

# Brick Board of Education

## Bills And Claims Report By PO Number

va\_bill4.102317  
07/31/2020

**WIRE PAYMENTS: 08/13/20 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>								
<b>20-05374</b>	<b>P1-000-291-270-00-003-000/ MEDICAL INSURANCE</b>							
	A4 JUNE 2020		1900 / HORIZON BLUE CROSS BLUE SHIELD OF NJ	HF	MEDICAL INSURANCE		888888888	11,679.74
								<b>Total for 20-05374</b>
								<b>\$11,679.74</b>
<b>20-08173</b>	<b>P1-000-291-270-00-003-000/ MEDICAL INSURANCE</b>							
	JUNE 2020 H&W PMT		8842 / HORIZON BC/BS HEALTH & WELLNESS FEE	HF	MEDICAL INSURANCE		888888888	3,470.94
								<b>Total for 20-08173</b>
								<b>\$3,470.94</b>
<b>20-08176</b>	<b>P1-000-291-270-00-003-000/ MEDICAL INSURANCE</b>							
	JUNE 2020 TPA PMT		8843 / HORIZON BC/BS 3RD PARTY ADMIN.	HF	MEDICAL INSURANCE		888888888	14,693.67
								<b>Total for 20-08176</b>
								<b>\$14,693.67</b>
<b>20-08868</b>	<b>P1-000-291-270-00-003-000/ MEDICAL INSURANCE</b>							
	CLMS/CAP 6/29-6/30		8844 / HORIZON BC/BS CLAIMS	HF	MEDICAL INSURANCE		888888888	66,012.45
								<b>Total for 20-08868</b>
								<b>\$66,012.45</b>
							<b>Total for Unposted Checks</b>	<b>\$95,856.80</b>

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

# Brick Board of Education

## Bills And Claims Report By PO Number

WIRE PAYMENTS: 08/13/20 BOARD MEETING

va\_bill4.102317  
07/31/2020

PO #	Account # / Description	Inv #	Vendor # / Name	Check Type	Check Description or Multi Remit To Check Name	Check #	Check Amount	
<b>Posted Checks</b>								
<b>NAP Check</b>								
	<b>DB:10-499-04</b>	<b>CR:10-101-</b>						
			8044 / PMA COMPANIES INC	HF	June 2020	888888888	2,820.00	
			8044 / PMA COMPANIES INC	HF	June 2020	888888888	1,549.00	
			8044 / PMA COMPANIES INC	HF	June 2020	888888888	5,034.64	
			8044 / PMA COMPANIES INC	HF	June 2020	888888888	11,444.39	
			8044 / PMA COMPANIES INC	HF	May 2020	888888888	752.31	
			8044 / PMA COMPANIES INC	HF	May 2020	888888888	339.23	
			8044 / PMA COMPANIES INC	HF	May 2020	888888888	4,327.88	
			8044 / PMA COMPANIES INC	HF	May 2020	888888888	2,358.13	
			8044 / PMA COMPANIES INC	HF	May 2020	888888888	11,401.08	
			<b>Total for NAP Check</b>					<b>\$40,026.66</b>
<b>20-03822</b>								
	<b>P1-000-291-260-00-000-000/ WORKER'S COMP</b>							
		S124617NPN (MAY)	8044 / PMA COMPANIES INC	HF	WORKER'S COMP	888888888	9,627.13	
		S126199NPN (JUNE)	8044 / PMA COMPANIES INC	HF	WORKER'S COMP	888888888	6,346.82	
			<b>Total for 20-03822</b>					<b>\$15,973.95</b>
<b>20-04428</b>								
	<b>P1-000-291-270-00-004-000/ PRESCRIPTION</b>							
		21-60100220	5302 / UNITED STATES TREASURY	HF	PRESCRIPTION	888888888	7,994.35	
			<b>Total for 20-04428</b>					<b>\$7,994.35</b>
<b>20-08509</b>								
	<b>P1-000-291-270-00-004-000/ PRESCRIPTION</b>							
		INV#1498 (6/15-7/1)	3644 / BOLLINGER INSURANCE	HF	PRESCRIPTION	888888888	355,607.34	
			<b>Total for 20-08509</b>					<b>\$355,607.34</b>
<b>21-05308</b>								
	<b>11-000-291-270-00-003-000/ MEDICAL INSURANCE</b>							
		JULY LOAN REPAY	10179 / PHCBR, LLC	HF	MEDICAL INSURANCE	888888888	36,840.54	
			<b>Total for 21-05308</b>					<b>\$36,840.54</b>
<b>21-05377</b>								
	<b>40-701-510-834-00-000-000/ Debt Service Interest</b>							
		CHASE INTERST 7/15	3557 / STIFEL NICOLAUS	HF	Debt Service Interest	888888888	24,473.13	
	<b>40-701-510-910-00-000-000/ Debt Service Principal</b>							
		CHASE PRINCIPAL 7/15	3557 / STIFEL NICOLAUS	HF	Debt Service Principal	888888888	400,000.00	
			<b>Total for 21-05377</b>					<b>\$424,473.13</b>

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

# Brick Board of Education

## Bills And Claims Report By PO Number

WIRE PAYMENTS: 08/13/20 BOARD MEETING

va\_bill4.102317  
07/31/2020

PO #	Account # / Description	Inv #	Vendor # / Name	Check Type *	Check Multi Remit To	Check Description or Check Name	Check #	Check Amount
<b>Posted Checks</b>								
<b>21-05379</b>								
	<b>40-701-510-834-00-000-000/ Debt Service Interest</b>							
	INTEREST 8/1/20		3556 / CHASE NYC DEPOSITORY TRUST CO.	HF		Debt Service Interest	888888888	39,000.00
								<b>Total for 21-05379</b>
								<b>\$39,000.00</b>
<b>21-05399</b>								
	<b>11-000-291-270-00-006-000/ OTHER HEALTH INSUR COSTS</b>							
	LOCAL RETIREE JULY		3579 / STATE OF NJ HEALTH BENEFITS	HF		OTHER HEALTH INSUR COSTS	888888888	1,397.80
								<b>Total for 21-05399</b>
								<b>\$1,397.80</b>
<b>21-05752</b>								
	<b>20-218-200-200-99-000-027/ BENEFITS PEEA</b>							
	CLAIMS 7/1-7/5/20		8844 / HORIZON BC/BS CLAIMS	HF		BENEFITS PEEA	888888888	73,276.83
	<b>60-910-310-270-67-000-000/ CAFE HEALTH BENEFITS</b>							
	CLAIMS 7/1-7/5/20		8844 / HORIZON BC/BS CLAIMS	HF		CAFE HEALTH BENEFITS	888888888	27,410.51
	<b>65-990-330-270-68-000-000/ HEALTH INSURANCE</b>							
	CLAIMS 7/1-7/5/20		8844 / HORIZON BC/BS CLAIMS	HF		HEALTH INSURANCE	888888888	3,566.90
	<b>11-000-291-270-00-003-000/ MEDICAL INSURANCE</b>							
	CLAIMS 7/20-7/26/20		8844 / HORIZON BC/BS CLAIMS	HF		MEDICAL INSURANCE	888888888	424,733.90
	CLAIMS 7/1-7/5/20		8844 / HORIZON BC/BS CLAIMS	HF		MEDICAL INSURANCE	888888888	63,810.67
	CLAIMS 7/13-7/19/20		8844 / HORIZON BC/BS CLAIMS	HF		MEDICAL INSURANCE	888888888	485,185.65
	CLAIMS 7/6-7/12/20		8844 / HORIZON BC/BS CLAIMS	HF		MEDICAL INSURANCE	888888888	463,861.50
	<b>20-218-200-200-99-900-000/ PREK INCLUSION BENEFITS</b>							
	CLAIMS 7/1-7/5/20		8844 / HORIZON BC/BS CLAIMS	HF		PREK INCLUSION BENEFITS	888888888	27,348.00
								<b>Total for 21-05752</b>
								<b>\$1,569,193.96</b>
<b>21-05768</b>								
	<b>20-218-200-200-99-000-027/ BENEFITS PEEA</b>							
	CLMS #1501 7/1-7/15		3644 / BOLLINGER INSURANCE	HF		BENEFITS PEEA	888888888	12,542.83
	<b>60-910-310-270-67-000-000/ CAFE HEALTH BENEFITS</b>							
	CLMS #1501 7/1-7/15		3644 / BOLLINGER INSURANCE	HF		CAFE HEALTH BENEFITS	888888888	4,978.01
	<b>65-990-330-270-68-000-000/ HEALTH INSURANCE</b>							
	CLMS #1501 7/1-7/15		3644 / BOLLINGER INSURANCE	HF		HEALTH INSURANCE	888888888	689.01
	<b>20-218-200-200-99-900-000/ PREK INCLUSION BENEFITS</b>							
	CLMS #1501 7/1-7/15		3644 / BOLLINGER INSURANCE	HF		PREK INCLUSION BENEFITS	888888888	5,315.83
	<b>11-000-291-270-00-004-000/ PRESCRIPTION</b>							
	CLMS #1501 7/1-7/15		3644 / BOLLINGER INSURANCE	HF		PRESCRIPTION	888888888	298,610.95
								<b>Total for 21-05768</b>
								<b>\$322,136.63</b>

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

**Brick Board of Education**  
**Bills And Claims Report By PO Number**

**WIRE PAYMENTS: 08/13/20 BOARD MEETING**

va\_bill4.102317  
07/31/2020

---

Total for Posted Checks **\$2,812,644.36**

# Brick Board of Education

## Bills And Claims Report By PO Number

**WIRE PAYMENTS: 08/13/20 BOARD MEETING**

*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 08/10/2020 at 10:45:32 AM

Fund Summary	Fund Category	Sub Fund	Computer Checks	Computer Checks Non/AP	Hand Checks	Hand Checks Non/AP	Total Checks
	10	10				\$40,026.66	\$40,026.66
	10	11			\$1,774,441.01		\$1,774,441.01
	10	P1			\$475,432.44		\$475,432.44
	Fund 10	TOTAL			\$2,249,873.45	\$40,026.66	\$2,289,900.11
	20	20			\$118,483.49		\$118,483.49
	40	40			\$463,473.13		\$463,473.13
	60	60			\$32,388.52		\$32,388.52
	65	65			\$4,255.91		\$4,255.91
	GRAND	TOTAL	\$0.00	\$0.00	\$2,868,474.50	\$40,026.66	\$2,908,501.16

Chairman Finance Committee

Member Finance Committee

---