MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- August 08, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	964,938.59
TOTAL TRANSFERS BETWEEN FUNDS	$	90,083.46
TOTAL NURSING HOME UPL EXPENSES	$	645,845.69
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED August 08, 2018	**$**	**1,700,867.74**

APPROVED

AUG 08 2018

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 08, 2018

PAYABLES AND PAYROLL			
8/2/2018	Weekly Payables	400,236.71	
8/3/2018	Calhoun County-IGT Repayment	103,831.49	
8/3/2018	MMC Employee Benefit Plan-Insurance	87,267.29	
8/3/2018	Walmart-Misc. Supplies	100.64	
8/6/2018	McKesson-340B Prescription Expense	3,706.63	
8/7/2018	Payroll Liabilities (Payroll Taxes)	89,564.15	
8/7/2018	Payroll	280,231.68	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 964,938.59**
TRANSFERS BETWEEN FUNDS			
8/6/2018	Transfer from IBC Operating to Prosperity Operating	90,083.46	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 90,083.46**
NURSING HOME UPL EXPENSES			
8/6/2018	Nursing Home UPI	405,107.30	
8/6/2018	Nursing Home UPI	30,678.98	
8/6/2018	Nursing Home UPI	15,938.10	
QIPP/INTEREST CHECKS TO MMC			
8/6/2018	Ashford	71,372.26	
8/6/2018	Golden Creek	83,038.19	
8/6/2018	Fort Bend	18,868.94	
8/6/2018	Solera	15,913.72	
8/6/2018	Crescent	4,928.20	
TOTAL NURSING HOME UPL EXPENSES			**$ 645,845.69**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED August 08, 2018			**$ 1,700,867.74**

APPROVED

AUG 08 2018

CALHOUN COUNTY
COMMISSIONERS COURT

08/02/2018 MEMORIAL MEDICAL CENTER 0
11:11 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/15/2018

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
125001 ✓		07/16/20	07/12/20	08/12/20		2.22	0.00	0.00	2.22 ✓
	SUPPLIES (Maintenance)								
125057 ✓		07/17/20	07/13/20	08/10/20		11.99	0.00	0.00	11.99 ✓
	SUPPLIES (Maintenance)								
125449 ✓		07/31/20	07/24/20	08/10/20		210.94	0.00	0.00	210.94 ✓
	SUPPLIES (Bio Med)								
125450 ✓		07/31/20	07/24/20	08/10/20		39.85	0.00	0.00	39.85 ✓
	SUPPLIES (Bio Med)								
125494 ✓		07/31/20	07/25/20	08/11/20		26.58	0.00	0.00	26.58 ✓
	SUPPLIES (Surgery)								
125615 ✓		07/31/20	07/27/20	08/15/20		45.89	0.00	0.00	45.89 ✓
	SUPPLIES (Plant Ops)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	337.47	0.00	0.00	337.47

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
115002489 ✓		07/25/20	07/16/20	08/09/20		1,668.51	0.00	0.00	1,668.51 ✓
	SUPPLIES long distance calls								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	1,668.51	0.00	0.00	1,668.51

Vendor#	Vendor Name	Class	Pay Code
A1705	ALIMED INC. ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RPSV02865886 ✓		07/17/20	07/11/20	08/11/20		139.06	0.00	0.00	139.06 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	139.06	0.00	0.00	139.06

Vendor#	Vendor Name	Class	Pay Code
10814	ALLIED BENEFIT SYSTEMS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000414658 ✓		07/24/20	07/16/20	08/15/20		31,879.49	0.00	0.00	31,879.49 ✓
	INSURANCE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	31,879.49	0.00	0.00	31,879.49

Vendor#	Vendor Name	Class	Pay Code
10931	AMERICAN APPLIANCE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
26297 ✓		07/31/20	07/06/20	07/21/20		199.00	0.00	0.00	199.00 ✓
	REFRIDGERATOR - For state Vaccines								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10931	AMERICAN APPLIANCE	199.00	0.00	0.00	199.00

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

940319037		07/31/20	07/31/20	08/06/20		17.51	0.00	0.00	17.51
	INVENTORY								
940324111		07/31/20	07/31/20	08/06/20		120.41	0.00	0.00	120.41
	INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP				137.92	0.00	0.00	137.92
Vendor#	Vendor Name				Class	Pay Code			
B0435	BARD PERIPHERAL VASCULAR				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
78237458		07/25/20	07/11/20	08/11/20		163.70	0.00	0.00	163.70
	SUPPLIES								
78281449		07/31/20	07/23/20	08/01/20		1,033.86	0.00	0.00	1,033.86
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR				1,197.56	0.00	0.00	1,197.56
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
59975136		07/17/20	07/10/20	08/09/20		129.82	0.00	0.00	129.82
	INVENTORY								
59986287		07/24/20	07/11/20	08/10/20		129.82	0.00	0.00	129.82
	INVENTORY								
60023020		07/24/20	07/13/20	08/12/20		166.79	0.00	0.00	166.79
	INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP				426.43	0.00	0.00	426.43
Vendor#	Vendor Name				Class	Pay Code			
B1655	BOSTON SCIENTIFIC CORPORATION				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
961362588		07/17/20	07/09/20	08/09/20		413.00	0.00	0.00	413.00
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION				413.00	0.00	0.00	413.00
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
B95878		07/17/20	07/11/20	08/10/20		88.90	0.00	0.00	88.90
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE				88.90	0.00	0.00	88.90
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
072518		07/31/20	07/25/20	08/01/20		6,000.00	0.00	0.00	6,000.00
	TRANSFER MMC received pymt in error								
073018		07/31/20	07/30/20	08/08/20		2,539.70	0.00	0.00	2,539.70
	TRANSFER MMC received pymt in error								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK				8,539.70	0.00	0.00	8,539.70
Vendor#	Vendor Name				Class	Pay Code			
C1010	CABLE ONE				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

• 071618081518	07/31/20 07/31/20 08/15/20	1,158.43	0.00	0.00	1,158.43
• 071618081518B	07/31/20 07/31/20 08/15/20	69.76	0.00	0.00	69.76
• 071618081518A	07/31/20 07/31/20 08/15/20	427.28	0.00	0.00	427.28

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	CABLE ONE	1,655.47	0.00	0.00	1,655.47

Vendor# C1112 Vendor Name: CALHOUN COUNTY Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
072418	FUEL Voyager	07/31/20	07/24/20	08/13/20		113.05	0.00	0.00	113.05

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1112	CALHOUN COUNTY	113.05	0.00	0.00	113.05

Vendor# 10350 Vendor Name: CENTURION MEDICAL PRODUCTS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0092551955	SUPPLIES	07/17/20	07/11/20	08/10/20		916.09	0.00	0.00	916.09
0092549244	SUPPLIES	07/18/20	07/09/20	08/08/20		722.10	0.00	0.00	722.10

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,638.19	0.00	0.00	1,638.19

Vendor# C1600 Vendor Name: CITIZENS MEDICAL CENTER Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071118	CPR CARDS	07/31/20	07/11/20	08/08/20		30.00	0.00	0.00	30.00
071118A	CPR CARDS	07/31/20	07/11/20	08/08/20		40.00	0.00	0.00	40.00
071918C	CPR CARDS	07/31/20	07/19/20	08/10/20		50.00	0.00	0.00	50.00
071918	CPR CARDS	07/31/20	07/19/20	08/10/20		35.00	0.00	0.00	35.00
071918E	CPR CARDS	07/31/20	07/19/20	08/10/20		40.00	0.00	0.00	40.00
071918D	CPR CARDS	07/31/20	07/19/20	08/10/20		20.00	0.00	0.00	20.00
071918A	CPR CARDS	07/31/20	07/19/20	08/10/20		30.00	0.00	0.00	30.00
071918B	CPR CARDS	07/31/20	07/19/20	08/10/20		15.00	0.00	0.00	15.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	260.00	0.00	0.00	260.00

Vendor# C1730 Vendor Name: CITY OF PORT LAVACA Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
071718B	WATER/SEWER- CLINIC	07/31/20	07/17/20	08/06/20		360.11	0.00	0.00	360.11
071718C		07/31/20	07/17/20	08/06/20		42.24	0.00	0.00	42.24

	WATER/SEWER- PT							
071718A		07/31/20	07/17/20	08/06/20	6,170.84	0.00	0.00	6,170.84
	WATER/SEWER- HOSPITAL							
071718		07/31/20	07/17/20	08/06/20	21.36	0.00	0.00	21.36
	SPRINKLER - HOSPITAL							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA			6,594.55	0.00	0.00	6,594.55

Vendor#	Vendor Name			Class	Pay Code				
C2157	COOPER SURGICAL INC			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4851374		07/31/20	07/12/20	08/08/20		120.00	0.00	0.00	120.00
		SUPPLIES								
	4855232		07/31/20	07/16/20	08/01/20		412.20	0.00	0.00	412.20
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2157	COOPER SURGICAL INC				532.20	0.00	0.00	532.20

Vendor#	Vendor Name			Class	Pay Code				
12016	COURTNEY MORKOVSKY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	070118		07/31/20	07/01/20	08/01/20		35.00	0.00	0.00	35.00
		NRP COURSE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12016	COURTNEY MORKOVSKY				35.00	0.00	0.00	35.00

Vendor#	Vendor Name			Class	Pay Code				
R1050	CULLIGAN OF VICTORIA			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	063118		07/31/20	06/30/20	07/25/20		535.39	0.00	0.00	535.39
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1050	CULLIGAN OF VICTORIA				535.39	0.00	0.00	535.39

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
	5415270		07/31/20	06/29/20	07/24/20		20.07	0.00	0.00	20.07
		OFFICE SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				20.07	0.00	0.00	20.07

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
	MMC073118		07/31/20	07/30/20	08/15/20		94,862.48	0.00	0.00	94,862.48
		PROF FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC				94,862.48	0.00	0.00	94,862.48

Vendor#	Vendor Name			Class	Pay Code				
11196	DON BROWN ELEVATOR INSPECTIONS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3974		07/31/20	06/29/20	07/20/20		900.00	0.00	0.00	900.00
		ELEVATOR INSPECTION								
	4329		07/31/20	07/22/20	08/15/20		600.00	0.00	0.00	600.00
		ELEVATOR INSPECTION								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

11196	DON BROWN ELEVATOR INSPECTIONS	1,500.00	0.00	0.00	1,500.00			

Vendor# Vendor Name — Class — Pay Code

10842 DOOR CONTROL SERVICES, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SMINV169504	ELECTRIC DOOR OPENER For Rehab Clinic	07/17/20	07/11/20	08/08/20			2,150.36	0.00	0.00	2,150.36

Vendor Totals

Number	Name	Gross	Discount	No-Pay	Net
10842	DOOR CONTROL SERVICES, INC	2,150.36	0.00	0.00	2,150.36

Vendor# Vendor Name — Class — Pay Code

D1785 DYNATRONICS CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN1902487	SUPPLIES	07/31/20	07/24/20	08/01/20			47.90	0.00	0.00	47.90
IN1902488	SUPPLIES	07/31/20	07/24/20	08/01/20			171.00	0.00	0.00	171.00

Vendor Totals

Number	Name	Gross	Discount	No-Pay	Net
D1785	DYNATRONICS CORPORATION	218.90	0.00	0.00	218.90

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
36697	PROF FEES	07/31/20	07/31/20	08/08/20			40,062.50	0.00	0.00	40,062.50

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

11225 ERIKA OSORNIA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
071418	NRP COURSE	07/31/20	07/14/20	08/01/20			35.00	0.00	0.00	35.00

Vendor Totals

Number	Name	Gross	Discount	No-Pay	Net
11225	ERIKA OSORNIA	35.00	0.00	0.00	35.00

Vendor# Vendor Name — Class — Pay Code

F1100 FEDERAL EXPRESS CORP. — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
624171453	SHIPPING	07/31/20	07/12/20	08/06/20			20.05	0.00	0.00	20.05
624859434	SHIPPING	07/31/20	07/19/20	08/13/20			39.60	0.00	0.00	39.60

Vendor Totals

Number	Name	Gross	Discount	No-Pay	Net
F1100	FEDERAL EXPRESS CORP.	59.65	0.00	0.00	59.65

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
070618071918		07/31/20	07/23/20	08/08/20			75.00	0.00	0.00	75.00

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

11183 FRONTIER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
071918		07/31/20	07/19/20	08/13/20			59.42	0.00	0.00	59.42

PHONE BILL

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	59.42	0.00	0.00	59.42

Vendor#	Vendor Name	Class	Pay Code
10283	GE HEALTHCARE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6001090170 ✓		07/24/20	07/17/20	08/11/20		1,852.17	0.00	0.00	1,852.17 ✓

LEASE AND RENTAL

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10283	GE HEALTHCARE	1,852.17	0.00	0.00	1,852.17

Vendor#	Vendor Name	Class	Pay Code
10956	GETINGE USA SALES LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6990728870 ✓		07/31/20	07/09/20	08/01/20		354.70	0.00	0.00	354.70 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10956	GETINGE USA SALES LLC	354.70	0.00	0.00	354.70

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
072418		07/31/20	07/24/20	08/01/20		2,149.90	0.00	0.00	2,149.90 ✓
	TRANSFER Pymt sent to MMC in error								
0782618		07/31/20	07/26/20	08/08/20		880.30	0.00	0.00	880.30 ✓
	TRANSFER Pymt sent to MMC in error								
073118		07/31/20	07/26/20	08/10/20		17,114.70	0.00	0.00	17,114.70 ✓
	TRANSFER Pymt sent to MMC in error								
073118A		07/31/20	07/31/20	08/10/20		48,315.08	0.00	0.00	48,315.08 ✓
	TRANSFER Pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	68,459.98	0.00	0.00	68,459.98

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
1525677 ✓		07/18/20	07/10/20	08/09/20		396.41	0.00	0.00	396.41 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	396.41	0.00	0.00	396.41

Vendor#	Vendor Name	Class	Pay Code
11784	HALF LEAGUE STORAGE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0818		07/31/20	07/31/20	08/15/20		720.00	0.00	0.00	720.00 ✓
	STORAGE UNITS - salvagable contents from Pilot House that had water damage from hurricane (6 months)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11784	HALF LEAGUE STORAGE	720.00	0.00	0.00	720.00

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
A218072608 ✓		07/31/20	07/26/20	08/05/20		57.56	0.00	0.00	57.56 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1100	HAYES ELECTRIC SERVICE	57.56	0.00	0.00	57.56

Vendor#	Vendor Name	Class	Pay Code

H1399 HILL-ROM COMPANY, INC ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
687737 ✓		07/31/20	07/17/20	08/10/20		1,202.88	0.00	0.00	1,202.88 ✓
	REPAIRS								
687647 ✓		07/31/20	07/17/20	08/12/20		159.58	0.00	0.00	159.58 ✓
	REPAIRS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC	1,362.46	0.00	0.00	1,362.46

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
8664227 ✓		07/31/20	07/16/20	08/01/20		3,305.37	0.00	0.00	3,305.37 ✓
	SUPPLIES								
8664942 ✓		07/31/20	07/17/20	08/01/20		1,241.68	0.00	0.00	1,241.68 ✓
	SUPPLIES								
8669157 ✓		07/31/20	07/20/20	08/01/20		258.56	0.00	0.00	258.56 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	4,805.61	0.00	0.00	4,805.61

Vendor# Vendor Name — Class — Pay Code

H1850 HOSPIRA WORLDWIDE, INC ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
921262432 ✓		07/24/20	07/12/20	08/11/20		598.97	0.00	0.00	598.97 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC	598.97	0.00	0.00	598.97

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
919746081 ✓		07/18/20	07/13/20	08/10/20		536.73	0.00	0.00	536.73 ✓
	SUPPLIES								
919754819 ✓		07/31/20	07/16/20	08/15/20		763.36	0.00	0.00	763.36 ✓
	SUPPLIES								
919757315 ✓		07/31/20	07/16/20	08/15/20		247.29	0.00	0.00	247.29 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	1,547.38	0.00	0.00	1,547.38

Vendor# Vendor Name — Class — Pay Code

K1049 KENTEC MEDICAL INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1029733 ✓		07/31/20	07/19/20	08/01/20		158.00	0.00	0.00	158.00 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K1049	KENTEC MEDICAL INC	158.00	0.00	0.00	158.00

Vendor# Vendor Name — Class — Pay Code

11034 KOVEN TECHNOLOGY, INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
83671 ✓		07/31/20	07/18/20	08/01/20		355.00	0.00	0.00	355.00 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11034	KOVEN TECHNOLOGY, INC	355.00	0.00	0.00	355.00

Vendor#	Vendor Name				Class	Pay Code				
L0100	L.A.W. PUBLICATIONS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	072618		07/31/20	07/26/20	08/05/20		649.00	0.00	0.00	649.00
		PUB RELATIONS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L0100	L.A.W. PUBLICATIONS				649.00	0.00	0.00	649.00
Vendor#	Vendor Name				Class	Pay Code				
11167	LAMAR COMPANIES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	109325278		07/24/20	07/09/20	08/08/20		400.00	0.00	0.00	400.00
		AD								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11167	LAMAR COMPANIES				400.00	0.00	0.00	400.00
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
	201806300837		07/31/20	06/30/20	07/31/20		19,925.48	0.00	0.00	19,925.48
		FOOD SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11796	LUBY'S FUDDRUCKERS RESTAURANTS				19,925.48	0.00	0.00	19,925.48
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
	070618071918		07/31/20	07/23/20	08/08/20		1,045.00	0.00	0.00	1,045.00
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				1,045.00	0.00	0.00	1,045.00
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
	31046454		07/18/20	07/09/20	08/08/20		1,038.23	0.00	0.00	1,038.23
		SUPPLIES								
	31001717		07/18/20	07/09/20	08/08/20		2,242.51	0.00	0.00	2,242.51
		SUPPLIES								
	31005818		07/18/20	07/09/20	08/08/20		281.73	0.00	0.00	281.73
		SUPPLIES								
	31366512		07/31/20	07/13/20	08/12/20		17.56	0.00	0.00	17.56
		SUPPLIES								
	31498142		07/31/20	07/16/20	08/15/20		375.64	0.00	0.00	375.64
		SUPPLIES								
	32176234		07/31/20	07/25/20	08/15/20		179.51	0.00	0.00	179.51
		SUPPLIES								
	32175763		07/31/20	07/25/20	08/15/20		104.06	0.00	0.00	104.06
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				4,239.24	0.00	0.00	4,239.24
Vendor#	Vendor Name				Class	Pay Code				
10613	MEDIMPACT HEALTHCARE SYS, INC.				A/P					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0010341673		07/31/20	07/27/20	08/10/20		143.34	0.00	0.00	143.34
		INDIGENT UNEARNED INCOM								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	143.34	0.00	0.00	143.34

Vendor# 10963 Vendor Name: MEMORIAL MEDICAL CLINIC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0706180711918		07/31/20	07/23/20	08/08/20		140.00	0.00	0.00	140.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	140.00	0.00	0.00	140.00

Vendor# M2659 Vendor Name: MERRY X-RAY/SOURCEONE HEALTHCA ✓ Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8800290716 ✓	SUPPLIES	07/18/20	07/09/20	08/08/20		172.26	0.00	0.00	172.26 ✓
8800291357 ✓	SUPPLIES	07/18/20	07/10/20	08/09/20		407.64	0.00	0.00	407.64 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	579.90	0.00	0.00	579.90

Vendor# M2650 Vendor Name: METLIFE ✓ Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080118	PR DEDUCT SERVICES	07/31/20	07/25/20	08/01/20		131.52	0.00	0.00	131.52 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2650	METLIFE	131.52	0.00	0.00	131.52

Vendor# 11972 Vendor Name: MOMENTUM RENTAL & SALES ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
598871 ✓	LIFT RENTAL	07/11/20	07/09/20	08/09/20		312.32	0.00	0.00	312.32 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11972	MOMENTUM RENTAL & SALES	312.32	0.00	0.00	312.32

Vendor# 10536 Vendor Name: MORRIS & DICKSON CO, LLC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3063688 ✓	INVENTORY	07/31/20	07/24/20	08/03/20		22.20	0.00	0.00	22.20 ✓
3063690 ✓	INVENTORY	07/31/20	07/24/20	08/03/20		250.65	0.00	0.00	250.65 ✓
3063687 ✓	INVENTORY	07/31/20	07/24/20	08/03/20		18.31	0.00	0.00	18.31 ✓
3063216 ✓	INVENTORY	07/31/20	07/24/20	08/03/20		8.20	0.00	0.00	8.20 ✓
CM59385 ✓	INVENTORY	07/31/20	07/24/20	08/03/20		-169.92	0.00	0.00	-169.92 ✓
3063689 ✓	INVENTORY	07/31/20	07/24/20	08/03/20		36.51	0.00	0.00	36.51 ✓
3069940 ✓	INVENTORY	07/31/20	07/25/20	08/04/20		60.22	0.00	0.00	60.22 ✓
3070198 ✓	INVENTORY	07/31/20	07/25/20	08/04/20		219.56	0.00	0.00	219.56 ✓

SC9350		07/31/20	07/25/20	08/04/20	36.74	0.00	0.00	36.74
	FREIGHT							
3069942		07/31/20	07/25/20	08/04/20	55.97	0.00	0.00	55.97
	INVENTORY							
3069941		07/31/20	07/25/20	08/04/20	12,329.29	0.00	0.00	12,329.29
	INVENTORY							
3072329		07/31/20	07/26/20	08/05/20	28.52	0.00	0.00	28.52
	INVENTORY							
3075576		07/31/20	07/26/20	08/05/20	1,815.12	0.00	0.00	1,815.12
	INVENTORY							
3072497		07/31/20	07/26/20	08/05/20	370.91	0.00	0.00	370.91
	INVENTORY							
3075577		07/31/20	07/26/20	08/05/20	220.15	0.00	0.00	220.15
	INVENTORY							
CM60281		07/31/20	07/26/20	08/05/20	-542.96	0.00	0.00	-542.96
	CREDIT MEMO							
3075575		07/31/20	07/26/20	08/05/20	209.60	0.00	0.00	209.60
	INVENTORY							
3075578		07/31/20	07/26/20	08/05/20	22.20	0.00	0.00	22.20
	INVENTORY							
3079478		07/31/20	07/27/20	08/06/20	79.90	0.00	0.00	79.90
	INVENTORY							
3079477		07/31/20	07/27/20	08/06/20	40.12	0.00	0.00	40.12
	INVENTORY							
3079380		07/31/20	07/27/20	08/06/20	38.39	0.00	0.00	38.39
	INVENTORY							
3079381		07/31/20	07/27/20	08/06/20	50.18	0.00	0.00	50.18
	INVENTORY							
3079479		07/31/20	07/27/20	08/06/20	401.53	0.00	0.00	401.53
	INVENTORY							
3079382		07/31/20	07/27/20	08/06/20	34.02	0.00	0.00	34.02
	INVENTORY							
3088260		07/31/20	07/30/20	08/09/20	397.94	0.00	0.00	397.94
	INVENTORY							
3088259		07/31/20	07/30/20	08/09/20	124.64	0.00	0.00	124.64
	INVENTORY							
3088258		07/31/20	07/30/20	08/09/20	130.55	0.00	0.00	130.55
	INVENTORY							
3092989		07/31/20	07/31/20	08/10/20	146.29	0.00	0.00	146.29
	INVENTORY							
3090255		07/31/20	07/31/20	08/10/20	61.33	0.00	0.00	61.33
	SUPPLIES							
3092990		07/31/20	07/31/20	08/10/20	2,156.01	0.00	0.00	2,156.01
	INVENTORY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			18,652.17	0.00	0.00	18,652.17

Vendor#	Vendor Name		Class	Pay Code				
A2252	NADINE GARNER		W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
072618		07/31/20	07/26/20	08/08/20		257.68	0.00	0.00	257.68
	EXPENSE REPORT DSHS Healthcare Safety Conf. 7/23-7/24/18								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	A2252	NADINE GARNER				257.68	0.00	0.00	257.68
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
	2039193382		07/24/20 07/10/20	08/09/20		29.90	0.00	0.00	29.90
		SUPPLIES							
	2037201440		07/25/20 07/10/20	08/09/20		2,844.10	0.00	0.00	2,844.10
		SUPPLIES							
	2039194007		07/25/20 07/10/20	08/09/20		3.22	0.00	0.00	3.22
		SUPPLIES							
	2037195212		07/25/20 07/10/20	08/09/20		138.82	0.00	0.00	138.82
		SUPPLIES							
	2037890590		07/31/20 05/22/20	06/21/20		2,649.65	0.00	0.00	2,649.65
		SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR			5,665.69	0.00	0.00	5,665.69
Vendor#	Vendor Name			Class	Pay Code				
10326	PRINCIPAL LIFE								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	08631820000192		07/31/20 07/17/20	08/10/20		1,513.49	0.00	0.00	1,513.49
		LIFE INSURANCE							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10326	PRINCIPAL LIFE			1,513.49	0.00	0.00	1,513.49
Vendor#	Vendor Name			Class	Pay Code				
11080	RADSOURCE								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	SC57507		07/16/20 08/01/20	08/11/20		1,667.00	0.00	0.00	1,667.00
		AUG PAYMENT							
	SC7519		07/23/20 07/16/20	08/10/20		1,625.00	0.00	0.00	1,625.00
		MONTHLY SERVICE RAD							
	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				
11476	SAMS CLUB								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	061918		07/31/20 06/19/20	07/05/20		104.64	0.00	0.00	104.64
		DISASTER EXPENSE							
	062418		07/31/20 06/24/20	07/20/20		170.70	0.00	0.00	170.70
		SUPPLIES (Dietary)							
	062718		07/31/20 06/27/20	07/15/20		84.23	0.00	0.00	84.23
		SUPPLIES (Dietary)							
	070918		07/31/20 07/09/20	08/01/20		66.04	0.00	0.00	66.04
		SUPPLIES (Dietary)							
	071118		07/31/20 07/11/20	08/01/20		88.67	0.00	0.00	88.67
		SUPPLIES (Dietary)				1.24			1.24
	Vendor Totals	Number	Name 07/9/18 late fee			Gross	Discount	No-Pay	Net
		11476	SAMS CLUB			515.52 514.28	0.00	0.00	514.28 515.52
Vendor#	Vendor Name			Class	Pay Code				
S2353	SMITHS MEDICAL ASD INC								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	15272207		07/31/20 07/17/20	08/01/20		332.48	0.00	0.00	332.48

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	332.48	0.00	0.00	332.48

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
072418		07/31/20	07/24/20	08/01/20		1,125.00	0.00	0.00	1,125.00 ✓
	TRANSFER Pymt made to MMC in error								
072618		07/31/20	07/26/20	08/08/20		6,500.00	0.00	0.00	6,500.00 ✓
	TRANSFER Pymt made to MMC in error								
072618A		07/31/20	07/26/20	08/08/20		1,500.00	0.00	0.00	1,500.00 ✓
	TRANSFER Pymt Made to MMC in error								
073018		07/31/20	07/30/20	08/08/20		3,182.50	0.00	0.00	3,182.50 ✓
	TRANSFER Pymt made to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11268	SOLERA WEST HOUSTON	12,307.50	0.00	0.00	12,307.50

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
554277A ✓		07/31/20	07/17/20	08/01/20		361.31	0.00	0.00	361.31 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP	361.31	0.00	0.00	361.31

Vendor#	Vendor Name	Class	Pay Code
11140	TEXAS ADVANTAGE COMMUNITY BANK ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
072318		07/31/20	07/23/20	08/15/20		3,690.52	0.00	0.00	3,690.52 ✓
	LOAN PAYMENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11140	TEXAS ADVANTAGE COMMUNITY BANK	3,690.52	0.00	0.00	3,690.52

Vendor#	Vendor Name	Class	Pay Code
T1880	TEXAS DEPARTMENT OF LICENSING ✓	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
072518		07/31/20	07/25/20	08/08/20		40.00	0.00	0.00	40.00 ✓
	ELEVATOR INSPECTION Filing Fee								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1880	TEXAS DEPARTMENT OF LICENSING	40.00	0.00	0.00	40.00

Vendor#	Vendor Name	Class	Pay Code
11002	TRUSTAFF ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
422520 ✓		07/24/20	07/10/20	08/09/20		2,662.50	0.00	0.00	2,662.50 ✓
	STAFFING OB Carter 6/15/18-6/17/18								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11002	TRUSTAFF	2,662.50	0.00	0.00	2,662.50

Vendor#	Vendor Name	Class	Pay Code
11169	TXU ENERGY ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
054177285927		07/31/20	07/20/20	08/08/20		34,586.37	0.00	0.00	34,586.37 ✓
	ELECTRICITY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	34,586.37	0.00	0.00	34,586.37

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
8400278568		07/17/20	07/16/20	08/10/20		134.35	0.00	0.00	134.35
	LAUNDRY								
8400278612		07/24/20	07/16/20	08/10/20		76.09	0.00	0.00	76.09
	LAUNDRY								
8400278624		07/24/20	07/16/20	08/10/20		1,308.46	0.00	0.00	1,308.46
	LAUNDRY								
8400278673		07/24/20	07/16/20	08/10/20		125.48	0.00	0.00	125.48
	LAUNDRY								
8400278571		07/24/20	07/16/20	08/10/20		48.32	0.00	0.00	48.32
	LAUNDRY								
8400278569		07/24/20	07/16/20	08/10/20		118.71	0.00	0.00	118.71
	LAUNDRY								
8400278570		07/24/20	07/16/20	08/10/20		47.15	0.00	0.00	47.15
	LAUNDRY								
8400278899		07/24/20	07/19/20	08/13/20		17.00	0.00	0.00	17.00
	LAUNDRY								
8400278944		07/24/20	07/19/20	08/13/20		23.25	0.00	0.00	23.25
	LAUNDRY								
8400278955		07/24/20	07/19/20	08/13/20		1,034.48	0.00	0.00	1,034.48
	LAUNDRY								
8400278904		07/24/20	07/19/20	08/13/20		153.50	0.00	0.00	153.50
	LAUNDRY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,086.79	0.00	0.00	3,086.79

Vendor# Vendor Name — Class — Pay Code

U1056 UNIFORM ADVANTAGE — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8871670		07/31/20	07/19/20	08/03/20		164.95	0.00	0.00	164.95
	UNIFORMS								
8881410		07/31/20	07/24/20	08/08/20		102.96	0.00	0.00	102.96
	UNIFORMS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	267.91	0.00	0.00	267.91

Vendor# Vendor Name — Class — Pay Code

11280 VICTORIA ADVOCATE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
063018		07/31/20	06/30/20	07/31/20		914.85	0.00	0.00	914.85
	ADVERTISING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11280	VICTORIA ADVOCATE	914.85	0.00	0.00	914.85

Vendor# Vendor Name — Class — Pay Code

10793 WAGEWORKS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
070618071918		07/31/20	07/23/20			2,521.64	0.00	0.00	2,521.64

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10793	WAGEWORKS	2,521.64	0.00	0.00	2,521.64

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
9110545340	LEASE AND RENTAL	07/24/20	07/16/20	08/10/20			1,571.67	0.00	0.00	1,571.67
9110540637	SUPPLIES	07/31/20	07/03/20	07/28/20			284.53	0.00	0.00	284.53
9110542668	SUPPLIES	07/31/20	07/09/20	08/03/20			2,084.16	0.00	0.00	2,084.16
9110545762	SUPPLIES	07/31/20	07/16/20	08/10/20			106.08	0.00	0.00	106.08
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					4,046.44	0.00	0.00	4,046.44

Vendor#	Vendor Name	Class	Pay Code
W1207	WILLBANKS & ASSOCIATES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
05936	PURCHASED SERVICE work on boiler	07/31/20	03/02/20	04/30/20			1,330.09	0.00	0.00	1,330.09
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	W1207	WILLBANKS & ASSOCIATES INC					1,330.09	0.00	0.00	1,330.09

Vendor#	Vendor Name	Class	Pay Code
Y1000	YOUNG PLUMBING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
156704	SUPPLIES	07/31/20	07/27/20	08/15/20			99.45	0.00	0.00	99.45
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	Y1000	YOUNG PLUMBING CO					99.45	0.00	0.00	99.45

Vendor#	Vendor Name	Class	Pay Code
11748	ZIMMER BIOMET		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
160026FS2228	SUPPLIES	07/31/20	07/21/20	08/15/20			424.00	0.00	0.00	424.00
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11748	ZIMMER BIOMET					424.00	0.00	0.00	424.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	400,235.47	0.00	0.00	400,235.47

Pg 11 correction

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400,236.71 =

APPROVED ON

AUG 02 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 176951-176935

08/03/2018
11:49

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/15/2018

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY ✓	W	

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	080318		07/31/20	08/03/20	08/10/20			103,831.49	0.00	0.00	103,831.49 ✓
		IGT REPAYMENT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	103,831.49	0.00	0.00	103,831.49

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	103,831.49	0.00	0.00	103,831.49

APPROVED
ON

AUG 03 2018 CK# 176871

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/03/2018
11:50

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/15/2018

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
072318		07/31/20	07/23/20	08/15/20			79,427.34	0.00	0.00	79,427.34
	MEDICAL&DENTAL									
073018		07/31/20	07/30/20	08/15/20			7,839.95	0.00	0.00	7,839.95
	MEDICAL&DENTAL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	87,267.29	0.00	0.00	87,267.29

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	87,267.29	0.00	0.00	87,267.29

APPROVED
ON
AUG 03 2018

CK # 176910

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/03/2018
11:49

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/15/2018

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
W1005	WALMART COMMUNITY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
02961		07/31/20	06/14/20	07/10/20			34.78	0.00	0.00	34.78
	SUPPLIES									
061518		07/31/20	06/15/20	07/10/20			-7.77	0.00	0.00	-7.77
	INTEREST REFUND									
05679		07/31/20	06/19/20	07/15/20			129.69	0.00	0.00	129.69
	SUPPLIES									
04435		07/31/20	06/21/20	07/20/20			-99.84	0.00	0.00	-99.84
	RETURN									
01478		07/31/20	07/02/20	08/01/20			1.64	0.00	0.00	1.64
	INVENTORY									
06415		07/31/20	07/05/20	08/04/20			13.94	0.00	0.00	13.94
	SUPPLIES									
05314		07/31/20	07/12/20	08/10/20			6.98	0.00	0.00	6.98
	SUPPLIES									
05315		07/31/20	07/12/20	08/10/20			7.48	0.00	0.00	7.48
	SUPPLIES									
05313		07/31/20	07/12/20	08/10/20			13.74	0.00	0.00	13.74
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY	100.64	0.00	0.00	100.64

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	100.64	0.00	0.00	100.64

APPROVED
ON
AUG 03 2018

CK# 176931

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:08/08/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:43 CHECK REGISTER GLCKREG
08/08/18 THRU 08/08/18

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHG *	000015	08/08/18	83,038.19	MMC OPERATING
NHS	000021	08/08/18	15,913.72	MMC OPERATING
NHF *	000022	08/08/18	18,868.94	MMC OPERATING
NHC *	000024	08/08/18	4,928.20	MMC OPERATING
NHA *	000026	08/08/18	71,372.26	MMC OPERATING
A/P *	000993	08/08/18	3,706.63	MCKESSON
A/P	176859	08/08/18	337.47	ACE HARDWARE 15521
A/P	176860	08/08/18	1,668.51	AIRESPRING INC
A/P	176861	08/08/18	139.06	ALIMED INC.
A/P	176862	08/08/18	31,879.49	ALLIED BENEFIT SYSTEMS
A/P	176863	08/08/18	199.00	AMERICAN APPLIANCE
A/P	176864	08/08/18	137.92	AMERISOURCEBERGEN DRUG CORP
A/P	176865	08/08/18	1,197.56	BARD PERIPHERAL VASCULAR
A/P	176866	08/08/18	426.43	BAXTER HEALTHCARE CORP
A/P	176867	08/08/18	413.00	BOSTON SCIENTIFIC CORPORATION
A/P	176868	08/08/18	88.90	BRIGGS HEALTHCARE
A/P	176869	08/08/18	8,539.70	BROADMOOR AT CREEKSIDE PARK
A/P	176870	08/08/18	1,655.47	CABLE ONE
A/P	176871	08/08/18	103,831.49	CALHOUN COUNTY
A/P	176872	08/08/18	113.05	CALHOUN COUNTY
A/P	176873	08/08/18	1,638.19	CENTURION MEDICAL PRODUCTS
A/P	176874	08/08/18	260.00	CITIZENS MEDICAL CENTER
A/P	176875	08/08/18	6,594.55	CITY OF PORT LAVACA
A/P	176876	08/08/18	532.20	COOPER SURGICAL INC
A/P	176877	08/08/18	35.00	COURTNEY MORKOVSKY
A/P	176878	08/08/18	535.39	CULLIGAN OF VICTORIA
A/P	176879	08/08/18	20.07	DEWITT POTH & SON
A/P	176880	08/08/18	94,862.48	DISCOVERY MEDICAL NETWORK INC
A/P	176881	08/08/18	1,500.00	DON BROWN ELEVATOR INSPECTIONS
A/P	176882	08/08/18	2,150.36	DOOR CONTROL SERVICES, INC
A/P	176883	08/08/18	218.90	DYNATRONICS CORPORATION
A/P	176884	08/08/18	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	176885	08/08/18	35.00	ERIKA OSORNIA
A/P	176886	08/08/18	59.65	FEDERAL EXPRESS CORP.
A/P	176887	08/08/18	75.00	FIRST CLEARING
A/P	176888	08/08/18	59.42	FRONTIER
A/P	176889	08/08/18	1,852.17	GE HEALTHCARE
A/P	176890	08/08/18	354.70	GETINGE USA SALES LLC
A/P	176891	08/08/18	68,459.98	GOLDENCREEK HEALTHCARE
A/P	176892	08/08/18	396.41	GULF COAST PAPER COMPANY
A/P	176893	08/08/18	720.00	HALF LEAGUE STORAGE
A/P	176894	08/08/18	57.56	HAYES ELECTRIC SERVICE
A/P	176895	08/08/18	1,362.46	HILL-ROM COMPANY, INC
A/P	176896	08/08/18	4,805.61	HOLOGIC INC
A/P	176897	08/08/18	598.97	HOSPIRA WORLDWIDE, INC
A/P	176898	08/08/18	1,547.38	J & J HEALTH CARE SYSTEMS, INC
A/P	176899	08/08/18	158.00	KENTEC MEDICAL INC
A/P	176900	08/08/18	355.00	KOVEN TECHNOLOGY, INC
A/P	176901	08/08/18	649.00	L.A.W. PUBLICATIONS
A/P	176902	08/08/18	400.00	LAMAR COMPANIES

QIPP

critical

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		176903	08/08/18	19,925.48	LUBY'S FUDDRUCKERS RESTAURANTS
A/P		176904	08/08/18	1,045.00	M G TRUST
A/P		176905	08/08/18	4,239.24	MCKESSON MEDICAL SURGICAL INC
A/P		176906	08/08/18	143.34	MEDIMPACT HEALTHCARE SYS, INC.
A/P		176907	08/08/18	140.00	MEMORIAL MEDICAL CLINIC
A/P		176908	08/08/18	579.90	MERRY X-RAY/SOURCEONE HEALTHCA
A/P		176909	08/08/18	131.52	METLIFE
A/P		176910	08/08/18	87,267.29	MMC EMPLOYEE BENEFIT PLAN critical
A/P		176911	08/08/18	312.32	MOMENTUM RENTAL & SALES
A/P		176912	08/08/18	.00	VOIDED
A/P		176913	08/08/18	18,652.17	MORRIS & DICKSON CO, LLC
A/P		176914	08/08/18	257.68	NADINE GARNER
A/P		176915	08/08/18	5,665.69	OWENS & MINOR
A/P		176916	08/08/18	1,513.49	PRINCIPAL LIFE
A/P		176917	08/08/18	3,292.00	RADSOURCE
A/P		176918	08/08/18	1.24	SAM'S CLUB DIRECT
A/P		176919	08/08/18	514.28	SAMS CLUB
A/P		176920	08/08/18	332.48	SMITHS MEDICAL ASD INC
A/P		176921	08/08/18	12,307.50	SOLERA WEST HOUSTON
A/P		176922	08/08/18	361.31	STRYKER SALES CORP
A/P		176923	08/08/18	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P		176924	08/08/18	40.00	TEXAS DEPARTMENT OF LICENSING
A/P		176925	08/08/18	2,662.50	TRUSTAFF
A/P		176926	08/08/18	34,586.37	TXU ENERGY
A/P		176927	08/08/18	3,086.79	UNIFIRST HOLDINGS INC
A/P		176928	08/08/18	267.91	UNIFORM ADVANTAGE
A/P		176929	08/08/18	914.85	VICTORIA ADVOCATE
A/P		176930	08/08/18	2,521.64	WAGEWORKS
A/P		176931	08/08/18	100.64	WALMART COMMUNITY critical
A/P		176932	08/08/18	4,046.44	WERFEN USA LLC
A/P		176933	08/08/18	1,330.09	WILLBANKS & ASSOCIATES INC
A/P		176934	08/08/18	99.45	YOUNG PLUMBING CO
A/P		176935	08/08/18	424.00	ZIMMER BIOMET
TOTALS:				789,264.07	

Payables 400,236.71 +
criticals 103,831.49 +
87,267.29 +
100.64 +
McKesson 3,706.63 +
QIPP 71,372.26 +
83,038.19 +
18,868.94 +
15,913.72 +
4,928.20 +
789,264.07 *

APPROVED
ON

AUG 08 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 08/03/2018 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 08/04/2018

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

As of: 08/03/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 08/04/2018 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: 3,785.31 USD

Future Due: 0.00

Past Due: 147.24-

Last Payment 08/07/2017 2,451.97

If Paid By 08/07/2018, Pay This Amount: 3,706.63 USD

If Paid After 08/07/2018, Pay this Amount: 3,785.31 USD

Due If Paid On Time: USD 3,706.63

Disc lost if paid late: 78.68

Due If Paid Late: USD 3,785.31

859.00 +
1,322.07 +
1,215.80 +
309.76 +
3,706.63 *

APPROVED ON
AUG 06 2018 CK# 000993
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

As of: 08/03/2018

DC: 8115

Territory: 400

Customer: 256342
Date: 08/04/2018

Page: 001

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

As of: 08/03/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 08/04/2018 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											
07/30/2018	08/07/2018	7884020275	0959800004	115Invoice	8.51	425.29		416.78 ✓		7884020275	
07/31/2018	08/07/2018	7884276089	0959800005	115Invoice	2.69	134.55		131.86 ✓		7884276089	
07/31/2018	08/07/2018	7884276090	1114434	115Invoice	0.01	0.49		0.48 ✓		7884276090	
08/01/2018	08/07/2018	7884516953	0959800006	115Invoice	1.25	62.56		61.31 ✓		7884516953	
08/02/2018	08/07/2018	7884752701	0959800007	115Invoice	3.21	160.28		157.07 ✓		7884752701	
08/02/2018	08/07/2018	7884752702	0801180246-00	115Invoice	0.81	40.55		39.74 ✓		7884752702	
08/03/2018	08/07/2018	7884941623	0959800008	115Invoice	1.06	52.82		51.76 ✓		7884941623	

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: 876.54 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 15,477.14
07/30/2018

If Paid By 08/07/2018,
Pay This Amount: 859.00 USD ✓

If Paid After 08/07/2018,
Pay this Amount: 876.54 USD

Due If Paid On Time:
USD 859.00
Disc lost if paid late: 17.54

Due If Paid Late:
USD 876.54

APPROVED
ON
AUG 06 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 08/03/2018 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 08/04/2018

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

As of: 08/03/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 08/04/2018 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 262252 CVS PHCY 7006/MEMORIA PHS											
07/30/2018	08/07/2018	7884025762	1001274350	115Invoice	5.81	290.57		284.76 ✓		7884025762	
07/30/2018	08/07/2018	7884025763	1001275367	115Invoice	8.90	445.17		436.27 ✓		7884025763	
07/30/2018	08/07/2018	7884025765	1001275787	115Invoice	0.02	1.12		1.10 ✓		7884025765	
07/30/2018	08/07/2018	7884025767	1001275787	115Invoice	3.08	153.90		150.82 ✓		7884025767	
07/31/2018	08/07/2018	7884258704	1001276163	115Invoice	0.46	22.78		22.32 ✓		7884258704	
07/31/2018	08/07/2018	7884258705	1001276163	115Invoice	1.85	92.39		90.54 ✓		7884258705	
08/01/2018	08/07/2018	7884537363	1001276865	115Invoice	1.84	91.84		90.00 ✓		7884537363	
08/02/2018	08/07/2018	7884758473	1001277566	115Invoice	1.35	67.41		66.06 ✓		7884758473	
08/02/2018	08/07/2018	7884758474	1001277566	115Invoice	0.90	45.12		44.22 ✓		7884758474	
08/03/2018	08/07/2018	7884967331	1001278197	115Invoice	2.78	138.76		135.98 ✓		7884967331	

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: 1,349.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 15,477.14
07/30/2018

If Paid By 08/07/2018,
Pay This Amount: 1,322.07 USD ✓

If Paid After 08/07/2018,
Pay this Amount: 1,349.06 USD

Due If Paid On Time:
USD 1,322.07
Disc lost if paid late: 26.99

Due If Paid Late:
USD 1,349.06

on Na. (Fo

APPROVED
ON

AUG 06 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 08/03/2018 Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 08/04/2018

HEB PHY FC 490/MEM MC 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: 08/03/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 08/04/2018 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 464450 HEB PHY FC 490/MEM MC PHS											
07/30/2018	08/07/2018	7883811380	55x526673	115Invoice	20.81	1,040.60		1,019.79		7883811380	
07/30/2018	08/07/2018	7883811381	55x526676	115Invoice	0.80	39.83		39.03		7883811381	
07/30/2018	08/07/2018	7883811382	55x526678	115Invoice	2.78	138.85		136.07		7883811382	
07/30/2018	08/07/2018	7883814715	55x528491	115Invoice	0.43	21.34		20.91		7883814715	
08/02/2018	08/02/2018	7884794745	55x525384	115Credit		147.24-	P	147.24-	P	7884794745	
08/02/2018	08/07/2018	7884794746	55x528417	115Invoice	3.00	150.24		147.24		7884794746	

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

TOTAL: Customer Number 464450 HEB PHY FC 490/MEM MC PHS

Subtotals: 1,243.62 USD

Future Due: 0.00

Past Due: 147.24-

Last Payment 15,477.14
07/30/2018

If Paid By 08/07/2018,
Pay This Amount: 1,215.80 USD ✓

If Paid After 08/07/2018,
Pay this Amount: 1,243.62 USD

Due If Paid On Time:
USD 1,215.80
Disc lost if paid late: 27.82

Due If Paid Late:
USD 1,243.62

APPROVED
ON
AUG 06 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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: 08/03/2018

DC: 8115

Territory: 400

Customer: 190813
Date: 08/04/2018

Page: 001

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

As of: 08/03/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 08/04/2018 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											
08/01/2018	08/07/2018	7884485775	2017005317	115Invoice	0.25	12.28		12.03 ✓		7884485775	
08/03/2018	08/07/2018	7884937974	2017005337	115Invoice	6.08	303.81		297.73 ✓		7884937974	

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: 316.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 15,477.14
07/30/2018

If Paid By 08/07/2018,
Pay This Amount: 309.76 USD ✓

If Paid After 08/07/2018,
Pay this Amount: 316.09 USD

Due If Paid On Time:
USD 309.76
Disc lost if paid late: 6.33

Due If Paid Late:
USD 316.09

ou no 60

APPROVED
ON

AUG 06 2018

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"	★	9	
	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"	★	$ 89,564.15	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 45,535.70	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,902.02	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 33,126.43	#
		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	8810.75	N		N	N		169608.02
1	REGULAR PAY-S1	1735.25	N		N	N	N	71513.94
1	REGULAR PAY-S1	205.25	Y		N	N		5159.99
2	REGULAR PAY-S2	2717.50	N		N	N		60190.23
2	REGULAR PAY-S2	118.25	Y		N	N		4223.66
3	REGULAR PAY-S3	1659.75	N		N	N		42679.14
3	REGULAR PAY-S3	51.75	Y		N	N		2176.19
C	CALL PAY	2398.75	N	1	N	N		4797.50
E	EXTRA WAGES	9.00	N		N	N	N	478.74
E	EXTRA WAGES		N	1	N	N	N	1385.69
F	FUNERAL LEAVE	2.50	N	1	N	N		32.13
I	INSERVICE	108.75	N	1	N	N		3202.09
K	EXTENDED-ILLNESS-BANK	14.00	N	1	N	N		329.94
P	PAID-TIME-OFF	152.20	N		N	N	N	1628.54
P	PAID-TIME-OFF	1332.00	N	1	N	N		34079.13
X	CALL PAY 2	128.00	N	1	N	N		256.00
Z	CALL PAY 3	64.00	N	1	N	N		192.00
p	PAID TIME OFF - PROBATION	40.00	N	1	N	N		1145.24
t	PHONE & DATA		N		N	N	N	1050.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	1065.40	A/R2	59.60	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	1436.02	CAFE-2	964.20
CAFE-3	751.38	CAFE-4	361.44	CAFE-5	235.01
CAFE-C		CAFE-D	1673.39	CAFE-F	
CAFE-H	18902.14	CAFE-I		CAFE-L	
CAFE-P	231.57	CANCER		CHILD	
CLINIC	95.00	COMBIN	652.71	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1383.68	EAT	25.00	EATCSH	10.00
FEDTAX	33126.43	FICA-M	5450.99	FICA-O	22755.58
FIRSTC	75.00	FLEX S	2521.64	FLX FE	
FORT D		FUTA		GIFT S	141.76
GRANT		GRP-IN	65.76	GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	464.28	MASA	568.50	MEALS	76.97
MISC		MISC/		MMCSHR	
OTHER		PHI		PHI***	
PR FIN	270.53	RELAY		REPAY	
SAMS	485.00	SCRUBS		SIGNON	
ST-TX		STONDF	1045.00	STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	28289.00	TUTION		UNIFOR	713.51
UW/HOS					

Grand Totals: 19547.70 (Gross: 404128.17 Deductions: 123896.49 Net: 280231.68)
Checks Count:- FT 192 PT 9 Other 40 Female 208 Male 32 Credit OverAmt 4 ZeroNet Term Total: 240

CFO

Pay Date 8/10/18

MEMORIAL MEDICAL CENTER

I B C

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --July 28st, 2018 -Aug 3rd, 2018

Date	Bank Description	MMC Notes	Amount
	No Electronic Transfers for this period		

Total Electronic Payments: -

CFO

Diane Moore, CFO
Memorial Medical Center

August 6, 2018

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --July 28st, 2018 -Aug 3rd, 2018

Date	Bank Description	MMC Notes	Amount
8/2/2018	ACH Payment CARDMEMBER SERV ELECT PYMT **********4378 4	- Credit Card Invoice	3,789.42 *
8/1/2018	ACH Payment IRS USATAXPYMT 220861314109277 6103601000192	- Payroll Taxes	87,017.36 **
7/31/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03532154 910000148	- 340B Drug Program Expense	15,477.14 *
			106,283.92

CFO

August 6, 2018

Diane Moore, CFO
Memorial Medical Center

* Approved 08.01.18

* Approved 07.25.18 @ 87,201.22

Ø

RUN DATE:08/08/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:14 CHECK REGISTER GLCKREG
08/08/18 THRU 08/08/18

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172402	08/08/18	90,083.46	MMC OPERATING PROSPERITY ACC
TOTALS:			90,083.46	

APPROVED
ON

AUG 08 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 08/08/2018

11492

APPROVED ON AUG 06 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $90,083.46

G/L NUMBER: 10000001

EXPLANATION: To transfer funds from IBC MMC Operating account to Prosperity Operating account.

Please use IBC check stock and update AP GL# and CK# accordingly.

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: CFO

IBC Balance Transfer
8/6/2018

Available Balance	$	129,445.31
Outstanding Checks		28,361.85
Outstanding Transfer		-
To Cover Incidental Expenses		11,000.00
To Be Transferred	$	90,083.46

CFO

Diane C. Moore, CFO 6-Aug-18
Memorial Medical Center

08/08/2018 MEMORIAL MEDICAL CENTER 0
14:07 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11492	MMC OPERATING PROSPERITY ACC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
080818		08/08/20	08/08/20	08/08/20			90,083.46	0.00	0.00	90,083.46
	IBC TRANSF TO PROS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11492	MMC OPERATING PROSPERITY ACC	90,083.46	0.00	0.00	90,083.46

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	90,083.46	0.00	0.00	90,083.46

APPROVED
ON

AUG 06 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/6/2018

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	381	310,174.36 ✓	310,074.36 ✓	121,597.16		-	121,697.16 ✓	50,171.82
						Bank Balance	121,697.16	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2	21,790.15 ✓	
						MMC Portion QIPP 3	49,582.11 ✓	
						July Bank Interest	53.08	
Routing Information for Ashford Gardens:						Clinic Medicare Recoup		
Ashford Health Care Center Ltd Co						Adjust Balance/Transfer Amt	50,171.82	
JP Morgan Chase Bank								
ABA 0614								
Account # 14257								

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at W Hston	4438	459,721.28 ✓	459,621.28 ✓	181,898.49			181,998.49 ✓	165,912.32
						Bank Balance	181,998.49	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2	3,218.75 ✓	
						MMC Portion QIPP 3	12,694.97 ✓	
						July Bank Interest	72.45	
						Clinic Medicare Recoup		
						Adjust Balance/Transfer Amt	165,912.32	
Crescent								
	1411	395,357.55 ✓	395,257.55 ✓	84,036.85		-	84,136.85 ✓	79,047.21
						Bank Balance	84,136.85	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2	1,658.07 ✓	
						MMC Portion QIPP 3	3,270.13 ✓	
						July Bank Interest	61.44	
						Clinic Medicare Recoup		
		-				Adjust Balance/Transfer Amt	79,047.21	
Broadmoor								
	1403	162,341.07 ✓	162,241.07 ✓	74,686.21		-	74,786.21 ✓	74,607.95
						Bank Balance	74,786.21	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						July Bank Interest	78.26	
						Clinic Medicare Recoup		
						Adjust Balance/Transfer Amt	74,607.95	
Fort Bend								35,368.00
	1446	137,845.07 ✓	137,745.07 ✓	54,258.60		-	54,358.60 ✓	~~40,344.85~~
						Bank Balance	54,358.60	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2	4,876.85 ✓	
						MMC Portion QIPP 3	13,992.09 ✓	
						July Bank Interest	21.66	

Adjust Balance/Transfer Amt 40,244.85

TOTAL TRANSFERS ~~409,984.15~~ 405,107.30

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 2614
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: CFO
Diane Moore, CFO 8/6/2018

50,171.82 +
165,912.32 +
79,047.21 +
74,607.95 +
35,368.00 +
405,107.30 *

APPROVED
ON

AUG 06 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
8/6/2018

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	42,981.25 ✓	42,881.25 ✓	6,234.19		-	-	-	6,334.19 ✓	6,234.19
								Bank Balance	6,334.19	
								Variance	-	
								Remaining Balance	100.00	
								Adjust Balance/Transfer Amt	6,234.19	

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

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	14561	9,588.08 ✓	9,488.08 ✓	5,315.68			-	-	5,415.68 ✓	5,315.68
								Bank Balance	5,415.68	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	5,315.68	
									-	
Crescent	14588	7,887.31 ✓	7,787.31 ✓	11,936.67			-	-	12,036.67 ✓	11,936.67
								Bank Balance	12,036.67	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	11,936.67	
Broadmoor	14596	1,040.94 ✓	-	-			-	-	1,040.94 ✓	-
								Bank Balance	1,040.94	No Transfer
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	940.94	
Fort Bend	4618	13,921.46 ✓	13,821.46 ✓	7,192.44			-	-	7,292.44 ✓	7,192.44
								Bank Balance	7,292.44	
								Variance	-	
								Remaining Balance in Bank	100.00	
								Adjust Balance/Transfer Amt	7,192.44	
								Total IBC Transfers		30,678.98 ✓

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 1614
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: CFO
Diane Moore, CFO 6-Aug-18

6,234.19 +
5,315.68 +
11,936.67 +
7,192.44 +
30,678.98 *

APPROVED ON
AUG 06 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/6/2018

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	291,958.97 ✓	291,858.97 ✓	95,768.19			3,258.52			-	-	99,126.71	15,938.10
											Bank Balance	99,126.71	
											Variance	-	
											Leave in Balance	100.00	
											MMC Portion QIPP 1	19,845.41 ✓	
											MMC Portion QIPP 2	29,446.25 ✓	
											MMC Portion QIPP 3	33,746.53 ✓	
											July Bank Interest	50.42	
											Clinic Medicare Recoup		
											Adjust Balance/Transfer Amt	15,938.10	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 00248
Account # 10323

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
Diane Moore, CFO 8/6/2018

APPROVED
ON
AUG 06 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 08/08/2018

APPROVED ON AUG 06 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $71,372.26

G/L NUMBER: 21000011

EXPLANATION: Ashford - QIPP Comp 1,2 & 3 Payment from Fort Bend

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 08/08/2018

APPROVED ON AUG 06 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $83,038.19

G/L NUMBER: 21000013

EXPLANATION: Golden Creek - QIPP Comp 1,2 & 3 Payment from Fort Bend

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE: MMC Operating

Date Requested: 08/08/2018

APPROVED ON AUG 06 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $18,868.94

G/L NUMBER: 21000008

EXPLANATION: Fort Bend - QIPP Comp 1,2 & 3 Payment from Fort Bend

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 08/08/2018

APPROVED ON AUG 06 2018 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT: $15,913.72

G/L NUMBER: 21000011

EXPLANATION: Solera - QIPP Comp 1,2 & 3 Payment from Fort Bend

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: MMC Operating

Date Requested: 08/08/2018

APPROVED ON AUG 06 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $4,928.20

G/L NUMBER: 21000010

EXPLANATION: Crescent - QIPP Comp 1,2 & 3 Payment from Fort Bend

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: CFO