

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- September 19, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 619,099.59
TOTAL TRANSFERS BETWEEN FUNDS	\$ -
TOTAL NURSING HOME UPL EXPENSES	\$ 419,884.79
TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
GRAND TOTAL DISBURSEMENTS APPROVED September 19, 2018	\$ 1,038,984.38

APPROVED

SEP 19 2018

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---September 19, 2018

PAYABLES AND PAYROLL

9/13/2018 Weekly Payables	246,345.13
9/17/2018 McKesson-340B Prescription Expense	2,603.75
9/17/2018 Citibank Credit Card-see attached	2,087.37
9/17/2018 Payroll Liabilities (Payroll Taxes)	87,083.03
9/17/2018 Payroll	275,547.35

Electronic Bank Payments

Prosperity Electronics Payments	
9/10/2018 Credit Card & Lease Fees	3,957.69
9/17/2018 Sales Tax for August 2018	1,475.27

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 619,099.59
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TOTAL TRANSFERS BETWEEN FUNDS	\$ -
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NURSING HOME UPL EXPENSES

9/17/2018 Nursing Home UPI	88,183.69
9/17/2018 Nursing Home UPI	169,690.25
9/17/2018 Nursing Home UPI	75,350.51

QIPP/INTEREST CHECKS TO MMC

9/17/2018 Ashford	35,509.60
9/17/2018 Golden Creek	24,323.42
9/17/2018 Fort Bend	14,853.58
9/17/2018 Solera	9,437.34
9/17/2018 Crescent	2,536.40

TOTAL NURSING HOME UPL EXPENSES	\$ 419,884.79
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TOTAL INTER-GOVERNMENT TRANSFERS	\$ -
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GRAND TOTAL DISBURSEMENTS APPROVED September 19, 2018	\$ 1,038,984.38
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RECEIVED

SEP 13 2018

California County Auditor

11:11

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 09/26/2018

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

10250 4IMPRINT, INC. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
16383180 ✓		08/31/20	08/15/20	09/21/20		165.34	0.00	0.00	165.34 ✓

SHIRTS (New Hire shirts)

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
10250	4IMPRINT, INC.	165.34	0.00	0.00	165.34	

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
126416 ✓		08/28/20	08/20/20	09/20/20		10.94	0.00	0.00	10.94 ✓

SUPPLIES (OB)

126464 ✓		08/28/20	08/21/20	09/21/20		56.66	0.00	0.00	56.66 ✓
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SUPPLIES (PT)

126433 ✓		08/28/20	08/21/20	09/21/20		89.69	0.00	0.00	89.69 ✓
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SUPPLIES (Plant ops)

126502 ✓		08/28/20	08/22/20	09/22/20		8.19	0.00	0.00	8.19 ✓
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126 SUPPLIES (Med (Surg))

236506		08/28/20	08/22/20	09/22/20		5.60	0.00	0.00	5.60 ✓
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SUPPLIES (Med (Surg))

126488 ✓		08/28/20	08/22/20	09/22/20		13.98	0.00	0.00	13.98 ✓
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SUPPLIES (Bio Med)

126482 ✓		08/28/20	08/22/20	09/22/20		7.59	0.00	0.00	7.59 ✓
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SUPPLIES (Maint)

126496 ✓		08/28/20	08/22/20	09/22/20		17.97	0.00	0.00	17.97 ✓
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SUPPLIES (Maint)

126829		09/12/20	08/31/20			55.24	0.00	0.00	55.24 ✓
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SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11283	ACE HARDWARE 15521	265.86	0.00	0.00	265.86	

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
9079838623 ✓		09/12/20	08/31/20	09/25/20		2,119.67	0.00	0.00	2,119.67 ✓

RENTAL

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV	2,119.67	0.00	0.00	2,119.67	

Vendor# Vendor Name

Class Pay Code

A1690 ALCON LABORATORIES, INC. ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9654097987 ✓		08/28/20	08/13/20	09/13/20		1,547.70	0.00	0.00	1,547.70 ✓

SUPPLIES

9654163084 ✓		08/31/20	08/23/20	09/22/20		159.00	0.00	0.00	159.00 ✓
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INTRA OCULAR LENSES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1690	ALCON LABORATORIES, INC.	1,706.70	0.00	0.00	1,706.70	

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
26471 ✓		08/31/20	08/07/20	08/22/20		1,449.00	0.00	0.00	1,449.00 ✓
DOOR (Reverse Door)									
Vendor Totals						Number	Name	Gross	Discount
						10931	AMERICAN APPLIANCE	1,449.00	0.00
								0.00	0.00
								1,449.00	
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
924159187 ✓ 42		09/12/20	09/11/20	09/17/20		112.17	0.00	0.00	112.17 ✓
INVENTORY									
Vendor Totals						Number	Name	Gross	Discount
						A1360	AMERISOURCEBERGEN DRUG CORP	112.17	0.00
								0.00	0.00
								112.17	
Vendor#	Vendor Name			Class	Pay Code				
A2600	AUTO PARTS & MACHINE CO. ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
874520 ✓		08/31/20	09/04/20	09/20/20		62.45	0.00	0.00	62.45 ✓
SUPPLIES									
874413 ✓		09/12/20	08/31/20	09/15/20		103.92	0.00	0.00	103.92 ✓
LAUNDRY									
Vendor Totals						Number	Name	Gross	Discount
						A2600	AUTO PARTS & MACHINE CO.	166.37	0.00
								0.00	0.00
								166.37	
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
494730 ✓		08/28/20	08/23/20	09/20/20		2,263.00	0.00	0.00	2,263.00 ✓
SURGERY STAFFING BOOTH SLIP-8/16/18									
Vendor Totals						Number	Name	Gross	Discount
						11756	AYA HEALTHCARE INC	2,263.00	0.00
								0.00	0.00
								2,263.00	
Vendor#	Vendor Name			Class	Pay Code				
10599	BKD, LLP ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
BK00932196 ✓		09/12/20	08/30/20	09/24/20		47,962.09	0.00	0.00	47,962.09 ✓
AUDITING									
Vendor Totals						Number	Name	Gross	Discount
						10599	BKD, LLP	47,962.09	0.00
								0.00	0.00
								47,962.09	
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
082418		08/31/20	08/24/20	09/22/20		209.51	0.00	0.00	209.51 ✓
FUEL									
Vendor Totals						Number	Name	Gross	Discount
						C1048	CALHOUN COUNTY	209.51	0.00
								0.00	0.00
								209.51	
Vendor#	Vendor Name			Class	Pay Code				
12088	CALHOUN COUNTY FAIR ASSOC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
090418		09/10/20	09/04/20	09/04/20		250.00	0.00	0.00	250.00 ✓
FAIR BOOTH									
Vendor Totals						Number	Name	Gross	Discount
						12088	CALHOUN COUNTY FAIR ASSOC.	250.00	0.00
								0.00	0.00
								250.00	
Vendor#	Vendor Name			Class	Pay Code				
A1825	CARDINAL HEALTH 414,LLC ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

8001728919 ✓		09/06/20	08/18/20	09/22/20		808.89	0.00	0.00	808.89 ✓
SUPPLIES									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
A1825 CARDINAL HEALTH 414, LLC						808.89	0.00	0.00	808.89
Vendor#	Vendor Name				Class	Pay Code			
A1730	CAREFUSION								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
9100155737 ✓		08/31/20	08/23/20	09/22/20		95.41	0.00	0.00	95.41 ✓
SUPPLIES <i>Shipping 842</i>									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
A1730 CAREFUSION						95.41	0.00	0.00	95.41
Vendor#	Vendor Name				Class	Pay Code			
12028	CASE MANAGEMENT INNOVATIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
225 ✓		08/31/20	08/31/20	09/22/20		60.00	0.00	0.00	60.00 ✓
ADMISSION REVIEW									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
12028 CASE MANAGEMENT INNOVATIONS						60.00	0.00	0.00	60.00
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
NWK8591 ✓		08/31/20	08/22/20	09/21/20		1,418.51	0.00	0.00	1,418.51 ✓
SUPPLIES <i>shipping 25.91 (surface book)</i>									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
C1992 CDW GOVERNMENT, INC.						1,418.51	0.00	0.00	1,418.51
Vendor#	Vendor Name				Class	Pay Code			
E1270	CENTERPOINT ENERGY ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
082918		08/31/20	08/29/20	09/25/20		41.38	0.00	0.00	41.38 ✓
GAS									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
E1270 CENTERPOINT ENERGY						41.38	0.00	0.00	41.38
Vendor#	Vendor Name				Class	Pay Code			
11202	CFI MECHANICAL INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
SD4732 ✓		08/31/20	08/27/20	09/26/20		700.37	0.00	0.00	700.37 ✓
CHILLER WORK									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
11202 CFI MECHANICAL INC						700.37	0.00	0.00	700.37
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
5451350 ✓		08/31/20	08/09/20	09/22/20		33.88	0.00	0.00	33.88 ✓
SUPPLIES									
5467990 ✓		08/31/20	08/27/20	09/21/20		122.31	0.00	0.00	122.31 ✓
SUPPLIES									
5468430 ✓		08/31/20	08/27/20	09/21/20		35.36	0.00	0.00	35.36 ✓
SUPPLIES									
5467960 ✓		08/31/20	08/28/20	09/22/20		185.00	0.00	0.00	185.00 ✓
SUPPLIES									
5469860 ✓		08/31/20	08/29/20	09/23/20		288.62	0.00	0.00	288.62 ✓

SUPPLIES										
547065 ✓			08/31/20	08/30/20	09/24/20		55.97	0.00	0.00	55.97 ✓
SUPPLEIS										
5469330 ✓			08/31/20	08/30/20	09/24/20		53.08	0.00	0.00	53.08 ✓
SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
10368 DEWITT POTH & SON							774.22	0.00	0.00	774.22
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
IN20052167 ✓		08/31/20	08/31/20	09/25/20			19,166.67	0.00	0.00	19,166.67 ✓
CPR PROGRAM										
IN20052160 ✓		08/31/20	08/31/20	09/25/20			31,144.58	0.00	0.00	31,144.58 ✓
BH 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			
11216	DUTCH OPHTHALMIC USA ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1818622 ✓		08/31/20	08/27/20	09/26/20			604.35	0.00	0.00	604.35 ✓
SUPPLIES <i>flight 29-75</i>										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
11216 DUTCH OPHTHALMIC USA							604.35	0.00	0.00	604.35
Vendor#	Vendor Name					Class	Pay Code			
10042	ERBE USA INC SURGICAL SYSTEMS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
497738A		09/06/20	08/07/20	09/22/20			155.02	0.00	0.00	155.02 ✓
SUPPLIES <i>shipping 15.92</i>										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
10042 ERBE USA INC SURGICAL SYSTEMS							155.02	0.00	0.00	155.02
Vendor#	Vendor Name					Class	Pay Code			
T0383	ERIN CLEVINGER ✓					W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
090518		08/31/20	09/05/20	09/20/20			30.30	0.00	0.00	30.30 ✓
TRAVEL ADMIN <i>Gulf bend 2nd regional leg. round table discussion</i>										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
T0383 ERIN CLEVINGER							30.30	0.00	0.00	30.30
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
627747583 ✓		09/12/20	08/16/20	09/10/20			89.91	0.00	0.00	89.91 ✓
SHIPPING										
628506355 ✓		09/12/20	08/23/20	09/17/20			58.49	0.00	0.00	58.49 ✓
SHIPPING										
629186136 ✓		09/12/20	08/30/20	09/24/20			131.29	0.00	0.00	131.29 ✓
SHIPPING										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
F1100 FEDERAL EXPRESS CORP.							279.69	0.00	0.00	279.69
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
083018		08/31/20	08/30/20	09/22/20			75.00	0.00	0.00	75.00 ✓

PAYROLL DED

Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11037	FIRST CLEARING	75.00	0.00	0.00	75.00
Vendor#	Vendor Name				Class	Pay Code					
F1400	FISHER HEALTHCARE ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6863237 ✓		08/28/20	08/28/20	09/22/20		24.94	0.00	0.00	24.94	✓	
	SUPPLIES										
6863230 ✓		08/28/20	08/28/20	09/22/20		702.51	0.00	0.00	702.51	✓	
	SUPPLIES	Shipping 114.76									
6205570 ✓		08/28/20	08/28/20	09/22/20		1,568.06	0.00	0.00	1,568.06	✓	
	SUPPLIES	Shipping 84.90									
5604018 ✓		08/28/20	08/28/20	09/22/20		100.00	0.00	0.00	100.00	✓	
	SUPPLIES										
9197580 ✓		08/31/20	08/21/20	09/22/20		405.79	0.00	0.00	405.79	✓	
	SUPPLIES	Shipping 20.71									
9614339 ✓		08/31/20	08/22/20	09/22/20		186.73	0.00	0.00	186.73	✓	
	SUPPLIES	Shipping 73.23									
9924552 ✓		08/31/20	08/23/20	09/17/20		1,005.93	0.00	0.00	1,005.93	✓	
	SUPPLIES	Shipping 347.22									
9924551 ✓		08/31/20	08/23/20	09/22/20		1,050.96	0.00	0.00	1,050.96	✓	
	SUPPLIES	Shipping 244.96									
1166163 ✓		08/31/20	08/29/20	09/23/20		605.36	0.00	0.00	605.36	✓	
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						F1400	FISHER HEALTHCARE	5,650.28	0.00	0.00	5,650.28
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		
083118		08/31/20	08/31/20	08/31/20		5,192.50	0.00	0.00	5,192.50	✓	
	TRANSFER	Pymt sent to MMC in error									
091118		09/12/20	09/11/20	09/11/20		2,386.38	0.00	0.00	2,386.38	✓	
	TRANSFER	Pymt sent to MMC in error									
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11836	GOLDENCREEK HEALTHCARE	7,578.88	0.00	0.00	7,578.88
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		
98874309411		08/31/20	08/23/20	09/22/20		277.00	0.00	0.00	277.00	✓	
	SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						W1300	GRAINGER	277.00	0.00	0.00	277.00
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		
1544753 ✓		08/29/20	08/21/20	09/20/20		194.73	0.00	0.00	194.73	✓	
	SUPPLIES										
1548446 ✓		08/31/20	08/27/20	09/26/20		631.13	0.00	0.00	631.13	✓	
	SUPPLIES										
1547816 ✓		08/31/20	08/27/20	09/26/20		187.88	0.00	0.00	187.88	✓	
	SUPPLIES										

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY			1,013.74	0.00	0.00	1,013.74
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
851153818 ✓		08/31/20	08/01/20	08/31/20		11.25	0.00	0.00	11.25 ✓
SAPHIRE DEVICES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		H1850	HOSPIRA WORLDWIDE, INC			11.25	0.00	0.00	11.25
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
MMC92018 ✓		09/12/20	09/10/20	09/10/20		24,086.50	0.00	0.00	24,086.50 ✓
RESPIRATORY SERVICES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11285	ITA RESOURCES INC			24,086.50	0.00	0.00	24,086.50
Vendor#	Vendor Name		Class	Pay Code					
11122	K & M SPORTS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
102154		09/12/20	09/10/20	09/10/20		275.00	0.00	0.00	275.00 ✓
POSTER SPONSOR									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11122	K & M SPORTS			275.00	0.00	0.00	275.00
Vendor#	Vendor Name		Class	Pay Code					
10132	KNOWLEDGECONNEX, LLC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
405478157		08/20/20	08/20/20	09/20/20		100.00	0.00	0.00	100.00 ✓
MEMBERSHIP FEES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10132	KNOWLEDGECONNEX, LLC			100.00	0.00	0.00	100.00
Vendor#	Vendor Name		Class	Pay Code					
L1640	LOWE'S HOME CENTERS INC ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
082818		09/12/20	08/28/20	08/28/20		49.80	0.00	0.00	49.80 ✓
LATE FEE AND INTEREST									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		L1640	LOWE'S HOME CENTERS INC			49.80	0.00	0.00	49.80
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
083018		08/31/20	08/30/20	09/22/20		1,045.00	0.00	0.00	1,045.00 ✓
PAYROLL DED									
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					
M1950	MARTIN PRINTING CO ✓		W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
72654-72667 ✓		08/28/20	08/24/20	09/23/20		462.45	0.00	0.00	462.45 ✓
SUPPLIES <i>Appt. cards for Crowley, Diaz, Gaines, Truong, Hinds: Schultz</i>									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		M1950	MARTIN PRINTING CO			462.45	0.00	0.00	462.45
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
34040713 ✓		08/31/20	08/21/20	09/20/20		198.75	0.00	0.00	198.75 ✓
	SUPPLIES								
34192943 ✓	Freight 14.75	08/31/20	08/22/20	09/21/20		227.45	0.00	0.00	227.45 ✓
	SUPPLIES								
34288835 ✓	Freight 49.80	08/31/20	08/23/20	09/22/20		227.45	0.00	0.00	227.45 ✓
	SUPPLIES								
34379370 ✓	Freight 49.50	08/31/20	08/24/20	09/23/20		-188.61	0.00	0.00	-188.61 ✓

CREDIT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	465.04	0.00	0.00	465.04

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
124739 ✓		08/31/20	08/31/20	09/25/20		1,955.03	0.00	0.00	1,955.03 ✓
	collection fees								
124740 ✓		08/31/20	08/31/20	09/25/20		774.32	0.00	0.00	774.32 ✓

COLLECTION FEES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	2,729.35	0.00	0.00	2,729.35

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
0010439364		09/12/20	09/10/20	09/10/20		20.39	0.00	0.00	20.39 ✓
	INDIGETN CARE								
0010409343		09/12/20	09/10/20	09/10/20		150.59	0.00	0.00	150.59 ✓

INDIGENT CARE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	170.98	0.00	0.00	170.98

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
1856592494 ✓		08/27/20	08/27/20	09/21/20		92.39	0.00	0.00	92.39 ✓
	SUPPLIES								
1856387254 ✓	Freight 14.48	08/27/20	08/27/20	09/21/20		62.03	0.00	0.00	62.03 ✓
	SUPPLIES								
1856387255 ✓	Freight 49.03	08/27/20	08/27/20	09/21/20		2.83	0.00	0.00	2.83 ✓
	SUPPLIES								
1856592495 ✓		08/27/20	08/27/20	09/21/20		38.51	0.00	0.00	38.51 ✓
	SUPPLIES								
1856387258 ✓	Freight 19.91	08/27/20	08/27/20	09/21/20		8.16	0.00	0.00	8.16 ✓
	SUPPLIES								
1856387257 ✓		08/27/20	08/27/20	09/21/20		47.40	0.00	0.00	47.40 ✓
	SUPPLIES								
1856686218 ✓	Freight 18.77	08/28/20	08/27/20	09/21/20		27.23	0.00	0.00	27.23 ✓
	SUPPLIES								
1856592493 ✓		08/28/20	08/28/20	09/22/20		3,844.72	0.00	0.00	3,844.72 ✓
	SUPPLIES								
1856816181 ✓		08/28/20	08/28/20	09/22/20		235.00	0.00	0.00	235.00 ✓

SUPPLIES

1856816183	✓	08/28/20 08/28/20 09/22/20	150.50	0.00	0.00	150.50	✓		
SUPPLIES									
1856686223	✓	08/28/20 08/28/20 09/22/20	19.29	0.00	0.00	19.29	✓		
SUPPLIES <i>freight 15.98</i>									
1856686220	✓	08/28/20 08/28/20 09/22/20	8.16	0.00	0.00	8.16	✓		
SUPPLIES									
1856686221	✓	08/28/20 08/28/20 09/22/20	14.82	0.00	0.00	14.82	✓		
SUPPLIES									
1856686222	✓	08/28/20 08/28/20 09/22/20	257.01	0.00	0.00	257.01	✓		
SUPPLIES <i>freight 45.20</i>									
1856816182	✓	08/28/20 08/28/20 09/22/20	52.70	0.00	0.00	52.70	✓		
SUPPLIES									
1856592487	✓	08/28/20 08/28/20 09/22/20	37.08	0.00	0.00	37.08	✓		
SUPPLIES									
1856592488	✓	08/28/20 08/28/20 09/22/20	37.08	0.00	0.00	37.08	✓		
SUPPLIES									
1856816185	✓	08/28/20 08/28/20 09/22/20	1,057.41	0.00	0.00	1,057.41	✓		
SUPPLIES									
1857637448	✓	08/31/20 08/28/20 09/22/20	94.57	0.00	0.00	94.57	✓		
SUPPLIES <i>freight 18.77</i>									
1857637453	✓	08/31/20 08/28/20 09/22/20	162.26	0.00	0.00	162.26	✓		
SUPPLIES <i>freight 64.44</i>									
1857637446	✓	08/31/20 08/28/20 09/22/20	697.01	0.00	0.00	697.01	✓		
SUPPLIES									
1857637450	✓	08/31/20 08/28/20 09/22/20	2,023.50	0.00	0.00	2,023.50	✓		
SUPPLIES									
1857735742	✓	08/31/20 08/29/20 09/23/20	23.37	0.00	0.00	23.37	✓		
SUPPLIES <i>freight 1.01</i>									
1857822382	✓	08/31/20 08/30/20 09/24/20	30.68	0.00	0.00	30.68	✓		
SUPPLIES <i>freight 14.95</i>									
1857637441	✓	09/04/20 08/28/20 09/22/20	4.57	0.00	0.00	4.57	✓		
SUPPLIES									
1857637442	✓	09/04/20 08/28/20 09/22/20	161.29	0.00	0.00	161.29	✓		
SUPPLIES <i>freight 49.81</i>									
1701977530	✓	09/12/20 08/25/20 09/19/20	57.92	0.00	0.00	57.92	✓		
<u>FINANCE CHARGE</u>									
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net	
			M2470	MEDLINE INDUSTRIES INC	9,247.49	0.00	0.00	9,247.49	
Vendor#	Vendor Name		Class	Pay Code					
10963	MEMORIAL MEDICAL CLINIC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
083018		08/31/20	08/30/20	09/22/20		240.00	0.00	0.00	240.00 ✓
PAYROLL DED									
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net	
			10963	MEMORIAL MEDICAL CLINIC	240.00	0.00	0.00	240.00	
Vendor#	Vendor Name		Class	Pay Code					
11604	MICHAEL PFIEL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
091018		09/12/20	09/10/20	09/10/20		477.85	0.00	0.00	477.85 ✓
CME REIMBUSEMENT <i>per contract</i>									
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net	
			11604	MICHAEL PFIEL	477.85	0.00	0.00	477.85	

[illegible]

3244814	✓		09/10/20	09/07/20	09/17/20		224.70	0.00	0.00	224.70	✓	
		INVENTORY										
CM74395	✓		09/10/20	09/07/20	09/17/20		-12.04	0.00	0.00	-12.04	✓	
		CREDIT										
3228282	✓		09/12/20	09/04/20	09/14/20		1,730.82	0.00	0.00	1,730.82	✓	
		INVENTORY										
3228281	✓		09/12/20	09/04/20	09/14/20		219.14	0.00	0.00	219.14	✓	
		INVENTORY										
3227386	✓		09/12/20	09/04/20	09/14/20		6.87	0.00	0.00	6.87	✓	
		INVENTORY										
3231320	✓		09/12/20	09/05/20	09/15/20		5.31	0.00	0.00	5.31	✓	
		INVENTORY										
CM73546	✓		09/12/20	09/05/20	09/15/20		-675.74	0.00	0.00	-675.74	✓	
		CREDIT										
3233394	✓		09/12/20	09/05/20	09/15/20		77.07	0.00	0.00	77.07	✓	
		INVENTORY										
3233393	✓		09/12/20	09/05/20	09/15/20		166.08	0.00	0.00	166.08	✓	
		INVENTORY										
3236715	✓		09/12/20	09/06/20	09/16/20		1,500.00	0.00	0.00	1,500.00	✓	
		ACCUMULATOR										
3250909	✓		09/12/20	09/10/20	09/20/20		556.18	0.00	0.00	556.18	✓	
		INVENTORY										
3250910	✓		09/12/20	09/10/20	09/20/20		1,281.05	0.00	0.00	1,281.05	✓	
		INVENTORY										
3249192	✓		09/12/20	09/10/20	09/20/20		20.56	0.00	0.00	20.56	✓	
		INVENTORY										
4299	✓		09/12/20	09/10/20	09/20/20		-342.80	0.00	0.00	-342.80	✓	
		CREDIT										
3250604	✓		09/12/20	09/10/20	09/20/20		13.03	0.00	0.00	13.03	✓	
		INVENTORY										
3256608	✓		09/12/20	09/11/20	09/21/20		286.55	0.00	0.00	286.55	✓	
		INVENTORY										
3256944	✓		09/12/20	09/11/20	09/21/20		204.92	0.00	0.00	204.92	✓	
		INVENTORY										
3256945	✓		09/12/20	09/11/20	09/21/20		416.25	0.00	0.00	416.25	✓	
		INVENTORY										
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	12,602.59	0.00	0.00	12,602.59
Vendor#	Vendor Name					Class	Pay Code					
O1416	ORTHO CLINICAL DIAGNOSTICS					✓						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
1850740598	✓	08/31/20	08/21/20	09/20/20		1,341.11	0.00	0.00	1,341.11	✓		
							SUPPLIES					
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							O1416	ORTHO CLINICAL DIAGNOSTICS	1,341.11	0.00	0.00	1,341.11
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			
2040378121	✓	08/31/20	08/21/20	09/20/20		599.74	0.00	0.00	599.74	✓		
							SUPPLIES					
2040369167	✓	08/31/20	08/21/20	09/20/20		25.91	0.00	0.00	25.91	✓		
							SUPPLIES					

2040457773 ✓		08/31/20 08/23/20 09/22/20	38.87	0.00	0.00	38.87 ✓
	SUPPLIES					
204057664 ✓		08/31/20 08/23/20 09/22/20	38.87	0.00	0.00	38.87 ✓
	SUPPLIES					
204058131 ✓		08/31/20 08/23/20 09/22/20	56.03	0.00	0.00	56.03 ✓
	SUPPLIES					
2040457860 ✓		08/31/20 08/23/20 09/22/20	96.24	0.00	0.00	96.24 ✓
	SUPPLIES					
8000151178 ✓		09/12/20 07/31/20 08/30/20	66.67	0.00	0.00	66.67 ✓
	FINANCE CHARGES					
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net
	OM425 OWENS & MINOR		922.33	0.00	0.00	922.33
Vendor#	Vendor Name	Class	Pay Code			
P0706	PALACIOS BEACON ✓	W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
33055694		08/31/20	08/24/20	09/20/20		165.00
	ADVERTISING					
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net
	P0706 PALACIOS BEACON		165.00	0.00	0.00	165.00
Vendor#	Vendor Name	Class	Pay Code			
P1470	PHILIP THOMAE PHOTOGRAPHER ✓	W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
10186 ✓		09/12/20	09/07/20	09/07/20		170.00
	PHOTOS OF DOCTORS (gaines: cook)					
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net
	P1470 PHILIP THOMAE PHOTOGRAPHER		170.00	0.00	0.00	170.00
Vendor#	Vendor Name	Class	Pay Code			
10032	PHILIPS HEALTHCARE ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
937262841 ✓		08/31/20	08/29/20	09/23/20		2,627.00
	MAINT CONTRACT					
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net
	10032 PHILIPS HEALTHCARE		2,627.00	0.00	0.00	2,627.00
Vendor#	Vendor Name	Class	Pay Code			
P1725	PREMIER SLEEP DISORDERS CENTER ✓	M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
074		08/31/20	08/31/20	09/22/20		2,225.00
	SLEEP STUDIES					
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net
	P1725 PREMIER SLEEP DISORDERS CENTER		2,225.00	0.00	0.00	2,225.00
Vendor#	Vendor Name	Class	Pay Code			
Q0572	QUILL CORPORATION ✓	W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
9594894 ✓		08/31/20	08/23/20	09/23/20		99.00
	1 YEAR SUBSCRIPTION					
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net
	Q0572 QUILL CORPORATION		99.00	0.00	0.00	99.00
Vendor#	Vendor Name	Class	Pay Code			
12084	RADPARTNERS HOUSTON ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
8615 ✓		08/31/20	04/01/20	09/22/20		289.06

FORMOST CONTR BILLING (X-ray)

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12084	RADPARTNERS HOUSTON	289.06	0.00	0.00	289.06

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
367173 ✓		09/12/20	09/01/20	09/26/20		45.47	0.00	0.00	45.47 ✓

MONTHLY FIRE MONITORING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1200	RED HAWK FIRE AND SECURITY	45.47	0.00	0.00	45.47

Vendor#	Vendor Name	Class	Pay Code
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10315 REXEL ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
S122194637001 ✓		08/31/20	08/31/20	09/25/20		587.50	0.00	0.00	587.50 ✓

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10315	REXEL	587.50	0.00	0.00	587.50

Vendor#	Vendor Name	Class	Pay Code
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10625 SARA RUBIO

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
090418A		09/10/20	09/04/20	09/04/20		29.59	0.00	0.00	29.59 ✓

TRAVEL GB HCL Summer Exercise Meeting 8/24/18

090418		09/10/20	09/04/20	09/04/20		29.59	0.00	0.00	29.59 ✓
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TRAVEL GB HCL HP G Tabletop Exercise 8/20/18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	59.18	0.00	0.00	59.18

Vendor#	Vendor Name	Class	Pay Code
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10936 SIEMENS FINANCIAL SERVICES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4674584 ✓		08/31/20	08/30/20	09/22/20		1,350.66	0.00	0.00	1,350.66 ✓

RENTAL WLC Chumps 17.77

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	1,350.66	0.00	0.00	1,350.66

Vendor#	Vendor Name	Class	Pay Code
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S2001 SIEMENS MEDICAL SOLUTIONS INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
115640058 ✓		08/31/20	08/18/20	09/22/20		751.58	0.00	0.00	751.58 ✓

MAINT CONTRACT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC	751.58	0.00	0.00	751.58

Vendor#	Vendor Name	Class	Pay Code
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10195 SINGLETON ASSOCIATES PA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
864A ✓		08/31/20	04/01/20	09/22/20		10.85	0.00	0.00	10.85 ✓

CONTR BILLING FORMOSA (X-ray)

8616MAY ✓		08/31/20	05/01/20	09/22/20		119.35	0.00	0.00	119.35 ✓
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CONTR BILLING FORMOSA (X-ray)

8617 ✓		08/31/20	01/01/20	09/22/20		314.65	0.00	0.00	314.65 ✓
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CONTR BILLING FORMOSA (Radiologic Exam)

8618 ✓		08/31/20	03/01/20	09/22/20		141.05	0.00	0.00	141.05 ✓
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CONTR BILLING FORMOSA (Radiologic exam)

8616JULY ✓		08/31/20	07/01/20	09/22/20		303.80	0.00	0.00	303.80 ✓
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CONTR BILLING FORMOSA (X-ray)

Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				10195	SINGLETON ASSOCIATES PA		889.70	0.00	0.00	889.70
Vendor#	Vendor Name			Class	Pay Code					
10735	STRYKER SUSTAINABILITY	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3429790	✓	08/31/20	08/22/20	09/21/20		3,124.80	0.00	0.00	3,124.80	✓
SUPPLIES										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				10735	STRYKER SUSTAINABILITY		3,124.80	0.00	0.00	3,124.80
Vendor#	Vendor Name			Class	Pay Code					
T0801	TLC STAFFING	✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
23791	✓	08/31/20	08/20/20	09/22/20		1,079.57	0.00	0.00	1,079.57	✓
STAFFING OB Molina 8/17/18 - Olivarez 8/18/18										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				T0801	TLC STAFFING		1,079.57	0.00	0.00	1,079.57
Vendor#	Vendor Name			Class	Pay Code					
T1012	TRI-STATE BIOMEDICAL SERVICES	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
12750	✓	08/31/20	08/10/20	09/22/20		699.00	0.00	0.00	699.00	✓
TRANSDUCERS US Shipping 1200										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				T1012	TRI-STATE BIOMEDICAL SERVICES		699.00	0.00	0.00	699.00
Vendor#	Vendor Name			Class	Pay Code					
11067	TRIZETTO PROVIDER SOLUTIONS	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
35FK091800	✓	09/12/20	09/01/20	09/26/20		1,778.58	0.00	0.00	1,778.58	✓
STATEMENT FEES CLINIC										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				11067	TRIZETTO PROVIDER SOLUTIONS		1,778.58	0.00	0.00	1,778.58
Vendor#	Vendor Name			Class	Pay Code					
11002	TRUSTAFF	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
415235	✓	08/31/20	06/14/20	07/14/20		5,625.00	0.00	0.00	5,625.00	✓
STAFFING Carter 5/18-5/20/18										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				11002	TRUSTAFF		5,625.00	0.00	0.00	5,625.00
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	
8400281605	✓	08/29/20	08/27/20	09/21/20		936.92	0.00	0.00	936.92	✓
LAUNDRY										
8400281554	✓	08/29/20	08/27/20	09/21/20		120.39	0.00	0.00	120.39	✓
LAUNDRY										
8400281558	✓	08/29/20	08/27/20	09/21/20		67.03	0.00	0.00	67.03	✓
LAUNDRY										
8400281647	✓	08/29/20	08/27/20	09/21/20		47.51	0.00	0.00	47.51	✓
LAUNDRY										
8400281557	✓	08/29/20	08/27/20	09/21/20		47.15	0.00	0.00	47.15	✓
LAUNDRY										

8400281596	✓	LAUNDRY	08/29/20	08/27/20	09/21/20		85.24	0.00	0.00	85.24	✓	
8400281555	✓	LAUNDRY	08/31/20	08/27/20	09/21/20		104.01	0.00	0.00	104.01	✓	
8400281556	✓	LAUNDRY	08/31/20	08/27/20	09/21/20		107.34	0.00	0.00	107.34	✓	
8400281883	✓	LAUNDRY	08/31/20	08/30/20	09/24/20		17.00	0.00	0.00	17.00	✓	
8400281935	✓	LAUNDRY	08/31/20	08/30/20	09/24/20		1,042.96	0.00	0.00	1,042.96	✓	
8400281886	✓	LAUNDRY	08/31/20	08/30/20	09/24/20		153.50	0.00	0.00	153.50	✓	
8400278567	✓	LAUNDRY	09/12/20	07/16/20	08/10/20		110.59	0.00	0.00	110.59	✓	
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							U1064	UNIFIRST HOLDINGS INC	2,839.64	0.00	0.00	2,839.64
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		
8979177	✓		08/31/20	08/29/20	09/20/20		76.65	0.00	0.00	76.65	✓	
							UNIFORM K GOFF					
8978882	✓		08/31/20	08/29/20	09/20/20		83.95	0.00	0.00	83.95	✓	
							UNIFORMS J SVETLIK <i>Shipping 11-99</i>					
8979312	✓		09/12/20	08/30/20	09/14/20		345.72	0.00	0.00	345.72	✓	
							UNIFORMS S HARTL					
8982387	✓		09/12/20	08/30/20	09/14/20		24.99	0.00	0.00	24.99	✓	
							UNIFORMS K BLINKA					
8982630	✓		09/12/20	08/31/20	09/15/20		105.87	0.00	0.00	105.87	✓	
							UNIFORMS K BLINKA <i>Shipping 12-99</i>					
8985734	✓		09/12/20	09/01/20	09/16/20		28.99	0.00	0.00	28.99	✓	
							UNIFORMS K BLINKA					
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							U1056	UNIFORM ADVANTAGE	666.17	0.00	0.00	666.17
Vendor#	Vendor Name		Class		Pay Code							
10968	UNITED RENTALS (NORTH AMERICA) ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
16070598	✓	4001	09/12/20	08/29/20	09/15/20		392.13	0.00	0.00	392.13	✓	
							FORKLIFT RENTALS					
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10968	UNITED RENTALS (NORTH AMERICA)	392.13	0.00	0.00	392.13
Vendor#	Vendor Name		Class		Pay Code							
V1058	VICTORIA ANESTHESIOLOGY ✓		W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
AUG18			08/31/20	08/16/20	09/22/20		23,936.12	0.00	0.00	23,936.12	✓	
							ANESTHESIA					
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							V1058	VICTORIA ANESTHESIOLOGY	23,936.12	0.00	0.00	23,936.12
Vendor#	Vendor Name		Class		Pay Code							
V1471	VICTORIA RADIOWORKS, LTD ✓		W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
18080215	✓		08/31/20	08/31/20	09/20/20		40.00	0.00	0.00	40.00	✓	
							ADVERTISING					

18080212 ✓		08/31/20 08/31/20 09/20/20	210.00	0.00	0.00	210.00 ✓			
	ADVERTISING								
18080213 ✓		08/31/20 08/31/20 09/20/20	300.00	0.00	0.00	300.00 ✓			
	ADVERTISING								
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net	
			V1471	VICTORIA RADIOWORKS, LTD	550.00	0.00	0.00	550.00	
Vendor#	Vendor Name		Class	Pay Code					
10793	WAGEWORKS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
149352 ✓		08/31/20	06/14/20	09/21/20		275.75	0.00	0.00	275.75 ✓
	MONTHLY FEE								
183306 ✓		08/31/20	07/15/20	09/22/20		275.75	0.00	0.00	275.75 ✓
	MONTHLY FEE								
260588 ✓		08/31/20	09/14/20	09/22/20		275.75	0.00	0.00	275.75 ✓
	MONTHLY FEE								
299926 ✓		08/31/20	10/15/20	09/22/20		275.75	0.00	0.00	275.75 ✓
	MONTHLY FEE								
340890 ✓		08/31/20	11/14/20	09/22/20		275.75	0.00	0.00	275.75 ✓
	MONTHLY FEE								
385704 ✓		08/31/20	12/15/20	09/22/20		275.75	0.00	0.00	275.75 ✓
	MONTHLY FEE								
427645 ✓		08/31/20	01/14/20	09/22/20		275.75	0.00	0.00	275.75 ✓
	MONTHLY FEE								
478681 ✓		08/31/20	02/14/20	09/22/20		275.75	0.00	0.00	275.75 ✓
	MONTHLY FEE								
535753 ✓		08/31/20	03/17/20	09/22/20		27.42	0.00	0.00	27.42 ✓
	MONTHLY FEE								
535758 ✓		08/31/20	03/17/20	09/22/20		248.33	0.00	0.00	248.33 ✓
	MONTHLY FEE								
593473 ✓		08/31/20	04/14/20	09/22/20		260.00	0.00	0.00	260.00 ✓
	MONTHLY FEE								
654579 ✓		08/31/20	05/16/20	09/22/20		260.00	0.00	0.00	260.00 ✓
	MONTHLY FEE								
114016 ✓		08/31/20	05/17/20	09/21/20		275.75	0.00	0.00	275.75 ✓
	MONTHLY FEE MAY								
708077 ✓		08/31/20	06/14/20	09/22/20		260.00	0.00	0.00	260.00 ✓
	MONTHLY FEE								
763557 ✓		08/31/20	07/15/20	09/22/20		370.25	0.00	0.00	370.25 ✓
	MONTHLY FEE								
821384 ✓		08/31/20	08/15/20	09/22/20		370.25	0.00	0.00	370.25 ✓
	MONTHLY FEE								
875867 ✓		08/31/20	08/15/20	09/22/20		370.25	0.00	0.00	370.25 ✓
	MONTHLY FEES								
083018		08/31/20	08/30/20	08/22/20		2,521.00 ⁶⁴	0.00	0.00	2,521.00 ⁶⁴
	PAYROLL DED								
222380 ✓		09/13/20	07/18/20	08/18/20		275.75	0.00	0.00	275.75 ✓
	MONTHLY FEE								
Vendor Totals			Number	Name	Gross ⁶⁴	Discount	No-Pay	Net ⁶⁴	
			10793	WAGEWORKS	7,445.00 ⁶⁴	0.00	0.00	7,445.00 ⁶⁴	
Vendor#	Vendor Name		Class	Pay Code					
10943	WALLER, LANSDEN, DORTCH & DAVIS ✓								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10682399	✓	09/12/20	08/09/20	09/09/20		1,092.50	0.00	0.00	1,092.50 ✓
LEGAL									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10943	WALLER, LANSDEN, DORTCH & DAVIS			1,092.50	0.00	0.00	1,092.50
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
9110563127	✓	08/31/20	08/28/20	09/22/20		902.54	0.00	0.00	902.54 ✓
	SUPPLIES								
9110563719	✓	08/31/20	08/29/20	09/23/20		254.60	0.00	0.00	254.60 ✓
	SUPPLIES								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC			1,157.14	0.00	0.00	1,157.14

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	246,344.49	0.00	0.00	246,344.49

pg 15 correction

$\{ < 2521.00 >$
 $\{ + 2521.64$

 $\$246,345.13$

246,344.49 +
2,521.00 -
2,521.64 +
246,345.13 *

APPROVED
ON

SEP 13 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

8

RUN DATE:09/19/18
TIME:11:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/19/18 THRU 09/19/18

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE

NHG *	000017	09/19/18	24,323.42	MMC OPERATING
NHS	000023	09/19/18	9,437.34	MMC OPERATING
NHF *	000024	09/19/18	14,853.58	MMC OPERATING
NHC *	000026	09/19/18	2,536.40	MMC OPERATING
NHA *	000028	09/19/18	35,509.60	MMC OPERATING
A/P *	000999	09/19/18	2,603.75	MCKESSON
A/P	177529	09/19/18	165.34	4IMPRINT, INC.
A/P	177530	09/19/18	265.86	ACE HARDWARE 15521
A/P	177531	09/19/18	2,119.67	AIRGAS USA, LLC - CENTRAL DIV
A/P	177532	09/19/18	1,706.70	ALCON LABORATORIES, INC.
A/P	177533	09/19/18	1,449.00	AMERICAN APPLIANCE
A/P	177534	09/19/18	112.17	AMERISOURCEBERGEN DRUG CORP
A/P	177535	09/19/18	166.37	AUTO PARTS & MACHINE CO.
A/P	177536	09/19/18	2,263.00	AYA HEALTHCARE INC
A/P	177537	09/19/18	47,962.09	BKD, LLP
A/P	177538	09/19/18	209.51	CALHOUN COUNTY
A/P	177539	09/19/18	250.00	CALHOUN COUNTY FAIR ASSOC.
A/P	177540	09/19/18	808.89	CARDINAL HEALTH 414,LLC
A/P	177541	09/19/18	95.41	CAREFUSION
A/P	177542	09/19/18	60.00	CASE MANAGEMENT INNOVATIONS
A/P	177543	09/19/18	1,418.51	CDW GOVERNMENT, INC.
A/P	177544	09/19/18	41.38	CENTERPOINT ENERGY
A/P	177545	09/19/18	700.37	CFI MECHANICAL INC
A/P	177546	09/19/18	774.22	DEWITT POT & SON
A/P	177547	09/19/18	50,311.25	DIAMOND HEALTHCARE CORP
A/P	177548	09/19/18	604.35	DUTCH OPHTHALMIC USA
A/P	177549	09/19/18	155.02	ERBE USA INC SURGICAL SYSTEMS
A/P	177550	09/19/18	30.30	ERIN CLEVINGER
A/P	177551	09/19/18	279.69	FEDERAL EXPRESS CORP.
A/P	177552	09/19/18	75.00	FIRST CLEARING
A/P	177553	09/19/18	5,650.28	FISHER HEALTHCARE
A/P	177554	09/19/18	7,578.88	GOLDENCREEK HEALTHCARE
A/P	177555	09/19/18	277.00	GRAINGER
A/P	177556	09/19/18	1,013.74	GULF COAST PAPER COMPANY
A/P	177557	09/19/18	11.25	HOSPIRA WORLDWIDE, INC
A/P	177558	09/19/18	24,086.50	ITA RESOURCES INC
A/P	177559	09/19/18	275.00	K & M SPORTS
A/P	177560	09/19/18	100.00	KNOWLEDGECONNEX, LLC
A/P	177561	09/19/18	49.80	LOWE'S HOME CENTERS INC
A/P	177562	09/19/18	1,045.00	M G TRUST
A/P	177563	09/19/18	462.45	MARTIN PRINTING CO
A/P	177564	09/19/18	465.04	MCKESSON MEDICAL SURGICAL INC
A/P	177565	09/19/18	2,729.35	MEDICAL DATA SYSTEMS, INC.
A/P	177566	09/19/18	170.98	MEDIMPACT HEALTHCARE SYS, INC.
A/P	177567	09/19/18	.00	VOIDED
A/P	177568	09/19/18	.00	VOIDED
A/P	177569	09/19/18	.00	VOIDED
A/P	177570	09/19/18	9,247.49	MEDLINE INDUSTRIES INC
A/P	177571	09/19/18	240.00	MEMORIAL MEDICAL CLINIC
A/P	177572	09/19/18	477.85	MICHAEL PFIEL

RUN DATE:09/19/18
TIME:11:34

MEMORIAL MEDICAL CENTER
CHECK REGISTER
09/19/18 THRU 09/19/18

PAGE 2
GLCKR8G

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	177573	09/19/18	5,789.14	MMC EMPLOYEE BENEFIT PLAN
A/P	177574	09/19/18	139.81	MMC VOLUNTEERS
A/P	177575	09/19/18	.00	VOIDED
A/P	177576	09/19/18	.00	VOIDED
A/P	177577	09/19/18	12,602.59	MORRIS & DICKSON CO, LLC
A/P	177578	09/19/18	1,341.11	ORTHO CLINICAL DIAGNOSTICS
A/P	177579	09/19/18	922.33	OWENS & MINOR
A/P	177580	09/19/18	165.00	PALACIOS BEACON
A/P	177581	09/19/18	170.00	PHILIP THOMAE PHOTOGRAPHER
A/P	177582	09/19/18	2,627.00	PHILIPS HEALTHCARE
A/P	177583	09/19/18	2,225.00	PREMIER SLEEP DISORDERS CENTER
A/P	177584	09/19/18	99.00	QUILL CORPORATION
A/P	177585	09/19/18	289.06	RADPARTNERS HOUSTON
A/P	177586	09/19/18	45.47	RED HAWK FIRE AND SECURITY
A/P	177587	09/19/18	587.50	REXEL
A/P	177588	09/19/18	59.18	SARA RUBIO
A/P	177589	09/19/18	1,350.66	SIEMENS FINANCIAL SERVICES
A/P	177590	09/19/18	751.58	SIEMENS MEDICAL SOLUTIONS INC
A/P	177591	09/19/18	889.70	SINGLETON ASSOCIATES PA
A/P	177592	09/19/18	3,124.80	STRYKER SUSTAINABILITY
A/P	177593	09/19/18	1,079.57	TLC STAFFING
A/P	177594	09/19/18	699.00	TRI-STATE BIOMEDICAL SERVICES
A/P	177595	09/19/18	1,778.58	TRIZETTO PROVIDER SOLUTIONS
A/P	177596	09/19/18	5,625.00	TRUSTAFF
A/P	177597	09/19/18	2,839.64	UNIFIRST HOLDINGS INC
A/P	177598	09/19/18	666.17	UNIFORM ADVANTAGE
A/P	177599	09/19/18	392.13	UNITED RENTALS (NORTH AMERICA)
A/P	177600	09/19/18	23,936.12	VICTORIA ANESTHESIOLOGY
A/P	177601	09/19/18	550.00	VICTORIA RADIOWORKS, LTD
A/P	177602	09/19/18	.00	VOIDED
A/P	177603	09/19/18	7,445.64	WAGWORKS
A/P	177604	09/19/18	1,092.50	WALLER, LANSDEN, DORTCH & DAVIS
A/P	177605	09/19/18	1,157.14	WERFEN USA LLC
TOTALS:			335,609.22	

QIPP 24,323.42 +
checks 9,437.34 +
14,853.58 +
2,536.40 +
35,509.60 +
86,660.34 *

QIPP 86,660.34 +
McKesson 2,603.75 +
Payables 246,345.13 +
335,609.22 *

APPROVED
ON

SEP 19 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

Company: 8000

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

STATEMENT

As of: 09/14/2018

Page: 002

DC: 8115

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory:

Customer: 632536
Date: 09/15/2018

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

As of: 09/14/2018
Mail to: Page: 002
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 09/15/2018 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account 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: 2,656.89 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 09/18/2018,
Pay This Amount: 2,603.75 USD

If Paid After 09/18/2018,
Pay this Amount: 2,656.89 USD

Due If Paid On Time: 2,603.75
USD
Disc lost if paid late: 53.14
Due If Paid Late: 2,656.89
USD

Handwritten signature and initials

CK # 999

GL # 60310000

APPROVED
ON

SEP 17 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

141.20 +
1,036.46 +
1,426.09 +
2,603.75 *

MCKESSON

Company: 8000

HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

STATEMENT

As of: 09/14/2018

Page: 001

DC: 8115

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 190813
Date: 09/15/2018

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

As of: 09/14/2018
Mail to:

Page: 001
Comp: 8000
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 09/15/2018

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 190813	HEB PHCY 0434/MEM MED PHS									
09/14/2018	09/18/2018	7892183739	2017005566	115 Invoice	2.88	144.08		141.20	✓	7892183739

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: 144.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,532.83

09/10/2018

If Paid By 09/18/2018,

Pay This Amount:

141.20 USD

Due If Paid On Time:

USD

Disc lost if paid late:

2.88

If Paid After 09/18/2018,

Pay this Amount:

144.08 USD

Due If Paid Late:

USD

144.08

APPROVED
ON

SEP 17 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

Company: 8000

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

STATEMENT

As of: 09/14/2018

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 09/15/2018

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: 09/14/2018
Mail to:

Page: 001
Comp: 8000
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 09/15/2018
PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Order Reference	Description	Cash Discount	Amount (gross)	Amount (net)	P F	Receivable Number
Customer Number 256342			WALMART 1098/MEM MED PHS						
09/10/2018	09/18/2018	7891192926	0908180224-00	115Invoice	0.30	14.91	14.61	✓	7891192926
09/10/2018	09/18/2018	7891192927	0959800034	115Invoice	4.09	204.27	200.18	✓	7891192927
09/11/2018	09/18/2018	7891426509	1115438	115Invoice	1.76	88.23	86.47	✓	7891426509
09/12/2018	09/18/2018	7891705823	0959800035	115Invoice	1.27	63.27	62.00	✓	7891705823
09/13/2018	09/18/2018	7891947911	3459740036	115Invoice	0.21	10.68	10.47	✓	7891947911
09/13/2018	09/18/2018	7891947913	0959800036	115Invoice	11.36	568.24	556.88	✓	7891947913
09/13/2018	09/18/2018	7891953517	0912180129-00	115Invoice	0.03	1.58	1.55	✓	7891953517
09/13/2018	09/18/2018	7891953518	0912180511-00	115Invoice	0.01	0.63	0.62	✓	7891953518
09/14/2018	09/18/2018	7892163759	0959800037	115Invoice	2.12	105.80	103.68	✓	7892163759

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: 1,057.61 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,532.83

09/10/2018

If Paid By 09/18/2018,
Pay This Amount:

1,036.46

USD

If Paid After 09/18/2018,
Pay this Amount:

1,057.61

USD

Due If Paid On Time:

USD

Disc lost if paid late:

21.15

Due If Paid Late:

USD

1,057.61

APPROVED
ON

SEP 17 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MCKESSON

Company: 8000

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

STATEMENT

As of: 09/14/2018

Page: 001

DC: 8115

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400
Customer: 262252
Date: 09/15/2018

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

As of: 09/14/2018
Mail to:

Page: 001
Comp: 8000
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 09/15/2018
PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	National Account Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS										
09/10/2018	09/18/2018	7891199325	1001300634	115Invoice	4.41	220.27		215.86✓		7891199325
09/10/2018	09/18/2018	7891199326	1001301362	115Invoice	2.18	108.92		106.74✓		7891199326
09/10/2018	09/18/2018	7891199327	1001301362	115Invoice	0.22	11.13		10.91✓		7891199327
09/10/2018	09/18/2018	7891199328	1001301787	115Invoice	5.43	271.31		265.88✓		7891199328
09/11/2018	09/18/2018	7891471848	1001302167	115Invoice	5.41	270.62		265.21✓		7891471848
09/12/2018	09/18/2018	7891717104	1001302889	115Invoice	0.02	1.12		1.10✓		7891717104
09/12/2018	09/18/2018	7891717105	1001302889	115Invoice	0.61	30.48		29.87✓		7891717105
09/13/2018	09/18/2018	7891955912	1001303508	115Invoice	7.52	375.82		368.30✓		7891955912
09/14/2018	09/18/2018	7892184206	1001304575	115Invoice	0.62	31.24		30.62✓		7892184206
09/14/2018	09/18/2018	7892184207	1001304575	115Invoice	2.69	134.29		131.60✓		7892184207

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: 1,455.20 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,532.83

If Paid By 09/18/2018,

Pay This Amount:

1,426.09 USD ✓

Due If Paid On Time:

USD 1,426.09

Disc lost if paid late

29.11

Due If Paid Late:

USD 1,455.20

APPROVED
ON

SEP 17 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



05567098003646997000000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
**** *64 6997	09/28/2018	\$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
09/03/2018

Payment Date
09/28/2018

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*****						
08/04/2018	08/06/2018	55432868216200225110582	✓ TSI SERVICE CC-Jason Anglin 651-483-0900 MN			\$471.82 ✓
08/06/2018	08/07/2018	55310208218083143388744	✓ AMAZON.COM AMZN.COM/BI 112-6627766-32778 AMZN.COM/BILL WA			\$163.80 ✓
08/07/2018	08/07/2018	55432868219200784240975	✓ TSI SERVICE 651-483-0900 MN			\$35.96 CR ✓
08/07/2018	08/08/2018	05134378220600027347821	✓ NPDB NPDB.HRSA.GOV 800-767-6732 VA N58695421			\$2.00 ✓
08/14/2018	08/15/2018	55436878227152272067854	✓ PESI INC 800-8448260 WI K1575958931			\$99.99 ✓
08/15/2018	08/16/2018	55436878228162284187565	✓ HAMPTON INNS AUSTIN TX 481081603300045 Arrival: 08-15-18			\$228.85 ✓
08/15/2018	08/16/2018	55547428227206809400036	✓ ADVANCED HEALTH EDU 7137720157 TX			\$109.00 ✓
08/15/2018	08/16/2018	85326818227900010390962	✓ SKILLPATH / NATIONAL 9133623900 KS PO 227096141089			\$399.00 ✓

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	Payment Due:	\$0.00
Balance Subject 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:	\$0.00

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

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



Account Number

**** *64 6997

Statement Date

09/03/2018

Sale Date	Post Date	Reference Number	Type of Activity	Amount
NOTICE MEMO ITEM(S) LISTED BELOW				
08/21/2018	08/23/2018	55499678234036215717304	✓ WYNDHAM AUSTIN & WOODW 21571730	AUSTIN TX \$110.40 ✓
08/27/2018	08/28/2018	05134378240600023508299	✓ NPDB NPDB.HRSA.GOV N58958615	800-767-6732 VA \$8.00 ✓
08/27/2018	08/28/2018	05134378240600023508372	✓ NPDB NPDB.HRSA.GOV N58958794	800-767-6732 VA \$34.00 ✓
08/27/2018	08/28/2018	55429508240637447772946	✓ ONLINEWEBCOURSE	8008173570 DE \$228.00 ✓
08/28/2018	08/29/2018	05134378241600026175814	✓ NPDB NPDB.HRSA.GOV N58985175	800-767-6732 VA \$2.00 ✓
08/29/2018	08/29/2018	55432868241200950888401	✓ AMA CREDENTIALING	800-621-8335 IL \$86.00 ✓
08/29/2018	08/30/2018	25536068242101047015418	✓ TX CII RX PADS 443469042	AUSTIN TX \$48.57 ✓
08/30/2018	09/03/2018	85353548245700156528095	✓ DXE MEDICAL INC 514019	TEL8663494364 TN \$129.90 ✓
08/31/2018	09/03/2018	05134378244600029554947	✓ NPDB NPDB.HRSA.GOV N59038810	800-767-6732 VA \$2.00 ✓
*****TOTAL AMOUNT OF MEMO ITEM(S):				\$2,087.37

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

471.82 +

35.96 -

2.00 +

99.99 +

228.85 +

109.00 +

163.80 +

48.57 +

399.00 +

110.40 +

8.00 +

34.00 +

228.00 +

2.00 +

86.00 +

2.00 +

129.90 +

2,087.37 *

APPROVED
ON

SEP 17 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

* Cat

** 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:

9/14/18

Vendor Address:

Vendor Phone #:

Vendor Fax #:

P.O. #

Account #

Initiated By:

Form #9401

Date Required	Expense #	Department	Deliver To			
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		TSI - Fit Testing Supplies	1		471.82 ✓
2	—		TSI - Credit for Tax			- 35.96 ✓
3	—		NPDB x1 Credentialing			\$2.00 ✓
4	—		PESI Conference Registration			
5			Emilie Kestner - TX Ethical Principals			
6			in the Practice of Texas Mental			
7			Health Professionals.			99.99 ✓
8	—		Hampton Inn - Kyle Daniel			
9			THA forum 8/15/18			228.85 ✓
10	—		Advanced Health Education Center -			109.00 ✓

Est. Freight

Richard Findley - Trending and Topics for the Radiologic Tech.

Est. Total Cost

TOTAL COST

NOTES:

Amazon - (20) Gmfix Medium Weight Chipboard
 Sheets 8.5x11 inches, Natural, 25-pack

163.80 ✓

Texas State Board of Pharmacy

48.57 ✓

Contact:

Date:

Quoted By:

Buyer:

E.T.A.

Dept. Director

Dir. Nursing

Adm Dir. Clinical Service

CFO

Administrator

[Signature]

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:

9/14/18

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	—		SkillPath - Alison King - Managing			399.00 ✓
2			Human Resources			
3	—		Wyndham Austin - Sara			110.40 ✓
4			Rubio - Trauma Mtg (quarterly)			
5	—		NPDB X 4 - Credentialing	4		8.00 ✓
6	—		NPDB X 17 - Credentialing	17		34.00 ✓
7	—		Online Web Course - Provider Base			228.00 ✓
8			Clinics Update - webinar	9/13/18		
9	—		NPDB X 1 - Credentialing			2.00 ✓
10	—		Ama Credentialing X 2			86.00 ✓
			NPDB X 1 Credentialing			2.00 ✓
Est. Freight			Est. Total Cost		TOTAL COST	

NOTES:

DXE Medical Inc - (3) replacement
 batteries for defibrillator

129.90 ✓

Total of pages 1 of 2

\$2,087.37

Contact:

Date:

Quoted By:

Buyer:

E.T.A.

Dept. Director

Dir. Nursing

Adm. Dir. Clinical Service

CFO

Administrator

[Signature]



Cash Management

Approval Summary

The following Wire Transfer was successfully approved.

Successful Approvals

Ref #	Amount	Submit Date	From	Beneficiary	Institution	Actions
2351868	\$2,087.37	09/21/2018	COUNTY OF CALHOUN TEXAS	CBNA Incoming Settlement Account	R/T:021000089 CITIBANK NA	

MEMORIAL MEDICAL CENTER

I B C

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --Sept 9th, 2018 -Sept 16th 2018

Date	No ACH Payments for this Period	Bank Description	MMC Notes	Amount
			Total Electronic Payments:	-



Diane Moore, CFO
Memorial Medical Center

September 17, 2018

**MEMORIAL MEDICAL CENTER
PROSPERITY BANK**

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --Sept 9th, 2018 --Sept 16th 2018

Date	Bank Description	MMC Notes	Amount
9/11/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03572366 9100000105	- 340B Drug Program Expense	2,532.83 *
9/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	198.86 +
9/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129.00 +
9/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	170.71 +
9/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	2,414.72 +
9/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	1,013.50 +
9/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	30.90 +
			<u>6,490.52</u>
		September	3,957.69 *

Diane Moore, CFO
Memorial Medical Center

* Approved 09-12-18 CL

PROSPERITY BANK

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

9/19/2018	ACH Payment WEBFILE TAX PYMT DD 902/30975833 210000023620	- Sales Tax	1,475.27
			<u>1,475.27</u>

Diane C. Moore, CFO
Memorial Medical Center

September 17, 2018

APPROVED
ON

SEP 17 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	#### ENTER: ###
☐ "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"	★ \$ 87,083.03 #
"1 TO CONFIRM"	1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 \$ 44,816.30 #
"ENTER W/CENTS AMOUNT OF MEDICARE"	\$ 10,716.16 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	\$ 31,550.57 #
	CHECK \$ -
☐ "6-DIGIT SETTLEMENT DATE"	★
"1 TO CONFIRM"	1
☐ ACKNOWLEDGEMENT NUMBER	
CALLED IN BY:	
CALLED IN DATE:	
CALLED IN TIME:	

Run Date: 09/17/18
Time: 11:11

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 08/31/18 - 09/13/18 Run# 1

Page 109
P2REG

Final Summary

-- Pay Code Summary -----						*-- Deductions Summary -----*					
PayCd	Description	Hrs	OT	SH	WB	HO	CB	Gross	Code	Amount	
1	REGULAR PAY-S1	8177.75	N		N	N		156158.34	A/R	1177.73	A/R2 171.61 A/R3
1	REGULAR PAY-S1	1860.75	N		N	N	N	75513.99	ADVANC		AWARDS BOOTS
1	REGULAR PAY-S1	242.25	N		N	Y		7320.64	CAFE H		CAFE-1 1436.02 CAFE-2 964.20
1	REGULAR PAY-S1	117.75	Y		N	N		2547.10	CAFE-3	751.38	CAFE-4 361.44 CAFE-5 235.01
2	REGULAR PAY-S2	2562.50	N		N	N		56753.00	CAFE-C		CAFE-D 1686.24 CAFE-F
2	REGULAR PAY-S2	166.50	N		N	Y		6021.77	CAFE-H	19318.21	CAFE-I CAFE-L
2	REGULAR PAY-S2	44.25	Y		N	N		1276.36	CAFE-P	231.57	CANCER CHILD
3	REGULAR PAY-S3	1531.25	N		N	N		40059.20	CLINIC	435.83	COMBIN 652.71 CREDUN
3	REGULAR PAY-S3	124.25	N		N	Y		5023.89	DD ADV		DENTAL DEP-LF
3	REGULAR PAY-S3	22.25	Y		N	N		919.28	DIS-LF	1384.94	EAT EATCSH 660.00
C	CALL PAY	2529.25	N	1	N	N		5058.50	FEDTAX	31550.57	FICA-M 5358.08 FICA-O 22411.76
E	EXTRA WAGES	130.50	N		N	N	N	550.30	FIRSTC	75.00	FLEX S 2521.64 FLX FE
E	EXTRA WAGES		N	1	N	N	N	855.75	PORT D		FUTA GIFT S .46
I	INSERVICE	9.75	N	1	N	N		326.75	GRANT		GRP-IN 65.76 GTL
I	INSERVICE		N	1	N	N	N	37.50	HOSP-I		ID TPT LEAF
J	JURY LEAVE	8.00	N	1	N	N		272.00	LEGAL	503.28	MASA 520.50 MEALS 229.15
K	EXTENDED-ILLNESS-BANK	110.75	N	1	N	N		2613.27	MISC		MISC/ MMCSHR
P	PAID-TIME-OFF	31.58	N		N	N	N	2058.63	OTHER		PHI***
P	PAID-TIME-OFF	1600.50	N	1	N	N		33771.38	PR FIN	270.53	RELAY REPAY
X	CALL PAY 2	168.00	N	1	N	N		336.00	SAMS	300.00	SCRUBS SIGNON
Y	YMCA/CURVES		N		N	N	N	60.00	ST-TX		STONDF 1045.00 STONE
Z	CALL PAY 3	96.00	N	1	N	N		288.00	STONE2		STUDEN TSA-1
p	PAID TIME OFF - PROBATION	8.00	N	1	N	N		326.92	TSA-2		TSA-C TSA-P
									TSA-R	27870.37	TUTION UNIFOR 412.23
									UN/HOS		

*----- Grand Totals: 19541.83 ----- (Gross: 398148.57 Deductions: 122601.22 Net: 275547.35)
| Checks Count:- FT 203 PT 7 Other 38 Female 215 Male 32 Credit OverAmt 4 ZeroNet Term 1 Total: 247 |

Pay Date
09-21-18

on non CFO
9-17-18

APPROVED
ON

SEP 17 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Nursing Home	IBC Account Number	Previous Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	MMC Portion - Federal Match	Centex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		6,261.38	6,161.38	23,521.29	1,202.93	-	-	24,824.22	24,724.22
							Bank Balance	24,824.22	
							Variance	-	
							Remaining Balance	100.00	
							Adjust Balance/Transfer Amt	24,724.22	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co

JP Morgan Chase Bank

AE

AC

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	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		178.42 ✓	-	8,116.62	-	-	-	8,295.04 8,295.04	8,195.04 ✓
							Bank Balance Variance	-	
							Remaining Balance in Bank	100.00	
							Adjust Balance/Transfer Amt	8,195.04	
Crescent		483.99 ✓	-	15,534.31	-	-	-	16,018.30 16,018.30	15,918.30 ✓
							Bank Balance Variance	-	
							Remaining Balance in Bank	100.00	
							Adjust Balance/Transfer Amt	15,918.30	
Broadmoor		4,847.83 ✓	-	2,185.94	1,225.61	-	-	8,259.38 8,259.38	8,159.38 ✓
							Bank Balance Variance	-	
							Remaining Balance in Bank	100.00	
							Adjust Balance/Transfer Amt	8,159.38	
Fort Bend		4,443.98 ✓	-	24,979.70	1,863.07	-	-	31,286.75 31,286.75	31,186.75 ✓
							Bank Balance Variance	-	
							Remaining Balance in Bank	100.00	
							Adjust Balance/Transfer Amt	31,186.75	
Total IBC Transfers								31,186.75	88,183.69

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
9/17/2018

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		7,928.62 ✓	7,701.01 ✓	110,724.26		110,951.87 ✓	75,214.66
					Bank Balance	110,951.87 ✓	
					Variance	-	
					Leave In Balance	100.00	
					MMC Portion QIPP 1	35,509.60 ✓	
					MMC Portion QIPP 2		
					MMC Portion QIPP 3		
					July Bank Interest	53.08	
					August Bank Interest	74.53	
					Adjust Balance/Transfer Amt	75,214.66	

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co

JP Morgan Chase Bank

ABA

ACCOUNT #

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 West Houston		55,620.44 ✓	55,300.50 ✓	21,554.05			21,873.99 ✓	12,116.71
					Bank Balance		21,873.99 ✓	
					Variance		-	
					Leave In Balance		100.00	
					MMC Portion QIPP 1		9,437.34 ✓	
					MMC Portion QIPP 2			
					MMC Portion QIPP 3			
					July Bank Interest		72.45	
					August Bank Interest		147.49	
					Adjust Balance/Transfer Amt		12,116.71	

Crescent		57,468.13 ✓	57,259.35 ✓	26,440.30			26,649.08 ✓	23,903.90
					Bank Balance		26,649.08 ✓	
					Variance		-	
					Leave In Balance		100.00	
					MMC Portion QIPP 1		2,536.40 ✓	
					MMC Portion QIPP 2			
					MMC Portion QIPP 3			
					July Bank Interest		61.44	
					August Bank Interest		47.34	
					Adjust Balance/Transfer Amt		23,903.90	

Broadmoor		121,207.60 ✓	121,029.34 ✓	36,170.47			36,348.73 ✓	36,127.90
					Bank Balance		36,348.73 ✓	
					Variance		-	
					Leave In Balance		100.00	
					MMC Portion QIPP 1			
					MMC Portion QIPP 2			
					MMC Portion QIPP 3			
					July Bank Interest		78.26	
					August Bank Interest		42.57	
					Adjust Balance/Transfer Amt		36,127.90	

Fort Bend		7,999.59 ✓	7,858.19 ✓	37,180.66			37,322.06 ✓	22,327.08
					Bank Balance		37,322.06 ✓	
					Variance		-	
					Leave In Balance		100.00	
					MMC Portion QIPP 1		10,183.34 ✓	
					MMC Portion QIPP 2		4,670.24 ✓	
					MMC Portion QIPP 3			
					July Bank Interest		21.66	
					August Bank Interest		19.74	
					Adjust Balance/Transfer Amt		22,327.08	

Routing Information for Crescent / Solera at West Houston / Fort Bend:

Cantex Health Care Centers III LLC

JP Morgan Chase Bank

ABA

Account #

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.

75,214.66	+		
12,116.71	+		
23,903.90	+		
36,127.90	+		
22,327.08	+		
169,690.25	*		
		TOTAL TRANSFERS	169,690.25 ✓

Approved:
Diane Moore, CFO

9/17/2018

SEP 17 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Nursing Home	Account Number	Previous Beginning Balance	ACH Transfer-Out	ACH Transfer-In	C/S Cleared	Pending MMC for QIPP	Pending Deposits	Transfer-In	IGT Return of IGT	MMC Portion - Federal Match	MMC Portion - Nexdon Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek	i	2,184.51 ✓	-	97,665.13	-	-	-	-	-	-	-	99,849.64 ✓	75,350.51 ✓
										Bank Balance Variance		99,849.64	
										Leave in Balance		100.00 ✓	
										MMC Portion QIPP 1		24,323.42 ✓	
										MMC Portion QIPP 2			
										MMC Portion QIPP 3			
										July Bank Interest		50.42	
										August Bank Interest		25.29	
										Adjust Balance/Transfer Amt		75,350.51 ✓	

Routing Information for Golden Creek:
Nexdon Health at Golden Creek
Wellis Ennon Bank N.A.,
AB.

Account _____

Approved:  9/10/2018
Diane Moore, CFO

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

Memorial Medical Center Operating

Date Requested: 9/17/18

APPROVED
ON

SEP 17 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$35,509.60

G/L NUMBER: 21000012

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: *[Signature]* CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 9/17/18

A _____

Y _____

E _____

E _____

APPROVED
ON

SEP 17 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

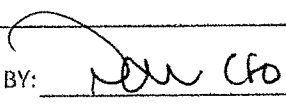
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$24,323.42

G/L NUMBER: 21000013

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating

Date Requested: 9/17/18

A

Y

E

E

APPROVED
ON

SEP 17 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$14,853.58

G/L NUMBER: 21000008

EXPLANATION: Fort Bend - To transfer funds for Comp 1&2 - QIPP payment. (Comp 2 correlates to Molina duplicate

payment in Feb 2018)

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:



MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Memorial Medical Center Operating
A _____
Y _____
E _____
E _____

Date Requested: 9/17/18

APPROVED
ON

SEP 17 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

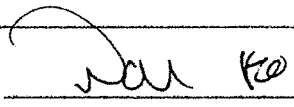
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$9,437.34

G/L NUMBER: 21000011

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: 

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P _____
A _____
Y _____
E _____
E _____

Memorial Medical Center Operating

Date Requested: 8/27/18

APPROVED
ON

SEP 17 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$2,536.40

G/L NUMBER: 21000010

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:  CF