

ALLOWANCE OF CLAIMS

I hereby certify that each of the listed claims and the invoices, or bills attached thereto, are true and correct and I have audited same in accordance with IC 5-11-10-16.

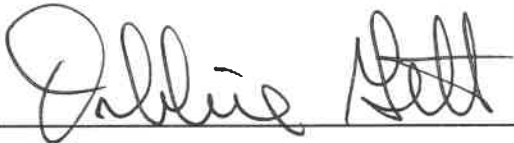
FEBRUARY 9, 2026



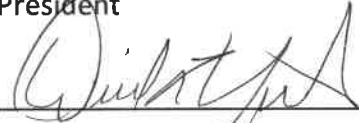
Tina Jobe, Fiscal Officer

We have examined the claims on the foregoing register of claims, consisting of pages, and except for claims not allowed as shown on the register such claims are hereby allowed in the total amount of \$ 3,466.08. Dated this 9th day of

FEBRUARY 2026.



President



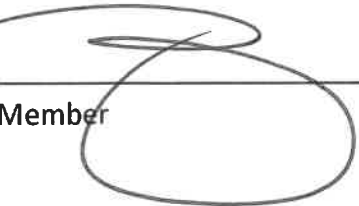
Vice President



Secretary



Member



Member

Approved by the state board of accounts November 1996 for: Franklin Community School Corporation.

Check Date 01/30/2026

FUND / OBJECT SUMMARY

FUND	OBJECT	DESCRIPTION	AMOUNT
0101	1300	TEMPORARY SALARIES	2,866.32
	2110	SOCIAL SECURITY	177.71
	2115	MEDICARE	41.56
		Fund 0101 Total	3,085.59
0300	1200	NONCERTIFIED SALARIES	353.45
	2110	SOCIAL SECURITY	21.91
	2115	MEDICARE	5.13
		Fund 0300 Total	380.49
		Summary total	3,466.08

OBJECT SUMMARY

OBJECT	DESCRIPTION	AMOUNT
1200	NONCERTIFIED SALARIES	353.45
1300	TEMPORARY SALARIES	2,866.32
2110	SOCIAL SECURITY	199.62
2115	MEDICARE	46.69
	Summary total	3,466.08

***** End of report *****