MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- October 17, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 562,179.13
TOTAL TRANSFERS BETWEEN FUNDS	$ 181,721.43
TOTAL NURSING HOME UPL EXPENSES	$ 578,219.23
TOTAL INTER-GOVERNMENT TRANSFERS	$ -
GRAND TOTAL DISBURSEMENTS APPROVED October 17, 2018	$ 1,322,119.79

APPROVED

OCT 17 2018

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 17, 2018

PAYABLES AND PAYROLL			
10/11/2018	Weekly Payables	163,556.88	
10/8/2018	McKesson-340B Prescription Expense	3,201.37	
10/11/2018	Patient Refunds	8,465.18	
10/15/2018	McKesson-340B Prescription Expense	8,601.80	
10/12/2018	Texas Association of Counties-Unemployment	4,045.41	
10/15/2018	Payroll Liabilities (Payroll Taxes)	89,043.47	
10/15/2018	Payroll	280,042.01	
	Electronic Bank Payments		
	Prosperity Electronics Payments		
10/5-10/10/18	Credit Card & Lease Fees	3,815.29	
10/19/2018	Sales Tax for September 2018	1,407.72	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 562,179.13**
TRANSFERS BETWEEN FUNDS			
10/11/2018	Transfer from Prosperity Operating to Prosperity Private Waiver	100,000.00	
10/11/2018	Transfer from IBC Solera to Prosperity Solera-to close IBC Account	15,027.32	
10/11/2018	Transfer from IBC Fort Bend to Propserity Operating-to close IBC Account	26,216.31	
10/11/2018	Transfer from IBC Crescent to Prosperity Operating-to close IBC Account	17,807.96	
10/11/2018	Tranfer from IBC Ashford to Prosperity Operating-to close IBC Account	22,669.84	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 181,721.43**
NURSING HOME UPL EXPENSES			
10/15/2018	Nursing Home UPI	477,645.26	
10/15/2018	Nursing Home UPI	98,165.57	
QIPP/INTEREST CHECKS TO MMC			
10/15/2018	Ashford	2,408.40	
TOTAL NURSING HOME UPL EXPENSES			**$ 578,219.23**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED October 17, 2018			**$ 1,322,119.79**

10/11/2018 MEMORIAL MEDICAL CENTER 0
09:31 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/24/2018

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
18M0155754 ✓		09/30/20	10/03/20	10/23/20		558.00	0.00	0.00	558.00 ✓
	SCHEDULING SERVICES								

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

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
127506 ✓		09/25/20	09/21/20	10/21/20		29.98	0.00	0.00	29.98 ✓
	SUPPLIES Maintenance								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	29.98	0.00	0.00	29.98

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
9080688178 ✓		09/30/20	09/24/20	10/19/20		24.38	0.00	0.00	24.38 ✓
	NITRO REFILL								
9080688179 ✓		09/30/20	09/26/20	10/21/20		63.85	0.00	0.00	63.85 ✓
	CO2								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	88.23	0.00	0.00	88.23

Vendor#	Vendor Name	Class	Pay Code
12172	ALISON KING ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
092718		10/08/20	09/27/20	09/27/20		37.39	0.00	0.00	37.39 ✓
	TRAVEL Dryer Seminar 9/24/18								
100818		10/08/20	10/08/20	10/08/20		286.14	0.00	0.00	286.14 ✓
	TRAVEL HR Workshop 10/4/18 – 10/5/18								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12172	ALISON KING	323.53	0.00	0.00	323.53

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV00067946 ✓		10/03/20	09/18/20	10/18/20		260.87	0.00	0.00	260.87 ✓
	SUPPLIES Freight 43.77								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC	260.87	0.00	0.00	260.87

Vendor#	Vendor Name	Class	Pay Code
A2150	ANNOUNCEMENTS PLUS TOO AGAIN ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
272A ✓		10/10/20	10/01/20	10/11/20		419.54 94	0.00	0.00	419.54 94
	CHECKS 4 sets of checks								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	419.54 94	0.00	0.00	419.54 94

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
505479	SURGERY STAFFING Butte 9/17/18 - 9/20/18	09/30/20	09/27/20	10/20/20		2,586.75	0.00	0.00	2,586.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11756	AYA HEALTHCARE INC	2,586.75	0.00	0.00	2,586.75

Vendor#	Vendor Name	Class	Pay Code
B0436	BARD ACCESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
45465807	SUPPLIES	09/25/20	09/24/20	10/24/20		150.00	0.00	0.00	150.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0436	BARD ACCESS	150.00	0.00	0.00	150.00

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
59948035A	SUPPLIES	10/01/20	07/06/20	07/31/20		381.10	0.00	0.00	381.10
60638183	SUPPLIES	10/01/20	09/07/20	10/02/20		615.42	0.00	0.00	615.42
60698066	SUPPLIES	10/01/20	09/13/20	10/08/20		390.16	0.00	0.00	390.16
60770708	SUPPLIES	10/01/20	09/21/20	10/16/20		810.92	0.00	0.00	810.92
60831263	SUPPLIES	10/01/20	09/27/20	10/22/20		515.43	0.00	0.00	515.43

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	2,713.03	0.00	0.00	2,713.03

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
107304942	SUPPLIES Shipping 235.80	09/30/20	09/24/20	10/19/20		352.65	0.00	0.00	352.65
4345561	Service Charges Quarterly for Microbiology	09/30/20	09/25/20	10/20/20		2,695.00	0.00	0.00	2,695.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	3,047.65	0.00	0.00	3,047.65

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9104346624	SUPPLIES Shipping 50.00	10/01/20	07/10/20	08/09/20		911.99	0.00	0.00	911.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)	911.99	0.00	0.00	911.99

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
BK00943290	MEDICARE COST RPRT	10/09/20	09/29/20	10/24/20		6,610.00	0.00	0.00	6,610.00
BK00943177	DSH/UC FILING/ DY5 AUDIT	10/09/20	09/29/20	10/24/20		5,469.00	0.00	0.00	5,469.00
BK00943178	RHC AUDITING	10/09/20	09/29/20	10/24/20		2,142.00	0.00	0.00	2,142.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10599	BKD, LLP	14,221.00	0.00	0.00	14,221.00

Vendor#	Vendor Name	Class	Pay Code
B1650	BOSART LOCK & KEY INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
115714 ✓		10/01/20	09/20/20	10/20/20		35.00	0.00	0.00	35.00 ✓
	LABOR on door lock assembly								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	35.00	0.00	0.00	35.00

Vendor#	Vendor Name	Class	Pay Code
B1800	BRIGGS HEALTHCARE ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
B116219 ✓		10/01/20	09/06/20	09/26/20		154.47	0.00	0.00	154.47 ✓
	SUPPLIES Shipping W4y								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE	154.47	0.00	0.00	154.47

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
102418		10/10/20	10/24/20	10/24/20		144.47	0.00	0.00	144.47 ✓
	FUEL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	144.47	0.00	0.00	144.47

Vendor#	Vendor Name	Class	Pay Code
11295	CALHOUN COUNTY INDIGENT ACCOUN ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100418		10/09/20	10/04/20	10/04/20		130.00	0.00	0.00	130.00 ✓
	INDIGENT CO PAYS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	130.00	0.00	0.00	130.00

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
715810 ✓		10/01/20	09/18/20	10/18/20		348.12	0.00	0.00	348.12 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	348.12	0.00	0.00	348.12

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
4902262 ✓		10/01/20	08/31/20	09/26/20		274.22	0.00	0.00	274.22 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2157	COOPER SURGICAL INC	274.22	0.00	0.00	274.22

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
5499760 ✓		09/30/20	09/26/20	10/21/20		177.28	0.00	0.00	177.28 ✓
	SUPPLIES								
5497440 ✓		10/01/20	09/25/20	10/20/20		32.49	0.00	0.00	32.49 ✓
	SUPPLIES								

5499230		10/01/20	09/26/20	10/21/20		89.43	0.00	0.00	89.43
SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	299.20	0.00	0.00	299.20

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7715		10/09/20	03/31/20	04/25/20			505.00	0.00	0.00	505.00
	MARCH TREATMENT									
8637		10/09/20	06/30/20	07/25/20			105.00	0.00	0.00	105.00
	JUNE TREATMENT									
8638		10/09/20	06/30/20	07/25/20			505.00	0.00	0.00	505.00
	JUNE TREATMENT									
8997		10/09/20	07/31/20	08/25/20			505.00	0.00	0.00	505.00
	JULY TREATMENT									
9340		10/09/20	08/31/20	09/25/20			105.00	0.00	0.00	105.00
	AUGUST TREATMENT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	1,725.00	0.00	0.00	1,725.00

Vendor#	Vendor Name	Class	Pay Code
D1710	DOWNTOWN CLEANERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
093018		10/08/20	09/30/20	10/10/20			494.20	0.00	0.00	494.20
	LAUNDRY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	494.20	0.00	0.00	494.20

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
71256		10/03/20	10/02/20	10/22/20			127.75	0.00	0.00	127.75
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC	127.75	0.00	0.00	127.75

Vendor#	Vendor Name	Class	Pay Code
R1185	FARAH JANAK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
100418		10/09/20	10/04/20	10/04/20			76.85	0.00	0.00	76.85
	TRAVEL Radiology Advisory Committee Meeting 10/3/18									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1185	FARAH JANAK	76.85	0.00	0.00	76.85

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
10A12SLHF		10/10/20	09/30/20	10/15/20			495.00	0.00	0.00	495.00
	WEBSITE									

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
630624939		10/09/20	09/13/20	10/08/20			56.64	0.00	0.00	56.64
	SHIPPING									

631301941	10/10/20 09/20/20 10/15/20			39.50	0.00	0.00	39.50
SHIPPING							
632029628	10/10/20 09/27/20 10/22/20			111.82	0.00	0.00	111.82
SHIPPING							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.		207.96	0.00	0.00	207.96

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
5725579		09/30/20	09/25/20	10/20/20		1,164.10	0.00	0.00	1,164.10
	SUPPLIES								
5725853		09/30/20	09/25/20	10/20/20		42.30	0.00	0.00	42.30
	SUPPLIES								
9197575		10/01/20	08/21/20	09/15/20		775.36	0.00	0.00	775.36
	SUPPLIES								
5604022		10/01/20	08/28/20	09/22/20		28.81	0.00	0.00	28.81
	SUPPLIES								
2517084		10/01/20	09/11/20	10/06/20		148.31	0.00	0.00	148.31
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE				2,158.88	0.00	0.00	2,158.88

Vendor#	Vendor Name	Class	Pay Code
11184	FLDR DESIGNS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
15242		09/30/20	09/28/20	10/20/20		1,122.81	0.00	0.00	1,122.81
	SUPPLIES Shipping 72.81								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11184	FLDR DESIGNS LLC				1,122.81	0.00	0.00	1,122.81

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
100818		10/09/20	10/08/20	10/08/20		6,191.15	0.00	0.00	6,191.15
	TRANSFER Pymt card to MMC in error								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE				6,191.15	0.00	0.00	6,191.15

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
9594685795		09/30/20	09/24/20	10/19/20		97.32	0.00	0.00	97.32
	REPAIRS PT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	W1300	GRAINGER				97.32	0.00	0.00	97.32

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
1559089		09/01/20	09/18/20	10/18/20		368.03	0.00	0.00	368.03
	SUPPLIES								
1525675		10/01/20	07/10/20	08/09/20		50.80	0.00	0.00	50.80
	SUPPLIES								
1560736		10/01/20	09/20/20	10/20/20		72.74	0.00	0.00	72.74
	SUPPLIES								

1561285		10/01/20 09/21/20 10/21/20		114.68	0.00	0.00	114.68	
SUPPLIES								
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	G1210	GULF COAST PAPER COMPANY		606.25	0.00	0.00	606.25	
Vendor#	Vendor Name		Class	Pay Code				
11102	GULF COAST REGIONAL							
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1895		09/26/20 09/19/20 10/19/20		500.00	0.00	0.00	500.00	
	SRA AGREEMENT							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	11102	GULF COAST REGIONAL		500.00	0.00	0.00	500.00	
Vendor#	Vendor Name		Class	Pay Code				
11267	HEALTH EFILINGS LLC							
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
MEM0042006		10/08/20 08/08/20 10/18/20		6,665.00	0.00	0.00	6,665.00	
	PROVIDER FEE							
MEM0041007		10/08/20 10/01/20 10/15/20		6,665.00	0.00	0.00	6,665.00	
	PROVIDER FEE B							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	11267	HEALTH EFILINGS LLC		13,330.00	0.00	0.00	13,330.00	
Vendor#	Vendor Name		Class	Pay Code				
12176	HEALTHCARE RESOURCE GROUP, INC							
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
401171		10/09/20 08/31/20 09/30/20		5,656.55	0.00	0.00	5,656.55	
	REVENUE CYCLE ASSESSME							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	12176	HEALTHCARE RESOURCE GROUP, INC		5,656.55	0.00	0.00	5,656.55	
Vendor#	Vendor Name		Class	Pay Code				
10442	INTERSTATE ALL BATTERY CENTER							
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
190110108077		09/25/20 09/20/20 10/20/20		159.80	0.00	0.00	159.80	
	BATTERY							
1901102013569		09/25/20 09/20/20 10/20/20		379.90	0.00	0.00	379.90	
	BATTERY							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	10442	INTERSTATE ALL BATTERY CENTER		~~538.80~~ 539.70	0.00	0.00	~~538.80~~ 539.70	
Vendor#	Vendor Name		Class	Pay Code				
11200	IRON MOUNTAIN							
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
AGCF518		10/10/20 09/30/20 09/30/20		397.00	0.00	0.00	397.00	
	SHRED SERVICE							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	11200	IRON MOUNTAIN		397.00	0.00	0.00	397.00	
Vendor#	Vendor Name		Class	Pay Code				
10285	JAMES A DANIEL							
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
10-8-18		10/08/20 10/08/20 10/08/20		1,500.00	0.00	0.00	1,500.00	
	RENT PILOT HOUSE							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	10285	JAMES A DANIEL		1,500.00	0.00	0.00	1,500.00	
Vendor#	Vendor Name		Class	Pay Code				
J1415	JOHNSTONE SUPPLY		W					

6019107

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6049107		10/09/20	10/03/20	10/13/20		49.99	0.00	0.00	49.99
	SUPPLIES								
6018957		10/09/20	10/03/20	10/13/20		186.92	0.00	0.00	186.92
	SUPPLIES								
6018900		10/09/20	10/03/20	10/13/20		164.95	0.00	0.00	164.95
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	401.86	0.00	0.00	401.86

Vendor#	Vendor Name	Class	Pay Code
M1511	MARKETLAB, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN00539348		09/25/20	09/24/20	10/24/20		24.68	0.00	0.00	24.68
4	SUPPLIES shipping 12.68								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	24.68	0.00	0.00	24.68

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
36069462		09/25/20	09/18/20	10/18/20		421.19	0.00	0.00	421.19
	SUPPLIES freight 21.65								
35092922		10/01/20	09/04/20	10/04/20		2,009.00	0.00	0.00	2,009.00
	SUPPLIES freight 20.00								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	2,430.19	0.00	0.00	2,430.19

Vendor#	Vendor Name	Class	Pay Code
11203	MEDI-DOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0701683		10/01/20	09/24/20	10/24/20		91.00	0.00	0.00	91.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC	91.00	0.00	0.00	91.00

Vendor#	Vendor Name	Class	Pay Code
M2470	MEDLINE INDUSTRIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1859465834		09/30/20	09/25/20	10/20/20		23.84	0.00	0.00	23.84
	SUPPLIES freight 18.34								
1859465836		09/30/20	09/25/20	10/20/20		57.61	0.00	0.00	57.61
	SUPPLIES								
1859465848		09/30/20	09/25/20	10/20/20		1,931.39	0.00	0.00	1,931.39
	SUPPLIES freight 17.27								
1859465847		09/30/20	09/25/20	10/20/20		103.35	0.00	0.00	103.35
	SUPPLIES freight 15.01								
1859465842		09/30/20	09/25/20	10/20/20		177.09	0.00	0.00	177.09
	SUPPLIES freight 51.09								
1859547065		09/30/20	09/25/20	10/20/20		670.91	0.00	0.00	670.91
	SUPPLIES freight 110.54								
1859465846		09/30/20	09/25/20	10/20/20		1,676.94	0.00	0.00	1,676.94
	SUPPLIES								
1859465832		09/30/20	09/25/20	10/20/20		143.12	0.00	0.00	143.12
	SUPPLIES								

1859465845	09/30/20	09/25/20	10/20/20	102.67	0.00	0.00	102.67
SUPPLIES							
1859465844	09/30/20	09/25/20	10/20/20	31.97	0.00	0.00	31.97
SUPPLIES Freight 17.73							
1859465839	09/30/20	09/25/20	10/20/20	1,550.31	0.00	0.00	1,550.31
SUPPLIES							
1859465835	09/30/20	09/25/20	10/20/20	82.18	0.00	0.00	82.18
SUPPLIES Freight 16.73							
185954884	09/30/20	09/26/20	10/21/20	48.57	0.00	0.00	48.57
SUPPLIES							
1859594885	09/30/20	09/26/20	10/21/20	90.95	0.00	0.00	90.95
SUPPLIES							
1859646123	09/30/20	09/27/20	10/22/20	233.68	0.00	0.00	233.68
SUPPLIES							
1859646125	09/30/20	09/27/20	10/22/20	276.42	0.00	0.00	276.42
SUPPLIES Freight 10.72							
1859646124	09/30/20	09/27/20	10/22/20	1.14	0.00	0.00	1.14
SUPPLIES							
1859646128	09/30/20	09/27/20	10/22/20	100.26	0.00	0.00	100.26
SUPPLIES Freight 24.19							
1859646127	09/30/20	09/27/20	10/22/20	38.59	0.00	0.00	38.59
SUPPLIES Freight 16.23							
1859646126	09/30/20	09/27/20	10/22/20	132.22	0.00	0.00	132.22
SUPPLIES Freight 28.41							
1855325184	10/01/20	08/10/20	09/04/20	2,386.70	0.00	0.00	2,386.70
SUPPLIES							
1858231359	10/01/20	09/06/20	10/01/20	111.00	0.00	0.00	111.00
SUPPLIES							
1858382444	10/01/20	09/08/20	10/03/20	119.26	0.00	0.00	119.26
SUPPLIES							
1858382435	10/01/20	09/08/20	10/03/20	171.39	0.00	0.00	171.39
SUPPLIES							
1858382436	10/01/20	09/08/20	10/03/20	200.00	0.00	0.00	200.00
SUPPLIES							
1858382443	10/01/20	09/08/20	10/03/20	100.00	0.00	0.00	100.00
SUPPLIES							
1858646681	10/01/20	09/12/20	10/07/20	131.90	0.00	0.00	131.90
SUPPLIES							
1858742488	10/01/20	09/13/20	10/08/20	307.28	0.00	0.00	307.28
SUPPLIES Freight 17.28							
1859106959	10/01/20	09/19/20	10/14/20	163.43	0.00	0.00	163.43
SUPPLIES							
1859594886	10/03/20	09/26/20	10/21/20	353.65	0.00	0.00	353.65
SUPPLIES Freight 15.50							
1701991618	10/08/20	09/29/20	10/24/20	209.84	0.00	0.00	209.84
INTEREST							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	11,727.66	0.00	0.00	11,727.66

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8800330127		09/25/20	09/19/20	10/19/20			485.61	0.00	0.00	485.61

		SUPPLIES								
	8800328753		10/01/20	09/17/20	10/17/20		468.34	0.00	0.00	468.34
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				953.95	0.00	0.00	953.95
Vendor#	Vendor Name				Class	Pay Code				
M2650	METLIFE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	100118		10/08/20	10/01/20	10/01/20		131.52	0.00	0.00	131.52
		INSURANCE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2650	METLIFE				131.52	0.00	0.00	131.52
Vendor#	Vendor Name				Class	Pay Code				
11976	MID-COAST ELECTRIC SUPPLY, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	176364100		10/09/20	08/08/20	09/08/20		113.04	0.00	0.00	113.04
		SUPPLIES								
	176364201		10/09/20	08/09/20	09/09/20		26.24	0.00	0.00	26.24
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11976	MID-COAST ELECTRIC SUPPLY, INC				139.28	0.00	0.00	139.28
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
	100418		10/09/20	10/04/20	10/04/20		90.26	0.00	0.00	90.26
		PAYROLL DED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				90.26	0.00	0.00	90.26
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
	100818		10/10/20	10/08/20	10/08/20		4,410.47	0.00	0.00	4,410.47
		INSURANCE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				4,410.47	0.00	0.00	4,410.47
Vendor#	Vendor Name				Class	Pay Code				
10680	MMC EMPLOYEES ACTIVITES TEAM									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	101018		10/10/20	10/10/20			1,140.00	0.00	0.00	1,140.00
		PAYROLL DED CALHOUN SHII								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10680	MMC EMPLOYEES ACTIVITES TEAM				1,140.00	0.00	0.00	1,140.00
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
	7991		09/30/20	09/25/20	10/20/20		-1,572.29	0.00	0.00	-1,572.29
		CREDIT								
	3336541		10/09/20	10/01/20	10/11/20		26.49	0.00	0.00	26.49
		INVENTORY								
	3334297		10/09/20	10/01/20	10/11/20		578.40	0.00	0.00	578.40
		INVENTORY								

3336630		10/09/20	10/01/20	10/11/20	2,931.12	0.00	0.00	2,931.12
3336631	INVENTORY	10/09/20	10/01/20	10/11/20	1,619.53	0.00	0.00	1,619.53
3336632	INVENTORY	10/09/20	10/01/20	10/11/20	280.26	0.00	0.00	280.26
3341682	INVENTORY	10/09/20	10/02/20	10/12/20	666.82	0.00	0.00	666.82
9035	INVENTORY	10/09/20	10/02/20	10/12/20	-35.90	0.00	0.00	-35.90
3341213	CREDIT	10/09/20	10/02/20	10/12/20	166.72	0.00	0.00	166.72
3341215	INVENTORY	10/09/20	10/02/20	10/12/20	798.65	0.00	0.00	798.65
3341216	INVENTORY	10/09/20	10/02/20	10/12/20	17.56	0.00	0.00	17.56
3340800	INVENTORY	10/09/20	10/02/20	10/12/20	48.35	0.00	0.00	48.35
9042	INVENTORY	10/09/20	10/02/20	10/12/20	-7.35	0.00	0.00	-7.35
3341214	CREDIT	10/09/20	10/02/20	10/12/20	25.28	0.00	0.00	25.28
CM81416	INVENTORY	10/09/20	10/02/20	10/12/20	-224.17	0.00	0.00	-224.17
3352201	CREDIT	10/09/20	10/04/20	10/14/20	4.49	0.00	0.00	4.49
3352199	INVENTORY	10/09/20	10/04/20	10/14/20	28.17	0.00	0.00	28.17
3352200	INVENTORY	10/09/20	10/04/20	10/14/20	2,670.76	0.00	0.00	2,670.76
3352198	SUPPLIES	10/09/20	10/04/20	10/14/20	117.62	0.00	0.00	117.62
SC9842	INVENTORY	10/10/20	10/03/20	10/13/20	26.76	0.00	0.00	26.76
SC9841	SERVICE CHARGE	10/10/20	10/03/20	10/13/20	25.37	0.00	0.00	25.37
3364483	SERVICE CHARGE	10/10/20	10/08/20	10/18/20	22.20	0.00	0.00	22.20
3365236	INVENTORY	10/10/20	10/08/20	10/18/20	663.05	0.00	0.00	663.05
3361701	INVENTORY	10/10/20	10/08/20	10/18/20	47.29	0.00	0.00	47.29
3365237	INVENTORY	10/10/20	10/08/20	10/18/20	294.61	0.00	0.00	294.61
3365235	INVENTORY	10/10/20	10/08/20	10/18/20	1,123.36	0.00	0.00	1,123.36
3369175	INVENTORY	10/10/20	10/09/20	10/19/20	12.55	0.00	0.00	12.55
3367610	INVENTORY	10/10/20	10/09/20	10/19/20	43.58	0.00	0.00	43.58
3367611	INVENTORY	10/10/20	10/09/20	10/19/20	27.50	0.00	0.00	27.50

	3369883		10/10/20	10/09/20	10/19/20			329.57	0.00	0.00	329.57
		INVENTORY									
	3369174		10/10/20	10/09/20	10/19/20			61.28	0.00	0.00	61.28
		INVENTORY									
	3369173		10/10/20	10/09/20	10/19/20			6.27	0.00	0.00	6.27
		Inventory									
	3369882		10/10/20	10/09/20	10/19/20			741.29	0.00	0.00	741.29
		INVENTORY									
	3369881		10/10/20	10/09/20	10/19/20			23.40	0.00	0.00	23.40
		INVENTORY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC					11,588.59	0.00	0.00	11,588.59
Vendor#	Vendor Name				Class	Pay Code					
A2252	NADINE GARNER				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	100218		10/09/20	10/02/20	10/02/20			60.82	0.00	0.00	60.82
		TRAVEL - Mask fitting test in Wmd 9/18/18									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		A2252	NADINE GARNER					60.82	0.00	0.00	60.82
Vendor#	Vendor Name				Class	Pay Code					
O1500	OLYMPUS AMERICA INC				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	INU177107		09/30/20	09/24/20	10/19/20			10.00	0.00	0.00	10.00
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		O1500	OLYMPUS AMERICA INC					10.00	0.00	0.00	10.00
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
	2041143193		09/30/20	09/18/20	10/18/20			129.42	0.00	0.00	129.42
		SUPPLIES									
	2041219388		09/30/20	09/20/20	10/20/20			131.26	0.00	0.00	131.26
		SUPPLIES									
	2041219870		09/30/20	09/20/20	10/20/20			50.82	0.00	0.00	50.82
		SUPPLIES									
	2041220844		09/30/20	09/20/20	10/20/20			48.63	0.00	0.00	48.63
		SUPPLIES									
	2041219544		09/30/20	09/20/20	10/20/20			72.50	0.00	0.00	72.50
		SUPPLIES									
	2038031506		10/01/20	05/29/20	06/28/20			626.19	0.00	0.00	626.19
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR					1,058.82	0.00	0.00	1,058.82
Vendor#	Vendor Name				Class	Pay Code					
P0706	PALACIOS BEACON				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	303055800		10/08/20	09/21/20	10/21/20			165.00	0.00	0.00	165.00
		AD									
	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					

11155 PARA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4335	REVENUE INTEG. PRGRM	10/08/20	08/01/20	10/18/20		2,000.00	0.00	0.00	2,000.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARA	2,000.00	0.00	0.00	2,000.00

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
100418	REPLENISH PW ACCOUNT	10/09/20	10/04/20	10/04/20		100,000.00	0.00	0.00	100,000.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10782	PRIVATE WAIVER CLEARING ACCT	100,000.00	0.00	0.00	100,000.00

Vendor# Vendor Name — Class — Pay Code

R1471 RESPIRONICS, INC. — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
943235522	RENTAL	09/30/20	09/20/20	10/20/20		31.53	0.00	0.00	31.53

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1471	RESPIRONICS, INC.	31.53	0.00	0.00	31.53

Vendor# Vendor Name — Class — Pay Code

10645 REVISTA de VICTORIA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
09201826	AD	10/08/20	09/21/20	10/21/20		240.00	0.00	0.00	240.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10645	REVISTA de VICTORIA	240.00	0.00	0.00	240.00

Vendor# Vendor Name — Class — Pay Code

11764 ROBERT RODRIGUEZ

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100318	FOOD SUPPLIES FOR EVENT	10/09/20	10/03/20	10/03/20		91.30	0.00	0.00	91.30

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11764	ROBERT RODRIGUEZ	91.30	0.00	0.00	91.30

Vendor# Vendor Name — Class — Pay Code

10699 SIGN AD, LTD.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
230247	AD	10/09/20	10/01/20	10/11/20		775.00	0.00	0.00	775.00
230254	AD	10/09/20	10/01/20	10/11/20		380.00	0.00	0.00	380.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	1,155.00	0.00	0.00	1,155.00

Vendor# Vendor Name — Class — Pay Code

S2270 SMILE MAKERS — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8409495	STICKERS Freight 17.99	10/09/20	09/26/20	10/21/20		77.98	0.00	0.00	77.98

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS	77.98	0.00	0.00	77.98

Vendor# Vendor Name — Class — Pay Code

11828 SOLERA WEST HOUSTON

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	100318		10/09/20	10/03/20	10/03/20		1,500.00	0.00	0.00	1,500.00
		TRANSFER Pymt sent to MMC in error								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11828	SOLERA WEST HOUSTON				1,500.00	0.00	0.00	1,500.00
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
	3380115		10/01/20	06/21/20	07/21/20		3,140.95	0.00	0.00	3,140.95
		SUPPLIES Shipping 14.15								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10735	STRYKER SUSTAINABILITY				3,140.95	0.00	0.00	3,140.95
Vendor#	Vendor Name				Class	Pay Code				
T2539	T-SYSTEM, INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	205EV41396		09/30/20	09/30/20	10/20/20		1,144.00	0.00	0.00	1,144.00
		CLOUD HOSTING								
	205EV41391		09/30/20	09/30/20	10/20/20		4,555.00	0.00	0.00	4,555.00
		TRACKING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC				5,699.00	0.00	0.00	5,699.00
Vendor#	Vendor Name				Class	Pay Code				
11824	THE CRESCENT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	100318A		10/09/20	10/03/20	10/03/20		4,500.00	0.00	0.00	4,500.00
		TRANSFER								
	100318		10/09/20	10/03/20	10/03/20		4,500.00	0.00	0.00	4,500.00
		TRANSFER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11824	THE CRESCENT				9,000.00	0.00	0.00	9,000.00
Vendor#	Vendor Name				Class	Pay Code				
12168	TRANSCAT, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	11801899		09/30/20	09/18/20	10/18/20		750.00	0.00	0.00	750.00
		ONSITE SERVICE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12168	TRANSCAT, INC.				750.00	0.00	0.00	750.00
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
	8400283582		09/25/20	09/24/20	10/19/20		126.64	0.00	0.00	126.64
		LAUNDRY								
	8400283614		09/30/20	09/24/20	10/19/20		85.24	0.00	0.00	85.24
		LAUNDRY								
	8400283584		09/30/20	09/24/20	10/19/20		47.15	0.00	0.00	47.15
		LAUNDRY								
	8400283585		09/30/20	09/24/20	10/19/20		72.71	0.00	0.00	72.71
		LAUNDRY								
	8400283583		09/30/20	09/24/20	10/19/20		153.86	0.00	0.00	153.86
		LAUNDRY								
	8400283581		09/30/20	09/24/20	10/19/20		120.39	0.00	0.00	120.39

	LAUNDRY							
	8400283620 ✓	09/30/20 09/24/20 10/19/20			1,343.07	0.00	0.00	1,343.07 ✓
	LAUNDRY							
	8400283910 ✓	09/30/20 09/27/20 10/22/20			153.50	0.00	0.00	153.50 ✓
	LAUNDRY							
	8400283907 ✓	09/30/20 09/27/20 10/22/20			17.00	0.00	0.00	17.00 ✓
	LAUNDRY							
	8400283955 ✓	09/30/20 09/27/20 10/22/20			1,025.82	0.00	0.00	1,025.82 ✓
	LAUNDRY							
	8400286348 ✓	10/01/20 09/24/20 10/19/20			122.49	0.00	0.00	122.49 ✓
	LAUNDRY							
	Vendor Totals Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			3,267.87	0.00	0.00	3,267.87
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
	093018	10/08/20 09/30/20	09/30/20		39,819.18	0.00	0.00	39,819.18 ✓
	ANESTHESIA SERVICES							
	Vendor Totals Number	Name			Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHESIOLOGY			39,819.18	0.00	0.00	39,819.18
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
	9110573674 ✓	09/30/20 09/24/20	10/19/20		437.10	0.00	0.00	437.10 ✓
	SUPPLIES							
	Vendor Totals Number	Name			Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC			437.10	0.00	0.00	437.10

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	263,555.58	0.00	0.00	263,555.58

pg 1 correction { <419.54> +419.94

pg 6 correction { <538.80> + 539.70

263,556.88

Transfer of private waiver funds — 100,000.00

$163,556.88

APPROVED ON

OCT 11 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

263,555.58 +
419.54 −
419.94 +
538.80 −
539.70 +
263,556.88 *

Showing transfer of operating to Private Waiver separately.

263,556.88 +
100,000.00 −
163,556.88 *

CK#
177903–
177975

RUN DATE:10/17/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:25 CHECK REGISTER GLCKREG
10/17/18 THRU 10/17/18

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA *	000033	10/17/18	2,408.40	MMC OPERATING
A/P *	001003	10/17/18	8,601.80	McKesson
A/P	177903	10/17/18	558.00	ABILITY NETWORK (SHIFTHOUND)
A/P	177904	10/17/18	29.98	ACE HARDWARE 15521
A/P	177905	10/17/18	88.23	AIRGAS USA, LLC - CENTRAL DIV
A/P	177906	10/17/18	323.53	ALISON KING
A/P	177907	10/17/18	260.87	ALPHA TEC SYSTEMS INC
A/P	177908	10/17/18	419.94	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	177909	10/17/18	2,586.75	AYA HEALTHCARE INC
A/P	177910	10/17/18	150.00	BARD ACCESS
A/P	177911	10/17/18	2,713.03	BAXTER HEALTHCARE
A/P	177912	10/17/18	3,047.65	BECKMAN COULTER INC
A/P	177913	10/17/18	911.99	BECTON, DICKINSON & CO (BD)
A/P	177914	10/17/18	14,221.00	BKD, LLP
A/P	177915	10/17/18	35.00	BOSART LOCK & KEY INC
A/P	177916	10/17/18	154.47	BRIGGS HEALTHCARE
A/P	177917	10/17/18	144.47	CALHOUN COUNTY
A/P	177918	10/17/18	130.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	177919	10/17/18	348.12	CONMED CORPORATION
A/P	177920	10/17/18	274.22	COOPER SURGICAL INC
A/P	177921	10/17/18	299.20	DEWITT POTH & SON
A/P	177922	10/17/18	1,725.00	DOWELL PEST CONTROL
A/P	177923	10/17/18	494.20	DOWNTOWN CLEANERS
A/P	177924	10/17/18	127.75	EAGLE FIRE & SAFETY INC
A/P	177925	10/17/18	76.85	FARAH JANAK
A/P	177926	10/17/18	495.00	FASTHEALTH CORPORATION
A/P	177927	10/17/18	207.96	FEDERAL EXPRESS CORP.
A/P	177928	10/17/18	2,158.88	FISHER HEALTHCARE
A/P	177929	10/17/18	1,122.81	FLDR DESIGNS LLC
A/P	177930	10/17/18	6,191.15	GOLDENCREEK HEALTHCARE
A/P	177931	10/17/18	97.32	GRAINGER
A/P	177932	10/17/18	606.25	GULF COAST PAPER COMPANY
A/P	177933	10/17/18	500.00	GULF COAST REGIONAL
A/P	177934	10/17/18	13,330.00	HEALTH EFILINGS LLC
A/P	177935	10/17/18	5,656.55	HEALTHCARE RESOURCE GROUP, INC
A/P	177936	10/17/18	539.70	INTERSTATE ALL BATTERY CENTER
A/P	177937	10/17/18	397.00	IRON MOUNTAIN
A/P	177938	10/17/18	1,500.00	JAMES A DANIEL
A/P	177939	10/17/18	401.86	JOHNSTONE SUPPLY
A/P	177940	10/17/18	24.68	MARKETLAB, INC
A/P	177941	10/17/18	2,430.19	MCKESSON MEDICAL SURGICAL INC
A/P	177942	10/17/18	91.00	MEDI-DOSE, INC
A/P	177943	10/17/18	.00	VOIDED
A/P	177944	10/17/18	.00	VOIDED
A/P	177945	10/17/18	.00	VOIDED
A/P	177946	10/17/18	11,727.66	MEDLINE INDUSTRIES INC
A/P	177947	10/17/18	953.95	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	177948	10/17/18	131.52	METLIFE
A/P	177949	10/17/18	139.28	MID-COAST ELECTRIC SUPPLY, INC
A/P	177950	10/17/18	90.26	MMC AUXILIARY GIFT SHOP

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	177951	10/17/18	4,410.47	MMC EMPLOYEE BENEFIT PLAN
A/P	177952	10/17/18	1,140.00	MMC EMPLOYEES ACTIVITES TEAM
A/P	177953	10/17/18	.00	VOIDED
A/P	177954	10/17/18	.00	VOIDED
A/P	177955	10/17/18	11,588.59	MORRIS & DICKSON CO, LLC
A/P	177956	10/17/18	60.82	NADINE GARNER
A/P	177957	10/17/18	10.00	OLYMPUS AMERICA INC
A/P	177958	10/17/18	1,058.82	OWENS & MINOR
A/P	177959	10/17/18	165.00	PALACIOS BEACON
A/P	177960	10/17/18	2,000.00	PARA
A/P	177961	10/17/18	100,000.00	PRIVATE WAIVER CLEARING ACCT
A/P	177962	10/17/18	31.53	RESPIRONICS, INC.
A/P	177963	10/17/18	240.00	REVISTA de VICTORIA
A/P	177964	10/17/18	91.30	ROBERT RODRIGUEZ
A/P	177965	10/17/18	1,155.00	SIGN AD, LTD.
A/P	177966	10/17/18	77.98	SMILE MAKERS
A/P	177967	10/17/18	1,500.00	SOLERA WEST HOUSTON
A/P	177968	10/17/18	3,140.95	STRYKER SUSTAINABILITY
A/P	177969	10/17/18	5,699.00	T-SYSTEM, INC
A/P	177970	10/17/18	4,045.41	TEXAS ASSOCIATION OF COUNTIES
A/P	177971	10/17/18	9,000.00	THE CRESCENT
A/P	177972	10/17/18	750.00	TRANSCAT, INC.
A/P	177973	10/17/18	3,267.87	UNIFIRST HOLDINGS INC
A/P	177974	10/17/18	39,819.18	VICTORIA ANESTHESIOLOGY
A/P	177975	10/17/18	437.10	WERFEN USA LLC
A/P	177976	10/17/18	1,568.70	[redacted]
A/P	177977	10/17/18	262.04	
A/P	177978	10/17/18	618.82	
A/P	177979	10/17/18	34.52	
A/P	177980	10/17/18	73.57	
A/P	177981	10/17/18	72.94	
A/P	177982	10/17/18	65.39	
A/P	177983	10/17/18	48.58	
A/P	177984	10/17/18	94.41	
A/P	177985	10/17/18	2,065.65	
A/P	177986	10/17/18	1,087.04	
A/P	177987	10/17/18	79.00	
A/P	177988	10/17/18	89.91	
A/P	177989	10/17/18	228.40	
A/P	177990	10/17/18	910.00	
A/P	177991	10/17/18	129.38	
A/P	177992	10/17/18	106.40	
A/P	177993	10/17/18	25.00	
A/P	177994	10/17/18	531.89	
A/P	177995	10/17/18	136.72	
A/P	177996	10/17/18	70.00	
A/P	177997	10/17/18	85.20	
A/P	177998	10/17/18	81.62	
TOTALS:			287,077.67	

Payables	163,556.88	+
Patient Refund	8,465.18	+
McKesson	8,601.80	+
Critical	4,045.41	+
Transfer	100,000.00	+
QIPP	2,408.40	+
	287,077.67	*

APPROVED
ON

OCT 17 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: 10/05/2018 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 10/06/2018

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

As of: 10/05/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 10/06/2018 ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 3,267.20 USD

Future Due: 0.00

Past Due: 23.67-

Last Payment 2,451.97
08/07/2017

If Paid By 10/09/2018,
Pay This Amount: 3,201.37 USD ✓

If Paid After 10/09/2018,
Pay this Amount: 3,267.20 USD

Due If Paid On Time:
USD 3,201.37

Disc lost if paid late:
65.83

Due If Paid Late:
USD 3,267.20

APPROVED
ON
OCT 08 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

986.28 +
2,147.12 +
67.97 +
3,201.37 *

McKESSON

Company: 8000

STATEMENT

As of: 10/05/2018 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 10/06/2018

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: 10/05/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 10/06/2018 **ITEMS NOT PAID (✓)**

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
10/01/2018	10/09/2018	7894927795	0959800048	115Invoice	5.20	259.76		254.56 ✓		7894927795	
10/02/2018	10/09/2018	7895163053	0959800049	115Invoice	0.01	0.32		0.31 ✓		7895163053	
10/03/2018	10/09/2018	7895397410	0959800050	115Invoice	7.73	386.39		378.66 ✓		7895397410	
10/04/2018	10/09/2018	7895628676	0959800051	115Invoice	7.17	358.68		351.51 ✓		7895628676	
10/04/2018	10/09/2018	7895628677	1003180707-00	115Invoice	0.03	1.27		1.24 ✓		7895628677	

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: 1,006.42 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,755.47
10/01/2018

If Paid By 10/09/2018,
Pay This Amount: 986.28 USD ✓

If Paid After 10/09/2018,
Pay this Amount: 1,006.42 USD

Due If Paid On Time:
USD 986.28

Disc lost If paid late: 20.14

Due If Paid Late:
USD 1,006.42

APPROVED
ON

OCT 08 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/05/2018
DC: 8115
Territory: 400
Customer: 262252
Date: 10/06/2018

Page: 001

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

As of: 10/05/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 10/06/2018 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											
10/01/2018	10/09/2018	7894928341	1001313996	115Invoice	1.70	84.88		83.18 ✓		7894928341	
10/01/2018	10/09/2018	7894928342	1001315013	115Invoice	20.98	1,049.22		1,028.24 ✓		7894928342	
10/01/2018	10/09/2018	7894928343	1001315435	115Invoice	1.50	75.02		73.52 ✓		7894928343	
10/01/2018	10/01/2018	7894992217	MFC PR CORR CR	Pricing Cor		23.67-	P	23.67- P ✓		7894992217	
10/01/2018	10/09/2018	7894992218	MFC PR CORR IN	Pricing Cor	3.52	176.17		172.65 ✓		7894992218	
10/02/2018	10/09/2018	7895165732	1001315816	115Invoice	1.03	51.36		50.33 ✓		7895165732	
10/03/2018	10/09/2018	7895407342	1001316548	115Invoice	1.91	95.72		93.81 ✓		7895407342	
10/03/2018	10/09/2018	7895407344	1001316548	115Invoice	0.54	26.89		26.35 ✓		7895407344	
10/04/2018	10/09/2018	7895622201	1001317250	115Invoice	1.22	61.03		59.81 ✓		7895622201	
10/05/2018	10/09/2018	7895879732	1001317981	115Invoice	11.90	594.80		582.90 ✓		7895879732	

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: 2,191.42 USD

Future Due: 0.00

Past Due: 23.67-

Last Payment 3,755.47
10/01/2018

If Paid By 10/09/2018,
Pay This Amount: 2,147.12 USD ✓

If Paid After 10/09/2018,
Pay this Amount: 2,191.42 USD

Due If Paid On Time:
USD 2,147.12

Disc lost if paid late:
44.30

Due If Paid Late:
USD 2,191.42

APPROVED
ON
OCT 08 2018
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: 10/05/2018 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 10/06/2018

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

As of: 10/05/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 10/06/2018 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											
10/03/2018	10/09/2018	7895396851	2017005646	115Invoice	1.29	64.42		63.13 ✓		7895396851	
10/05/2018	10/09/2018	7895853389	2017005666	115Invoice	0.10	4.94		4.84 ✓		7895853389	

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: 69.36 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,755.47
10/01/2018

If Paid By 10/09/2018,
Pay This Amount: 67.97 ✓ USD

If Paid After 10/09/2018,
Pay this Amount: 69.36 USD

Due If Paid On Time:
USD 67.97

Disc lost if paid late: 1.39

Due If Paid Late:
USD 69.36

Check #1002
GL Acct. #603100000

APPROVED
ON
OCT 08 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 10/11/18
TIME: 10:11

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1292599	[redacted]	101118	34.52		2	[redacted]	
1341660	[redacted]	101118	73.57		2	[redacted]	
1344826	[redacted]	101118	72.94		2	[redacted]	
1348024	[redacted]	101118	65.39		2	[redacted]	
1351926	[redacted]	101118	910.00		3	[redacted]	
1354922	[redacted]	101118	94.41		3	[redacted]	
1363946	[redacted]	101118	89.91		3	[redacted]	
1364850	[redacted]	101118	81.62		2	[redacted]	
1367431	[redacted]	101118	2065.65		2	[redacted]	
1370126	[redacted]	101118	531.89		2	[redacted]	
1371906	[redacted]	101118	618.82		2	[redacted]	
1372967	[redacted]	101118	1568.70		3	[redacted]	
1376009	[redacted]	101118	79.00		3	[redacted]	
1376962	[redacted]	101118	1087.04		3	[redacted]	
1377327	[redacted]	101118	129.38		2	[redacted]	
1377554	[redacted]	101118	25.00		2	[redacted]	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1377765 01	[redacted]	101118	106.40	2		[redacted]	
1379739 01		101118	85.20	2			
1381005 01		101118	228.40	3			
1381878 01		101118	48.58	2			
1382737 01		101118	136.72	2			
1383919 01		101118	70.00	2			
1384485 01		101118	262.04	2			
	ARID=0001 TOTAL		8465.18				
TOTAL			8465.18				

APPROVED
ON

OCT 11 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

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

STATEMENT

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/12/2018 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 10/13/2018

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

As of: 10/12/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 10/13/2018 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: 8,777.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 10/16/2018,
Pay This Amount: 8,601.80 USD

If Paid After 10/16/2018,
Pay this Amount: 8,777.35 USD

Due If Paid On Time:
USD 8,601.80

Disc lost if paid late:
175.55

Due If Paid Late:
USD 8,777.35

Check #1003
GL Acct. #60310000

2,226.78 +
39.93 +
1,820.48 +
4,514.61 +
8,601.80 *

APPROVED
ON
OCT 15 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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: 10/12/2018

DC: 8115

Territory: 400

Customer: 262252
Date: 10/13/2018

Page: 001

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

As of: 10/12/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 10/13/2018 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											
10/08/2018	10/16/2018	7896160724	1001318701	115Invoice	3.94	196.96		193.02 ✓		7896160724	
10/08/2018	10/16/2018	7896160725	1001319446	115Invoice	1.69	84.58		82.89 ✓		7896160725	
10/08/2018	10/16/2018	7896160726	1001319446	115Invoice	14.64	732.19		717.55 ✓		7896160726	
10/08/2018	10/16/2018	7896160727	1001319876	115Invoice	2.50	124.94		122.44 ✓		7896160727	
10/09/2018	10/16/2018	7896406566	1001320257	115Invoice	6.51	325.35		318.84 ✓		7896406566	
10/10/2018	10/16/2018	7896598699	1001320971	115Invoice	9.28	463.81		454.53 ✓		7896598699	
10/10/2018	10/16/2018	7896598701	1001320971	115Invoice	0.38	18.88		18.50 ✓		7896598701	
10/11/2018	10/16/2018	7896847620	1001321455	115Invoice	3.00	150.05		147.05 ✓		7896847620	
10/11/2018	10/16/2018	7896847624	1001321455	115Invoice	0.47	23.33		22.86 ✓		7896847624	
10/12/2018	10/16/2018	7897076634	1001322085	115Invoice	3.04	152.14		149.10 ✓		7897076634	

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: 2,272.23 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,201.37
10/09/2018

If Paid By 10/16/2018,
Pay This Amount: 2,226.78 USD ✓

If Paid After 10/16/2018,
Pay this Amount: 2,272.23 USD

Due If Paid On Time:
USD 2,226.78

Disc lost if paid late: 45.45

Due If Paid Late:
USD 2,272.23

APPROVED
ON
OCT 15 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/12/2018 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 10/13/2018

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

As of: 10/12/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 10/13/2018 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											
10/12/2018	10/16/2018	7897055032	2017005712	115invoice	0.81	40.74		39.93 ✓		7897055032	

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: 40.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,201.37
10/09/2018

If Paid By 10/16/2018,
Pay This Amount: 39.93 USD ✓

If Paid After 10/16/2018,
Pay this Amount: 40.74 USD

Due If Paid On Time:
USD 39.93

Disc lost if paid late:
0.81

Due If Paid Late:
USD 40.74

APPROVED
ON
OCT 15 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 10/12/2018 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 10/13/2018

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: 10/12/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/13/2018 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
10/08/2018	10/16/2018	7896136177	1006180352-00	115Invoice	1.15	57.56		56.41 ✓		7896136177	
10/08/2018	10/16/2018	7896136178	0959800053	115Invoice	4.76	237.81		233.05 ✓		7896136178	
10/09/2018	10/16/2018	7896387940	0959800054	115Invoice	1.47	73.49		72.02 ✓		7896387940	
10/09/2018	10/16/2018	7896387941	1008180905-00	115Invoice	0.01	0.63		0.62 ✓		7896387941	
10/10/2018	10/16/2018	7896622219	0959800055	115Invoice	6.62	330.78		324.16 ✓		7896622219	
10/11/2018	10/16/2018	7896858050	0959800056	115Invoice	15.82	791.11		775.29 ✓		7896858050	
10/12/2018	10/16/2018	7897033464	0959800057	115Invoice	4.04	201.87		197.83 ✓		7897033464	
10/12/2018	10/16/2018	7897033465	1010180517-00	115Invoice	3.29	164.39		161.10 ✓		7897033465	

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: 1,857.64 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,201.37
10/09/2018

If Paid By 10/16/2018,
Pay This Amount: 1,820.48 USD

If Paid After 10/16/2018,
Pay this Amount: 1,857.64 USD

Due If Paid On Time:
USD 1,820.48

Disc lost if paid late: 37.16

Due If Paid Late:
USD 1,857.64

APPROVED
ON
OCT 15 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

HEB PHY FC 490/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/12/2018 Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 10/13/2018

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

As of: 10/12/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 10/13/2018 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
10/12/2018	10/16/2018	7896929278	55x625984	115Invoice	92.13	4,606.74		4,514.61		7896929278	

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

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

Subtotals: 4,606.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,706.63
08/06/2018

If Paid By 10/16/2018,
Pay This Amount: 4,514.61 USD ✓

If Paid After 10/16/2018,
Pay this Amount: 4,606.74 USD

Due If Paid On Time:
USD 4,514.61

Disc lost if paid late:
92.13

Due If Paid Late:
USD 4,606.74

APPROVED
ON

OCT 15 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

10/12/2018 MEMORIAL MEDICAL CENTER 0
08:20 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
T1450	TEXAS ASSOCIATION OF COUNTIES	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
D201840292	UNEMPLOYMENT CONTRIB	10/12/20	09/30/20	10/01/20		4,045.41	0.00	0.00	4,045.41

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES	4,045.41	0.00	0.00	4,045.41

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,045.41	0.00	0.00	4,045.41

APPROVED
ON
OCT 12 2018

CK# 177970

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FEE PHONE NUMBER: 1-800-555-3453
(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	18	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	9	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
	2ND QTR - 06 (JUNE) - Apr, May, June			
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 89,043.47	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 45,446.66	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,881.88	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 32,714.93	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WB	HO	CB	Gross
1	REGULAR PAY-S1	9071.25	N		N	N		169544.86
1	REGULAR PAY-S1	1957.25	N		N	N	N	82512.95
1	REGULAR PAY-S1	147.75	Y		N	N		3709.29
2	REGULAR PAY-S2	2687.25	N		N	N		58916.00
2	REGULAR PAY-S2	77.00	Y		N	N		2419.55
3	REGULAR PAY-S3	1629.25	N		N	N		42393.77
3	REGULAR PAY-S3	86.25	Y		N	N		3421.40
C	CALL PAY	96.00	N		N	N	N	192.00
C	CALL PAY	2376.50	N	1	N	N		4753.00
E	EXTRA WAGES		N	1	N	N	N	1506.00
F	FUNERAL LEAVE	36.00	N	1	N	N		1236.60
I	INSERVICE	160.25	N	1	N	N		4300.53
I	INSERVICE	12.25	Y	1	N	N		461.15
K	EXTENDED-ILLNESS-BANK	263.00	N	1	N	N		5236.21
M	MEAL REIMBURSEMENT		N		N	N	N	54.75
P	PAID-TIME-OFF	8.94	N		N	N	N	91.90
P	PAID-TIME-OFF	1018.00	N	1	N	N		22538.60
S	EMPLOYEE REIMBURSEMENT		N		N	N	N	-24.08
X	CALL PAY 2	144.00	N	1	N	N		288.00
Y	YMCA/CURVES		N		N	N	N	75.00
Z	CALL PAY 3	112.00	N	1	N	N		336.00

Deductions Summary

Code	Amount				
A/R	1075.00	A/R2	195.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	1491.93	CAFE-2	940.88
CAFE-3	811.88	CAFE-4	362.00	CAFE-5	235.01
CAFE-C		CAFE-D	1673.39	CAFE-F	
CAFE-H	19337.85	CAFE-I		CAFE-L	
CAFE-P	231.57	CANCER		CHILD	
CLINIC	190.01	COMBIN	652.71	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1494.80	EAT		EATCSH	205.00
FEDTAX	32714.93	FICA-M	5441.35	FICA-O	22724.81
FIRSTC	75.00	FLEX S	2521.64	FLX FE	
FORT D		FUTA		GIFT S	146.89
GRANT		GRP-IN	65.76	GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	503.28	MASA	525.00	MEALS	159.84
MISC		MISC/		MMCSHR	
OTHER		PHI		PHI***	
PR FIN	270.53	RELAY		REPAY	
SAMS	5.00	SCRUBS		SIGNON	
ST-TX		STONDF	1045.00	STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	28279.13	TUTION		UNIFOR	546.28
UW/HOS					

Grand Totals: 19882.94 (Gross: 403963.48 Deductions: 123921.47 Net: 280042.01)
Checks Count:- FT 203 PT 8 Other 38 Female 214 Male 34 Credit OverAmt 4 ZeroNet Term Total: 248

Pay Date 10-19-18

ok Dave CFO
10-15-18

MEMORIAL MEDICAL CENTER

I B C

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --October 5, 2018 - October 14, 2018

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

Diane Moore, CFO
Memorial Medical Center

October 15, 2018

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --October 5, 2018 - October 14, 2018

Date	Bank Description	MMC Notes	Amount
10/11/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03598763 910000170	- 340B Drug Program Expense	3,201.37 **
10/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	84.63
10/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	1,025.80
10/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	30.90
10/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	2,112.58
10/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129.00
10/10/2018	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	279.86
10/10/2018	ACH Payment IRS USATAXPYMT 220868375147403 6103601001250	- Payroll Taxes	88,167.91 *
10/5/2018	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122656428529	- Payroll	271,684.47 *
10/5/2018	ACH Payment STATE COMPTRLR TEXNET 31707463/81004 2100002	- IGT To TEXNET	66,693.27 *
10/5/2018	ACH Payment FDGL LEASE PYMT 052-1479214-000 410001272240	- Credit Card Machine Lease Expense	40.02
10/5/2018	ACH Payment FDGL LEASE PYMT 052-1479213-000 410001272240	- Credit Card Machine Lease Expense	43.26
10/5/2018	ACH Payment FDGL LEASE PYMT 052-1479468-000 410001272241	- Credit Card Machine Lease Expense	69.24
			433,562.31

84.63 +
1,025.80 +
30.90 +
2,112.58 +
129.00 +
279.86 +
40.02 +
43.26 +
69.24 +
3,815.29 *

CFO

Diane Moore, CFO
Memorial Medical Center

October 15, 2018

* Approved 10-03-18
** on Approval list for 10-17-18

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

10/19/2018	Sales Tax Reporting - September 2018	- Sales Tax	1,407.72
			1,407.72

FO

Diane C. Moore, CFO
Memorial Medical Center

October 15, 2018

MEMORIAL MEDICAL CENTER
CHECK REQUEST

COPY

PAY TO: PRIVATE WAIVER - PROSPERITY

Date Requested: 10/4/18

APPROVED ON OCT 11 2018

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

POSTED CK# 177961

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

AMOUNT $100,000.00

G/L NUMBER: 10000004

EXPLANATION: REPLENISH PROSPERITY PRIVATE WAIVER FUNDS OUT OF MMC OPERATING.

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY: , CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

COPY

PAYEE: Solera-Prosperity

Date Requested: 10/11/18

APPROVED ON
OCT 11 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $15,027.32

G/L NUMBER: 206520000

EXPLANATION: To Close Solera IBC Account

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

COPY

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Fort Bend-Prosperity

Date Requested: 10/11/18

APPROVED ON
OCT 11 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $26,216.31

G/L NUMBER: 206520000

EXPLANATION: To Close Fort Bend IBC Account

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

COPY

PAY TO THE ORDER OF: Crescent-Prosperity

Date Requested: 10/11/18

APPROVED ON OCT 11 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $17,807.96

G/L NUMBER: 206520000

EXPLANATION: To Close Crescent IBC Account

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: new CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

COPY

PAY TO: Ashford- Prosperity

Date Requested: 10/11/18

APPROVED ON
OCT 11 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $22,669.84

G/L NUMBER: 206520000

EXPLANATION: To Close Ashford IBC Account

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: [signature] CFO

Cantex IBC Download 10-05-18 Thru 10-14-18

			Transfer-Out	Transfer-In
Ashford Gardens				
*4553	10/5/2018	ACH Deposit - Molina HC of TX HCCLAIMPMT		2,482.41
*4553	10/9/2018	ACH Deposit - Molina HC of TX HCCLAIMPMT		8,137.93
*4553	10/9/2018	ACH Deposit - Molina HC of TX HCCLAIMPMT		6,531.13
*4553	10/9/2018	Wire Debit - 0038 ASHFORD HEALTH CARE CENTER LTD811	2,482.41 ✓	
*4553	10/10/2018	ACH Deposit - Amerigroup TX5C HCCLAIMPMT		5,396.96
*4553	10/10/2018	ACH Deposit - Molina HC of TX HCCLAIMPMT		2,503.82
*4553	10/12/2018	Check # 1111	22,669.84 ✓	
			25,152.25	**25,052.25**

$100 difference is amount account was opened with out of operating.

			Transfer-Out	Transfer-In
Solera at West Houston				
*4561	10/9/2018	ACH Deposit - Molina HC of TX HCCLAIMPMT		4,218.85
*4561	10/9/2018	ACH Deposit - Molina HC of TX HCCLAIMPMT		1,943.76
*4561	10/10/2018	ACH Deposit - Molina HC of TX HCCLAIMPMT	-	2,214.43
			-	**8,377.04**

As of 10/15/18 the checks issued to close accounts are not showing in account, but balance in account is $0.

			Transfer-Out	Transfer-In
Crescent				
*4588	10/9/2018	ACH Deposit - Molina HC of TX HCCLAIMPMT		4,537.69
*4588	10/10/2018	ACH Deposit - Amerigroup TX5C HCCLAIMPMT		7,624.52
*4588	10/10/2018	ACH Deposit - Amerigroup TX5C HCCLAIMPMT		1,346.66
			-	**13,508.87**

			Transfer-Out	Transfer-In
Broadmoor				
*4596				
*4596				
			-	-

			Transfer-Out	Transfer-In
Fort Bend				
*4618	10/9/2018	ACH Deposit - Molina HC of TX HCCLAIMPMT		12,622.90
*4618	10/10/2018	ACH Deposit - Amerigroup TX5C HCCLAIMPMT		11,317.87
*4618	10/10/2018	ACH Deposit - Molina HC of TX HCCLAIMPMT		2,175.54
*4618	10/12/2018	Check # 1111	26,216.31 ✓	
			26,216.31	**26,116.31**

same as Ashford

The transactions above are the final tranfers in and out for the IBC accounts referenced.

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

Approved: _____ CFO 10-15-18
Diane Moore, CFO 10/15/2018

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/15/2018

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	216844381	21,697.44 ✓	-	158,838.44		-	180,535.88	156,430.04
						Bank Balance	180,535.88 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	21,429.68 ✓	
						MMC Portion QIPP 1	2,408.40 ✓	
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						July Bank Interest	53.08 ✓	
						August Bank Interest	74.53 ✓	
						September Bank Interest	40.15 ✓	
						Adjust Balance/Transfer Amt	156,430.04	

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 111000614
Account # 448234257

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	216844438	117,286.21 ✓	110,582.28 ✓	85,922.64			92,626.57 ✓	85,922.64
						Bank Balance	92,626.57 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	6,335.41 ✓	
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						July Bank Interest	72.45 ✓	
						August Bank Interest	147.49 ✓	
						September Bank Interest	48.58 ✓	
						Adjust Balance/Transfer Amt	85,922.64	
Crescent	216844411	30,049.09 ✓	28,105.56 ✓	111,764.90		-	113,708.43 ✓	111,764.90
						Bank Balance	113,708.43	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	1,702.72 ✓	
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						July Bank Interest	61.44 ✓	
						August Bank Interest	47.34 ✓	
						September Bank Interest	32.03 ✓	
						Adjust Balance/Transfer Amt	111,764.90	
Broadmoor	216844403	138,012.61 ✓	137,742.00 ✓	64,904.78		-	65,175.39 ✓	64,904.78
						Bank Balance	65,175.39	
						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 ✓	
						September Bank Interest	49.78 ✓	
						Adjust Balance/Transfer Amt	64,904.78	
Fort Bend	216844446	11,919.26 ✓	-	58,699.19		-	65,618.45 ✓	58,622.90
						Bank Balance	65,618.45 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	6,836.21 ✓	
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						July Bank Interest	21.66 ✓	
						August Bank Interest	19.74 ✓	
						September Bank Interest	17.94 ✓	
						Adjust Balance/Transfer Amt	58,622.90 ✓	

156,430.04 +
85,922.64 +
111,764.90 +
64,904.78 +
58,622.90 +
477,645.26 *

TOTAL TRANSFERS	477,645.26

Routing Information for Crescent / Solera at West Houston / Fort
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 111000614
Account # 937662922

Approved:
Diane Moore, CFO

APPROVED
COON
10/15/2018

OCT 15 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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.

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/15/2018

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	216844454	19,434.66 ✓	19,227.77 ✓	98,165.57						-	-	98,372.46 ✓	98,165.57
											Bank Balance	98,372.46	
											Variance	-	
											Leave In Balance	100.00	
											MMC Portion QIPP 1	-	
											MMC Portion QIPP 2		
											MMC Portion QIPP 3		
											July Bank Interest	50.42 ✓	
											August Bank Interest	25.29 ✓	
											Septembe Bank Interest	31.18 ✓	
											Adjust Balance/Transfer Amt	98,165.57	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 121000248
Account # 4439840323

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:
Diane Moore, CFO 10/15/2018

APPROVED
ON
OCT 15 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: October 17, 2018

APPROVED ON OCT 15 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $2,408.40

G/L NUMBER: 21000012

CK# 000 33

EXPLANATION: Ashford Gardens – To transfer funds for Component 1 – QIPP Payment

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

copy

QIPP Payment to MMC from NH **Comm Court** **10/17/2018**

NH Name	From Bank Acct #	CK#	Payee	GL #	QIPP COMP 1	QIPP COMP 2	QIPP COM 3	TOTAL		Date
rescent	10000020 - Prosperity		MMC -Prosperity Operating #10000001	21000010	-			-		
shford	10000018 - Prosperity	33	MMC -Prosperity Operating #10000001	21000012	2,408.40			2,408.40	✓	10/17/2018
olden Creek	10000023 - Prosperity		MMC -Prosperity Operating #10000001	21000013	-			-		
ort Bend	10000021 - Prosperity		MMC -Prosperity Operating #10000001	21000008	-			-		
olera	10000022 - Prosperity		MMC -Prosperity Operating #10000001	21000011	-			-		
				Total:	2,408.40	-	-	2,408.40		
	Note:									

APPROVED
ON

OCT 17 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS