Sayreville Board of Education Bills And Claims Report By Vendor Name

va_bill5.032923 08/15/2023

Dental Bills List- 9/26/2023

Vendor # / Name Check Description or								
	PO#	Account # / Description	Inv#	Type *	Multi Remit To Check Name	Check # C	heck Amount	
Unposted Chec	ks						_	
DELTA DENTAL OF	NEW JERSE	Y, INC./ 1231						
	24-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	8/1/23-8/31/23 ADM I N	HF	SELF INSURED DENTAL	82092623	2,126.59	
	24-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	8/1/23-8/31/23 ADM I N	HF	SELF INSURED DENTAL	82092623	652.27	
	24-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	8/13/23-8/19/23	HF	SELF INSURED DENTAL	82092623	7,533.40	
	24-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	8/13/23-8/19/23	HF	SELF INSURED DENTAL	82092623	2,277.30	
	24-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	08/20/23-8/26/2 3	HF	SELF INSURED DENTAL	82092623	11,646.70	
	24-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	08/20/23-8/26/2 3	HF	SELF INSURED DENTAL	82092623	4,280.80	
	24-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	8/27/23-9/2/23	HF	SELF INSURED DENTAL	82092623	8,072.30	
	24-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	8/27/23-9/2/23	HF	SELF INSURED DENTAL	82092623	1,083.10	
			Total	Total for DELTA DENTAL OF NEW JERSEY, INC./ 1231			\$37,672.46	
				Total for Unposted Checks			\$37,672.46	

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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.

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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			\$37,672.46		\$37,672.46
GRAND	TOTAL	\$0.00	\$0.00	\$37 672 46	\$0.00	\$37 672 46

School Buisness Administrator