Brick Board of Education Bills And Claims Report By PO Number

va_bill4.5 08/31/2011

091511BdMtg Wirepayments 8/30 Batch67

PO#	Account # / Description	lnv #	Vendor # / Name	Che Typ	eck be *Check Description	Check	# Check Amount
Posted (Checks						
12-04602	11-000-291-270-00-003/ HEALTH INSURANCE	RX ADMNF E 7/12	6032 / MEDCO HEALTH SOLUTIONS E INC.	S, HF	HEALTH INSURANCE	88888	8 587.00
			Total for 12-	04602			\$587.00
						Total for Posted Checks	\$587.00

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^{*} 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.

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Fund Summary

y	Fund Category	Sub Fund	Computer Checks	Computer Checks Non/AP	Hand Checks	Hand Checks Non/AP	Total Checks
	10	11			\$587.00		\$587.00
	GRAND	TOTAL	\$0.00	\$0.00	\$587.00	\$0.00	\$587.00

Chairman Finance Committee

Member Finance Committee