Starting date 12/4/2023 Ending date 12/4/2023

Chk#	Date	Rec date	Code	Vendor name	Check Comment	Check amount
H45732	**12/04/23**		**1945**	**DELTA DENTAL PLAN OF NJ, INC.**		**19,934.20**
400296	07/14/23		2023-2024 DELTA INSURANCE DIST			$19,934.20
	11-000-217-270-01-00-00			970656,657,658 NOV	12/04/23	$494.00
	11-000-217-270-02-00-00			970656,657,658 NOV	12/04/23	$494.00
	11-000-270-270-00-00-00			970656,657,658 NOV	12/04/23	$154.01
	11-000-291-270-01-00-00			970656,657,658 NOV	12/04/23	$2,471.33
	11-000-291-270-02-00-00			970656,657,658 NOV	12/04/23	$4,275.19
	11-000-291-270-04-00-00			970656,657,658 NOV	12/04/23	$4,897.96
	11-000-291-270-06-00-00			970656,657,658 NOV	12/04/23	$997.71
	11-000-291-270-UN-00-00			970656,657,658 NOV	12/04/23	($23.26)
	11-204-100-270-01-00-00			970656,657,658 NOV	12/04/23	$470.74
	11-204-100-270-02-00-00			970656,657,658 NOV	12/04/23	$154.01
	11-204-100-270-04-00-00			970656,657,658 NOV	12/04/23	$339.99
	11-212-100-270-04-00-00			970656,657,658 NOV	12/04/23	$154.01
	11-213-100-270-01-00-00			970656,657,658 NOV	12/04/23	$648.01
	11-213-100-270-02-00-00			970656,657,658 NOV	12/04/23	$1,090.42
	11-213-100-270-04-00-00			970656,657,658 NOV	12/04/23	$929.88
	11-216-100-270-02-00-00			970656,657,658 NOV	12/04/23	$339.99
	20-218-200-270-00-00-00			970656,657,658 NOV	12/04/23	$266.33
	20-218-200-270-01-00-00			970656,657,658 NOV	12/04/23	$649.29
	20-218-200-270-02-00-00			970656,657,658 NOV	12/04/23	$584.37
	20-218-200-270-03-00-00			970656,657,658 NOV	12/04/23	$505.54
	61-800-200-270-00-00-00			970656,657,658 NOV	12/04/23	$40.68

Starting date 12/4/2023 Ending date 12/4/2023

Fund Totals

11	General Current Expense	$17,887.99
20	Special Revenue Fund	$2,005.53
61	Bridges Fund	$40.68
	Total for all checks listed	$19,934.20

Prepared and submitted by: _____ _____

Board Secretary Date