

# Sayreville Board of Education

## Bills And Claims Report By Vendor Name

**Dental Bills List 6.18.24**

va\_bill5.032923  
05/15/2024

Vendor # / Name	PO #	Account # / Description	Inv #	Check Type *	Check Description or Multi Remit To Check Name	Check #	Check Amount
<b>Unposted Checks</b>							
<b>DELTA DENTAL OF NEW JERSEY, INC./ 1231</b>							
	24-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	MAY ADMIN 2024	HF	SELF INSURED DENTAL	82061824	2,212.93
	24-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	MAY ADMIN 2024	HF	SELF INSURED DENTAL	82061824	588.43
	24-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	4/28/24-5/4/24	HF	SELF INSURED DENTAL	82061824	15,306.00
	24-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	4/28/24-5/4/24	HF	SELF INSURED DENTAL	82061824	2,105.20
	24-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	5/5/24-5/11/24	HF	SELF INSURED DENTAL	82061824	12,052.91
	24-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	5/5/24-5/11/24	HF	SELF INSURED DENTAL	82061824	701.20
	24-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	5/12/24-5/18/24	HF	SELF INSURED DENTAL	82061824	8,546.90
	24-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	5/12/24-5/18/24	HF	SELF INSURED DENTAL	82061824	1,163.80
	24-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	5/19/24-5/25/24	HF	SELF INSURED DENTAL	82061824	10,111.30
	24-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	5/19/24-5/25/24	HF	SELF INSURED DENTAL	82061824	3,107.90
	24-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	5/26/24-6/1/24	HF	SELF INSURED DENTAL	82061824	7,629.30
	24-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	5/26/24-6/1/24	HF	SELF INSURED DENTAL	82061824	2,796.40
<b>Total for DELTA DENTAL OF NEW JERSEY, INC./ 1231</b>							<b>\$66,322.27</b>
<b>Total for Unposted Checks</b>							<b>\$66,322.27</b>

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

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va\_bill5.032923  
05/15/2024

**Dental Bills List 6.18.24**

*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 06/13/2024 at 12:09:39 PM

Fund Summary	Fund Category	Sub Fund	Computer Checks	Computer Checks Non/AP	Hand Checks	Hand Checks Non/AP	Total Checks
	82	82			\$66,322.27		\$66,322.27
	GRAND	TOTAL	\$0.00	\$0.00	\$66,322.27	\$0.00	\$66,322.27

School Business Administrator

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