MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- May 30, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 800,325.35
TOTAL TRANSFERS BETWEEN FUNDS	$ -
TOTAL NURSING HOME UPL EXPENSES	$ 1,296,534.76
TOTAL INTER-GOVERNMENT TRANSFERS	$ 418,414.87
GRAND TOTAL DISBURSEMENTS APPROVED May 30, 2018	$ 2,515,274.98

APPROVED

MAY 30 2018

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---May 30, 2018

PAYABLES AND PAYROLL			
5/24/2018	Weekly Payables	432,842.11	
5/24/2018	Credit Card-see attached	6,189.66	
5/24/2018	Patient Refunds	11,056.94	
5/24/2018	Payroll Liabilities (Payroll Taxes)	87,617.42	
5/24/2018	Payroll	260,744.10	
5/29/2018	McKesson-340B Prescription Expense	1,691.91	
	Electronic Bank Payments		
5/21/-5/22/18	IBC Electronic Payments (Credit Card & Lease Fees)	156.23	
	Prosperity Electronics Payments		
5/21/2018	Credit Card & Lease Fees	26.98	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 800,325.35**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
5/25/2018	Nursing Home UPI	160,109.66	
5/25/2018	Nursing Home UPI	995,538.00	
QIPP/INTEREST CHECKS TO MMC			
5/25/2018	Ashford	34,976.48	
5/25/2018	Golden Creek	84,081.04	
5/25/2018	Fort Bend	10,033.03	
5/25/2018	Solera	9,298.23	
5/25/2018	Crescent	2,498.32	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,296,534.76**
INTER-GOVERNMENT TRANSFERS			
5/25/2018	IGT UHRIP to be paid May 31, 2018	81,652.00	
5/25/2018	IGT DSH to be paid May 31, 2018	336,762.87	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 418,414.87**
GRAND TOTAL DISBURSEMENTS APPROVED May 30, 2018			**$ 2,515,274.98**

05/24/2018 MEMORIAL MEDICAL CENTER 0
09:08 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 06/06/2018

Vendor#	Vendor Name	Class	Pay Code
10299	ACOG DISTRIBUTION CENTER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
49095703 ✓		05/23/20	02/27/20	03/27/20		141.25	0.00	0.00	141.25 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10299	ACOG DISTRIBUTION CENTER	141.25	0.00	0.00	141.25

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
113003836 ✓		05/22/20	05/16/20	06/05/20		2,117.56	0.00	0.00	2,117.56 ✓
	PHONE SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	2,117.56	0.00	0.00	2,117.56

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
9948280178 ✓		05/21/20	09/30/20	10/25/20		375.05	0.00	0.00	375.05 ✓
	RENTAL								
9070665799 ✓		05/21/20	12/06/20	12/31/20		412.01	0.00	0.00	412.01 ✓
	Rental								
9950382588 ✓		05/21/20	12/31/20	01/25/20		514.80	0.00	0.00	514.80 ✓
	RENTAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	1,301.86	0.00	0.00	1,301.86

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
9653387067 ✓		05/09/20	04/16/20	05/16/20		1,547.70	0.00	0.00	1,547.70 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	1,547.70	0.00	0.00	1,547.70

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
936684415 ✓		05/23/20	05/10/20	05/16/20		49.35	0.00	0.00	49.35 ✓
	INVENTORY								
936695264 ✓		05/23/20	05/10/20	05/16/20		2,213.16	0.00	0.00	2,213.16 ✓
	INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	2,262.51	0.00	0.00	2,262.51

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
051618A		05/23/20	05/16/20	05/16/20		97.23	0.00	0.00	97.23
	TRANSFER Pymt sent to MMC in error								
051618		05/23/20	05/16/20	05/16/20		822.50	0.00	0.00	822.50
	TRANSFER Pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	919.73	0.00	0.00	919.73

Vendor#	Vendor Name	Class	Pay Code
11756	AYA HEALTHCARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4599988R ✓		05/23/20	04/26/20	05/26/20		3,052.75	0.00	0.00	3,052.75 ✓
	STAFFING SURGERY Boothe 4/13/18 - 4/19/18								
461979 ✓		05/23/20	05/03/20	06/03/20		2,591.50	0.00	0.00	2,591.50 ✓
	STAFFING Boothe 4/20/18 - 4/26/18								
CM444326		05/23/20	05/21/20	05/21/20		-3,007.25	0.00	0.00	-3,007.25 ✓
	CREDIT FOR OVERPAYMENT due to revised invoice								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11756	AYA HEALTHCARE INC	2,637.00	0.00	0.00	2,637.00

Vendor#	Vendor Name	Class	Pay Code
B1075	BAXTER HEALTHCARE CORP ✓		M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
~~-18.96~~		05/09/20	04/25/20	06/01/20		-18.96	0.00	0.00	-18.96 ✓
59096735	CREDIT								
59118914 ✓		05/23/20	04/26/20	05/26/20		129.82	0.00	0.00	129.82 ✓
	INVENTORY								
59227116 ✓		05/23/20	05/03/20	06/02/20		129.82	0.00	0.00	129.82 ✓
	Inventory								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	240.68	0.00	0.00	240.68

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE ✓		M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6006187083 ✓		05/09/20	04/23/20	05/23/20		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#	Vendor Name	Class	Pay Code
B1220	BECKMAN COULTER INC ✓		M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5388181 ✓		05/23/20	04/30/20	05/25/20		3,507.27	0.00	0.00	3,507.27 ✓
	LEASE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	3,507.27	0.00	0.00	3,507.27

Vendor#	Vendor Name	Class	Pay Code
10024	BECTON, DICKINSON & CO (BD) ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9104052765 ✓		05/23/20	04/11/20	05/11/20		309.25	0.00	0.00	309.25 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)	309.25	0.00	0.00	309.25

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
77243979 ✓		05/09/20	11/21/20	12/21/20		174.90	0.00	0.00	174.90 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1040	C R BARD, INC	174.90	0.00	0.00	174.90

Vendor#	Vendor Name				Class	Pay Code				
11088	CANTEX HELATH CARE CENTERS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	051618		05/23/20	05/16/20	05/16/20		2,138.50	0.00	0.00	2,138.50 ✓
		TRANSFER MMC received pymt in error								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11088	CANTEX HELATH CARE CENTERS LLC				2,138.50	0.00	0.00	2,138.50
Vendor#	Vendor Name				Class	Pay Code				
A1730	CAREFUSION ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9108432179 ✓		05/09/20	04/16/20	05/16/20		157.94	0.00	0.00	157.94 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1730	CAREFUSION				157.94	0.00	0.00	157.94
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
	00892493232		05/09/20	04/18/20	05/18/20		596.25	0.00	0.00	596.25 ✓
		SUPPLIES								
	0092496088 ✓		05/09/20	04/23/20	05/23/20		802.00	0.00	0.00	802.00 ✓
		SUPPLIES								
	0092497894 ✓		05/09/20	04/25/20	05/25/20		662.50	0.00	0.00	662.50 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10350	CENTURION MEDICAL PRODUCTS				2,060.75	0.00	0.00	2,060.75
Vendor#	Vendor Name				Class	Pay Code				
10786	CLINICAL PATHOLOGY ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2018040 ✓		05/23/20	04/30/20	05/25/20		10,528.30	0.00	0.00	10,528.30 ✓
		LAB SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10786	CLINICAL PATHOLOGY				10,528.30	0.00	0.00	10,528.30
Vendor#	Vendor Name				Class	Pay Code				
C1970	CONMED CORPORATION ✓					M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	619686 ✓		05/09/20	04/24/20	05/24/20		668.75	0.00	0.00	668.75 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1970	CONMED CORPORATION				668.75	0.00	0.00	668.75
Vendor#	Vendor Name				Class	Pay Code				
11936	CROSSROADS MOVERS, INC. ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	050318		05/07/20	05/03/20	06/01/20		5,000.00	0.00	0.00	5,000.00 ✓
		RELOCATION FOR DIANE MOORE 1 OF 2 pymts ($5,000 each)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11936	CROSSROADS MOVERS, INC.				5,000.00	0.00	0.00	5,000.00
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
	237785 ✓		05/09/20	04/23/20	05/23/20		616.57	0.00	0.00	616.57 ✓
		SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	616.57	0.00	0.00	616.57

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5368890 ✓		05/21/20	05/07/20	06/01/20		191.78	0.00	0.00	191.78 ✓
	SUPPLIES								
5370270 ✓		05/21/20	05/08/20	06/02/20		376.58	0.00	0.00	376.58 ✓
	SUPPLIES								
5368891 ✓		05/21/20	05/08/20	06/02/20		36.78	0.00	0.00	36.78 ✓
	SUPPLIES								
5370210 ✓		05/21/20	05/08/20	06/02/20		7.22	0.00	0.00	7.22 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	612.36	0.00	0.00	612.36

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC051518		05/21/20	05/15/20	05/25/20		98,092.20	0.00	0.00	98,092.20 ✓
	PHYSICIAN SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	98,092.20	0.00	0.00	98,092.20

Vendor# D1710 Vendor Name: DOWNTOWN CLEANERS ✓ Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
FEB-MAR		05/23/20	05/21/20	05/31/20		158.90	0.00	0.00	158.90 ✓
	LAUNDRY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	158.90	0.00	0.00	158.90

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
68618 ✓		05/21/20	05/02/20	06/02/20		351.60	0.00	0.00	351.60 ✓
	SUPPLIES ABC Fire extinguishers (6)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC	351.60	0.00	0.00	351.60

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
478447 ✓		05/09/20	04/17/20	05/21/20		2,156.85	0.00	0.00	2,156.85 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	2,156.85	0.00	0.00	2,156.85

Vendor# C2510 Vendor Name: EVIDENT ✓ Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1805031378A		05/23/20	05/03/20	05/28/20		17,285.00	0.00	0.00	17,285.00 ✓
	SOFTWARE, SUBSCRIP, RENE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	17,285.00	0.00	0.00	17,285.00

Vendor# 11037 Vendor Name: FIRST CLEARING ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051018		05/21/20	05/10/20	05/20/20		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# F1400 Vendor Name FISHER HEALTHCARE Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1135200	supplies	05/09/20	05/09/20	06/03/20		22.24	0.00	0.00	22.24
3804399		05/21/20	04/26/20	05/21/20		363.69	0.00	0.00	363.69
	SUPPLIES								
4923939		05/21/20	05/01/20	05/26/20		3,645.87	0.00	0.00	3,645.87
	SUPPLIES								
5166654		05/21/20	05/02/20	05/27/20		3,133.47	0.00	0.00	3,133.47
	SUPPLIES								
5533740		05/21/20	05/03/20	05/28/20		283.77	0.00	0.00	283.77
	SUPPLIES								
6184707		05/21/20	05/08/20	06/02/20		7.13	0.00	0.00	7.13
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	7,456.17	0.00	0.00	7,456.17

Vendor# 10678 Vendor Name FIVE STAR STERILIZER SERVICES Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5614		05/21/20	05/09/20	06/03/20		237.92	0.00	0.00	237.92
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES	237.92	0.00	0.00	237.92

Vendor# 11149 Vendor Name GARDNER & WHITE, INC. Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
060118		04/24/20	06/01/20	06/01/20		4,948.19	0.00	0.00	4,948.19
	INS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE, INC.	4,948.19	0.00	0.00	4,948.19

Vendor# 10283 Vendor Name GE HEALTHCARE Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6001028188		05/23/20	05/01/20	05/26/20		3,236.62	0.00	0.00	3,236.62
	IMAGING CONTRACT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10283	GE HEALTHCARE	3,236.62	0.00	0.00	3,236.62

Vendor# 10901 Vendor Name GENESIS DIAGNOSTICS Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
48517		05/09/20	04/10/20	05/10/20		122.46	0.00	0.00	122.46
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	122.46	0.00	0.00	122.46

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
051618B		05/23/20	05/16/20	05/16/20		17,241.58	0.00	0.00	17,241.58 ✓
	TRANSFER Pymt sent to MMC in error								
051618A		05/23/20	05/16/20	05/16/20		4,465.20	0.00	0.00	4,465.20 ✓
	TRANSFER Pymt sent to MMC in error								
051618C		05/23/20	05/16/20	05/16/20		38,292.66	0.00	0.00	38,292.66 ✓
	TRANSFER Pymt sent to MMC in error								
051618		05/23/20	05/16/20	05/16/20		59.56	0.00	0.00	59.56 ✓
	TRANSFER Pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	60,059.00	0.00	0.00	60,059.00

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
1492881 ✓		05/09/20	05/01/20	05/31/20		186.02	0.00	0.00	186.02 ✓
	SUPPLIES								
1495276 ✓		05/09/20	05/04/20	06/03/20		375.76	0.00	0.00	375.76 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	561.78	0.00	0.00	561.78

Vendor# Vendor Name — Class — Pay Code

H1100 HAYES ELECTRIC SERVICE ✓ — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A218050809 ✓		05/21/20	05/08/20	05/18/20		276.74	0.00	0.00	276.74 ✓
	ELECTRICAL WORK to install Health Fair Banner								
A218051106		05/21/20	05/11/20	05/21/20		150.00	0.00	0.00	150.00 ✓
	ELECTRICAL WORK to remove Health Fair banner								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1100	HAYES ELECTRIC SERVICE	426.74	0.00	0.00	426.74

Vendor# Vendor Name — Class — Pay Code

10804 HEALTHCARE CODING & CONSULTING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7265 ✓		05/23/20	04/30/20	05/30/20		220.00	0.00	0.00	220.00 ✓
	CHART CODING SERVICE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING	220.00	0.00	0.00	220.00

Vendor# Vendor Name — Class — Pay Code

H1661 HFMA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
700194719INV1		05/21/20	05/21/20	05/21/20		335.00	0.00	0.00	335.00 ✓
	MEMBERSHIP RENEW THRU ! (1 Year)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1661	HFMA	335.00	0.00	0.00	335.00

Vendor# Vendor Name — Class — Pay Code

10922 HUNTER PHARMACY SERVICES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2854 ✓		05/23/20	04/30/20	05/20/20		13,627.12	0.00	0.00	13,627.12 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	13,627.12	0.00	0.00	13,627.12

Vendor# Vendor Name — Class — Pay Code

11200 IRON MOUNTAIN ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
AAMS819 ✓		05/23/20	04/30/20	05/30/20		284.83	0.00	0.00	284.83 ✓
	SHRED SERVICE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	284.83	0.00	0.00	284.83

Vendor# Vendor Name Class Pay Code

11285 ITA RESOURCES INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC52018 ✓		05/23/20	05/21/20	05/31/20		23,754.30	0.00	0.00	23,754.30 ✓
	RT SERVICES MAY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	23,754.30	0.00	0.00	23,754.30

Vendor# Vendor Name Class Pay Code

11108 ITERSOURCE CORPORATION ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4870		05/23/20	04/30/20	05/30/20		500.00	0.00	0.00	500.00 ✓
	SUPPORT SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION	500.00	0.00	0.00	500.00

Vendor# Vendor Name Class Pay Code

10341 JENISE SVETLIK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
052118		05/21/20	05/21/20	05/21/20		405.35	0.00	0.00	405.35 ✓
	TRAVEL CPSI National Conference in New Orleans LA 5/13-5/17/18								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10341	JENISE SVETLIK	405.35	0.00	0.00	405.35

Vendor# Vendor Name Class Pay Code

10371 LOFTIN EQUIPMENT COMPANY ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
S126017 ✓		05/21/20	04/18/20	05/18/20		1,590.41	0.00	0.00	1,590.41 ✓
	LABOR on generator								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10371	LOFTIN EQUIPMENT COMPANY	1,590.41	0.00	0.00	1,590.41

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
201803310837 ✓		05/21/20	03/31/20	04/30/20		22,388.20	0.00	0.00	22,388.20 ✓
	FOOD, SUPPLIES, CONTRACT								
201804300837 ✓		05/21/20	04/30/20	05/30/20		25,643.73	0.00	0.00	25,643.73 ✓
	FOOD, SUPPLIES, CONTRACT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCKERS RESTAURANTS	48,031.93	0.00	0.00	48,031.93

Vendor# Vendor Name Class Pay Code

10578 LUMINANT ENERGY COMPANY LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV0547350 ✓		05/02/20	05/01/20	06/01/20		2,152.31	0.00	0.00	2,152.31 ✓
	GAS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC	2,152.31	0.00	0.00	2,152.31

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
051018		05/21/20	05/10/20	05/20/20		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

11760 MARVELOUS GARDENS, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
428		05/21/20	05/15/20	05/15/20		330.83	0.00	0.00	330.83
	LAWN CARE NEW CLIN 701 N. Virgina								
444		05/21/20	05/15/20	05/15/20		433.33	0.00	0.00	433.33
	LAWN CARE CLINIC 1016 N. Virginia St.								
443		05/21/20	05/15/20	05/15/20		379.17	0.00	0.00	379.17
	LAWN CARE 815 N. Virgina St.								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11760	MARVELOUS GARDENS, INC	1,143.33	0.00	0.00	1,143.33

Vendor# Vendor Name — Class — Pay Code

M2178 MCKESSON MEDICAL SURGICAL INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
25716444		05/21/20	04/22/20	05/22/20		139.24	0.00	0.00	139.24
	SUPPLIES								
25314248		05/21/20	04/16/20	05/16/20		463.58	0.00	0.00	463.58
	SUPPLIES								
25537585		05/21/20	04/18/20	05/18/20		915.02	0.00	0.00	915.02
	SUPPLIES								
25957047		05/21/20	04/25/20	05/25/20		2,261.79	0.00	0.00	2,261.79
	SUPPLIES								
23914926		05/22/20	03/27/20	04/26/20		5,490.09	0.00	0.00	5,490.09
	SUPPLIES								
4760022		05/23/20	04/30/20	05/30/20		52.74	0.00	0.00	52.74
	FINANCE CHARGES								
4792380		05/23/20	04/30/20	05/30/20		14.68	0.00	0.00	14.68
	FINANCE CHARGES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	9,337.14	0.00	0.00	9,337.14

Vendor# Vendor Name — Class — Pay Code

11203 MEDI-DOSE, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0685825		05/23/20	04/26/20	05/26/20		85.50	0.00	0.00	85.50
	INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC	85.50	0.00	0.00	85.50

Vendor# Vendor Name — Class — Pay Code

11668 MEDIPROCITY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3870		05/21/20	03/01/20	04/01/20		138.00	0.00	0.00	138.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11668	MEDIPROCITY	138.00	0.00	0.00	138.00

Vendor# Vendor Name — Class — Pay Code

M2827 MEDIVATORS — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3032559	SUPPLIES	05/21/20	04/23/20	05/23/20		263.50	0.00	0.00	263.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	263.50	0.00	0.00	263.50

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
1849325162	SUPPLIES	05/21/20	04/27/20	05/22/20		97.14	0.00	0.00	97.14
1849325159	SUPPLIES	05/21/20	04/27/20	05/22/20		923.04	0.00	0.00	923.04
1849325161	SUPPLIES	05/21/20	04/27/20	05/22/20		36.19	0.00	0.00	36.19
1849325156	SUPPLIES	05/21/20	04/27/20	05/22/20		235.92	0.00	0.00	235.92
1849494358	SUPPLIES	05/21/20	05/01/20	05/26/20		8.46	0.00	0.00	8.46
1849494371	SUPPLIES	05/21/20	05/01/20	05/26/20		22.91	0.00	0.00	22.91
1849494368	SUPPLIES	05/21/20	05/01/20	05/26/20		612.88	0.00	0.00	612.88
1849494357	SUPPLIES	05/21/20	05/01/20	05/26/20		24.75	0.00	0.00	24.75
1849494363	SUPPLIES	05/21/20	05/01/20	05/26/20		19.50	0.00	0.00	19.50
1849494362	SUPPLIES	05/21/20	05/01/20	05/26/20		856.33	0.00	0.00	856.33
1849582431	SUPPLIES	05/21/20	05/02/20	05/27/20		107.87	0.00	0.00	107.87
1849726326	SUPPLIES	05/21/20	05/03/20	05/28/20		30.12	0.00	0.00	30.12
1849726333	SUPPLIES	05/21/20	05/03/20	05/28/20		25.83	0.00	0.00	25.83
1849726332	SUPPLIES	05/21/20	05/03/20	05/28/20		18.84	0.00	0.00	18.84
1849726331	SUPPLIES	05/21/20	05/03/20	05/28/20		47.31	0.00	0.00	47.31
1849726328	SUPPLIES	05/21/20	05/03/20	05/28/20		15.06	0.00	0.00	15.06
1849726327	SUPPLIES	05/21/20	05/03/20	05/28/20		73.96	0.00	0.00	73.96
1849992240	SUPPLIES	05/21/20	05/08/20	06/02/20		58.21	0.00	0.00	58.21
1849992245	SUPPLIES	05/21/20	05/08/20	06/02/20		855.43	0.00	0.00	855.43
1849992253	SUPPLIES	05/21/20	05/08/20	06/02/20		839.48	0.00	0.00	839.48
1849992241	SUPPLIES	05/21/20	05/08/20	06/02/20		15.06	0.00	0.00	15.06
1850126093	SUPPLIES	05/21/20	05/09/20	06/03/20		87.30	0.00	0.00	87.30

	SUPPLIE							
1843119996		05/22/20	01/23/20	02/22/20	121.78	0.00	0.00	121.78
	SUPPLIES							
1701923183		05/23/20	04/28/20	05/23/20	171.80	0.00	0.00	171.80
	FINANCE CHARGES							
1849766307		05/23/20	05/03/20	05/28/20	-8.46	0.00	0.00	-8.46
	CREDIT							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC			5,296.71	0.00	0.00	5,296.71

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
051018		05/21/20	05/10/20	05/20/20			250.00	0.00	0.00	250.00
	PAYROLL DED									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC					250.00	0.00	0.00	250.00

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
8800243452		05/21/20	04/12/20	05/12/20			172.20	0.00	0.00	172.20
	SUPPLIES									
88002247025		05/21/20	04/19/20	05/19/20			172.20	0.00	0.00	172.20
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA					344.40	0.00	0.00	344.40

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
052118		05/23/20	05/21/20	05/21/20			10,806.36	0.00	0.00	10,806.36
	EMP INS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN					10,806.36	0.00	0.00	10,806.36

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
2459		05/21/20	05/16/20	05/26/20			-127.60	0.00	0.00	-127.60
	CREDIT									
2456		05/21/20	05/16/20	05/26/20			-195.56	0.00	0.00	-195.56
	CREDIT									
2632 (23)		05/21/20	05/16/20	05/26/20			-25.50	0.00	0.00	-25.50
	CREDIT									
CM37868		05/21/20	05/17/20	05/27/20			-1,729.10	0.00	0.00	-1,729.10
	CREDIT									
2792310		05/21/20	05/17/20	05/27/20			0.02	0.00	0.00	0.02
	INVENTORY									
2793752		05/21/20	05/17/20	05/27/20			2,010.46	0.00	0.00	2,010.46
	INVENTORY									
2793754		05/21/20	05/17/20	05/27/20			44.64	0.00	0.00	44.64
	INVENTORY									
2793753		05/21/20	05/17/20	05/27/20			1,433.41	0.00	0.00	1,433.41
	INVENTORY									
2391713		05/23/20	02/09/20	02/19/20			1,500.00	0.00	0.00	1,500.00

2503585	ACCUMULATOR 05/23/20 03/08/20 03/18/20	1,500.00	0.00	0.00	1,500.00	
2631616	ACCUMULATOR 05/23/20 04/09/20 04/19/20	1,500.00	0.00	0.00	1,500.00	
0189	ACCUMULATOR 05/23/20 05/07/20 05/17/20	-0.13	0.00	0.00	-0.13	
2752637	CREDIT 05/23/20 05/08/20 05/18/20	21.47	0.00	0.00	21.47	
2756160	INVENTORY 05/23/20 05/08/20 05/18/20	108.08	0.00	0.00	108.08	
2752639	INVENTORY 05/23/20 05/08/20 05/18/20	22.20	0.00	0.00	22.20	
2752636	INVENTORY 05/23/20 05/08/20 05/18/20	51.10	0.00	0.00	51.10	
2752638	INVENTORY 05/23/20 05/08/20 05/18/20	2960.03 2,690.03	0.00	0.00	2960.03 2,690.03	
2757180	INVENTORY 05/23/20 05/09/20 05/19/20	1,729.10	0.00	0.00	1,729.10	
2759411	INVENTORY 05/23/20 05/09/20 05/19/20	966.67	0.00	0.00	966.67	
2757179	INVENTORY 05/23/20 05/09/20 05/19/20	32.02	0.00	0.00	32.02	
2757178	INVENTORY 05/23/20 05/09/20 05/19/20	23.16	0.00	0.00	23.16	
2759410	INVENTORY 05/23/20 05/09/20 05/19/20	48.96	0.00	0.00	48.96	
2757177	INVENTORY 05/23/20 05/09/20 05/19/20	46.32	0.00	0.00	46.32	
2764401	INVENTORY 05/23/20 05/10/20 05/20/20	36.51	0.00	0.00	36.51	
0965	INVENTORY 05/23/20 05/10/20 05/20/20	-380.27	0.00	0.00	-380.27	
2764403	CREDIT 05/23/20 05/10/20 05/20/20	110.98	0.00	0.00	110.98	
2764402	INVENTORY 05/23/20 05/10/20 05/20/20	1,130.16	0.00	0.00	1,130.16	
2764400	INVENTORY 05/23/20 05/10/20 05/20/20	28.11	0.00	0.00	28.11	
CM35440	INVENTORY 05/23/20 05/10/20 05/20/20	-0.22	0.00	0.00	-0.22	
2768515	CREDIT 05/23/20 05/11/20 05/21/20	1,500.00	0.00	0.00	1,500.00	
1881	ACCUMULATOR 05/23/20 05/14/20 05/24/20	-15.02	0.00	0.00	-15.02	
2775959	CREDIT 05/23/20 05/14/20 05/24/20	833.17	0.00	0.00	833.17	
2775961	05/23/20 05/14/20 05/24/20	3,907.72	0.00	0.00	3,907.72	
2775958	INVENTORY 05/23/20 05/14/20 05/24/20	2,804.37	0.00	0.00	2,804.37	

2775957		05/23/20	05/14/20	05/24/20	31.79	0.00	0.00	31.79
	INVENTORY							
2775960		05/23/20	05/14/20	05/24/20	57.19	0.00	0.00	57.19
	INVENTORY							
2781468		05/23/20	05/15/20	05/25/20	326.14	0.00	0.00	326.14
	INVENTORY							
CM37001		05/23/20	05/15/20	05/25/20	-108.08	0.00	0.00	-108.08
	CREDIT							
2781466		05/23/20	05/15/20	05/25/20	1,870.07	0.00	0.00	1,870.07
	INVENTORY							
2781463		05/23/20	05/15/20	05/25/20	16.61	0.00	0.00	16.61
	INVENTORY							
2781464		05/23/20	05/15/20	05/25/20	256.48	0.00	0.00	256.48
	INVENTORY							
2781465		05/23/20	05/15/20	05/25/20	35.90	0.00	0.00	35.90
	INVENTORY							
2781467		05/23/20	05/15/20	05/25/20	68.38	0.00	0.00	68.38
	INVENTORY							
2786667		05/23/20	05/16/20	05/26/20	1,259.98	0.00	0.00	1,259.98
	INVENTORY							
2788317		05/23/20	05/16/20	05/26/20	96.97	0.00	0.00	96.97
	INVENTORY							
2788319		05/23/20	05/16/20	05/26/20	22.20	0.00	0.00	22.20
	INVENTORY							
2788318		05/23/20	05/16/20	05/26/20	4,536.46	0.00	0.00	4,536.46
	INVENTORY							
2806365		05/23/20	05/21/20	05/31/20	1,806.20	0.00	0.00	1,806.20
	INVENTORY							
2806364		05/23/20	05/21/20	05/31/20	261.84	0.00	0.00	261.84
	INVENTORY							
CM39207		05/23/20	05/21/20	05/31/20	-2,791.75	0.00	0.00	-2,791.75
	CREDIT							
2804398		05/23/20	05/21/20	05/31/20	39.57	0.00	0.00	39.57
	INVENTORY							
2806152		05/23/20	05/21/20	05/31/20	1,819.03	0.00	0.00	1,819.03
	INVENTORY							
2806363		05/23/20	05/21/20	05/31/20	388.09	0.00	0.00	388.09
	INVENTORY							
CM37002A		05/24/20	05/15/20	05/25/20	-15.51	0.00	0.00	-15.51
	CREDIT							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	31,582.82	0.00	0.00	31,582.82

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
1850637534		05/21/20	04/24/20	05/24/20			441.98	0.00	0.00	441.98
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	441.98	0.00	0.00	441.98

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

2037074909	05/09/20	04/16/20	05/16/20	39.76	0.00	0.00	39.76	
SUPPLIES								
2036866202	05/09/20	04/17/20	05/17/20	1,313.54	0.00	0.00	1,313.54	
SUPPLIES								
2036866224	05/09/20	04/17/20	05/17/20	7.28	0.00	0.00	7.28	
SUPPLIES								
2036961888	05/09/20	04/19/20	05/19/20	286.87	0.00	0.00	286.87	
SUPPLIES								
2036956296	05/09/20	04/19/20	05/19/20	108.27	0.00	0.00	108.27	
SUPPLIES								
2036965583	05/09/20	04/19/20	05/19/20	122.70	0.00	0.00	122.70	
SUPPLIES								
2037081150	05/09/20	04/24/20	05/24/20	1,307.93	0.00	0.00	1,307.93	
SUPPLIES								
2037162307	05/09/20	04/26/20	05/26/20	43.02	0.00	0.00	43.02	
SUPPLIES								
2037301344	05/21/20	05/01/20	05/31/20	69.00	0.00	0.00	69.00	
SUPPLIES								
2037290318	05/21/20	05/01/20	05/31/20	3.40	0.00	0.00	3.40	
SUPPLIES								
2037290652	05/21/20	05/01/20	05/31/20	317.40	0.00	0.00	317.40	
SUPPLIES								
2037297084	05/21/20	05/01/20	05/31/20	736.48	0.00	0.00	736.48	
SUPPLIES								
2037375269	05/21/20	05/03/20	06/02/20	471.51	0.00	0.00	471.51	
SUPPLIES								
2037367709	05/21/20	05/03/20	06/02/20	88.30	0.00	0.00	88.30	
SUPPLIES								
2037366252	05/21/20	05/03/20	06/02/20	49.64	0.00	0.00	49.64	
SUPPLIES								
8000142080	05/23/20	04/30/20	05/30/20	6.40	0.00	0.00	6.40	
FINCANCE CHARGES								
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	OM425	OWENS & MINOR		4,971.50	0.00	0.00	4,971.50	

Vendor#	Vendor Name	Class	Pay Code
P2100	PORT LAVACA WAVE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
043018		05/23/20	04/30/20	05/25/20			289.20	0.00	0.00	289.20
GOLD PROGRAM										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE					289.20	0.00	0.00	289.20

Vendor#	Vendor Name	Class	Pay Code
11195	PSYCHEMEDICS CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
511175		05/23/20	04/30/20	05/30/20			99.00	0.00	0.00	99.00
LAB SERVICES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11195	PSYCHEMEDICS CORPORATION					99.00	0.00	0.00	99.00

Vendor#	Vendor Name	Class	Pay Code
R1471	RESPIRONICS, INC.	M	

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

940749247		05/22/20	04/27/20	05/27/20	179.88	0.00	0.00	179.88
	RENTAL							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	R1471	RESPIRONICS, INC.			179.88	0.00	0.00	179.88

Vendor#	Vendor Name	Class	Pay Code
I0520	RICOH USA, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
100553149		05/23/20	05/10/20	05/29/20			130.06	0.00	0.00	130.06
	RENTAL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I0520	RICOH USA, INC.					130.06	0.00	0.00	130.06

Vendor#	Vendor Name	Class	Pay Code
G0425	ROBERTS, ROBERTS & ODEFEY, LLP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
090		05/23/20	05/11/20	06/01/20			869.00	0.00	0.00	869.00
	LEGAL SERVICES									
059		05/23/20	05/11/20	06/01/20			1,053.25	0.00	0.00	1,053.25
	LEGAL SERVICES									
161		05/23/20	05/11/20	06/01/20			4,917.00	0.00	0.00	4,917.00
	LEGAL SERVICES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ROBERTS & ODEFEY, LLP					6,839.25	0.00	0.00	6,839.25

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
18S0001277		05/07/20	05/04/20	06/01/20			558.00	0.00	0.00	558.00
	SCHEDULING									
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
10699	SIGN AD, LTD.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
225569		05/21/20	05/16/20	05/26/20			775.00	0.00	0.00	775.00
	BILLBOARD									
225576		05/21/20	05/16/20	05/26/20			380.00	0.00	0.00	380.00
	BILLBOARD									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.					1,155.00	0.00	0.00	1,155.00

Vendor#	Vendor Name	Class	Pay Code
11952	STATE FARM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
62363		05/23/20	05/21/20	05/21/20			16.00	0.00	0.00	16.00
	REFUND FOR PT ACCOUNT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11952	STATE FARM					16.00	0.00	0.00	16.00

Vendor#	Vendor Name	Class	Pay Code
S2830	STRYKER SALES CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
279794A		05/21/20	04/24/20	05/24/20			47.40	0.00	0.00	47.40
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP					47.40	0.00	0.00	47.40

Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	205EV36132 ✓		05/23/20	04/30/20	05/30/20		1,144.00	0.00	0.00	1,144.00 ✓
		CLOUD HOSTING								
	205EV36106 ✓		05/23/20	04/30/20	05/30/20		4,555.00	0.00	0.00	4,555.00 ✓
		TRACKING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC				5,699.00	0.00	0.00	5,699.00
Vendor#	Vendor Name				Class	Pay Code				
T1450	TEXAS ASSOCIATION OF COUNTIES				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	DP201740292		05/21/20	05/17/20	05/17/20		20,408.52	0.00	0.00	20,408.52 ✓
		One Year reserve balance for unemployment								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T1450	TEXAS ASSOCIATION OF COUNTIES				20,408.52	0.00	0.00	20,408.52
Vendor#	Vendor Name				Class	Pay Code				
T1885	TEXAS DEPARTMENT OF PUBLIC SAFETY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	052118		05/23/20	05/21/20	05/21/20		90.00	0.00	0.00	90.00 ✓
		CREDITS FOR RECORD CHEC	K (30 @ 3.00 Each)							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T1885	TEXAS DEPARTMENT OF PUBLIC SAF				90.00	0.00	0.00	90.00
Vendor#	Vendor Name				Class	Pay Code				
T2204	TEXAS MUTUAL INSURANCE CO ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1000273868 ✓		05/23/20	05/10/20	05/10/20		10.00	0.00	0.00	10.00 ✓
		LATE FEE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO				10.00	0.00	0.00	10.00
Vendor#	Vendor Name				Class	Pay Code				
11100	THE US CONSULTING GROUP ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	340371576 ✓		05/21/20	05/04/20	05/29/20		237.08	0.00	0.00	237.08 ✓
	340371575A ✓		05/21/20	05/04/20	05/29/20		1,413.42	0.00	0.00	1,413.42 ✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11100	THE US CONSULTING GROUP				1,650.50	0.00	0.00	1,650.50
Vendor#	Vendor Name				Class	Pay Code				
T2250	THYSSENKRUPP ELEVATOR CORP ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	30033874138 ✓		05/23/20	05/01/20	06/01/20		1,229.40	0.00	0.00	1,229.40 ✓
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2250	THYSSENKRUPP ELEVATOR CORP				1,229.40	0.00	0.00	1,229.40
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
	8400274031 ✓		05/23/20	05/11/20	06/05/20		21.25	0.00	0.00	21.25 ✓
		LAUNDRY								

8400274005 ✓		05/23/20 05/11/20 06/05/20			153.50	0.00	0.00	153.50 ✓
LAUNDRY								
8400274036 ✓		05/23/20 05/11/20 06/05/20			818.13	0.00	0.00	818.13 ✓
LAUNDRY								
8400274002 ✓		05/23/20 05/11/20 06/05/20			19.38	0.00	0.00	19.38 ✓
LAUNDRY								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			1,012.26	0.00	0.00	1,012.26
Vendor#	Vendor Name			Class	Pay Code			
V0554	VCS SECURITY SYSTEMS ✓			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4709 ✓		05/23/20	04/25/20	05/25/20		32.38	0.00	0.00	32.38 ✓
ANTENNA								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	V0554	VCS SECURITY SYSTEMS				32.38	0.00	0.00	32.38
Vendor#	Vendor Name			Class	Pay Code				
V1471	VICTORIA RADIOWORKS, LTD ✓			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
18040197 ✓		05/23/20	04/30/20	05/30/20		210.00	0.00	0.00	210.00 ✓
RADIO AD									
18040198 ✓		05/23/20	04/30/20	05/30/20		300.00	0.00	0.00	300.00 ✓
RADIO AD									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD				510.00	0.00	0.00	510.00
Vendor#	Vendor Name			Class	Pay Code				
10793	WAGEWORKS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
051018		05/21/20	05/10/20	05/20/20		2,560.10	0.00	0.00	2,560.10 ✓
PAYROLL DED									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10793	WAGEWORKS				2,560.10	0.00	0.00	2,560.10
Vendor#	Vendor Name			Class	Pay Code				
W1040	WATERMARK GRAPHICS INC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
119723 ✓		05/23/20	05/07/20	06/06/20		775.10	0.00	0.00	775.10 ✓
UNIFORMS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC				775.10	0.00	0.00	775.10

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	432,702.17	0.00	0.00	432,702.17

pg 11 correction { <2,690.03> + 2,960.03

pg 14 correction { <130.06>

$432,842.11

APPROVED ON

MAY 24 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

432,702.17 +
2,690.03 - CK#'s
2,960.03 +
130.06 - 175947-176129
432,842.11 *

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1298602	01 UNITED OF OMAHA LIFE INSURANCE 8 MEDICARE SUPPLEMENT CLAIMS DEPT MUTUAL OF OMAHA PLAZA OMAHA NE 68175	052418	310.40	3		REFUND FOR DUNCAN WALTER	
1322396	01 AETNA, INC PO BOX 784836 PHILADELPHIA PA 191784836	052418	51.46	2		REFUND FOR ESCALANTE KEELIN	
1339186	01 TML MULTISTATE IEBP PO BOX 149190 AUSTIN TX 787149190	052418	4644.38	2		REFUND FOR ALDERETE JAMES M	
1342026	01 TML MULTISTATE IEBP PO BOX 149190 AUSTIN TX 787149190	052418	1035.15	2		REFUND FOR ALDERETE JAMES M	
1345166	01 MSC 410836 PO BOX 415000 NASHVILLE TN 372410836	052418	190.40	2		REFUND FOR DELOACH CHARLES	
1353982	01 MSC 410834 PO BOX 415000 NASHVILLE TN 372410834	052418	250.89	2		REFUND FOR BLINKA TYLER	
1354594	01 ACCENT PO BOC 952366 ST. LOUIS MO 631952366	052418	2609.59	2		REFUND FOR BROWN MEGAN	
1355384	01 SENDERO-IDEALCARE ATTN: CLAIMS DEPT. OVERPAYMENT 2636 SOUTH LOPOPS WEST, STE 125 HOUSTON TX 77054	052418	44.25	3		REFUND FOR LEADBETTER ROY ALLEN	
1357832	01 MSC 410834 PO BOX 415000 NASHVILLE TN 372410834	052418	271.96	2		REFUND FOR VENECIA JOEL	
1358047	01 ACCENT PO BOX 952366 ST LOUIS MO 631952366	052418	220.72	2		REFUND FOR JOINES KATHLEEN	
1358834	01 OCSAR INSURANCE CORP. ATTN: PROVIDER REFUNDS 295 LAFAYETTE ST. 6TH FLR NEW YORK NY 10012	052418	648.00	3		REFUND FOR TREJO VICTORIA	
1360861	01 OSCAR INSURANCE CORP. ATTN: PROVIDER REFUND 295 LAFAYETTE ST. 6TH FLR NEW YORK NY 10012	052418	279.74	3		REFUND FOR TREJO VICTORIA	
1361514	01 STORY JAMES W PO BOX 173 PORT LAVACA TX 77979	052418	500.00	2		REFUND FOR STORY JAMES W	
	ARID=0001 TOTAL		11056.94				
TOTAL			11056.94				

APPROVED
ON
MAY 24 2018 CK #'s
176030-176042
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	175947	05/30/18	141.25	ACOG DISTRIBUTION CENTER
A/P	175948	05/30/18	2,117.56	AIRESPRING INC
A/P	175949	05/30/18	1,301.86	AIRGAS USA, LLC - CENTRAL DIV
A/P	175950	05/30/18	1,547.70	ALCON LABORATORIES, INC.
A/P	175951	05/30/18	2,262.51	AMERISOURCEBERGEN DRUG CORP
A/P	175952	05/30/18	919.73	ASHFORD GARDENS
A/P	175953	05/30/18	2,637.00	AYA HEALTHCARE INC
A/P	175954	05/30/18	240.68	BAXTER HEALTHCARE CORP
A/P	175955	05/30/18	572.32	BAYER HEALTHCARE
A/P	175956	05/30/18	3,507.27	BECKMAN COULTER INC
A/P	175957	05/30/18	309.25	BECTON, DICKINSON & CO (BD)
A/P	175958	05/30/18	174.90	C R BARD, INC
A/P	175959	05/30/18	2,138.50	CANTEX HELATH CARE CENTERS LLC
A/P	175960	05/30/18	157.94	CAREFUSION
A/P	175961	05/30/18	2,060.75	CENTURION MEDICAL PRODUCTS
A/P	175962	05/30/18	10,528.30	CLINICAL PATHOLOGY
A/P	175963	05/30/18	668.75	CONMED CORPORATION
A/P	175964	05/30/18	5,000.00	CROSSROADS MOVERS, INC.
A/P	175965	05/30/18	616.57	CUSTOM MEDICAL SPECIALTIES
A/P	175966	05/30/18	612.36	DEWITT POTH & SON
A/P	175967	05/30/18	98,092.20	DISCOVERY MEDICAL NETWORK INC
A/P	175968	05/30/18	158.90	DOWNTOWN CLEANERS
A/P	175969	05/30/18	351.60	EAGLE FIRE & SAFETY INC
A/P	175970	05/30/18	2,156.85	ERBE USA INC SURGICAL SYSTEMS
A/P	175971	05/30/18	17,285.00	EVIDENT
A/P	175972	05/30/18	75.00	FIRST CLEARING
A/P	175973	05/30/18	7,456.17	FISHER HEALTHCARE
A/P	175974	05/30/18	237.92	FIVE STAR STERILIZER SERVICES
A/P	175975	05/30/18	4,948.19	GARDNER & WHITE, INC.
A/P	175976	05/30/18	3,236.62	GE HEALTHCARE
A/P	175977	05/30/18	122.46	GENESIS DIAGNOSTICS
A/P	175978	05/30/18	60,059.00	GOLDENCREEK HEALTHCARE
A/P	175979	05/30/18	561.78	GULF COAST PAPER COMPANY
A/P	175980	05/30/18	426.74	HAYES ELECTRIC SERVICE
A/P	175981	05/30/18	220.00	HEALTHCARE CODING & CONSULTING
A/P	175982	05/30/18	335.00	HFMA
A/P	175983	05/30/18	13,627.12	HUNTER PHARMACY SERVICES
A/P	175984	05/30/18	284.83	IRON MOUNTAIN
A/P	175985	05/30/18	23,754.30	ITA RESOURCES INC
A/P	175986	05/30/18	500.00	ITERSOURCE CORPORATION
A/P	175987	05/30/18	405.35	JENISE SVETLIK
A/P	175988	05/30/18	1,590.41	LOFTIN EQUIPMENT COMPANY
A/P	175989	05/30/18	48,031.93	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	175990	05/30/18	2,152.31	LUMINANT ENERGY COMPANY LLC
A/P	175991	05/30/18	1,165.00	M G TRUST
A/P	175992	05/30/18	1,143.33	MARVELOUS GARDENS, INC
A/P	175993	05/30/18	9,337.14	MCKESSON MEDICAL SURGICAL INC
A/P	175994	05/30/18	85.50	MEDI-DOSE, INC
A/P	175995	05/30/18	138.00	MEDIPROCITY
A/P	175996	05/30/18	263.50	MEDIVATORS

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	175997	05/30/18	.00	VOIDED
A/P	175998	05/30/18	.00	VOIDED
A/P	175999	05/30/18	.00	VOIDED
A/P	176000	05/30/18	5,296.71	MEDLINE INDUSTRIES INC
A/P	176001	05/30/18	250.00	MEMORIAL MEDICAL CLINIC
A/P	176002	05/30/18	344.40	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	176003	05/30/18	10,806.36	MMC EMPLOYEE BENEFIT PLAN
A/P	176004	05/30/18	.00	VOIDED
A/P	176005	05/30/18	.00	VOIDED
A/P	176006	05/30/18	.00	VOIDED
A/P	176007	05/30/18	31,852.82	MORRIS & DICKSON CO, LLC
A/P	176008	05/30/18	441.98	ORTHO CLINICAL DIAGNOSTICS
A/P	176009	05/30/18	.00	VOIDED
A/P	176010	05/30/18	4,971.50	OWENS & MINOR
A/P	176011	05/30/18	289.20	PORT LAVACA WAVE
A/P	176012	05/30/18	99.00	PSYCHEMEDICS CORPORATION
A/P	176013	05/30/18	179.88	RESPIRONICS, INC.
A/P	176014	05/30/18	6,839.25	ROBERTS, ROBERTS & ODEFEY, LLP
A/P	176015	05/30/18	558.00	SHIFTHOUND (ABILITY NETWORK)
A/P	176016	05/30/18	1,155.00	SIGN AD, LTD.
A/P	176017	05/30/18	16.00	STATE FARM
A/P	176018	05/30/18	47.40	STRYKER SALES CORP
A/P	176019	05/30/18	5,699.00	T-SYSTEM, INC
A/P	176020	05/30/18	20,408.52	TEXAS ASSOCIATION OF COUNTIES
A/P	176021	05/30/18	90.00	TEXAS DEPARTMENT OF PUBLIC SAF
A/P	176022	05/30/18	10.00	TEXAS MUTUAL INSURANCE CO
A/P	176023	05/30/18	1,650.50	THE US CONSULTING GROUP
A/P	176024	05/30/18	1,229.40	THYSSENKRUPP ELEVATOR CORP
A/P	176025	05/30/18	1,012.26	UNIFIRST HOLDINGS INC
A/P	176026	05/30/18	32.38	VCS SECURITY SYSTEMS
A/P	176027	05/30/18	510.00	VICTORIA RADIOWORKS, LTD
A/P	176028	05/30/18	2,560.10	WAGEWORKS
A/P	176029	05/30/18	775.10	WATERMARK GRAPHICS INC
A/P	176030	05/30/18	2,609.59	ACCENT
A/P	176031	05/30/18	220.72	ACCENT
A/P	176032	05/30/18	51.46	AETNA, INC
A/P	176033	05/30/18	250.89	MSC 410834
A/P	176034	05/30/18	271.96	MSC 410834
A/P	176035	05/30/18	190.40	MSC 410836
A/P	176036	05/30/18	648.00	OCSAR INSURANCE CORP.
A/P	176037	05/30/18	279.74	OSCAR INSURANCE CORP.
A/P	176038	05/30/18	44.25	SENDERO-IDEALCARE
A/P	176039	05/30/18	500.00	STORY JAMES W
A/P	176040	05/30/18	4,644.38	TML MULTISTATE IEBP
A/P	176041	05/30/18	1,035.15	TML MULTISTATE IEBP
A/P	176042	05/30/18	310.40	UNITED OF OMAHA LIFE IN
TOTALS:			443,899.05	

Payables
$432,842.11

Patient Refunds
$11056.94

APPROVED ON

MAY 30 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Elan™

May 2018 Statement

Open Date: 04/05/2018 Closing Date: 05/04/2018 Account: 4378

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN (CPN

Cardmember Service 1-866-552-8855
BUS 30 ELN 78 3

New Balance	**$6,189.66**
Minimum Payment Due	**$62.00**
Payment Due Date	**06/01/2018**

Activity Summary

Previous Balance	+	$6,741.12
Payments	-	$6,741.12CR
Other Credits	-	$463.99CR
Purchases	+	$6,653.65
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$6,189.66**
Past Due		**$0.00**
Minimum Payment Due		**$62.00**
Credit Line		$10,000.00
Available Credit		$3,810.34
Days in Billing Period		30

APPROVED
ON
MAY 24 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
$6,189.66

MMC will pay by phone.

Payment Options:

Mail payment coupon with a check

Pay online at myaccountaccess.com

Pay by phone 1-866-552-8855

Please detach and send coupon with check payable to: Cardmember Service *CPN 001171510*

00479851005357437800000620000061896 64

Elan™

24-Hour Cardmember Service: 1-866-552-8855

. to pay by phone
. to change your address

000021789 01 SP 000638833050447 P Y

MEMORIAL MEDICAL CNT
JASON W ANGLIN
202 S ANN ST # A
PORT LAVACA TX 77979-4204

Account Number	4378
Payment Due Date	6/01/2018
New Balance	$6,189.66
Minimum Payment Due	$62.00

Amount Enclosed $_____

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

Elan

MEMORIAL MEDICAL CNT
JASON W ANGLIN (CPN

Cardmember Service 1-866-552-8855

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
04/16	04/14	6595	SAN LUIS GALVESTON HOT 4097441500 TX 04/14/18 FOR 01 NIGHTS FOLIO: 00299186594097441500	$356.50	
04/16	04/12	0568	BEST WESTERN PLUS HOBB HOUSTON TX 04/11/18 FOLIO: 312	$105.29	
04/16	04/12	3202	HYATT REGENCY DALLAS DALLAS TX 04/09/18 FOR 03 NIGHTS FOLIO: 27113544	$711.07	
04/16	04/13	5143	STORE SUPPLY WAREHOUSE 314-292-5926 MO	$30.04	
04/17	04/16	0528	THE FLORAL BASKET 8778877815 TX	$70.36	
04/17	04/16	6914	NOTARY PUBLIC 800-821-0831 FL	$153.75	
04/19	04/18	2479	EB TEXAS TRAUMA COORD 801-413-7200 CA	$50.00	
04/25	04/23	0039	TEXAS HOSPITAL ASSOC 512-465-1000 TX	$177.97	
04/25	04/24	2800	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
04/25	04/24	2982	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
04/25	04/24	0365	COURTYARD BY MARRIOTT- NEW ORLEANS LA 04/24/18 FOR 01 NIGHTS FOLIO: 114034	$1,017.96	
04/25	04/25	5365	AMA*CREDENTIALING 800-621-8335 IL	$228.00	
04/26	04/25	6312	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
04/26	04/25	6494	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
04/26	04/25	6569	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
04/26	04/25	6643	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
04/26	04/25	6726	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
04/27	04/26	3472	SHERATON 281-4425100 TX 04/25/18 FOLIO: 523042612470109	$326.43	
04/30	04/27	9918	DIY AWARDS 800-810-1216 CT	$355.94	
04/30	04/27	6169	IAHCSMM 800-9628274 IL	$125.00	
05/03	05/02	3603	EB 2018 REGIONAL EMER 801-413-7200 CA	$550.00	
05/04	05/02	7014	ARHPC.ABSORBTRAINING.C 404-937-6633 GA	$29.99	
			TOTAL THIS PERIOD	**$6,653.65**	

2018 Totals Year-to-Date	
Total Fees Charged in 2018	$0.00
Total Interest Charged in 2018	$0.00

Company Approval *(This area for use by your company)*

Signature/Approval: _____ Accounting Code: _____

Continued on Next Page

Elan

MEMORIAL MEDICAL CNT
JASON W ANGLIN (CPN)

Cardmember Service 1-866-552-8855

Important Messages

Paying Interest: You have a 24 to 30 day interest-free period for Purchases provided you have paid your previous balance in full by the Payment Due Date shown on your monthly Account statement. In order to avoid additional INTEREST CHARGES on Purchases, you must pay your new balance in full by the Payment Due Date shown on the front of your monthly Account statement.

There is no interest-free period for transactions that post to the Account as Advances or Balance Transfers except as provided in any Offer Materials. Those transactions are subject to interest from the date they post to the Account until the date they are paid in full.

Bill payment management can be easier when you sign up for automatic payments. Your recurring bills like cable, phone, utilities and insurance, can be paid by your credit card account. One bill to manage, not many! Simply contact your service providers online or by phone to sign up for automatic monthly payments. It's reliable- Recurring bills are paid on time every time. It's convenient- No checks, stamps or trips to the post office.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
04/06			PAYMENT THANK YOU	$6,741.12CR	
04/16	04/13	3191	PUBLIC CHARTERS AVOCA PA MERCHANDISE/SERVICE RETURN	$100.00CR	
04/18	04/16	4887	VYNE LLC BRENTWOOD TN MERCHANDISE/SERVICE RETURN	$164.99CR	
04/23	04/20	4242	FREDPRYOR CAREERTRACK 800-5563012 KS MERCHANDISE/SERVICE RETURN	$199.00CR	
			TOTAL THIS PERIOD	**$7,205.11CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
04/06	04/05	5235	VYNE LLC HTTPS://WWW.C TN	$224.99	
04/09	04/06	5067	DOUBLETREE AUSTIN AUSTIN TX 04/06/18 FOR 01 NIGHTS FOLIO: 311799	$335.68	
04/09	04/06	1292	DOUBLETREE AUSTIN AUSTIN TX 04/06/18 FOR 01 NIGHTS FOLIO: 311265	$391.24	
04/09	04/06	2584	FASTSIGNS 15701 VICTORIA TX	$477.00	
04/10	04/09	9693	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$18.00	
04/10	04/09	9776	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$10.00	
04/10	04/09	9859	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
04/10	04/09	9933	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
04/10	04/09	0097	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
04/10	04/10	1270	AMA*CREDENTIALING 800-621-8335 IL	$129.00	
04/11	04/10	8652	EB MID COAST HURRICAN 801-413-7200 CA	$25.00	
04/12	04/11	1603	ARROW INTERNATIONAL 919-5448000 NC	$109.00	
04/13	04/11	1876	HOLIDAY INN EXPRESS & PORT LAVACA TX 04/09/18 FOR 02 NIGHTS FOLIO: 17260750	$268.94	
04/16	04/14	4970	SAN LUIS GALVESTON HOT 4097441500 TX 04/14/18 FOR 01 NIGHTS FOLIO: 00299184974097441500	$356.50	

Continued on Next Page

(1)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Cardmember Service

Date: 5/18/18

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost	
1	—		VYNE LLC - Registration for			224.99	✓
2			Marissa Sutherland - HIM				
3	—		DoubleTree - Austin Debbie Wittnebert			335.68	✓
4			Infection Control Conference				
5	—		DoubleTree - Nadine Garner			391.24	✓
6			Infection Control Conf.				
7	—		Fast Signs - new building			477.00	✓
8	—		NPDB - 9 Renewals (providers)			18.00	✓
9	—		NPDB - 5 Renewals (providers)			10.00	✓
10	—		NPDB - 3 Renewals (providers) 2.00			6.00	✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

Charges made to Mr. Anglin's VISA XXXX 4378

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

(2)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Cardmember Services

Date: 5/18/18

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		AMA Profiles - 3 Unit + Cont. 43			129.00 ✓
2			monitoring			
3	—		EB Mid Coast Hurricane -			25.00 ✓
4			Registration - Chuck Samaha			
5	—		Holiday Inn Express - Larkin			268.94 ✓
6			Turner - Evident Trainer			
7			for Payroll			
8	—		San Luis - Galveston for			356.50 ✓
9			Misty Passmore + Fayen Campos			
10			Indigent Conference			

Est. Freight Arrow International Est. Total Cost _____ TOTAL COST 109.00

NOTES:

Charges made to Mr. Argein's VISA xxxx 4378

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

(3)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Cardmember Services

Date: 5/18/18

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		San Luis - Galveston - Jamie			✓396.50
2			Grasse + Crystal Franck -			
3			Indigent Conference			
4	—		Best Western - Holiday -			✓105.29
5			Larkin Turner (Evident)			
6			Trainer for Purpose			
7	—		Hyatt Regency Dallas - for			✓711.07
8			Jason Angelin - THA Conf			
9	—		Store Supply Warehouse			✓ 30.04
10			Bags for Dog Imaging			

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

Charges made to Mr. Angelin's VISA xxxx 4378

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

(4)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Cardmember Services

Date: 5/18/18

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		The Floral ~~Basket~~ Basket			✓ 70.36
2			Will credit taxes (5.36)			
3	—		Fruit Basket for DR. Tibbetts			
4	—		Notary Public - Renewal for			✓ 153.75
5			Pam Villafuerte			
6	—		EB Texas Trauma Coordinator			✓ 50.00
7			Registration for Sara Rubio			
8	—		THA - Products purchased for			✓ 177.97
9			Board members			
10	—		NPDB 2 PROVIDERS	2.00		✓ 4.00

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

charges made to Mr Argin's VISA ~~xxxx~~ 4378

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

(5)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: CredentialMember Services

Date: 5/18/18

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Courtyard by Marriott -		✓	1,017.96
2			New Orleans - Hotel for			
3			Courtne Thurkill, NP + Trac			
4			Shefcik, NP - Training			
5	—		AMA Credentialing (6)	43	✓	228.00
6			Init + Cont Monitoring			
7	—		NPDB (5) Providers	2	✓	10.00
8	—		Sheraton North Houston -		✓	326.43
9			Marissa Sutherland - HIPPA			
10			Conference			

Est. Freight _____ Est. Total Cost _____ TOTAL COST _____

NOTES:

Charges made to Mr. Arafin's VISA xxx 4378

Contact: Date:

Quoted By:

Buyer: E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

(6)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

224.99 +
335.68 +
391.24 +
477.00 +
18.00 +
10.00 +
6.00 +
129.00 +
25.00 +
268.94 +
356.50 +
109.00 +
356.50 +
105.29 +
711.07 +
30.04 +
70.36 +
153.75 +
50.00 +
177.97 +
4.00 +
1,017.96 +
228.00 +
10.00 +
326.43 +
355.94 +
125.00 +
550.00 +
29.99 +
100.00 -
164.99 -
199.00 -
6,189.66 *

IA ST.
, TX 77979
) 552-6713
) 552-0312

Cardmember Services

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Date: 5/18/18

P.O. # _____

Account # _____

Initiated By: _____

Form # 9401

Expense # | Department | Deliver To

mber	Description	Unit Cost	Unit Meas.	Extended Cost
	DIY Awards - Plaques for Employee Awards		✓	355.94
	IAHCSMM - CRCST Exam Fee - Lisa Hinojosa		✓	125.00
	EB 2018 Regional Emergency HC Systems Conf - Registration for Kyee Daniel + Sara Rubio		✓	550.00
	AHAPC Absorb training - Webinar for Danette Bethany			✓ 29.99

Freight Public Charters VINE LLC

Est. Total Cost _____

TOTAL COST <100.00>
<164.99>

Charges made to Mr. Angeins VISA xxxx 4378
Fred Pryor Careertrack <199.00>

Total of Pages 1-6 $6,189.66

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

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"	★	6	
	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"	★	$ 87,617.42	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 43,997.94	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,289.84	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 33,329.64	#
		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	WB	HO	CB	Gross
1	REGULAR PAY-S1	8887.50	N		N	N		170932.18
1	REGULAR PAY-S1	1677.50	N		N	N	N	70613.13
1	REGULAR PAY-S1	192.75	Y		N	N		4627.37
2	REGULAR PAY-S2	2444.25	N		N	N		54407.39
2	REGULAR PAY-S2	102.50	Y		N	N		3166.49
3	REGULAR PAY-S3	1562.00	N		N	N		39168.07
3	REGULAR PAY-S3	37.25	Y		N	N		1303.52
C	CALL PAY	2449.75	N	1	N	N		4899.50
E	EXTRA WAGES		N	1	N	N	N	646.50
I	INSERVICE	71.50	N	1	N	N		1981.25
I	INSERVICE	4.50	Y	1	N	N		160.92
K	EXTENDED-ILLNESS-BANK	4.00	N		N	N	N	40.60
K	EXTENDED-ILLNESS-BANK	52.75	N	1	N	N		1280.40
M	MEAL REIMBURSEMENT		N		N	N	N	37.18
P	PAID-TIME-OFF	11.00	N		N	N	N	298.85
P	PAID-TIME-OFF	1218.50	N	1	N	N		27538.61
X	CALL PAY 2	160.00	N	1	N	N		320.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	32.00	N	1	N	N		619.40
t	PHONE & DATA		N		N	N	N	1130.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	840.99	A/R2	19.01	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	1484.36	CAFE-2	1048.10
CAFE-3	773.21	CAFE-4	400.08	CAFE-5	235.01
CAFE-C		CAFE-D	1692.82	CAFE-F	
CAFE-H	18972.00	CAFE-I		CAFE-L	
CAFE-P	231.57	CANCER		CHILD	
CLINIC	40.00	COMBIN	798.80	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1377.36	EAT	386.25	EATCSH	100.00
FEDTAX	33329.64	FICA-M	5144.94	FICA-O	21998.92
FIRSTC	75.00	FLEX S	2560.10	FLX FE	
FORT D		FUTA		GIFT S	1.95
GRANT		GRP-IN	129.26	GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	518.13	MASA	582.00	MEALS	
MISC		MISC/		MMCSHR	339.30
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	26834.33	TUTION		UNIFOR	1366.60
UW/HOS					

Grand Totals: 19003.75 ------- (Gross: 383459.36 Deductions: 122715.26 Net: 260744.10)

Checks Count:- FT 194 PT 7 Other 35 Female 203 Male 32 Credit OverAmt 3 ZeroNet Term Total: 235

Pay Date 06/01/18

MEMORIAL MEDICAL CENTER

I B C

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --May 19th, 2018 - May 24th, 2018

Date	Bank Description	MMC Notes	Amount
05/22/18	ACH Payment - Telecheck INV052018D	- Credit Card Processing Fee	5.00
05/21/18	ACH Payment - FDGL LEASE PYMT	Credit Card Machine Lease Expense	151.23
		Total Electronic Payments:	156.23

Diance C. Moore, CFO
Memorial Medical Center

May 24th, 2018

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --May 19th, 2018 - May 24th, 2018

Date	Bank Description	MMC Notes	Amount
5/21/2018	ACH Payment WEBFILE TAX PYMT	Sales Tax	1,664.24*
5/24/2018	ACH Payment IRS USATAXPYMT	MMC Payroll Taxes	84,873.70 *
5/21/2018	ACH Payment FDGL LEASE PYMT	Credit Card Machine Lease Expense	26.98
5/15/2018	ACH Payment McKesson Drug	340B Drug Program Expense	3,851.07 **
		Total Electronic Payments:	90,415.99

90,415.99 +
1,664.24 -
84,873.70 -
3,851.07 -
26.98 *

_____, CFO
Diane C. Moore, CFO
Memorial Medical Center

May 24th, 2018

* Approved 05.16.18 CC
** Approved 05.23.18 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACH DATE May 30th

Estimated Date			
5/30/2018	IGT	For the Sept 2018 UHRIP Payment	81,652.00
5/30/2018	IGT	DSH	336,762.87
			418,414.87

_____, CFO
Diane C. Moore, CFO
Memorial Medical Center

May 24th, 2018

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
5/30/2018

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	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	1553	27,141.62 ✓	27,041.62 ✓	46,356.53	15,427.52	-	-	-	61,884.05	61,784.05
								Bank Balance	61,884.05 ✓	
								Variance	-	
								Remaining Balance	100.00	
								Adjust Balance/Transfer Amt	61,784.05	

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA # 0614
Account # 257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	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	126,726.49 ✓	20,296.58 ✓	35,257.86	12,523.80		-	-	154,211.57	47,781.66
								Bank Balance	154,211.57 ✓	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Pending Wire out	106,329.91	
								Adjust Balance/Transfer Amt	47,781.66	
									-	
Crescent	4588	5,192.56 ✓	5,092.56 ✓	11,085.88	1,665.45		-	-	12,851.33	12,751.33
								Bank Balance	12,851.33 ✓	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	12,751.33	
Broadmoor	4596	9,245.70 ✓	9,145.70 ✓	24,161.54			-	-	24,261.54 ✓	24,161.54
								Bank Balance	24,261.54	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	24,161.54	
Fort Bend	1618	43,289.71 ✓	43,189.71 ✓	13,631.08			-	-	13,731.08 ✓	13,631.08
								Bank Balance	13,731.08	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	13,631.08	
								Total IBC Transfers		160,109.66

61,784.05 +
47,781.66 +
12,751.33 +
24,161.54 +
13,631.08 +
160,109.66 *

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA # 514
Account # 2922

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
MAY 25 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved: Diane CFO 5-25-18
Diane C. Moore, CFO 21-May-18

L:\NH Weekly Transfers\NH UPL Transfer Summary\2018\May 2018\NH UPL Transfer Summary 5-30-18.xlsx

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
5/30/2018

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	YTD Interest Earned	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	1381	71,640.21 ✓	71,472.12 ✓	204,064.49			-		-	-	204,232.58	169,088.01
										Bank Balance	204,232.58 ✓	
										Variance	-	
										Less: QIPP Compt 1	34,976.48	
										Less: Apr Bk Int	68.09 ✓	
										Less: Leave in Balance	100.00	
										Adjust Balance/Transfer Amt	169,088.01	

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 614
Accot 4257

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	YTD 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 W Hston	4438	64,886.83 ✓	64,730.44 ✓	347,613.31							347,769.70	338,315.08
										Bank Balance	347,769.70 ✓	
										Variance	-	
										Less: QIPP Compt 1	9,298.23	
										Less: Apr Bk Int	56.39 ✓	
										Less: Leave in Balance	100.00	
										Adjust Balance/Transfer Amt	338,315.08	
Crescent	411	32,604.37 ✓	32,472.33 ✓	350,020.56						-	350,152.60	347,522.24
										Bank Balance	350,152.60 ✓	
										Variance	-	
										Less: QIPP Compt 1	2,498.32	
										Less: Apr Bk Int	32.04 ✓	
										Less: Leave in Balance	100.00	
										Adjust Balance/Transfer Amt	347,522.24	
Broadmoor	1403	461,149.46 ✓	460,995.90 ✓	54,889.77						-	55,043.33	54,889.77
										Bank Balance	55,043.33	
										Variance	-	
										Less:		
										Less: Apr Bk Int	53.56 ✓	
										Less: Leave in Balance	100.00	
										Adjust Balance/Transfer Amt	54,889.77	
Fort Bend	1446	31,104.23 ✓	30,982.89 ✓	95,755.93						-	95,877.27	85,722.90
										Bank Balance	95,877.27 ✓	
										Variance	-	
										Less: QIPP Compt 1	10,033.03	
										Less: Apr Bk Int	21.34 ✓	
										Less: Leave in Balance	100.00	
										Adjust Balance/Transfer Amt	85,722.90	

TOTAL TRANSFERS	995,538.00

169,088.01 +
338,315.08 +
347,522.24 +
54,889.77 +
85,722.90 +
995,538.00 *

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 614
Accot 7922

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
MAY 25 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Approved: 5-25-18
Diane C. Moore, CFO

L:\NH Weekly Transfers\NH UPL Transfer Summary\2018\May 2018\NH UPL Transfer Summary 5-30-18.xlsx

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
5/30/2018

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	CkS Cleared	Pending Ck to MMC for QIPP	Pending Deposits	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	14454	14,398.79 ✓	14,258.48 ✓	84,179.41			-			-	-	84,319.72	

		Bank Balance	84,319.72
		Variance	-
	Less:	QIPP Compt 1	84,081.04
	Less:	Apr Bk Int	40.31
	Less:	Leave in Balanc	100.00
		Adjust Balance/Transfer Amt	98.37

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA : 248
Accou..... . 0323

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: _____ CFO 5/31/18
Diane C. Moore, CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 05/30/18

APPROVED ON MAY 25 2018 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT $34,976.48

G/L NUMBER: 21000012

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

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: [signature], CFO 5.25.18

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 05/30/18

APPROVED ON MAY 25 2018 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT $84,081.04

G/L NUMBER: 21000013

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

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: CFO 5-25-18

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 05/30/18

APPROVED ON MAY 25 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $10,033.03

G/L NUMBER: 21000008

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

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: [signature] CFO 5-25-18

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 05/30/18

APPROVED ON MAY 25 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $9,298.23

G/L NUMBER: 21000011

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

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: [signature] 5.25.18

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 05/30/18

APPROVED ON MAY 25 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $2,498.32

G/L NUMBER: 21000010

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

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: CFO 5.25.18

&

RUN DATE:05/30/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:56 CHECK REGISTER GLCKREG
05/30/18 THRU 05/30/18

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000009	05/30/18	84,081.04	MMC OPERATING
NHC	000016	05/30/18	37,474.80	MMC OPERATING
NHF	000017	05/30/18	10,033.03	MMC OPERATING
NHS *	000018	05/30/18	9,298.23	MMC OPERATING
A/P *	000983	05/30/18	1,691.91	MCKESSON
A/P	175947	05/30/18	141.25	ACOG DISTRIBUTION CENTER
A/P	175948	05/30/18	2,117.56	AIRESPRING INC
A/P	175949	05/30/18	1,301.86	AIRGAS USA, LLC - CENTRAL DIV
A/P	175950	05/30/18	1,547.70	ALCON LABORATORIES, INC.
A/P	175951	05/30/18	2,262.51	AMERISOURCEBERGEN DRUG CORP
A/P	175952	05/30/18	919.73	ASHFORD GARDENS
A/P	175953	05/30/18	2,637.00	AYA HEALTHCARE INC
A/P	175954	05/30/18	240.68	BAXTER HEALTHCARE CORP
A/P	175955	05/30/18	572.32	BAYER HEALTHCARE
A/P	175956	05/30/18	3,507.27	BECKMAN COULTER INC
A/P	175957	05/30/18	309.25	BECTON, DICKINSON & CO (BD)
A/P	175958	05/30/18	174.90	C R BARD, INC
A/P	175959	05/30/18	2,138.50	CANTEX HELATH CARE CENTERS LLC
A/P	175960	05/30/18	157.94	CAREFUSION
A/P	175961	05/30/18	2,060.75	CENTURION MEDICAL PRODUCTS
A/P	175962	05/30/18	10,528.30	CLINICAL PATHOLOGY
A/P	175963	05/30/18	668.75	CONMED CORPORATION
A/P	175964	05/30/18	5,000.00	CROSSROADS MOVERS, INC.
A/P	175965	05/30/18	616.57	CUSTOM MEDICAL SPECIALTIES
A/P	175966	05/30/18	612.36	DEWITT POTH & SON
A/P	175967	05/30/18	98,092.20	DISCOVERY MEDICAL NETWORK INC
A/P	175968	05/30/18	158.90	DOWNTOWN CLEANERS
A/P	175969	05/30/18	351.60	EAGLE FIRE & SAFETY INC
A/P	175970	05/30/18	2,156.85	ERBE USA INC SURGICAL SYSTEMS
A/P	175971	05/30/18	17,285.00	EVIDENT
A/P	175972	05/30/18	75.00	FIRST CLEARING
A/P	175973	05/30/18	7,456.17	FISHER HEALTHCARE
A/P	175974	05/30/18	237.92	FIVE STAR STERILIZER SERVICES
A/P	175975	05/30/18	4,948.19	GARDNER & WHITE, INC.
A/P	175976	05/30/18	3,236.62	GE HEALTHCARE
A/P	175977	05/30/18	122.46	GENESIS DIAGNOSTICS
A/P	175978	05/30/18	60,059.00	GOLDENCREEK HEALTHCARE
A/P	175979	05/30/18	561.78	GULF COAST PAPER COMPANY
A/P	175980	05/30/18	426.74	HAYES ELECTRIC SERVICE
A/P	175981	05/30/18	220.00	HEALTHCARE CODING & CONSULTING
A/P	175982	05/30/18	335.00	HFMA
A/P	175983	05/30/18	13,627.12	HUNTER PHARMACY SERVICES
A/P	175984	05/30/18	284.83	IRON MOUNTAIN
A/P	175985	05/30/18	23,754.30	ITA RESOURCES INC
A/P	175986	05/30/18	500.00	ITERSOURCE CORPORATION
A/P	175987	05/30/18	405.35	JENISE SVETLIK
A/P	175988	05/30/18	1,590.41	LOFTIN EQUIPMENT COMPANY
A/P	175989	05/30/18	48,031.93	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	175990	05/30/18	2,152.31	LUMINANT ENERGY COMPANY LLC
A/P	175991	05/30/18	1,165.00	M G TRUST

Q1 PP checks

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	175992	05/30/18	1,143.33	MARVELOUS GARDENS, INC
A/P	175993	05/30/18	9,337.14	MCKESSON MEDICAL SURGICAL INC
A/P	175994	05/30/18	85.50	MEDI-DOSE, INC
A/P	175995	05/30/18	138.00	MEDIPROCITY
A/P	175996	05/30/18	263.50	MEDIVATORS
A/P	175997	05/30/18	.00	VOIDED
A/P	175998	05/30/18	.00	VOIDED
A/P	175999	05/30/18	.00	VOIDED
A/P	176000	05/30/18	5,296.71	MEDLINE INDUSTRIES INC
A/P	176001	05/30/18	250.00	MEMORIAL MEDICAL CLINIC
A/P	176002	05/30/18	344.40	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	176003	05/30/18	10,806.36	MMC EMPLOYEE BENEFIT PLAN
A/P	176004	05/30/18	.00	VOIDED
A/P	176005	05/30/18	.00	VOIDED
A/P	176006	05/30/18	.00	VOIDED
A/P	176007	05/30/18	31,852.82	MORRIS & DICKSON CO, LLC
A/P	176008	05/30/18	441.98	ORTHO CLINICAL DIAGNOSTICS
A/P	176009	05/30/18	.00	VOIDED
A/P	176010	05/30/18	4,971.50	OWENS & MINOR
A/P	176011	05/30/18	289.20	PORT LAVACA WAVE
A/P	176012	05/30/18	99.00	PSYCHEMEDICS CORPORATION
A/P	176013	05/30/18	179.88	RESPIRONICS, INC.
A/P	176014	05/30/18	6,839.25	ROBERTS, ROBERTS & ODEFEY, LLP
A/P	176015	05/30/18	558.00	SHIFTHOUND (ABILITY NETWORK)
A/P	176016	05/30/18	1,155.00	SIGN AD, LTD.
A/P	176017	05/30/18	16.00	STATE FARM
A/P	176018	05/30/18	47.40	STRYKER SALES CORP
A/P	176019	05/30/18	5,699.00	T-SYSTEM, INC
A/P	176020	05/30/18	20,408.52	TEXAS ASSOCIATION OF COUNTIES
A/P	176021	05/30/18	90.00	TEXAS DEPARTMENT OF PUBLIC SAF
A/P	176022	05/30/18	10.00	TEXAS MUTUAL INSURANCE CO
A/P	176023	05/30/18	1,650.50	THE US CONSULTING GROUP
A/P	176024	05/30/18	1,229.40	THYSSENKRUPP ELEVATOR CORP
A/P	176025	05/30/18	1,012.26	UNIFIRST HOLDINGS INC
A/P	176026	05/30/18	32.38	VCS SECURITY SYSTEMS
A/P	176027	05/30/18	510.00	VICTORIA RADIOWORKS, LTD
A/P	176028	05/30/18	2,560.10	WAGEWORKS
A/P	176029	05/30/18	775.10	WATERMARK GRAPHICS INC
A/P	176030	05/30/18	2,609.59	ACCENT
A/P	176031	05/30/18	220.72	ACCENT
A/P	176032	05/30/18	51.46	AETNA, INC
A/P	176033	05/30/18	250.89	MSC 410834
A/P	176034	05/30/18	271.96	MSC 410834
A/P	176035	05/30/18	190.40	MSC 410836
A/P	176036	05/30/18	648.00	OCSAR INSURANCE CORP.
A/P	176037	05/30/18	279.74	OSCAR INSURANCE CORP.
A/P	176038	05/30/18	44.25	SENDERO-IDEALCARE
A/P	176039	05/30/18	500.00	STORY JAMES W
A/P	176040	05/30/18	4,644.38	TML MULTISTATE IEBP
A/P	176041	05/30/18	1,035.15	TML MULTISTATE IEBP
A/P	176042	05/30/18	310.40	UNITED OF OMAHA LIFE IN
TOTALS:			586,478.06	

APPROVED ON

MAY 30 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

This Register is For QIPP checks

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/25/2018 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 05/26/2018

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

As of: 05/25/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 05/26/2018 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: 1,726.42 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 05/29/2018,
Pay This Amount: 1,691.91 USD ✓

If Paid After 05/29/2018,
Pay this Amount: 1,726.42 USD

Due If Paid On Time:
USD 1,691.91

Disc lost if paid late:
34.51

Due If Paid Late:
USD 1,726.42

ok Joe, CFO 5-29-18

APPROVED
ON
MAY 29 2018 CK # 000983

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

543.59 +
844.58 +
303.74 +
1,691.91 *

McKESSON

STATEMENT

Company: 8000

As of: 05/25/2018

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 05/26/2018

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: 05/25/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 05/26/2018

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 256342 WALMART 1098/MEM MED PHS											
05/21/2018	05/29/2018	7871987556	9957928864	115Invoice	4.09	204.48		200.39 ✓		7871987556	
05/22/2018	05/29/2018	7872211650	9757933384	115Invoice	3.88	193.94		190.06 ✓		7872211650	
05/23/2018	05/29/2018	7872475364	9757935554	115Invoice	2.61	130.66		128.05 ✓		7872475364	
05/23/2018	05/29/2018	7872475365	0522180706-00	115Invoice	0.01	0.63		0.62 ✓		7872475365	
05/24/2018	05/29/2018	7872681951	5557943506	115Invoice		0.16		0.16 ✓		7872681951	
05/24/2018	05/29/2018	7872681952	0523180203-00	115Invoice	0.46	23.23		22.77 ✓		7872681952	
05/25/2018	05/29/2018	7872918833	5557948407	115Invoice	0.03	1.57		1.54 ✓		7872918833	

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: 554.67 USD

Future Due: 0.00

Past Due: 0.00

If Paid By 05/29/2018, Pay This Amount: 543.59 USD ✓

Due If Paid On Time: USD 543.59

Disc lost if paid late: 11.08

Last Payment 3,851.07
05/21/2018

If Paid After 05/29/2018, Pay this Amount: 554.67 USD

Due If Paid Late: USD 554.67

APPROVED ON
MAY 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ok Vdc, LFO 5-29-18

McKESSON

Company: 8000

STATEMENT

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

As of: 05/25/2018 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 05/26/2018

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

As of: 05/25/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 05/26/2018

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											
05/21/2018	05/29/2018	7871998775	1001229153	115Invoice	0.18	9.21		9.03 ✓		7871998775	
05/21/2018	05/29/2018	7871998777	1001229847	115Invoice	8.30	414.79		406.49 ✓		7871998777	
05/21/2018	05/29/2018	7871998780	1001229847	115Invoice	0.86	43.07		42.21 ✓		7871998780	
05/21/2018	05/29/2018	7871998781	1001230253	115Invoice	0.05	2.73		2.68 ✓		7871998781	
05/21/2018	05/29/2018	7871998783	1001230253	115Invoice	1.24	61.87		60.63 ✓		7871998783	
05/22/2018	05/29/2018	7872221841	1001230610	115Invoice	0.30	15.12		14.82 ✓		7872221841	
05/23/2018	05/29/2018	7872467559	1001231256	115Invoice	0.67	33.42		32.75 ✓		7872467559	
05/23/2018	05/29/2018	7872467562	1001231256	115Invoice	0.16	8.24		8.08 ✓		7872467562	
05/24/2018	05/29/2018	7872688154	1001231942	115Invoice	2.67	133.42		130.75 ✓		7872688154	
05/24/2018	05/29/2018	7872688155	1001231942	115Invoice	0.04	1.95		1.91 ✓		7872688155	
05/25/2018	05/29/2018	7872925036	1001232615	115Invoice	2.76	137.99		135.23 ✓		7872925036	

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: 861.81 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,851.07
05/21/2018

If Paid By 05/29/2018,
Pay This Amount: 844.58 USD ✓

If Paid After 05/29/2018,
Pay this Amount: 861.81 USD

Due If Paid On Time:
USD 844.58

Disc lost if paid late: 17.23

Due If Paid Late:
USD 861.81

APPROVED ON
MAY 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

ok Jue CFO 5-29-18

McKESSON

Company: 8000

STATEMENT

HEB PHCY 0434/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

As of: 05/25/2018 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 05/26/2018

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

As of: 05/25/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 05/26/2018 **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 190813 HEB PHCY 0434/MEM MED PHS											
05/25/2018	05/29/2018	7872911598	2017004844	115Invoice	6.20	309.94		303.74 ✓		7872911598	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 309.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,851.07
05/21/2018

If Paid By 05/29/2018, Pay This Amount: 303.74 USD ✓

If Paid After 05/29/2018, Pay this Amount: 309.94 USD

Due If Paid On Time: USD 303.74

Disc lost if paid late: 6.20

Due If Paid Late: USD 309.94

OK JOW, HD 5-29-18

APPROVED ON
MAY 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:05/29/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:20 CHECK REGISTER GLCKREG
05/29/18 THRU 05/29/18

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000983	05/29/18	1,691.91	MCKESSON
TOTALS:			1,691.91	

APPROVED
ON

MAY 30 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS