

Sayreville Board of Education

Bills And Claims Report By Vendor Name

va_bill5.032923
09/15/2025

Prescription Account - October 14, 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							
	26-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	08/08/25-08/15/ 25 AD	HF	Self Insured Prescriptio	810926251	43.43
	26-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	08/24/25-08/31/ 25	HF	Self Insured Prescriptio	810926252	57,857.08
	26-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	08/24/25-08/31/ 25	HF	Self Insured Prescriptio	810926252	66,119.12
	26-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	08/24/25-08/31/ 25	HF	Self Insured Prescriptio	810926252	390.26
	26-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	AUG 25 ADMIN	HF	Self Insured Prescriptio	810926253	710.70
	26-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	AUG 25 ADMIN	HF	Self Insured Prescriptio	810926253	797.56
	26-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	AUG 25 ADMIN	HF	Self Insured Prescriptio	810926253	3.75
	26-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	09/01/25-09/07/ 25	HF	Self Insured Prescriptio	810926254	52,381.29
	26-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	09/01/25-09/07/ 25	HF	Self Insured Prescriptio	810926254	40,567.43
	26-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	09/01/25-09/07/ 25	HF	Self Insured Prescriptio	810926254	1,323.00
	26-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	09/08/25-09/15/ 25	HF	Self Insured Prescriptio	81092925	133,590.65
	26-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	09/08/25-09/15/ 25	HF	Self Insured Prescriptio	81092925	45,291.80
	26-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	09/08/25-09/15/ 25 AD	HF	Self Insured Prescriptio	810930251	36.63
	26-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	09/16/25-09/23/ 25	HF	Self Insured Prescriptio	810930252	61,010.86
	26-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	09/16/25-09/23/ 25	HF	Self Insured Prescriptio	810930252	71,148.67
	26-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	09/16/25-09/23/ 25	HF	Self Insured Prescriptio	810930252	331.78
	26-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	09/24/25-09/30/ 25	HF	Self Insured Prescriptio	811008251	65,138.29
	26-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	09/24/25-09/30/ 25	HF	Self Insured Prescriptio	811008251	40,101.88

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

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Unposted Checks							
	26-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	09/24/25-09/30/ 25	HF	Self Insured Prescriptio	811008251	1,302.87
	26-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	SEPT 25 ADMIN	HF	Self Insured Prescriptio	811008252	1,277.11
	26-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	SEPT 25 ADMIN	HF	Self Insured Prescriptio	811008252	4,623.40
	26-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	SEPT 25 ADMIN	HF	Self Insured Prescriptio	811008252	6.20
					Total for CVS PHARMACY, INC./ 2412		\$644,053.76
						Total for Unposted Checks	\$644,053.76

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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 10/08/2025 at 10:51:38 AM

Fund Summary	Fund Category	Sub Fund	Computer Checks	Computer Checks Non/AP	Hand Checks	Hand Checks Non/AP	Total Checks
	81	81			\$644,053.76		\$644,053.76
	GRAND	TOTAL	\$0.00	\$0.00	\$644,053.76	\$0.00	\$644,053.76

School Business Administrator
