MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- August 22, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 691,226.79
TOTAL TRANSFERS BETWEEN FUNDS	$ 150,000.00
TOTAL NURSING HOME UPL EXPENSES	$ 1,275,254.84
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED August 22, 2018	$ 2,116,481.63

APPROVED

AUG 2 2 2018

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 22, 2018

PAYABLES AND PAYROLL			
8/16/2018	Weekly Payables	294,564.91	
8/20/2018	McKesson-340B Prescription Expense	2,003.27	
8/16/2018	Cardmember Credit Card-see attached	1,591.37	
8/20/2018	E-MDS, Inc-Provider Licenses	26,049.45	
8/20/2018	Citibank Credit Card-see attached	2,957.18	
8/20/2018	Payroll Liabilities (Payroll Taxes)	87,353.96	
8/20/2018	Payroll	272,706.65	
8/22/2018	Payroll Deductions taken in error-estimate	4,000.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 691,226.79**
TRANSFERS BETWEEN FUNDS			
8/17/2018	Transfer from Prosperity Operating to Prosperity Private Waiver	150,000.00	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 150,000.00**
NURSING HOME UPL EXPENSES			
8/20/2018	Nursing Home UPI	33,239.27	
8/20/2018	Nursing Home UPI	1,146,791.40	
8/20/2018	Nursing Home UPI	9,876.79	
QIPP/INTEREST CHECKS TO MMC			
8/20/2018	Ashford	57,700.72	
8/20/2018	Fort Bend	10,559.89	
8/20/2018	Solera	12,861.25	
8/20/2018	Crescent	4,225.52	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,275,254.84**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED August 22, 2018			**$ 2,116,481.63**

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/29/2018

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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
125793 ✓		08/13/20	08/01/20	08/01/20		4.98	0.00	0.00	4.98 ✓
	SUPPLIES Maint.								
125863 ✓		08/13/20	08/03/20	08/03/20		45.98	0.00	0.00	45.98 ✓
	SUPPLIES Maint.								
126002 ✓		08/13/20	08/08/20	08/08/20		40.56	0.00	0.00	40.56 ✓
	SUPPLIES Maint.								
126077 ✓		08/13/20	08/10/20	08/10/20		20.88	0.00	0.00	20.88 ✓
	SUPPLIES PT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	112.40	0.00	0.00	112.40

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
23914 ✓		07/31/20	08/20/20	08/25/20		1,400.00	0.00	0.00	1,400.00 ✓
	RFID FEE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

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
9078691351 ✓		08/13/20	07/31/20	08/25/20		2,119.67	0.00	0.00	2,119.67 ✓
	OXYGEN								
9955241344 ✓		08/13/20	07/31/20	08/25/20		718.04	0.00	0.00	718.04 ✓
	CYLINDER RENTAL								
9955241345 ✓		08/13/20	07/31/20	08/25/20		77.04	0.00	0.00	77.04 ✓
	CYNLINER RENTAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	2,914.75	0.00	0.00	2,914.75

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
000514658A		08/16/20	07/16/20	08/16/20		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
A1360	AMERISOURCEBERGEN DRUG CORP ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
940798744 ✓		08/13/20	08/10/20	08/16/20		88.22	0.00	0.00	88.22 ✓
	INVENTORY								
940798745 ✓		08/13/20	08/10/20	08/16/20		7.04	0.00	0.00	7.04 ✓
	INVENTORY								
940938982 ✓		08/14/20	08/13/20	08/19/20		49.30	0.00	0.00	49.30 ✓
	INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

A1360 AMERISOURCEBERGEN DRUG CORP	144.56	0.00	0.00	144.56

Vendor# Vendor Name Class Pay Code

10751 ARTISAN MEDICAL ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV9849 ✓		08/10/20	07/05/20	08/05/20			101.75	0.00	0.00	101.75 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10751	ARTISAN MEDICAL	101.75	0.00	0.00	101.75

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
486392 ✓		07/31/20	07/26/20	08/26/20			2,573.25	0.00	0.00	2,573.25 ✓
	STAFFING SURGERY (7|16|18 - 7|19|18 Bou Hc) (7|13|18)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11756	AYA HEALTHCARE INC	2,573.25	0.00	0.00	2,573.25

Vendor# Vendor Name Class Pay Code

B1150 BAXTER HEALTHCARE ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
60024418 ✓		08/10/20	07/13/20	08/16/20			458.30	0.00	0.00	458.30 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	458.30	0.00	0.00	458.30

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
60153603 ✓		07/31/20	07/26/20	08/25/20			259.64	0.00	0.00	259.64 ✓
	INVENTORY									
60154031 ✓		07/31/20	07/26/20	08/25/20			797.46	0.00	0.00	797.46 ✓
	INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	1,057.10	0.00	0.00	1,057.10

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
6006467412 ✓		08/10/20	07/17/20	08/16/20			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
5392738 ✓		07/31/20	07/30/20	08/24/20			3,507.27	0.00	0.00	3,507.27 ✓
	SUPPLIES (Wash|Service|Maintenance)									
107194458 ✓		07/31/20	07/30/20	08/24/20			344.61	0.00	0.00	344.61 ✓
	SUPPLIES									
107196022 ✓		08/13/20	07/31/20	08/25/20			1,335.99	0.00	0.00	1,335.99 ✓
	SUPPLIES									
107200904 ✓		08/13/20	08/02/20	08/27/20			1,435.59	0.00	0.00	1,435.59 ✓
	SUPPLIES									
107202803 ✓		08/13/20	08/02/20	08/27/20			1,739.88	0.00	0.00	1,739.88 ✓
	SUPPLIES									
107201607		08/13/20	08/02/20	08/27/20			1,228.31	0.00	0.00	1,228.31 ✓

	SUPPLIES							
107201363 ✓		08/13/20	08/02/20	08/27/20	452.13	0.00	0.00	452.13 ✓
	SUPPLIES							
107200865 ✓		08/13/20	08/02/20	08/27/20	47.82	0.00	0.00	47.82 ✓
	SUPPLIES							
107202811 ✓		08/13/20	08/02/20	08/27/20	2,826.20	0.00	0.00	2,826.20 ✓
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	12,917.80	0.00	0.00	12,917.80

Vendor#	Vendor Name	Class	Pay Code
C1992	CDW GOVERNMENT, INC. ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
NMP8611 ✓		08/06/20	07/24/20	08/23/20		674.61	0.00	0.00	674.61 ✓
	COMPUTERS (3) surface books w/extended coverage for clinic								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	674.61	0.00	0.00	674.61

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
0092556527 ✓		08/13/20	07/18/20	08/17/20		619.80	0.00	0.00	619.80 ✓
	Supplies								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	619.80	0.00	0.00	619.80

Vendor#	Vendor Name	Class	Pay Code
11030	COMBINED INSURANCE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080118		08/13/20	08/01/20	08/01/20		1,630.10	0.00	0.00	1,630.10 ✓
	INSURANCE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE	1,630.10	0.00	0.00	1,630.10

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
4839670 ✓		08/10/20	06/28/20	07/18/20		1,213.84	0.00	0.00	1,213.84 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2157	COOPER SURGICAL INC	1,213.84	0.00	0.00	1,213.84

Vendor#	Vendor Name	Class	Pay Code
12052	COUNTY OF CALHOUN ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
020818		08/13/20	02/08/20	02/08/20		653.00	0.00	0.00	653.00 ✓
	INS PREMIUM FOR FLEET								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12052	COUNTY OF CALHOUN	653.00	0.00	0.00	653.00

Vendor#	Vendor Name	Class	Pay Code
11004	CSI LEASING INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RT00200016 ✓		07/31/20	07/24/20	08/24/20		2,965.64	0.00	0.00	2,965.64 ✓
	RENTAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11004	CSI LEASING INC	2,965.64	0.00	0.00	2,965.64

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
241911		07/31/20	07/27/20	08/27/20		109.58	0.00	0.00	109.58
	SUPPLIES								
241436		08/13/20	07/16/20	08/16/20		308.45	0.00	0.00	308.45
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	418.03	0.00	0.00	418.03

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
5440720	Supplies	07/31/20	07/31/20	08/25/20		143.42	0.00	0.00	143.42
5444410		08/13/20	08/02/20	08/27/20		47.21	0.00	0.00	47.21
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	190.63	0.00	0.00	190.63

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN20052075		08/13/20	07/31/20	08/25/20		31,144.58	0.00	0.00	31,144.58
	BEHAV HEALTH PRGRM								
IN20052082		08/13/20	07/31/20	08/25/20		19,166.67	0.00	0.00	19,166.67
	CPR Program								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP	50,311.25	0.00	0.00	50,311.25

Vendor#	Vendor Name	Class	Pay Code
12044	DRIESSEN WATER INC. (CULLIGAN)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
073118		08/13/20	07/31/20	08/22/20		258.05	0.00	0.00	258.05
	WATER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12044	DRIESSEN WATER INC. (CULLIGAN)	258.05	0.00	0.00	258.05

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
36768		08/13/20	08/15/20	08/25/20		40,062.50	0.00	0.00	40,062.50
36726	Emergency Physician Services	08/16/20	06/30/20	08/13/20		7,125.00	0.00	0.00	7,125.00
	VOLUME GUARENTEE SHORT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	47,187.50	0.00	0.00	47,187.50

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
08A18MMC		08/13/20	08/07/20	08/22/20		495.00	0.00	0.00	495.00
	WEBSITE MONTHLY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	495.00	0.00	0.00	495.00

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
625609407		08/13/20	07/26/20	08/20/20		19.34	0.00	0.00	19.34
	SHIPPING								
626316301		08/13/20	08/02/20	08/27/20		40.90	0.00	0.00	40.90
	SHIPPING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.				60.24	0.00	0.00	60.24

Vendor#	Vendor Name	Class	Pay Code
12048	FIRST DATA GLOBAL LEASING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0521405221000		08/13/20	08/13/20	08/13/20		466.03	0.00	0.00	466.03
	LEASE BUYOUT IBC Buyout								
0521300412000		08/13/20	08/13/20	08/13/20		518.66	0.00	0.00	518.66
	LEASE BUYOUT IBC Buyout								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12048	FIRST DATA GLOBAL LEASING				984.69	0.00	0.00	984.69

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2756295		08/10/20	07/03/20	07/28/20		1,216.40	0.00	0.00	1,216.40
	SUPPLIES								
2906483		08/10/20	07/05/20	07/30/20		7,170.45	0.00	0.00	7,170.45
	SUPPLIES								
3122292		08/10/20	07/09/20	08/03/20		390.11	0.00	0.00	390.11
	SUPPLIES								
4643511		08/13/20	08/02/20	08/27/20		1,975.28	0.00	0.00	1,975.28
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE				10,752.24	0.00	0.00	10,752.24

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
6001103951		07/31/20	08/01/20	08/26/20		3,588.58	0.00	0.00	3,588.58
	LEASE								
6001103796		07/31/20	08/01/20	08/26/20		3,236.62	0.00	0.00	3,236.62
	MAINT CONTRACT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10283	GE HEALTHCARE				6,825.20	0.00	0.00	6,825.20

Vendor#	Vendor Name	Class	Pay Code
10642	GLAXOSMITHKLINE PHARMACUETICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080918		08/13/20	08/09/20	08/09/20		780.85	0.00	0.00	780.85
	REPAYEMNT 340B DRUGS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL				780.85	0.00	0.00	780.85

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
080818		08/13/20	08/08/20	08/08/20		372.01	0.00	0.00	372.01
	TRANSFER Pymt recd to wrong in error								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	11836 GOLDENCREEK HEALTHCARE					372.01	0.00	0.00	372.01
Vendor#	Vendor Name				Class	Pay Code			
W1300	GRAINGER				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9798590684		08/13/20	05/24/20	06/18/20		257.40	0.00	0.00	257.40
		SUPPLIES								
	9859676687		08/14/20	07/27/20	08/21/20		120.60	0.00	0.00	120.60
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				378.00	0.00	0.00	378.00
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
	1510493		08/10/20	06/05/20	07/05/20		36.16	0.00	0.00	36.16
		SUPPLIES								
	1522434		08/10/20	07/02/20	08/01/20		70.00	0.00	0.00	70.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				106.16	0.00	0.00	106.16
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
	2993		08/13/20	07/31/20	08/20/20		13,955.41	0.00	0.00	13,955.41
		PHARM SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES				13,955.41	0.00	0.00	13,955.41
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
	MMC82018		08/13/20	08/13/20	08/20/20		23,211.00	0.00	0.00	23,211.00
		RESP SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11285	ITA RESOURCES INC				23,211.00	0.00	0.00	23,211.00
Vendor#	Vendor Name				Class	Pay Code				
J1300	JECKER FLOOR & GLASS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	76975		08/15/20	05/07/20	05/17/20		1,628.50	0.00	0.00	1,628.50
		MIRRORS IN REHAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J1300	JECKER FLOOR & GLASS				1,628.50	0.00	0.00	1,628.50
Vendor#	Vendor Name				Class	Pay Code				
J1415	JOHNSTONE SUPPLY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6017717		08/13/20	08/10/20	08/20/20		435.00	0.00	0.00	435.00
		SUPPLIES								
	6017747		08/13/20	08/10/20	08/20/20		69.85	0.00	0.00	69.85
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J1415	JOHNSTONE SUPPLY				504.85	0.00	0.00	504.85
Vendor#	Vendor Name				Class	Pay Code				
L0700	LABCORP OF AMERICA HOLDINGS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

59626546		08/13/20 07/28/20 08/22/20			16.98	0.00	0.00	16.98
	LAB SERVICES							
59647779		08/13/20 07/28/20 08/22/20			26.29	0.00	0.00	26.29
	LAB SERVICES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS			43.27	0.00	0.00	43.27

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
29606074		08/01/20	06/18/20	07/18/20			2,761.00	0.00	0.00	2,761.00
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC					2,761.00	0.00	0.00	2,761.00

Vendor#	Vendor Name	Class	Pay Code
11243	MEDIALAB,INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
139160		07/31/20	07/30/20	08/29/20			2,000.00	0.00	0.00	2,000.00
	DUES&SUBSCRIPTIONS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11243	MEDIALAB,INC					2,000.00	0.00	0.00	2,000.00

Vendor#	Vendor Name	Class	Pay Code
11141	MEDICAL DATA SYSTEMS, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
124024		07/31/20	07/31/20	08/25/20			4,225.47	0.00	0.00	4,225.47
	COLLECTION FEES									
124023		07/31/20	07/31/20	08/25/20			2,809.30	0.00	0.00	2,809.30
	COLLECTION FEES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.					7,034.77	0.00	0.00	7,034.77

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
0010376120		08/15/20	08/14/20	08/14/20			44.71	0.00	0.00	44.71
	INDIGENT CARE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.					44.71	0.00	0.00	44.71

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
1837957210		08/01/20	01/30/20	02/24/20			27.37	0.00	0.00	27.37
	SUPPLIES Freight 13.53									
1855623586		08/13/20	07/31/20	08/25/20			85.68	0.00	0.00	85.68
	SUPPLIES									
1855623594		08/13/20	07/31/20	08/25/20			81.87	0.00	0.00	81.87
	SUPPLIES Freight 31.87									
1855623588		08/13/20	07/31/20	08/25/20			239.80	0.00	0.00	239.80
	SUPPLIES									
1855623591		08/13/20	07/31/20	08/25/20			1,290.74	0.00	0.00	1,290.74
	SUPPLIES									
1855623587		08/13/20	07/31/20	08/25/20			44.17	0.00	0.00	44.17
	SUPPLIES Freight 16.69									

1701963647		08/13/20 08/01/20 08/26/20			172.22	0.00	0.00	172.22
	FINANCE CHARGES							
1855699842		08/13/20 08/01/20 08/26/20			30.93	0.00	0.00	30.93
	SUPPLIES	Freight 16.69						
1855777490		08/13/20 08/02/20 08/27/20			60.87	0.00	0.00	60.87
	SUPPLIES	Freight 4.05						
1855777491		08/13/20 08/02/20 08/27/20			132.14	0.00	0.00	132.14
	SUPPLIES	Freight 35.14						
1855777493		08/13/20 08/02/20 08/27/20			45.74	0.00	0.00	45.74
	SUPPLIES							
1855777495		08/13/20 08/02/20 08/27/20			70.84	0.00	0.00	70.84
	SUPPLIES							
1855777496		08/13/20 08/02/20 08/27/20			24.75	0.00	0.00	24.75
	SUPPLIES	Freight 16.37						
1855777494		08/13/20 08/02/20 08/27/20			150.50	0.00	0.00	150.50
	SUPPLIES							
1855777489		08/13/20 08/02/20 08/27/20			1,874.09	0.00	0.00	1,874.09
	SUPPLIES							
1855777492		08/13/20 08/02/20 08/27/20			22.36	0.00	0.00	22.36
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC			4,354.07	0.00	0.00	4,354.07
Vendor#	Vendor Name			Class	Pay Code			
10182	MERCEDES MEDICAL							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
2073629		07/31/20	07/24/20	08/23/20		74.34	0.00	0.00	74.34
	SUPPLIES	Freight 16.74							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL				74.34	0.00	0.00	74.34
Vendor#	Vendor Name			Class	Pay Code				
10791	MINDRAY DS USA, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
0600628559		08/14/20	05/15/20	06/04/20		277.68	0.00	0.00	277.68
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10791	MINDRAY DS USA, INC.				277.68	0.00	0.00	277.68
Vendor#	Vendor Name			Class	Pay Code				
M2621	MMC AUXILIARY GIFT SHOP			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
080918		08/13/20	08/09/20	08/09/20		101.76	0.00	0.00	101.76
	PAYROLL DED								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP				101.76	0.00	0.00	101.76
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
081318		08/15/20	08/13/20	08/13/20		28,724.12	0.00	0.00	28,724.12
	INSURANCE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN				28,724.12	0.00	0.00	28,724.12
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
7586		08/13/20	08/07/20	08/17/20		-328.30	0.00	0.00	-328.30
7678	CREDIT	08/13/20	08/07/20	08/17/20		-98.41	0.00	0.00	-98.41
3126367	INVENTORY	08/13/20	08/08/20	08/18/20		1,239.31	0.00	0.00	1,239.31
3126365	INVENTORY	08/13/20	08/08/20	08/18/20		19.47	0.00	0.00	19.47
3126130	INVENTORY	08/13/20	08/08/20	08/18/20		8.20	0.00	0.00	8.20
3126366	INVENTORY	08/13/20	08/08/20	08/18/20		25.28	0.00	0.00	25.28
3130910	INVENTORY	08/13/20	08/09/20	08/19/20		2,454.16	0.00	0.00	2,454.16
3129065	INVENTORY	08/13/20	08/09/20	08/19/20		371.42	0.00	0.00	371.42
3130761	INVENTORY	08/13/20	08/09/20	08/19/20		110.98	0.00	0.00	110.98
3129066	INVENTORY	08/13/20	08/09/20	08/19/20		371.42	0.00	0.00	371.42
3130909	INVENTORY	08/13/20	08/09/20	08/19/20		717.75	0.00	0.00	717.75
3130908	INVENTORY	08/13/20	08/09/20	08/19/20		263.40	0.00	0.00	263.40
7915	INVENTORY	08/14/20	08/08/20	08/18/20		-68.55	0.00	0.00	-68.55
7857	CREDIT	08/14/20	08/08/20	08/18/20		-5.88	0.00	0.00	-5.88
7908	CREDIT	08/14/20	08/08/20	08/18/20		-123.11	0.00	0.00	-123.11
3135843	CREDIT	08/14/20	08/10/20	08/20/20		27.53	0.00	0.00	27.53
3135844	INVENTORY	08/14/20	08/10/20	08/20/20		516.18	0.00	0.00	516.18
3142727	INVENTORY	08/14/20	08/13/20	08/23/20		88.19	0.00	0.00	88.19
3142729	INVENTORY	08/14/20	08/13/20	08/23/20		2,217.40	0.00	0.00	2,217.40
3142917	INVENTORY	08/14/20	08/13/20	08/23/20		44.39	0.00	0.00	44.39
3143093	INVENTORY	08/14/20	08/13/20	08/23/20		1,586.85	0.00	0.00	1,586.85
3142728	INVENTORY	08/14/20	08/13/20	08/23/20		821.48	0.00	0.00	821.48

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	10,259.16	0.00	0.00	10,259.16

Vendor#	Vendor Name	Class	Pay Code
O0920	OFFICE DEPOT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
152719089001		08/10/20	06/18/20	07/22/20		65.54	0.00	0.00	65.54

	SUPPLIES							
152715310001		08/10/20	07/25/20	07/25/20	178.59	0.00	0.00	178.59
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT	244.13	0.00	0.00	244.13

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
2039591574		07/31/20	07/24/20	08/23/20			60.50	0.00	0.00	60.50
	SUPPLIES									
2039600571		07/31/20	07/24/20	08/23/20			558.36	0.00	0.00	558.36
	SUPPLIES									
2039670557		07/31/20	07/26/20	08/25/20			112.57	0.00	0.00	112.57
	SUPPLIES									
2039673305		07/31/20	07/26/20	08/25/20			109.58	0.00	0.00	109.58
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	841.01	0.00	0.00	841.01

Vendor#	Vendor Name	Class	Pay Code
P1470	PHILIP THOMAE PHOTOGRAPHER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10182		08/15/20	08/09/20	08/19/20			60.00	0.00	0.00	60.00
	PHOTOGRAPHS FALCON									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1470	PHILIP THOMAE PHOTOGRAPHER	60.00	0.00	0.00	60.00

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER HARDWARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A45652		08/13/20	08/07/20	08/17/20			3.69	0.00	0.00	3.69
	SUPPLIES									
B42754		08/13/20	08/09/20	08/19/20			6.89	0.00	0.00	6.89
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE	10.58	0.00	0.00	10.58

Vendor#	Vendor Name	Class	Pay Code
10896	QIAGEN INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
98513391		07/31/20	07/24/20	08/23/20			213.39	0.00	0.00	213.39
	SUPPLIES freight 48.49									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10896	QIAGEN INC	213.39	0.00	0.00	213.39

Vendor#	Vendor Name	Class	Pay Code
R1200	RED HAWK FIRE AND SECURITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
361778		08/13/20	08/01/20	08/26/20			43.72	0.00	0.00	43.72
	MONTHLY FIRE MONITORING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1200	RED HAWK FIRE AND SECURITY	43.72	0.00	0.00	43.72

Vendor#	Vendor Name	Class	Pay Code
10987	REVCYCLE+, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MLVAC39993		08/13/20	08/03/20	08/28/20			1,979.45	0.00	0.00	1,979.45

CODING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	1,979.45	0.00	0.00	1,979.45

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
17418		08/13/20	08/07/20	08/22/20		19.08	0.00	0.00	19.08
	SUPPLIES								
19075		08/13/20	08/13/20	08/28/20		129.65	0.00	0.00	129.65
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	148.73	0.00	0.00	148.73

Vendor#	Vendor Name	Class	Pay Code
10681	SIMMLER, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
183824		08/13/20	06/05/20	07/10/20		167.00	0.00	0.00	167.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10681	SIMMLER, INC.	167.00	0.00	0.00	167.00

Vendor#	Vendor Name	Class	Pay Code
11296	SOUTH TEXAS BLOOD & TISSUE CEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90038067		08/13/20	07/31/20	08/25/20		-2,300.00	0.00	0.00	-2,300.00
	CREDIT								
90038174		08/13/20	07/31/20	08/25/20		7,950.00	0.00	0.00	7,950.00
	BLOOD SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	5,650.00	0.00	0.00	5,650.00

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
1000410004		08/13/20	08/05/20	08/05/20		3,643.00	0.00	0.00	3,643.00
	WORKER COMP INS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	3,643.00	0.00	0.00	3,643.00

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
340372240A		08/16/20	07/30/20	08/24/20		1,415.82	0.00	0.00	1,415.82
	TRASH SERVICE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,415.82	0.00	0.00	1,415.82

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
8400279551		07/31/20	07/30/20	08/24/20		116.57	0.00	0.00	116.57
	LAUNDRY- REHAB								
8400279553		07/31/20	07/30/20	08/24/20		47.15	0.00	0.00	47.15
	LAUNDRY								
8400279659		07/31/20	07/30/20	08/24/20		131.69	0.00	0.00	131.69
	LAUNDRY								

8400279554		07/31/20	07/30/20	08/24/20	48.32	0.00	0.00	48.32
LAUNDRY								
8400279552		07/31/20	07/30/20	08/24/20	124.30	0.00	0.00	124.30
LAUNDRY								
8400279609		07/31/20	07/30/20	08/24/20	1,244.76	0.00	0.00	1,244.76
LAUNDRY								
8400279596		07/31/20	07/30/20	08/24/20	85.24	0.00	0.00	85.24
LAUNDRY								
8400279550		07/31/20	07/30/20	08/24/20	120.39	0.00	0.00	120.39
LAUNDRY								
8400279889		08/07/20	08/02/20	08/27/20	17.00	0.00	0.00	17.00
LAUNDRY								
8400279945		08/07/20	08/02/20	08/27/20	1,180.26	0.00	0.00	1,180.26
LAUNDRY								
8400279894		08/07/20	08/02/20	08/27/20	153.50	0.00	0.00	153.50
LAUNDRY								
8400274511		08/13/20	05/08/20	06/02/20	19.38	0.00	0.00	19.38
LAUNDRY								
8400275027		08/13/20	05/25/20	06/19/20	19.38	0.00	0.00	19.38
LAUNDRY								
8400276033		08/13/20	06/08/20	07/03/20	19.38	0.00	0.00	19.38
LAUNDRY								
8400276527		08/13/20	06/15/20	07/10/20	19.38	0.00	0.00	19.38
LAUNDRY								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			3,346.70	0.00	0.00	3,346.70

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
	8913831		08/13/20	08/08/20	08/23/20			141.88	0.00	0.00	141.88
		UNIFORMS									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		U1056	UNIFORM ADVANTAGE					141.88	0.00	0.00	141.88

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
	9110546986		08/10/20	07/17/20	08/11/20			273.18	0.00	0.00	273.18
		SUPPLIES									
	9110552505		08/13/20	08/01/20	08/26/20			403.12	0.00	0.00	403.12
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC					676.30	0.00	0.00	676.30

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	294,564.91	0.00	0.00	294,564.91

APPROVED
ON
AUG 16 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK #'S
177028- 177091

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	177028	08/22/18	112.40	ACE HARDWARE 15521
A/P	177029	08/22/18	1,400.00	ACUTE CARE INC
A/P	177030	08/22/18	2,914.75	AIRGAS USA, LLC - CENTRAL DIV
A/P	177031	08/22/18	31,879.49	ALLIED BENEFIT SYSTEMS
A/P	177032	08/22/18	144.56	AMERISOURCEBERGEN DRUG CORP
A/P	177033	08/22/18	101.75	ARTISAN MEDICAL
A/P	177034	08/22/18	2,573.25	AYA HEALTHCARE INC
A/P	177035	08/22/18	458.30	BAXTER HEALTHCARE
A/P	177036	08/22/18	1,057.10	BAXTER HEALTHCARE CORP
A/P	177037	08/22/18	572.32	BAYER HEALTHCARE
A/P	177038	08/22/18	12,917.80	BECKMAN COULTER INC
A/P	177039	08/22/18	674.61	CDW GOVERNMENT, INC.
A/P	177040	08/22/18	619.80	CENTURION MEDICAL PRODUCTS
A/P	177041	08/22/18	1,630.10	COMBINED INSURANCE
A/P	177042	08/22/18	1,213.84	COOPER SURGICAL INC
A/P	177043	08/22/18	653.00	COUNTY OF CALHOUN
A/P	177044	08/22/18	2,965.64	CSI LEASING INC
A/P	177045	08/22/18	418.03	CUSTOM MEDICAL SPECIALTIES
A/P	177046	08/22/18	190.63	DEWITT POTH & SON
A/P	177047	08/22/18	50,311.25	DIAMOND HEALTHCARE CORP
A/P	177048	08/22/18	258.05	DRIESSEN WATER INC. (CULLIGAN)
A/P	177049	08/22/18	47,187.50	EMERGENCY STAFFING SOLUTIONS
A/P	177050	08/22/18	495.00	FASTHEALTH CORPORATION
A/P	177051	08/22/18	60.24	FEDERAL EXPRESS CORP.
A/P	177052	08/22/18	984.69	FIRST DATA GLOBAL LEASING
A/P	177053	08/22/18	10,752.24	FISHER HEALTHCARE
A/P	177054	08/22/18	6,825.20	GE HEALTHCARE
A/P	177055	08/22/18	780.85	GLAXOSMITHKLINE PHARMACUETICAL
A/P	177056	08/22/18	372.01	GOLDENCREEK HEALTHCARE
A/P	177057	08/22/18	378.00	GRAINGER
A/P	177058	08/22/18	106.16	GULF COAST PAPER COMPANY
A/P	177059	08/22/18	13,955.41	HUNTER PHARMACY SERVICES
A/P	177060	08/22/18	23,211.00	ITA RESOURCES INC
A/P	177061	08/22/18	1,628.50	JECKER FLOOR & GLASS
A/P	177062	08/22/18	504.85	JOHNSTONE SUPPLY
A/P	177063	08/22/18	43.27	LABCORP OF AMERICA HOLDINGS
A/P	177064	08/22/18	2,761.00	MCKESSON MEDICAL SURGICAL INC
A/P	177065	08/22/18	2,000.00	MEDIALAB,INC
A/P	177066	08/22/18	7,034.77	MEDICAL DATA SYSTEMS, INC.
A/P	177067	08/22/18	44.71	MEDIMPACT HEALTHCARE SYS, INC.
A/P	177068	08/22/18	.00	VOIDED
A/P	177069	08/22/18	4,354.07	MEDLINE INDUSTRIES INC
A/P	177070	08/22/18	74.34	MERCEDES MEDICAL
A/P	177071	08/22/18	277.68	MINDRAY DS USA, INC.
A/P	177072	08/22/18	101.76	MMC AUXILIARY GIFT SHOP
A/P	177073	08/22/18	28,724.12	MMC EMPLOYEE BENEFIT PLAN
A/P	177074	08/22/18	.00	VOIDED
A/P	177075	08/22/18	10,259.16	MORRIS & DICKSON CO, LLC
A/P	177076	08/22/18	244.13	OFFICE DEPOT
A/P	177077	08/22/18	841.01	OWENS & MINOR

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	177078	08/22/18	60.00	PHILIP THOMAE PHOTOGRAPHER
A/P	177079	08/22/18	10.58	POWER HARDWARE
A/P	177080	08/22/18	150,000.00	PRIVATE WAIVER CLEARING ACCT Transfer
A/P	177081	08/22/18	213.39	QIAGEN INC
A/P	177082	08/22/18	43.72	RED HAWK FIRE AND SECURITY
A/P	177083	08/22/18	1,979.45	REVCYCLE+, INC.
A/P	177084	08/22/18	148.73	SHERWIN WILLIAMS
A/P	177085	08/22/18	167.00	SIMMLER, INC.
A/P	177086	08/22/18	5,650.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	177087	08/22/18	3,643.00	TEXAS MUTUAL INSURANCE CO
A/P	177088	08/22/18	1,415.82	THE US CONSULTING GROUP
A/P	177089	08/22/18	3,346.70	UNIFIRST HOLDINGS INC
A/P	177090	08/22/18	141.88	UNIFORM ADVANTAGE
A/P	177091	08/22/18	676.30	WERFEN USA LLC
A/P	177092	08/22/18	26,049.45	E-MDS, INC Critical
TOTALS:			470,614.36	

Payables 294,564.91 +
Transfer 150,000.00 +
critical 26,049.45 +
470,614.36 *

APPROVED
ON

AUG 22 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 08/17/2018 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 08/18/2018

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

As of: 08/17/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 08/18/2018 ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,044.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 08/21/2018,
Pay This Amount: 2,003.27 USD ✓

If Paid After 08/21/2018,
Pay this Amount: 2,044.15 USD

Due If Paid On Time:
USD 2,003.27
Disc lost if paid late: 40.88

Due If Paid Late:
USD 2,044.15

228.29 +
639.95 +
1,135.03 +
2,003.27 *

on ac (FO
8-20-18

APPROVED
ON
AUG 20 2018 #000995

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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: 08/17/2018 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 08/18/2018

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

As of: 08/17/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 08/18/2018 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											
08/17/2018	08/21/2018	7887389979	2017005414	115Invoice	4.66	232.95		228.29	✓	7887389979	

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: 232.95 USD

Future Due: 0.00

Past Due: 0.00

If Paid By 08/21/2018,
Pay This Amount: 228.29 USD ✓

Due If Paid On Time:
USD 228.29

Disc lost if paid late:
4.66

Last Payment 3,400.18
08/13/2018

If Paid After 08/21/2018,
Pay this Amount: 232.95 USD

Due If Paid Late:
USD 232.95

on acct
FO 8-2018

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: 08/17/2018 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 08/18/2018

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

As of: 08/17/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 08/18/2018 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											
08/13/2018	08/21/2018	7886476920	1001283094	115Invoice	2.23	111.60		109.37	✓	7886476920	
08/13/2018	08/21/2018	7886476925	1001283803	115Invoice	0.93	46.59		45.66	✓	7886476925	
08/13/2018	08/21/2018	7886476927	1001284228	115Invoice	1.14	57.01		55.87	✓	7886476927	
08/14/2018	08/21/2018	7886718938	1001284611	115Invoice	1.08	54.21		53.13	✓	7886718938	
08/15/2018	08/21/2018	7886950953	1001285613	115Invoice	0.40	19.77		19.37	✓	7886950953	
08/16/2018	08/21/2018	7887181565	1001286413	115Invoice	4.04	202.01		197.97	✓	7887181565	
08/17/2018	08/21/2018	7887402830	1001287083	115Invoice	3.21	160.69		157.48	✓	7887402830	
08/17/2018	08/21/2018	7887402834	1001287083	115Invoice	0.02	1.12		1.10	✓	7887402834	

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: 653.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/13/2018 3,400.18

If Paid By 08/21/2018, Pay This Amount: 639.95 USD

If Paid After 08/21/2018, Pay this Amount: 653.00 USD

Due If Paid On Time: USD 639.95

Disc lost if paid late: 13.05

Due If Paid Late: USD 653.00

BO 8-20-18

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ON
AUG 20 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 08/17/2018

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 08/18/2018

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: 08/17/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 08/18/2018

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											
08/13/2018	08/21/2018	7886451534	1114722	115Invoice	0.01	0.63		0.62	✓	7886451534	
08/13/2018	08/21/2018	7886451535	0812180943-00	115Invoice	7.47	373.45		365.98	✓	7886451535	
08/13/2018	08/21/2018	7886451537	0959800014	115Invoice	0.34	16.99		16.65	✓	7886451537	
08/14/2018	08/21/2018	7886708195	0959800015	115Invoice	0.54	26.83		26.29	✓	7886708195	
08/15/2018	08/21/2018	7886946680	0959800016	115Invoice	3.72	185.83		182.11	✓	7886946680	
08/16/2018	08/21/2018	7887168665	0959800017	115Invoice	7.24	362.07		354.83	✓	7887168665	
08/16/2018	08/21/2018	7887168666	0815180459-00	115Invoice	0.01	0.32		0.31	✓	7887168666	
08/17/2018	08/21/2018	7887392456	0959800018	115Invoice	3.84	192.08		188.24	✓	7887392456	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,158.20 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,400.18
08/13/2018

If Paid By 08/21/2018,
Pay This Amount: 1,135.03 USD ✓

If Paid After 08/21/2018,
Pay this Amount: 1,158.20 USD

Due If Paid On Time:
USD 1,135.03

Disc lost if paid late: 23.17

Due If Paid Late:
USD 1,158.20

FO 8-20-18

Elan

August 2018 Statement
Open Date: 07/06/2018 Closing Date: 08/06/2018

Account: 4378

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN (CPN 510)

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

New Balance	**$1,591.37**
Minimum Payment Due	**$16.00**
Payment Due Date	**09/01/2018**

Activity Summary

Previous Balance	+	$3,789.42
Payments	-	$3,789.42CR
Other Credits		$0.00
Purchases	+	$1,591.37
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$1,591.37**
Past Due		**$0.00**
Minimum Payment Due		**$16.00**
Credit Line		$10,000.00
Available Credit		$8,408.63
Days in Billing Period		32

2.00 +
2.00 +
20.00 +
50.00 +
1,377.39 +
139.98 +
1,591.37 *

$1591.37
APPROVED ON
AUG 16 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Elan

00479851005357437800000160000001591374

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

. to pay by phone
. to change your address

000038085 01 MB 0.424 000638889267769 P Y

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

Account Number	4378
Payment Due Date	9/01/2018
New Balance	$1,591.37
Minimum Payment Due	$16.00

Amount Enclosed $_____

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

Elan™

August 2018 Statement 07/06/2018 - 08/06/2018

MEMORIAL MEDICAL CNT
JASON W ANGLIN (CPN 1510)

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.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
08/01	08/01		PAYMENT THANK YOU	$3,789.42CR	
			TOTAL THIS PERIOD	**$3,789.42CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
07/12	07/11	8824	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	✓
07/12	07/11	8907	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	✓
07/13	07/13	6378	AMA*CREDENTIALING 800-621-8335 IL	$20.00	✓
07/16	07/13	9118	ARROW INTERNATIONAL 919-5448000 NC	$1,377.39	✓
07/16	07/13	1513	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$139.98	✓
07/17	07/16	4229	EB TEXAS TRAUMA COORD 801-413-7200 CA	$50.00	✓
			TOTAL THIS PERIOD	**$1,591.37**	

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: _____

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

**APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	Interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	11.74%	
**PURCHASES	$1,591.37	$0.00	YES	$0.00	11.74%	
**ADVANCES	$0.00	$0.00	YES	$0.00	25.74%	

Continued on Next Page

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: 8/15/18

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	—		NPDB x1 Physician			2.00 ✓
2	—		NPDB x1 Physician			2.00 ✓
3	—		AMA Credentialing x1			20.00 ✓
4			Physician - Reappt + Cont. Mon.			
5	—		EB - Texas Trauma Coor.			50.00 ✓
6			Meeting Registration for			
7			Sara Rubio			
8			Arrow International - EZ 15mm Needle Weight 11.39 683.00 EZ 25mm Needle 683.00			1377.39
9			Amazon Marketplace - Baby Monitor Sound Amplifier (2)			139.98
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 591.37

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 _____

08/20/2018 MEMORIAL MEDICAL CENTER 0
10:17 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11046	E-MDS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
180817		08/20/20	08/17/20	08/17/20			26,049.45	0.00	0.00	26,049.45
	PROVIDER LICENSES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11046	E-MDS, INC	26,049.45	0.00	0.00	26,049.45

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	26,049.45	0.00	0.00	26,049.45

APPROVED
ON
AUG 2 0 2018
CK
#177092
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

citi

0556709000527279902957180295718035

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
5567-0900-0527-2799	08/28/2018	$2,957.18	$2,957.18 ✓	

C0001 CALHOUN COUNTY MMC
RHONDA KOKENA
202 SOUTH ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

Payment coupon: Please cut along perforation and return this portion with your payment. Make check or money order payable in U.S. dollars on a U.S. bank to Citibank. Include account number on check or money order. No cash please. Do not staple or tape your check to this coupon.

8-24-2018

CITIBANK CORPORATE CARD

Statement Date
08/03/2018

Payment Date
08/28/2018

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
$20,000.00	$17,042.82	$0.00	$0.00

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

COMPANY SUMMARY

C0001 CALHOUN COUNTY MMC 5567-0900-0527-2799		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases				$2,957.18		$2,957.18
	Advances						
	TOTAL				$2,957.18		$2,957.18

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.
Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at https://home.cards.citidirect.com/CommercialCard/Cards.html. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.
Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.
Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

CARDMEMBER SUMMARY

JASON W ANGLIN XXXX-XXXX-XX64-6997		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$1,277.04		
	Advances						
	TOTAL				$1,277.04		$1,277.04 ✓

DIANE C MOORE XXXX-XXXX-XX66-7019		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$1,680.14		
	Advances						
	TOTAL				$1,680.14		$1,680.14 ✓

INDIVIDUAL CARDHOLDER ACTIVITY

DAYS IN BILLING PERIOD: 031					
Balance Subject		Purchases	Cash Advances	Payment Due:	$2,957.18 ✓
To Interest Charges	>	$0.00	$0.00	Amount Over Credit Limit:	$0.00
Periodic rate	>	.0000%	.0000%	Amount Past Due:	$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	MINIMUM AMOUNT DUE:	$2,957.18 ✓

citi

Company Account Number
5567-0900-0527-2799

Statement Date
08/03/2018

INDIVIDUAL CARDHOLDER ACTIVITY

JASON W ANGLIN — XXXX-XXXX-XX64-6997

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
07/20/2018	07/23/2018	5543687820226202685372O	OMNI AUSTIN DOWNTOWN AUSTIN TX 552072112480150 Arrival: 07-20-18	$411.70
07/24/2018	07/26/2018	55310208206036012557843	DOUBLETREE AUSTIN AUSTIN TX 1255784 Arrival: 07-24-18	$338.00
07/26/2018	07/27/2018	0513437820860002738411 9	NPDB NPDB.HRSA.GOV 800-767-6732 VA N58517694	$2.00
07/26/2018	07/27/2018	0513437820860002738429 1	NPDB NPDB.HRSA.GOV 800-767-6732 VA N58518227	$2.00
07/26/2018	07/27/2018	2553606820810101739711 1	TXDPS CRIME RECS AUSTIN TX 436971830	$76.94
07/26/2018	07/27/2018	5543687820717207857249 7	SHERATON GEORGETOWN TX 369072612450048 Arrival: 07-26-18	$336.74
07/27/2018	07/27/2018	5543286820820063951780 2	AMA CREDENTIALING 800-621-8335 IL	$43.00
07/27/2018	07/30/2018	5543687820926209583468 7	OMNI AUSTIN DOWNTOWN AUSTIN TX 583072813000205 Arrival: 07-25-18	$21.66
07/30/2018	07/31/2018	0513437821260002694853 8	NPDB NPDB.HRSA.GOV 800-767-6732 VA N58557156	$2.00
07/31/2018	07/31/2018	5543286821220036907619 7	AMA CREDENTIALING 800-621-8335 IL	$43.00
			TOTAL PURCHASES/ADVANCES/CREDITS	$1,277.04

DIANE C MOORE — XXXX-XXXX-XX66-7019

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
07/24/2018	07/26/2018	85230728206980000321186	OVENLOVEN PIZZA PORT LAVACA TX	$20.99
07/30/2018	07/31/2018	55369288211200315900010	THE US CONSULTING GROU 8566928100 NJ	$1,659.15
			TOTAL PURCHASES/ADVANCES/CREDITS	$1,680.14

APPROVED
ON

AUG 20 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

*Cash Advance Limit is a portion of your Total Monthly Limit.
** Available Cash Line is a portion of your Available Credit Line

Continued on next page

Cash Management

Approval Summary

The following Wire Transfer was successfully approved.

Successful Approvals

Ref #	Amount	Submit Date	From	Beneficiary	Institution	Actions
2319758	$2,957.18	08/24/2018	COUNTY OF CALHOUN TEXAS	CBNA Incoming Settlement Account 30880985	R/T:021000089 CITIBANK NA	

citi

0556709800366701900000000000000038

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• •••• ••66 7019	08/28/2018	$0.00	$0.00	

DIANE C MOORE
CALHOUN COUNTY
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

CITIBANK CORPORATE CARD

Previous Balance	Payments and Credits	New Charges	New Balance	Credit Line
$0.00	$0.00	$0.00	$0.00	$20,000.00

Statement Date
08/03/2018

Payment Date
08/28/2018

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

Account Number	Cash Advance Limit*	Available Credit Line	Available Cash Line**
•••• •••• ••66 7019	$0.00	$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity			Amount
**********			**NOTICE MEMO ITEM(S) LISTED BELOW**			**********
07/24/2018	07/26/2018	85230728206980000321186	OVENLOVEN PIZZA	PORT LAVACA	TX	✓$20.99
07/30/2018	07/31/2018	55369288211200315900010	THE US CONSULTING GROU	8566928100	NJ	✓$1,659.15
**********			**TOTAL AMOUNT OF MEMO ITEM(S):**			✓$1,680.14

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.

Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at https://home.cards.citidirect.com/CommercialCard/Cards.html. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.

Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.

Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

APPROVED ON
AUG 20 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

20.99 +
1,659.15 +
1,680.14 *

ACCOUNT SUMMARY CURRENT PERIOD	Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Purchases	$0.00					$0.00
Advances	$0.00					$0.00
TOTALS	$0.00					$0.00

DAYS IN BILLING PERIOD: 031	Purchases	Cash Advances
Balance Subject To Interest Charges >	$0.00	$0.00
Periodic Rate >	.0000%	.0000%
ANNUAL PERCENTAGE RATE >	0.00%	0.00%

Payment Due:	$0.00
Amount Over Credit Limit:	$0.00
Amount Past Due:	$0.00
MINIMUM AMOUNT DUE:	$0.00

** Cash Advance Limit is a portion of your Total Credit Line*
*** Available Cash Line is a portion of your Available Credit Line*

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: Citibank

Date: 8/16/18

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	—		Overloven Pizza - HIM Dept			√20.99
2			Luncheon			
3	—		The US Consulting Group			√1659.15
4			Invoices April - July -			
5			Plant Operations			
6						
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1680.14 ✓

NOTES:

changes made to Diane's MC xxx 7019

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

citi

0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• •••• ••64 6997	08/28/2018	$0.00	$0.00	

JASON W ANGLIN
CALHOUN COUNTY
202 S ANN STREET
SUITE A
PORT LAVACA TX 77979-4204

Citibank
P.O. Box 78025
PHOENIX, AZ 85062-8025

CITIBANK CORPORATE CARD

Previous Balance	Payments and Credits	New Charges	New Balance	Credit Line
$0.00	$0.00	$0.00	$0.00	$20,000.00

Statement Date
08/03/2018

Payment Date
08/28/2018

For customer service call or write 1-800-248-4553 Citibank P.O. Box 6125 Sioux Falls, SD 57117

Send payments to: Citibank P.O. Box 78025 PHOENIX, AZ 85062-8025

Account Number	Cash Advance Limit*	Available Credit Line	Available Cash Line**
•••• •••• ••64 6997	$0.00	$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity			Amount
**********			**NOTICE MEMO ITEM(S) LISTED BELOW**			**********
07/20/2018	07/23/2018	5543687820226202685372O	OMNI AUSTIN DOWNTOWN	AUSTIN	TX	$411.70
			552072112480150	Arrival: 07-20-18		
07/24/2018	07/26/2018	5531020820603601255784 3	DOUBLETREE AUSTIN	AUSTIN	TX	$338.00
			1255784	Arrival: 07-24-18		
07/26/2018	07/27/2018	0513437820860002738411 9	NPDB NPDB.HRSA.GOV	800-767-6732	VA	$2.00
			N58517694			
07/26/2018	07/27/2018	0513437820860002738429 1	NPDB NPDB.HRSA.GOV	800-767-6732	VA	$2.00
			N58518227			
07/26/2018	07/27/2018	2553606820810101739711 1	TXDPS CRIME RECS	AUSTIN	TX	$76.94
			436971830			
07/26/2018	07/27/2018	5543687820717207857249 7	SHERATON	GEORGETOWN	TX	$336.74
			369072612450048	Arrival: 07-26-18		
07/27/2018	07/27/2018	5543286820820063951780 2	AMA CREDENTIALING	800-621-8335	IL	$43.00
07/27/2018	07/30/2018	5543687820926209583468 7	OMNI AUSTIN DOWNTOWN	AUSTIN	TX	$21.66
			583072813000205	Arrival: 07-25-18		

ACCOUNT SUMMARY CURRENT PERIOD	Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Purchases	$0.00					$0.00
Advances	$0.00					$0.00
TOTALS	$0.00					$0.00

DAYS IN BILLING PERIOD: 031	Purchases	Cash Advances
Balance Subject To Interest Charges >	$0.00	$0.00
Periodic Rate >	.0000%	.0000%
ANNUAL PERCENTAGE RATE >	0.00%	0.00%

Payment Due:	$0.00
Amount Over Credit Limit:	$0.00
Amount Past Due:	$0.00
MINIMUM AMOUNT DUE:	$0.00

** Cash Advance Limit is a portion of your Total Credit Line*

*** Available Cash Line is a portion of your Available Credit Line*

citi

Account Number
•••• •••• ••64 6997

Statement Date
08/03/2018

Sale Date	Post Date	Reference Number	Type of Activity			Amount
NOTICE MEMO ITEM(S) LISTED BELOW						
07/30/2018	07/31/2018	05134378212600026948538	NPDB NPDB.HRSA.GOV N58557156	800-767-6732	VA	$2.00
07/31/2018	07/31/2018	5543286821220036907619 7	AMA CREDENTIALING	800-621-8335	IL	$43.00
**********			**TOTAL AMOUNT OF MEMO ITEM(S):**			**$1,277.04**

The foreign currency conversion rate used to convert your foreign transactions to U.S. dollars includes a service fee of 1% assessed to Citibank by the applicable bankcard association.

Citi is committed to the reduction of paper. Within the Commercial Cards business, you can switch to online statements now by registering your card on CitiManager at https://home.cards.citidirect.com/CommercialCard/Cards.html. Thanks to those who already access statements online, together we are saving 2,170 trees each year through this initiative alone.

Sign-up for email or text message alerts to know when your statement is ready to view. When on the go, access your account and recent activity through your mobile device at www.citimanager.com/mobile

Account management made easier: Online statements & CitiManager Mobile offer 24/7 access, security, and mobility. Log in at www.citimanager.com/login and click Go Paperless under the Statement tab.

APPROVED
ON

AUG 20 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

411.70 +
21.66 +
338.00 +
2.00 +
2.00 +
76.94 +
336.74 +
43.00 +
2.00 +
43.00 +
1,277.04 *

** Cash Advance Limit is a portion of your Total Credit Line*

*** Available Cash Line is a portion of your Available Credit Line*

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: Citibank

Date: 8/16/18

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	—		Omni Austin Downtown			411.70 ✓
2			Danette Bethany hotel			
3			expense - TARHC Conf 7/25/18 - 7/27/18			
4	—		" Self Parking "			21.66 ✓
5	—		Double Tree Austin - Hotel 7/23-7/24/18			338.00 ✓
6			for Nadine Karner DSHS Healthcare Safety Conference 2018			
7	—		NPDB x1 provider			✓2.00 ✓
8	—		NPDB x1 provider			2.00 ✓
9	—		TXDPS Crime Recs - Search			76.94 ✓
10			Credits x 25 (HR + Adm)			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 852.30

NOTES:

Changes made to Mr Angin's MC xxx 6997

Contact:	Date:
Quoted By:	
Buyer:	E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

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: Citibank

Date: 8/16/18

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	—		Sheraton-Hotel for Erin			✓336.74
2			Caevenger 9/12 - 9/14			
3			Texas Hospital Assn. DRAFT conference			
4	—		AMA. x 1 physician			✓43.00
5			Onit appt + Cont. Mon.			
6	—		NPDB x 1 provider			✓2.00
7	—		AMA x 1 provider - Onit			✓43.00
8			+ Cont. monitoring			
9			Total			$ 1,277.04
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 424.74

NOTES:

Charges made to Mr. Angin's MC 1000 6997

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"	★	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"	★	$ 87,353.96	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 44,769.22	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,720.00	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 31,864.74	#
		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	8942.25	N		N	N		171912.08
1	REGULAR PAY-S1	1811.75	N		N	N	N	75040.65
1	REGULAR PAY-S1	181.00	Y		N	N		4231.90
2	REGULAR PAY-S2	2745.50	N		N	N		61515.85
2	REGULAR PAY-S2	76.75	Y		N	N		2187.39
3	REGULAR PAY-S3	1648.00	N		N	N		42813.03
3	REGULAR PAY-S3	49.00	Y		N	N		1778.19
C	CALL PAY	2412.00	N	1	N	N		4824.00
E	EXTRA WAGES	10.00	N		N	N	N	326.00
E	EXTRA WAGES		N	1	N	N	N	1032.25
F	FUNERAL LEAVE	56.00	N	1	N	N		1544.96
I	INSERVICE	39.50	N	1	N	N		1224.62
I	INSERVICE	7.50	Y	1	N	N		363.30
K	EXTENDED-ILLNESS-BANK	104.00	N	1	N	N		2388.96
P	PAID-TIME-OFF	64.06	N		N	N	N	1985.86
P	PAID-TIME-OFF	1083.00	N	1	N	N		24363.86
X	CALL PAY 2	232.00	N	1	N	N		464.00
Y	YMCA/CURVES		N		N	N	N	60.00
Z	CALL PAY 3	24.00	N	1	N	N		72.00
p	PAID TIME OFF - PROBATION	4.00	N	1	N	N		64.00

Deductions Summary

Code	Amount					
A/R	1121.79	A/R2	163.56	A/R3		
ADVANC		AWARDS		BOOTS		
CAFE H		CAFE-1	1430.16	CAFE-2	958.82	
CAFE-3	792.32	CAFE-4	400.08	CAFE-5	235.01	
CAFE-C		CAFE-D	1685.89	CAFE-F		
CAFE-H	19042.14	CAFE-I		CAFE-L		
CAFE-P	231.57	CANCER		CHILD		
CLINIC	60.00	COMBIN	764.63	CREDUN		
DD ADV		DENTAL		DEP-LF		
DIS-LF	1371.02	EAT		EATCSH		
FEDTAX	31864.74	FICA-M	5359.96	FICA-O	22388.19	
FIRSTC	75.00	FLEX S	2521.64	FLX FE		
FORT D		FUTA		GIFT S	42.01	
GRANT		GRP-IN	129.26	GTL		
HOSP-I		ID TFT		LEAF		
LEGAL	464.28	MASA	529.50	MEALS	189.24	
MISC		MISC/		MMCSHR		
OTHER		PHI		PHI***		
PR FIN	270.53	RELAY		REPAY		
SAMS	605.00	SCRUBS		SIGNON		
ST-TX		STONDF	1165.00	STONE		
STONE2		STUDEN		TSA-1		
TSA-2		TSA-C		TSA-P		
TSA-R	27873.54	TUTION		UNIPOR	1269.50	
UW/HOS						

Grand Totals: 19490.31 (Gross: 398192.90 Deductions: 123004.38 Net: 275188.52)

Checks Count:- FT 193 PT 8 Other 42 Female 210 Male 32 Credit OverAmt 3 ZeroNet Term Total: 242

Pay Date 08-24-18 revised

Payroll deduction error occured.
Had to revise payroll. On approval list as 272,706.65 (original amount) + 4,000 estimate. (difference at time of approval was unknown) $2,481.87 net difference.

dc Dan CFO 8-22-18

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8942.25	N		N	N		171912.08
1	REGULAR PAY-S1	1811.75	N		N	N	N	75040.65
1	REGULAR PAY-S1	181.00	Y		N	N		4231.90
2	REGULAR PAY-S2	2745.50	N		N	N		61515.85
2	REGULAR PAY-S2	76.75	Y		N	N		2187.39
3	REGULAR PAY-S3	1648.00	N		N	N		42813.03
3	REGULAR PAY-S3	49.00	Y		N	N		1778.19
C	CALL PAY	2412.00	N	1	N	N		4824.00
E	EXTRA WAGES	10.00	N		N	N	N	326.00
E	EXTRA WAGES		N	1	N	N	N	1032.25
F	FUNERAL LEAVE	56.00	N	1	N	N		1544.96
I	INSERVICE	39.50	N	1	N	N		1224.62
I	INSERVICE	7.50	Y	1	N	N		363.30
K	EXTENDED-ILLNESS-BANK	104.00	N	1	N	N		2388.96
P	PAID-TIME-OFF	64.06	N		N	N	N	1985.86
P	PAID-TIME-OFF	1083.00	N	1	N	N		24363.86
X	CALL PAY 2	232.00	N	1	N	N		464.00
Y	YMCA/CURVES		N		N	N	N	60.00
Z	CALL PAY 3	24.00	N	1	N	N		72.00
p	PAID TIME OFF - PROBATION	4.00	N	1	N	N		64.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	1103.41	A/R2	181.94	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	1430.16	CAFE-2	958.82
CAFE-3	792.32	CAFE-4	400.08	CAFE-5	235.01
CAFE-C		CAFE-D	1685.89	CAFE-F	
CAFE-H	19042.14	CAFE-I		CAFE-L	
CAFE-P	231.57	CANCER		CHILD	
CLINIC	85.00	COMBIN	764.63	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1371.02	EAT	343.75	EATCSH	470.00
FEDTAX	31864.74	FICA-M	5359.96	FICA-O	22388.19
FIRSTC	75.00	FLEX S	2521.64	FLX FE	
FORT D		FUTA		GIFT S	167.01
GRANT		GRP-IN	129.26	GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	464.28	MASA	568.50	MEALS	259.09
MISC		MISC/		MMCSHR	136.93
OTHER		PHI		PHI***	
PR FIN	270.53	RELAY		REPAY	
SAMS	695.00	SCRUBS		SIGNON	
ST-TX		STONDF	1165.00	STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	27873.54	TUTION		UNIFOR	2451.84
UW/HOS					

Grand Totals: 19490.31 (Gross: 398192.90 Deductions: 125486.25 Net: 272706.65)
Checks Count:- FT 193 PT 8 Other 42 Female 210 Male 32 Credit OverAmt 3 ZeroNet Term Total: 242

Pay Date 08.24.18 Canceled

on Wells CFO 8-2018

CHECK RECONCILIATION LIST
BANK CODE: P/R FOR 08/01/18 THRU 08/24/18

CHECK NUMBER	CHECK DATE	PAYEE	CHECK AMOUNT	CHECKS VOIDED/DELETED
0062127	08/24/18	VOID CHECK	0.00	0.00
0062128	08/24/18	VOID CHECK	0.00	0.00
0062129	08/24/18	VOID CHECK	0.00	0.00
		*** T O T A L S ***	0.00	0.00

Physical checks that were voided and re-issued due to payroll error.

MEMORIAL MEDICAL CENTER

I B C

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --AUG 11th, 2018 -AUG 19th, 2018

Date	Bank Description	MMC Notes	Amount
	NO ACTIVITY		

Total Electronic Payments: -

Diane Moore, CFO
Memorial Medical Center

August 20, 2018

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --AUG 11th, 2018 -AUG 19th, 2018

Date	Bank Description	MMC Notes	Amount
8/14/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03545513 910000114	- 340B Drug Program Expense	3,400.18 *
8/15/2018	**ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000029745**	- MMC Retirement	120,724.93 *
8/15/2018	**ACH Payment IRS USATAXPYMT 220862703111645 6103601001496**	- MMC Payroll Taxes	89,564.15 * *
			213,689.26

CFO 8-20-18

Diane Moore, CFO
Memorial Medical Center

August 20, 2018

* Approved 08-15-18 CC
* * Approved 08-08-18 CC

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

N/A

-

Diane C. Moore, CFO
Memorial Medical Center

August 20, 2018

08/17/2018 MEMORIAL MEDICAL CENTER 0
09:09 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/29/2018

Vendor#	Vendor Name	Class	Pay Code
10782	PRIVATE WAIVER CLEARING ACCT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
081618	REPLENISH PW ACCT	08/17/20	08/16/20	08/16/20			150,000.00	0.00	0.00	150,000.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10782	PRIVATE WAIVER CLEARING ACCT	150,000.00	0.00	0.00	150,000.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	150,000.00	0.00	0.00	150,000.00

APPROVED
ON

AUG 17 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
8/20/2018

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	ACH Pending Deposits	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	29,087.99 ✓		2,773.09	13,322.98	-	-	45,184.06 ✓	16,096.07
							Bank Balance	45,184.06 ✓	
							Variance	-	
							Remaining Balance	100.00	
							Pending Transfer out from 8-13-18	28,987.99 ✓	
							Adjust Balance/Transfer Amt	16,096.07	

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co

JP Morgan Chase Bank
ABA 1614
Account 1257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	ACH Pending Deposits	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	561	13,179.17 ✓		17,143.20		-	-	30,322.37 ✓	17,143.20
							Bank Balance	30,322.37 ✓	
							Variance	-	
							Remaining Balance in Bank	100.00	
							Pending Transfer out from 8-13-18	13,079.17 ✓	
							Adjust Balance/Transfer Amt	17,143.20	
								-	
Crescent	1588	24,847.02 ✓		1,350.00		-	-	26,197.02 ✓	-
							Bank Balance	26,197.02 ✓	
							Variance	-	
							Pending Transfer out from 8-13-18	24,747.02 ✓	
							Remaining Balance in Bank	100.00	
							Adjust Balance/Transfer Amt	1,350.00	
Broadmoor	596	6,720.19 ✓	-			-	-	6,720.19 ✓	-
							Bank Balance	6,720.19	
							Variance	-	
							Pending Transfer out from 8-13-	6,620.19 ✓	
							Remaining Balance in Bank	100.00	
							Adjust Balance/Transfer Amt	-	
Fort Bend	4618	28,288.31 ✓				-	-	28,638.31 ~~28,288.31~~	-
							Bank Balance	~~28,288.31~~ 28,638.31	
							Variance	-	
							Remaining Balance in Bank	100.00	
							Pending Transfer out from 8-13-	28,188.31	
							Adjust Balance/Transfer Amt	350.00	
								Total IBC Transfers	33,239.27 ✓

16,096.07 +
17,143.20 +
33,239.27 *

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: 8-20-18 CFO
Diane Moore, CFO ~~18~~ Aug-18
20

APPROVED ON
AUG 20 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/20/2018

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	1381	76,716.66	76,563.58	510,999.87		-	511,152.95	453,299.15
						Bank Balance	511,152.95	
						Variance	-	
						Leave In Balance	100.00	
						MMC Portion QIPP 1	57,700.72	
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						July Bank Interest	53.08	
						Clinic Medicare Recoup		
						Adjust Balance/Transfer Amt	453,299.15	

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

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	1438	69,622.76	69,450.31	273,356.61			273,529.06	260,495.36
						Bank Balance	273,529.06	
						Variance	-	
						Leave In Balance	100.00	
						MMC Portion QIPP 1	12,861.25	
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						July Bank Interest	72.45	
						Clinic Medicare Recoup		
						Adjust Balance/Transfer Amt	260,495.36	
Crescent	411	64,395.65	64,234.21	159,925.44		-	160,086.88	155,699.92
						Bank Balance	160,086.88	
						Variance	-	
						Leave In Balance	100.00	
						MMC Portion QIPP 1	4,225.52	
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						July Bank Interest	61.44	
						Clinic Medicare Recoup		
						Adjust Balance/Transfer Amt	155,699.92	
Broadmoor	403	44,835.01	44,656.75	277,296.97		-	277,475.23	277,296.97
						Bank Balance	277,475.23	
						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	277,296.97	
Fort Bend	446	21,463.63	21,341.97	15,212.28		-	15,333.94	
						Bank Balance	15,333.94	
						Variance	-	
						Leave In Balance	100.00	
						MMC Portion QIPP 1	10,559.89	
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						July Bank Interest	21.66	
						Adjust Balance/Transfer Amt	4,652.39	

TOTAL TRANSFERS	1,146,791.40

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA *614*
Account *2922*

Note: Only balances of over $5,000 will b
Note 2: Each account has a base balance

453,299.15 +
260,495.36 +
155,699.92 +
277,296.97 +
1,146,791.40 *

Approved:
Diane Moore, CFO 8/20/2018

APPROVED ON
AUG 20 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

L:\NH Weekly Transfers\NH UPL Transfer Sc

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/20/2018

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	68,610.40 ✓	68,459.98 ✓	9,876.79							-	10,027.21 ✓	9,876.79
											Bank Balance	10,027.21	
											Variance	-	
											Leave in Balance	100.00	
											MMC Portion QIPP 1		
											MMC Portion QIPP 2		
											MMC Portion QIPP 3		
											July Bank Interest	50.42	
											Clinic Medicare Recoup		
											Adjust Balance/Transfer Amt	9,876.79	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Well- [illegible] Bank, N.A.
ABA 3248
Account # 323

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 8-20-18
Diane Moore, CFO 8/20/2018

APPROVED
ON
AUG 20 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: ASHFORD

Date Requested: 08/22/2018

APPROVED ON AUG 20 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $57,700.72

G/L NUMBER: 21000012

EXPLANATION: QIPP Comp 1 Payment from Ashford CK# 00027

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: [signature] FO 8-20-18

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: FORT BEND

Date Requested: 08/22/2018

APPROVED ON AUG 20 2018
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT: $10,559.89 ✓

G/L NUMBER: 21000008

EXPLANATION: QIPP Comp 1 Payment from Fort Bend CK # 00023

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: CFO 8-20-18

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: SOLERA

Date Requested: 08/22/2018

APPROVED ON AUG 20 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $12,861.25 ✓

G/L NUMBER: 21000011

EXPLANATION: QIPP Comp 1 Payment from Solera CK #00022

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: CFO 8-20-18

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: CRESCENT

Date Requested: 08/22/2018

APPROVED ON AUG 20 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $4,225.52 ✓

G/L NUMBER: 21000010

EXPLANATION: QIPP Comp 1 Payment from Crescent CK# 00025

REQUESTED BY: Maria D. Ortiz

AUTHORIZED BY: CFO 8-20-18

RUN DATE:08/23/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:12 CHECK REGISTER GLCKREG
08/23/18 THRU 08/23/18

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000022	08/23/18	12,861.25	MMC OPERATING
NHF *	000023	08/23/18	10,559.89	MMC OPERATING
NHC *	000025	08/23/18	4,225.52	MMC OPERATING
NHA *	000027	08/23/18	57,700.72	MMC OPERATING
A/P	000995	08/23/18	2,003.27	MCKESSON
TOTALS:			87,350.65	