

# Sayreville Board of Education

## Bills And Claims Report By Account Number

va\_bill1.031924  
09/15/2025

**Prescription Account - Sept. 22, 2025**

Account # Description	PO #	Inv #	Vendor # / Name	Check Type *	Check Description or Multi Remit To Check Name	Check#	Check Amount
<b>UNPOSTED CHECKS</b>							
<b>81-000-291-270-000-55-02</b>							
Self Insured Prescriptio	26-81001	08/08/25- 08/15/25	2412 / CVS PHARMACY, INC.	HF	Self Insured Prescriptio	810903251	80,585.34
	26-81003	08/08/25- 08/15/25	2412 / CVS PHARMACY, INC.	HF	Self Insured Prescriptio	810903251	78,330.25
	26-81001	08/16/25- 08/23/25	2412 / CVS PHARMACY, INC.	HF	Self Insured Prescriptio	810903252	64,952.44
	26-81003	08/16/25- 08/23/25	2412 / CVS PHARMACY, INC.	HF	Self Insured Prescriptio	810903252	50,983.09
			<b>Total for 81-000-291-270-000-55-02</b>		<b>Self Insured Prescriptio</b>		<b>\$274,851.12</b>
					<b>Total for Unposted Checks</b>		<b>\$274,851.12</b>

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

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*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 09/18/2025 at 03:03:25 PM*

Fund Summary	Fund Category	Sub Fund	Computer Checks	Computer Checks Non/AP	Hand Checks	Hand Checks Non/AP	Total Checks
	81	81			\$274,851.12		\$274,851.12
	GRAND	TOTAL	\$0.00	\$0.00	\$274,851.12	\$0.00	\$274,851.12

School Business Administrator

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