIPTION</u>	<u>AMOUNT</u>
Debit	9/2/2020	Oklahoma Tax Commission	August payroll taxes	\$297.00
Debit	9/2/2020	Department of Treasury	August FICA, Medicare, Fed. Taxes	\$2,276.69
3431	9/2/2020	Nationwide Retirement Services	Deferred compensation	\$50.00
3432	9/2/2020	Cardmember Service	Stamps/soil test/vehicle expense	\$263.56
3433	9/30/2020	Gary Moore	PY 22 cost share payment	\$3,952.50
3434	9/30/2020	Oklahoma Conservation Commission	Employee insurance/retirement	\$383.09
3435	9/30/2020	Rebecca Immon	September salary	\$1,885.69
3436	9/30/2020	Don Bartolina	September salary	\$448.87
3437	9/30/2020	Kevin Mink	September salary	\$2,045.06
3438	9/30/2020	Taylor Emery	September salary	\$1,782.20
3439	9/30/2020	Manuel Marin	September salary	\$1,687.86
				<u>\$15,072.52</u>

Total Disbursements From Checking Account

Current Checking Account Balance \$5,502.87

5. Money Market Account - Bank of Oklahoma

<u>DATE</u>	<u>PAYEE</u>	<u>DESCRIPTION</u>	
		Balance Forward	\$17,757.03
9/4/2020	Bank of Oklahoma	Interest	\$0.60

Current Money Market Balance \$17,757.63

6. Petty Cash Fund

<u>Date</u>	<u>Payee</u>	<u>Balance Forward</u>		<u>\$14.03</u>
		<u>Description</u>		
			\$0.00	
				<u>\$14.03</u>

Current Balance NACD TA Grant Funds \$14,160.73
Current Balance Kirkpatrick Grant Funds \$2,153.00
Current Balance District Funds \$6,960.80
Balance of All Funds September 30, 2020 \$23,274.53

7. Bills to be Approved for Payment:

<u>Pay To</u>	<u>Description</u>	
Oklahoma Tax Commission	September payroll taxes	\$269.00
Department of Treasury	September FICA, Medicare, Fed. Taxes	\$2,086.94
OESC	Quarterly unemployment tax	\$219.36
Nationwide Retirement Services	Deferred compensation	\$50.00
Wild Things Nursery	Pollinator plants	\$643.00
Kimberlye Mayer, CPA	Annual auditor/filing fee	\$1,101.00
Kristi L. Dobbins	Audit financial statements	\$250.00
		<u>\$4,619.30</u>

8. Accounts Receivable Due:

<u>Ticket#</u>	<u>From</u>	<u>Description</u>	<u>Amount</u>
none	Oklahoma Conservation Commission	Septemer salaries/operating expense	\$4,857.40
none	Oklahoma Conservation Commission	September special project salary	\$780.49
none	Oklahoma Conservation Commission	October salary/Longevity - Inmon	\$5,965.28
	Total Accounts Receivable Due		<u>\$11,603.17</u>

9. Projected Checking Account Balance

\$12,486.74

Approved: _____ Date: _____
 Chair, Board of Directors

Profit and Loss Statement
Oklahoma County Conservation District
FY 2021 Year to Date

Income

Description	Amount
Reimburse salaries	24,985.02
Reimburse Operating expense	988.57
Misc. Income / Transfers	
Grants	11,641.25
Cost-share program payments	6,815.39
Total Income	44,430.23

Expenses

Description	Amount
Salaries	23,557.95
Taxes	7,301.65
Employee Insurance/ retirement	1,311.57
Deferred Comp	150.00
Meetings & travel	
Vehicle expense	142.51
Supplies & equipment	139.83
Education & outreach	1,471.80
Postage & printing	85.05
Member Dues	400.00
Cost-Share payments	6,815.39
Misc. expense/ transfers	9,203.00
Total Expenses	50,578.75

Net Profit -6,148.52

(Gross Receipts less Expenses)

NACD Technical Assistance Grant Funds Year 2019								NACD
EQIP (60%): \$27,339 CSP (25%) : \$11,391 COTA (15%): \$6,835							Total Funds	\$45,565.00
Date	Received From	Check#	Description	Amount	Paid To	Description	Amount	Balance
7/16/2019	NACD	14548	Grant Yr 2	\$11,391.25			\$0.00	\$11,391.25
9/30/2019					Manuel Marin	Sept salary	\$1,190.22	\$10,201.03
10/2/2019					Dept of Treasury	Employer FICA/Med	\$91.05	\$10,109.98
10/31/2019					Mary Brinkley	October salary	\$195.98	\$9,914.00
10/31/2019					Manuel Marin	October salary	\$1,950.24	\$7,963.76
10/31/2019					Taylor Emery	October salary	\$1,816.40	\$6,147.36
11/6/2019					Dept of Treasury	Employer FICA/Med	\$303.14	\$5,844.22
11/27/2019					Taylor Emery	November salary	\$1,625.20	\$4,219.02
11/27/2019					Manuel Marin	November salary	\$1,720.80	\$2,498.22
11/27/2019					Mary Brinkley	November salary	\$162.52	\$2,335.70
12/4/2019					Dept of Treasury	Employer FICA/Med	\$268.40	\$2,067.30
12/30/2019	NACD	15332	Grant Yr 2	\$11,391.25			\$0.00	\$13,458.55
12/31/2019					Taylor Emery	December salary	\$1,472.24	\$11,986.31
12/31/2019					Manuel Marin	December salary	\$1,797.28	\$10,189.03
12/31/2019					Mary Brinkley	December salary	\$291.58	\$9,897.45
1/8/2019					Dept of Treasury	Employer FICA/Med	\$272.42	\$9,625.03
1/31/2020					Taylor Emery	January salary	\$1,797.28	\$7,827.75
1/31/2020					Manuel Marin	January salary	\$1,606.08	\$6,221.67
2/5/2020					Dept of Treasury	Employer FICA/Med	\$260.36	\$5,961.31
2/28/2020					Taylor Emery	February salary	\$2,026.72	\$3,934.59
2/28/2020					Manuel Marin	February salary	\$1,644.32	\$2,290.27
3/4/2020					Dept of Treasury	Employer FICA/Med	\$282.83	\$2,007.44
3/30/2020	NACD	15790	Grant Yr 2	\$11,391.25			\$0.00	\$13,398.69
3/31/2020					Taylor Emery	March salary	\$1,338.40	\$12,060.29
3/31/2020					Manuel Marin	March salary	\$1,778.16	\$10,282.13
4/2/2020					Dept of Treasury	Employer FICA/Med	\$238.42	\$10,043.71
4/30/2020					Taylor Emery	April salary	\$1,434.00	\$8,609.71
4/30/2020					Manuel Marin	April salary	\$1,625.20	\$6,984.51
5/6/2020					Dept of Treasury	Employer FICA/Med	\$234.03	\$6,750.48
5/29/2020					Taylor Emery	May salary	\$1,835.52	\$4,914.96
5/29/2020					Manuel Marin	May salary	\$1,013.36	\$3,901.60
6/3/2020					Dept of Treasury	Employer FICA/Med	\$217.94	\$3,683.66
6/16/2020	NACD	16197	Grant Yr 2	\$11,391.25			\$0.00	\$15,074.91
6/30/2020					Taylor Emery	June salary	\$1,892.88	\$13,182.03
6/30/2020					Manuel Marin	June salary	\$439.76	\$12,742.27
7/1/2020					Dept of Treasury	Employer FICA/Med	\$178.45	\$12,563.82
7/31/2020					Taylor Emery	July salary	\$2,045.84	\$10,517.98
8/3/2020					Dept of Treasury	Employer FICA/Med	\$156.51	\$10,361.47
8/31/2020					Taylor Emery	August salary	\$1,950.24	\$8,411.23
8/31/2020					Manuel Marin	August salary	\$1,816.40	\$6,594.83
9/2/2020					Dept of Treasury	Employer FICA/Med	\$288.15	\$6,306.68
9/30/2020					Taylor Emery	Sept salary	\$1,797.28	\$4,509.40
9/30/2020					Manuel Marin	Sept salary	\$1,739.92	\$2,769.48
10/7/2020					Dept of Treasury	Employer FICA/Med	\$0.00	\$2,769.48
							\$0.00	\$2,769.48
							\$0.00	\$6,306.68
							\$0.00	\$6,306.68
							\$0.00	\$6,306.68
							\$0.00	\$6,306.68
							\$0.00	\$6,306.68
			Totals	\$45,565.00			\$42,795.52	\$2,769.48
							\$270.60	

Obligated \$270.60


DISTRICT EMPLOYEE PAYROLL WORKSHEET

Inmon

Employee Name	Rebecca Inmon
Conservation District Name & Number	Oklahoma County #56
Period Beginning & Ending	September 1-30, 2020

	OCC Reimbursable	Local	Totals (OCC + Local)
1 Monthly / Hourly Rate of Pay	\$13.55	\$200.00	\$213.55
2 Total Hours in Pay Status	173.00	0.00	173.00
3 Total Gross Earnings (Line 1 x Line 2)	\$2,344.15	\$200.00	\$2,544.15
4 EBA (enter zero if negative) (from Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
5 Total Pre-Tax Amount (enter zero if negative) (from Confirmation of Benefits)	\$39.19	\$0.00	\$39.19
6 Total Social Security Earnings (Line 3 + Line 4 - Line 5)	\$2,304.96	\$200.00	\$2,504.96
7 Employee FICA (Line 6) * 6.2 Percent	\$142.91	\$12.40	\$155.31
8 Employee MQFE (Line 6) * 1.45 Percent	\$33.42	\$2.90	\$36.32
9 Employee's Share of Retirement (Line 3) * 3.5 Percent	\$82.05	\$7.00	\$89.05
10 Employee's Share of Retirement - Step Up (Line 3) * 2.91 Percent	\$0.00	\$0.00	\$0.00
11 Deferred Compensation	\$50.00	\$0.00	\$50.00
12 Pre-Tax Gross Earnings (Line 3 + Line 4 - Line 5 - Line 9 - Line 10 - Line 11)	\$2,172.91	\$193.00	\$2,365.91
13 Federal Withholding (figured on Line 12)	\$162.00	\$21.00	\$183.00
14 State Withholding (figured on Line 12)	\$66.00	\$10.00	\$76.00
15 EBA (enter zero if positive) (from Confirmation of Benefits)	\$39.19	\$0.00	\$39.19
16 Total Other Items Selected (from Confirmation of Benefits)	\$29.60	\$0.00	\$29.60
17 Total Deductions (Line 7 + Line 8 + Line 9 + Line 10 + Line 11 + Line 13 + Line 14 + Line 15 + Line 16)	\$605.16	\$53.30	\$658.46
18 EBA (enter zero if negative)	\$0.00	\$0.00	\$0.00
19 Net Earnings (Line 3 - Line 17 + Line 18)	\$1,738.99	\$146.70	\$1,885.69
20 Total OCC Reimbursable (Line 3 + (Line 6 * 7.65%) + Line 18)	\$2,520.48		

This is to certify that the above-named employee has been regularly employed by this district for the period specified above and is entitled to the amount claimed.


Employee

 9-2-2020
Chair

OKLAHOMA COUNTY CONSERVATION DISTRICT

MONTH September-2020

EMPLOYEE: Rebecca Immon

DATE	LIST TYPE OF WORK AND LOCATION FOR EACH DAY IN PAY STATUS	ST	AL	SL	EL	H	CTA	CTU	LWOP	SHL
		Stan. Time	Annual Leave	Sick Leave	En. Leave	Holiday	Comp Time Accrued	Comp Time Used	Leave Without Pay	Shared Leave Used (not donated)
01-Sep-20	Post agenda, employee reports; update financials, prepare financial statement, board mtg infor, claims, TA request	8								
02-Sep-10	Post meeting infor online, board meeting notes, bank statement, board meeting, cost share report to OCC	8								
03-Sep-20	Pay bills, cost share letters to Roberts & Spencer, financial updates, claims to OCC, annual report to OCC	8								
04-Sep-20	Poster contest information on website & FB page, new payroll forms, timesheet, board meeting minutes	8								
07-Sep-20	HOLIDAY - Labor Day					8				
08-Sep-20	Poster contest information to schools, board meeting minutes, respond messages	8								
09-Sep-20	Annual report to OCC & partners, board meeting minutes, respond emails, phone calls	8								
10-Sep-20	Minutes, return messages, staff calls with Mink and Bartolina, contact Campbell & Moehle, cons survey	8								
11-Sep-20	Minutes to Board, OACD training videos, respond messages, correspondence	8								
14-Sep-20	IT issues w/Pam McNeely, watch OACD training videos, review NRCS computer use memo	8								
15-Sep-20	NASCA webinar on public speaking/leadership skills, review notes, timesheet, annual leave	6	2							
16-Sep-20	Update financial worksheets-record claim infor, contact auditor about 1099's, monitor corres, make staff contacts	8								
17-Sep-20	Review annual from auditor-scan copy to board, check on mtg facility, shred files, leave record, assist Mike V.	8								
18-Sep-20	Enviroscape training w/Mink, new claim forms, go office depot, business cards for Mink, training videos	8								
21-Sep-20	Figure annual longevity, staff conf w/Bartolina, land judging, correspondence, training video	8								
22-Sep-20	IT issues w/McNeely, USDA Security Awareness Training-Ag Learn, timesheet	8								
23-Sep-20	Cost share letters, Brown & Roberts, staff call w/Guy, training videos, SL (10-11) AL (11-12)	6	1	1						
24-Sep-20	Cost share Moore, Grove Valley-poster cont, timesheet, staff contacts, LJ form for Arcadia, Level 2 for Mynhier	8								
25-Sep-20	Annual Leave		8							
28-Sep-20	Land judging contacts, update land judging information sheet-post online, teacher contacts	8								
29-Sep-20	Sept payroll, timesheets, Level 2 requisit, longevity letter, review LJ contract w/Embassy, return phone messages	8								
30-Sep-20	September payroll records/checks, update earnings records, staff call w/Bartolina, NRCS mailing for Guy	8								
TOTALS		156	11	1		8				

LEAVE SUMMARY

	Forward	Used	End of Month Accruals	Ending Balance
AL	453.66	11	16.66	459.32
SL	706.5	1	10	715.5
CT				

Employee Signature: *Rebecca Immon*
Date: *10/5/2020*

Supervisor Signature: _____
Date: _____

ST=standard time AL=annual leave SL=sick leave EL=enforced leave H=holiday CTA=compensatory time accrued
CTU=compensatory time used LWOP=leave without pay SHL=shared leave

DISTRICT EMPLOYEE PAYROLL WORKSHEET

Kevin Mink

Employee Name	Kevin Mink
Conservation District Name & Number	Oklahoma County CD #56
Period Beginning & Ending	September 1-30, 2020
Participates in Step-up? ("Y" for yes, "N" for no)	N

	OCC Reimbursable	Local	Totals (OCC + Local)
1 Monthly / Hourly Rate of Pay	\$17.50	\$0.00	\$17.50
2 Total Hours in Pay Status	145.00	0.00	145.00
3 Total Gross Earnings <i>(Line 1 x Line 2)</i>	\$2,537.50	\$0.00	\$2,537.50
4 EBA (enter zero if negative) <i>(from Confirmation of Benefits)</i>	\$28.03	\$0.00	\$28.03
5 Total Pre-Tax Amount (enter zero if negative) <i>(from Confirmation of Benefits)</i>	\$0.00	\$0.00	\$0.00
6 Total Social Security Earnings <i>(Line 3 + Line 4 - Line 5)</i>	\$2,565.53	\$0.00	\$2,565.53
7 Employee FICA <i>(Line 6) * 6.2 Percent</i>	\$159.06	\$0.00	\$159.06
8 Employee MQFE <i>(Line 6) * 1.45 Percent</i>	\$37.20	\$0.00	\$37.20
9 Employee's Share of Retirement <i>(Line 3) * 3.5 Percent</i>	\$88.81	\$0.00	\$88.81
10 Employee's Share of Retirement - Step Up <i>(Line 3) * 2.91 Percent</i>	\$0.00	\$0.00	\$0.00
11 Deferred Compensation	\$0.00	\$0.00	\$0.00
12 Pre-Tax Gross Earnings <i>(Line 3+Line 4 -Line 5 -Line 9 -Line 10 - Line 11)</i>	\$2,476.72	\$0.00	\$2,476.72
13 Federal Withholding <i>(figured on Line 12)</i>	\$155.00	\$0.00	\$155.00
14 State Withholding <i>(figured on Line 12)</i>	\$78.00	\$0.00	\$78.00
15 EBA (enter zero if positive) <i>(from Confirmation of Benefits)</i>	\$0.00	\$0.00	\$0.00
16 Total Other Items Selected <i>(From Confirmation of Benefits)</i>	\$2.40	\$0.00	\$2.40
17 Total Deductions <i>(Line 7 + Line 8 + Line 9 + Line 10 + Line 11 + Line 13 + Line 14+ Line 15 + Line 16)</i>	\$520.48	\$0.00	\$520.47
18 EBA (enter zero if negative)	\$28.03	\$0.00	\$28.03
19 Net Earnings <i>(Line 3 - Line 17 + Line 18)</i>	\$2,045.05	\$0.00	\$2,045.06
20 Total OCC Reimbursable <i>(Line 3 + (Line 6 * 7.65%) + Line 18)</i>	\$2,761.79		

This is to certify that the above-named employee has been regularly employed by this district for the period specified above and is entitled to the amount claimed.


Employee

Chair

MONTH & YEAR: September-2020

OKLAHOMA COUNTY CONSERVATION DISTRICT

EMPLOYEE: Kevin Mink

DATE	LIST TYPE OF WORK AND LOCATION FOR EACH DAY IN PAY STATUS	ST	AL	SL	EL	H	CTA	CTU	LWOP	SHL
01-Sep-20	Arboret phone CTA, CommonWealth phone discussion; board report drafting	8								
02-Sep-20	School Community Garden Discussion; Board Meeting; Steve Hill Site CTA	8								
03-Sep-20	CommonWealth Rain Garden work	4								
04-Sep-20	Glennpool Site Visit & Discussion w/ OCC	8								
07-Sep-20	Labor Day Holiday					8				
08-Sep-20	Beautiful Restoration site visit; plant species selection w/ Wild Things Nursery	6								
09-Sep-20	Logan County Site Maps & Design Concepts	8								
10-Sep-20	Glennpool site review, concept drawings and ideas	4								
11-Sep-20	Sick Leave			8						
14-Sep-20	Kim Farber Pollinator Garden CTA; ACOG phone meeting about Yard by Yard	5								
15-Sep-20	Yard by Yard follow-ups; updates, organization, and review to existing submissions	6								
16-Sep-20	River Bend Estates HOA Arboret CTA	8								
17-Sep-20	Arboret CTA follow-up	4								
18-Sep-20	Plant List editing and ordering for Edmond planting; enviroscape demonstration with Becky	8								
19-Sep-20	Rain Garden, Pollinator, and EnviroScape Demonstration with CommonWealth Urban Farms	2								
21-Sep-20	Joe's Addiction Phone CTA; tree planting grant and community forestry grant research	5								
22-Sep-20	Kirkpatrick grant budget update; seed mix research	4								
23-Sep-20	Yard by Yard certification; Laura & Ben Pollard CTA; Will Rogers Park large pollinator area discussion	8								
24-Sep-20	High Tunnel Plastic Wrap; Plant Nursery Delivery	5								
25-Sep-20	OKC Zoo Plot check-in; mulch pickup for Edmond planting; email correspondence catch-up	8								
26-Sep-20	Pollinator garden Planting w/ Beautiful Restoration & large area conversion layout	3								
28-Sep-20	OKC Zoo plot webside editing and posting	5								
29-Sep-20	Large equipment timing/coordination for large area conversions	4								
30-Sep-20	Annual Leave		8							
TOTALS		121	8	8	8	8				
LEAVE SUMMARY		<i>Forward</i>		<i>Used</i>		<i>End of Month Accruals</i>		<i>Ending Balance</i>		
<i>AL</i>		59.6		8		8.2		59.8		
<i>SL</i>		48.6		8		8.2		48.8		
<i>CT</i>										

Employee Signature: *Kevin Mink*

Date: *10/1/20*

Supervisor Signature: _____

Date: _____

ST=standard time AL=annual leave SL=sick leave EL=enforced leave H=holiday CTA=compensatory time accrued
 CTU=compensatory time used LWOP=leave without pay SHL=shared leave

DISTRICT EMPLOYEE PAYROLL WORKSHEET

Don Bartolina

Employee Name	Don Bartolina
Conservation District Name & Number	Oklahoma County #56
Period Beginning & Ending	September 1-30, 2020
Participates in Step-up? ("Y" for yes, "N" for no)	N

	OCC Reimbursable	Local	Totals (OCC + Local)
1 Monthly / Hourly Rate of Pay	\$16.84	\$0.00	\$16.84
2 Total Hours in Pay Status	30.00	0.00	30.00
3 Total Gross Earnings (Line 1 x Line 2)	\$505.20	\$0.00	\$505.20
4 EBA (enter zero if negative) (from Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
5 Total Pre-Tax Amount (enter zero if negative) (from Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
6 Total Social Security Earnings (Line 3 + Line 4 - Line 5)	\$505.20	\$0.00	\$505.20
7 Employee FICA (Line 6) * 6.2 Percent	\$31.32	\$0.00	\$31.32
8 Employee MQFE (Line 6) * 1.45 Percent	\$7.33	\$0.00	\$7.33
9 Employee's Share of Retirement (Line 3) * 3.5 Percent	\$17.68	\$0.00	\$17.68
10 Employee's Share of Retirement - Step Up (Line 3) * 2.91 Percent	\$0.00	\$0.00	\$0.00
11 Deferred Compensation	\$0.00	\$0.00	\$0.00
12 Pre-Tax Gross Earnings (Line 3 + Line 4 - Line 5 - Line 9 - Line 10 - Line 11)	\$487.52	\$0.00	\$487.52
13 Federal Withholding (figured on Line 12)	\$0.00	\$0.00	\$0.00
14 State Withholding (figured on Line 12)	\$0.00	\$0.00	\$0.00
15 EBA (enter zero if positive) (from Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
16 Total Other Items Selected (From Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
17 Total Deductions (Line 7 + Line 8 + Line 9 + Line 10 + Line 11 + Line 13 + Line 14 + Line 15 + Line 16)	\$56.33	\$0.00	\$56.33
18 EBA (enter zero if negative)	\$0.00	\$0.00	\$0.00
19 Net Earnings (Line 3 - Line 17 + Line 18)	\$448.87	\$0.00	\$448.87
20 Total OCC Reimbursable (Line 3 + (Line 6 * 7.65%) + Line 18)	\$543.85		

This is to certify that the above-named employee has been regularly employed by this district for the period specified



Employee

Chair

MONTH & YEAR: September-2020

OKLAHOMA COUNTY CONSERVATION DISTRICT

EMPLOYEE: Don Bartolina

DATE	LIST TYPE OF WORK AND LOCATION FOR EACH DAY IN PAY STATUS	STAN. TIME					LEAVE					ACCUMULATED			
		ST	7	SL	EL	H	CTA	CTU	LWOP	SHL	CTA	CTU	LWOP	SHL	
01-Sep-20	Agenda, review training videos, review board meeting materials	4													
02-Sep-20	Prepare for and attend board meeting teleconference	6													
10-Sep-20	Review minutes, discuss poster contest-district operations w/Immon	3													
15-Sep-20	District operations update w/Immon	2													
17-Sep-20	Operations updates w/Mink and Immon, Mike Vorels pond information, review annual audit	3													
21-Sep-20	Cost share program, poster contest, annual audit	3													
24-Sep-20	Land & Range Judging contest hotel contract, Lake Arcadia contract, district operations	3													
29-Sep-20	Land & Range Judging contest, discuss Dec. meeting location, Moore cost share, Site 4	4													
30-Sep-20	Time and attendance, district operations w/Immon	2													
TOTALS		30													

LEAVE SUMMARY
 AL
 SL
 CT

Forward Used End of Month Accruals Ending Balance

Employee Signature: *Don Bartolina* Date: *10-5-2020*
 Supervisor Signature: _____ Date: _____

ST=standard time AL=annual leave SL=sick leave EL=enforced leave H=holiday CTA=compensatory time accrued
 CTU=compensatory time used LWOP=leave without pay SHL=shared leave

DISTRICT EMPLOYEE PAYROLL WORKSHEET

Emery

Employee Name	Tarylor Emery
Conservation District Name & Number	Oklahoma County #56
Period Beginning & Ending	September 1-30, 2020
Participates in Step-up? ("Y" for yes, "N" for no)	N

	OCC Reimbursable	Local	Totals (OCC + Local)
1 Monthly / Hourly Rate of Pay	\$3.38	\$19.12	\$22.50
2 Total Hours in Pay Status	94.00	94.00	94.00
3 Total Gross Earnings (Line 1 x Line 2)	\$317.72	\$1,797.28	\$2,115.00
4 EBA (enter zero if negative) (from Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
5 Total Pre-Tax Amount (enter zero if negative) (from Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
6 Total Social Security Earnings (Line 3 + Line 4 - Line 5)	\$317.72	\$1,797.28	\$2,115.00
7 Employee FICA (Line 6) * 6.2 Percent	\$19.70	\$111.43	\$131.13
8 Employee MQFE (Line 6) * 1.45 Percent	\$4.61	\$26.06	\$30.67
9 Employee's Share of Retirement (Line 3) * 3.5 Percent	\$0.00	\$0.00	\$0.00
10 Employee's Share of Retirement - Step Up (Line 3) * 2.91 Percent	\$0.00	\$0.00	\$0.00
11 Deferred Compensation	\$0.00	\$0.00	\$0.00
12 Pre-Tax Gross Earnings (Line 3 + Line 4 - Line 5 - Line 9 - Line 10 - Line 11)	\$317.72	\$1,797.28	\$2,115.00
13 Federal Withholding (figured on Line 12)	\$112.00	\$0.00	\$112.00
14 State Withholding (figured on Line 12)	\$59.00	\$0.00	\$59.00
15 EBA (enter zero if positive) (from Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
16 Total Other Items Selected (From Confirmation of Benefits)	\$0.00	\$0.00	\$0.00
17 Total Deductions (Line 7 + Line 8 + Line 9 + Line 10 + Line 11 + Line 13 + Line 14 + Line 15 + Line 16)	\$195.31	\$137.49	\$332.80
18 EBA (enter zero if negative)	\$0.00	\$0.00	\$0.00
19 Net Earnings (Line 3 - Line 17 + Line 18)	\$122.41	\$1,659.79	\$1,782.20
20 Total OCC Reimbursable (Line 3 + (Line 6 * 7.65%) + Line 18)	\$342.03		

This is to certify that the above-named employee has been regularly employed by this district for the period specified


Employee

Chair

MONTH & YEAR: September-2020

OKLAHOMA COUNTY CONSERVATION DISTRICT

EMPLOYEE: Taylor Emery

DATE	LIST TYPE OF WORK AND LOCATION FOR EACH DAY IN PAY STATUS	ST	AL	SL	EL	H	CTA	CTU	LWOP	SHL	TOTAL HOURS										
											Stan. Time	Annual Leave	Sick Leave	En. Leave	Holiday	Comp Time Accrued	Comp Time Used	Leave Without Pay	Shared Leave Used (not donated)		
03-Sep-20	NRCS File Research, Work from home	4																			
04-Sep-20	NRCS File Research, Work from home	5																			
08-Sep-20	NRCS File Research, Work from home	5																			
09-Sep-20	NRCS File Research, Work from home	5																			
10-Sep-20	NRCS File Research, Work from home	6																			
11-Sep-20	NRCS File Research, Work from home	6																			
14-Sep-20	NRCS File Research, Work from home	4																			
15-Sep-20	NRCS File Research, Work from home	6																			
16-Sep-20	NRCS File Research, Work from home	6																			
17-Sep-20	NRCS File Research, Work from home	6																			
18-Sep-20	NRCS File Research, Work from home	5																			
21-Sep-20	NRCS File Research, Work from home	5																			
22-Sep-20	NRCS File Research, Work from home	4																			
23-Sep-20	NRCS File Research, Work from home	4																			
24-Sep-20	NRCS File Research, Work from home	6																			
25-Sep-20	NRCS File Research, Work from home	6																			
28-Sep-20	NRCS File Research, Work from home	6																			
29-Sep-20	NRCS File Research, Work from home	5																			
TOTALS											94										

LEAVE SUMMARY

Forward	Used	End of Month Accruals	Ending Balance
AL			
SL			
CT			

Employee Signature: *Taylor Emery* Date: 9/30/2020

Supervisor Signature: _____ Date: _____

ST=standard time AL=annual leave SL=sick leave EL=enforced leave H=holiday CTA=compensatory time accrued
 CTU=compensatory time used LWOP=leave without pay SHL=shared leave

DISTRICT EMPLOYEE PAYROLL WORKSHEET

Marin

Employee Name	Manuel Marin
Conservation District Name & Number	Oklahoma County #56
Period Beginning & Ending	September 1-30, 2020
Participates in Step-up? ("Y" for yes, "N" for no)	N

	OCC Reimbursable	Local	Totals (OCC + Local)
1 Monthly / Hourly Rate of Pay	\$3.38	\$19.12	\$22.50
2 Total Hours in Pay Status	91.00	91.00	91.00
3 Total Gross Earnings <i>(Line 1 x Line 2)</i>	\$307.58	\$1,739.92	\$2,047.50
4 EBA (enter zero if negative) <i>(from Confirmation of Benefits)</i>	\$0.00	\$0.00	\$0.00
5 Total Pre-Tax Amount (enter zero if negative) <i>(from Confirmation of Benefits)</i>	\$0.00	\$0.00	\$0.00
6 Total Social Security Earnings <i>(Line 3 + Line 4 - Line 5)</i>	\$307.58	\$1,739.92	\$2,047.50
7 Employee FICA <i>(Line 6)* 6.2 Percent</i>	\$19.07	\$107.88	\$126.95
8 Employee MQFE <i>(Line 6)* 1.45 Percent</i>	\$4.46	\$25.23	\$29.69
9 Employee's Share of Retirement <i>(Line 3)* 3.5 Percent</i>	\$0.00	\$0.00	\$0.00
10 Employee's Share of Retirement - Step Up <i>(Line 3)* 2.91 Percent</i>	\$0.00	\$0.00	\$0.00
11 Deferred Compensation	\$0.00	\$0.00	\$0.00
12 Pre-Tax Gross Earnings <i>(Line 3+Line 4-Line 5-Line 9-Line 10-Line 11)</i>	\$307.58	\$1,739.92	\$2,047.50
13 Federal Withholding <i>(figured on Line 12)</i>	\$147.00	\$0.00	\$147.00
14 State Withholding <i>(figured on Line 12)</i>	\$56.00	\$0.00	\$56.00
15 EBA (enter zero if positive) <i>(from Confirmation of Benefits)</i>	\$0.00	\$0.00	\$0.00
16 Total Other Items Selected <i>(From Confirmation of Benefits)</i>	\$0.00	\$0.00	\$0.00
17 Total Deductions <i>(Line 7 + Line 8 + Line 9 + Line 10 + Line 11 + Line 13 + Line 14+ Line 15 + Line 16)</i>	\$226.53	\$133.11	\$359.64
18 EBA (enter zero if negative)	\$0.00	\$0.00	\$0.00
19 Net Earnings <i>(Line 3 - Line 17 + Line 18)</i>	\$81.05	\$1,606.81	\$1,687.86
20 Total OCC Reimbursable <i>(Line 3 + (Line 6 * 7.65%) + Line 18)</i>	\$331.11		

This is to certify that the above-named employee has been regularly employed by this district for the period specified


Employee

Chair

OKLAHOMA COUNTY CONSERVATION DISTRICT

MONTH & YEAR: September-2020

EMPLOYEE: MANUEL MARIN

DATE	LIST TYPE OF WORK AND LOCATION FOR EACH DAY IN PAY STATUS	ST	AL	SL	EL	H	CTA	CTU	LWOP	SHL
		Stan. Time	Annual Leave	Sick Leave	En. Leave	Holiday	Comp Time Accrued	Comp Time Used	Leave Without Pay	Shared Leave Used (not donated)
01-Sep-20	SHEEP HUSBANDRY HOME	6								
02-Sep-20	SHEEP HUSBANDRY HOME	4								
03-Sep-20	SHEEP HUSBANDRY HOME	5								
04-Sep-20	SHEEP HUSBANDRY HOME	6								
09-Sep-20	GOAT HUSBANDRY HOME	6								
10-Sep-20	GOAT HUSBANDRY HOME	6								
11-Sep-20	GOAT HUSBANDRY HOME	3								
15-Sep-20	LUJAN EDITING HOME	2								
16-Sep-20	LUJAN EDITING HOME	6								
17-Sep-20	SHEEP BIO HOME	6								
18-Sep-20	SHEEP BIO	6								
21-Sep-20	SHEEP BIO HOME	5								
22-Sep-20	SHEEP BIO HOME	6								
23-Sep-20	SHEEP BIO HOME	4								
24-Sep-20	SHEEP BIO	6								
25-Sep-20	GOAT HUSBANDRY HOME	6								
28-Sep-20	GOAT HUSBANDRY HOME	6								
30-Sep-20	GOAT HUSBANDRY HOME	2								
TOTALS		91								

LEAVE SUMMARY

	Forward	Used	End of Month Accruals	Ending Balance
AL				
SL				
CT				

Employee Signature: *Manuel Marin* Date: 09/30/20

Supervisor Signature: _____ Date: _____

ST=standard time AL=annual leave SL=sick leave EL=enforced leave H=holiday CTA=compensatory time accrued
 CTU=compensatory time used LWOP=leave without pay SHL=shared leave

STATE OF OKLAHOMA
Notarized Claim Voucher
And

Disbursement of Payroll Withholdings

CLAIM OF: Oklahoma County CD #56

ALT. NAME:

Vend I.D.: 73-0722673 LOC.:

ASSIGNMENT SECTION

ASSIGNEE:

Vend I.D.:

LOC.:

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant

Date

FOR AGENCY USE:

OSF - AUDITED BY:

For Agency Use Only:

TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO.	WARRANT NO.
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Agency, Board, Comm., Dept.:

ORDER NO.	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED	RESERVED
10/7/2020	99	99										
	99											
	99											
TOTAL												

THE SECTION BELOW IS NOT REQUIRED FOR WITHHOLDING PAYMENTS-EXCEPT FOR WITHHOLDING REFUNDS

The undersigned contractor, vendor, individual, or duly sworn agent, of lawful age, upon oath says that this claim is true and correct. Affiant further states that the work, services, or materials as shown by this claim have been completed or supplied in accordance with the plans, specifications, orders, requests, and all other terms of the contract. Affiant also states that any refunds represented by this payment are due. (NOTE: Claimant signature only for payroll withholding refunds.)

DATE: 10/7/2020 ITEM: 99 QUANTITY: 99 ARTICLE: Special project - Emery September salary
Special project - Marin September salary
Special project - unemployment

UNIT PRICE AMOUNT CLAIMED OBJECT ACCOUNT

\$ \$ \$

342.03 331.11 107.35

TOTAL AMOUNT APPROVED \$ **780.49**

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State. And as appropriate, with the payroll withholding rules and regulations of this State.

Agency's Approving Officer: _____ Title: _____ Date: _____

Claimant: _____ State of _____ County of _____

Subscribed and sworn before me: _____

Notary Public (or Clerk or Judge): _____ My Commission expires: _____

STATE OF OKLAHOMA
Notarized Claim Voucher
And

Disbursement of Payroll Withholdings

CLAIM OF: Oklahoma County CD #56

ALT. NAME:

Vend I.D.: 73-0722673 LOC.:

ASSIGNMENT SECTION

ASSIGNEE: _____
Vend I.D.: _____ LOC.: _____

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant _____ Date _____

For Agency Use Only:		TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO.	WARRANT NO.

Agency, Board, Comm., Dept.:

ORDER NO.	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED	RESERVED
10/7/2020	08											
	12	NRCS shared staff September salary										
	12	Unallocated September salary										
	20	Unallocated employer retirement										
	61	Office supplies										
	79	Auditing - Mayer & Dobbins										
		Unemployment insurance										
TOTAL												

DATE	ITEM	QUANTITY	ARTICLE	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
10/7/2020	08				2,761.79	
	12				543.85	
	12				83.36	
	20				21.39	
	61				1,335.00	
	79				112.01	
TOTAL AMOUNT APPROVED					\$	4,857.40

The undersigned contractor, vendor, individual, or duly sworn agent, of lawful age, upon oath says that this claim is true and correct. Affiant further states that the work, services, or materials as shown by this claim have been completed or supplied in accordance with the plans, specifications, orders, requests, and all other terms of the contract. Affiant also states that any refunds represented by this payment are due. (NOTE: Claimant signature only for payroll withholding refunds.)

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State. And as appropriate, with the payroll withholding rules and regulations of this State.

Claimant _____ State of _____ County of _____

Agency's Approving Officer _____

Notary Public (or Clerk or Judge) _____ My Commission expires _____

Title _____ Date _____

STATE OF OKLAHOMA
Notarized Claim Voucher
And

Disbursement of Payroll Withholdings

OSF - AUDITED BY: _____

FOR AGENCY USE:

CLAIM OF: Oklahoma County CD #56

ALT. NAME:

Vend I.D.: 73-0722673

LOC.:

ASSIGNMENT SECTION

ASSIGNEE:

Vend I.D.:

LOC.:

I hereby assign this claim to the above assignee and authorize the State Treasurer to issue a warrant in payment to said assignee.

Claimant

Date

For Agency Use Only:				
TOTAL CLAIM AMOUNT	AGENCY BUSINESS UNIT	CLAIM VOUCHER NO.	WARRANT NO.	

Agency: Board, Comm., Dept.:

ORDER NO.	AMOUNT	OBJECT ACCOUNT	OBJECT SUB-ACCT	FUNDING CLASS	ACT/SUB DEPT	BUDGET REF YR	CFDA CHARTFIELD	PROGRAM	PROJECT	OPER UNIT	RESERVED	RESERVED
10/7/2020	02 94	Secretary II salary - October Secretary II longevity - 32 years										
TOTAL												

THE SECTION BELOW IS NOT REQUIRED FOR WITHHOLDING PAYMENTS-EXCEPT FOR WITHHOLDING REFUNDS

TOTAL AMOUNT APPROVED	UNIT PRICE	AMOUNT CLAIMED	OBJECT ACCOUNT
\$ 5,965.28		\$ 2,520.48 \$ 3,444.80	

The undersigned contractor, vendor, individual, or duly sworn agent, of lawful age, upon oath says that this claim is true and correct. Affiant further states that the work, services, or materials as shown by this claim have been completed or supplied in accordance with the plans, specifications, orders, requests, and all other terms of the contract. Affiant also states that any refunds represented by this payment are due. (NOTE: Claimant signature only for payroll withholding refunds.)

I hereby approve this claim for payment and certify it complies with the purchasing laws of this State. And as appropriate, with the payroll withholding rules and regulations of this State.

State of _____ County of _____
Claimant

Agency's Approving Officer

Subscribed and sworn before me _____

Title _____ Date _____

Notary Public (or Clerk or Judge) My Commission expires _____