

Starting date 7/30/2020 Ending date 7/30/2020

Cknum	Date	Rec date	Vcode	Vendor name	Check amount
113720	07/30/20		1945	DELTA DENTAL PLAN OF NJ, INC.	\$11,956.80
100376	07/23/20		20-21	DISTRICT DENTAL INSURANC	\$11,956.80
			11-000-291-270-06-00-71	0380563-7302-01 07/30/20	\$12,180.63
			11-000-291-270-06-00-71	0380565-7302-04 07/30/20	(\$280.23)
			11-000-291-270-06-00-71	0380564-7302-03 07/30/20	\$56.40
113721	07/30/20		2565	HORIZON BLUE CROSS BLUE SHEILD OF NJ	\$417,471.03
100373	07/23/20		2020-21	DIST HEALTH INSURANCE	\$417,471.03
			11-000-291-270-06-00-00	JULY 294218051 07/30/20	\$417,471.03

Fund Totals

11	General Current Expense	\$429,427.83
	Total for all checks listed	\$429,427.83

Prepared and submitted by: _____

Board Secretary

Date