MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- March 07, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 1,379,699.56
TOTAL TRANSFERS BETWEEN FUNDS	$ -
TOTAL NURSING HOME UPL EXPENSES	$ 1,857,588.42
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED March 07, 2018	**$ 3,237,287.98**

APPROVED
MAR 07 2018
CALHOUN COUNTY
COMMISSIONERS COURT

APPROVED
MAR 07 2018
CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- March 07, 2018

PAYABLES AND PAYROLL			
3/1/2018	Weekly Payables	296,955.50	
3/1/2018	Transfer of Insurance Payments to Ashford Gardens	49,503.34	
3/1/2018	Transfer of Insurance Payments to Fortbend Healthcare	14,564.05	
3/1/2018	Transfer of Insurance Payments to The Crecsent	62,791.86	
3/1/2018	Transfer of Insurance Payments to Solera West Houston	111,244.29	
3/1/2018	Transfer of Insurance Payments to Goldencreek Healthcare	60,781.94	
3/1/2018	Transfer of Insurance Payments to Broadmoor at Creekside	82,919.03	
3/5/2018	McKesson-340B Prescription Expense	1,989.38	
3/5/2018	Cardinal Health-340B Prescription Expense	8.38	
3/5/2018	Charena Chetchavat-Moving expenses per contract	876.30	
3/5/2018	Tacore Medical, Inc.-Consulting Fee	1,500.00	
3/5/2018	MMC Employee Benefit Plan-Transfer	49,794.10	
3/5/2018	Jacob Hamilton,PT,DPT-Moving expenses per contract	721.88	
3/5/2018	Port Lavaca Retail Group LLC	11,001.20	
3/5/2018	Luby's Fuddruckers Restaurants-Contract Fee and Food Expense	19,469.99	
3/5/2018	Transfer of Insurance Payments to Ashford Gardens	73,623.34	
3/5/2018	Transfer of Insurance Payments to Fortbend Healthcare	16,385.23	
3/5/2018	Transfer of Insurance Payments to The Crecsent	51,648.20	
3/5/2018	Transfer of Insurance Payments to Solera West Houston	35,505.33	
3/5/2018	Transfer of Insurance Payments to Goldencreek Healthcare	18,376.50	
3/5/2018	Transfer of Insurance Payments to Broadmoor at Creekside	68,445.21	
3/9/2018	Payroll Liabilities (Payroll Taxes)	84,167.23	
3/9/2018	Payroll	259,283.71	
	Electronic Bank Payments		
3/2/2018	IBC Electronic Payments (Credit Card & Lease Fees)	29.95	
	Prosperity Electronics Payments		
3/2/2018	Credit Card & Lease Fees	8,113.62	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,379,699.56**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
3/5/2018	Nursing Home UPI	816,594.88	
3/5/2018	Nursing Home UPI	766,245.97	
3/5/2018	Nursing Home UPI	171,302.70	
QIPP/CHECKS TO MMC			
3/5/2018	Ashford	35,842.80	
3/5/2018	Golden Creek	45,162.67	
3/5/2018	Fort Bend	10,316.10	
3/5/2018	Solera	9,563.10	
3/5/2018	Crescent	2,560.20	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,857,588.42**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED March 07, 2018			**$ 3,237,287.98**

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	174776	03/07/18	98.44	ACE HARDWARE 15521
A/P	174777	03/07/18	2,304.20	AIRESPRING INC
A/P	174778	03/07/18	966.70	AIRGAS USA, LLC - CENTRAL DIV
A/P	174779	03/07/18	3,180.20	ALCON LABORATORIES, INC.
A/P	174780	03/07/18	116.20	ALPHA TEC SYSTEMS INC
A/P	174781	03/07/18	49,503.34	ASHFORD GARDENS
A/P	174782	03/07/18	602.25	AYA HEALTHCARE INC
A/P	174783	03/07/18	689.24	BARD ACCESS
A/P	174784	03/07/18	1,493.65	BAXTER HEALTHCARE
A/P	174785	03/07/18	572.32	BAYER HEALTHCARE
A/P	174786	03/07/18	218.00	BOSTON SCIENTIFIC CORPORATION
A/P	174787	03/07/18	159.30	BOUND TREE MEDICAL, LLC
A/P	174788	03/07/18	312.93	BRENDA HARLAN
A/P	174789	03/07/18	171.24	BRIGGS HEALTHCARE
A/P	174790	03/07/18	.00	VOIDED
A/P	174791	03/07/18	82,919.03	BROADMOOR AT CREEKSIDE PARK
A/P	174792	03/07/18	171.69	C R BARD, INC
A/P	174793	03/07/18	20.79	CAREFUSION 2200, INC
A/P	174794	03/07/18	733.70	CDW GOVERNMENT, INC.
A/P	174795	03/07/18	4,506.57	CENTURION MEDICAL PRODUCTS
A/P	174796	03/07/18	90.00	CITY OF PORT LAVACA
A/P	174797	03/07/18	349.90	COASTAL OFFICE SOLUTONS
A/P	174798	03/07/18	1,840.95	COMBINED INSURANCE CO
A/P	174799	03/07/18	616.39	CUSTOM MEDICAL SPECIALTIES
A/P	174800	03/07/18	451.00	CYGNUS MEDICAL LLC
A/P	174801	03/07/18	3,113.20	DELTA HEALTHCARE PROVIDERS
A/P	174802	03/07/18	619.21	DEWITT POTH & SON
A/P	174803	03/07/18	131,538.87	DISCOVERY MEDICAL NETWORK INC
A/P	174804	03/07/18	6.76	DOROTHY BONUZ
A/P	174805	03/07/18	60.00	DOWELL PEST CONTROL
A/P	174806	03/07/18	1,191.40	EAGLE FIRE & SAFETY INC
A/P	174807	03/07/18	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	174808	03/07/18	38.75	EMILIE KESTNER
A/P	174809	03/07/18	154.23	ERBE USA INC SURGICAL SYSTEMS
A/P	174810	03/07/18	75.00	FIRST CLEARING
A/P	174811	03/07/18	.00	VOIDED
A/P	174812	03/07/18	.00	VOIDED
A/P	174813	03/07/18	38,631.74	FISHER HEALTHCARE
A/P	174814	03/07/18	14,564.05	FORTBEND HEALTHCARE CENTER
A/P	174815	03/07/18	60,781.94	GOLDENCREEK HEALTHCARE
A/P	174816	03/07/18	119.30	GRAPHIC CONTROLS LLC
A/P	174817	03/07/18	480.00	GREEN WORLD
A/P	174818	03/07/18	778.00	GULF COAST PAPER COMPANY
A/P	174819	03/07/18	517.12	HOLOGIC INC
A/P	174820	03/07/18	1,971.41	J & J HEALTH CARE SYSTEMS, INC
A/P	174821	03/07/18	43.00	KEY SURGICAL INC
A/P	174822	03/07/18	110.00	KNOWLEDGECONNEX, LLC
A/P	174823	03/07/18	201.76	KRAMES
A/P	174824	03/07/18	1,165.00	M G TRUST
A/P	174825	03/07/18	515.00	MARISSA SUTHERLAND

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	174826	03/07/18	1,825.92	MARKS PLUMBING PARTS
A/P	174827	03/07/18	1,018.33	MARVELOUS GARDENS, INC
A/P	174828	03/07/18	120.00	MEDIPROCITY
A/P	174829	03/07/18	.00	VOIDED
A/P	174830	03/07/18	.00	VOIDED
A/P	174831	03/07/18	.00	VOIDED
A/P	174832	03/07/18	.00	VOIDED
A/P	174833	03/07/18	9,056.29	MEDLINE INDUSTRIES INC
A/P	174834	03/07/18	54.00	MEGADYNE MEDICAL
A/P	174835	03/07/18	89.80	MELSTAN, INC.
A/P	174836	03/07/18	120.54	MEMORIAL MEDICAL CLINIC
A/P	174837	03/07/18	74.22	MERCEDES MEDICAL
A/P	174838	03/07/18	426.86	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	174839	03/07/18	205.41	MORRIS & DICKSON CO, LLC
A/P	174840	03/07/18	100.00	NOVA BIOMEDICAL
A/P	174841	03/07/18	185.22	OFFICE DEPOT
A/P	174842	03/07/18	1,137.51	OLYMPUS AMERICA INC
A/P	174843	03/07/18	535.10	ORTHO CLINICAL DIAGNOSTICS
A/P	174844	03/07/18	.00	VOIDED
A/P	174845	03/07/18	1,618.38	OWENS & MINOR
A/P	174846	03/07/18	307.93	PRECISION DYNAMICS CORP (PDC)
A/P	174847	03/07/18	1,482.15	QIAGEN INC
A/P	174848	03/07/18	5,039.00	QUIDEL CORPORATION (ALERE)
A/P	174849	03/07/18	3,292.00	RADSOURCE
A/P	174850	03/07/18	4,050.00	RECONDO
A/P	174851	03/07/18	23.18	ROBERT RODRIGUEZ
A/P	174852	03/07/18	69.19	SHERWIN WILLIAMS
A/P	174853	03/07/18	558.00	SHIFTHOUND (ABILITY NETWORK)
A/P	174854	03/07/18	503.65	SMITH & NEPHEW
A/P	174855	03/07/18	111,244.29	SOLERA WEST HOUSTON
A/P	174856	03/07/18	178.21	STRYKER SUSTAINABILITY
A/P	174857	03/07/18	62,791.86	THE CRECSENT
A/P	174858	03/07/18	293.87	TRI-ANIM HEALTH SERVICES INC
A/P	174859	03/07/18	1,293.79	TRIZETTO PROVIDER SOLUTIONS
A/P	174860	03/07/18	14,509.69	TRUSTAFF
A/P	174861	03/07/18	1,629.77	UNIFIRST HOLDINGS INC
A/P	174862	03/07/18	1,500.00	VICTORIA MEDICAL FOUNDATION
A/P	174863	03/07/18	2,378.98	WAGEWORKS
A/P	174864	03/07/18	94.00	WEBPT, INC
A/P	174865	03/07/18	2,126.60	WERFEN USA LLC
A/P	174866	03/07/18	73,623.34	ASHFORD GARDENS
A/P	174867	03/07/18	68,445.21	BROADMOOR AT CREEKSIDE PARK
A/P	174868	03/07/18	876.30	CHARENA CHETCHAVAT
A/P	174869	03/07/18	18,376.50	GOLDENCREEK HEALTHCARE
A/P	174870	03/07/18	721.88	JACOB HAMILTON, PT, DPT
A/P	174871	03/07/18	19,469.99	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	174872	03/07/18	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	174873	03/07/18	1,500.00	TACORE MEDICAL, INC.
A/P	174874	03/07/18	51,648.20	THE CRESCENT
A/P	174875	03/07/18	16,385.22	FORTBEND HEALTHCARE CENTER
A/P	174876	03/07/18	35,505.33	SOLERA WEST HOUSTON

BANK--CHECK----------

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	174877	03/07/18	49,794.10	MMC EMPLOYEE BENEFIT PLAN
TOTALS:			1,026,107.28	

APPROVED
ON

MAR 07 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1,026,107.28 +
296,955.50 -
729,151.78 =

Payables approved March 01, 2018

729,151.78 +
49,503.34 -
14,564.05 -
62,791.86 -
111,244.29 -
60,781.94 -
82,919.03 -
347,347.27 =

Nursing Home Transfers approved 03/01/18

347,347.27 +
876.30 -
1,500.00 -
49,794.10 -
721.88 -
11,001.20 -
19,469.99 -
73,623.34 -
16,385.22 -
51,648.20 -
35,505.33 -
18,376.50 -
68,445.21 -
0.00 =

Nursing Home Criticals approved 03/05/18

02/28/2018 MEMORIAL MEDICAL CENTER 0
12:48 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 03/14/2018

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
120179	SUPPLIES	02/19/20	02/14/20	03/14/20		4.99	0.00	0.00	4.99
120012	SUPPLIES	02/20/20	02/09/20	03/09/20		38.70	0.00	0.00	38.70
120037	SUPPLIES	02/20/20	02/09/20	03/09/20		32.98	0.00	0.00	32.98
120086	SUPPLIES	02/20/20	02/12/20	03/12/20		12.18	0.00	0.00	12.18
120352	SUPPLIES	02/27/20	02/20/20	03/10/20		9.59	0.00	0.00	9.59

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	98.44	0.00	0.00	98.44

Vendor#	Vendor Name	Class	Pay Code
11062	AIRESPRING INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110003769	PHONE	02/21/20	02/16/20	03/12/20		2,304.20	0.00	0.00	2,304.20

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	2,304.20	0.00	0.00	2,304.20

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9951090812	RENTAL	02/27/20	01/31/20	02/25/20		539.35	0.00	0.00	539.35
9951090811	RENTAL	02/27/20	01/31/20	02/25/20		427.35	0.00	0.00	427.35

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	966.70	0.00	0.00	966.70

Vendor#	Vendor Name	Class	Pay Code
A1690	ALCON LABORATORIES, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9652727421	SUPPLIES	02/06/20	01/08/20	03/08/20		1,547.70	0.00	0.00	1,547.70
9652882891	SUPPLIES	02/27/20	02/01/20	03/03/20		1,632.50	0.00	0.00	1,632.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	3,180.20	0.00	0.00	3,180.20

Vendor#	Vendor Name	Class	Pay Code
A1746	ALPHA TEC SYSTEMS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV00060498	SUPPLIES	02/06/20	01/15/20	03/08/20		116.20	0.00	0.00	116.20

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC	116.20	0.00	0.00	116.20

Vendor#	Vendor Name	Class	Pay Code

AYA HEALTHCARE INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
435229		02/12/20	02/08/20	03/08/20		602.25	0.00	0.00	602.25
	STAFFING SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11756	AYA HEALTHCARE INC	602.25	0.00	0.00	602.25

Vendor# B0436 Vendor Name BARD ACCESS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
77535442		02/27/20	01/30/20	01/22/20		689.24	0.00	0.00	689.24
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0436	BARD ACCESS	689.24	0.00	0.00	689.24

Vendor# B1150 Vendor Name BAXTER HEALTHCARE Class W Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
57221352		02/06/20	01/08/20	03/08/20		294.03	0.00	0.00	294.03
	SUPPLIES								
57765428		02/06/20	01/15/20	03/08/20		733.91	0.00	0.00	733.91
	SUPPLIES								
57850518		02/06/20	01/22/20	03/08/20		465.71	0.00	0.00	465.71
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	1,493.65	0.00	0.00	1,493.65

Vendor# M2485 Vendor Name BAYER HEALTHCARE Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6005859232		02/26/20	12/29/20	02/27/20		572.32	0.00	0.00	572.32
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	572.32	0.00	0.00	572.32

Vendor# B1655 Vendor Name BOSTON SCIENTIFIC CORPORATION Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
958765160		02/27/20	01/29/20	02/27/20		218.00	0.00	0.00	218.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	218.00	0.00	0.00	218.00

Vendor# B1680 Vendor Name BOUND TREE MEDICAL, LLC Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
82750662		02/27/20	02/02/20	02/02/20		159.30	0.00	0.00	159.30
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1680	BOUND TREE MEDICAL, LLC	159.30	0.00	0.00	159.30

Vendor# 11804 Vendor Name BRENDA HARLAN Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
58818		02/27/20	02/27/20	02/27/20		129.93	0.00	0.00	129.93
	PT REFUND								
59426		02/27/20	02/27/20	02/27/20		183.00	0.00	0.00	183.00
	PT REFUND								

Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11804	BRENDA HARLAN					312.93	0.00	0.00	312.93
Vendor#	Vendor Name				Class	Pay Code				
B1800	BRIGGS HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	B35996		02/27/20	02/06/20	03/08/20		171.24	0.00	0.00	171.24
		SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE					171.24	0.00	0.00	171.24
Vendor#	Vendor Name				Class	Pay Code				
D1040	C R BARD, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	77476428		02/27/20	01/15/20	02/27/20		171.69	0.00	0.00	171.69
		SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	D1040	C R BARD, INC					171.69	0.00	0.00	171.69
Vendor#	Vendor Name				Class	Pay Code				
10650	CAREFUSION 2200, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9108315511		02/20/20	02/06/20	03/08/20		20.79	0.00	0.00	20.79
		SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10650	CAREFUSION 2200, INC					20.79	0.00	0.00	20.79
Vendor#	Vendor Name				Class	Pay Code				
C1992	CDW GOVERNMENT, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	LND4633		02/27/20	01/26/20	02/25/20		733.70	0.00	0.00	733.70
		SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.					733.70	0.00	0.00	733.70
Vendor#	Vendor Name				Class	Pay Code				
10350	CENTURION MEDICAL PRODUCTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0092428085		02/23/20	01/03/20	03/08/20		87.00	0.00	0.00	87.00
		SUPPLIES								
	0092429089		02/23/20	01/15/20	03/08/20		638.84	0.00	0.00	638.84
		SUPPLIES								
	0092433267		02/23/20	01/22/20	03/08/20		1,024.32	0.00	0.00	1,024.32
		SUPPLIES								
	0092433268		02/23/20	01/22/20	03/08/20		547.30	0.00	0.00	547.30
		SUPPLIES								
	0092438008		02/23/20	01/29/20	03/08/20		840.85	0.00	0.00	840.85
		SUPPLIES								
	0092440505		02/23/20	01/31/20	03/08/20		594.70	0.00	0.00	594.70
		SUPPLIES								
	0092445242		02/27/20	02/07/20	03/09/20		773.56	0.00	0.00	773.56
		SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS					4,506.57	0.00	0.00	4,506.57
Vendor#	Vendor Name				Class	Pay Code				
C1730	CITY OF PORT LAVACA				W					

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC-REHAB		02/27/20	02/26/20	03/07/20		90.00	0.00	0.00	90.00
	UTILITY DEPOSIT @ MMC-Rehab								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA				90.00	0.00	0.00	90.00

Vendor#	Vendor Name	Class	Pay Code
C1166	COASTAL OFFICE SOLUTONS ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OE176001 ✓		02/27/20	02/12/20	02/22/20		349.90	0.00	0.00	349.90 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS				349.90	0.00	0.00	349.90

Vendor#	Vendor Name	Class	Pay Code
11030	COMBINED INSURANCE CO ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000718		02/27/20	02/01/20	02/01/20		1,840.95	0.00	0.00	1,840.95 ✓
	INSURANCE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE CO				1,840.95	0.00	0.00	1,840.95

Vendor#	Vendor Name	Class	Pay Code
10006	CUSTOM MEDICAL SPECIALTIES ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
233457 ✓		02/23/20	01/11/20	03/08/20		616.39	0.00	0.00	616.39 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES				616.39	0.00	0.00	616.39

Vendor#	Vendor Name	Class	Pay Code
C1443	CYGNUS MEDICAL LLC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
235165 ✓		02/23/20	01/10/20	03/08/20		451.00	0.00	0.00	451.00 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1443	CYGNUS MEDICAL LLC				451.00	0.00	0.00	451.00

Vendor#	Vendor Name	Class	Pay Code
11287	DELTA HEALTHCARE PROVIDERS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
180650066 ✓		02/19/20	02/11/20	03/11/20		3,113.20	0.00	0.00	3,113.20 ✓
	PT SERVICES 02/05/18-02/09/18 — 02/10/18 on call								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11287	DELTA HEALTHCARE PROVIDERS				3,113.20	0.00	0.00	3,113.20

Vendor#	Vendor Name	Class	Pay Code
10368	DEWITT POTH & SON ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5289310 ✓		02/20/20	02/12/20	03/09/20		166.07	0.00	0.00	166.07 ✓
	SUPPLIES								
5291000 ✓		02/20/20	02/13/20	03/10/20		73.33	0.00	0.00	73.33 ✓
	SUPPLIES								
5289470 ✓		02/20/20	02/13/20	03/10/20		4.78	0.00	0.00	4.78 ✓
	SUPPLIES								
5287191 ✓		02/20/20	02/14/20	03/11/20		79.22	0.00	0.00	79.22 ✓
	SUPPLIES								
5269790 ✓		02/27/20	01/24/20	02/18/20		176.33	0.00	0.00	176.33 ✓

	SUPPLIES							
5288730 ✓		02/27/20	02/14/20	03/11/20	119.48	0.00	0.00	119.48 ✓
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON			619.21	0.00	0.00	619.21

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY MEDICAL NETWORK INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC022818 ✓		02/28/20	02/28/20	02/28/20		131,538.87	0.00	0.00	131,538.87 ✓
	PHYSICIAN SERVICES February 16-20, 2018								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	131,538.87	0.00	0.00	131,538.87

Vendor#	Vendor Name	Class	Pay Code
11201	DOROTHY BONUZ ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000720		02/27/20	02/27/20	03/07/20		6.76	0.00	0.00	6.76 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11201	DOROTHY BONUZ	6.76	0.00	0.00	6.76

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7155 ✓		02/13/20	02/06/20	03/08/20		60.00	0.00	0.00	60.00 ✓
	PEST CONTROL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	60.00	0.00	0.00	60.00

Vendor#	Vendor Name	Class	Pay Code
E0500	EAGLE FIRE & SAFETY INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
68451 ✓		02/19/20	02/14/20	03/14/20		450.00	0.00	0.00	450.00 ✓
	FIRE EXTINGUISHER								
68159 ✓		02/20/20	02/12/20	03/12/20		741.40	0.00	0.00	741.40 ✓
	SUPPLIES AND INSPECTION								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC	1,191.40	0.00	0.00	1,191.40

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
36136 ✓		02/28/20	02/28/20	03/10/20		40,062.50	0.00	0.00	40,062.50 ✓
	ER STAFFING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

Vendor#	Vendor Name	Class	Pay Code
11680	EMILIE KESTNER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000710		02/20/20	02/09/20	03/09/20		28.29	0.00	0.00	28.29 ✓
	TRAVEL 2/7/18: Marketing for Program Hope @ various locations in Victoria								
000711	2/8/18	02/20/20	02/09/20	03/09/20		10.46	0.00	0.00	10.46 ✓
	TRAVEL 1/12/18 & partial 2/7/18 marketing for Program Hope @ Victoria								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11680	EMILIE KESTNER	38.75	0.00	0.00	38.75

Vendor#	Vendor Name	Class	Pay Code
10042	ERBE USA INC SURGICAL SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
466596		02/27/20	02/05/20	03/05/20		154.23	0.00	0.00	154.23
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	154.23	0.00	0.00	154.23

Vendor#	Vendor Name	Class	Pay Code
11037	FIRST CLEARING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000722		02/27/20	02/15/20	03/05/20		75.00	0.00	0.00	75.00
	PAYROLL DED								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11037	FIRST CLEARING	75.00	0.00	0.00	75.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4531938		02/06/20	12/14/20	03/08/20		5,673.97	0.00	0.00	5,673.97
	SUPPLIES								
5468361		02/06/20	12/22/20	03/08/20		344.34	0.00	0.00	344.34
	SUPPLIES								
7943493		02/06/20	01/15/20	03/08/20		222.28	0.00	0.00	222.28
	SUPPLIES								
8416183		02/06/20	01/23/20	03/08/20		2,215.60	0.00	0.00	2,215.60
	SUPPLIES								
8416182		02/06/20	01/23/20	03/08/20		5,616.00	0.00	0.00	5,616.00
	SUPPLIES								
5655266		02/23/20	08/10/20	03/08/20		1,306.45	0.00	0.00	1,306.45
	SUPPLIES								
5694415		02/23/20	10/10/20	03/08/20		1,163.74	0.00	0.00	1,163.74
	SUPPLIES								
8909995		02/23/20	02/01/20	03/08/20		38.98	0.00	0.00	38.98
	SUPPLIES								
8909999		02/23/20	02/01/20	03/08/20		119.59	0.00	0.00	119.59
	SUPPLIES								
9160266		02/23/20	02/06/20	03/08/20		6,059.56	0.00	0.00	6,059.56
	SUPPLIES								
9160265		02/23/20	02/06/20	03/08/20		234.48	0.00	0.00	234.48
	SUPPLIES								
9160267		02/23/20	02/06/20	03/08/20		54.35	0.00	0.00	54.35
	SUPPLIES								
9264099		02/23/20	02/07/20	03/08/20		834.55	0.00	0.00	834.55
	SUPPLIES								
9264098		02/23/20	02/07/20	03/08/20		5,616.00	0.00	0.00	5,616.00
	SUPPLIES								
9378237		02/27/20	02/08/20	03/05/20		168.36	0.00	0.00	168.36
	SUPPLIES								
9507726		02/27/20	02/09/20	03/06/20		54.36	0.00	0.00	54.36
	SUPPLIES								
9666103		02/27/20	02/12/20	03/09/20		83.14	0.00	0.00	83.14
	SUPPLIES								
9850650		02/27/20	02/13/20	03/10/20		125.90	0.00	0.00	125.90

	SUPPLIES							
9858051		02/27/20	02/13/20	03/10/20	2,917.28	0.00	0.00	2,917.28
	SUPPLIES							
0079307		02/27/20	02/14/20	03/11/20	5,616.00	0.00	0.00	5,616.00
	SUPPLIES							
0079309		02/27/20	02/14/20	03/11/20	78.76	0.00	0.00	78.76
	SUPPLIES							
0351024		02/27/20	02/15/20	03/12/20	88.05	0.00	0.00	88.05
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	38,631.74	0.00	0.00	38,631.74

Vendor#	Vendor Name	Class	Pay Code
G0930	GRAPHIC CONTROLS LLC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
NA7793		02/27/20	02/05/20	03/05/20			119.30	0.00	0.00	119.30
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0930	GRAPHIC CONTROLS LLC	119.30	0.00	0.00	119.30

Vendor#	Vendor Name	Class	Pay Code
11808	GREEN WORLD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV2		02/27/20	01/04/20	02/04/20			480.00	0.00	0.00	480.00
	CLEANING AFTER HARVEY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11808	GREEN WORLD	480.00	0.00	0.00	480.00

Vendor#	Vendor Name	Class	Pay Code
G1210	GULF COAST PAPER COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1445672		02/06/20	01/30/20	03/08/20			319.47	0.00	0.00	319.47
	SUPPLIES									
1449624		02/13/20	02/06/20	03/08/20			186.16	0.00	0.00	186.16
	SUPPLIES									
1449616		02/13/20	02/06/20	03/08/20			36.99	0.00	0.00	36.99
	SUPPLIES									
1365408		02/20/20	08/17/20	03/08/20			-72.70	0.00	0.00	-72.70
	CREDIT									
1430381		02/27/20	12/26/20	01/25/20			308.08	0.00	0.00	308.08
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	778.00	0.00	0.00	778.00

Vendor#	Vendor Name	Class	Pay Code
H0416	HOLOGIC INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8468805		02/23/20	01/12/20	03/08/20			517.12	0.00	0.00	517.12
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	517.12	0.00	0.00	517.12

Vendor#	Vendor Name	Class	Pay Code
J0150	J & J HEALTH CARE SYSTEMS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
918995871		02/23/20	01/15/20	03/08/20			575.32	0.00	0.00	575.32

	SUPPLIES						
919025824		02/23/20 01/22/20 03/08/20	827.36	0.00	0.00	827.36	
	SUPPLIES						
919070868		02/23/20 01/31/20 03/08/20	568.73	0.00	0.00	568.73	
	SUPPLIES						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net	
	J0150	J & J HEALTH CARE SYSTEMS, INC	1,971.41	0.00	0.00	1,971.41	

Vendor#	Vendor Name	Class	Pay Code
K1070	KEY SURGICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1026608		02/23/20	01/23/20	03/08/20			43.00	0.00	0.00	43.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K1070	KEY SURGICAL INC	43.00	0.00	0.00	43.00

Vendor#	Vendor Name	Class	Pay Code
10132	KNOWLEDGECONNEX, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
HHMMTNGQRTRLYVLK		02/27/20	02/22/20	02/23/20			110.00	0.00	0.00	110.00
	MEETING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10132	KNOWLEDGECONNEX, LLC	110.00	0.00	0.00	110.00

Vendor#	Vendor Name	Class	Pay Code
K1255	KRAMES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8169786		02/20/20	02/06/20	03/08/20			201.76	0.00	0.00	201.76
	BOOKS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K1255	KRAMES	201.76	0.00	0.00	201.76

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000721		02/27/20	02/15/20	03/05/20			1,165.00	0.00	0.00	1,165.00
	PAYROLL DED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	1,165.00	0.00	0.00	1,165.00

Vendor#	Vendor Name	Class	Pay Code
R1452	MARISSA SUTHERLAND	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
022218		02/27/20	02/22/20	02/22/20			515.00	0.00	0.00	515.00
	MEMBERSHIP RENEWAL REI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1452	MARISSA SUTHERLAND	515.00	0.00	0.00	515.00

Vendor#	Vendor Name	Class	Pay Code
M1500	MARKS PLUMBING PARTS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV001661638		02/27/20	11/10/20	12/10/20			963.06	0.00	0.00	963.06
	SUPPLIES									
INV001664661		02/27/20	11/22/20	12/22/20			477.36	0.00	0.00	477.36
	SUPPLIES									
INV001672359		02/27/20	12/16/20	01/15/20			385.50	0.00	0.00	385.50
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	M1500 MARKS PLUMBING PARTS					1,825.92	0.00	0.00	1,825.92
Vendor#	Vendor Name			Class	Pay Code				
11760	MARVELOUS GARDENS, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	181		02/27/20	02/20/20	02/20/20		433.33	0.00	0.00	433.33
		LAWN CARE								
	182		02/27/20	02/20/20	02/20/20		379.17	0.00	0.00	379.17
		LAWN CARE								
	191		02/27/20	02/21/20	02/21/20		205.83	0.00	0.00	205.83
		LAWN CARE AGREEMENT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11760	MARVELOUS GARDENS, INC				1,018.33	0.00	0.00	1,018.33
Vendor#	Vendor Name			Class	Pay Code				
11668	MEDIPROCITY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	3614		02/27/20	01/01/20	01/31/20		120.00	0.00	0.00	120.00
		SECURE SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11668	MEDIPROCITY				120.00	0.00	0.00	120.00
Vendor#	Vendor Name			Class	Pay Code				
M2470	MEDLINE INDUSTRIES INC			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1844019294		02/06/20	02/23/20	03/08/20		5.70	0.00	0.00	5.70
		SUPPLIES								
	1844675311		02/15/20	02/15/20	03/12/20		67.68	0.00	0.00	67.68
		SUPPLIES								
	1844019298		02/23/20	02/06/20	03/08/20		467.37	0.00	0.00	467.37
		SUPPLIES								
	1844019288		02/23/20	02/06/20	03/08/20		15.54	0.00	0.00	15.54
		SUPPLIES								
	1844019296		02/23/20	02/06/20	03/08/20		1,620.22	0.00	0.00	1,620.22
		SUPPLIES								
	1844019299		02/23/20	02/06/20	03/08/20		11.20	0.00	0.00	11.20
		SUPPLIES								
	1844019291		02/23/20	02/06/20	03/08/20		24.65	0.00	0.00	24.65
		SUPPLIES								
	1844019900		02/23/20	02/06/20	03/08/20		30.91	0.00	0.00	30.91
		SUPPLIES								
	1844155897		02/23/20	02/07/20	03/08/20		53.52	0.00	0.00	53.52
		SUPPLIES								
	1844155896		02/23/20	02/07/20	03/08/20		94.64	0.00	0.00	94.64
		SUPPLIES								
	1844155895		02/23/20	02/07/20	03/08/20		46.16	0.00	0.00	46.16
		SUPPLIES								
	1955227951		02/23/20	02/08/20	03/08/20		54.97	0.00	0.00	54.97
		SUPPLIES								
	1844523953		02/26/20	01/23/20	02/17/20		294.28	0.00	0.00	294.28
		SUPPLIES								
	1844523954		02/26/20	02/13/20	03/10/20		294.28	0.00	0.00	294.28
		SUPPLIES								
	1844523955		02/26/20	02/13/20	03/10/20		74.04	0.00	0.00	74.04

SUPPLIES						
1844523956	02/26/20 02/13/20 03/10/20	381.93	0.00	0.00	381.93	
SUPPLIES						
1844523957	02/26/20 02/13/20 03/10/20	70.93	0.00	0.00	70.93	
SUPPLIES						
1844523958	02/26/20 02/13/20 03/10/20	243.81	0.00	0.00	243.81	
SUPPLIES						
1840945166	02/27/20 12/19/20 01/13/20	23.17	0.00	0.00	23.17	
SUPPLIES						
1844431133	02/27/20 02/10/20 03/07/20	23.95	0.00	0.00	23.95	
SUPPLIES						
1844431131	02/27/20 02/10/20 03/07/20	1,461.25	0.00	0.00	1,461.25	
SUPPLIES						
1844431134	02/27/20 02/10/20 03/07/20	43.71	0.00	0.00	43.71	
SUPPLIES						
1844431135	02/27/20 02/10/20 03/07/20	29.45	0.00	0.00	29.45	
SUPPLIES						
1844431132	02/27/20 02/10/20 03/07/20	46.62	0.00	0.00	46.62	
SUPPLIES						
1844431127	02/27/20 02/10/20 03/07/20	112.11	0.00	0.00	112.11	
SUPPLIES						
1844523961	02/27/20 02/13/20 03/10/20	41.85	0.00	0.00	41.85	
SUPPLIES						
1844523966	02/27/20 02/13/20 03/10/20	1,991.69	0.00	0.00	1,991.69	
SUPPLIES						
1844523962	02/27/20 02/13/20 03/10/20	20.50	0.00	0.00	20.50	
SUPPLIES						
1844523959	02/27/20 02/13/20 03/10/20	23.91	0.00	0.00	23.91	
SUPPLIES						
1844620674	02/27/20 02/14/20 03/11/20	21.55	0.00	0.00	21.55	
SUPPLIES						
1844675312	02/27/20 02/15/20 03/12/20	83.77	0.00	0.00	83.77	
SUPPLIES						
1844675310	02/27/20 02/15/20 03/12/20	77.89	0.00	0.00	77.89	
SUPPLIES						
1844675314	02/27/20 02/15/20 03/12/20	36.16	0.00	0.00	36.16	
SUPPLIES						
1844675308	02/27/20 02/15/20 03/12/20	15.22	0.00	0.00	15.22	
SUPPLIES						
1844675318	02/27/20 02/15/20 03/12/20	1,101.25	0.00	0.00	1,101.25	
SUPPLIES						
1844675313	02/27/20 02/15/20 03/12/20	50.41	0.00	0.00	50.41	
SUPPLIES						

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	9,056.29	0.00	0.00	9,056.29

Vendor#	Vendor Name	Class	Pay Code
M2556	MEGADYNE MEDICAL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
I1991580		02/26/20	01/29/20	02/27/20			54.00	0.00	0.00	54.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2556	MEGADYNE MEDICAL	54.00	0.00	0.00	54.00

Vendor#	Vendor Name				Class	Pay Code				
M2550	MELSTAN, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	22378		02/27/20	02/21/20	03/03/20		89.80	0.00	0.00	89.80
		GRASS KILLER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2550	MELSTAN, INC.				89.80	0.00	0.00	89.80
Vendor#	Vendor Name				Class	Pay Code				
10963	MEMORIAL MEDICAL CLINIC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000724		02/27/20	02/15/20	03/05/20		120.54	0.00	0.00	120.54
		PAYROLL DED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				120.54	0.00	0.00	120.54
Vendor#	Vendor Name				Class	Pay Code				
10182	MERCEDES MEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2013393		02/26/20	01/23/20	02/22/20		74.22	0.00	0.00	74.22
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10182	MERCEDES MEDICAL				74.22	0.00	0.00	74.22
Vendor#	Vendor Name				Class	Pay Code				
M2659	MERRY X-RAY/SOURCEONE HEALTHCA				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8800206004		02/27/20	02/06/20	03/08/20		426.86	0.00	0.00	426.86
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				426.86	0.00	0.00	426.86
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	CM94639		02/20/20	02/16/20	03/08/20		-576.37	0.00	0.00	-576.37
		CREDIT								
	2428645		02/20/20	02/19/20	03/11/20		781.78	0.00	0.00	781.78
		CREDIT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC				205.41	0.00	0.00	205.41
Vendor#	Vendor Name				Class	Pay Code				
10868	NOVA BIOMEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	90459396		02/23/20	02/02/20	03/08/20		100.00	0.00	0.00	100.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10868	NOVA BIOMEDICAL				100.00	0.00	0.00	100.00
Vendor#	Vendor Name				Class	Pay Code				
O0920	OFFICE DEPOT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	990403142001		02/26/20	12/21/20	03/08/20		61.74	0.00	0.00	61.74
		SUPPLIES								
	997863099001		02/26/20	01/16/20	03/08/20		61.74	0.00	0.00	61.74
		SUPPLIES								

989432914001	02/26/20 02/26/20 02/26/20	61.74	0.00	0.00	61.74
SUPPLIES					
Vendor Totals Number Name		Gross	Discount	No-Pay	Net
O0920 OFFICE DEPOT		185.22	0.00	0.00	185.22

Vendor# Vendor Name — Class — Pay Code

O1500 OLYMPUS AMERICA INC — M

Invoice# Comment	Tran Dt Inv Dt Due Dt Check D Pay	Gross	Discount	No-Pay	Net
95255423	02/27/20 02/07/20 03/04/20	1,137.51	0.00	0.00	1,137.51
MAINT CONTR					
Vendor Totals Number Name		Gross	Discount	No-Pay	Net
O1500 OLYMPUS AMERICA INC		1,137.51	0.00	0.00	1,137.51

Vendor# Vendor Name — Class — Pay Code

O1416 ORTHO CLINICAL DIAGNOSTICS

Invoice# Comment	Tran Dt Inv Dt Due Dt Check D Pay	Gross	Discount	No-Pay	Net
1850547182	02/26/20 01/18/20 03/08/20	418.84	0.00	0.00	418.84
SUPPLIES					
1850548368	02/26/20 01/19/20 03/08/20	116.26	0.00	0.00	116.26
SUPPLIES					
Vendor Totals Number Name		Gross	Discount	No-Pay	Net
O1416 ORTHO CLINICAL DIAGNOSTICS		535.10	0.00	0.00	535.10

Vendor# Vendor Name — Class — Pay Code

OM425 OWENS & MINOR

Invoice# Comment	Tran Dt Inv Dt Due Dt Check D Pay	Gross	Discount	No-Pay	Net
2026843878	02/23/20 04/20/20 03/08/20	70.80	0.00	0.00	70.80
SUPPLIES					
2034721720	02/23/20 02/01/20 03/08/20	22.70	0.00	0.00	22.70
SUPPLIES					
2034856607	02/23/20 02/06/20 03/08/20	723.06	0.00	0.00	723.06
SUPPLIES					
2034846613	02/23/20 02/06/20 03/08/20	430.14	0.00	0.00	430.14
SUPPLIES					
2034841335	02/23/20 02/06/20 03/08/20	39.46	0.00	0.00	39.46
SUPPLIES					
2034852439	02/23/20 02/06/20 03/08/20	85.53	0.00	0.00	85.53
SUPPLIES					
2034904522	02/23/20 02/08/20 03/10/20	47.71	0.00	0.00	47.71
SUPPLIES					
2034905299	02/23/20 02/08/20 03/10/20	47.71	0.00	0.00	47.71
SUPPLIES					
2034906755	02/23/20 02/08/20 03/10/20	3.89	0.00	0.00	3.89
SUPPLIES					
2033221826	02/23/20 12/12/20 03/08/20	147.38	0.00	0.00	147.38
SUPPLIES					
Vendor Totals Number Name		Gross	Discount	No-Pay	Net
OM425 OWENS & MINOR		1,618.38	0.00	0.00	1,618.38

Vendor# Vendor Name — Class — Pay Code

10372 PRECISION DYNAMICS CORP (PDC)

Invoice# Comment	Tran Dt Inv Dt Due Dt Check D Pay	Gross	Discount	No-Pay	Net
4049426	02/06/20 01/19/20 03/08/20	307.93	0.00	0.00	307.93
SUPPLIES					
Vendor Totals Number Name		Gross	Discount	No-Pay	Net
10372 PRECISION DYNAMICS CORP (PDC)		307.93	0.00	0.00	307.93

Vendor#	Vendor Name	Class	Pay Code
10896	QIAGEN INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
98254211		02/06/20	01/16/20	03/08/20		1,482.15	0.00	0.00	1,482.15
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10896	QIAGEN INC	1,482.15	0.00	0.00	1,482.15

Vendor#	Vendor Name	Class	Pay Code
10533	QUIDEL CORPORATION (ALERE)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SLS10261067		02/06/20	01/30/20	03/08/20		5,039.00	0.00	0.00	5,039.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10533	QUIDEL CORPORATION (ALERE)	5,039.00	0.00	0.00	5,039.00

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC56775		02/19/20	02/12/20	03/09/20		1,667.00	0.00	0.00	1,667.00
	PURCHASED SERVICES								
SC56789		02/19/20	02/16/20	03/13/20		1,625.00	0.00	0.00	1,625.00
	PURCHASED SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	3,292.00	0.00	0.00	3,292.00

Vendor#	Vendor Name	Class	Pay Code
11009	RECONDO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV12509		02/27/20	12/01/20	12/26/20		4,050.00	0.00	0.00	4,050.00
	COMPUTER SYSTEM								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11009	RECONDO	4,050.00	0.00	0.00	4,050.00

Vendor#	Vendor Name	Class	Pay Code
11764	ROBERT RODRIGUEZ		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000719		02/27/20	02/25/20	03/05/20		23.18	0.00	0.00	23.18
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11764	ROBERT RODRIGUEZ	23.18	0.00	0.00	23.18

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
36236		02/27/20	02/21/20	03/08/20		56.20	0.00	0.00	56.20
	SUPPLIES								
36103		02/27/20	02/21/20	03/08/20		12.99	0.00	0.00	12.99
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	69.19	0.00	0.00	69.19

Vendor#	Vendor Name	Class	Pay Code
10995	SHIFTHOUND (ABILITY NETWORK)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
18S000406		02/12/20	02/07/20	03/09/20		558.00	0.00	0.00	558.00
	SCHEDULING SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10995	SHIFTHOUND (ABILITY NETWORK)	558.00	0.00	0.00	558.00

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9400131902	SUPPLIES	02/06/20	01/16/20	03/08/20			503.65	0.00	0.00	503.65

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	503.65	0.00	0.00	503.65

Vendor#	Vendor Name	Class	Pay Code
10735	STRYKER SUSTAINABILITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3255362	SUPPLIES	02/06/20	01/23/20	03/08/20			178.21	0.00	0.00	178.21

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	178.21	0.00	0.00	178.21

Vendor#	Vendor Name	Class	Pay Code
T3130	TRI-ANIM HEALTH SERVICES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
62976261	SUPPLIES	02/06/20	01/14/20	03/08/20			293.87	0.00	0.00	293.87

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC	293.87	0.00	0.00	293.87

Vendor#	Vendor Name	Class	Pay Code
11067	TRIZETTO PROVIDER SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
35FK021800	PURCH SERV CLINIC	02/27/20	02/01/20	02/26/20			1,293.79	0.00	0.00	1,293.79

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	1,293.79	0.00	0.00	1,293.79

Vendor#	Vendor Name	Class	Pay Code
11002	TRUSTAFF		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
346617	STAFFING	02/27/20	10/24/20	11/23/20			2,208.75	0.00	0.00	2,208.75
346746	STAFFING	02/27/20	10/24/20	11/23/20			872.81	0.00	0.00	872.81
348780	STAFFING	02/27/20	10/30/20	11/29/20			837.19	0.00	0.00	837.19
350268	STAFFING SERVICES	02/27/20	11/03/20	12/03/20			1,781.25	0.00	0.00	1,781.25
350382	STAFFING	02/27/20	11/03/20	12/03/20			2,529.38	0.00	0.00	2,529.38
352700	STAFFING SERVICES	02/27/20	11/14/20	12/14/20			2,511.56	0.00	0.00	2,511.56
377121	STAFFING	02/27/20	02/08/20	03/10/20			3,768.75	0.00	0.00	3,768.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11002	TRUSTAFF	14,509.69	0.00	0.00	14,509.69

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net

8400267696	02/19/20 02/13/20 03/10/20	111.05	0.00	0.00	111.05		
LAUNDRY							
8400267697	02/19/20 02/13/20 03/10/20	47.15	0.00	0.00	47.15		
LAUNDRY							
8400267694	02/19/20 02/13/20 03/10/20	94.29	0.00	0.00	94.29		
LAUDNRY							
8400267729	02/19/20 02/13/20 03/10/20	66.70	0.00	0.00	66.70		
LAUNDRY							
8400267698	02/19/20 02/13/20 03/10/20	44.24	0.00	0.00	44.24		
LAUNDRY							
8400267776	02/19/20 02/13/20 03/10/20	94.51	0.00	0.00	94.51		
LAUNDRY							
8400267738	02/19/20 02/13/20 03/10/20	906.52	0.00	0.00	906.52		
LAUNDRY							
8400267695	02/20/20 02/13/20 03/10/20	146.04	0.00	0.00	146.04		
LAUNDRY							
8400266667	02/27/20 01/30/20 02/24/20	119.27	0.00	0.00	119.27		
LAUNDRY							
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net		
	U1064 UNIFIRST HOLDINGS INC	1,629.77	0.00	0.00	1,629.77		
Vendor#	Vendor Name	Class	Pay Code				
10768	VICTORIA MEDICAL FOUNDATION						
Invoice#	Comment Tran Dt Inv Dt Due Dt Check D Pay	Gross	Discount	No-Pay	Net		
160A	02/27/20 02/19/20 02/19/20	500.00	0.00	0.00	500.00		
MEMBERSHIP DUES							
159	02/27/20 02/19/20 03/07/20	500.00	0.00	0.00	500.00		
MEMBERSHIP							
161	02/27/20 02/20/20 02/20/20	500.00	0.00	0.00	500.00		
DUES							
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net		
	10768 VICTORIA MEDICAL FOUNDATION	1,500.00	0.00	0.00	1,500.00		
Vendor#	Vendor Name	Class	Pay Code				
10793	WAGEWORKS						
Invoice#	Comment Tran Dt Inv Dt Due Dt Check D Pay	Gross	Discount	No-Pay	Net		
000723	02/27/20 02/15/20 03/05/20	2,378.98	0.00	0.00	2,378.98		
PAYROLL DED							
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net		
	10793 WAGEWORKS	2,378.98	0.00	0.00	2,378.98		
Vendor#	Vendor Name	Class	Pay Code				
11018	WEBPT, INC						
Invoice#	Comment Tran Dt Inv Dt Due Dt Check D Pay	Gross	Discount	No-Pay	Net		
INV330168	02/22/20 09/08/20 03/08/20	94.00	0.00	0.00	94.00		
SUBSCRIPTION							
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net		
	11018 WEBPT, INC	94.00	0.00	0.00	94.00		
Vendor#	Vendor Name	Class	Pay Code				
I1110	WERFEN USA LLC						
Invoice#	Comment Tran Dt Inv Dt Due Dt Check D Pay	Gross	Discount	No-Pay	Net		
9110477741	02/06/20 01/30/20 03/08/20	2,084.16	0.00	0.00	2,084.16		
SUPPLIES							
9110478107	02/06/20 01/31/20 03/08/20	42.44	0.00	0.00	42.44		

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,126.60	0.00	0.00	2,126.60

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	296,955.50	0.00	0.00	296,955.50

CK# 174776 - 174865

APPROVED
ON
MAR 0 1 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/28/2018
15:11

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
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Vendor# Vendor Name — Class — Pay Code

11816 ASHFORD GARDENS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000733	TRANSFER	02/28/20	02/08/20	03/14/20			480.39	0.00	0.00	480.39 ✓
000734	TRANSFER	02/28/20	02/08/20	03/14/20			4,440.00	0.00	0.00	4,440.00 ✓
000730	TRANSFER	02/28/20	02/08/20	03/15/20			522.00	0.00	0.00	522.00 ✓
0379IIAC01001806	TRANSFER FUNDS	02/28/20	02/08/20	03/15/20			7,400.00	0.00	0.00	7,400.00 ✓
000732	TRANSFER	02/28/20	02/08/20	03/15/20			846.30	0.00	0.00	846.30 ✓
000731	TRANSFER	02/28/20	02/08/20	03/15/20			766.99	0.00	0.00	766.99 ✓
000739	TRANSFER	02/28/20	02/12/20	03/14/20			256.98	0.00	0.00	256.98 ✓
000738	TRANSFER	02/28/20	02/12/20	03/14/20			66.14	0.00	0.00	66.14 ✓
000740	TRANSFER	02/28/20	02/12/20	03/14/20			3,951.83	0.00	0.00	3,951.83 ✓
000737	TRANSFER	02/28/20	02/13/20	03/14/20			11,253.42	0.00	0.00	11,253.42 ✓
000736	TRANSFER	02/28/20	02/14/20	03/14/20			375.00	0.00	0.00	375.00 ✓
000735	TRANSFER	02/28/20	02/14/20	03/14/20			14,044.37	0.00	0.00	14,044.37 ✓
000741	TRANSFER	02/28/20	02/20/20	03/14/20			5,099.92	0.00	0.00	5,099.92 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	49,503.34	0.00	0.00	49,503.34

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	49,503.34	0.00	0.00	49,503.34 ✓

APPROVED
ON

MAR 0 1 2018 CK# 174781

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/28/2018
15:51

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
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Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER ✓		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	000742		02/28/20	02/08/20	03/14/20			1,134.00	0.00	0.00	1,134.00 ✓
		TRANSFER									
	000743		02/28/20	02/08/20	03/14/20			1,354.00	0.00	0.00	1,354.00 ✓
		TRANSFER									
	000746		02/28/20	02/13/20	03/14/20			7,655.64	0.00	0.00	7,655.64 ✓
		TRANSFER									
	000745		02/28/20	02/13/20	03/14/20			386.78	0.00	0.00	386.78 ✓
		TRANSFER									
	000744		02/28/20	02/14/20	03/14/20			2,294.60	0.00	0.00	2,294.60 ✓
		TRANSFER									
	000748		02/28/20	02/20/20	03/14/20			1,596.10	0.00	0.00	1,596.10 ✓
		TRANSFER									
	000747		02/28/20	02/21/20	03/14/20			142.93	0.00	0.00	142.93 ✓
		TRANSFER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	14,564.05	0.00	0.00	14,564.05

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,564.05	0.00	0.00	14,564.05

APPROVED
ON
MAR 0 1 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CIC # 174814

02/28/2018
16:03

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name — Class — Pay Code

11824 THE CRECSENT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000755		02/28/20	02/08/20	03/14/20			9,326.20	0.00	0.00	9,326.20
	TRANSFER									
000749		02/28/20	02/08/20	03/14/20			28,274.49	0.00	0.00	28,274.49
	TRANSFER									
000756		02/28/20	02/13/20	03/14/20			8,319.66	0.00	0.00	8,319.66
	TRANSFER									
000757		02/28/20	02/13/20	03/14/20			9,463.98	0.00	0.00	9,463.98
	TRANSFER									
000754		02/28/20	02/14/20	03/14/20			6,425.73	0.00	0.00	6,425.73
	TRANSFER									
000758		02/28/20	02/20/20	03/14/20			981.80	0.00	0.00	981.80
	TRANSFER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRECSENT	62,791.86	0.00	0.00	62,791.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	62,791.86	0.00	0.00	62,791.86

APPROVED
ON
MAR 0 1 2018 CK #174857

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/28/2018
16:15

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor# Vendor Name — Class — Pay Code

11828 SOLERA WEST HOUSTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000769	TRANSFER	02/28/20	02/13/20	03/14/20		63,668.10	0.00	0.00	63,668.10
000767	TRANSFER	02/28/20	02/13/20	03/14/20		7,058.00	0.00	0.00	7,058.00
000768	TRANSFER	02/28/20	02/13/20	03/14/20		8,728.25	0.00	0.00	8,728.25
000759	TRANSFER	02/28/20	02/20/20	03/14/20		5,798.86	0.00	0.00	5,798.86
000760	TRANSFER	02/28/20	02/20/20	03/14/20		175.00	0.00	0.00	175.00
000761	TRANSFER	02/28/20	02/20/20	03/14/20		16,875.00	0.00	0.00	16,875.00
000765	TRANSFER	02/28/20	02/21/20	03/14/20		3,927.34	0.00	0.00	3,927.34
000764	TRANSFER	02/28/20	02/21/20	03/14/20		1,990.15	0.00	0.00	1,990.15
000766	TRANSFER	02/28/20	02/21/20	03/14/20		260.00	0.00	0.00	260.00
000763	TRANSFER	02/28/20	02/21/20	03/14/20		963.59	0.00	0.00	963.59
000762	TRANSFER	02/28/20	02/21/20	03/14/20		1,800.00	0.00	0.00	1,800.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	111,244.29	0.00	0.00	111,244.29

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	111,244.29	0.00	0.00	111,244.29

APPROVED
ON

MAR 0 1 2018 CK # 174855

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/01/2018
08:25

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 03/14/2018

0
ap_open_invoice.template

Vendor# Vendor Name — Class — Pay Code

11836 GOLDENCREEK HEALTHCARE ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000786		03/01/20	02/14/20	03/14/20			2,326.22	0.00	0.00	2,326.22 ✓
	TRANSFER									
000788		03/01/20	02/14/20	03/14/20			12,247.74	0.00	0.00	12,247.74 ✓
	TRANSFER									
000789		03/01/20	02/14/20	03/14/20			40,938.80	0.00	0.00	40,938.80 ✓
	TRANSFER									
000790		03/01/20	02/14/20	03/14/20			2,220.85	0.00	0.00	2,220.85 ✓
	TRANSFER									
000787		03/01/20	02/14/20	03/14/20			3,048.33	0.00	0.00	3,048.33 ✓
	TRANSFER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	60,781.94	0.00	0.00	60,781.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	60,781.94	0.00	0.00	60,781.94 ✓

APPROVED ON

MAR 0 1 2018 CK # 174015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/28/2018 MEMORIAL MEDICAL CENTER 0
16:27 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PARK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000777		02/28/20	02/12/20	03/14/20		5,395.60	0.00	0.00	5,395.60
	TRANSFER								
000773		02/28/20	02/20/20	03/14/20		282.88	0.00	0.00	282.88
	TRANSFER								
000772		02/28/20	02/20/20	03/14/20		4,800.00	0.00	0.00	4,800.00
	TRANSFER								
000774		02/28/20	02/20/20	03/14/20		3,316.70	0.00	0.00	3,316.70
	TRANSFER								
000776		02/28/20	02/20/20	03/14/20		3,396.85	0.00	0.00	3,396.85
	TRANSFER								
000775		02/28/20	02/20/20	03/14/20		5,099.50	0.00	0.00	5,099.50
	TRANSFER								
000771		02/28/20	02/21/20	03/14/20		198.45	0.00	0.00	198.45
	TRANSFER								
000780		02/28/20	02/21/20	03/14/20		586.58	0.00	0.00	586.58
	TRANSFER								
000779		02/28/20	02/21/20	03/14/20		3,402.00	0.00	0.00	3,402.00
	TRANSFER								
000770		02/28/20	02/21/20	03/14/20		13,997.31	0.00	0.00	13,997.31
	TRANSFER								
000778		02/28/20	02/21/20	03/14/20		358.00	0.00	0.00	358.00
	TRANSFER								
000785		02/28/20	02/21/20	03/14/20		13,840.42	0.00	0.00	13,840.42
	TRANSFER								
000781		02/28/20	02/21/20	03/14/20		26,518.00	0.00	0.00	26,518.00
	TRANSFER								
000782		02/28/20	02/21/20	03/14/20		603.54	0.00	0.00	603.54
	TRANSFER								
000784		02/28/20	02/21/20	03/14/20		367.20	0.00	0.00	367.20
	TRANSFER								
000783		02/28/20	02/21/20	03/14/20		756.00	0.00	0.00	756.00
	TRANSFER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	82,919.03	0.00	0.00	82,919.03

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	82,919.03	0.00	0.00	82,919.03

APPROVED
ON

MAR 0 1 2018 CK # 174791

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ø

RUN DATE:03/08/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:26 CHECK REGISTER GLCKREG
03/08/18 THRU 03/08/18

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000007	03/08/18	45,162.67	MMC OPERATING
NHC *	000009	03/08/18	47,966.10	MMC OPERATING
NHF *	000011	03/08/18	10,316.10	MMC OPERATING
A/P	000970	03/08/18	1,989.38	MCKESSON
A/P *	000971	03/08/18	8.38	CARDINAL HEALTH
A/P *	174875	03/08/18	16,385.22CR	FORTBEND HEALTHCARE CENTER
A/P	174878	03/08/18	16,385.23	FORTBEND HEALTHCARE CENTER
TOTALS:			105,442.64	

> This check register is For Mckesson and Cardinal Health

McKESSON

STATEMENT

Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 03/02/2018 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 03/03/2018

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 03/02/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 03/03/2018 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,029.98 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 03/06/2018,
Pay This Amount: 1,989.38 USD ✓

If Paid After 03/06/2018,
Pay this Amount: 2,029.98 USD

Due If Paid On Time:
USD 1,989.38

Disc lost if paid late:
40.60

Due If Paid Late:
USD 2,029.98

APPROVED
ON
MAR 05 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 000970

992.52 +
996.86 +
1,989.38 *

McKESSON

STATEMENT

Company: 8000

As of: 03/02/2018

Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 03/03/2018

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 03/02/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 03/03/2018

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
02/26/2018	03/06/2018	7858074699	1001177658	115Invoice	1.77	88.71		86.94 ✓		7858074699	
02/26/2018	03/06/2018	7858074702	1001177658	115Invoice	0.08	3.79		3.71 ✓		7858074702	
02/26/2018	03/06/2018	7858074704	1001178360	115Invoice	2.69	134.73		132.04 ✓		7858074704	
02/26/2018	03/06/2018	7858074710	1001178773	115Invoice	1.64	82.06		80.42 ✓		7858074710	
02/26/2018	03/06/2018	7858074711	1001178773	115Invoice	0.50	24.76		24.26 ✓		7858074711	
02/27/2018	03/06/2018	7858320564	1001179152	115Invoice	0.02	0.98		0.96 ✓		7858320564	
02/28/2018	03/06/2018	7858518782	1001179816	115Invoice	0.08	3.91		3.83 ✓		7858518782	
02/28/2018	03/06/2018	7858518784	1001179816	115Invoice	0.08	3.92		3.84 ✓		7858518784	
03/01/2018	03/06/2018	7858754950	1001180478	115Invoice	2.48	124.23		121.75 ✓		7858754950	
03/01/2018	03/06/2018	7858754952	1001180478	115Invoice	0.02	0.84		0.82 ✓		7858754952	
03/02/2018	03/06/2018	7859004666	1001181102	115Invoice	10.82	541.06		530.24 ✓		7859004666	
03/02/2018	03/06/2018	7859004668	1001181102	115Invoice	0.08	3.79		3.71 ✓		7859004668	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 1,012.78 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,047.36
02/26/2018

If Paid By 03/06/2018,
Pay This Amount: 992.52 USD ✓

If Paid After 03/06/2018,
Pay this Amount: 1,012.78 USD

Due If Paid On Time:
USD 992.52
Disc lost if paid late:
20.26
Due If Paid Late:
USD 1,012.78

APPROVED
ON
MAR 05 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 03/02/2018

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 03/03/2018

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

To ensure proper credit to your account, detach and return this stub with your remittance

As of: 03/02/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 03/03/2018 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
12/26/2018	03/06/2018	7858107084 ✓	8007726236	115Invoice	0.18	9.08		8.90 ✓		7858107084	
12/26/2018	03/06/2018	7858107085 ✓	0224180224-00	115Invoice	2.88	144.17		141.29 ✓		7858107085	
12/27/2018	03/06/2018	7858306483 ✓	0226180250-00	115Invoice	4.90	244.86		239.96 ✓		7858306483	
12/28/2018	03/06/2018	7858531964 ✓	5512535327	115Invoice	3.32	165.98		162.66 ✓		7858531964	
12/28/2018	03/06/2018	7858531965 ✓	0227180756-00	115Invoice	0.01	0.32		0.31 ✓		7858531965	
13/01/2018	03/06/2018	7858774345 ✓	5512539872	115Invoice	4.06	203.24		199.18 ✓		7858774345	
13/02/2018	03/06/2018	7858987040 ✓	7757734004	115Invoice	4.99	249.55		244.56 ✓		7858987040	

PF column legend: P = Past Due Item, F = Future Due Item, blank = Current Due Item

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,017.20 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/26/2018 4,047.36

If Paid By 03/06/2018, Pay This Amount: 996.86 USD ✓

If Paid After 03/06/2018, Pay this Amount: 1,017.20 USD

Due If Paid On Time: USD 996.86

Disc lost if paid late: 20.34

Due If Paid Late: USD 1,017.20

APPROVED ON

MAR 05 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CardinalHealth™

Statement & Remittance

Remit to:
Cardinal Health 110, LLC
C/O Bank of America
PO Box 402605
ATLANTA GA 30384-2605

Statement Date	Stmt Ref	Payer
03/02/2018	18061	490993

Collection/Credit Representative
Brayon Belton

Phone number
x4155

Page 1 of 1

Payer:
MEMORIAL MED CTR (EQ 340B BT)
815 N VIRGINIA STREET
PORT LAVACA TX 77979
USA

Invoice/ Reference	Bill-To Acct #	Transaction Type	Invoice Date	Purchase order/ Reference	Due Date	Invoice Amount	Payment Made	Discount	Balance Due	( )	Invoice Number	Balance Due
The following items are due by date shown												
3046366	0011490993	INV	02/26/2018	POHAZ022218.R	03/09/2018	8.38	0.00	0.00	8.38	( )	3046366	8.38
					Subtotal:	8.38	0.00	0.00	8.38		Subtotal:	8.38

APPROVED
ON
MAR 05 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000971

Current	Future	1-15 days	16-30 days	31-45 days	Over 45 days	Total Balance
8.38	0.00	0.00	0.00	0.00	0.00	8.38

In the absence of a written agreement between you and CARDINAL HEALTH 110, LLC that governs the transactions on this document, the terms and conditions located at http://www.cardinalhealth.com/us/en/eBusiness/purchasetermsandconditions will apply, and such terms and conditions may NOT be altered, supplemented, or amended by you in any way. If this document reflects any discounted prices, credits, or rebates, or if price reductions are subsequently earned and paid with respect to the merchandise/services described herein, you may have an obligation under federal or state law to report the net cost you paid for the applicable item if you participate in certain federal or state healthcare programs.

Past Due:	0.00
Current Due:	8.38
Amount Due:	**8.38**
Account Balance:	8.38
Amount Enclosed:	

NOTICE: A service charge will be assessed on past due balances

S (800) 926-3161

CardinalHealth

CARDINAL HEALTH
2045 INTERSTATE DR.
LAKELAND, FL 33805
WHOLESALER ID:22913
DEA RC-0182080 FED ID 68-0158739

PI

CUST. NO.	DATE	ORIGINAL INVOICE
490994	2/26/18	3046366
REG NO.	**CUST. DEA NO.**	**ORDER NO.**	**CUSTOMER P.O. NUMBER**
PH27412	FA4486189	3272784	POHAZ022218.R
	ORDER DATE	**CONF. NO.**	
	2/23/18	04072	

BILL TO
MEMORIAL MED CTR (EQ 340B BT)
815 N VIRGINIA STREET
PORT LAVACA, TX 77979

SHIP TO
EXPEDIEN RX PHARMACY (340B ST)
AHSSHC ADVEN HSYS SNBLT HC CRP
582 MONROE RD STE 1412B
SANFORD, FL 32771

ITEM NUMBER	NDC/UPC	QTY ORDERED	QTY SHIPPED	OMIT	UM	DESCRIPTION	SIZE	FORM	CLASS			UNIT PRICE	EXTENSION	NOTE CODE
	TOTE# 1					ASN# 11-694-0778								
4459145	00069-3032-20	1	1		EA	DOXORUBICIN 2MG/ML 25ML	1	SF				8.38	8.38	CT
						PRODUCT ALLOCATION								
			1			TOTAL PIECES SHIPPED								
						---------- S U M M A R Y ----------								
						Total RX					8.38			
						NET AMOUNT					8.38			
						---------- CUST ITEM CD SUMMARY ----------								
						:					8.38			

INVOICE SHIP DATE: 2/26/2018

ALL DAMAGES, SHORTAGES, MISPICKS AND ITEMS RECEIVED SHORT DATED OR OUTDATED MUST BE REPORTED TO CUSTOMER SERVICE WITHIN 48 HOURS OR RECEIPT OR THE PRODUCT. ALL SHORTAGES AND MISPICKS OR CONTROL ITEMS MUST BE REPORTED WITHIN 24 HOURS. ALL RETURNS MUST BE TOTE TIED. CUSTOMER SERVICE # 1-800-926-3161

For SDS Visit: http://www.mycardinalsdspd.com

PLEASE REMIT YOUR PAYMENTS TO FOLLOWING ADDRESS:
CARDINAL HEALTH 110, LLC
C/O BANK OF AMERICA
PO BOX 402605
ATLANTA, GA 30384-2605

Note Codes:		
T	Taxable	CT Contract
CO	Contract Item Override	SN Special Net
SP	Special Pricing	OV Price Override
		CS Source Contract

Omit Codes:		
C Dropship	4 Not stocked	7 Drug Recall
2 DC Out	5 Mfr Disc	8 New item/stock unavail.
3 Mfr Out	6 DC Disc.	9 Restricted item
		S Regulatory Review

List Chemical Designations
E - Ephedrine
P - Phenylpropanolamine
S - Pseudoephedrine
L - Other List Chemical

003 / 051

3/09/18
DUE DATE

838

Customer is a final dispenser purchasing for own use and will not redistribute prescription pharmaceuticals into the secondary market.

The prices shown on this invoice are net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts or rebates. Please refer to your contract for any specific additional discounts or rebates that may apply to these purchases. You may have an obligation pursuant to 42 USC §1320a-7b to report discounts and rebates to Medicare, Medicaid or other governmental health care programs.

Effective January 1, 2015, DSCSA Transaction Data for qualified prescription drugs can be accessed via

Vendor#	Vendor Name				Class	Pay Code				
11840	CHARENA CHETCHAVAT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	030218		03/05/2018	03/02/2018	03/02/2018			876.30	0.00	0.00	876.30
		MOVING EXPENSES									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11840	CHARENA CHETCHAVAT					876.30	0.00	0.00	876.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	876.30	0.00	0.00	876.30 ✓

APPROVED
ON

MAR 05 2018 CK # 174868

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/02/2018
16:22

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11572	TACORE MEDICAL, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1086 ✓		03/02/20	02/12/20	03/12/20			1,500.00	0.00	0.00	1,500.00 ✓
	CONSULTING FEE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11572	TACORE MEDICAL, INC.	1,500.00	0.00	0.00	1,500.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,500.00	0.00	0.00	1,500.00

APPROVED
ON

MAR 05 2018 CK# 174873

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/02/2018
16:29

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice_template

Vendor#	Vendor Name	Class	Pay Code
10810	MMC EMPLOYEE BENEFIT PLAN ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
022618		03/02/20	02/26/20	02/26/20			49,794.10	0.00	0.00	49,794.10 ✓
	TRANSFER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	49,794.10	0.00	0.00	49,794.10 ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	49,794.10	0.00	0.00	49,794.10 ✓

APPROVED
ON

MAR 05 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/02/2018
14:02

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11812	JACOB HAMILTON, PT, DPT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
021918		02/28/20	02/19/20	03/15/20		721.88	0.00	0.00	721.88
	MOVING EXPENSES Relocation assistance as per employment agreement								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11812	JACOB HAMILTON, PT, DPT	721.88	0.00	0.00	721.88

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	721.88	0.00	0.00	721.88

APPROVED
ON

MAR 05 2018 CK #174870

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/02/2018 MEMORIAL MEDICAL CENTER 0
14:11 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11125	PORT LAVACA RETAIL GROUP LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
030118		03/02/20	03/01/20	03/01/20			11,001.20	0.00	0.00	11,001.20 ✓✓
	PLAZA RENT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11125	PORT LAVACA RETAIL GROUP LLC	11,001.20	0.00	0.00	11,001.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	11,001.20	0.00	0.00	11,001.20

APPROVED
ON

MAR 05 2018 CK#174872

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/05/2018 MEMORIAL MEDICAL CENTER 0
11:07 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11796	LUBY'S FUDDRUCKERS RESTAURANTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
CUL201712310837	CONTRACT AND FOOD EXPEI	03/05/20	12/31/20	01/31/20			19,469.99	0.00	0.00	19,469.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCKERS RESTAURANTS	19,469.99	0.00	0.00	19,469.99

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	19,469.99	0.00	0.00	19,469.99

APPROVED
ON

MAR 05 2018 CK # 174871

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/02/2018
14:59

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through: 03/13/2018

0
ap_open_invoice.template

Vendor# Vendor Name — Class — Pay Code

11816 ASHFORD GARDENS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000798	TRANSFER	03/02/20	02/27/20	03/13/20		7,030.00	0.00	0.00	7,030.00
000800	TRANSFER	03/02/20	02/27/20	03/13/20		907.50	0.00	0.00	907.50
000796	TRANSFER	03/02/20	02/27/20	03/13/20		16,144.76	0.00	0.00	16,144.76
000794	TRANSFER	03/02/20	02/27/20	03/13/20		18,500.20	0.00	0.00	18,500.20
000799	TRANSFER	03/02/20	02/27/20	03/13/20		1,606.76	0.00	0.00	1,606.76
000795	TRANSFER	03/02/20	02/27/20	03/13/20		11,595.04	0.00	0.00	11,595.04
000797	TRANSFER	03/02/20	02/27/20	03/13/20		5,221.58	0.00	0.00	5,221.58
000793	TRANSFER	03/02/20	02/27/20	03/13/20		8,900.71	0.00	0.00	8,900.71
000791	TRANSFER	03/02/20	02/28/20	03/13/20		3,420.93	0.00	0.00	3,420.93
000792	TRANSFER	03/02/20	02/28/20	03/13/20		295.86	0.00	0.00	295.86

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	73,623.34	0.00	0.00	73,623.34

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	73,623.34	0.00	0.00	73,623.34

APPROVED
ON
MAR 05 2018 CK # 174866

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/02/2018 MEMORIAL MEDICAL CENTER 0
16:17 AP Open Invoice List ap_open_invoice.template
Dates Through: 03/13/2018

Vendor# Vendor Name Class Pay Code

11824 THE CRECSENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000835		03/02/20	02/22/20	03/13/20		1,580.94	0.00	0.00	✓1,580.94
	TRANSFER								
000833		03/02/20	02/22/20	03/13/20		7,500.00	0.00	0.00	✓7,500.00
	TRANSFER								
000836		03/02/20	02/22/20	03/13/20		9,080.00	0.00	0.00	✓9,080.00
	TRANSFER								
000841		03/02/20	02/22/20	03/13/20		1,276.34	0.00	0.00	✓1,276.34
	TRANSFER								
000837		03/02/20	02/22/20	03/13/20		3,253.20	0.00	0.00	✓3,253.20
	TRANSFER								
000843		03/02/20	02/22/20	03/13/20		2,743.20	0.00	0.00	✓2,743.20
	TRANSFER								
000842		03/02/20	02/22/20	03/13/20		948.87	0.00	0.00	✓948.87
	TRANSFER								
000834		03/02/20	02/22/20	03/13/20		7,875.00	0.00	0.00	✓7,875.00
	TRANSFER								
000839		03/02/20	02/22/20	03/13/20		10,066.94	0.00	0.00	✓10,066.94
	TRANSFER								
000840		03/02/20	02/22/20	03/13/20		7,323.71	0.00	0.00	✓7,323.71
	TRANSFER								
000838		03/02/20	02/22/20	03/13/20		~~-3,580.00~~	0.00	0.00	~~-3,580.00~~
	TRANSFER Remove per Caitlin Clevenger								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRECSENT	55,228.20	0.00	0.00	55,228.20

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	55,228.20	0.00	0.00	55,228.20 51,648.20

1,580.94 +
7,500.00 +
9,080.00 +
1,276.34 +
3,253.20 +
2,743.20 +
948.87 +
7,875.00 +
10,066.94 +
7,323.71 +
51,648.20 *

55,228.20 +
3,580.00 -
51,648.20 *

APPROVED ON
MAR 05 2018 CK# 174874

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/02/2018
15:52

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/13/2018

0
ap_open_invoice.template

Vendor# Vendor Name — Class — Pay Code

11268 SOLERA WEST HOUSTON ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000826	TRANSFER	03/02/20	02/22/20	03/01/20			750.00	0.00	0.00	750.00
000825	TRANSFER	03/02/20	02/22/20	03/02/20			2,048.62	0.00	0.00	2,048.62
000818	TRANSFER	03/02/20	02/22/20	03/13/20			80.48	0.00	0.00	80.48
000827	TRANSFER	03/02/20	02/22/20	03/13/20			1,933.70	0.00	0.00	1,933.70
000824	TRANSFER	03/02/20	02/22/20	03/13/20			2,802.32	0.00	0.00	2,802.32
000817	TRANSFER	03/02/20	02/22/20	03/13/20			325.00	0.00	0.00	325.00
000820	TRANSFER	03/02/20	02/22/20	03/13/20			10,456.38	0.00	0.00	10,456.38
000821	TRANSFER	03/02/20	02/22/20	03/13/20			148.99	0.00	0.00	148.99
000822	TRANSFER	03/02/20	02/22/20	03/13/20			6,185.01	0.00	0.00	6,185.01
000823	TRANSFER	03/02/20	02/22/20	03/13/20			6,386.90	0.00	0.00	6,386.90
000819	TRANSFER	03/02/20	02/22/20	03/13/20			4,310.00	0.00	0.00	4,310.00
000816	TRANSFER	03/02/20	03/13/20	03/13/20			77.93	0.00	0.00	77.93

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11268	SOLERA WEST HOUSTON	35,505.33	0.00	0.00	35,505.33

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	35,505.33	0.00	0.00	35,505.33

APPROVED
ON
MAR 05 2018 #174874

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/02/2018 MEMORIAL MEDICAL CENTER 0
15:01 AP Open Invoice List ap_open_invoice.template
Dates Through: 03/13/2018

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000801		03/02/20	02/22/20	03/13/20			273.16	0.00	0.00	✓273.16
	TRANSFER									
000802		03/02/20	02/28/20	03/13/20			18,103.34	0.00	0.00	✓18,103.34
	TRANSFER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	18,376.50	0.00	0.00	18,376.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	18,376.50	0.00	0.00	18,376.50

APPROVED
ON
MAR 05 2018 #174869

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

03/02/2018
15:11

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/13/2018

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PARK ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000808		03/02/20	02/22/20	03/13/20		13,440.97	0.00	0.00	✓13,440.97
	TRANSFER								
000805		03/02/20	02/22/20	03/13/20		4,869.20	0.00	0.00	✓4,869.20
	TRANSFER								
000812		03/02/20	02/22/20	03/13/20		2,483.78	0.00	0.00	✓2,483.78
	TRANSFER								
000815		03/02/20	02/22/20	03/13/20		4,229.27	0.00	0.00	✓4,229.27
	TRANSFER								
000807		03/02/20	02/22/20	03/13/20		1,134.00	0.00	0.00	✓1,134.00
	TRANSFER								
000806		03/02/20	02/22/20	03/13/20		1,512.00	0.00	0.00	✓1,512.00
	TRANSFER								
000810		03/02/20	02/22/20	03/13/20		10,322.00	0.00	0.00	✓10,322.00
	TRANSFER								
000811		03/02/20	02/22/20	03/13/20		2,877.55	0.00	0.00	✓2,877.55
	TRANSFER								
000814		03/02/20	02/22/20	03/13/20		3,736.10	0.00	0.00	✓3,736.10
	TRANSFER								
000813		03/02/20	02/22/20	03/13/20		2,658.18	0.00	0.00	✓2,658.18
	TRANSFER								
000809		03/02/20	02/22/20	03/13/20		9,987.24	0.00	0.00	✓9,987.24
	TRANSFER								
000803		03/02/20	02/22/20	03/13/20		24.16	0.00	0.00	✓24.16
	TRANSFER								
000804		03/02/20	02/22/20	03/13/20		7,590.76	0.00	0.00	✓7,590.76
	TRANSFER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	64,865.21	0.00	0.00	64,865.21

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	64,865.21	0.00	0.00	64,865.21

Additional check request originally included on another Vendor request { + 3,580.00

$68,445.21

APPROVED ON
MAR 05 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

64,865.21 +
3,580.00 +
68,445.21 *

CK # 174867

RUN DATE:03/08/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:09 CHECK REGISTER GLCKREG
03/08/18 THRU 03/08/18

BANK--CHECK CODE	NUMBER	DATE	AMOUNT		PAYEE
A/P *	174875	03/08/18	16,385.22	CR	FORTBEND HEALTHCARE CENTER
A/P	174878	03/08/18	16,385.23		FORTBEND HEALTHCARE CENTER
TOTALS:			.01		

Check #174875 was voided then re-issued w/ #174878 to correct amount

03/02/2018
16:02

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/13/2018

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTER ✓		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	000828		03/02/20	02/26/20	03/13/20			1,560.24	0.00	0.00	✓1,560.24
		TRANFERS									
	000830		03/02/20	02/26/20	03/13/20			4,263.52	0.00	0.00	4,263.52
		TRANSFER									
	000831		03/02/20	02/26/20	03/13/20			3,921.88	0.00	0.00	✓3,921.88
		TRANSFER									
	000829		03/02/20	02/26/20	03/13/20			5,686.42	0.00	0.00	✓5,686.42
		TRANSFER									
	000832		03/02/20	02/26/20	03/13/20			953.16	0.00	0.00	✓953.16
		TRANSFER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTHCARE CENTER	16,385.22	0.00	0.00	16,385.22

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,385.22	0.00	0.00	16,385.22

1,560.24 +
4,263.52 +
3,921.88 +
5,686.42 +
953.16 +
16,385.22 ✓

APPROVED
ON
MAR 05 2018 CK #174875

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FEE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	18	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	3	

1ST QTR - 03 (MARCH) - Jan, Feb, Mar
2ND QTR - 06 (JUNE) - Apr, May, June
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 84,167.23	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 43,152.76	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,092.18	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 30,922.29	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:	
CALLED IN DATE:	
CALLED IN TIME:	

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8953.25	N		N	N		173827.08
1	REGULAR PAY-S1	1453.50	N		N	N	N	60349.18
1	REGULAR PAY-S1	190.25	Y		N	N		5549.80
2	REGULAR PAY-S2	2575.00	N		N	N		56647.83
2	REGULAR PAY-S2	68.25	Y		N	N		1931.40
3	REGULAR PAY-S3	1585.00	N		N	N		40810.31
3	REGULAR PAY-S3	42.25	Y		N	N		1640.57
C	CALL PAY	378.00	N		N	N	N	756.00
C	CALL PAY	2385.50	N	1	N	N		4771.00
E	EXTRA WAGES	6.00	N		N	N	N	379.51
E	EXTRA WAGES		N	1	N	N	N	1170.00
I	INSERVICE	26.50	N	1	N	N		683.85
I	INSERVICE	2.00	Y	1	N	N		68.49
K	EXTENDED-ILLNESS-BANK	80.00	N		N	N	N	1638.40
K	EXTENDED-ILLNESS-BANK	61.00	N	1	N	N		1332.10
P	PAID-TIME-OFF	306.04	N		N	N	N	4493.39
P	PAID-TIME-OFF	907.00	N	1	N	N		19495.40
X	CALL PAY 2	160.00	N	1	N	N		320.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00

Deductions Summary

Code	Amount				
A/R	710.50	A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	1516.46	CAFE-2	1065.04
CAFE-3	747.97	CAFE-4	406.80	CAFE-5	300.68
CAFE-C		CAFE-D	1657.82	CAFE-F	
CAFE-H	18647.00	CAFE-I		CAFE-L	
CAFE-P	231.57	CANCER		CHILD	
CLINIC	190.00	COMBIN	798.80	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1362.41	EAT		EATCSH	11.25
FEDTAX	30922.29	FICA-M	5046.13	FICA-O	21576.45
FIRSTC	75.00	FLEX S	2332.83	FLX FE	
FORT D		FUTA		GIFT S	35.32
GRANT		GRP-IN	129.26	GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	522.26	MASA	528.00	MEALS	163.40
MISC		MISC/		MMCSHR	
OTHER		PHI		PHI***	
PR FIN	270.53	RELAY		REPAY	
SAMS		SCRUBS		SIGNON	
ST-TX		STONDF	1165.00	STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	26191.34	TUTION		UNIFOR	264.49
UW/HOS					

Grand Totals: 19275.54 ------- (Gross: 376152.31 Deductions: 116868.60 Net: 259283.71)
Checks Count:- FT 189 PT 10 Other 39 Female 201 Male 36 Credit OverAmt 2 ZeroNet Term Total: 237

Pay Date - 3/1/18

MEMORIAL MEDICAL CENTER

I B C

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- FEBURARY 24, 2018 - MARCH 2, 2018

Date	Bank Description	MMC Notes	Amount
03/02/18	ACH Payment - IBC MERCH BNKCD FEE	Credit Card Bank Fees	29.95

Total Electronic Payments: 29.95

Jason Anglin, CEO
Memorial Medical Center

March 2, 2018

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- FEBURARY 24, 2018 - MARCH 2, 2018

Date	Bank Description	MMC Notes	Amount
2/27/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03391512 910000102	- 340B Drug Program Expense	4,047.36 Approved 02.28.1
2/28/2018	ACH Payment IRS USATAXPYMT 220845954250975 6103601001774	- Payroll Taxes	86,156.55 Approved 02.19.1
3/1/2018	ACH Payment STATE COMPTRLR TEXNET 29814562/80228 2100002	- 3RD FFY 2018 DSH Advance Payment	57,146.24 Approved 02.28.1
3/1/2018	ACH Payment TSYS/TRANSFIRST CHARGEBACK 41399801332385 61	- Credit Card Processing Fee	1,886.50 *
3/2/2018	ACH Payment IRS USATAXPYMT 220846153497577 6103601000301	- Payroll Taxes	6,917.33 Approved 02.28.
3/2/2018	ACH Payment CARDMEMBER SERV ELECT PYMT **********4378 4	- Credit Card Processing Fee	6,227.12 *

Total: 162,381.10

Jason Anglin, CEO
Memorial Medical Center

March 5, 2018

* Credit Card Processing Fee

1,886.50 *
6,227.12 *
8,113.62 *

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
3/7/2018

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Ck to MMC for QIPP	Pending Deposits	Interest Earned	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Nexion Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek	4454	105.94	0.00	782,603.32		79,158.44	10.15		45,162.67	-	-	861,867.70	816,594.88

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 121000248
Account # 9323

Approved:

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

APPROVED
ON
MAR 05 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Revised
mdo 3-2-18
1:47pm

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
3/7/2018

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Ck to MMC for QIPP	Pending Deposits	Interest Earned	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4381	206,899.42	206,799.42	78,039.10		123,126.68	52.73	-	35,842.80	-	-	201,265.78	165,270.25

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 111[illegible]
Account # 4257

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Ck to MMC for QIPP	Pending Deposits	Interest Earned	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	438	419,781.65	419,681.65	36,767.33		146,749.62	50.34		9,563.10	-	-	183,616.95	173,903.51
Crescent	411	214,334.35	214,234.35	35,037.52		114,440.06	28.72		2,560.20	-	-	149,577.58	146,888.66
Broadmoor	4403	452,320.05	452,220.05	91,883.11		151,364.24	64.68			-	-	243,347.35	243,182.67
Fort Bend	4446	77,289.16	77,189.16	16,383.57		30,949.27	15.86		10,316.10	-	-	47,432.84	37,000.88
													600,975.72

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 111000614
Account # 2922

68445.21

Approved:

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

APPROVED
ON
MAR 05 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

165,270.25 +
600,975.72 +
766,245.97 *

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
3/7/2018

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Transfer Out	Pending Deposits	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	47,394.34	48,664.83	44,455.01			-	-	-	43,184.52	43,084.52

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 111000614
Account # 4257

43,184.52

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Transfer Out	Pending Deposits	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	25,229.61	29,417.69	21,328.65		31,452.04		-	-	48,592.61	48,492.61
Crescent	4588	17,585.18	18,906.86	55,992.16		5,678.24		-	-	60,348.72	60,248.72
Broadmoor	4596	16,054.57	15,954.57	658.00		4,715.93		-	-	5,473.93	5,373.93
Fort Bend	4618	31,306.18	31,806.58	11,890.39		2,812.93		-	-	14,202.92	14,102.92
											128,218.18

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 111000614
Account # 2922

Approved:

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

APPROVED
ON
MAR 05 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

43,084.52 +
128,218.18 +
171,302.70 =

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 03/7/2018

APPROVED ON MAR 05 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $35,842.80

G/L NUMBER: 21000012

EXPLANATION: Ashford - To transfer funds for Comp 1- Jan 2018 - QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 03/7/2018

APPROVED ON MAR 05 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $45,162.67

G/L NUMBER: 21000013

EXPLANATION: Golden Creek - To transfer funds for Comp 1- Jan 2018 - QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 03/7/2018

APPROVED ON MAR 05 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $9,563.10

G/L NUMBER: 21000011

EXPLANATION: Solera - To transfer funds for Comp 1- Jan 2018 - QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 03/7/2018

APPROVED ON MAR 05 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $10,316.10

G/L NUMBER: 21000008

EXPLANATION: Fort Bend - To transfer funds for Comp 1- Jan 2018 - QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 03/7/2018

APPROVED ON MAR 05 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY
- [ ] Imprest Cash
- [ ] A/P Check
- [ ] Mail Check to Vendor
- [ ] Return Check to Dept

AMOUNT: $2,560.20

G/L NUMBER: 21000010

EXPLANATION: Crescent - To transfer funds for Comp 1- Jan 2018 - QIPP payment.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: