MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- October 31, 2018

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 681,619.59
TOTAL TRANSFERS BETWEEN FUNDS	$ 103,074.31
TOTAL NURSING HOME UPL EXPENSES	$ 888,295.94
TOTAL INTER-GOVERNMENT TRANSFERS	$ 95,000.00
GRAND TOTAL DISBURSEMENTS APPROVED October 31, 2018	$ 1,767,989.84

APPROVED

OCT 3 1 2018

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---October 31, 2018

PAYABLES AND PAYROLL			
10/25/2018	Weekly Payables	316,713.01	
10/29/2018	McKesson-340B Prescription Expense	5,547.75	
10/29/2018	Payroll Liabilities (Payroll Taxes)	86,701.03	
10/29/2018	Payroll	272,501.57	
	Electronic Bank Payments		
10/22/2018	IBC Electronic Payments (Credit Card & Lease Fees)	156.23	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 681,619.59**
TRANSFERS BETWEEN FUNDS			
10/25/2018	Transfer from Prosperity Operating to Prosperity Private Waiver	100,000.00	
10/25/2018	Transfer from IBC Ashford to Prosperity Ashford-to close IBC account	3,074.31	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 103,074.31**
NURSING HOME UPL EXPENSES			
10/29/2018	Nursing Home UPI	622,288.48	
10/29/2018	Nursing Home UPI	188,924.57	
QIPP/INTEREST CHECKS TO MMC			
10/29/2018	Ashford	45,467.98	
10/29/2018	Fort Bend	14,506.99	
10/29/2018	Solera	10,425.46	
10/29/2018	Broadmoor	2,361.51	
10/29/2018	Crescent	4,320.95	
TOTAL NURSING HOME UPL EXPENSES			**$ 888,295.94**
INTER-GOVERNMENT TRANSFERS			
10/29/2018	IGT Nueces SDA UHRIP estimate to be paid 10/31/18	95,000.00	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 95,000.00**
GRAND TOTAL DISBURSEMENTS APPROVED October 31, 2018			**$ 1,767,989.84**

RECEIVED
OCT 25 2018
Calhoun County Auditor

10/25/2018
10:21

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/07/2018

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ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10250	4IMPRINT, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6666707 ✓		10/22/20	09/18/20	09/18/20		399.72	0.00	0.00	399.72 ✓
	SUPPLIES Freight 12.72								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10250	4IMPRINT, INC.	399.72	0.00	0.00	399.72

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
127777 ✓		10/12/20	10/02/20	11/02/20		28.99	0.00	0.00	28.99 ✓
	SUPPLIES (Maint.)								
127621 ✓		10/19/20	09/26/20	10/26/20		7.99	0.00	0.00	7.99 ✓
	SUPPLIES (Maint.)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	36.98	0.00	0.00	36.98

Vendor#	Vendor Name	Class	Pay Code
11062	AIRESPRING INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
117003517 ✓		10/24/20	09/16/20	09/16/20		0.00	0.00	0.00	0.00
	PHONE CREDIT								
118003533 ✓		10/24/20	10/16/20	10/16/20		700.31	0.00	0.00	700.31 ✓
	PHONE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	700.31	0.00	0.00	700.31

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
101818		10/19/20	10/18/20	10/18/20		1,580.00	0.00	0.00	1,580.00 ✓
	TRANSFER Pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDENS	1,580.00	0.00	0.00	1,580.00

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
507343 ✓		10/09/20	10/04/20	11/04/20		2,418.25	0.00	0.00	2,418.25 ✓
	SURGERY STAFFING 9/24/18-9/27/18 Boutte								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11756	AYA HEALTHCARE INC	2,418.25	0.00	0.00	2,418.25

Vendor#	Vendor Name	Class	Pay Code
10938	BANK OF THE WEST ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4646679 ✓		10/19/20	10/12/20	11/01/20		6,145.37	0.00	0.00	6,145.37 ✓
	ACUDOSE LEASE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10938	BANK OF THE WEST	6,145.37	0.00	0.00	6,145.37

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6006736511 ✓		10/17/20	10/09/20	11/05/20		858.48	0.00	0.00	858.48 ✓
	SUPPLIES Shipping 37.08								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	858.48	0.00	0.00	858.48

Vendor#	Vendor Name	Class	Pay Code
11050	BIRCH COMMUNICATIONS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
26788272 ✓		10/23/20	08/16/20	09/07/20		0.00	0.00	0.00	0.00
	PHONE								
26870095 ✓		10/23/20	09/16/20	10/08/20		0.00	0.00	0.00	0.00
	CREDIT								
26922300 ✓		10/23/20	10/16/20	11/07/20		0.00	0.00	0.00	0.00
	PHONE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11050	BIRCH COMMUNICATIONS	0.00	0.00	0.00	0.00

Vendor#	Vendor Name	Class	Pay Code
B1655	BOSTON SCIENTIFIC CORPORATION ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
962779906 ✓		10/17/20	10/03/20	11/03/20		149.00	0.00	0.00	149.00 ✓
	SUPPLIES Freight 19.00								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	149.00	0.00	0.00	149.00

Vendor#	Vendor Name	Class	Pay Code
C1010	CABLE ONE ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
103018A		10/24/20	10/30/20	10/30/20		418.83	0.00	0.00	418.83 ✓
	CABLE								
103018		10/24/20	10/30/20	10/30/20		1,150.00	0.00	0.00	1,150.00 ✓
	CABLE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	CABLE ONE	1,568.83	0.00	0.00	1,568.83

Vendor#	Vendor Name	Class	Pay Code
C1249	CALHOUN COUNTY APPRAISAL DIST	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
3753		10/09/20	10/01/20	11/01/20		1,102.34	0.00	0.00	1,102.34
	TAXES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1249	CALHOUN COUNTY APPRAISAL DIST	1,102.34	0.00	0.00	1,102.34

Vendor#	Vendor Name	Class	Pay Code
A1825	CARDINAL HEALTH 414,LLC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
8001757506 ✓		10/23/20	09/22/20	10/22/20		496.63	0.00	0.00	496.63 ✓
	SUPPLIES Delivery 187.50								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	496.63	0.00	0.00	496.63

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
PMZ1738 ✓		10/17/20	10/08/20	11/07/20		3,381.70	0.00	0.00	3,381.70 ✓
	SUPPLIES (3 PCs, 3 Monitors, 1 UPS, 1 Microsoft Office / Plant & Radiology)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

		C1992	CDW GOVERNMENT, INC.				3,381.70	0.00	0.00	3,381.70
Vendor#	Vendor Name			Class	Pay Code					
C1730	CITY OF PORT LAVACA			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	110518B		10/24/20	11/05/20	11/05/20		5,537.78	0.00	0.00	5,537.78
		WATER MMC								
	110518		10/24/20	11/05/20	11/05/20		43.59	0.00	0.00	43.59
		WATER Rehab (3.43 late fee)								
	110518A		10/24/20	11/05/20	11/05/20		22.71	0.00	0.00	22.71
		WATER MMC								
	110518C		10/24/20	11/05/20	11/05/20		120.03	0.00	0.00	120.03
		WATER Clinic (11.92 late fee)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1730	CITY OF PORT LAVACA				5,724.11	0.00	0.00	5,724.11
Vendor#	Vendor Name			Class	Pay Code					
C1871	COLLECTIONS INCORPORATED			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8159		10/23/20	09/30/20	10/30/20		163.90	0.00	0.00	163.90
		COLLECTIONS SERVICE								
	8153		10/23/20	09/30/20	10/30/20		177.99	0.00	0.00	177.99
		COLLECTION SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1871	COLLECTIONS INCORPORATED				341.89	0.00	0.00	341.89
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
	730444		10/17/20	10/09/20	11/05/20		125.52	0.00	0.00	125.52
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1970	CONMED CORPORATION				125.52	0.00	0.00	125.52
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
	4937081		10/17/20	10/05/20	11/05/20		120.00	0.00	0.00	120.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2157	COOPER SURGICAL INC				120.00	0.00	0.00	120.00
Vendor#	Vendor Name			Class	Pay Code					
C2297	COVER ONE			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	16905		10/15/20	10/05/20	11/05/20		319.00	0.00	0.00	319.00
		BOARD PACKET SUPPLIES Shipping 21.00								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2297	COVER ONE				319.00	0.00	0.00	319.00
Vendor#	Vendor Name			Class	Pay Code					
11004	CSI LEASING INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	RT00206084		09/30/20	09/21/20	11/01/20		2,965.64	0.00	0.00	2,965.64
		LEASE NURSE CALL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11004	CSI LEASING INC				2,965.64	0.00	0.00	2,965.64

Vendor#	Vendor Name	Class	Pay Code
10006	CUSTOM MEDICAL SPECIALTIES ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
244904 ✓		10/17/20	10/08/20	11/04/20		83.65	0.00	0.00	83.65 ✓
	SUPPLIES Shipping 22.11								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	83.65	0.00	0.00	83.65

Vendor#	Vendor Name	Class	Pay Code
C1443	CYGNUS MEDICAL LLC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
257803 ✓		10/17/20	10/05/20	11/04/20		451.00	0.00	0.00	451.00 ✓
	SUPPLIES freight 48.00								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1443	CYGNUS MEDICAL LLC	451.00	0.00	0.00	451.00

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
5510800 ✓		10/15/20	10/08/20	11/02/20		57.20	0.00	0.00	57.20 ✓
	SUPPLIES								
5512290 ✓		10/15/20	10/09/20	11/03/20		75.64	0.00	0.00	75.64 ✓
	SUPPLIES								
5512480 ✓		10/17/20	10/09/20	11/03/20		170.62	0.00	0.00	170.62 ✓
	SUPPLIES								
5512940 ✓		10/17/20	10/09/20	11/03/20		359.94	0.00	0.00	359.94 ✓
	SUPPLIES								
5513530 ✓		10/17/20	10/10/20	11/04/20		107.51	0.00	0.00	107.51 ✓
	SUPPLIES								
5514960 ✓		10/17/20	10/11/20	11/05/20		196.42	0.00	0.00	196.42 ✓
	SUPPLIES								
5516610 ✓		10/17/20	10/12/20	11/06/20		699.80	0.00	0.00	699.80 ✓
	SUPPLIES								
5516490 ✓		10/17/20	10/12/20	11/06/20		81.60	0.00	0.00	81.60 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,748.73	0.00	0.00	1,748.73

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY MEDICAL NETWORK INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MCM101518 ✓		10/19/20	10/15/20	10/15/20		105,301.58	0.00	0.00	105,301.58 ✓
	PHYSICIAN SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	105,301.58	0.00	0.00	105,301.58

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
CI76999 ✓		10/23/20	09/30/20	10/22/20		779.60	0.00	0.00	779.60 ✓
	WATER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12044	DRIESSEN WATER INC. (CULLIGAN)	779.60	0.00	0.00	779.60

Vendor#	Vendor Name	Class	Pay Code
10042	ERBE USA INC SURGICAL SYSTEMS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
507234		10/17/20	10/01/20	11/01/20		154.43	0.00	0.00	154.43
	SUPPLIES Shipping 14.93								
507209		10/17/20	10/01/20	11/01/20		173.22	0.00	0.00	173.22
	SUPPLIES Shipping 14.22								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10042	ERBE USA INC SURGICAL SYSTEMS	327.65	0.00	0.00	327.65

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
A1810081378		10/24/20	10/08/20	11/02/20		16,485.00	0.00	0.00	16,485.00
	SOFTWARE								
T1810091378		10/24/20	10/09/20	11/03/20		14,246.57	0.00	0.00	14,246.57
	SOFTWARE								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
C2510	EVIDENT	30,731.57	0.00	0.00	30,731.57

Vendor#	Vendor Name	Class	Pay Code
S0501	EVOQUA WATER TECHNOLOGIES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
903738634		10/17/20	10/09/20	11/03/20		432.99	0.00	0.00	432.99
	SUPPLIES Shipping 24.99								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
S0501	EVOQUA WATER TECHNOLOGIES LLC	432.99	0.00	0.00	432.99

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
633399548		10/23/20	10/11/20	11/05/20		7.27	0.00	0.00	7.27
	SHIPPING								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
F1100	FEDERAL EXPRESS CORP.	7.27	0.00	0.00	7.27

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
2132170		10/17/20	10/09/20	11/03/20		38.60	0.00	0.00	38.60
	SUPPLIES								
2512040		10/22/20	10/10/20	11/04/20		14.55	0.00	0.00	14.55
	SUPPLIES								
2865591		10/22/20	10/11/20	11/05/20		1,497.41	0.00	0.00	1,497.41
	SUPPLIES Shipping 94.16								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
F1400	FISHER HEALTHCARE	1,550.56	0.00	0.00	1,550.56

Vendor#	Vendor Name	Class	Pay Code
F1653	FORT BEND SERVICES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
0218425IN		10/15/20	10/01/20	11/01/20		530.00	0.00	0.00	530.00
	WATER TREATMENT								

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
F1653	FORT BEND SERVICES, INC	530.00	0.00	0.00	530.00

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
102618A		10/24/20	10/02/20	10/26/20		951.22	0.00	0.00	951.22

FAXING Late Fee 45.10

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
102618		10/24/20	10/02/20	10/26/20		754.64	0.00	0.00	754.64
	FAXING Late Fee 71.81								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	1,705.86	0.00	0.00	1,705.86

Vendor#	Vendor Name	Class	Pay Code
10642	GLAXOSMITHKLINE PHARMACUETICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
8252514140		08/29/20	08/14/20	11/01/20		2,954.92	0.00	0.00	2,954.92
	INVENTORY								
8252520206		08/31/20	08/27/20	11/01/20		1,123.31	0.00	0.00	1,123.31
	INVENTORY								
8252546653		09/19/20	09/05/20	11/05/20		8,014.50	0.00	0.00	8,014.50
	INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL	12,092.73	0.00	0.00	12,092.73

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
9931004643		10/23/20	10/10/20	11/04/20		300.00	0.00	0.00	300.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	300.00	0.00	0.00	300.00

Vendor#	Vendor Name	Class	Pay Code
G1210	GULF COAST PAPER COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1566463		10/12/20	10/02/20	11/01/20		355.09	0.00	0.00	355.09
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	355.09	0.00	0.00	355.09

Vendor#	Vendor Name	Class	Pay Code
H0032	H + H SYSTEM, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
025380		10/17/20	10/05/20	11/05/20		46.49	0.00	0.00	46.49
	SUPPLIES Freight 13.81								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0032	H + H SYSTEM, INC.	46.49	0.00	0.00	46.49

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6866207		10/17/20	10/08/20	11/02/20		117.55	0.00	0.00	117.55
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	117.55	0.00	0.00	117.55

Vendor#	Vendor Name	Class	Pay Code
11552	HEALTHCARE EQUIPMENT FINANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
100042604		10/23/20	10/08/20	11/01/20		9,000.00	0.00	0.00	9,000.00
	LEASE Interest 411.50								
100042602		10/23/20	10/08/20	11/01/20		4,919.41	0.00	0.00	4,919.41
	LEASE Interest 631.01								
100042603		10/23/20	10/08/20	11/01/20		7,154.17	0.00	0.00	7,154.17

LEASE

Vendor Totals Number Name Gross Discount No-Pay Net
11552 HEALTHCARE EQUIPMENT FINANCE 21,073.58 0.00 0.00 21,073.58

Vendor# Vendor Name Class Pay Code
H1399 HILL-ROM COMPANY, INC ✓ M

Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
733558 ✓ 10/17/20 10/03/20 11/02/20 125.10 0.00 0.00 125.10 ✓
SUPPLIES Shipping 21.50
733554 ✓ 10/17/20 10/03/20 11/02/20 752.90 0.00 0.00 752.90 ✓
SUPPLIES Shipping 21.50

Vendor Totals Number Name Gross Discount No-Pay Net
H1399 HILL-ROM COMPANY, INC 878.00 0.00 0.00 878.00

Vendor# Vendor Name Class Pay Code
H0416 HOLOGIC INC ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
8740270 ✓ 10/17/20 10/01/20 11/01/20 62.81 0.00 0.00 62.81 ✓
SUPPLIES Freight 12.81

Vendor Totals Number Name Gross Discount No-Pay Net
H0416 HOLOGIC INC 62.81 0.00 0.00 62.81

Vendor# Vendor Name Class Pay Code
11108 ITERSOURCE CORPORATION ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
5007 ✓ 10/17/20 10/01/20 11/01/20 250.00 0.00 0.00 250.00 ✓
PHONE SUPPORT SERV

Vendor Totals Number Name Gross Discount No-Pay Net
11108 ITERSOURCE CORPORATION 250.00 0.00 0.00 250.00

Vendor# Vendor Name Class Pay Code
J0150 J & J HEALTH CARE SYSTEMS, INC ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
920065770 ✓ 10/17/20 10/02/20 11/01/20 1,251.56 0.00 0.00 1,251.56 ✓
SUPPLIES
920086675 ✓ 10/23/20 10/08/20 11/07/20 829.51 0.00 0.00 829.51 ✓
SUPPLIES

Vendor Totals Number Name Gross Discount No-Pay Net
J0150 J & J HEALTH CARE SYSTEMS, INC 2,081.07 0.00 0.00 2,081.07

Vendor# Vendor Name Class Pay Code
10578 LUMINANT ENERGY COMPANY LLC ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
INV0549124 ✓ 09/30/20 10/01/20 11/01/20 1,523.13 0.00 0.00 1,523.13 ✓
GAS

Vendor Totals Number Name Gross Discount No-Pay Net
10578 LUMINANT ENERGY COMPANY LLC 1,523.13 0.00 0.00 1,523.13

Vendor# Vendor Name Class Pay Code
11099 MARLIN BUSINESS BANK ✓

Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
16373904A ✓ 10/25/20 10/15/20 11/05/20 663.27 0.00 0.00 663.27 ✓
RICOH LEASE

Vendor Totals Number Name Gross Discount No-Pay Net
11099 MARLIN BUSINESS BANK 663.27 0.00 0.00 663.27

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
37361725 ✓		10/17/20	10/04/20	11/03/20			28.07	0.00	0.00	28.07 ✓
	SUPPLIES Freight 13.91									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	28.07	0.00	0.00	28.07

Vendor#	Vendor Name	Class	Pay Code
M2827	MEDIVATORS ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
~~3116994~~ 3204103		10/22/20	07/16/20	08/15/20			263.69	0.00	0.00	263.69 ✓
	SUPPLIES Shipping 68.69									
3124657 ✓		10/22/20	07/24/20	08/20/20			27.83	0.00	0.00	27.83 ✓
	SUPPLIES Shipping 10.83									
3138323 ✓		10/22/20	08/06/20	08/31/20			427.17	0.00	0.00	427.17 ✓
	SUPPLIES Shipping 27.17									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	718.69	0.00	0.00	718.69

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
1860534620 ✓		10/17/20	10/09/20	11/03/20			975.37	0.00	0.00	975.37 ✓
	SUPPLIES									
1860534608 ✓		10/17/20	10/09/20	11/03/20			88.44	0.00	0.00	88.44 ✓
	SUPPLIES									
1860534613 ✓		10/17/20	10/09/20	11/03/20			131.90	0.00	0.00	131.90 ✓
	SUPPLIES									
1860534623 ✓		10/17/20	10/09/20	11/03/20			177.21	0.00	0.00	177.21 ✓
	SUPPLIES Freight 51.21									
1860534622 ✓		10/17/20	10/09/20	11/03/20			2.78	0.00	0.00	2.78 ✓
	SUPPLIES									
1860534614 ✓		10/17/20	10/09/20	11/03/20			18.28	0.00	0.00	18.28 ✓
	SUPPLIES									
1860534606 ✓		10/17/20	10/09/20	11/03/20			184.84	0.00	0.00	184.84 ✓
	SUPPLIES									
1860534624 ✓		10/17/20	10/09/20	11/03/20			18.12	0.00	0.00	18.12 ✓
	SUPPLIES Freight 14.65									
1860534612 ✓		10/17/20	10/09/20	11/03/20			67.85	0.00	0.00	67.85 ✓
	SUPPLIES Freight 17.89									
1860568222 ✓		10/17/20	10/10/20	11/04/20			87.00	0.00	0.00	87.00 ✓
	SUPPLIES									
1860568221 ✓		10/17/20	10/10/20	11/04/20			257.43	0.00	0.00	257.43 ✓
	SUPPLIES Freight 45.62									
1860693965 ✓		10/17/20	10/11/20	11/05/20			40.30	0.00	0.00	40.30 ✓
	SUPPLIES									
1860693969 ✓		10/17/20	10/11/20	11/05/20			94.20	0.00	0.00	94.20 ✓
	SUPPLIES Freight 21.45									
1860693991 ✓		10/17/20	10/11/20	11/05/20			2,888.52	0.00	0.00	2,888.52 ✓
	SUPPLIES									
1860693963 ✓		10/17/20	10/11/20	11/05/20			91.00	0.00	0.00	91.00 ✓
	SUPPLIES Freight 33.17									
1860693961 ✓		10/17/20	10/11/20	11/05/20			47.63	0.00	0.00	47.63 ✓
	SUPPLIES									
1859814023 ✓		10/22/20	09/28/20	10/23/20			121.02	0.00	0.00	121.02 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	SUPPLIES								
1859714032 (8)		10/22/20	09/28/20	10/23/20		24.97	0.00	0.00	24.97 ✓
	SUPPLIES Freight 17.28								
1859814028 ✓		10/22/20	09/28/20	10/23/20		335.92	0.00	0.00	335.92 ✓
	SUPPLIES Freight 104.37								
1859814026 ✓		10/22/20	09/28/20	10/23/20		2,603.64	0.00	0.00	2,603.64 ✓
	SUPPLIES								
1859814035 ✓		10/22/20	09/28/20	10/23/20		90.95	0.00	0.00	90.95 ✓
	SUPPLIES								
1859814027 ✓		10/22/20	09/28/20	10/23/20		145.52	0.00	0.00	145.52 ✓
	SUPPLIES Freight 51.43								
185981400 (30)		10/22/20	09/28/20	10/23/20		121.19	0.00	0.00	121.19 ✓
	SUPPLIES Freight 24.19								
1859814034 ✓		10/22/20	09/28/20	10/23/20		27.44	0.00	0.00	27.44 ✓
	SUPPLIES Freight 19.75								
1859814033 ✓		10/22/20	09/28/20	10/23/20		25.58	0.00	0.00	25.58 ✓
	SUPPLIES Freight 17.89								
* 1859814031 ✓		10/22/20	09/28/20	10/23/20		34.97	0.00	0.00	34.97 ✓
	SUPPLIES Freight 19.75								
1859814024		10/22/20	09/28/20	10/23/20		24.94	0.00	0.00	24.94 ✓
	SUPPLIES								
1860763072 ✓		10/22/20	10/11/20	11/05/20		92.94	0.00	0.00	92.94 ✓
	SUPPLIES Freight 14.95								
* 1860785139 ✓		10/22/20	10/12/20	11/06/20		37.19	0.00	0.00	37.19 ✓
	SUPPLIES Freight 24.19								
1860785140 ✓		10/22/20	10/12/20	11/06/20		169.73	0.00	0.00	169.73 ✓
	SUPPLIES Freight 15.85								
1860785137 ✓		10/22/20	10/12/20	11/06/20		67.59	0.00	0.00	67.59 ✓
	SUPPLIES Freight 20.91								
1860785141 ✓		10/22/20	10/12/20	11/06/20		62.60	0.00	0.00	62.60 ✓
	SUPPLIES Freight 49.40								
1860785142 ✓		10/22/20	10/12/20	11/06/20		80.44	0.00	0.00	80.44 ✓
	SUPPLIES Freight 20.74								
1860785138 ✓		10/22/20	10/12/20	11/06/20		44.79	0.00	0.00	44.79 ✓
	SUPPLIES Freight 16.14								
1860858810 ✓		10/23/20	10/12/20	11/06/20		-136.92	0.00	0.00	-136.92 ✓
	CREDIT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	9,145.37	0.00	0.00	9,145.37

Vendor#	Vendor Name	Class	Pay Code
10904	MERCK SHARP & DOHME CORP ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
7012052163 ✓		08/27/20	08/15/20	11/01/20		1,136.54	0.00	0.00	1,136.54 ✓
	INVENTORY								
7012050766 ✓		08/27/20	08/15/20	11/01/20		1,886.46	0.00	0.00	1,886.46 ✓
	INVENTORY								
7012044315 ✓		08/29/20	08/14/20	11/01/20		1,947.83	0.00	0.00	1,947.83 ✓
	INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP	4,970.83	0.00	0.00	4,970.83

Vendor#	Vendor Name	Class	Pay Code

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
	110118	INS	10/23/20	11/01/20	11/01/20		131.52	0.00	0.00	131.52
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2650	METLIFE				131.52	0.00	0.00	131.52

Vendor#	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
	101818	PAYROLL DED	10/19/20	10/18/20	10/18/20		68.90	0.00	0.00	68.90
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				68.90	0.00	0.00	68.90

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
	102218	INSURANCE	10/23/20	10/22/20	10/22/20		20,395.78	0.00	0.00	20,395.78
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				20,395.78	0.00	0.00	20,395.78

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
	0004191	CREDIT	10/19/20	07/19/20	07/29/20		-2,639.43	0.00	0.00	-2,639.43
	CM34046B	CREDIT	10/23/20	08/17/20	08/27/20		-6.76	0.00	0.00	-6.76
	3408650	SUPPLIES	10/23/20	10/18/20	10/28/20		4.30	0.00	0.00	4.30
	2021	INVENTORY	10/23/20	10/18/20	10/28/20		-421.62	0.00	0.00	-421.62
	3408458	INVENTORY	10/23/20	10/18/20	10/28/20		89.75	0.00	0.00	89.75
	3408459	INVENTORY	10/23/20	10/18/20	10/28/20		735.45	0.00	0.00	735.45
	3408652	INVENTORY	10/23/20	10/18/20	10/28/20		1,068.50	0.00	0.00	1,068.50
	3408653	INVENTORY	10/23/20	10/18/20	10/28/20		23.89	0.00	0.00	23.89
	3417895	INVENTORY	10/23/20	10/22/20	11/01/20		87.69	0.00	0.00	87.69
	3417897	INVENTORY	10/23/20	10/22/20	11/01/20		89.75	0.00	0.00	89.75
	3420026	INVENTORY	10/23/20	10/22/20	11/01/20		442.37	0.00	0.00	442.37
	3420025	INVENTORY	10/23/20	10/22/20	11/01/20		650.28	0.00	0.00	650.28
	3417896	INVENTORY	10/23/20	10/22/20	11/01/20		30.30	0.00	0.00	30.30
	3420027	INVENTORY	10/23/20	10/22/20	11/01/20		96.10	0.00	0.00	96.10
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	10536	MORRIS & DICKSON CO, LLC				250.57	0.00	0.00	250.57

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
102318		10/23/20	10/23/20	10/23/20		27.68	0.00	0.00	27.68 ✓
	TRAVEL to Seadrift Coke to administer Flu Vaccines								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER	27.68	0.00	0.00	27.68

Vendor# Vendor Name — Class — Pay Code

N1225 NUTRITION OPTIONS ✓ — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101818		10/19/20	10/18/20	10/18/20		3,000.00	0.00	0.00	3,000.00 ✓
	DIETICIAN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	N1225	NUTRITION OPTIONS	3,000.00	0.00	0.00	3,000.00

Vendor# Vendor Name — Class — Pay Code

11472 OCCUPRO LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11189 ✓		10/12/20	10/07/20	11/06/20		844.92	0.00	0.00	844.92 ✓
	PROVIDER LICENSES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC	844.92	0.00	0.00	844.92

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
96421968 ✓		10/17/20	10/07/20	11/01/20		1,137.51	0.00	0.00	1,137.51 ✓
	SERVICE CONTRACT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC	1,137.51	0.00	0.00	1,137.51

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
2041535416 ✓		10/12/20	10/02/20	11/01/20		165.92	0.00	0.00	165.92 ✓
	SUPPLIES								
20451534888 ✓		10/12/20	10/02/20	11/01/20		160.92	0.00	0.00	160.92 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	326.84	0.00	0.00	326.84

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
101918		10/23/20	10/19/20	10/19/20		31.66	0.00	0.00	31.66 ✓
	TRAVEL 10/19 - Marketing @ Palacios Medical								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12188	PENNY GOULDEN	31.66	0.00	0.00	31.66

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
102318		10/23/20	10/23/20	10/23/20		100,000.00	0.00	0.00	100,000.00 ✓
	REPLENISH WAIVER ACCT								

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			
11080	RADSOURCE ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	SC57954 ✓		10/17/20	10/12/20	11/06/20		1,667.00	0.00	0.00	1,667.00 ✓
		EQUIP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11080	RADSOURCE				1,667.00	0.00	0.00	1,667.00
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
	10201824		10/23/20	10/16/20	10/16/20		240.00	0.00	0.00	240.00 ✓
		AD								
	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
	102318		10/23/20	10/23/20	10/23/20		26.22	0.00	0.00	26.22 ✓
		REIMBURSEMENT For Food Supplies								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11764	ROBERT RODRIGUEZ				26.22	0.00	0.00	26.22
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
	911315450 ✓		10/23/20	10/15/20	11/01/20		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				
S1001	SANOFI PASTEUR INC ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9106 76433		08/29/20	08/20/20	11/01/20		168.00	0.00	0.00	168.00 ✓
		INVENTORY								
	910763164 ✓		09/12/20	08/30/20	11/01/20		4,600.64	0.00	0.00	4,600.64 ✓
		INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1001	SANOFI PASTEUR INC				4,768.64	0.00	0.00	4,768.64
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
	101718		10/19/20	10/17/20	10/17/20		96.51	0.00	0.00	96.51 ✓
		TRAVEL DSHS Trauma rules changes meeting - Corpus Christi 10/14								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10625	SARA RUBIO				96.51	0.00	0.00	96.51
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
	230761 ✓		10/23/20	10/16/20	10/26/20		390.00	0.00	0.00	390.00 ✓
		AD								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.				390.00	0.00	0.00	390.00

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
8422178 ✓		10/17/20	10/10/20	11/04/20		68.91	0.00	0.00	68.91 ✓
	SUPPLIES Freight 12.19								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS	68.91	0.00	0.00	68.91

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
4008040359 ✓		10/24/20	09/01/20	10/01/20		2,234.23	0.00	0.00	2,234.23 ✓
	DISPOSAL SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	2,234.23	0.00	0.00	2,234.23

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
3466207 ✓		10/17/20	10/05/20	11/04/20		425.30	0.00	0.00	425.30 ✓
	SUPPLIES Shipping 14.90								
3466404 ✓		10/17/20	10/05/20	11/04/20		162.00	0.00	0.00	162.00 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	587.30	0.00	0.00	587.30

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101518		10/19/20	10/15/20	10/15/20		20.00	0.00	0.00	20.00 ✓
	FILING FEE for elevator #1								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1880	TEXAS DEPARTMENT OF LICENSING	20.00	0.00	0.00	20.00

Vendor#	Vendor Name	Class	Pay Code
T2204	TEXAS MUTUAL INSURANCE CO ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1000527750 ✓		10/19/20	10/14/20	10/14/20		3,690.00	0.00	0.00	3,690.00 ✓
	INS WORKERS COMP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	3,690.00	0.00	0.00	3,690.00

Vendor#	Vendor Name	Class	Pay Code
T2304	THA-TEXAS HOSPITAL ASSOCIATION ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1900077715 ✓		10/19/20	10/12/20	10/12/20		1,978.75	0.00	0.00	1,978.75 ✓
	COMPASS QRTRLY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2304	THA-TEXAS HOSPITAL ASSOCIATION	1,978.75	0.00	0.00	1,978.75

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
101818		10/19/20	10/18/20	10/18/20		8,320.00	0.00	0.00	8,320.00 ✓
	TRANSFER Mgmt sent to HMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	8,320.00	0.00	0.00	8,320.00

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
568852		10/17/20	10/03/20	11/03/20		137.94	0.00	0.00	137.94
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11908	TMS SOUTH	137.94	0.00	0.00	137.94

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
11801900		09/30/20	09/26/20	11/02/20		570.55	0.00	0.00	570.55
	CALIBRATION shipping 84.00								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12168	TRANSCAT, INC.	570.55	0.00	0.00	570.55

Vendor#	Vendor Name	Class	Pay Code
11169	TXU ENERGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
055027199363		10/24/20	10/19/20	10/19/20		31,342.69	0.00	0.00	31,342.69
	ELECTRICITY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	31,342.69	0.00	0.00	31,342.69

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
840284623		10/15/20	10/08/20	11/02/20		131.04	0.00	0.00	131.04
	LAUNDRY								
8400284626		10/15/20	10/08/20	11/02/20		56.21	0.00	0.00	56.21
	LAUNDRY								
8400284691		10/15/20	10/08/20	11/02/20		115.26	0.00	0.00	115.26
	LAUNDRY								
8400284624		10/15/20	10/08/20	11/02/20		120.89	0.00	0.00	120.89
	LAUNDRY								
8400284663		10/15/20	10/08/20	11/02/20		1,135.38	0.00	0.00	1,135.38
	LAUNDRY								
8400284622		10/15/20	10/08/20	11/02/20		120.39	0.00	0.00	120.39
	LAUNDRY								
8400284625		10/15/20	10/08/20	11/02/20		47.15	0.00	0.00	47.15
	LAUNDRY								
8400284656		10/15/20	10/08/20	11/02/20		85.24	0.00	0.00	85.24
	LAUNDRY								
8400284961		10/15/20	10/11/20	11/05/20		17.00	0.00	0.00	17.00
	LAUDNRY								
8400284998		10/15/20	10/11/20	11/05/20		1,038.00	0.00	0.00	1,038.00
	LAUNDRY								
8400284962		10/15/20	10/11/20	11/05/20		153.50	0.00	0.00	153.50
	LAUNDRY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,020.06	0.00	0.00	3,020.06

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
9097338		10/23/20	10/11/20	10/26/20		160.90	0.00	0.00	160.90

UNIFORMS S HEATHCOC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	160.90	0.00	0.00	160.90

Vendor#	Vendor Name	Class	Pay Code
U1200	UNITED AD LABEL CO INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
982694860 ✓		10/17/20	10/11/20	11/05/20		63.09	0.00	0.00	63.09 ✓
	SUPPLIES Freight 12.25								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1200	UNITED AD LABEL CO INC	63.09	0.00	0.00	63.09

Vendor#	Vendor Name	Class	Pay Code
W1005	WALMART COMMUNITY ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
091718		10/22/20	09/17/20	09/17/20		62.87	0.00	0.00	62.87 ✓
	SUPPLIES								
091318		10/22/20	09/17/20	09/17/20		65.52	0.00	0.00	65.52 ✓
	SUPPLIES								
092818		10/22/20	09/28/20	09/28/20		7.76	0.00	0.00	7.76 ✓
	SUPPLIES								
100418A		10/22/20	10/04/20	10/04/20		11.37	0.00	0.00	11.37 ✓
	SUPPLIES								
100418		10/22/20	10/04/20	10/04/20		11.88	0.00	0.00	11.88 ✓
	SUPPLIES								
100818A		10/22/20	10/08/20	10/08/20		26.97	0.00	0.00	26.97 ✓
	SUPPLIES								
100818		10/22/20	10/08/20	10/08/20		72.07	0.00	0.00	72.07 ✓
	SUPPLIES								
101018		10/22/20	10/10/20	10/10/20		47.33	0.00	0.00	47.33 ✓
	SUPPLIES								
101618		10/22/20	10/16/20	10/16/20		3.67	0.00	0.00	3.67 ✓
	LATE FEE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY	309.44	0.00	0.00	309.44

Vendor#	Vendor Name	Class	Pay Code
11166	WEST INTERACTIVE SERVICES CORP ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV002025035 ✓		10/23/20	09/30/20	10/30/20		431.32	0.00	0.00	431.32 ✓
	HOUSECALLS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11166	WEST INTERACTIVE SERVICES CORP	431.32	0.00	0.00	431.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	416,719.28	0.00	0.00	416,719.28

{ 21,102.34
{ + 1,096.07
$416,713.01

416,713.01 +
100,000.00 −
316,713.01 *

Private Waiver Trans. (Transfer will be listed seperately on report)

CK#'s 178100 - 178182

APPROVED ON
OCT 25 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

416,719.28 +
1,102.34 −
1,096.07 +
416,713.01 *

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RUN DATE:10/31/18 MEMORIAL MEDICAL CENTER PAGE 1
TIME:17:03 CHECK REGISTER GLCKREG
10/30/18 THRU 10/31/18

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB *	000007	10/31/18	2,361.51	MMC OPERATING
NHS	000029	10/31/18	10,425.46	MMC OPERATING
NHF *	000030	10/31/18	14,506.99	MMC OPERATING
NHC *	000032	10/31/18	4,320.95	MMC OPERATING
NHA *	000035	10/31/18	45,467.98	MMC OPERATING
A/P *	001005	10/30/18	5,547.75	MCKESSON
A/P	178100	10/31/18	399.72	4IMPRINT, INC.
A/P	178101	10/31/18	36.98	ACE HARDWARE 15521
A/P	178102	10/31/18	700.31	AIRESPRING INC
A/P	178103	10/31/18	1,580.00	ASHFORD GARDENS
A/P	178104	10/31/18	2,418.25	AYA HEALTHCARE INC
A/P	178105	10/31/18	6,145.37	BANK OF THE WEST
A/P	178106	10/31/18	858.48	BAYER HEALTHCARE
A/P	178107	10/31/18	149.00	BOSTON SCIENTIFIC CORPORATION
A/P	178108	10/31/18	1,568.83	CABLE ONE
A/P	178109	10/31/18	1,096.07	CALHOUN COUNTY APPRAISAL DIST
A/P	178110	10/31/18	496.63	CARDINAL HEALTH 414,LLC
A/P	178111	10/31/18	3,381.70	CDW GOVERNMENT, INC.
A/P	178112	10/31/18	5,724.11	CITY OF PORT LAVACA
A/P	178113	10/31/18	341.89	COLLECTIONS INCORPORATED
A/P	178114	10/31/18	125.52	CONMED CORPORATION
A/P	178115	10/31/18	120.00	COOPER SURGICAL INC
A/P	178116	10/31/18	319.00	COVER ONE
A/P	178117	10/31/18	2,965.64	CSI LEASING INC
A/P	178118	10/31/18	83.65	CUSTOM MEDICAL SPECIALTIES
A/P	178119	10/31/18	451.00	CYGNUS MEDICAL LLC
A/P	178120	10/31/18	1,748.73	DEWITT POTH & SON
A/P	178121	10/31/18	105,301.58	DISCOVERY MEDICAL NETWORK INC
A/P	178122	10/31/18	779.60	DRIESSEN WATER INC. (CULLIGAN)
A/P	178123	10/31/18	327.65	ERBE USA INC SURGICAL SYSTEMS
A/P	178124	10/31/18	30,731.57	EVIDENT
A/P	178125	10/31/18	432.99	EVOQUA WATER TECHNOLOGIES LLC
A/P	178126	10/31/18	7.27	FEDERAL EXPRESS CORP.
A/P	178127	10/31/18	1,550.56	FISHER HEALTHCARE
A/P	178128	10/31/18	530.00	FORT BEND SERVICES, INC
A/P	178129	10/31/18	1,705.86	FRONTIER
A/P	178130	10/31/18	12,092.73	GLAXOSMITHKLINE PHARMACUETICAL
A/P	178131	10/31/18	300.00	GRAINGER
A/P	178132	10/31/18	355.09	GULF COAST PAPER COMPANY
A/P	178133	10/31/18	46.49	H + H SYSTEM, INC.
A/P	178134	10/31/18	117.55	HEALTH CARE LOGISTICS INC
A/P	178135	10/31/18	21,073.58	HEALTHCARE EQUIPMENT FINANCE
A/P	178136	10/31/18	878.00	HILL-ROM COMPANY, INC
A/P	178137	10/31/18	62.81	HOLOGIC INC
A/P	178138	10/31/18	250.00	ITERSOURCE CORPORATION
A/P	178139	10/31/18	2,081.07	J & J HEALTH CARE SYSTEMS, INC
A/P	178140	10/31/18	1,523.13	LUMINANT ENERGY COMPANY LLC
A/P	178141	10/31/18	663.27	MARLIN BUSINESS BANK
A/P	178142	10/31/18	28.07	MCKESSON MEDICAL SURGICAL INC
A/P	178143	10/31/18	718.69	MEDIVATORS

QIPP

McKesson

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	178144	10/31/18	.00	VOIDED
A/P	178145	10/31/18	.00	VOIDED
A/P	178146	10/31/18	.00	VOIDED
A/P	178147	10/31/18	.00	VOIDED
A/P	178148	10/31/18	9,145.37	MEDLINE INDUSTRIES INC
A/P	178149	10/31/18	4,970.83	MERCK SHARP & DOHME CORP
A/P	178150	10/31/18	131.52	METLIFE
A/P	178151	10/31/18	68.90	MMC AUXILIARY GIFT SHOP
A/P	178152	10/31/18	20,395.78	MMC EMPLOYEE BENEFIT PLAN
A/P	178153	10/31/18	250.57	MORRIS & DICKSON CO, LLC
A/P	178154	10/31/18	27.68	NADINE GARNER
A/P	178155	10/31/18	3,000.00	NUTRITION OPTIONS
A/P	178156	10/31/18	844.92	OCCUPRO LLC
A/P	178157	10/31/18	1,137.51	OLYMPUS AMERICA INC
A/P	178158	10/31/18	326.84	OWENS & MINOR
A/P	178159	10/31/18	31.66	PENNY GOULDEN
A/P	178160	10/31/18	100,000.00	PRIVATE WAIVER CLEARING ACCT
A/P	178161	10/31/18	1,667.00	RADSOURCE
A/P	178162	10/31/18	240.00	REVISTA de VICTORIA
A/P	178163	10/31/18	26.22	ROBERT RODRIGUEZ
A/P	178164	10/31/18	3,989.44	SANOFI DIAGNOSTIC PASTEUR INC
A/P	178165	10/31/18	4,768.64	SANOFI PASTEUR INC
A/P	178166	10/31/18	96.51	SARA RUBIO
A/P	178167	10/31/18	390.00	SIGN AD, LTD.
A/P	178168	10/31/18	68.91	SMILE MAKERS
A/P	178169	10/31/18	2,234.23	STERICYCLE, INC
A/P	178170	10/31/18	587.30	STRYKER SUSTAINABILITY
A/P	178171	10/31/18	20.00	TEXAS DEPARTMENT OF LICENSING
A/P	178172	10/31/18	3,690.00	TEXAS MUTUAL INSURANCE CO
A/P	178173	10/31/18	1,978.75	THA-TEXAS HOSPITAL ASSOCIATION
A/P	178174	10/31/18	8,320.00	THE CRESCENT
A/P	178175	10/31/18	137.94	TMS SOUTH
A/P	178176	10/31/18	570.55	TRANSCAT, INC.
A/P	178177	10/31/18	31,342.69	TXU ENERGY
A/P	178178	10/31/18	3,020.06	UNIFIRST HOLDINGS INC
A/P	178179	10/31/18	160.90	UNIFORM ADVANTAGE
A/P	178180	10/31/18	63.09	UNITED AD LABEL CO INC
A/P	178181	10/31/18	309.44	WALMART COMMUNITY
A/P	178182	10/31/18	431.32	WEST INTERACTIVE SERVICES CORP
TOTALS:			499,343.65	

APPROVED
ON

OCT 3 1 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 316,713.01 +
Transfer 100,000.00 +
QIPP 77,082.89 +
McKesson 5,547.75 +
499,343.65 =

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: 10/26/2018 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 10/27/2018

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

As of: 10/26/2018 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 10/27/2018 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: 5,660.96 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 10/30/2018,
Pay This Amount: 5,547.75 USD

If Paid After 10/30/2018,
Pay this Amount: 5,660.96 USD

Due If Paid On Time:
USD 5,547.75

Disc lost if paid late: 113.21

Due If Paid Late:
USD 5,660.96

Check #1005
GL Acct. #60310000

APPROVED
ON
OCT 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1,787.11 +
20.60 +
3,740.04 +
5,547.75 *

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: 10/26/2018 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 10/27/2018

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

As of: 10/26/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 10/27/2018 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											
10/22/2018	10/30/2018	7898581728	1001326141	115Invoice	0.21	10.31		10.10 ✓		7898581728	
10/22/2018	10/30/2018	7898581729	1001326613	115Invoice	0.85	42.49		41.64 ✓		7898581729	
10/22/2018	10/30/2018	7898581731	1001326613	115Invoice	0.65	32.60		31.95 ✓		7898581731	
10/22/2018	10/30/2018	7898581733	1001327043	115Invoice	11.00	549.96		538.96 ✓		7898581733	
10/23/2018	10/30/2018	7898818705	1001327410	115Invoice	0.43	21.29		20.86 ✓		7898818705	
10/24/2018	10/30/2018	7899055802	1001327797	115Invoice	4.18	209.03		204.85 ✓		7899055802	
10/24/2018	10/30/2018	7899055803	1001327797	115Invoice	0.37	18.55		18.18 ✓		7899055803	
10/25/2018	10/30/2018	7899283013	1001328260	115Invoice	11.43	571.60		560.17 ✓		7899283013	
10/25/2018	10/30/2018	7899287617	1001328260	115Invoice	0.01	0.65		0.64 ✓		7899287617	
10/26/2018	10/30/2018	7899503060	1001328777	115Invoice	7.03	351.70		344.67 ✓		7899503060	
10/26/2018	10/30/2018	7899503061	1001328777	115Invoice	0.31	15.40		15.09 ✓		7899503061	

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: 1,823.58 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,682.39
10/22/2018

If Paid By 10/30/2018,
Pay This Amount: 1,787.11 USD ✓

If Paid After 10/30/2018,
Pay this Amount: 1,823.58 USD

Due If Paid On Time:
USD 1,787.11

Disc lost if paid late: 36.47

Due If Paid Late:
USD 1,823.58

APPROVED
ON
OCT 29 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: 10/26/2018 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 10/27/2018

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

As of: 10/26/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 10/27/2018 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											
10/24/2018	10/30/2018	7899049939	2017005787	115Invoice	0.16	8.15		7.99 ✓		7899049939	
10/26/2018	10/30/2018	7899494156	2017005806	115Invoice	0.26	12.87		12.61 ✓		7899494156	

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: 21.02 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,682.39
10/22/2018

If Paid By 10/30/2018,
Pay This Amount: 20.60 USD ✓

If Paid After 10/30/2018,
Pay this Amount: 21.02 USD

Due If Paid On Time:
USD 20.60

Disc lost if paid late: 0.42

Due If Paid Late:
USD 21.02

APPROVED
ON

OCT 29 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 10/26/2018 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 10/27/2018

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: 10/26/2018 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342, PLEASE CHECK ANY
Date: 10/27/2018 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											
10/22/2018	10/30/2018	7898563425	0959800063	115Invoice	16.93	846.61		829.68		7898563425	
10/22/2018	10/30/2018	7898563426	1021180230-00	115Invoice	17.75	887.60		869.85		7898563426	
10/22/2018	10/30/2018	7898563427	1116315	115Invoice	5.92	295.87		289.95		7898563427	
10/23/2018	10/30/2018	7898818401	4359900063	115Invoice	0.21	10.68		10.47		7898818401	
10/23/2018	10/30/2018	7898818402	1020180212-00	115Invoice	5.40	269.89		264.49		7898818402	
10/24/2018	10/30/2018	7899049916	0959800065	115Invoice	6.70	334.99		328.29		7899049916	
10/24/2018	10/30/2018	7899053619	1023180429-00	115Invoice	5.68	283.81		278.13		7899053619	
10/25/2018	10/30/2018	7899272074	0959800066	115Invoice	7.87	393.71		385.84		7899272074	
10/25/2018	10/30/2018	7899272076	1024180401-00	115Invoice	3.50	175.20		171.70		7899272076	
10/26/2018	10/30/2018	7899513133	0959800067	115Invoice	3.73	186.58		182.85		7899513133	
10/26/2018	10/30/2018	7899513134	1025180323-00	115Invoice	2.63	131.42		128.79		7899513134	

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: 3,816.36 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,682.39
10/22/2018

If Paid By 10/30/2018,
Pay This Amount: 3,740.04 USD ✓

If Paid After 10/30/2018,
Pay this Amount: 3,816.36 USD

Due If Paid On Time:
USD 3,740.04

Disc lost if paid late: 76.32

Due If Paid Late:
USD 3,816.36

per Sara CFO

APPROVED
ON

OCT 29 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

I B C

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --October 22, 2018 - October 28, 2018

Date	Bank Description	MMC Notes	Amount
10/22/2018	ACH Payment - Telecheck INV102018D	- Credit Card Processing Fee	5.00
10/22/2018	ACH Payment - FDGL LEASE PYMT	- Credit Card Machine Lease Expense	151.23

No ACH Payments for this Period

Total Electronic Payments: 156.23

CFO

Diane Moore, CFO
Memorial Medical Center

October 29, 2018

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --October 22, 2018 - October 28, 2018

Date	Bank Description	MMC Notes	Amount 2
10/23/2018	ACH Payment MCKESSON DRUG AUTO ACH ACH03607960 910000106	- 340B Drug Program Expense	2,688.39 *
10/24/2018	ACH Payment IRS USATAXPYMT 220869704497232 6103601001300	- Payroll Taxes	89,043.47 **
10/26/2018	CM Wire Domestic WIRE OUT CBNA Incoming Settlement Account	-CitiBank Corporate Card Payment	2,613.18 *
			94,340.04
			94,337.04

per Andrew DeLa Serda @ MMC

CFO 10-29-18

October 29, 2018

Diane Moore, CFO
Memorial Medical Center

* Approved 10.24.18 cc

** Approved 10.17.18 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
10/31/2018	Nueces SDA UHRIP IGT	- IGT To TEXNET	95,000.00
			95,000.00

CFO 10-29-18

October 29, 2018

Diane C. Moore, CFO
Memorial Medical Center

Andrew DeLosSantos

From: Jason Anglin
Sent: Thursday, October 25, 2018 6:20 PM
To: Diane C. Moore; Andrew DeLosSantos; Caitlin Clevenger
Subject: FW: Nueces SDA UHRIP IGT Notification - Update

We don't have the final Numbers.

If we can I would add $95,000 to the transfer list for a UHRIP IGT for next week. Primary numbers shown below show $90,000 but it is an approximate number so I would increase it a little. Hopefully, by Monday we will know the Actual number, but in-case we don't we need something approved.

Thank you,

Jason Anglin, CEO
Memorial Medical Center
815 N Virginia St
Port Lavaca, TX 77979
Office 361-552-0240
Fax 361-552-0220

From: Jonny F. Hipp (NCHD) [mailto:jonny.hipp@nchdcc.org]
Sent: Tuesday, October 23, 2018 11:25 AM
To: Carolyn Zafereo (czafereo@cmcvtx.org) <czafereo@cmcvtx.org>; Duane L. Woods (duane.woods@cmcvtx.org) <duane.woods@cmcvtx.org>; Melissa Cannady (mcannady@cmcvtx.org) <mcannady@cmcvtx.org>; Mike Olson (Mike.Olson@cmcvtx.org) <Mike.Olson@cmcvtx.org>; Jason Anglin <JAnglin@mmcportlavaca.com>; Belinda Chism (NCHD) <Belinda.Chism@nchdcc.org>; Donna Littlefield (NCHD) <donna.littlefield@nchdcc.org>; Jonny F. Hipp (NCHD) <jonny.hipp@nchdcc.org>; David Lee (david.lee@okmh.org) <david.lee@okmh.org>; Louis R. Willeke (lschlabach@rcmhospital.org) <lschlabach@rcmhospital.org>; Shawn "Hoss" Whitt (hwhitt@rcmhospital.org) <hwhitt@rcmhospital.org>; Susan Parker (sparker@rcmhospital.org) <sparker@rcmhospital.org>
Cc: Baxter R. Morgan (morgan@gl-law.com) <morgan@gl-law.com>; Jessica D. Cottey (cottey@gl-law.com) <cottey@gl-law.com>; Adam Robison (arobison@kslaw.com) <arobison@kslaw.com>; Gary W. Eiland (geiland@kslaw.com) <geiland@kslaw.com>; James T. Lindsey (lindsey@gl-law.com) <lindsey@gl-law.com>; Janus Pan (pan@gl-law.com) <pan@gl-law.com>; Lance J. Ramsey (ramsey@gl-law.com) <ramsey@gl-law.com>; Nicole Y. Martinez (Martinez@gl-law.com) <Martinez@gl-law.com>; Rachel O. Gilbert (gilbert@gl-law.com) <gilbert@gl-law.com>; J. Brandon Durbin (brandon@dhcg.com) <brandon@dhcg.com>
Subject: Nueces SDA UHRIP IGT Notification - Update
Importance: High

Nueces SDA IGT Providers,

As you may have heard or read, HHSC released the processed UHRIP application for the March 2019 – August 2019 rate period. There were several errors in the application that HHSC is aware of but has yet to address – HHSC plans to distribute corrected files soon, but we do not know when.

Currently, the due date for the rate period UHRIP IGTs is **October 31**. Although HHSC may extend the IGT deadline, we still expect that they will require all IGT entities to transfer IGT funds on short notice. We will update you promptly as soon as we hear of further updates from HHSC, but **below are the *estimated* approximate IGT amounts that the Nueces SDA IGT entities will have to transfer for the March 2019 – August 2019 rate period**:

IGT Entity	Estimated 6-Month IGT for March 2019 UHRIP Rate Period
Citizens Medical Center	$410,000
Refugio County Memorial Hospital District	$30,000
Karnes County Hospital District	$50,000
Memorial Medical Center	$90,000
Nueces County Hospital District	$8,020,000
TOTAL ESTIMATED IGT FOR NUECES SDA	**$8,600,000**

Please feel free to reach out to gilbert@gl-law.com and pan@gl-law.com with any questions.

Jonny F. Hipp, ScD, FACHE | Administrator/Chief Executive Officer
Nueces County Hospital District
Texas HHSC Regional Healthcare Partnership - Region 4 Anchor Entity
Texas HHSC Uniform Hospital Rate Increase Program - Nueces Service Delivery Area Liaison
555 N. Carancahua St., Suite 950 | Corpus Christi, TX 78401-0835
Office: (361) 808-3300 | Fax: (361) 808-3274 | Cell: (361) 877-7290
jonny.hipp@nchdcc.org | www.nchdcc.org

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"	★	12	
	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"	★	$ 86,701.03	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 44,166.20	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,592.58	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 31,942.25	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★		
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8902.75	N		N	N		168163.90
1	REGULAR PAY-S1	1897.25	N		N	N	N	79859.75
1	REGULAR PAY-S1	119.50	Y		N	N		2721.27
2	REGULAR PAY-S2	2635.25	N		N	N		59033.73
2	REGULAR PAY-S2	26.25	Y		N	N		997.29
3	REGULAR PAY-S3	1596.50	N		N	N		41501.33
3	REGULAR PAY-S3	29.25	Y		N	N		1620.24
C	CALL PAY	12.00	N		N	N	N	370.80
C	CALL PAY	2271.50	N	1	N	N		4543.00
E	EXTRA WAGES	18.00	N		N	N	N	361.80
E	EXTRA WAGES		N	1	N	N		60.00
E	EXTRA WAGES		N	1	N	N	N	846.25
F	FUNERAL LEAVE	60.00	N	1	N	N		1563.00
I	INSERVICE	117.00	N	1	N	N		3424.61
I	INSERVICE	6.75	Y	1	N	N		295.56
K	EXTENDED-ILLNESS-BANK	350.00	N	1	N	N		6894.40
M	MEAL REIMBURSEMENT		N		N	N	N	24.00
P	PAID-TIME-OFF	12.00	N		N	N	N	973.83
P	PAID-TIME-OFF	917.00	N	1	N	N		18770.53
S	EMPLOYEE REIMBURSEMENT		N		N	N	N	-24.08
X	CALL PAY 2	168.00	N	1	N	N		336.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
t	PHONE & DATA		N		N	N	N	1050.00

Deductions Summary

Code	Amount						
A/R	1214.92	A/R2	205.08	A/R3			
ADVANC		AWARDS		BOOTS			
CAFE H		CAFE-1	1491.93	CAFE-2	940.88		
CAFE-3	785.06	CAFE-4	362.00	CAFE-5	235.01		
CAFE-C		CAFE-D	1667.32	CAFE-F			
CAFE-H	19251.06	CAFE-I		CAFE-L			
CAFE-P	231.57	CANCER		CHILD			
CLINIC	150.00	COMBIN	652.71	CREDUN			
DD ADV		DENTAL		DEP-LF			
DIS-LF	1494.80	EAT		EATCSH	45.00		
FEDTAX	31942.25	FICA-M	5296.67	FICA-O	22084.62		
FIRSTC	75.00	FLEX S	2329.33	FLX FE			
FORT D		FUTA		GIFT S	54.92		
GRANT		GRP-IN	65.76	GTL			
HOSP-I		ID TFT		LEAF			
LEGAL	503.28	MASA	520.50	MEALS	187.06		
MISC		MISC/		MMCSHR			
OTHER		PHI		PHI***			
PR FIN	270.53	RELAY		REPAY			
SAMS		SCRUBS		SIGNON			
ST-TX		STONDF	1045.00	STONE			
STONE2		STUDEN		TSA-1			
TSA-2		TSA-C		TSA-P			
TSA-R	27559.00	TUTION		UNIFOR	512.38		
UW/HOS							

Grand Totals: 19235.00 (Gross: 393675.21 Deductions: 121173.64 Net: 272501.57)

Checks Count:- FT 201 PT 6 Other 35 Female 209 Male 32 Credit OverAmt 3 ZeroNet Term Total: 241

Pay Date 10/2/18

Chu. Dave CFO 10-29-18

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: PRIVATE WAIVER- PROSPERITY

Date Requested: ~~10/4/18~~ 10-23-18

APPROVED ON OCT 25 2018 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

POSTED

CK # 178160

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 PROSPEITY PRIVATE WAIVER FUNDS OUT OF MMC OPERATING

REQUESTED BY: CAITLIN CLEVENGER

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

COPY

PAY TO: Ashford Prosperity

Date Requested: 10/24/18

APPROVED ON
OCT 25 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $3,074.31

G/L NUMBER: 20652000

EXPLANATION: To Close Ashford IBC Account

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
10/29/2018

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		131,584.68 ✓	131,484.68 ✓	252,373.97		-	252,473.97 ✓	206,905.99
						Bank Balance	252,473.97	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	12,125.18 ✓	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2	9,283.50 ✓	
						MMC Portion QIPP 3	24,059.30 ✓	
						October Bank Interest	-	
						November Bank Interest	-	
						December Bank Interest	-	
						Adjust Balance/Transfer Amt	206,905.99 ✓	

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

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 Hstn		362,613.66 ✓	362,513.66 ✓	152,643.32			152,743.32 ✓	142,217.86
						Bank Balance	152,743.32 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	3,452.50 ✓	
						MMC Portion QIPP 2	1,906.00 ✓	
						MMC Portion QIPP 3	5,066.96 ✓	
						October Bank Interest	-	
						November Bank Interest	-	
						December Bank Interest	-	
						Adjust Balance/Transfer Amt	142,217.86 ✓	
Crescent		223,383.87 ✓	223,283.87 ✓	100,936.47		-	101,036.47 ✓	96,615.52
						Bank Balance	101,036.47	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	2,347.70 ✓	
						MMC Portion QIPP 2	565.50 ✓	
						MMC Portion QIPP 3	1,407.75 ✓	
						October Bank Interest	-	
						November Bank Interest	-	
						December Bank Interest	-	
						Adjust Balance/Transfer Amt	96,615.52 ✓	
Broadmoor		398,027.27 ✓	397,927.27 ✓	99,567.26		-	99,667.26 ✓	97,205.75
						Bank Balance	99,667.26	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	2,361.51 ✓	
						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	97,205.75 ✓	
Fort Bend		75,443.87 ✓	75,343.87 ✓	93,850.35		-	93,950.35 ✓	79,343.36
						Bank Balance	93,950.35	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	4,957.79 ✓	
						MMC Portion QIPP 2	2,643.50 ✓	
						MMC Portion QIPP 3	6,905.70 ✓	
						October Bank Interest	-	
						November Bank Interest	-	
						December Bank Interest	-	
						Adjust Balance/Transfer Amt	79,343.36 ✓	
						TOTAL TRANSFERS		622,288.48

206,905.99 +
142,217.86 +
96,615.52 +
97,205.75 +
79,343.36 +
622,288.48 *

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

Approved: APPROVED
Diane Moore, CFO 10/29/2018

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.

OCT 29 2018

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

K:\NH Weekly Transfers\NH UPL Transfer Summary\2018\October 2018\NH UPL Transfer Summary 10-29-18

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
10/29/2018

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		6,771.05 ✓	6,671.05 ✓	188,924.57						-	-	189,024.57 ✓	188,924.57
											Bank Balance	189,024.57	
											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	188,924.57 ✓	

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: DM CFO
Diane Moore, CFO 10/29/2018

APPROVED
ON
OCT 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Cantex IBC Download 10-22-18 Thru 10-28-18

Ashford Gardens			Transfer-Out	Transfer-In
*4553	10/22/2018	ACH Deposit - Molina HC of TX HCCLAIMPMT		8,751.62
*4553	10/22/2018	ACH Deposit - Molina HC of TX HCCLAIMPMT		7,069.02
*4553	10/22/2018	ACH Deposit - Amerigroup TX5C HCCLAIMPMT		805.39
*4553	10/23/2018	ACH Deposit - Molina HC of TX HCCLAIMPMT		3,074.31
*4553	10/24/2018	Wire Debit - 0199 ASHFORD HEALTH CARE CENTER LTD811	17,525.36	
			17,525.36	19,700.34

+ previous transfer of 899.33 = 20,599.67

Solera at West Houston	Transfer-Out	Transfer-In
*4561		
*4561		
*4561		
	-	-

Crescent	Transfer-Out	Transfer-In
*4588		
*4588		
*4588		
	-	-

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

Fort Bend	Transfer-Out	Transfer-In
*4618		
*4618		
*4618		
*4618		
	-	-

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
Diane Moore, CFO 10/29/2018

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: October 31, 2018

APPROVED ON OCT 29 2018

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK # 000035

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

AMOUNT $45,467.98

G/L NUMBER: 21000012

EXPLANATION: Ashford – To transfer funds for Component 1, 2 & 3 – QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: October 31, 2018

APPROVED ON OCT 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CK # 000070

AMOUNT $14,506.99

G/L NUMBER: 21000008

EXPLANATION: Fort Bend – To transfer funds for Component 1, 2 & 3 – QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: October 31, 2018

APPROVED ON OCT 29 2018

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK # 000029

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

AMOUNT $10,425.46

G/L NUMBER: 21000011

EXPLANATION: Solera – To transfer funds for Components 1, 2, & 3 – QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: [signature], CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: October 31, 2018

APPROVED ON OCT 29 2018

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 000007

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

AMOUNT $2,361.51

G/L NUMBER: 21000009

EXPLANATION: Broadmoor – To transfer funds for Component 1 – QIPP Payment

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: October 31, 2018

APPROVED ON
OCT 29 2018
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 000032

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

AMOUNT: $4,320.95

G/L NUMBER: 21000010

EXPLANATION: Crescent – To transfer funds for Component 1, 2 & 3 – QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: , CFO