va_bill5.032923
07/15/2025

Sayreville Board of Education
Bills And Claims Report By Vendor Name
Prescription Account - July 29, 2025

Vendor # / Name	PO #	Account # / Description	Inv #	Check Type *	Check Description or Multi Remit To Check Name	Check #	Check Amount
Unposted Checks							
CVS PHARMACY, INC./ 2412							
	25-81001	P8-000-291-270-000-55-02/ Self Insured Prescriptio	6/24/25-6/30/25	HF	Self Insured Prescriptio	817232501	84,005.45
	25-81003	P8-000-291-270-000-55-02/ Self Insured Prescriptio	6/24/25-6/30/25	HF	Self Insured Prescriptio	817232501	63,296.65
	25-81004	P8-000-291-270-000-55-02/ Self Insured Prescriptio	6/24/25-6/30/25	HF	Self Insured Prescriptio	817232501	728.72
	25-81001	P8-000-291-270-000-55-02/ Self Insured Prescriptio	JUNE ADMIN	HF	Self Insured Prescriptio	817232502	1,111.43
	25-81003	P8-000-291-270-000-55-02/ Self Insured Prescriptio	JUNE ADMIN	HF	Self Insured Prescriptio	817232502	1,595.70
	25-81004	P8-000-291-270-000-55-02/ Self Insured Prescriptio	JUNE ADMIN	HF	Self Insured Prescriptio	817232502	50.90
	26-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	07/01/25-07/07/25	HF	Self Insured Prescriptio	817232503	35,094.99
	26-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	07/01/25-07/07/25	HF	Self Insured Prescriptio	817232503	31,026.39
	26-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	07/01/25-07/07/25	HF	Self Insured Prescriptio	817232503	61.80
	26-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	7/8/25-7/15/25	HF	Self Insured Prescriptio	817232504	77,901.55
	26-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	7/8/25-7/15/25	HF	Self Insured Prescriptio	817232504	57,894.79
	26-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	7/8/25-7/15/25	HF	Self Insured Prescriptio	817232504	95.08
			Total for CVS PHARMACY, INC./ 2412				**$352,863.45**
					Total for Unposted Checks		**$352,863.45**

** 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

Prescription Account - July 29, 2025

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 07/24/2025 at 01:39:54 PM

Fund Summary

Fund Category	Sub Fund	Computer Checks	Computer Checks Non/AP	Hand Checks	Hand Checks Non/AP	Total Checks
81	81			$202,074.60		$202,074.60
81	P8			$150,788.85		$150,788.85
Fund 81	TOTAL			$352,863.45		$352,863.45
GRAND	TOTAL	$0.00	$0.00	$352,863.45	$0.00	$352,863.45

School Business Administrator

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