

# Sayreville Board of Education

## Bills And Claims Report By Vendor Name

va\_bill5.032923  
06/30/2024

**Prescription Bills List 07/30/2024**

Vendor # / Name	PO #	Account # / Description	Inv #	Check Type *	Check Description or Multi Remit To Check Name	Check #	Check Amount
<b>Posted Checks</b>							
<b>CVS PHARMACY, INC./ 2412</b>							
	24-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	6/8/2024-6/15/24	HF	Self Insured Prescriptio	81062424	130,849.93
	24-81002	81-000-291-270-000-55-02/ Self Insured Prescriptio	6/8/2024-6/15/24	HF	Self Insured Prescriptio	81062424	24,322.24
	24-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	6/16/24-6/23/24	HF	Self Insured Prescriptio	81062724	40,745.95
	24-81002	81-000-291-270-000-55-02/ Self Insured Prescriptio	6/16/24-6/23/24	HF	Self Insured Prescriptio	81062724	40,047.91
	24-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	6/16/24-6/23/24	HF	Self Insured Prescriptio	81062724	6.69
					<b>Total for CVS PHARMACY, INC./ 2412</b>		<b>\$235,972.72</b>
					<b>Total for Posted Checks</b>		<b>\$235,972.72</b>

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

# Sayreville Board of Education

## Bills And Claims Report By Vendor Name

va\_bill5.032923  
07/15/2024

**Prescription Bills List 07/30/2024**

Vendor # / Name	PO #	Account # / Description	Inv #	Check Type *	Check Description or Multi Remit To Check Name	Check #	Check Amount
<b>Unposted Checks</b>							
<b>CVS PHARMACY, INC./ 2412</b>							
	25-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	7/01/24-7/07/24	HF	Self Insured Prescriptio	81071524	84,225.82
	25-81002	81-000-291-270-000-55-02/ Self Insured Prescriptio	7/01/24-7/07/24	HF	Self Insured Prescriptio	81071524	5.74
	25-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	7/01/24-7/07/24	HF	Self Insured Prescriptio	81071524	28,896.71
	25-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	7/01/24-7/07/24	HF	Self Insured Prescriptio	81072424	0.53
	25-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	7/08/24-7/15/24	HF	Self Insured Prescriptio	81072424	89,374.20
	25-81002	81-000-291-270-000-55-02/ Self Insured Prescriptio	7/08/24-7/15/24	HF	Self Insured Prescriptio	81072424	491.38
	25-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	7/08/24-7/15/24	HF	Self Insured Prescriptio	81072424	29,354.33
	25-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	7/08/24-7/15/24	HF	Self Insured Prescriptio	81072424	240.97
	25-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	7/16/24-7/23/24	HF	Self Insured Prescriptio	81073024	106,328.13
	25-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	7/16/24-7/23/24	HF	Self Insured Prescriptio	81073024	38,174.57
	25-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	7/16/24-7/23/24	HF	Self Insured Prescriptio	81073024	107.26
	24-81001	P8-000-291-270-000-55-02/ Self Insured Prescriptio	6/24/24-6/30/24	HF	Self Insured Prescriptio	81070924	84,350.46
	24-81002	P8-000-291-270-000-55-02/ Self Insured Prescriptio	6/24/24-6/30/24	HF	Self Insured Prescriptio	81070924	43,132.85
					<b>Total for CVS PHARMACY, INC./ 2412</b>		<b>\$504,682.95</b>
					<b>Total for Unposted Checks</b>		<b>\$504,682.95</b>

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

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## Bills And Claims Report By Vendor Name

va\_bill5.032923  
07/15/2024

**Prescription Bills List 07/30/2024**

*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 07/26/2024 at 10:52:26 AM

Fund Summary	Fund Category	Sub Fund	Computer Checks	Computer Checks Non/AP	Hand Checks	Hand Checks Non/AP	Total Checks
	81	81			\$613,172.36		\$613,172.36
	81	P8			\$127,483.31		\$127,483.31
	Fund 81	TOTAL			\$740,655.67		\$740,655.67
	GRAND	TOTAL	\$0.00	\$0.00	\$740,655.67	\$0.00	\$740,655.67

School Business Administrator

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