

Sayreville Board of Education

Bills And Claims Report By Vendor Name

DENTAL ACCOUNT - MAY 17, 2022

va_bill5.102317
04/29/2022

Vendor # / Name	PO #	Account # / Description	Inv #	Check Type *	Check Description or Multi Remit To Check Name	Check #	Check Amount
Unposted Checks							
DELTA DENTAL OF NEW JERSEY, INC./ 1231							
	22-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	41022-41622	HF	SELF INSURED DENTAL	825172022	4,274.00
	22-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	4102022-41620	HF	SELF INSURED DENTAL	825172022	7,328.00
		82-000-291-270-000-55-04/ SELF INSURED DENTAL	4172022-42320	HF	SELF INSURED DENTAL	825172022	5,328.90
	22-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	4172022-42320	HF	SELF INSURED DENTAL	825172022	2,884.30
	22-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	ADMIN FEES APRIL	HF	SELF INSURED DENTAL	825172022	2,004.12
	22-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	ADMIN FEES APRIL	HF	SELF INSURED DENTAL	825172022	543.78
	22-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	4242022-43020	HF	SELF INSURED DENTAL	825172022	8,809.80
	22-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	4242022-43020	HF	SELF INSURED DENTAL	825172022	1,831.90
					Total for DELTA DENTAL OF NEW JERSEY, INC./ 1231		\$33,004.80
					Total for Unposted Checks		\$33,004.80

* CF -- Computer Full CP - Computer Partial HF - Hand Check Full HP - Hand Check Partial

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Resolution that the list of claims for goods received and services rendered and certified to be correct by the Business Administrator, be approved for payment and further that the Secretary's and Treasurer's financial reports be accepted as filed.

Run on 05/13/2022 at 02:17:53 PM

Fund Summary	Fund Category	Sub Fund	Computer Checks	Computer Checks Non/AP	Hand Checks	Hand Checks Non/AP	Total Checks
	82	82			\$33,004.80		\$33,004.80
	GRAND	TOTAL	\$0.00	\$0.00	\$33,004.80	\$0.00	\$33,004.80

School Business Administrator
