

# BOARD OF EDUCATION TOWNSHIP OF UNION

## Bills And Claims Report By Account Number

for Batch 63

va\_bill1.10272014  
11/13/2015

Account # / Description	PO #	Inv #	Vendor # / Name	Check Type *	Check Description or Multi Remit To Check Name	Check#	Check Amount
<b>PENDING PAYMENTS</b>							
11-000-291-270-02-54- / INS/EMPLOYEE-DENTAL	16-00003		86200 / DELTA DENTAL PLAN OF NJ	CP	OCTOBER		79,828.59
	16-00003		86200 / DELTA DENTAL PLAN OF NJ	CP	NOVEMBER		73,179.71
	16-00003		86200 / DELTA DENTAL PLAN OF NJ	CP	DECEMBER		79,734.48
Total for 11-000-291-270-02-54- INS/EMPLOYEE-DENTAL							<b>\$232,742.78</b>
Total for Pending Payments							<b>\$232,742.78</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, Run on 11/13/2015 at 11:25:23 AM  
 be approved for payment and further that the Secretary's and Treasurer's financial reports be accepted as filed.*

**Fund Summary**

Fund Category	Sub Fund	Computer Checks	Computer Checks Non/AP	Hand Checks	Hand Checks Non/AP	Total Checks
10	11	\$232,742.78				\$232,742.78
GRAND	TOTAL	\$232,742.78	\$0.00	\$0.00	\$0.00	\$232,742.78

Chairman Finance Committee

Member Finance Committee