

# Brick Board of Education

## Bills And Claims Report By PO Number

va\_bill4.10272014

04/30/2016

**WIRE PAYMENTS: 05/19/16 BOARD MEETING**

PO #	Account # / Description	Inv #	Vendor # / Name	Check Type	Check Description or Multi Remit To Check Name	Check #	Check Amount
<b>Unposted Checks</b>							
16-06505	11-000-291-270-00-006/ OTHER HEALTH INSUR COSTS	LOCAL	3579 / STATE OF NJ HEALTH RETIREE BENEFITS MAY 16	HF	OTHER HEALTH INSUR COSTS	888888888	4,028.80
<b>Total for 16-06505</b>							<b>\$4,028.80</b>
16-07846	11-000-291-270-00-003/ MEDICAL INSURANCE	08266559	1900 / HORIZON BLUE CROSS BLUE 4 - APRIL SHIELD OF NJ	HF	MEDICAL INSURANCE	888888888	1,894,999.51
	11-000-291-270-00-003/ MEDICAL INSURANCE	08266847	1900 / HORIZON BLUE CROSS BLUE 6 - MAY SHIELD OF NJ	HF	MEDICAL INSURANCE	888888888	1,896,084.16
<b>Total for 16-07846</b>							<b>\$3,791,083.67</b>
16-07893	11-000-291-270-00-004/ PRESCRIPTION	18433971	6032 / MEDCO HEALTH SOLUTIONS, A/ INC. 28803961 C	HF	PRESCRIPTION	888888888	269,621.30
<b>Total for 16-07893</b>							<b>\$269,621.30</b>
16-08073	11-000-291-220-00-000/ Social Security	BRD	8039 / AGENCY ACCT-BRD SHARE SOCIAL SECURITY SS 5/13/16	HF	Social Security	888888888	89,808.69
<b>Total for 16-08073</b>							<b>\$89,808.69</b>
<b>Total for Unposted Checks</b>							<b>\$4,154,542.46</b>

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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 05/13/2016 at 01:39:30 PM*

Fund Summary	Fund Category	Sub Fund	Computer Checks	Computer Checks Non/AP	Hand Checks	Hand Checks Non/AP	Total Checks
	10	11			\$4,154,542.46		\$4,154,542.46
	GRAND	TOTAL	\$0.00	\$0.00	\$4,154,542.46	\$0.00	\$4,154,542.46

**Chairman Finance Committee**

**Member Finance Committee**

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