

Sayreville Board of Education

Bills And Claims Report By Vendor Name

Dental Account - April 18, 2023

va_bill5.032923
03/02/2023

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							
	23-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	3/1/23-3/31/23- ADMIN	HF	SELF INSURED DENTAL	8241823	2,058.84
	23-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	3/1/23-3/31/23- ADMIN	HF	SELF INSURED DENTAL	8241823	560.88
	23-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	3/12/23-3/18/23	HF	SELF INSURED DENTAL	8241823	10,625.50
	23-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	3/12/23-3/18/23	HF	SELF INSURED DENTAL	8241823	1,346.40
	23-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	3/19/23-3/25/23	HF	SELF INSURED DENTAL	8241823	13,346.31
	23-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	3/19/23-3/25/23	HF	SELF INSURED DENTAL	8241823	4,259.60
	23-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	03/26/23-04/01/ 23	HF	SELF INSURED DENTAL	8241823	7,696.60
	23-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	03/26/23-04/01/ 23	HF	SELF INSURED DENTAL	8241823	2,458.80
Total for DELTA DENTAL OF NEW JERSEY, INC./ 1231							\$42,352.93
Total for Unposted Checks							\$42,352.93

* 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 04/14/2023 at 01:00:44 PM

Fund Summary	Fund Category	Sub Fund	Computer Checks	Computer Checks Non/AP	Hand Checks	Hand Checks Non/AP	Total Checks
	82	82			\$42,352.93		\$42,352.93
	GRAND	TOTAL	\$0.00	\$0.00	\$42,352.93	\$0.00	\$42,352.93

School Business Administrator
