

Sayreville Board of Education

Bills And Claims Report By Vendor Name

va_bill5.032923
01/15/2026

Prescription Account - February 17, 2026

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							
	26-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	01/08/26-01/15/ 26	HF	Self Insured Prescriptio	81012726	78,137.95
	26-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	01/08/26-01/15/ 26	HF	Self Insured Prescriptio	81012726	91,959.21
	26-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	01/01/26-01/07/ 26 AD	HF	Self Insured Prescriptio	810130261	349.69
		81-000-291-270-000-55-02/ Self Insured Prescriptio	01/08/26-01/15/ 26 AD	HF	Self Insured Prescriptio	810130262	1,458.53
	26-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	01/16/26-01/23/ 26	HF	Self Insured Prescriptio	810130263	77,136.65
	26-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	01/16/26-01/23/ 26	HF	Self Insured Prescriptio	810130263	74,288.77
	26-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	01/24/26-01/31/ 26	HF	Self Insured Prescriptio	810206261	70,891.27
	26-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	01/24/26-01/31/ 26	HF	Self Insured Prescriptio	810206261	48,377.57
	26-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	JAN 25 ADMIN	HF	Self Insured Prescriptio	810206262	1,536.70
	26-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	JAN 25 ADMIN	HF	Self Insured Prescriptio	810206262	2,156.89
	26-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	JAN 25 ADMIN AD	HF	Self Insured Prescriptio	810213261	14.00
	26-81001	81-000-291-270-000-55-02/ Self Insured Prescriptio	02/01/26-02/072 6	HF	Self Insured Prescriptio	810213262	82,829.78
	26-81003	81-000-291-270-000-55-02/ Self Insured Prescriptio	02/01/26-02/072 6	HF	Self Insured Prescriptio	810213262	74,145.85
	26-81004	81-000-291-270-000-55-02/ Self Insured Prescriptio	02/01/26-02/072 6	HF	Self Insured Prescriptio	810213262	1,626.06
Total for CVS PHARMACY, INC./ 2412							\$604,908.92
Total for Unposted Checks							\$604,908.92

* 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 02/10/2026 at 01:44:12 PM

Fund Summary	Fund Category	Sub Fund	Computer Checks	Computer Checks Non/AP	Hand Checks	Hand Checks Non/AP	Total Checks
	81	81			\$604,908.92		\$604,908.92
	GRAND	TOTAL	\$0.00	\$0.00	\$604,908.92	\$0.00	\$604,908.92

School Business Administrator
