MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- October 24, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 521,550.17
TOTAL TRANSFERS BETWEEN FUNDS	$ -
TOTAL NURSING HOME UPL EXPENSES	$ 1,214,749.76
TOTAL INTER-GOVERNMENT TRANSFERS	$ 67,281.69
GRAND TOTAL DISBURSEMENTS APPROVED October 24, 2018	**$ 1,803,581.62**

APPROVED

OCT 24 2018

CALHOUN COUNTY
COMMISSIONERS COURT

APPROVED

OCT 24 2018

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 24, 2018

PAYABLES AND PAYROLL			
10/18/2018	Weekly Payables	473,039.86	
10/22/2018	McKesson-340B Prescription Expense	2,682.39	
10/12/2018	Citibank Credit Card-see attached	2,613.18	
10/22/2018	Emergency Staffing Solutions-ER Doctors	40,062.50	
10/22/2018	Payroll Error-Employee paid twice in error-to be reimbursed	3,152.24	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 521,550.17**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
10/22/2018	Nursing Home UPI	17,525.36	
10/22/2018	Nursing Home UPI	1,158,883.24	
10/22/2018	Nursing Home UPI	6,671.05	
QIPP/INTEREST CHECKS TO MMC			
10/22/2018	Ashford	20,403.27	
10/22/2018	Fort Bend	5,845.79	
10/22/2018	Solera	4,202.49	
10/22/2018	Crescent	1,218.56	
TOTAL NURSING HOME UPL EXPENSES			**$ 1,214,749.76**
INTER-GOVERNMENT TRANSFERS			
10/22/2018	IGT Advance DSH Payment to be paid November 02, 2018	67,281.69	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 67,281.69**
GRAND TOTAL DISBURSEMENTS APPROVED October 24, 2018			**$ 1,803,581.62**

10/18/2018 MEMORIAL MEDICAL CENTER 0
10:56 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 10/31/2018

Vendor#	Vendor Name	Class	Pay Code
11237	3WON, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1236		10/12/20	05/25/20	10/25/20		597.00	0.00	0.00	597.00
	CREDENTIALING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11237	3WON, LLC				597.00	0.00	0.00	597.00

Vendor#	Vendor Name	Class	Pay Code
12184	ABBVIE US LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
330187284		10/12/20	03/23/20	10/25/20		123.85	0.00	0.00	123.85
	MIN UTILIZATION FEE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12184	ABBVIE US LLC				123.85	0.00	0.00	123.85

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
127677		10/01/20	09/27/20	10/27/20		12.98	0.00	0.00	12.98
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521				12.98	0.00	0.00	12.98

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
24017A		10/18/20	10/18/20	10/18/20		1,400.00	0.00	0.00	1,400.00
	RFID FEE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC				1,400.00	0.00	0.00	1,400.00

Vendor#	Vendor Name	Class	Pay Code
11464	ADVANCES BY TED LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMCAC100218		10/12/20	10/02/20	10/25/20		4,350.00	0.00	0.00	4,350.00
	ACLS AND PALS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11464	ADVANCES BY TED LLC				4,350.00	0.00	0.00	4,350.00

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9080841956		10/15/20	09/30/20	10/25/20		2,119.67	0.00	0.00	2,119.67
	RENTAL BULK								
9956638054		10/17/20	10/03/20	10/28/20		737.86	0.00	0.00	737.86
	CYLINER RENTAL								
9080965865		10/17/20	10/03/20	10/28/20		37.78	0.00	0.00	37.78
	ACETYLENE								
9956638053		10/17/20	10/03/20	10/28/20		432.01	0.00	0.00	432.01
	CYLINDER RENTAL								
9956638055		10/17/20	10/03/20	10/28/20		74.55	0.00	0.00	74.55
	CYLINDER RENTAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,401.87	0.00	0.00	3,401.87

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
9654355714		09/30/20	09/26/20	10/26/20			954.00	0.00	0.00	954.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	954.00	0.00	0.00	954.00

Vendor#	Vendor Name	Class	Pay Code
11299	ALLSTATE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
C040060500	INSURANCE	10/17/20	10/16/20	10/23/20			11,968.42	0.00	0.00	11,968.42

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11299	ALLSTATE	11,968.42	0.00	0.00	11,968.42

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
INV00068414	SUPPLIES Freight 10.73	10/17/20	10/02/20	10/30/20			159.76	0.00	0.00	159.76
INV00068582	SUPPLIES Freight 10.92	10/17/20	10/09/20	10/30/20			65.15	0.00	0.00	65.15

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC	224.91	0.00	0.00	224.91

Vendor#	Vendor Name	Class	Pay Code
A1748	AMERICAN CATHETER CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
42362	SUPPLIES Shipping 39.25	10/01/20	10/01/20	10/30/20			649.25	0.00	0.00	649.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1748	AMERICAN CATHETER CORPORATION	649.25	0.00	0.00	649.25

Vendor#	Vendor Name	Class	Pay Code
10730	AMERICAN COLLEGE OF RADIOLOGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
08443	FEE MAMMO ACCREDITATION	10/15/20	09/27/20	10/27/20			825.00	0.00	0.00	825.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10730	AMERICAN COLLEGE OF RADIOLOGY	825.00	0.00	0.00	825.00

Vendor#	Vendor Name	Class	Pay Code
A2218	AQUA BEVERAGE COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
863080	WATER	10/08/20	09/30/20	10/30/20			89.90	0.00	0.00	89.90
863890	WATER	10/17/20	09/30/20	10/25/20			21.99	0.00	0.00	21.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	111.89	0.00	0.00	111.89

Vendor#	Vendor Name	Class	Pay Code
A2347	ATD-AUSTIN	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
101518		10/15/20	10/15/20	10/15/20			990.00	0.00	0.00	990.00

RED PHONE BOOK LISTINGS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2347	ATD-AUSTIN	990.00	0.00	0.00	990.00

Vendor# A2600 Vendor Name: AUTO PARTS & MACHINE CO. ✓ Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
878473 ✓		10/17/20	10/16/20	10/31/20		24.98	0.00	0.00	24.98 ✓
	SUPPLIES								
878505 ✓		10/17/20	10/16/20	10/31/20		5.49	0.00	0.00	5.49 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	30.47	0.00	0.00	30.47

Vendor# 11756 Vendor Name: AYA HEALTHCARE INC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
501251 ✓		10/15/20	09/13/20	10/13/20		1,752.00	0.00	0.00	1,752.00 ✓
	SURGERY STAFFING Double 9/4/18-9/6/18								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11756	AYA HEALTHCARE INC	1,752.00	0.00	0.00	1,752.00

Vendor# B1220 Vendor Name: BECKMAN COULTER INC ✓ Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5395783 ✓		10/17/20	09/30/20	10/25/20		3,507.27	0.00	0.00	3,507.27 ✓
	SUPPLIES								
107316296 ✓		10/17/20	10/01/20	10/26/20		1,335.99	0.00	0.00	1,335.99 ✓
	SUPPLIES								
107316422 ✓		10/17/20	10/01/20	10/26/20		66.88	0.00	0.00	66.88 ✓
	SUPPLIES								
107319271 ✓		10/17/20	10/02/20	10/27/20		2,427.62	0.00	0.00	2,427.62 ✓
	SUPPLIES								
107319200 ✓		10/17/20	10/02/20	10/27/20		3,918.29	0.00	0.00	3,918.29 ✓
	SUPPLIES								
107319351 ✓		10/17/20	10/02/20	10/27/20		2,215.70	0.00	0.00	2,215.70 ✓
	SUPPLIES								
107320855 ✓		10/17/20	10/02/20	10/27/20		271.14	0.00	0.00	271.14 ✓
	SUPPLIES								
107319329 ✓		10/17/20	10/02/20	10/27/20		2,206.50	0.00	0.00	2,206.50 ✓
	SUPPLIES								
107322972 ✓		10/17/20	10/03/20	10/28/20		10,360.29	0.00	0.00	10,360.29 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	26,309.68	0.00	0.00	26,309.68

Vendor# 11211 Vendor Name: BHB MACHINE & PUMP REPAIR, LLC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
708031 ✓		10/15/20	09/27/20	10/27/20		84.38	0.00	0.00	84.38 ✓
	REPAIRS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11211	BHB MACHINE & PUMP REPAIR, LLC	84.38	0.00	0.00	84.38

Vendor# 11832 Vendor Name: BROADMOOR AT CREEKSIDE PARK ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101618		10/17/20	10/16/20	10/16/20		4,875.00	0.00	0.00	4,875.00
	TRANSFER Pymt sent to MMC in error								
101618A		10/17/20	10/16/20	10/16/20		2,154.00	0.00	0.00	2,154.00
	TRANSFER Pymt sent to MMC in error								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK				7,029.00	0.00	0.00	7,029.00

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY wrong vendor per Caitlin C. s/b Port Vivaia Clinic Assoc.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101218		10/15/20	10/12/20	10/12/20		1,796.14	0.00	0.00	1,796.14
	UNAPPROVED INDIGENT CAR								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY				1,796.14	0.00	0.00	1,796.14

Vendor#	Vendor Name	Class	Pay Code
C1611	CITIZENS MEDICAL CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101018		10/12/20	10/10/20	10/25/20		80.52	0.00	0.00	80.52
	RECERTIFICATION								
101018A		10/17/20	10/10/20	10/10/20		20.00	0.00	0.00	20.00
	BLS CPR CARDS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1611	CITIZENS MEDICAL CENTER				100.52	0.00	0.00	100.52

Vendor#	Vendor Name	Class	Pay Code
10786	CLINICAL PATHOLOGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2018090		10/17/20	09/30/20	10/25/20		14,749.33	0.00	0.00	14,749.33
	LAB SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10786	CLINICAL PATHOLOGY				14,749.33	0.00	0.00	14,749.33

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
721299		09/25/20	09/25/20	10/25/20		668.75	0.00	0.00	668.75
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION				668.75	0.00	0.00	668.75

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
843290		10/09/20	09/30/20	10/30/20		194.40	0.00	0.00	194.40
	INTERPRETATION SERVICES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC				194.40	0.00	0.00	194.40

Vendor#	Vendor Name	Class	Pay Code
10284	CYTO THERM L.P.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
287580		10/17/20	09/26/20	10/17/20		447.38	0.00	0.00	447.38
	SUPPLIES Shipping 17.38								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10284	CYTO THERM L.P.				447.38	0.00	0.00	447.38

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
5509600		10/15/20	10/05/20	10/30/20		8.96	0.00	0.00	8.96
	SUPPLIES								
5509490		10/15/20	10/05/20	10/30/20		80.52	0.00	0.00	80.52
	LAUNDRY								
5509480		10/15/20	10/05/20	10/30/20		259.37	0.00	0.00	259.37
	SUPPLIES								
5509500		10/15/20	10/05/20	10/30/20		275.52	0.00	0.00	275.52
	SUPPLIES								
5509880		10/15/20	10/05/20	10/30/20		125.49	0.00	0.00	125.49
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	749.86	0.00	0.00	749.86

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
IN20052249		09/30/20	09/30/20	10/25/20		31,144.58	0.00	0.00	31,144.58
	BH PROGRAM								
IN20052256		09/30/20	09/30/20	10/25/20		19,166.67	0.00	0.00	19,166.67
	CPR PROGRAM								

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

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9691		10/09/20	10/03/20	10/28/20		105.00	0.00	0.00	105.00
	SEPTEMBER TREATMENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	105.00	0.00	0.00	105.00

Vendor#	Vendor Name	Class	Pay Code
F1050	FASTENAL COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
TXPOT195854		10/09/20	09/30/20	10/30/20		7.78	0.00	0.00	7.78
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	7.78	0.00	0.00	7.78

Vendor#	Vendor Name	Class	Pay Code
10003	FILTER TECHNOLOGY CO, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
98845		10/17/20	09/28/20	10/28/20		937.79	0.00	0.00	937.79
	SUPPLIES freight 17772								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	937.79	0.00	0.00	937.79

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
101118		10/17/20	10/11/20	10/11/20		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
	3519660		09/30/20	10/03/20	10/28/20		1,007.16	0.00	0.00	1,007.16
		SUPPLIES								
	7917061		10/12/20	09/26/20	10/25/20		375.00	0.00	0.00	375.00
		SUPPLIES								
	9041144		10/12/20	09/27/20	10/25/20		482.93	0.00	0.00	482.93
		SUPPLIES Shipping 80.83								
	0532857		10/12/20	10/03/20	10/28/20		9.70	0.00	0.00	9.70
		SUPPLIES								
	0532861		10/12/20	10/03/20	10/28/20		336.70	0.00	0.00	336.70
		SUPPLIES Shipping 86.81								
	0532859		10/12/20	10/03/20	10/28/20		9.70	0.00	0.00	9.70
		SUPPLIES								
	9963955		10/17/20	10/01/20	10/26/20		41.53	0.00	0.00	41.53
		SUPPLIES Shipping 22.23								
	0239247		10/17/20	10/02/20	10/27/20		95.13	0.00	0.00	95.13
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				2,357.85	0.00	0.00	2,357.85
Vendor#	Vendor Name				Class	Pay Code				
10283	GE HEALTHCARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	6001143405		10/01/20	10/01/20	10/26/20		3,236.62	0.00	0.00	3,236.62
		IMAGING CONTRACT								
	6001143509		10/01/20	10/01/20	10/26/20		3,588.58	0.00	0.00	3,588.58
		IMAGING CONTRACT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10283	GE HEALTHCARE				6,825.20	0.00	0.00	6,825.20
Vendor#	Vendor Name				Class	Pay Code				
11836	GOLDENCREEK HEALTHCARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	101618		10/17/20	10/16/20	10/16/20		15,718.05	0.00	0.00	15,718.05
		TRANSFER Pymt sent to MMC in error								
	101618A		10/17/20	10/16/20	10/16/20		47,588.72	0.00	0.00	47,588.72
		TRANSFER Pymt sent to MMC in error								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11836	GOLDENCREEK HEALTHCARE				63,306.77	0.00	0.00	63,306.77
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
	1562922		09/30/20	09/25/20	10/25/20		189.48	0.00	0.00	189.48
		SUPPLIES								
	1564093		10/01/20	09/26/20	10/26/20		194.80	0.00	0.00	194.80
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				384.28	0.00	0.00	384.28
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
	1908		09/30/20	09/26/20	10/26/20		900.00	0.00	0.00	900.00

CONSULTING AGREEMENT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11102	GULF COAST REGIONAL	900.00	0.00	0.00	900.00

Vendor# 10804 Vendor Name: HEALTHCARE CODING & CONSULTING Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7720		10/09/20	09/30/20	10/30/20			210.00	0.00	0.00	210.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING	210.00	0.00	0.00	210.00

Vendor# 10298 Vendor Name: HITACHI MEDICAL SYSTEMS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
PJIN0123258	SMA FEE	09/19/20	09/17/20	10/25/20			8,333.33	0.00	0.00	8,333.33

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10298	HITACHI MEDICAL SYSTEMS	8,333.33	0.00	0.00	8,333.33

Vendor# 10922 Vendor Name: HUNTER PHARMACY SERVICES Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3087	PHARM SERVICES	10/12/20	09/30/20	10/25/20			13,515.42	0.00	0.00	13,515.42

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	13,515.42	0.00	0.00	13,515.42

Vendor# 11285 Vendor Name: ITA RESOURCES INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC102018	RESPIRATORY STAFFING	10/16/20	10/15/20	10/15/20			24,004.10	0.00	0.00	24,004.10

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	24,004.10	0.00	0.00	24,004.10

Vendor# J1415 Vendor Name: JOHNSTONE SUPPLY Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6019107	SUPPLIES	10/17/20	10/03/20	10/13/20			49.99	0.00	0.00	49.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	49.99	0.00	0.00	49.99

Vendor# L0700 Vendor Name: LABCORP OF AMERICA HOLDINGS Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
60279984	LAB SERVICES	10/17/20	09/29/20	10/24/20			15.00	0.00	0.00	15.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	15.00	0.00	0.00	15.00

Vendor# 11167 Vendor Name: LAMAR COMPANIES Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
109570793	AD	10/10/20	10/01/20	10/31/20			400.00	0.00	0.00	400.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

11167	LAMAR COMPANIES				400.00	0.00	0.00	400.00

Vendor# 11600 Vendor Name: LEGAL SHIELD ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
101518		10/17/20	10/15/20	10/15/20			1,211.35	0.00	0.00	1,211.35 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD	1,211.35	0.00	0.00	1,211.35

Vendor# L1640 Vendor Name: LOWE'S HOME CENTERS INC ✓ Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
531.97		10/12/20	09/20/20	10/25/20			364.62	0.00	0.00	364.62 ✓
	SUPPLIES									
090118		10/12/20	09/01/20	10/25/20			-11.80	0.00	0.00	-11.80 ✓
	CREDIT									
42126A		10/18/20	09/20/20	09/20/20			91.64	0.00	0.00	91.64 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CENTERS INC	444.46	0.00	0.00	444.46

Vendor# 11796 Vendor Name: LUBY'S FUDDRUCKERS RESTAURANTS ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
201808310837	✓ gnocchi	10/17/20	09/12/20	10/12/20			22,640.39	0.00	0.00	22,640.39 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCKERS RESTAURANTS	22,640.39	0.00	0.00	22,640.39

Vendor# 10972 Vendor Name: M G TRUST ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
101118		10/17/20	10/11/20	10/11/20			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# 11760 Vendor Name: MARVELOUS GARDENS, INC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
951 ✓		10/16/20	10/15/20	10/15/20			379.17	0.00	0.00	379.17 ✓
	LAWN CARE ✓ 9/18/18, 9/25/18, 10/2/18 | Center									
952 ✓		10/16/20	10/15/20	10/15/20			433.33	0.00	0.00	433.33 ✓
	LAWN CARE 9/18/18, 9/25/18, 10/2/18 ✓ | Clinic									
938 ✓		10/16/20	10/15/20	10/15/20			205.83	0.00	0.00	205.83 ✓
	LAWN CARE 9/18, 9/25/18, 10/2/18 | Rehab									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11760	MARVELOUS GARDENS, INC	1,018.33	0.00	0.00	1,018.33

Vendor# M2178 Vendor Name: MCKESSON MEDICAL SURGICAL INC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5256801 ✓		10/08/20	09/30/20	10/30/20			6.87	0.00	0.00	6.87 ✓
	FINANCE CHARGES									
36558918 ✓		10/17/20	09/25/20	10/25/20			2,207.80	0.00	0.00	2,207.80 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	M2178 MCKESSON MEDICAL SURGICAL INC					2,214.67	0.00	0.00	2,214.67
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
	126462		09/30/20	09/30/20	10/25/20		459.27	0.00	0.00	459.27
		COLLECTION FEES								
	126460		09/30/20	09/30/20	10/25/20		6,387.25	0.00	0.00	6,387.25
		COLLECTION FEES								
	126461		09/30/20	09/30/20	10/25/20		981.61	0.00	0.00	981.61
		COLLECTION FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.				7,828.13	0.00	0.00	7,828.13
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
	1859465833		09/30/20	09/25/20	10/25/20		318.18	0.00	0.00	318.18
		SUPPLIES								
	1859997093		10/12/20	10/02/20	10/27/20		37.66	0.00	0.00	37.66
		SUPPLIES Freight 16.84								
	1860068817		10/12/20	10/03/20	10/28/20		123.02	0.00	0.00	123.02
		SUPPLIES Freight 14.06								
	1860068816		10/12/20	10/03/20	10/28/20		96.33	0.00	0.00	96.33
		SUPPLIES								
	1860068819		10/12/20	10/03/20	10/28/20		77.76	0.00	0.00	77.76
		SUPPLIES								
	1860213330		10/12/20	10/04/20	10/29/20		20.42	0.00	0.00	20.42
		SUPPLIES								
	1860213333		10/12/20	10/04/20	10/29/20		165.04	0.00	0.00	165.04
		SUPPLIES								
	1860213332		10/12/20	10/04/20	10/29/20		57.83	0.00	0.00	57.83
		SUPPLIES								
	1860247855		10/17/20	10/05/20	10/30/20		170.97	0.00	0.00	170.97
		SUPPLIES								
	1860247856		10/17/20	10/05/20	10/30/20		994.24	0.00	0.00	994.24
		SUPPLIES								
	1860343638		10/17/20	10/05/20	10/30/20		-147.26	0.00	0.00	-147.26
		CREDIT								
	1860247857		10/17/20	10/05/20	10/30/20		33.20	0.00	0.00	33.20
		SUPPLIES								
	1860422461		10/17/20	10/06/20	10/31/20		1,234.07	0.00	0.00	1,234.07
		SUPPLIES								
	1860422464		10/17/20	10/06/20	10/31/20		37.74	0.00	0.00	37.74
		SUPPLIES Freight 11.89								
	1860422463		10/17/20	10/06/20	10/31/20		254.42	0.00	0.00	254.42
		SUPPLIES Freight 65.42								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				3,473.62	0.00	0.00	3,473.62
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
	101118		10/17/20	10/11/20	10/11/20		190.01	0.00	0.00	190.01

PAYROLL DED

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	190.01	0.00	0.00	190.01

Vendor#	Vendor Name	Class	Pay Code
10791	MINDRAY DS USA, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0600659165		10/17/20	10/01/20	10/21/20			130.65	0.00	0.00	130.65
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10791	MINDRAY DS USA, INC.	130.65	0.00	0.00	130.65

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
101118		10/12/20	10/11/20	10/25/20			110.14	0.00	0.00	110.14
	PAYROLL DED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	110.14	0.00	0.00	110.14

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
101518		10/16/20	10/15/20	10/15/20			33,967.79	0.00	0.00	33,967.79
	INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	33,967.79	0.00	0.00	33,967.79

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
644811		10/15/20	10/10/20	10/10/20			603.52	0.00	0.00	603.52
	LIFT RENTAL 5K Rough lift 10/8/18 - 10/10/18 (diesel)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11972	MOMENTUM RENTAL & SALES	603.52	0.00	0.00	603.52

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
3366705		10/12/20	10/09/20	10/25/20			1,500.00	0.00	0.00	1,500.00
	ACCUMULATOR									
3375289		10/12/20	10/10/20	10/25/20			155.37	0.00	0.00	155.37
	INVENTORY									
3375437		10/12/20	10/10/20	10/25/20			571.84	0.00	0.00	571.84
	INVENTORY									
3375436		10/12/20	10/10/20	10/25/20			85.56	0.00	0.00	85.56
	INVENTORY									
3375435		10/12/20	10/10/20	10/25/20			12.75	0.00	0.00	12.75
	INVENTORY									
0582		10/15/20	10/10/20	10/20/20			-842.13	0.00	0.00	-842.13
	CREDIT									
3380393		10/15/20	10/11/20	10/21/20			19.67	0.00	0.00	19.67
	INVENTORY									
3380394		10/15/20	10/11/20	10/21/20			1,044.14	0.00	0.00	1,044.14
	INVENTORY									
3378547		10/15/20	10/11/20	10/21/20			173.51	0.00	0.00	173.51
	INVENTORY									

3378821		10/15/20	10/11/20	10/21/20	67.32	0.00	0.00	67.32
	INVENTORY							
3380111		10/15/20	10/11/20	10/21/20	666.82	0.00	0.00	666.82
	INVENTORY							
3380395		10/15/20	10/11/20	10/21/20	73.36	0.00	0.00	73.36
	INVENTORY							
3385179		10/15/20	10/12/20	10/22/20	21.14	0.00	0.00	21.14
	INVENTORY							
3385178		10/15/20	10/12/20	10/22/20	27.43	0.00	0.00	27.43
	INVENTORY							
3385176		10/15/20	10/12/20	10/22/20	2,769.99	0.00	0.00	2,769.99
	INVENTORY							
3385177		10/15/20	10/12/20	10/22/20	262.15	0.00	0.00	262.15
	INVENTORY							
3383764		10/15/20	10/12/20	10/22/20	261.27	0.00	0.00	261.27
	INVENTORY							
3391739		10/17/20	10/15/20	10/25/20	12,601.50	0.00	0.00	12,601.50
	INVENTORY							
3391737		10/17/20	10/15/20	10/25/20	2,749.02	0.00	0.00	2,749.02
	INVENTORY							
3391738		10/17/20	10/15/20	10/25/20	171.08	0.00	0.00	171.08
	INVENTORY							
3398005		10/17/20	10/16/20	10/26/20	188.18	0.00	0.00	188.18
	INVENTORY							
3398006		10/17/20	10/16/20	10/26/20	403.62	0.00	0.00	403.62
	INVENTORY							
3398004		10/17/20	10/16/20	10/26/20	823.51	0.00	0.00	823.51
	INVENTORY							
3398459		10/17/20	10/16/20	10/26/20	594.25	0.00	0.00	594.25
	INVENTORY							
CM876198		10/17/20	10/16/20	10/26/20	-13.56	0.00	0.00	-13.56
	CREDIT							
3398007		10/17/20	10/16/20	10/26/20	372.31	0.00	0.00	372.31
	INVENTORY							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	24,760.10	0.00	0.00	24,760.10

Vendor#	Vendor Name	Class	Pay Code
11256	NOVITAS SOLUTIONS - PART A		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1689630865		10/18/20	09/20/20	09/20/20			36,391.00	0.00	0.00	36,391.00
	MEDICARE REIMBURSEMENT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11256	NOVITAS SOLUTIONS - PART A	36,391.00	0.00	0.00	36,391.00

Vendor#	Vendor Name	Class	Pay Code
O0920	OFFICE DEPOT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
209111440001		10/17/20	09/25/20	10/25/20			65.54	0.00	0.00	65.54
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT	65.54	0.00	0.00	65.54

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
1850768790		09/30/20	09/25/20	10/25/20		1,341.11	0.00	0.00	1,341.11
	SUPPLIES	Shipping 90.32							
1850763922		10/17/20	09/18/20	10/18/20		210.36	0.00	0.00	210.36
	SUPPLIES	Freight 9.89							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	1,551.47	0.00	0.00	1,551.47

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
2041331679		09/30/20	09/25/20	10/25/20		179.92	0.00	0.00	179.92
	SUPPLIES								
2041332229		09/30/20	09/25/20	10/25/20		718.21	0.00	0.00	718.21
	SUPPLIES								
2041342288		09/30/20	09/25/20	10/25/20		260.48	0.00	0.00	260.48
	SUPPLIES								
2041332886		09/30/20	09/25/20	10/25/20		124.44	0.00	0.00	124.44
	SUPPLIES								
2041331267		09/30/20	09/25/20	10/25/20		121.88	0.00	0.00	121.88
	SUPPLIES								
2041417708		10/12/20	09/27/20	10/27/20		202.74	0.00	0.00	202.74
	SUPPLIES								
2041413121		10/12/20	09/27/20	10/27/20		135.36	0.00	0.00	135.36
	SUPPLIES								
8000159718		10/17/20	09/30/20	10/30/20		31.64	0.00	0.00	31.64
	FINANCE CHARGES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	1,774.67	0.00	0.00	1,774.67

Vendor# Vendor Name — Class — Pay Code

11069 PABLO GARZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101618		10/17/20	10/15/20	10/16/20		1,927.50	0.00	0.00	1,927.50
	CONTRACT EMPLOYEE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	1,927.50	0.00	0.00	1,927.50

Vendor# Vendor Name — Class — Pay Code

10737 PEM FILINGS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00013320PEM		10/12/20	10/05/20	10/25/20		325.81	0.00	0.00	325.81
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10737	PEM FILINGS	325.81	0.00	0.00	325.81

Vendor# Vendor Name — Class — Pay Code

12188 PENNY GOULDEN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101018		10/12/20	10/10/20	10/25/20		36.02	0.00	0.00	36.02
	TRAVEL	Business development for Rehab Services							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12188	PENNY GOULDEN	36.02	0.00	0.00	36.02

Vendor# Vendor Name — Class — Pay Code

10032 PHILIPS HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
937451722		10/15/20	09/28/20	10/23/20		2,627.00	0.00	0.00	2,627.00
	SERVICE AGREEMENT								
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
P1800	PITNEY BOWES INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1009471218		09/30/20	09/26/20	10/26/20		207.00	0.00	0.00	207.00
	RENTAL MAIL MACHINE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P1800	PITNEY BOWES INC				207.00	0.00	0.00	207.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
093018		10/08/20	09/30/20	10/25/20		1,471.70	0.00	0.00	1,471.70
	GOLD MEMEBER PLUS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE				1,471.70	0.00	0.00	1,471.70

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4306802		10/17/20	08/27/20	09/26/20		119.10	0.00	0.00	119.10
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)				119.10	0.00	0.00	119.10

Vendor#	Vendor Name	Class	Pay Code
11195	PSYCHEMEDICS CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
520464		10/17/20	09/30/20	10/30/20		99.00	0.00	0.00	99.00
	LAB SERVICES N shipping								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11195	PSYCHEMEDICS CORPORATION				99.00	0.00	0.00	99.00

Vendor#	Vendor Name	Class	Pay Code
10896	QIAGEN INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
98599774		10/01/20	09/25/20	10/25/20		246.49	0.00	0.00	246.49
	SUPPLIES shipping 48.49								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10896	QIAGEN INC				246.49	0.00	0.00	246.49

Vendor#	Vendor Name	Class	Pay Code
11009	RECONDO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV13852		10/12/20	08/01/20	10/25/20		4,050.00	0.00	0.00	4,050.00
	BUSINESS OFFICE SERVICE								
INV14008		10/12/20	09/01/20	10/25/20		4,050.00	0.00	0.00	4,050.00
	BUS. OFF. SERVICE								
INV14181		10/12/20	10/01/20	10/26/20		4,050.00	0.00	0.00	4,050.00
	BUS. OFF. SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11009	RECONDO				12,150.00	0.00	0.00	12,150.00

Vendor#	Vendor Name				Class	Pay Code				
R1200	RED HAWK FIRE AND SECURITY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	370475		10/09/20	10/01/20	10/26/20		45.47	0.00	0.00	45.47
		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				
11024	REED, CLAYMON, MEEKER & HARGET									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	14931		10/16/20	10/11/20	10/11/20		316.00	0.00	0.00	316.00
		LEGAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11024	REED, CLAYMON, MEEKER & HARGET				316.00	0.00	0.00	316.00
Vendor#	Vendor Name				Class	Pay Code				
10987	REVCYCLE+, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	MLVAC42084		10/08/20	10/02/20	10/27/20		1,973.55	0.00	0.00	1,973.55
		CODING SERVICE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10987	REVCYCLE+, INC.				1,973.55	0.00	0.00	1,973.55
Vendor#	Vendor Name				Class	Pay Code				
11252	RX WASTE SYSTEMS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1818		10/09/20	10/01/20	10/26/20		235.00	0.00	0.00	235.00
		DISPOSAL SERVICE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11252	RX WASTE SYSTEMS LLC				235.00	0.00	0.00	235.00
Vendor#	Vendor Name				Class	Pay Code				
S1000	SANOFI DIAGNOSTIC PASTEUR INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	911193626		10/15/20	10/02/20	10/25/20		3,989.44	0.00	0.00	3,989.44
		INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1000	SANOFI DIAGNOSTIC PASTEUR INC				3,989.44	0.00	0.00	3,989.44
Vendor#	Vendor Name				Class	Pay Code				
10625	SARA RUBIO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	101218		10/12/20	10/12/20	10/25/20		30.81	0.00	0.00	30.81
		TRAVEL golden crescent traffic; safety meeting 10/11/18								
	100918		10/15/20	10/09/20	10/09/20		48.15	0.00	0.00	48.15
		TRAVEL delivered flyers to schools for Health; Safety Fair 10/9/18								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10625	SARA RUBIO				78.96	0.00	0.00	78.96
Vendor#	Vendor Name				Class	Pay Code				
10936	SIEMENS FINANCIAL SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4678663		10/17/20	09/29/20	10/24/20		1,333.33	0.00	0.00	1,333.33
		RENTAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES				1,333.33	0.00	0.00	1,333.33
Vendor#	Vendor Name				Class	Pay Code				

S2362 SMITH & NEPHEW

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
921381985	SUPPLIES freight 3293	10/17/20	10/05/20	10/25/20		852.93	0.00	0.00	852.93

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	852.93	0.00	0.00	852.93

Vendor# Vendor Name — Class — Pay Code

12192 SMITH & NEPHEW, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100318	340B REPAYEMNT	10/17/20	10/03/20	10/03/20		180.87	0.00	0.00	180.87

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12192	SMITH & NEPHEW, INC	180.87	0.00	0.00	180.87

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
101618	TRANSFER Payment to MMC in error	10/17/20	10/16/20	10/16/20		13,584.20	0.00	0.00	13,584.20

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	13,584.20	0.00	0.00	13,584.20

Vendor# Vendor Name — Class — Pay Code

11296 SOUTH TEXAS BLOOD & TISSUE CEN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90039657	CREDIT	10/17/20	09/30/20	10/25/20		-3,806.00	0.00	0.00	-3,806.00
90039767	BLOOD	10/17/20	09/30/20	10/25/20		5,898.00	0.00	0.00	5,898.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	2,092.00	0.00	0.00	2,092.00

Vendor# Vendor Name — Class — Pay Code

S2345 SOUTHEAST TEXAS HEALTH SYS — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
26091	QRTRLY MEMBERSHIP	10/08/20	10/01/20	10/31/20		5,000.00	0.00	0.00	5,000.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS HEALTH SYS	5,000.00	0.00	0.00	5,000.00

Vendor# Vendor Name — Class — Pay Code

10494 SPECTRA CORP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00017055RH	PURCH SERV	10/12/20	10/05/20	10/25/20		488.71	0.00	0.00	488.71

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10494	SPECTRA CORP	488.71	0.00	0.00	488.71

Vendor# Vendor Name — Class — Pay Code

S3960 STERICYCLE, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4008102509	DISPOSAL SERVICES	09/30/20	10/01/20	10/31/20		2,083.21	0.00	0.00	2,083.21

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	2,083.21	0.00	0.00	2,083.21

Vendor# Vendor Name — Class — Pay Code

S3940 STERIS CORPORATION ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7712798 ✓		10/17/20	09/25/20	10/20/20		96.89	0.00	0.00	96.89 ✓
	SUPPLIES Shipping 12.07								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	96.89	0.00	0.00	96.89

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
3456911 ✓		09/25/20	09/25/20	10/25/20		360.50	0.00	0.00	360.50 ✓
	SUPPLIES Shipping 14.90								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	360.50	0.00	0.00	360.50

Vendor# Vendor Name — Class — Pay Code

11944 TALX CORPORATION ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
CM1B2444631 ✓		09/30/20	09/25/20	10/25/20		-3.62	0.00	0.00	-3.62 ✓
	CREDIT								
CM1B2253520 ✓		09/30/20	09/25/20	10/25/20		-10.28	0.00	0.00	-10.28 ✓
	CREDIT								
B2578095 ✓		10/12/20	10/08/20	10/25/20		25.94	0.00	0.00	25.94 ✓
	EMP VERIF FOR INDIGENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11944	TALX CORPORATION	12.04	0.00	0.00	12.04

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
101618		10/17/20	10/16/20	10/16/20		19,461.00	0.00	0.00	19,461.00 ✓
	TRANSFER Pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	19,461.00	0.00	0.00	19,461.00

Vendor# Vendor Name — Class — Pay Code

11908 TMS SOUTH ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
567673 ✓		09/30/20	09/25/20	10/25/20		45.65	0.00	0.00	45.65 ✓
	SUPPLIES								
568039 ✓		10/17/20	09/27/20	10/27/20		61.20	0.00	0.00	61.20 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11908	TMS SOUTH	106.85	0.00	0.00	106.85

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
35FK101800 ✓		10/10/20	10/01/20	10/26/20		812.00	0.00	0.00	812.00 ✓
	PT STATEMENTS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	812.00	0.00	0.00	812.00

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
8400284145 ✓		10/09/20	10/01/20	10/26/20		1,233.37	0.00	0.00	1,233.37 ✓
	LAUNDRY								

8400284104		10/09/20	10/01/20	10/26/20	139.12	0.00	0.00	139.12
LAUNDRY								
8400284103		10/09/20	10/01/20	10/26/20	120.39	0.00	0.00	120.39
LAUNDRY								
8400284106		10/09/20	10/01/20	10/26/20	47.15	0.00	0.00	47.15
LAUNDRY								
8400284107		10/09/20	10/01/20	10/26/20	56.21	0.00	0.00	56.21
LAUNDRY								
8400284174		10/09/20	10/01/20	10/26/20	118.88	0.00	0.00	118.88
LAUNDRY								
8400284105		10/09/20	10/01/20	10/26/20	126.84	0.00	0.00	126.84
LAUNDRY								
8400284138		10/09/20	10/01/20	10/26/20	85.24	0.00	0.00	85.24
LAUNDRY								
8400284431		10/09/20	10/04/20	10/29/20	153.50	0.00	0.00	153.50
LAUNDRY								
8400284473		10/09/20	10/04/20	10/29/20	877.79	0.00	0.00	877.79
LAUNDRY								
8400284427		10/09/20	10/04/20	10/29/20	17.00	0.00	0.00	17.00
LAUNDRY								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			2,975.49	0.00	0.00	2,975.49

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
8941944		10/15/20	08/17/20	09/01/20			63.97	0.00	0.00	63.97
	UNIFORMS C ANDRADE									
9053001		10/15/20	09/26/20	10/11/20			184.93	0.00	0.00	184.93
	UNIFORM M RECTOR									
9051011		10/15/20	09/26/20	10/11/20			121.97	0.00	0.00	121.97
	UNIFORMS J SVETLIK									
9073329		10/15/20	10/03/20	10/18/20			165.65	0.00	0.00	165.65
	UNIFORMS K SCOTT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	536.52	0.00	0.00	536.52

Vendor#	Vendor Name	Class	Pay Code
V1080	VICTORIA COMMUNICATION SVCS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5055		10/09/20	09/28/20	10/28/20			158.80	0.00	0.00	158.80
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1080	VICTORIA COMMUNICATION SVCS	158.80	0.00	0.00	158.80

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
18090203		10/08/20	09/30/20	10/30/20			120.00	0.00	0.00	120.00
	AD									
18090200		10/08/20	09/30/20	10/30/20			210.00	0.00	0.00	210.00
	AD									
18090201		10/08/20	09/30/20	10/30/20			300.00	0.00	0.00	300.00
	AD									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD	630.00	0.00	0.00	630.00

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101118	PAYROLL DED	10/17/20	10/11/20	10/11/20		2,521.64	0.00	0.00	2,521.64

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

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9110577782	SUPPLIES	10/17/20	10/02/20	10/27/20		2,084.16	0.00	0.00	2,084.16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,084.16	0.00	0.00	2,084.16

Vendor#	Vendor Name	Class	Pay Code
11400	WEST COAST MEDICAL RESOURCES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MEMOR018	SUPPLIES	10/17/20	07/23/20	08/22/20		66.00	0.00	0.00	66.00
INV033490	SUPPLIES	10/17/20	07/30/20	08/29/20		1,074.00	0.00	0.00	1,074.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11400	WEST COAST MEDICAL RESOURCES	1,140.00	0.00	0.00	1,140.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	473,039.86	0.00	0.00	473,039.86

APPROVED ON
OCT 18 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#'s 177999 - 178097

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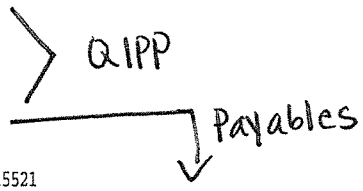
RUN DATE:10/24/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:57 CHECK REGISTER GLCKREG
10/24/18 THRU 10/24/18

BANK--CHECK	NUMBER	DATE	AMOUNT	PAYEE
NHS	000028	10/24/18	4,202.49	MMC OPERATING
NHF *	000029	10/24/18	5,845.79	MMC OPERATING
NHC *	000031	10/24/18	1,218.56	MMC OPERATING
NHA *	000034	10/24/18	20,403.27	MMC OPERATING
A/P	177999	10/24/18	597.00	3WON, LLC
A/P	178000	10/24/18	123.85	ABBVIE US LLC
A/P	178001	10/24/18	12.98	ACE HARDWARE 15521
A/P	178002	10/24/18	1,400.00	ACUTE CARE INC
A/P	178003	10/24/18	4,350.00	ADVANCES BY TED LLC
A/P	178004	10/24/18	3,401.87	AIRGAS USA, LLC - CENTRAL DIV
A/P	178005	10/24/18	954.00	ALCON LABORATORIES, INC.
A/P	178006	10/24/18	11,968.42	ALLSTATE
A/P	178007	10/24/18	224.91	ALPHA TEC SYSTEMS INC
A/P	178008	10/24/18	649.25	AMERICAN CATHETER CORPORATION
A/P	178009	10/24/18	825.00	AMERICAN COLLEGE OF RADIOLOGY
A/P	178010	10/24/18	111.89	AQUA BEVERAGE COMPANY
A/P	178011	10/24/18	990.00	ATD-AUSTIN
A/P	178012	10/24/18	30.47	AUTO PARTS & MACHINE CO.
A/P	178013	10/24/18	1,752.00	AYA HEALTHCARE INC
A/P	178014	10/24/18	26,309.68	BECKMAN COULTER INC
A/P	178015	10/24/18	84.38	BHB MACHINE & PUMP REPAIR, LLC
A/P	178016	10/24/18	7,029.00	BROADMOOR AT CREEKSIDE PARK
A/P	178017	10/24/18	100.52	CITIZENS MEDICAL CENTER
A/P	178018	10/24/18	14,749.33	CLINICAL PATHOLOGY
A/P	178019	10/24/18	668.75	CONMED CORPORATION
A/P	178020	10/24/18	194.40	CYRACOM LLC
A/P	178021	10/24/18	447.38	CYTO THERM L.P.
A/P	178022	10/24/18	749.86	DEWITT POTH & SON
A/P	178023	10/24/18	50,311.25	DIAMOND HEALTHCARE CORP
A/P	178024	10/24/18	105.00	DOWELL PEST CONTROL
A/P	178025	10/24/18	7.78	FASTENAL COMPANY
A/P	178026	10/24/18	937.79	FILTER TECHNOLOGY CO, INC
A/P	178027	10/24/18	75.00	FIRST CLEARING
A/P	178028	10/24/18	2,357.85	FISHER HEALTHCARE
A/P	178029	10/24/18	6,825.20	GE HEALTHCARE
A/P	178030	10/24/18	63,306.77	GOLDENCREEK HEALTHCARE
A/P	178031	10/24/18	384.28	GULF COAST PAPER COMPANY
A/P	178032	10/24/18	900.00	GULF COAST REGIONAL
A/P	178033	10/24/18	210.00	HEALTHCARE CODING & CONSULTING
A/P	178034	10/24/18	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	178035	10/24/18	13,515.42	HUNTER PHARMACY SERVICES
A/P	178036	10/24/18	24,004.10	ITA RESOURCES INC
A/P	178037	10/24/18	49.99	JOHNSTONE SUPPLY
A/P	178038	10/24/18	15.00	LABCORP OF AMERICA HOLDINGS
A/P	178039	10/24/18	400.00	LAMAR COMPANIES
A/P	178040	10/24/18	1,211.35	LEGAL SHIELD
A/P	178041	10/24/18	444.46	LOWE'S HOME CENTERS INC
A/P	178042	10/24/18	22,640.39	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	178043	10/24/18	1,045.00	M G TRUST
A/P	178044	10/24/18	1,018.33	MARVELOUS GARDENS, INC



BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	178045	10/24/18	2,214.67	MCKESSON MEDICAL SURGICAL INC
A/P	178046	10/24/18	7,828.13	MEDICAL DATA SYSTEMS, INC.
A/P	178047	10/24/18	.00	VOIDED
A/P	178048	10/24/18	3,473.62	MEDLINE INDUSTRIES INC
A/P	178049	10/24/18	190.01	MEMORIAL MEDICAL CLINIC
A/P	178050	10/24/18	130.65	MINDRAY DS USA, INC.
A/P	178051	10/24/18	110.14	MMC AUXILIARY GIFT SHOP
A/P	178052	10/24/18	33,967.79	MMC EMPLOYEE BENEFIT PLAN
A/P	178053	10/24/18	603.52	MOMENTUM RENTAL & SALES
A/P	178054	10/24/18	.00	VOIDED
A/P	178055	10/24/18	24,760.10	MORRIS & DICKSON CO, LLC
A/P	178056	10/24/18	36,391.00	NOVITAS SOLUTIONS - PART A
A/P	178057	10/24/18	65.54	OFFICE DEPOT
A/P	178058	10/24/18	1,551.47	ORTHO CLINICAL DIAGNOSTICS
A/P	178059	10/24/18	1,774.67	OWENS & MINOR
A/P	178060	10/24/18	1,927.50	PABLO GARZA
A/P	178061	10/24/18	325.81	PEM FILINGS
A/P	178062	10/24/18	36.02	PENNY GOULDEN
A/P	178063	10/24/18	2,627.00	PHILIPS HEALTHCARE
A/P	178064	10/24/18	207.00	PITNEY BOWES INC
A/P	178065	10/24/18	1,796.14	PORT LAVACA CLINIC ASSOC
A/P	178066	10/24/18	1,471.70	PORT LAVACA WAVE
A/P	178067	10/24/18	119.10	PRECISION DYNAMICS CORP (PDC)
A/P	178068	10/24/18	99.00	PSYCHEMEDICS CORPORATION
A/P	178069	10/24/18	246.49	QIAGEN INC
A/P	178070	10/24/18	12,150.00	RECONDO
A/P	178071	10/24/18	45.47	RED HAWK FIRE AND SECURITY
A/P	178072	10/24/18	316.00	REED, CLAYMON, MEEKER & HARGET
A/P	178073	10/24/18	1,973.55	REVCYCLE+, INC.
A/P	178074	10/24/18	235.00	RX WASTE SYSTEMS LLC
A/P	178075	10/24/18	3,989.44	SANOFI DIAGNOSTIC PASTEUR INC
A/P	178076	10/24/18	78.96	SARA RUBIO
A/P	178077	10/24/18	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	178078	10/24/18	852.93	SMITH & NEPHEW
A/P	178079	10/24/18	180.87	SMITH & NEPHEW, INC
A/P	178080	10/24/18	13,584.20	SOLERA WEST HOUSTON
A/P	178081	10/24/18	2,092.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	178082	10/24/18	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	178083	10/24/18	488.71	SPECTRA CORP
A/P	178084	10/24/18	2,083.21	STERICYCLE, INC
A/P	178085	10/24/18	96.89	STERIS CORPORATION
A/P	178086	10/24/18	360.50	STRYKER SUSTAINABILITY
A/P	178087	10/24/18	12.04	TALX CORPORATION
A/P	178088	10/24/18	19,461.00	THE CRESCENT
A/P	178089	10/24/18	106.85	TMS SOUTH
A/P	178090	10/24/18	812.00	TRIZETTO PROVIDER SOLUTIONS
A/P	178091	10/24/18	2,975.49	UNIFIRST HOLDINGS INC
A/P	178092	10/24/18	536.52	UNIFORM ADVANTAGE
A/P	178093	10/24/18	158.80	VICTORIA COMMUNICATION SVCS
A/P	178094	10/24/18	630.00	VICTORIA RADIOWORKS, LTD
A/P	178095	10/24/18	2,521.64	WAGEWORKS

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	178096	10/24/18	2,084.16	WERFEN USA LLC
A/P	178097	10/24/18	1,140.00	WEST COAST MEDICAL RESOURCES
A/P	178098	10/24/18	40,062.50	EMERGENCY STAFFING SOLUTIONS Critical
TOTALS:			544,772.47	

Payables 473,039.86 +
Critical 40,062.50 +
QIPP 31,670.11 +
544,772.47 *

APPROVED
ON

OCT 24 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: 10/19/2018 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 10/20/2018

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

As of: 10/19/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 10/20/2018 **ITEMS NOT PAID (✓)**

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,737.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 10/23/2018,
Pay This Amount: 2,682.39 USD ✓

If Paid After 10/23/2018,
Pay this Amount: 2,737.15 USD

Due If Paid On Time:
USD 2,682.39

Disc lost if paid late: 54.76

Due If Paid Late:
USD 2,737.15

Check #1004
GL Acct. #60310000

1,352.76 +
128.37 +
1,201.26 +
2,682.39 *

APPROVED
ON
OCT 22 2018 CK#001004

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: 10/19/2018 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 10/20/2018

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

As of: 10/19/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 10/20/2018 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											
10/15/2018	10/23/2018	7897375374	1001322864	115Invoice	5.08	253.99		248.91 ✓		7897375374	
10/15/2018	10/23/2018	7897375379	1001323399	115Invoice	9.57	478.27		468.70 ✓		7897375379	
10/15/2018	10/23/2018	7897375381	1001323829	115Invoice	0.46	22.92		22.46 ✓		7897375381	
10/15/2018	10/23/2018	7897375382	1001323829	115Invoice	0.01	0.60		0.59 ✓		7897375382	
10/16/2018	10/23/2018	7897630381	1001324206	115Invoice	2.50	125.10		122.60 ✓		7897630381	
10/17/2018	10/23/2018	7897838439	1001324636	115Invoice	1.21	60.68		59.47 ✓		7897838439	
10/17/2018	10/23/2018	7897838441	1001324636	115Invoice	0.01	0.73		0.72 ✓		7897838441	
10/18/2018	10/23/2018	7898090985	1001325130	115Invoice	3.32	166.22		162.90 ✓		7898090985	
10/18/2018	10/23/2018	7898090987	1001325130	115Invoice	0.45	22.74		22.29 ✓		7898090987	
10/19/2018	10/23/2018	7898291789	1001325676	115Invoice	4.95	247.70		242.75 ✓		7898291789	
10/19/2018	10/23/2018	7898291790	1001325676	115Invoice	0.03	1.40		1.37 ✓		7898291790	

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: 1,380.35 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,601.80
10/15/2018

If Paid By 10/23/2018,
Pay This Amount: 1,352.76 USD ✓

If Paid After 10/23/2018,
Pay this Amount: 1,380.35 USD

Due If Paid On Time:
USD 1,352.76
Disc lost if paid late: 27.59

Due If Paid Late:
USD 1,380.35

APPROVED
ON
OCT 22 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 10/19/2018 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 10/20/2018

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

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

As of: 10/19/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 10/20/2018 **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											
10/17/2018	10/23/2018	7897856098	2017005748	115Invoice	0.53	26.29		25.76 ✓		7897856098	
10/17/2018	10/23/2018	7897856101	2017005748	115Invoice	2.09	104.34		102.25 ✓		7897856101	
10/19/2018	10/23/2018	7898266239	2017005767	115Invoice	0.01	0.37		0.36 ✓		7898266239	

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: 131.00 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,601.80
10/15/2018

If Paid By 10/23/2018, Pay This Amount: 128.37 USD ✓

If Paid After 10/23/2018, Pay this Amount: 131.00 USD

Due If Paid On Time: USD 128.37

Disc lost if paid late: 2.63

Due If Paid Late: USD 131.00

APPROVED
ON
OCT 2 2 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/19/2018 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 10/20/2018

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

As of: 10/19/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/20/2018 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											
10/15/2018	10/23/2018	7897354696	1116139	115Invoice	2.13	106.63		104.50 ✓		7897354696	
10/15/2018	10/23/2018	7897354697	1013180225-00	115Invoice	0.01	0.32		0.31 ✓		7897354697	
10/15/2018	10/23/2018	7897354698	0959800058	115Invoice	7.84	392.03		384.19 ✓		7897354698	
10/16/2018	10/23/2018	7897627320	0959800059	115Invoice	0.39	19.29		18.90 ✓		7897627320	
10/16/2018	10/23/2018	7897627321	1116185	115Invoice	3.31	165.61		162.30 ✓		7897627321	
10/16/2018	10/23/2018	7897627322	1014180741-00	115Invoice	0.76	38.08		37.32 ✓		7897627322	
10/17/2018	10/23/2018	7897850393	0959800060	115Invoice	1.25	62.34		61.09 ✓		7897850393	
10/17/2018	10/23/2018	7897850394	1012180425-00	115Invoice	0.03	1.27		1.24 ✓		7897850394	
10/18/2018	10/23/2018	7898086692	0959800061	115Invoice	3.11	155.34		152.23 ✓		7898086692	
10/18/2018	10/23/2018	7898086693	1017180414-00	115Invoice	0.02	0.82		0.80 ✓		7898086693	
10/18/2018	10/23/2018	7898086694	1116243	115Invoice	1.15	57.26		56.11 ✓		7898086694	
10/19/2018	10/23/2018	7898295365	0959800062	115Invoice	4.54	226.81		222.27 ✓		7898295365	

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: 1,225.80 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 8,601.80
10/15/2018

If Paid By 10/23/2018,
Pay This Amount: 1,201.26 USD

If Paid After 10/23/2018,
Pay this Amount: 1,225.80 USD

Due If Paid On Time:
USD 1,201.26
Disc lost if paid late: 24.54

Due If Paid Late:
USD 1,225.80

APPROVED
ON

OCT 2 2 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:10/23/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:33 CHECK REGISTER GLCKREG
10/23/18 THRU 10/23/18

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	001004	10/23/18	2,682.39	McKesson
TOTALS:			2,682.39	

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0556709000527279902613180261318030

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	10/28/2018	$2,613.18	$2,613.18	

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

Pd. 10-26-18 RK

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

APPROVED ON
OCT 12 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CITIBANK CORPORATE CARD

Statement Date
10/03/2018

Payment Date
10/28/2018

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
$20,000.00	$17,386.82	$0.00	$0.00

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

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

COMPANY SUMMARY

C0001 CALHOUN COUNTY MMC 5567-0900-0527-2799		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	$2,087.37	- $2,087.37	- $129.90	$2,743.08		$2,613.18
	Advances						
	TOTAL	$2,087.37	- $2,087.37	- $129.90	$2,743.08		$2,613.18

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

CARDMEMBER SUMMARY

JASON W ANGLIN XXXX-XXXX-XX64-6997		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$2,743.08		
	Advances						
	TOTAL			- $129.90	$2,743.08		$2,613.18

COMPANY BOOKKEEPING DETAIL

C0001 CALHOUN COUNTY MMC **5567-0900-0527-2799**

Monthly Limit	Cash Limit*	Available Credit Line	Available Cash Line**
$20,000.00	$0.00	$17,386.82	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Total Amount
09/21/2018	09/21/2018	75472338264264411000035	PAYMENT THANK YOU	$2,087.37 PY

DAYS IN BILLING PERIOD: 030					
Balance Subject		Purchases	Cash Advances	Payment Due:	$2,613.18
To Interest Charges	>	$0.00	$0.00	Amount Over Credit Limit:	$0.00
Periodic rate	>	.0000%	.0000%	Amount Past Due:	$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	MINIMUM AMOUNT DUE:	$2,613.18

citi

Company Account Number

Statement Date
10/03/2018

INDIVIDUAL CARDHOLDER ACTIVITY

JASON W ANGLIN — **XXXX-XXXX-XX64-6997**

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
09/05/2018	09/06/2018	05134378249600027813209	NPDB NPDB.HRSA.GOV 800-767-6732 VA N59090109	$2.00
09/06/2018	09/06/2018	55432868249200545701053	AMA CREDENTIALING 800-621-8335 IL	$43.00
09/12/2018	09/13/2018	55429508256637158852912	ONLINEWEBCOURSE 8008173570 DE	$228.00
09/12/2018	09/14/2018	55431408256630159988800	UT WEB TXSHOP AUSTIN TX	$150.00
09/12/2018	09/14/2018	55431408256630159988834	UT WEB TXSHOP AUSTIN TX	$300.00
09/13/2018	09/17/2018	55432868257200262207903	SOUTHWES 5261488054149 800-435-9792 TX ANGLIN/JASON WADE DEPARTURE: 09-27-18 AUS WN S LAS WN C AUS	$327.98
09/17/2018	09/18/2018	25536068261101016568856	TXDPS CRIME RECS AUSTIN TX 446853502	$92.28
09/20/2018	09/24/2018	25247808264003534002234	R AND D BATTERIES BURNSVILLE MN 17759	$299.35
09/21/2018	09/24/2018	05134378265600027222418	NPDB NPDB.HRSA.GOV 800-767-6732 VA N59409478	$2.00
09/22/2018	09/24/2018	55432868265200720760626	AMA CREDENTIALING 800-621-8335 IL	$43.00
09/24/2018	09/25/2018	25536068268101045494192	TX CII RX PADS AUSTIN TX 448160762	$50.87
09/25/2018	09/27/2018	75337008269300600683287	AZTEC TOILET RENTALS VICTORIA TX 10885	$306.26
09/27/2018	09/27/2018	55432868270200755536043	AMZN MKTP US MT5806GH0 AMZN.COM/BILL WA 112-1901054-16394	$11.98
09/26/2018	09/28/2018	85353548270700156522237	DXE MEDICAL INC TEL8663494364 TN 514019	$129.90 CR
09/27/2018	09/28/2018	55432868270200845985234	AMZN MKTP US MT88Z1X61 AMZN.COM/BILL WA 112-7543829-34498	$106.99
09/28/2018	10/01/2018	55432868272200242230547	SOUTHWES 5269818639062 800-435-9792 TX NEUPANE GAUTAM/SHOBHA DEPARTURE: 09-28-18 STL WN Y HOU WN Y STL	$25.00
09/28/2018	10/01/2018	55432868272200242230554	SOUTHWES 5269818639063 800-435-9792 TX NEUPANE GAUTAM/SHOBHA DEPARTURE: 09-28-18 MDW WN Y BDL WN Y MDW	$25.00
09/28/2018	10/01/2018	55432868272200242230562	SOUTHWES 5261492948377 800-435-9792 TX NEUPANE GAUTAM/SHOBHA DEPARTURE: 10-11-18 BDL WN O STL WN O HOU WN G MDW WN G BDL	$462.61
09/28/2018	10/01/2018	55457028272207225104988	ELEARNING AMERICAN HEA 8882428883 TX AE1A0EF9405C	$31.88
09/28/2018	10/01/2018	55457028272207225105050	ELEARNING AMERICAN HEA 8882428883 TX AM1A0EF96096	$31.88
10/01/2018	10/02/2018	55429508274894872534239	TEXASORGANI 5126156270 TX 87253423	$150.00
10/02/2018	10/03/2018	05134378276600041099187	NPDB NPDB.HRSA.GOV 800-767-6732 VA N59569445	$8.00
10/02/2018	10/03/2018	05134378276600041099260	NPDB NPDB.HRSA.GOV 800-767-6732 VA N59569642	$2.00
10/03/2018	10/03/2018	55432868276200952817265	AMA CREDENTIALING 800-621-8335 IL	$43.00
			TOTAL PURCHASES/ADVANCES/CREDITS	$2,613.18

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

Continued on next page

Information About Your Citibank Corporate Card Account

- Account may be reflected in your credit report.
- Cardmember's Credit Line (and Cash Limit, if any), is determined by the
- day, 24 hours a day at the telephone number specified on the front of the
- number specified on the front of the statement. Limit one Citibank Corporate
- Please allow sufficient mailing time if sending payments via
- ***Company Ratification:***
  Account, the Company: (i) ratifies the original Application for the Account
- The Cardmember's Cash Advance Limit is a part of the Cardmember's

Account Inquiries

- *I*
  write to us on a separate sheet at the address specified on the front of this
  the date of the bill on which the error or problem first appeared.
- Card, we may be able to help if we are notified in writing within 60 days
  resolve the dispute or if the Bank finds you responsible for the disputed
- **and must be signed by the Individual Cardmember. We will notify you of the results of our efforts.**
- credit slip to us at the billing dispute address specified on the front of
- fee specified in the

Account Requests

CHANGE OF ADDRESS OR TELEPHONE NUMBER*
***Please note that the request will be rejected if the address is outside of the card issuing country (US or Canada).**

CREDIT BALANCE REFUND REQUEST

☐

☐

citi

0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• ••••	10/28/2018	$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
10/03/2018

Payment Date
10/28/2018

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**			**********
09/05/2018	09/06/2018	05134378249600027813209	NPDB NPDB.HRSA.GOV N59090109	800-767-6732	VA	$2.00
09/06/2018	09/06/2018	55432868249200545701053	AMA CREDENTIALING	800-621-8335	IL	$43.00
09/12/2018	09/13/2018	55429508256637158852912	ONLINEWEBCOURSE	8008173570	DE	$228.00
09/12/2018	09/14/2018	55431408256630159988800	UT WEB TXSHOP	AUSTIN	TX	$150.00
09/12/2018	09/14/2018	55431408256630159988834	UT WEB TXSHOP	AUSTIN	TX	$300.00
09/13/2018	09/17/2018	55432868257200262207903	SOUTHWES 5261488054149 ANGLIN/JASON WADE AUS WN S LAS WN C AUS	800-435-9792 DEPARTURE: 09-27-18	TX	$327.98
09/17/2018	09/18/2018	25536068261101016568856	TXDPS CRIME RECS 446853502	AUSTIN	TX	$92.28
09/20/2018	09/24/2018	25247808264003534002234	R AND D BATTERIES 17759	BURNSVILLE	MN	$299.35
09/21/2018	09/24/2018	05134378265600027222418	NPDB NPDB.HRSA.GOV N59409478	800-767-6732	VA	$2.00

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: 030	Purchases	Cash Advances	
Balance Subject To Interest Charges >	$0.00	$0.00	Payment Due: $0.00
Periodic Rate >	.0000%	.0000%	Amount Over Credit Limit: $0.00
ANNUAL PERCENTAGE RATE >	0.00%	0.00%	Amount Past Due: $0.00
			MINIMUM AMOUNT DUE: $0.00

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

citi

Account Number

Statement Date
10/03/2018

Sale Date	Post Date	Reference Number	Type of Activity			Amount
NOTICE MEMO ITEM(S) LISTED BELOW						
09/22/2018	09/24/2018	5543286826520072076062 6	AMA CREDENTIALING	800-621-8335	IL	$43.00
09/24/2018	09/25/2018	2553606826810104549419 2	TX CII RX PADS 448160762	AUSTIN	TX	$50.87
09/25/2018	09/27/2018	7533700826930060068328 7	AZTEC TOILET RENTALS 10885	VICTORIA	TX	$306.26
09/27/2018	09/27/2018	5543286827020075553604 3	AMZN MKTP US MT5806GH0 112-1901054-16394	AMZN.COM/BILL	WA	$11.98
09/26/2018	09/28/2018	8535354827070015652223 7	DXE MEDICAL INC 514019	TEL8663494364	TN	$129.90 CR
09/27/2018	09/28/2018	5543286827020084598523 4	AMZN MKTP US MT88Z1X61 112-7543829-34498	AMZN.COM/BILL	WA	$106.99
09/28/2018	10/01/2018	5543286827220024223054 7	SOUTHWES 5269818639062 NEUPANE GAUTAM/SHOBHA STL WN Y HOU WN Y STL	800-435-9792 DEPARTURE: 09-28-18	TX	$25.00
09/28/2018	10/01/2018	5543286827220024223055 4	SOUTHWES 5269818639063 NEUPANE GAUTAM/SHOBHA MDW WN Y BDL WN Y MDW	800-435-9792 DEPARTURE: 09-28-18	TX	$25.00
09/28/2018	10/01/2018	5543286827220024223056 2	SOUTHWES 5261492948377 NEUPANE GAUTAM/SHOBHA BDL WN O STL WN O HOU WN G MDW WN G BDL	800-435-9792 DEPARTURE: 10-11-18	TX	$462.61
09/28/2018	10/01/2018	5545702827220722510498 8	ELEARNING AMERICAN HEA AE1A0EF9405C	8882428883	TX	$31.88
09/28/2018	10/01/2018	5545702827220722510505 0	ELEARNING AMERICAN HEA AM1A0EF96096	8882428883	TX	$31.88
10/01/2018	10/02/2018	5542950827489487253423 9	TEXASORGANI 87253423	5126156270	TX	$150.00
10/02/2018	10/03/2018	0513437827660004109918 7	NPDB NPDB.HRSA.GOV N59569445	800-767-6732	VA	$8.00
10/02/2018	10/03/2018	0513437827660004109926 0	NPDB NPDB.HRSA.GOV N59569642	800-767-6732	VA	$2.00
10/03/2018	10/03/2018	5543286827620095281726 5	AMA CREDENTIALING	800-621-8335	IL	$43.00
**********			**TOTAL AMOUNT OF MEMO ITEM(S):**			**$2,613.18**

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

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

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

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

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

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

Cash Management

Approval Summary

The following Wire Transfer was successfully approved.

Successful Approvals

Ref #	Amount	Submit Date	From	Beneficiary	Institution	Actions
2391662	$2,613.18	10/26/2018	COUNTY OF CALHOUN TEXAS	CBNA Incoming Settlement Account 30880985	R/T:021000089 CITIBANK NA	

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(1)

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: 10/8/18

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB x 1 Provider			2.00 ✓
2	—		AMA Profile x 1 Provider			43.00 ✓
3			Orit + Cont. Monitoring			
4	—		Online Web Course - Diane			228.00 ✓
5			MOORE - Provider-Based Clinic Update			
6	—		UT Web TXshop - Registration			150.00 ✓
7			for Nina Green			
8	—		UT Web TXshop - Registration			300.00 ✓
9			for Donna Stringo + Jenise Sheelik			
10	—		Southwest Airlines - Jason Anglin RadPartner Conference Las Vegas			327.98 ✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1050.98

NOTES:

charges made to Mr. Anglin's credit card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(2)

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: 10/8/18

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	—		TXDPS - Criminal History			92.28 ✓
2			Credits - 30 searches - HR + Admin			
3	—		R+D Batteries - battery			299.35 ✓
4			for MRI			
5	—		NPDB x 1 PROVIDER			2.00 ✓
6	—		AMA Credentialing x 1 Provider			43.00 ✓
7			Init + Cont. Monitoring			
8	—		TX CII RX Pads - Mem Med Clinic			50.87 ✓
9	—		Aztec Toilet Rentals - Portable			306.26 ✓
10	—		Amzn - ~~Paper Cutter - CS~~ ~~106.99~~ 11.98 ✓
			12" No Photo OR Video sign (X-Ray)			

Est. Freight _____ Est. Total Cost _____ TOTAL COST ~~505.74~~ <129.90>

NOTES: DXE Medical

Charges made to Mr. Anglin's credit card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(3)

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: 10/8/18

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	—		AMZN - Heavy duty cutter			106.99 ✓
2			and 12" Combase (metal paper) trimmer - (CS)			
3	—		Southwest Airlines - Neupane			25.00 ✓
4			Shrestha - OT candidate			
5	—		" "			25.00 ✓
6	—		" "			462.61 ✓
7	—		Elearning - Registration for			31.88 ✓
8			PALS Instructor Course - Sandy Fourham			
9	—		Elearning - Registration for			31.88 ✓
10			PALS Instructor Course - Sara Rubio			

(Sales tax to be reimbursed)

Est. Freight _____ Est. Total Cost _____ TOTAL COST 683.36

NOTES:

Charges made to Mr. Angelin's credit card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(4)

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: 10/8/18

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
			Physician Recruiting Workshop			
1	–		Texas Org. - Registration for			150.00 ✓
2			Danette Bethany + Jason Angin			
3	–		NPDB x4 Providers			8.00 ✓
4	–		NPDB x1 Provider			2.00 ✓
5	–		AMA Profiles x 1 Provider			43.00 ✓
6			Enid + Cont. monitoring			
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 203.00

$ 2,413.18

NOTES:

Charges made to Jason's credit card

2.00
43.00
228.00
150.00
300.00
327.98
92.28
299.99
2.00
43.00
50.87
306.26
11.98
129.90
106.99
25.00
25.00
462.61
31.88
31.88
150.00
8.00
2.00
43.00
2,613.18

Contact:

Quoted By:

Buyer:

CFO _____

Administrator _____

10/22/2018 MEMORIAL MEDICAL CENTER 0
08:35 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
36990		10/22/20	10/15/20	10/15/20			40,062.50	0.00	0.00	40,062.50
	ER DOCTORS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	40,062.50	0.00	0.00	40,062.50

APPROVED ON
OCT 2 2 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 178098

MEMORIAL MEDICAL CENTER

I B C

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --October 15, 2018 - October 21, 2018

Date	Bank Description	MMC Notes	Amount
			-
			-

No ACH Payments for this Period

Total Electronic Payments: -

Diane Moore, CFO
Memorial Medical Center

October 22, 2018

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --October 15, 2018 - October 21, 2018

Date	Bank Description	MMC Notes	Amount
10/16/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03604288 910000119	- 340B Drug Program Expense	8,601.80 *
10/15/2018	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000022154	- Retirement Funding	122,422.67 **
10/19/2018	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122657439573	- Payroll	276,263.48 ***
10/19/2018	ACH Payment WEBFILE TAX PYMT DD 902/31758188 21000025499	- Sales Tax	1,407.72*
			408,695.67

Diane Moore, CFO
Memorial Medical Center

October 22, 2018

* Approved on 10/17/18 cc
** Approved on 10/08/18 cc
*** $273,111.24 should have been Ached. Over $3,152.24. Employee paid twice in error. Will list difference on this weeks report.

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
11/2/2018	2019 Advance DSH Payment	- IGT To TEXNET	67,281.69
			-
			-

Diane C. Moore, CFO
Memorial Medical Center

October 22, 2018

Erica Perez

From: aking@mmcportlavaca.com (Alison King) <aking@mmcportlavaca.com>
Sent: Monday, October 22, 2018 3:48 PM
To: Erica Perez
Subject: RE: Goulden

Erica,

She was paid twice. She was issues a paper check as she should have been and a direct deposit in error. I am waiting on a return call from the company we use. They are already aware that this happened and are researching why it occurred when it definitely should not have. We have already confirmed that all of her deductions and taxes were only pulled once. As to why the direct deposit occurred, I do not have that answer yet. I have spoken to Penny and she is going to submit a check to me tomorrow to reimburse the $3,152.24 that was paid twice. I will provide you with an update as to why this occur and what CPSI is doing to resolve and make sure it does not happen again.

Thank you,

Alison M. King
Human Resources Coordinator
Memorial Medical Center
815 N. Virginia St.
Port Lavaca, TX 77979
P: (361) 552-0450
F: (361) 551-4505

From: Erica Perez [mailto:erica.perez@calhouncotx.org]
Sent: Monday, October 22, 2018 3:15 PM
To: Alison King <aking@mmcportlavaca.com>
Subject: Goulden

Ally,

Can you let me know if Goulden was a Direct Deposit or a hard check? I ask because she listed as a hard check on your check register I received, but when I add hard checks to what was Ached out of the hospital account I'm over the 3,152.24. (Just verifying she wasn't paid twice) Thanks.

Best regards,
Erica Perez
Calhoun County Assistant Auditor
202 S. Ann, Suite B
Port Lavaca, TX 77979
Phone: 361. 553.4463
Fax: 361.553.4614

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
10/22/2018

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
Ashford Gardens		-	-	899.33	16,626.03	-	-	17,525.36	17,525.36
							Bank Balance	17,525.36	
							Variance	-	
							Remaining Balance	-	
							Adjust Balance/Transfer Amt	17,525.36	

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA .
Accou... # ...

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		-	-	-	-	-	-	-	-
							Bank Balance	-	
							Variance	-	
							Remaining Balance in Bank	-	
							Adjust Balance/Transfer Amt	-	
								-	
Crescent		-	-	-	-	-	-	-	-
							Bank Balance	-	
							Variance	-	
							Remaining Balance in Bank	-	
							Adjust Balance/Transfer Amt	-	
Broadmoor		-	-	-	-	-	-	-	-
							Bank Balance	-	
							Variance	-	
							Remaining Balance in Bank	-	
							Adjust Balance/Transfer Amt	-	
Fort Bend		100.00	26,216.31	26,116.31	-	-	-	-	-
							Bank Balance	-	
							Variance	-	
							Remaining Balance in Bank	-	
							Adjust Balance/Transfer Amt	-	
								Total IBC Transfers	17,525.36

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

Note: Only balances of over $5,000 will be transferred to the nursing home.
Note 2: Each account has a base balance of $100 that MMC deposited to open account.

Approved: CFO
Diane Moore, CFO 10/22/2018

APPROVED ON
OCT 22 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/22/2018

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		180,535.88 ✓	180,435.88 ✓	131,484.68		-	131,584.68 ✓	111,081.41
						Bank Balance	131,584.68 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2	5,675.00 ✓	
						MMC Portion QIPP 3	14,728.27 ✓	
						October Bank Interest	-	
						November Bank Interest	-	
						December Bank Interest	-	
						Adjust Balance/Transfer Amt	111,081.41	

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

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		92,626.57 ✓	92,526.57 ✓	362,513.66			362,613.66	358,311.17
						Bank Balance	362,613.66 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2	1,145.50 ✓	
						MMC Portion QIPP 3	3,056.99 ✓	
						October Bank Interest	-	
						November Bank Interest	-	
						December Bank Interest	-	
						Adjust Balance/Transfer Amt	358,311.17	
Crescent		113,708.43 ✓	113,608.43 ✓	223,283.87		-	223,383.87 ✓	222,065.31
						Bank Balance	223,383.87 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2	338.50 ✓	
						MMC Portion QIPP 3	880.06 ✓	
						October Bank Interest	-	
						November Bank Interest	-	
						December Bank Interest	-	
						Adjust Balance/Transfer Amt	222,065.31	
Broadmoor	:	65,175.39 ✓	65,075.39 ✓	397,927.27		-	398,027.27 ✓	397,927.27
						Bank Balance	398,027.27 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2		
						MMC Portion QIPP 3		
						October Bank Interest	0.00	
						November Bank Interest	0	
						December Bank Interest	0	
						Adjust Balance/Transfer Amt	397,927.27	
Fort Bend		65,618.45 ✓	65,518.45 ✓	75,343.87		-	75,443.87 ✓	69,498.08
						Bank Balance	75,443.87 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2	1,618.50 ✓	
						MMC Portion QIPP 3	4,227.29 ✓	
						October Bank Interest	-	
						November Bank Interest	-	
						December Bank Interest	-	
						Adjust Balance/Transfer Amt	69,498.08	

111,081.41 +
358,311.17 +
222,065.31 +
397,927.27 +
69,498.08 +
1,158,883.24 *

TOTAL TRANSFERS	1,158,883.23

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

Approved: CFO
Diane Moore, CFO 10/22/2018

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
10/22/2018

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		98,372.46 ✓	98,272.46 ✓	6,671.05						-	-	6,771.05	✓ 6,671.05
											Bank Balance	6,771.05	
											Variance	-	
											Leave in Balance	100.00	
											MMC Portion QIPP 1	-	
											MMC Portion QIPP 2		
											MMC Portion QIPP 3		
											October Bank Interest	-	
											November Bank Interest	-	
											December Bank Interest	-	
											Adjust Balance/Transfer Amt	6,671.05	

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

Approved:
Diane Moore, CFO
10/22/2018

APPROVED
ON
OCT 2 2 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: October 24, 2018

APPROVED ON OCT 22 2018
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

AMOUNT $20,403.27

G/L NUMBER: 21000012

EXPLANATION: Ashford – To transfer funds for Component 2 & 3 – QIPP payment

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: October 24, 2018

APPROVED ON OCT 2 2 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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- [ ] Return Check to Dept

AMOUNT $5,845.79

G/L NUMBER: 21000008

EXPLANATION: Fort Bend – To transfer funds for Component 2 & 3 – QIPP payment

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: [signature] CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: October 24, 2018

APPROVED ON OCT 2 2 2018 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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- [ ] Return Check to Dept

AMOUNT $4,202.49

G/L NUMBER: 21000011

EXPLANATION: Solera – To transfer funds for Component 2 & 3 – QIPP payment

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: October 24, 2018

APPROVED ON OCT 2 2 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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- [ ] Return Check to Dept

AMOUNT $1,218.56

G/L NUMBER: 21000010

EXPLANATION: Crescent – To transfer funds for Component 2 & 3 – QIPP payment

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

'P Payment to MMC from NH **Comm Court** **10/24/2018**

IH Name	From Bank Acct #	CK#	Payee	GL #	QIPP COMP 1	QIPP COMP 2	QIPP COM 3	TOTAL		Date
cent	rosperity	31	MMC -Prosperity Operating	21000010	1,218.56			1,218.56		10/24/2018
ford	Prosperity	34	MMC -Prosperity Operating	21000012	20,403.27			20,403.27		10/24/2018
den Creek	Prosperity		MMC -Prosperity Operating	21000013	-			-		
Bend	- Prosperity	29	MMC -Prosperity Operating	21000008	5,845.79			5,845.79		10/24/2018
ra	2 - Prosperity	28	MMC -Prosperity Operating	21000011	4,202.49			4,202.49		10/24/2018
				Total:	31,670.11	-	-	31,670.11		
	Note:									

ou de cfo

1,218.56 *
20,403.27 *
5,845.79 *
4,202.49 *
31,670.11 *

APPROVED
ON

OCT 24 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS