

COSHOCTON CITY SCHOOLS

Financial Detail Report

Date	Check #	Receipt #	PO #	Description	Account Code	Received Amount	Expended Amount	Remaining Encumbrance
Forecast Line Number:								
Cash Account: 024-9001 Self Funded - Dental Ins \$152,455.03								
04/08/2023	49101		2300262	FY23 Dental Claims Fees	024-2944-413-9001-0000000-000-00-000		\$ 2,400.96	
04/17/2023	49158		2300262	FY23 Dental Admin Feed	024-2944-413-9001-0000000-000-00-000		1,082.97	
04/21/2023	49199		2300262	FY23 Dental Claims Fees	024-2944-413-9001-0000000-000-00-000		2,478.20	
04/26/2023		231162		Board Share Dental	024-1870-9001-0000000-000	13,995.24		
04/26/2023		231163		Dental - Classified/Certified	024-1870-9001-0000000-000	2,048.76		
04/28/2023		231180		STAR Ohio Int. - Acct# 76764	024-1410-9001-0000000-000	534.11		
04/28/2023	49250		2300262	FY23 Dental Claims Fees	024-2944-413-9001-0000000-000-00-000		2,717.80	
04/28/2023	49281		2300262	FY23 Dental Claims Fees	024-2944-413-9001-0000000-000-00-000		4,560.69	
04/28/2023	49282		2300262	FY23 Dental Claims Fees	024-2944-413-9001-0000000-000-00-000		1,903.64	
						\$ 16,578.11	\$ 15,144.26	
Cash Account: 024-9001 Self Funded - Dental Ins \$153,888.88								
Grand Total								
						\$ 16,578.11	\$ 15,144.26	
						\$ 16,578.11	\$ 15,144.26	