

# Sayreville Board of Education

## Bills And Claims Report By Vendor Name

va\_bill5.032923  
11/30/2024

**Medical Bills List 12/17/24**

Vendor # / Name	PO #	Account # / Description	Inv #	Check Type *	Check Description or Multi Remit To Check Name	Check #	Check Amount
<b>Unposted Checks</b>							
<b>HORIZON BCBSNJ/ 1380</b>							
	25-85001	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/11/24-11/17/24	HF	SELF INSURED MEDICAL	851213242	110,362.51
	25-85002	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/11/24-11/17/24	HF	SELF INSURED MEDICAL	851213242	110,189.36
	25-85003	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/11/24-11/17/24	HF	SELF INSURED MEDICAL	851213242	19,841.23
	25-85004	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/11/24-11/17/24	HF	SELF INSURED MEDICAL	851213242	166,103.93
	25-85005	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/11/24-11/17/24	HF	SELF INSURED MEDICAL	851213242	3,208.08
	25-85001	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/18/24-11/24/24	HF	SELF INSURED MEDICAL	851213243	115,917.72
	25-85002	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/18/24-11/24/24	HF	SELF INSURED MEDICAL	851213243	61,579.24
	25-85003	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/18/24-11/24/24	HF	SELF INSURED MEDICAL	851213243	51,062.66
	25-85004	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/18/24-11/24/24	HF	SELF INSURED MEDICAL	851213243	241,967.37
	25-85005	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/18/24-11/24/24	HF	SELF INSURED MEDICAL	851213243	8,895.00
	25-85001	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/04/24-11/10/24	HF	SELF INSURED MEDICAL	851213241	91,821.34
	25-85002	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/04/24-11/10/24	HF	SELF INSURED MEDICAL	851213241	86,044.35
	25-85003	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/04/24-11/10/24	HF	SELF INSURED MEDICAL	851213241	11,589.42
	25-85004	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/04/24-11/10/24	HF	SELF INSURED MEDICAL	851213241	129,458.24
	25-85005	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	11/04/24-11/10/24	HF	SELF INSURED MEDICAL	851213241	2,808.83
	25-85001	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	10/28/24-10/31/24	HF	SELF INSURED MEDICAL	85121224	148,387.74

\* 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  
11/30/2024

**Medical Bills List 12/17/24**

Vendor # / Name	PO #	Account # / Description	Inv #	Check Type *	Check Description or Multi Remit To Check Name	Check #	Check Amount
<b>Unposted Checks</b>							
	25-85002	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	10/28/24-10/31/ 24	HF	SELF INSURED MEDICAL	85121224	19,599.30
	25-85003	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	10/28/24-10/31/ 24	HF	SELF INSURED MEDICAL	85121224	51,656.46
	25-85004	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	10/28/24-10/31/ 24	HF	SELF INSURED MEDICAL	85121224	104,418.34
	25-85005	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	10/28/24-10/31/ 24	HF	SELF INSURED MEDICAL	85121224	5,882.72
	25-85006	85-000-291-270-000-55-01/ SELF INSURED MEDICAL	10/28/24-10/31/ 24	HF	SELF INSURED MEDICAL	85121224	27,068.15
<b>Total for HORIZON BCBSNJ/ 1380</b>							<b>\$1,567,861.99</b>
<b>SAYREVILLE BOARD OF EDUCATION/ 1753</b>							
	NAP Check	DB:85-401- CR:85-101-		HF	Partial Loan Repayment to BOE	85121724	510,000.00
<b>Total for Unposted Checks</b>							<b>\$2,077,861.99</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  
11/30/2024

**Medical Bills List 12/17/24**

*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 12/13/2024 at 01:26:34 PM

Fund Summary	Fund Category	Sub Fund	Computer Checks	Computer Checks Non/AP	Hand Checks	Hand Checks Non/AP	Total Checks
	85	85			\$1,567,861.99	\$510,000.00	\$2,077,861.99
	GRAND	TOTAL	\$0.00	\$0.00	\$1,567,861.99	\$510,000.00	\$2,077,861.99

School Business Administrator

---