Sayreville Board of Education Bills And Claims Report By Vendor Name

va_bill5.032923 03/31/2025

Dental Bills List 4/29/25

Vendor # / Name			ck Check Description or		
PO#	Account # / Description	Inv# Typ	e * Multi Remit To Check Name	Check # C	heck Amount
eks					_
NEW JERSE	Y, INC./ 1231				
25-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	MARCH ADMIN HF 2025	SELF INSURED DENTAL	82042925	2,328.45
25-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	MARCH ADMIN HF 2025	SELF INSURED DENTAL	82042925	555.94
25-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	03/02/25-03/08/ HF 25	SELF INSURED DENTAL	82042925	10,715.20
25-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	03/02/25-03/08/ HF 25	SELF INSURED DENTAL	82042925	4,671.80
25-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	03/09/25-03/15/ HF 25	SELF INSURED DENTAL	82042925	13,995.60
25-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL		SELF INSURED DENTAL	82042925	2,461.20
25-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	03/16/25-03/22/ HF 25	SELF INSURED DENTAL	82042925	10,363.00
25-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	03/16/25-03/22/ HF 25	SELF INSURED DENTAL	82042925	2,713.40
25-82001	82-000-291-270-000-55-04/ SELF INSURED DENTAL	03/23/25-03/29/ HF 25	SELF INSURED DENTAL	82042925	8,783.70
25-82002	82-000-291-270-000-55-04/ SELF INSURED DENTAL	03/23/25-03/29/ HF 25	SELF INSURED DENTAL	82042925	1,229.40
		Total for	DELTA DENTAL OF NEW JERSEY, INC./	\$57,817.69	
			Total for Unpo	\$57,817.69	
	ks NEW JERSE 25-82001 25-82002 25-82001 25-82002 25-82001 25-82002 25-82001 25-82002 25-82001	ks NEW JERSEY, INC./ 1231 25-82001 82-000-291-270-000-55-04/ SELF INSURED DENTAL 25-82002 82-000-291-270-000-55-04/ SELF INSURED DENTAL 25-82001 82-000-291-270-000-55-04/ SELF INSURED DENTAL 25-82002 82-000-291-270-000-55-04/ SELF INSURED DENTAL 25-82001 82-000-291-270-000-55-04/ SELF INSURED DENTAL 25-82002 82-000-291-270-000-55-04/ SELF INSURED DENTAL 25-82001 82-000-291-270-000-55-04/ SELF INSURED DENTAL 25-82002 82-000-291-270-000-55-04/ SELF INSURED DENTAL 25-82001 82-000-291-270-000-55-04/ SELF INSURED DENTAL 25-82001 82-000-291-270-000-55-04/ SELF INSURED DENTAL	NEW JERSEY, INC./ 1231 Account # / Description Inv # Typ 25-82001 82-000-291-270-000-55-04/ SELF INSURED DENTAL MARCH ADMIN HF 2025 25-82002 82-000-291-270-000-55-04/ SELF INSURED DENTAL MARCH ADMIN HF 2025 25-82001 82-000-291-270-000-55-04/ SELF INSURED DENTAL 03/02/25-03/08/ HF 25 25-82002 82-000-291-270-000-55-04/ SELF INSURED DENTAL 03/09/25-03/15/ HF 25 25-82001 82-000-291-270-000-55-04/ SELF INSURED DENTAL 03/09/25-03/15/ HF 25 25-82002 82-000-291-270-000-55-04/ SELF INSURED DENTAL 03/09/25-03/12/ HF 25 25-82001 82-000-291-270-000-55-04/ SELF INSURED DENTAL 03/16/25-03/22/ HF 25 25-82002 82-000-291-270-000-55-04/ SELF INSURED DENTAL 03/16/25-03/22/ HF 25 25-82001 82-000-291-270-000-55-04/ SELF INSURED DENTAL 03/23/25-03/29/ HF 25 25-82001 82-000-291-270-000-55-04/ SELF INSURED DENTAL 03/23/25-03/29/ HF 25 25-82002 82-000-291-270-000-55-04/ SELF INSURED DENTAL 03/23/25-03/29/ HF 25 25-82002 82-000-291-270-000-55-04/ SELF INSURED DENTAL 03/23/25-03/29/ HF 25	New Account # / Description Inv # Type * Multi Remit To Check Name Inv	New Account # / Description Inv # Type * Multi Remit To Check Name Check # Color

^{*} CF -- Computer Full CP - Computer Partial HF - Hand Check Full HP - Hand Check Partial Run on 04/24/2025 at 08:35:22 AM

Sayreville Board of Education Bills And Claims Report By Vendor Name

va_bill5.032923 03/31/2025

Dental Bills List 4/29/25

Resolution that the list of claims for goods received and services rendered and certified to be correct by the Business Administrator,

Run on 04/24/2025 at 08:35:22 AM be approved for payment and further that the Secretary's and Treasurer's financial reports be accepted as filed.

Fund Summary

Fund Category	Sub Fund	Computer Checks	Computer Checks Non/AP	Hand Checks	Hand Checks Non/AP	Total Checks
82	82			\$57,817.69		\$57,817.69
GRAND	TOTAL	\$0.00	\$0.00	\$57.817.69	\$0.00	\$57.817.69

School Buisness Administrator