

Brick Board of Education

Bills And Claims Report By PO Number

va_bill4.10272014

02/25/2015

WIRE PAYMENTS: 3/19/15 BOARD MEETING

| PO # | Account # / Description | Inv # | Vendor # / Name | Check Type * | Check Description or Multi Remit To Check Name | Check # | Check Amount |
|----------------------------------|---|------------|--|--------------|--|-----------|---------------------|
| Unposted Checks | | | | | | | |
| 15-05530 | 11-000-291-270-00-006/ OTHER HEALTH INSUR COSTS | MARCH 2015 | 3579 / STATE OF NJ HEALTH BENEFITS RETIREE | HF | OTHER HEALTH INSUR COSTS | 888888888 | 3,543.20 |
| Total for 15-05530 | | | | | | | \$3,543.20 |
| 15-06032 | 11-000-291-270-00-004/ PRESCRIPTION | 24771791 C | 6032 / MEDCO HEALTH SOLUTIONS, INC. | HF | PRESCRIPTION | 888888888 | 225,441.77 |
| Total for 15-06032 | | | | | | | \$225,441.77 |
| Total for Unposted Checks | | | | | | | \$228,984.97 |

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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 03/11/2015 at 03:59:40 PM*

| Fund Summary | Fund Category | Sub Fund | Computer Checks | Computer Checks Non/AP | Hand Checks | Hand Checks Non/AP | Total Checks |
|--------------|---------------|----------|-----------------|------------------------|--------------|--------------------|--------------|
| | 10 | 11 | | | \$228,984.97 | | \$228,984.97 |
| | GRAND | TOTAL | \$0.00 | \$0.00 | \$228,984.97 | \$0.00 | \$228,984.97 |

Chairman Finance Committee

Member Finance Committee
