Sayreville Board of Education Bills And Claims Report By PO Number

va_bill4.102317 05/15/2023

Dental Account - June 13, 2023

| PO # | # | | | Check Check Description or | | |
|-------------------------------|----------------------|---|-----|-------------------------------|----------------------|-------------|
| Account # / Description | lnv # | Vendor # / Name | Тур | e * Multi Remit To Check Name | Check # Check Amount | |
| Unposted Checks | | | | | | |
| 23-82001 | | | | | | |
| 82-000-291-270-000-55-04/ SEI | LF INSURED DENTAL | | | | | |
| | 05/21/23-05/27/23 | 1231 / DELTA DENTAL OF NEW JERSEY, INC. | HF | SELF INSURED DENTAL | 826132023 | 9,357.70 |
| | 5/1/23-5/31/23 ADMIN | 1231 / DELTA DENTAL OF NEW JERSEY, INC. | HF | SELF INSURED DENTAL | 826132023 | 2,058.84 |
| | 5/14/23-5/20/23 | 1231 / DELTA DENTAL OF NEW JERSEY, INC. | HF | SELF INSURED DENTAL | 826132023 | 6,729.20 |
| | 5/7/23-5/13/23 | 1231 / DELTA DENTAL OF NEW JERSEY, INC. | HF | SELF INSURED DENTAL | 826132023 | 7,568.20 |
| | 4/30/23-5/6/23 | 1231 / DELTA DENTAL OF NEW JERSEY, INC. | HF | SELF INSURED DENTAL | 826132023 | 8,971.50 |
| | 03/5/23-03/11/23 | 1231 / DELTA DENTAL OF NEW JERSEY, INC. | HF | SELF INSURED DENTAL | 826132023 | 9,434.10 |
| | | Total for 23-82001 | | | | \$44,119.54 |
| 23-82002 | | | | | | |
| 82-000-291-270-000-55-04/ SEI | LF INSURED DENTAL | | | | | |
| | 05/21/23-05/27/23 | 1231 / DELTA DENTAL OF NEW JERSEY, INC. | HF | SELF INSURED DENTAL | 826132023 | 1,891.80 |
| | 5/1/23-5/31/23 ADMIN | 1231 / DELTA DENTAL OF NEW JERSEY, INC. | HF | SELF INSURED DENTAL | 826132023 | 581.40 |
| | 5/14/23-5/20/23 | 1231 / DELTA DENTAL OF NEW JERSEY, INC. | HF | SELF INSURED DENTAL | 826132023 | 1,822.80 |
| | 5/7/23-5/13/23 | 1231 / DELTA DENTAL OF NEW JERSEY, INC. | HF | SELF INSURED DENTAL | 826132023 | 1,906.20 |
| | 4/30/23-5/6/23 | 1231 / DELTA DENTAL OF NEW JERSEY, INC. | HF | SELF INSURED DENTAL | 826132023 | 1,228.80 |
| | 03/5/23-03/11/23 | 1231 / DELTA DENTAL OF NEW JERSEY, INC. | HF | SELF INSURED DENTAL | 826132023 | 3,086.70 |
| | | Total for 23-82002 | | | | |
| | | | | Total for Unposted Checks | | |

Run on 06/08/2023 at 01:40:53 PM Page 1

^{*} CF -- Computer Full CP - Computer Partial HF - Hand Check Full HP - Hand Check Partial

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Dental Account - June 13, 2023

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.

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Fund Summary

| Fund Category | Sub Fund | Computer Checks | Computer Checks Non/AP | Hand Checks | Hand Checks Non/AP | Total Checks |
|------------------|-------------|--------------------|---------------------------|----------------|-----------------------|-----------------|
| 82 | 82 | | | \$54,637.24 | | \$54,637.24 |
| GRAND | TOTAL | \$0.00 | \$0.00 | \$54,637.24 | \$0.00 | \$54,637.24 |

School Business Administrator