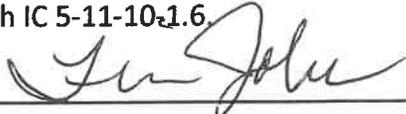


**ALLOWANCE OF CLAIMS**

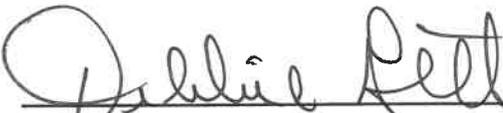
I hereby certify that each of the listed claims and the invoices, or bills attached thereto, are true and correct and I have audited same in accordance with IC 5-11-10-1.6.

MARCH 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 \$ 394.32. Dated this 9<sup>TH</sup> day of

MARCH 2026.

  
President

  
Vice President

  
Secretary

  
Member

\_\_\_\_\_  
Member

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

Check Date 02/13/2026

FUND / OBJECT SUMMARY

FUND	OBJECT	DESCRIPTION	AMOUNT
0101	1200	NONCERTIFIED SALARIES	366.30
	2110	SOCIAL SECURITY	22.71
	2115	MEDICARE	5.31
		Fund 0101 Total	394.32
		Summary total	394.32

OBJECT SUMMARY

OBJECT	DESCRIPTION	AMOUNT
1200	NONCERTIFIED SALARIES	366.30
2110	SOCIAL SECURITY	22.71
2115	MEDICARE	5.31
	Summary total	394.32

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