MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- January 16, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	725,042.53
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	162,465.56
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED January 16, 2019	$	887,508.09

APPROVED

JAN 16 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 16, 2019

PAYABLES AND PAYROLL			
1/10/2019	Weekly Payables	488,609.42	
1/14/2019	McKesson-340B Prescription Expense	4,151.97	
1/10/2019	Patient Refunds	1,488.75	
1/10/2019	Addt'l Patient Refunds	2,715.29	
1/14/2019	Citibank Credit Card-see attached	813.30	
1/11/2019	Blue Cross Blue Shield-1st Month's Premium	203,908.48	
1/14/2019	Amerisource Bergen-340B Prescription Expense	3,603.48	
1/10/2019	Payroll Liabilities (Payroll Taxes)	1,862.80	
1/10/2019	Supplemental Payroll	12,872.35	
	Prosperity Electronic Bank Payments		
1/7-1/10/19	Credit Card & Lease Fees	3,415.81	
1/18/2019	Sales Tax for December 2018	1,525.51	
1/10-1/11/19	Pay Plus-Patient Claims Processing Fee	75.37	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 725,042.53**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
1/14/2019	Nursing Home UPI	71,162.60	
QIPP/INTEREST CHECKS TO MMC			
1/14/2019	Ashford	33,803.00	
1/14/2019	Solera	9,625.00	
1/14/2019	Crescent	6,545.00	
1/14/2019	Broadmoor	6,583.50	
1/14/2019	Fort Bend	13,821.50	
1/14/2019	Golden Creek	20,924.96	
TOTAL NURSING HOME UPL EXPENSES			**$ 162,465.56**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED January 16, 2019			**$ 887,508.09**

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
130203 ✓		12/31/20	12/20/20	01/20/20		3.59	0.00	0.00	3.59 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	3.59	0.00	0.00	3.59

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
24116 ✓		01/09/20	12/20/20	01/20/20		1,400.00	0.00	0.00	1,400.00 ✓
	RFID FEE								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9083637716 ✓		12/31/20	12/19/20	01/13/20		2,406.23	0.00	0.00	2,406.23 ✓
	OXYGEN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	2,406.23	0.00	0.00	2,406.23

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
20068920183232 ✓		01/09/20	12/31/20	01/31/20		1,000.00	0.00	0.00	1,000.00 ✓
	REGISTRATION Requirement for Medicare- low dose lung screening								

Vendor Totals	Number	Name (national registry)	Gross	Discount	No-Pay	Net
	10730	AMERICAN COLLEGE OF RADIOLOGY	1,000.00	0.00	0.00	1,000.00

Vendor#	Vendor Name	Class	Pay Code
A2271	ARTHREX, INC ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
94443689 ✓		12/31/20	11/12/20	12/12/20		8,005.17	0.00	0.00	8,005.17 ✓
	EQUIPMENT Freight 108.17								
94455965 ✓		12/31/20	11/14/20	12/14/20		253.03	0.00	0.00	253.03 ✓
	EQUIPMENT Freight W.87								
94462438 ✓		12/31/20	11/15/20	12/15/20		226.56	0.00	0.00	226.56 ✓
	SHIPPING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2271	ARTHREX, INC	8,484.76	0.00	0.00	8,484.76

Vendor#	Vendor Name	Class	Pay Code
12252	ASCEND NATIONAL LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
026941 ✓		12/31/20	12/15/20	01/18/20		3,013.75	0.00	0.00	3,013.75 ✓
	STAFFING SURGERY 12/10/-12/14/18 Paduch								
027025		12/31/20	12/22/20	01/22/20		2,708.50	0.00	0.00	2,708.50 ✓
	SURGERY STAFFING 12/17/-12/21/18 Paduch								
027106		12/31/20	12/29/20	01/23/20		2,966.66	0.00	0.00	2,966.66 ✓
	SURGERY STAFFING 12/24/-12/28/18 Paduch								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12252	ASCEND NATIONAL LLC	8,688.91	0.00	0.00	8,688.91

Vendor#	Vendor Name	Class	Pay Code
B0436	BARD ACCESS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
45550465 ✓		12/31/20	12/26/20	01/20/20			150.00	0.00	0.00	150.00 ✓
	SUPPLIES									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6006935732 ✓		12/31/20	12/18/20	01/18/20			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
B1220	BECKMAN COULTER INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4352389 ✓		12/31/20	12/25/20	01/19/20			2,695.00	0.00	0.00	2,695.00 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	2,695.00	0.00	0.00	2,695.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9410588512 3 104		12/31/20	12/19/20	01/18/20			2,241.37	0.00	0.00	2,241.37 ✓
	SUPPLIES Shipping 70.75									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)	2,241.37	0.00	0.00	2,241.37

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
122418		01/09/20	01/07/20				89.97	0.00	0.00	89.97 ✓
	FUEL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	89.97	0.00	0.00	89.97

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010719		01/09/20	01/07/20	01/07/20			160.00	0.00	0.00	160.00 ✓
	CO PAYS INDIGENT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	160.00	0.00	0.00	160.00

Vendor#	Vendor Name	Class	Pay Code
11088	CANTEX HEALTH CARE CENTERS LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010419D		12/31/20	01/04/20	01/04/20			80.00	0.00	0.00	80.00 ✓
	TRANSFER Pymt sent to MMC in error									
010419C		12/31/20	01/04/20	01/04/20			1,140.00	0.00	0.00	1,140.00 ✓
	TRANSFER Pymt sent to MMC in error									
010419A		12/31/20	01/04/20	01/04/20			7,200.00	0.00	0.00	7,200.00 ✓

7220.00 OK

	TRANSFER Pymt sent to MMC in error.						
010419G	12/31/20 01/04/20 01/04/20		171.15	0.00	0.00	171.15 ✓	
	TRANSFER Pymt sent to MMC in error.						
010419B	12/31/20 01/04/20 01/04/20		2,716.14	0.00	0.00	2,716.14 ✓	
	TRANSFER Pymt sent to MMC in error.						
010419F	12/31/20 01/04/20 01/04/20		7,220.00	0.00	0.00	7,220.00 ✓	
	TRANSFER Pymt sent to MMC in error						
010419	12/31/20 01/04/20 01/04/20		7,200.00	0.00	0.00	7,200.00 ✓	
	TRANSFER Pymt sent to MMC in error.						
010419E	12/31/20 01/04/20 01/04/20		3,251.40	0.00	0.00	3,251.40 ✓	
	TRANSFER Pymt sent to MMC in error						
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net	
	11088 CANTEX HEALTH CARE CENTERS LLC		28,978.69	0.00	0.00	28,978.69	
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	
QLH0040 ✓	12/31/20 12/19/20 01/18/20		6,284.57	0.00	0.00	6,284.57 ✓	
	EQUIPMENT Sonic Wall						
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net	
	C1992 CDW GOVERNMENT, INC.		6,284.57	0.00	0.00	6,284.57	
Vendor#	Vendor Name	Class	Pay Code				
E1270	CENTERPOINT ENERGY ✓	W					
Invoice#	Comment Tran Dt Inv Dt Due Dt Check D Pay		Gross	Discount	No-Pay	Net	
011519	12/31/20 01/15/20 01/15/20		42.15	0.00	0.00	42.15 ✓	
	GAS						
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net	
	E1270 CENTERPOINT ENERGY		42.15	0.00	0.00	42.15	
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	
010718C	12/31/20 01/07/20 01/07/20		141.94	0.00	0.00	141.94 ✓	
	WATER						
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net	
	C1730 CITY OF PORT LAVACA		141.94	0.00	0.00	141.94	
Vendor#	Vendor Name	Class	Pay Code				
C1166	COASTAL OFFICE SOLUTONS ✓	W					
Invoice#	Comment Tran Dt Inv Dt Due Dt Check D Pay		Gross	Discount	No-Pay	Net	
OE216301 ✓	01/04/20 12/20/20 01/20/20		65.71	0.00	0.00	65.71 ✓	
	SUPPLIES McLennan Respiratory Manager business cards (1,000)						
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net	
	C1166 COASTAL OFFICE SOLUTONS		65.71	0.00	0.00	65.71	
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	
783015 ✓	12/31/20 12/21/20 01/21/20		794.27	0.00	0.00	794.27 ✓	
	SUPPLIES						
Vendor Totals	Number Name		Gross	Discount	No-Pay	Net	
	C1970 CONMED CORPORATION		794.27	0.00	0.00	794.27	
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	

RT00215218	12/31/20	12/19/20	01/19/20		2,965.64	0.00	0.00	2,965.64
LEASE								

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
247960		12/31/20	12/17/20	01/17/20		616.95	0.00	0.00	616.95
	SUPPLIES Shipping 41.35								
248038		12/31/20	12/18/20	01/18/20		62.02	0.00	0.00	62.02
	SUPPLIES Shipping 21.08								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	678.97	0.00	0.00	678.97

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
5573000		12/31/20	12/13/20	01/07/20		30.93	0.00	0.00	30.93
	SUPPLIES								
5582590		12/31/20	12/26/20	01/20/20		296.11	0.00	0.00	296.11
	SUPPLIES								
5582591		12/31/20	12/26/20	01/20/20		43.70	0.00	0.00	43.70
	SUPPLIES								
5584090		12/31/20	12/27/20	01/21/20		13.36	0.00	0.00	13.36
	SUPPLIES								
5584120		12/31/20	12/27/20	01/21/20		27.48	0.00	0.00	27.48
	SUPPLIES								
5584240		12/31/20	12/27/20	01/21/20		31.41	0.00	0.00	31.41
	SUPPLIES								
5583461		01/04/20	12/28/20	01/22/20		11.36	0.00	0.00	11.36
	SUPPLIES								
5583460A		01/10/20	12/26/20	01/20/20		38.41	0.00	0.00	38.41
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	492.76	0.00	0.00	492.76

Vendor#	Vendor Name	Class	Pay Code
D1302	DIAMOND INSPECTIONS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
17928		12/31/20	12/27/20	01/17/20		14.00	0.00	0.00	14.00
	VEHICLE INSPECTIONS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1302	DIAMOND INSPECTIONS	14.00	0.00	0.00	14.00

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
MMC123118		12/31/20	01/01/20	01/17/20		125,512.28	0.00	0.00	125,512.28
	PRO FEES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	125,512.28	0.00	0.00	125,512.28

Vendor#	Vendor Name	Class	Pay Code
D1751	DIXIE FLAG MANUFACTURING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0016644IN		12/31/20	12/21/20	01/21/20		748.00	0.00	0.00	748.00

SUPPLIES Freight 24.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1751	DIXIE FLAG MANUFACTURING CO	748.00	0.00	0.00	748.00

Vendor#	Vendor Name	Class	Pay Code
D1785	DYNATRONICS CORPORATION ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN920427 ✓		12/31/20	12/18/20	01/18/20		210.66	0.00	0.00	210.66 ✓
	SUPPLIES Freight 53.76								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	210.66	0.00	0.00	210.66

Vendor#	Vendor Name	Class	Pay Code
11680	EMILIE KESTNER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
122718		01/09/20	12/27/20	12/27/20		18.58	0.00	0.00	18.58 ✓
	TRAVEL Marketing @ Citizens 12/20/18								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11680	EMILIE KESTNER	18.58	0.00	0.00	18.58

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
520851 ✓		12/31/20	12/17/20	01/17/20		154.40	0.00	0.00	154.40 ✓
	SUPPLIES Shipping 14.90								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	154.40	0.00	0.00	154.40

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
63977853		01/04/20	12/13/20	01/07/20		73.12	0.00	0.00	73.12 ✓
	SHIPPING								
640644659 ✓		01/04/20	12/20/20	01/14/20		47.41	0.00	0.00	47.41 ✓
	SHIPPING								
641360422 ✓		01/09/20	12/27/20	01/21/20		20.49	0.00	0.00	20.49 ✓
	SHIPPING								
641943549 ✓		01/09/20	01/03/20	01/20/20		67.89	0.00	0.00	67.89 ✓
	SHIPPING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	208.91	0.00	0.00	208.91

Vendor#	Vendor Name	Class	Pay Code
F1300	FIRESTONE OF PORT LAVACA ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0063156 ✓		12/31/20	12/27/20	01/07/20		75.23	0.00	0.00	75.23 ✓
	REPAIR								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1300	FIRESTONE OF PORT LAVACA	75.23	0.00	0.00	75.23

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
2603627 ✓		12/11/20	11/29/20	12/24/20		516.32	0.00	0.00	516.32 ✓
	SUPPLIES Shipping 83.67								
8328762 ✓		12/31/20	01/02/20	01/27/20		2,398.05	0.00	0.00	2,398.05 ✓
	SUPPLIES								

0239248 ✓		12/31/20 10/02/20 10/27/20	3,481.36	0.00	0.00	3,481.36 ✓
	SUPPLIES					
0891607 ✓		12/31/20 10/04/20 10/29/20	3,444.48	0.00	0.00	3,444.48 ✓
	SUPPLIES Shipping 132.48					
2512041 ✓		12/31/20 10/10/20 11/04/20	27.65	0.00	0.00	27.65 ✓
	SUPPLIES					
8090647 ✓		12/31/20 11/14/20 12/09/20	301.71	0.00	0.00	301.71 ✓
	SUPPLIES					
0358293 ✓		12/31/20 11/19/20 12/14/20	177.56	0.00	0.00	177.56 ✓
	SUPPLIES Shipping 35.00					
5336224 ✓		12/31/20 12/13/20 01/07/20	152.00	0.00	0.00	152.00 ✓
	SUPPLIES					
7470464 ✓		12/31/20 12/20/20 01/20/20	14,391.41	0.00	0.00	14,391.41 ✓
	SUPPLIES					
7819435 ✓		12/31/20 12/21/20 01/15/20	246.32	0.00	0.00	246.32 ✓
	SUPPLIES Shipping 88.52					
7977894 ✓		12/31/20 12/26/20 01/20/20	61.00	0.00	0.00	61.00 ✓
	SUPPLIES Shipping 21.50					
8105438 ✓		12/31/20 12/27/20 01/21/20	10.64	0.00	0.00	10.64 ✓
	SUPPLIES					
8187436 ✓		12/31/20 12/28/20 01/22/20	61.48	0.00	0.00	61.48 ✓
	SUPPLIES					
8187434 ✓		12/31/20 12/28/20 01/22/20	120.49	0.00	0.00	120.49 ✓
	SUPPLIES Shipping 27.50					
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	25,390.47	0.00	0.00	25,390.47

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
011419		12/31/20	01/14/20	01/17/20			59.42	0.00	0.00	59.42 ✓
	FAXING Late Fee 9.00									
011619		12/31/20	01/16/20	01/17/20			670.43	0.00	0.00	670.43 ✓
	FAXING Late Fee 33.52									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	729.85	0.00	0.00	729.85

Vendor#	Vendor Name	Class	Pay Code
10901	GENESIS DIAGNOSTICS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
49429 ✓		12/31/20	12/20/20	01/19/20			122.43	0.00	0.00	122.43 ✓
	SUPPLIES Shipping 19.50									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	122.43	0.00	0.00	122.43

Vendor#	Vendor Name	Class	Pay Code
10956	GETINGE USA SALES LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6990865440 ✓		12/31/20	12/17/20	01/19/20			203.20	0.00	0.00	203.20 ✓
	SUPPLIES Freight 32.20									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10956	GETINGE USA SALES LLC	203.20	0.00	0.00	203.20

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

010318	12/31/20 01/03/20 01/03/20	2,339.03	0.00	0.00	2,339.03 ✓
TRANSFER Pymt sent to MMC in error					
010319A	12/31/20 01/03/20 01/03/20	3,955.13	0.00	0.00	3,955.13 ✓
TRANSFER Pymt sent to MMC in error					
010318B	12/31/20 01/03/20 01/03/20	14,822.55	0.00	0.00	14,822.55 ✓
TRANSFER Pymt sent to MMC in error					
010319C	12/31/20 01/03/20 01/03/20	48,237.99	0.00	0.00	48,237.99 ✓
TRANSFER Pymt sent to MMC in error					

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
11836	GOLDENCREEK HEALTHCARE	69,354.70	0.00	0.00	69,354.70

Vendor# G1210 Vendor Name: GULF COAST PAPER COMPANY ✓ Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1597672 ✓	SUPPLIES	12/01/20	12/19/20	01/18/20		60.26	0.00	0.00	60.26 ✓
1604750 ✓	SUPPLIES	12/31/20	12/18/20	01/17/20		447.30	0.00	0.00	447.30 ✓

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
G1210	GULF COAST PAPER COMPANY	507.56	0.00	0.00	507.56

Vendor# H1661 Vendor Name: HFMA ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
73065222020 ✓	MEMBERSHIP	01/09/20	01/01/20	01/01/20		445.00	0.00	0.00	445.00 ✓

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
H1661	HFMA	445.00	0.00	0.00	445.00

Vendor# 10442 Vendor Name: INTERSTATE ALL BATTERY CENTER ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1901101018671 ✓	SUPPLIES	12/31/20	12/17/20	01/17/20		224.70	0.00	0.00	224.70 ✓

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10442	INTERSTATE ALL BATTERY CENTER	224.70	0.00	0.00	224.70

Vendor# 11108 Vendor Name: ITERSOURCE CORPORATION ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5066 ✓	SUPPORT SERVICES	01/09/20	01/02/20	01/02/20		250.00	0.00	0.00	250.00 ✓

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

Vendor# H1502 Vendor Name: JESUSITA S. HERNANDEZ ✓ Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
122818	TRAVEL TO GET MEDS from Nctar not available @ MMC 12/28/18	01/09/20	12/28/20	12/28/20		30.46	0.00	0.00	30.46 ✓
122818A	TRAVEL FOR MEDS from Nctar not available @ MMC 12/31/18	01/09/20	12/28/20	12/28/20		30.46	0.00	0.00	30.46 ✓

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
H1502	JESUSITA S. HERNANDEZ	60.92	0.00	0.00	60.92

Vendor# 12320 Vendor Name: JOHNSON & ROUNTREE PREMIUM ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
JPOSADAS		01/09/20	01/03/20	01/03/20		132.30	0.00	0.00	132.30
	PT REFUND								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12320	JOHNSON & ROUNTREE PREMIUM	132.30	0.00	0.00	132.30

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
109810143		12/31/20	12/24/20	01/23/20		400.00	0.00	0.00	400.00
	AD								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11167	LAMAR COMPANIES	400.00	0.00	0.00	400.00

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
201811300837		12/31/20	11/30/20	01/18/20		25,172.86	0.00	0.00	25,172.86
	FOOD SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCKERS RESTAURANTS	25,172.86	0.00	0.00	25,172.86

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
41696479		12/19/20	12/03/20	01/02/20		2,590.41	0.00	0.00	2,590.41
	SUPPLIES freight 20.00								
43258869		12/22/20	12/21/20	01/20/20		139.24	0.00	0.00	139.24
	SUPPLIES freight 49.50								
42902091		12/31/20	12/18/20	01/17/20		1,580.89	0.00	0.00	1,580.89
	SUPPLIES								
43125604		12/31/20	12/20/20	01/19/20		40.20	0.00	0.00	40.20
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	4,350.74	0.00	0.00	4,350.74

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
129997		12/31/20	12/31/20	01/20/20		784.81	0.00	0.00	784.81
	COLLECTION FEES								
129996		12/31/20	12/31/20	01/20/20		2,448.13	0.00	0.00	2,448.13
	COLELCTION FEES								
129995		12/31/20	12/31/20	01/20/20		2,202.83	0.00	0.00	2,202.83
	COLLECTION FEES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	5,435.77	0.00	0.00	5,435.77

Vendor# 10613 Vendor Name: MEDIMPACT HEALTHCARE SYS, INC. Class: A/P Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0010510705		12/31/20	01/03/20	01/03/20		74.09	0.00	0.00	74.09
	INDIGENT CARE								
0010911197		12/31/20	01/03/20	01/03/20		24.92	0.00	0.00	24.92
	INDIGENT CARE								
0010674901		12/31/20	01/03/20	01/03/20		205.51	0.00	0.00	205.51
	INDIGENT CARE								

0010478205 ✓		12/31/20	01/03/20	01/03/20	172.29	0.00	0.00	172.29 ✓
	INDIGENT CARE							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	476.81	0.00	0.00	476.81

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
1865140224 ✓		12/21/20	12/11/20	01/05/20		11.24	0.00	0.00	11.24 ✓
	SUPPLIES								
1865907079 ✓		12/22/20	12/20/20	01/14/20		49.44	0.00	0.00	49.44 ✓
	SUPPLIES Freight 11.04								
1865938716 ✓		12/22/20	12/21/20	01/15/20		26.56	0.00	0.00	26.56 ✓
	SUPPLIES Freight 14.18								
1865938719 ✓		12/22/20	12/21/20	01/15/20		7.43	0.00	0.00	7.43 ✓
	SUPPLIES								
1865938720 ✓		12/22/20	12/21/20	01/15/20		22.29	0.00	0.00	22.29 ✓
	SUPPLIES								
1865938718 ✓		12/22/20	12/21/20	01/15/20		201.50	0.00	0.00	201.50 ✓
	SUPPLIES								
1865938715 ✓		12/22/20	12/21/20	01/15/20		329.10	0.00	0.00	329.10 ✓
	SUPPLIES Freight 17.54								
1865938714 ✓		12/22/20	12/21/20	01/15/20		33.87	0.00	0.00	33.87 ✓
	SUPPLIES Freight 10.87								
1865938717 ✓		12/22/20	12/21/20	01/15/20		76.58	0.00	0.00	76.58 ✓
	SUPPLIES Freight 14.68								
1866046920 ✓		12/22/20	12/22/20	01/16/20		271.81	0.00	0.00	271.81 ✓
	SUPPLIES Freight 17.32								
1866046919 ✓		12/22/20	12/22/20	01/16/20		51.57	0.00	0.00	51.57 ✓
	SUPPLIES Freight 15.61								
1866219687 ✓		12/22/20	12/27/20	01/21/20		25.80	0.00	0.00	25.80 ✓
	SUPPLIES Freight 11.30 on 4.50 item								
1866219679 ✓		12/22/20	12/27/20	01/21/20		22.36	0.00	0.00	22.36 ✓
	SUPPLIES								
1859997091 ✓		12/31/20	10/02/20	10/27/20		2,209.86	0.00	0.00	2,209.86 ✓
	SUPPLIES								
1865786835 ✓		12/31/20	12/19/20	01/18/20		21.36	0.00	0.00	21.36 ✓
	SUPPLIES								
1865786821 ✓		12/31/20	12/19/20	01/18/20		236.44	0.00	0.00	236.44 ✓
	SUPPLIES								
1866156452 ✓		12/31/20	12/25/20	01/19/20		21.86	0.00	0.00	21.86 ✓
	SUPPLIES Freight 17.93 on 3.93 item								
1866156447 ✓		12/31/20	12/25/20	01/19/20		3,359.96	0.00	0.00	3,359.96 ✓
	SUPPLIES								
1866156440 ✓		12/31/20	12/25/20	01/19/20		35.50	0.00	0.00	35.50 ✓
	SUPPLIES Freight 18.90 on 16.60 items total								
1866156444 ✓		12/31/20	12/25/20	01/19/20		4.50	0.00	0.00	4.50 ✓
	SUPPLIES								
1866156448 ✓		12/31/20	12/25/20	01/19/20		140.39	0.00	0.00	140.39 ✓
	SUPPLIES Freight 8.49								
1866156451 ✓		12/31/20	12/25/20	01/19/20		16.60	0.00	0.00	16.60 ✓
	SUPPLIES								

1866156449	12/31/20 12/25/20 01/19/20	149.33	0.00	0.00	149.33
SUPPLIES Freight 38.90					
1866156443	12/31/20 12/25/20 01/19/20	32.54	0.00	0.00	32.54
SUPPLIES					
*1866156442	12/31/20 12/25/20 01/19/20	37.15	0.00	0.00	37.15
SUPPLIES Freight 24.15 on 13.00 item					
1866306682	12/31/20 12/27/20 01/21/20	51.46	0.00	0.00	51.46
SUPPLIES freight 13.06					
1866393075	12/31/20 12/28/20 01/22/20	159.63	0.00	0.00	159.63
SUPPLIES Freight 28.83					
1866477457	12/31/20 12/29/20 01/23/20	315.00	0.00	0.00	315.00
SUPPLIES Freight 94.14					
1866477458	12/31/20 12/29/20 01/23/20	201.91	0.00	0.00	201.91
SUPPLIES Freight 17.56					
1866477456	12/31/20 12/29/20 01/23/20	56.02	0.00	0.00	56.02
SUPPLIES Freight 28.81					
1866477459	12/31/20 12/29/20 01/23/20	43.24	0.00	0.00	43.24
SUPPLIES Freight 16.14					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	8,222.30	0.00	0.00	8,222.30

Vendor#	Vendor Name	Class	Pay Code
10182	MERCEDES MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2115106		11/01/20	11/26/20	12/26/20			75.63	0.00	0.00	75.63
SUPPLIES Shipping 17.63										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL	75.63	0.00	0.00	75.63

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8800381155		12/31/20	12/19/20	01/18/20			826.23	0.00	0.00	826.23
SUPPLIES Freight: Delivery 96.45										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	826.23	0.00	0.00	826.23

Vendor#	Vendor Name	Class	Pay Code
M2685	MICROTEK MEDICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4485019		12/31/20	12/19/20	01/19/20			293.06	0.00	0.00	293.06
SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2685	MICROTEK MEDICAL INC	293.06	0.00	0.00	293.06

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
010319		01/09/20	01/03/20	01/03/20			227.51	0.00	0.00	227.51
PAYROLL DED										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	227.51	0.00	0.00	227.51

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
010719		01/09/20	01/07/20	01/07/20			9,884.46	0.00	0.00	9,884.46

INSURANCE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	9,884.46	0.00	0.00	9,884.46

Vendor# M2662 Vendor Name: MMC VOLUNTEERS ✓ Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
395153 ✓	CC MACHINE FEES	01/09/20	01/07/20	01/07/20		111.50	0.00	0.00	111.50 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS	111.50	0.00	0.00	111.50

Vendor# 10536 Vendor Name: MORRIS & DICKSON CO, LLC ✓ Class: Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2247A ✓		01/09/20	06/21/20	07/01/20		189.00	0.00	0.00	189.00 ✓
4549A ✓	INVENTORY	01/09/20	05/31/20	06/10/20		167.78	0.00	0.00	167.78 ✓
3438625 ✓	REPAYMENT	01/09/20	10/26/20	11/05/20		7,484.64	0.00	0.00	7,484.64 ✓
3438621 ✓	INVENTORY	01/09/20	10/26/20	11/05/20		3,742.32	0.00	0.00	3,742.32 ✓
3692177 ✓	INVENTORY	01/09/20	01/02/20	01/12/20		54.43	0.00	0.00	54.43 ✓
3692176 ✓	INVENTORY	01/09/20	01/02/20	01/12/20		1,191.69	0.00	0.00	1,191.69 ✓
3692174 ✓	INVENTORY	01/09/20	01/02/20	01/12/20		335.76	0.00	0.00	335.76 ✓
3692175 ✓	INVENTORY	01/09/20	01/02/20	01/12/20		580.03	0.00	0.00	580.03 ✓
8116 ✓	INVENTORY	01/09/20	01/02/20	01/12/20		-302.15	0.00	0.00	-302.15 ✓
3692599 ✓	CREDIT	01/09/20	01/02/20	01/12/20		594.25	0.00	0.00	594.25 ✓
8106 ✓	INVENTORY	01/09/20	01/02/20	01/12/20		-17.95	0.00	0.00	-17.95 ✓
3698598 ✓	CREDIT	01/09/20	01/03/20	01/13/20		103.86	0.00	0.00	103.86 ✓
3699143 ✓	INVENTORY	01/09/20	01/03/20	01/13/20		1,047.03	0.00	0.00	1,047.03 ✓
3698253 ✓	INVENTORY	01/09/20	01/03/20	01/13/20		739.07	0.00	0.00	739.07 ✓
3698252 ✓	INVENTORY	01/09/20	01/03/20	01/13/20		44.39	0.00	0.00	44.39 ✓
3697456 ✓	INVENTORY	01/09/20	01/03/20	01/13/20		5,765.32	0.00	0.00	5,765.32 ✓
8276 ✓	INVENTORY	01/09/20	01/03/20	01/13/20		-226.28	0.00	0.00	-226.28 ✓
3698254 ✓	CREDIT	01/09/20	01/03/20	01/13/20		326.86	0.00	0.00	326.86 ✓
3698251 ✓	INVENTORY	01/09/20	01/03/20	01/13/20		133.83	0.00	0.00	133.83 ✓
	INVENTORY								

3698599	01/09/20 01/03/20 01/13/20		247.69	0.00	0.00	247.69
INVENTORY							
3696013	01/09/20 01/03/20 01/13/20		711.74	0.00	0.00	711.74
INVENTORY							
3697366	01/09/20 01/03/20 01/13/20		25.35	0.00	0.00	25.35
INVENTORY							
3709929	01/09/20 01/07/20 01/17/20		475.15	0.00	0.00	475.15
INVENTORY							
3709928	01/09/20 01/07/20 01/17/20		2,048.01	0.00	0.00	2,048.01
INVENTORY							
3709927	01/09/20 01/07/20 01/17/20		925.85	0.00	0.00	925.85
INVENTORY							
3711842	01/09/20 01/07/20 01/17/20		666.82	0.00	0.00	666.82
INVENTORY							
3711841	01/09/20 01/07/20 01/17/20		120.78	0.00	0.00	120.78
INVENTORY							
3716052	01/09/20 01/08/20 01/18/20		363.60	0.00	0.00	363.60
INVENTORY							
CM20408	01/09/20 01/08/20 01/18/20		-96.64	0.00	0.00	-96.64
INVENTORY							
3714214	01/09/20 01/08/20 01/18/20		73.01	0.00	0.00	73.01
INVENTORY							
3717622	01/09/20 01/08/20 01/18/20		118.55	0.00	0.00	118.55
INVENTORY							
3716053	01/09/20 01/08/20 01/18/20		478.35	0.00	0.00	478.35
INVENTORY							
3716051	01/09/20 01/08/20 01/18/20		330.97	0.00	0.00	330.97
INVENTORY							
3716054	01/09/20 01/08/20 01/18/20		36.77	0.00	0.00	36.77
INVENTORY							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	28,479.88	0.00	0.00	28,479.88

Vendor#	Vendor Name	Class	Pay Code
10188	NATUS MEDICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1040766210		12/31/20	12/19/20	01/13/20			244.20	0.00	0.00	244.20
	SUPPLIES Freight 12.50									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10188	NATUS MEDICAL INC	244.20	0.00	0.00	244.20

Vendor#	Vendor Name	Class	Pay Code
12316	NCS PEARSON, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
11927499		12/31/20	12/20/20	01/19/20			1,857.46	0.00	0.00	1,857.46
	SUPPLIES Shipping 88.46									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12316	NCS PEARSON, INC.	1,857.46	0.00	0.00	1,857.46

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
1850843340		12/31/20	12/18/20	01/17/20			1,341.11	0.00	0.00	1,341.11
	SUPPLIES Freight 90.32									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

O1416	ORTHO CLINICAL DIAGNOSTICS				1,341.11	0.00	0.00	1,341.11

Vendor# Vendor Name — Class — Pay Code

11069 PABLO GARZA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
010718	CONTRACT EMPLOYEE	01/09/20	01/07/20	01/07/20		1,005.00	0.00	0.00	1,005.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	1,005.00	0.00	0.00	1,005.00

Vendor# Vendor Name — Class — Pay Code

11142 PAETEC (WINDSTREAM) ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
70826861 ✓	CREDIT	12/31/20	12/22/20	01/17/20		0.00	0.00	0.00	0.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11142	PAETEC (WINDSTREAM)	0.00	0.00	0.00	0.00

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
1010695612A ✓	POSTAGE MACHINE	12/31/20	12/18/20	01/17/20		6,287.06	0.00	0.00	6,287.06 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1800	PITNEY BOWES INC	6,287.06	0.00	0.00	6,287.06

Vendor# Vendor Name — Class — Pay Code

12312 REPAIRMED ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
FL09201801J ✓	SUPPLIES	12/31/20	11/01/20	12/01/20		350.00	0.00	0.00	350.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12312	REPAIRMED	350.00	0.00	0.00	350.00

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
12201825 ✓	AD	12/31/20	12/18/20	01/18/20		240.00	0.00	0.00	240.00 ✓

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

Vendor# Vendor Name — Class — Pay Code

I0520 RICOH USA, INC. ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
101527914 ✓	LEASE Ref 5909.84 addt'l images 3034331	12/31/20	12/25/20	01/19/20		9,003.15	0.00	0.00	9,003.15 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0520	RICOH USA, INC.	9,003.15	0.00	0.00	9,003.15

Vendor# Vendor Name — Class — Pay Code

D1080 RITA DAVIS ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
010419	CONTRACT EMPLOYEE	01/09/20	01/04/20	01/14/20		667.00	0.00	0.00	667.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1080	RITA DAVIS	667.00	0.00	0.00	667.00

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
911806235		12/31/20	12/18/20	01/18/20		305.27	0.00	0.00	305.27
	INVENTORY								
911820777		12/31/20	12/20/20	01/20/20		2,022.02	0.00	0.00	2,022.02
	INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC	2,327.29	0.00	0.00	2,327.29

Vendor# Vendor Name Class Pay Code

S1800 SHERWIN WILLIAMS W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
76133		12/31/20	12/28/20	01/17/20		21.37	0.00	0.00	21.37
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	21.37	0.00	0.00	21.37

Vendor# Vendor Name Class Pay Code

K0536 SHIRLEY KARNEI

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
010819		01/09/20	01/08/20	01/08/20		311.08	0.00	0.00	311.08
	CONTRACT EMPLOYEE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	311.08	0.00	0.00	311.08

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
4686046		12/31/20	11/29/20	12/24/20		1,333.33	0.00	0.00	1,333.33

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

10699 SIGN AD, LTD.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
232824		12/31/20	12/16/20	01/20/20		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

S2362 SMITH & NEPHEW

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
921624764		12/31/20	12/18/20	01/18/20		439.17	0.00	0.00	439.17
	SUPPLIES Freight 170.17								
921641889		12/31/20	12/21/20	01/21/20		1,747.65	0.00	0.00	1,747.65
	SUPPLIES Freight 170.63								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	2,186.82	0.00	0.00	2,186.82

Vendor# Vendor Name Class Pay Code

S2353 SMITHS MEDICAL ASD INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
15406044		12/31/20	12/18/20	01/18/20		332.48	0.00	0.00	332.48
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC	332.48	0.00	0.00	332.48

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
010319		12/31/20	01/03/20	01/03/20		4,400.00	0.00	0.00	4,400.00 ✓
	TRANSFER Pymt sent to MMC in error								
010419		12/31/20	01/04/20	01/04/20		670.00	0.00	0.00	670.00 ✓
	TRANSFER Pymt sent to MMC in error								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOUSTON	5,070.00	0.00	0.00	5,070.00

Vendor#	Vendor Name	Class	Pay Code
S2830	STRYKER SALES CORP ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
92384A ✓		12/31/20	12/18/20	01/18/20		47.40	0.00	0.00	47.40 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP	47.40	0.00	0.00	47.40

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
3171897 ✓		12/31/20	10/16/20	01/18/20		1,079.67	0.00	0.00	1,079.67 ✓
	SUPPLIES Shipping 15.87								
3525595 ✓		12/31/20	12/18/20	01/17/20		257.12	0.00	0.00	257.12 ✓
	SUPPLIES								
3529120 ✓		12/31/20	12/21/20	01/20/20		600.15	0.00	0.00	600.15 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	1,936.94	0.00	0.00	1,936.94

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
122618		12/31/20	12/27/20	01/18/20		70.00	0.00	0.00	70.00 ✓
	CERT FEE fw Boiler								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1880	TEXAS DEPARTMENT OF LICENSING	70.00	0.00	0.00	70.00

Vendor#	Vendor Name	Class	Pay Code
T2235	TEXAS SOCIAL SECURITY PROGRAM ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9291922		12/19/20	12/21/20	01/21/20		49.00	0.00	0.00	49.00 ✓
	ANNUAL FEE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2235	TEXAS SOCIAL SECURITY PROGRAM	49.00	0.00	0.00	49.00

Vendor#	Vendor Name	Class	Pay Code
T2250	THYSSENKRUPP ELEVATOR CORP ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6000320389 ✓		12/31/20	07/30/20	08/30/20		583.00	0.00	0.00	583.00 ✓
	INSPECTION								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP ELEVATOR CORP	583.00	0.00	0.00	583.00

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

052002878833	12/31/20	12/22/20	12/22/20		27,595.58	0.00	0.00	27,595.58
ELECTRICITY Late Pymt Fee 43.80								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	27,595.58	0.00	0.00	27,595.58

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
8400290378	LAUNDRY	12/31/20	12/24/20	01/18/20			120.39	0.00	0.00	120.39
8400290380	LAUNDRY	12/31/20	12/24/20	01/18/20			138.89	0.00	0.00	138.89
8400290412	LAUNDRY	12/31/20	12/24/20	01/18/20			77.89	0.00	0.00	77.89
8400290450	LAUNDRY	12/31/20	12/24/20	01/18/20			100.36	0.00	0.00	100.36
8400290381	LAUNDRY	12/31/20	12/24/20	01/18/20			47.15	0.00	0.00	47.15
8400290382	LAUNDRY	12/31/20	12/24/20	01/18/20			56.21	0.00	0.00	56.21
8400290419	LAUNDRY	12/31/20	12/24/20	01/18/20			1,221.99	0.00	0.00	1,221.99
8400290379	LAUNDRY	12/31/20	12/24/20	01/18/20			117.16	0.00	0.00	117.16
8400290702	LAUNDRY	12/31/20	12/27/20	01/21/20			17.00	0.00	0.00	17.00
8400290735	LAUNDRY	12/31/20	12/27/20	01/21/20			855.86	0.00	0.00	855.86
8400290704	LAUNDRY	12/31/20	12/27/20	01/21/20			222.57	0.00	0.00	222.57

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	2,975.47	0.00	0.00	2,975.47

Vendor#	Vendor Name	Class	Pay Code
U1350	UPS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0000778941508	SHIPPING	12/31/20	12/15/20	12/15/20			230.42	0.00	0.00	230.42

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	230.42	0.00	0.00	230.42

Vendor#	Vendor Name	Class	Pay Code
V1058	VICTORIA ANESTHESIOLOGY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
010319	ANESTHESIA SERVICES	12/31/20	12/15/20	01/18/20			44,129.94	0.00	0.00	44,129.94

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHESIOLOGY	44,129.94	0.00	0.00	44,129.94

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
9110611054	SUPPLIES	12/22/20	12/19/20	01/13/20			218.56	0.00	0.00	218.56
9110601691	SUPPLIES Freight 143.45	12/31/20	11/29/20	12/24/20			862.81	0.00	0.00	862.81

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,081.37	0.00	0.00	1,081.37

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	488,609.42	0.00	0.00	488,609.42

APPROVED
ON
JAN 10 2019

CK# 178995-
179081

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 01/11/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 01/12/2019

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

As of: 01/11/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 01/12/2019 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: 4,243.13 USD

Future Due: 0.00

Past Due: 315.52-

Last Payment 2,451.97
08/07/2017

If Paid By 01/15/2019,
Pay This Amount: 4,151.97 USD

If Paid After 01/15/2019,
Pay this Amount: 4,243.13 USD

Due If Paid On Time:
USD 4,151.97

Disc lost if paid late: 91.16

Due If Paid Late:
USD 4,243.13

Check #1016
GL Acct. #60310000

2,031.01 +
897.11 +
132.77 +
1,091.08 +
4,151.97 *

APPROVED
ON
JAN 14 2019
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: 01/11/2019

DC: 8115

Territory: 400

Customer: 262252
Date: 01/12/2019

Page: 001

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As of: 01/11/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 01/12/2019 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											
01/07/2019	01/15/2019	7111628115	425554	115Invoice	18.37	918.50		900.13 ✓		7111628115	
01/07/2019	01/15/2019	7111628123	425554	115Invoice	1.75	87.64		85.89 ✓		7111628123	
01/08/2019	01/15/2019	7111868262	426025	115Invoice	17.82	891.07		873.25 ✓		7111868262	
01/08/2019	01/15/2019	7111868263	426025	115Invoice	0.03	1.57		1.54 ✓		7111868263	
01/09/2019	01/15/2019	7112096890	426589	115Invoice	0.68	33.79		33.11 ✓		7112096890	
01/10/2019	01/15/2019	7112381175	427599	115Invoice	2.16	107.76		105.60 ✓		7112381175	
01/11/2019	01/15/2019	7112596278	428072	115Invoice	0.64	32.13		31.49 ✓		7112596278	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 2,072.46 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 22,776.54
01/07/2019

If Paid By 01/15/2019,
Pay This Amount: 2,031.01 USD ✓

If Paid After 01/15/2019,
Pay this Amount: 2,072.46 USD

Due If Paid On Time:
USD 2,031.01 You won 60

Disc lost if paid late: 41.45

Due If Paid Late:
USD 2,072.46

APPROVED
ON
JAN 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/11/2019 Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 01/12/2019

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

As of: 01/11/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 PLEASE CHECK ANY
Date: 01/12/2019 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 464450 HEB PHY FC 490/MEM MC PHS											
01/07/2019	01/15/2019	7111384456	55x727743	115Invoice	2.80	140.01		137.21 ✓		7111384456	
01/07/2019	01/15/2019	7111384457	55x727746	115Invoice	4.84	242.04		237.20 ✓		7111384457	
01/07/2019	01/15/2019	7111384458	55x727749	115Invoice	10.12	505.97		495.85 ✓		7111384458	
01/11/2019	01/15/2019	7112450879	55x736731	115Invoice	0.55	27.40		26.85 ✓		7112450879	

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

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

Subtotals: 915.42 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 22,776.54
01/07/2019

If Paid By 01/15/2019,
Pay This Amount: 897.11 USD ✓

If Paid After 01/15/2019,
Pay this Amount: 915.42 USD

Due If Paid On Time:
USD 897.11

Disc lost if paid late: 18.31

Due If Paid Late:
USD 915.42

APPROVED
ON
JAN 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/11/2019

DC: 8115

Territory: 400

Customer: 190813
Date: 01/12/2019

Page: 001

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As of: 01/11/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 01/12/2019 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											
01/09/2019	01/15/2019	7112113219	2017006469	115Invoice	2.62	131.21		128.59	✓	7112113219	
01/11/2019	01/15/2019	7112591847	2017006492	115Invoice	0.09	4.27		4.18	✓	7112591847	

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: 135.48 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 22,776.54
01/07/2019

If Paid By 01/15/2019,
Pay This Amount: 132.77 USD ✓

If Paid After 01/15/2019,
Pay this Amount: 135.48 USD

Due If Paid On Time:
USD 132.77

Disc lost if paid late: 2.71

Due If Paid Late:
USD 135.48

APPROVED
ON
JAN 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 01/11/2019

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 01/12/2019

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: 01/11/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 01/12/2019 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											
01/07/2019	01/15/2019	7111623041	0959800118	115Invoice	8.31	415.47		407.16	✓	7111623041	
01/07/2019	01/15/2019	7111623042	0106190302-00	115Invoice	2.42	121.21		118.79	✓	7111623042	
01/08/2019	01/15/2019	7111876312	0959800119	115Invoice	0.43	21.65		21.22	✓	7111876312	
01/08/2019	01/15/2019	7111876313	0107190829-00	115Invoice	0.42	21.23		20.81	✓	7111876313	
01/08/2019	01/08/2019	7111941764	MFC PR CORR CR	Pricing Cor		315.52-	P	315.52-	P ✓	7111941764	
01/08/2019	01/15/2019	7111941765	MFC PR CORR IN	Pricing Cor	1.86	93.05		91.19	✓	7111941765	
01/09/2019	01/15/2019	7112113600	0959800120	115Invoice	0.01	0.63		0.62	✓	7112113600	
01/09/2019	01/15/2019	7112113601	0108190353-00	115Invoice	3.40	170.02		166.62	✓	7112113601	
01/10/2019	01/15/2019	7112352843	0959800122	115Invoice	7.81	390.48		382.67	✓	7112352843	
01/11/2019	01/15/2019	7112582755	0959800123	115Invoice	4.03	201.55		197.52	✓	7112582755	

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: 1,119.77 USD

Future Due: 0.00

Past Due: 315.52-

Last Payment 22,776.54
01/07/2019

If Paid By 01/15/2019,
Pay This Amount: 1,091.08 USD ✓

If Paid After 01/15/2019,
Pay this Amount: 1,119.77 USD

Due If Paid On Time:
USD 1,091.08 ✓

Disc lost if paid late: 28.69

Due If Paid Late:
USD 1,119.77

APPROVED
ON
JAN 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:01/16/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:55 CHECK REGISTER GLCKREG
01/15/19 THRU 01/15/19

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	001016	01/15/19	4,151.97	MCKESSON
TOTALS:			4,151.97	

APPROVED
ON

JAN 16 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED

JAN 10 2019

Calhoun County Auditor

RUN DATE: 01/10/19
TIME: 11:35

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1317847 01	[redacted]	010319	173.82	3		REFUND	[redacted]
1331184 01		041218	50.00	3		REFUND	
1338439 01		010319	50.00	3		REFUND	
1344629 01		010319	100.00	3		REFUND	
1360036 01		010319	350.00	3		REFUND	
1386317 01		010319	342.40	2		REFUND	
1391097 01		010319	221.23	2		REFUND	
B71739 01		010319	201.30	3		REFUND	
	ARID=0001 TOTAL		1488.75				
TOTAL			1488.75				

APPROVED
ON

JAN 10 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	121418	15.00		2	REFUND	[redacted]
77905		121418	50.00		2	REFUND	
77979		121418	25.00		2	REFUND	
77024		121418	25.00		2	REFUND	
77978		121418	33.27		2	REFUND	
77979		121418	48.25		2	REFUND	
77979		121418	13.38		2	REFUND	
77978		121418	33.60		2	REFUND	
77979		121418	40.00		2	REFUND	
77979		121318	158.83		2	REFUND	
77979		121418	25.00		2	REFUND	
77979		121418	11.21		2	REFUND	
77979		121418	25.00		2	REFUND	
77979		121418	16.64		2	REFUND	
51573		121418	16.64		2	REFUND	
51573		121418	5.00		2	REFUND	
77982		121418	10.00		2	REFUND	
77979							

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	121418	16.45		2	REFUND	[redacted]
77982		121418	17.00		2	REFUND	
77979		121418	60.00		2	REFUND	
77978		121418	20.00		2	REFUND	
77983		121418	10.00		2	REFUND	
77979		121418	25.00		2	REFUND	
77979		121418	11.84		2	REFUND	
77979		121418	30.40		2	REFUND	
77979		121418	13.38		2	REFUND	
77978		121418	10.00		2	REFUND	
77983		121418	10.00		2	REFUND	
77979		121418	20.00		2	REFUND	
77978		121418	20.00		2	REFUND	
77979		121418	10.00		2	REFUND	
77979		121418	30.00		2	REFUND	
77465		121418	20.00		2	REFUND	
77978							

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	121418	25.00	✓	2	REFUND	[redacted]
77983		121418	15.00	✓	2	REFUND	
77982		121418	25.00	✓	2	REFUND	
77903		121418	20.00	✓	2	REFUND	
77982		121418	40.00	✓	2	REFUND	
77979		121418	40.00	✓	2	REFUND	
77983		121418	20.00	✓	2	REFUND	
77979		121418	15.00	✓	2	REFUND	
77983		121418	25.00	✓	2	REFUND	
77983		121418	84.00	✓	2	REFUND	
77901		121418	25.60	✓	2	REFUND	
77979		121418	131.00	✓	2	REFUND	
77901		121418	25.40	✓	2	REFUND	
77979		121418	10.02	✓	2	REFUND	
77901		121418	30.00	✓	2	REFUND	
29907		121418	104.00	✓	2	REFUND	
77979							

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	121418	25.00	2		REFUND	[redacted]
77979		121418	35.00	2		REFUND	
77979		121418	30.00	2		REFUND	
77979		121418	20.00	2		REFUND	
77979		121418	16.79	2		REFUND	
77979		121418	20.00	2		REFUND	
77950		121418	25.00	2		REFUND	
77978		121418	20.00	2		REFUND	
77979		121418	20.00	2		REFUND	
77979		121418	49.92	2		REFUND	
77979		121418	25.00	2		REFUND	
77979		121418	20.00	2		REFUND	
77977		121418	10.00	2		REFUND	
77979		121418	25.00	2		REFUND	
77979		121418	45.67	2		REFUND	
77979		121418	15.00	2		REFUND	
77465		121418	15.00	2		REFUND	
77982							

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		121718	25.00		2	REFUND	[redacted]
	77979	121718	30.00		2	REFUND	
	77990	121718	20.00		2	REFUND	
	77983	121718	15.00		2	REFUND	
	77982	121718	25.00		2	REFUND	
	77901	121718	30.97		2	REFUND	
	77979	121718	30.00		2	REFUND	
	77983	121718	126.00		2	REFUND	
	77904	121718	30.00		2	REFUND	
X	77979	121718	15.00		2	REFUND	
X	77979	121718	20.00		2	REFUND	
X	77979	121718	30.00		2	REFUND	
	77979	121718	20.00		2	REFUND	
	77977	121718	25.00		2	REFUND	
	77979	121718	25.00		2	REFUND	
	77979	121718	10.23		2	REFUND	
	77979	121718	30.00		2	REFUND	
X	77990						

RUN DATE: 01/10/19
TIME: 11:36

MEMORIAL MEDICAL CLINIC
EDIT LIST FOR PATIENT REFUNDS ARID=0010

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	121718	20.00	2		REFUND	[redacted]
X	77979						
		121718	35.00	2		REFUND	
X	77979						
		121718	44.80	2		REFUND	
X	77982						
		121718	30.00	2		REFUND	
X	77979						
		121718	20.00	2		REFUND	
X	77979						
		121718	40.00	2		REFUND	
X	77977						
		121718	40.00	2		REFUND	
X	77901						
		121718	20.00	2		REFUND	
X	77979						
		121718	30.00	2		REFUND	
	77979						
	ARID=0010 TOTAL		2715.29				

TOTAL 2715.29

APPROVED
ON
JAN 10 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

179082 –
179181
(includes other patient refund list)

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	178995	01/16/19	3.59	ACE HARDWARE 15521
A/P	178996	01/16/19	1,400.00	ACUTE CARE INC
A/P	178997	01/16/19	2,406.23	AIRGAS USA, LLC - CENTRAL DIV
A/P	178998	01/16/19	1,000.00	AMERICAN COLLEGE OF RADIOLOGY
A/P	178999	01/16/19	8,484.76	ARTHREX, INC
A/P	179000	01/16/19	8,688.91	ASCEND NATIONAL LLC
A/P	179001	01/16/19	150.00	BARD ACCESS
A/P	179002	01/16/19	858.48	BAYER HEALTHCARE
A/P	179003	01/16/19	2,695.00	BECKMAN COULTER INC
A/P	179004	01/16/19	2,241.37	BECTON, DICKINSON & CO (BD)
A/P	179005	01/16/19	203,908.48	BLUE CROSS BLUE SHIELD
A/P	179006	01/16/19	89.97	CALHOUN COUNTY
A/P	179007	01/16/19	160.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	179008	01/16/19	28,978.69	CANTEX HEALTH CARE CENTERS LLC
A/P	179009	01/16/19	6,284.57	CDW GOVERNMENT, INC.
A/P	179010	01/16/19	42.15	CENTERPOINT ENERGY
A/P	179011	01/16/19	141.94	CITY OF PORT LAVACA
A/P	179012	01/16/19	65.71	COASTAL OFFICE SOLUTONS
A/P	179013	01/16/19	794.27	CONMED CORPORATION
A/P	179014	01/16/19	2,965.64	CSI LEASING INC
A/P	179015	01/16/19	678.97	CUSTOM MEDICAL SPECIALTIES
A/P	179016	01/16/19	492.76	DEWITT POTH & SON
A/P	179017	01/16/19	14.00	DIAMOND INSPECTIONS
A/P	179018	01/16/19	125,512.28	DISCOVERY MEDICAL NETWORK INC
A/P	179019	01/16/19	748.00	DIXIE FLAG MANUFACTURING CO
A/P	179020	01/16/19	210.66	DYNATRONICS CORPORATION
A/P	179021	01/16/19	18.58	EMILIE KESTNER
A/P	179022	01/16/19	154.40	ERBE USA INC SURGICAL SYSTEMS
A/P	179023	01/16/19	208.91	FEDERAL EXPRESS CORP.
A/P	179024	01/16/19	75.23	FIRESTONE OF PORT LAVACA
A/P	179025	01/16/19	.00	VOIDED
A/P	179026	01/16/19	25,390.47	FISHER HEALTHCARE
A/P	179027	01/16/19	729.85	FRONTIER
A/P	179028	01/16/19	122.43	GENESIS DIAGNOSTICS
A/P	179029	01/16/19	203.20	GETINGE USA SALES LLC
A/P	179030	01/16/19	69,354.70	GOLDENCREEK HEALTHCARE
A/P	179031	01/16/19	507.56	GULF COAST PAPER COMPANY
A/P	179032	01/16/19	445.00	HFMA
A/P	179033	01/16/19	224.70	INTERSTATE ALL BATTERY CENTER
A/P	179034	01/16/19	250.00	ITERSOURCE CORPORATION
A/P	179035	01/16/19	60.92	JESUSITA S. HERNANDEZ
A/P	179036	01/16/19	132.30	JOHNSON & ROUNTREE PREMIUM
A/P	179037	01/16/19	400.00	LAMAR COMPANIES
A/P	179038	01/16/19	25,172.86	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	179039	01/16/19	4,350.74	MCKESSON MEDICAL SURGICAL INC
A/P	179040	01/16/19	5,435.77	MEDICAL DATA SYSTEMS, INC.
A/P	179041	01/16/19	476.81	MEDIMPACT HEALTHCARE SYS, INC.
A/P	179042	01/16/19	.00	VOIDED
A/P	179043	01/16/19	.00	VOIDED
A/P	179044	01/16/19	.00	VOIDED

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	179045	01/16/19	8,222.30	MEDLINE INDUSTRIES INC
A/P	179046	01/16/19	75.63	MERCEDES MEDICAL
A/P	179047	01/16/19	826.23	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	179048	01/16/19	293.06	MICROTEK MEDICAL INC
A/P	179049	01/16/19	227.51	MMC AUXILIARY GIFT SHOP
A/P	179050	01/16/19	9,884.46	MMC EMPLOYEE BENEFIT PLAN
A/P	179051	01/16/19	111.50	MMC VOLUNTEERS
A/P	179052	01/16/19	.00	VOIDED
A/P	179053	01/16/19	.00	VOIDED
A/P	179054	01/16/19	28,479.88	MORRIS & DICKSON CO, LLC
A/P	179055	01/16/19	244.20	NATUS MEDICAL INC
A/P	179056	01/16/19	1,857.46	NCS PEARSON, INC.
A/P	179057	01/16/19	1,341.11	ORTHO CLINICAL DIAGNOSTICS
A/P	179058	01/16/19	1,005.00	PABLO GARZA
A/P	179059	01/16/19	6,287.06	PITNEY BOWES INC
A/P	179060	01/16/19	350.00	REPAIRMED
A/P	179061	01/16/19	240.00	REVISTA de VICTORIA
A/P	179062	01/16/19	9,003.15	RICOH USA, INC.
A/P	179063	01/16/19	667.00	RITA DAVIS
A/P	179064	01/16/19	2,327.29	SANOFI PASTEUR INC
A/P	179065	01/16/19	21.37	SHERWIN WILLIAMS
A/P	179066	01/16/19	311.08	SHIRLEY KARNEI
A/P	179067	01/16/19	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	179068	01/16/19	390.00	SIGN AD, LTD.
A/P	179069	01/16/19	2,186.82	SMITH & NEPHEW
A/P	179070	01/16/19	332.48	SMITHS MEDICAL ASD INC
A/P	179071	01/16/19	5,070.00	SOLERA WEST HOUSTON
A/P	179072	01/16/19	47.40	STRYKER SALES CORP
A/P	179073	01/16/19	1,936.94	STRYKER SUSTAINABILITY
A/P	179074	01/16/19	70.00	TEXAS DEPARTMENT OF LICENSING
A/P	179075	01/16/19	49.00	TEXAS SOCIAL SECURITY PROGRAM
A/P	179076	01/16/19	583.00	THYSSENKRUPP ELEVATOR CORP
A/P	179077	01/16/19	27,595.58	TXU ENERGY
A/P	179078	01/16/19	2,975.47	UNIFIRST HOLDINGS INC
A/P	179079	01/16/19	230.42	UPS
A/P	179080	01/16/19	44,129.94	VICTORIA ANESTHESIOLOGY
A/P	179081	01/16/19	1,081.37	WERFEN USA LLC
A/P	179082	01/16/19	50.00	[redacted]
A/P	179083	01/16/19	100.00	
A/P	179084	01/16/19	173.82	
A/P	179085	01/16/19	350.00	
A/P	179086	01/16/19	201.30	
A/P	179087	01/16/19	221.23	
A/P	179088	01/16/19	342.40	
A/P	179089	01/16/19	50.00	
A/P	179090	01/16/19	20.00	
A/P	179091	01/16/19	20.00	
A/P	179092	01/16/19	33.27	
A/P	179093	01/16/19	48.25	
A/P	179094	01/16/19	20.00	
A/P	179095	01/16/19	30.00	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	179096	01/16/19	84.00	[redacted]
A/P	179097	01/16/19	131.00	
A/P	179098	01/16/19	25.00	
A/P	179099	01/16/19	10.00	
A/P	179100	01/16/19	10.00	
A/P	179101	01/16/19	15.00	
A/P	179102	01/16/19	35.00	
A/P	179103	01/16/19	30.00	
A/P	179104	01/16/19	25.40	
A/P	179105	01/16/19	20.00	
A/P	179106	01/16/19	25.00	
A/P	179107	01/16/19	30.97	
A/P	179108	01/16/19	25.00	
A/P	179109	01/16/19	10.00	
A/P	179110	01/16/19	25.00	
A/P	179111	01/16/19	25.00	
A/P	179112	01/16/19	40.00	
A/P	179113	01/16/19	5.00	
A/P	179114	01/16/19	20.00	
A/P	179115	01/16/19	20.00	
A/P	179116	01/16/19	16.45	
A/P	179117	01/16/19	16.79	
A/P	179118	01/16/19	11.21	
A/P	179119	01/16/19	44.80	
A/P	179120	01/16/19	126.00	
A/P	179121	01/16/19	10.00	
A/P	179122	01/16/19	10.00	
A/P	179123	01/16/19	25.00	
A/P	179124	01/16/19	16.64	
A/P	179125	01/16/19	16.64	
A/P	179126	01/16/19	25.00	
A/P	179127	01/16/19	15.00	
A/P	179128	01/16/19	25.00	
A/P	179129	01/16/19	20.00	
A/P	179130	01/16/19	40.00	
A/P	179131	01/16/19	25.00	
A/P	179132	01/16/19	20.00	
A/P	179133	01/16/19	25.00	
A/P	179134	01/16/19	45.67	
A/P	179135	01/16/19	33.60	
A/P	179136	01/16/19	30.00	
A/P	179137	01/16/19	10.00	
A/P	179138	01/16/19	30.00	
A/P	179139	01/16/19	20.00	
A/P	179140	01/16/19	25.00	
A/P	179141	01/16/19	15.00	
A/P	179142	01/16/19	20.00	
A/P	179143	01/16/19	11.84	
A/P	179144	01/16/19	20.00	
A/P	179145	01/16/19	35.00	
A/P	179146	01/16/19	49.92	

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	179147	01/16/19	25.00	
A/P	179148	01/16/19	20.00	
A/P	179149	01/16/19	25.00	
A/P	179150	01/16/19	30.00	
A/P	179151	01/16/19	25.00	
A/P	179152	01/16/19	30.40	
A/P	179153	01/16/19	40.00	
A/P	179154	01/16/19	50.00	
A/P	179155	01/16/19	20.00	
A/P	179156	01/16/19	30.00	
A/P	179157	01/16/19	158.83	
A/P	179158	01/16/19	15.00	
A/P	179159	01/16/19	15.00	
A/P	179160	01/16/19	15.00	
A/P	179161	01/16/19	40.00	
A/P	179162	01/16/19	25.00	
A/P	179163	01/16/19	25.00	
A/P	179164	01/16/19	104.00	
A/P	179165	01/16/19	25.60	
A/P	179166	01/16/19	17.00	
A/P	179167	01/16/19	10.02	
A/P	179168	01/16/19	60.00	
A/P	179169	01/16/19	13.38	
A/P	179170	01/16/19	13.38	
A/P	179171	01/16/19	20.00	
A/P	179172	01/16/19	20.00	
A/P	179173	01/16/19	40.00	
A/P	179174	01/16/19	30.00	
A/P	179175	01/16/19	20.00	
A/P	179176	01/16/19	30.00	
A/P	179177	01/16/19	30.00	
A/P	179178	01/16/19	10.23	
A/P	179179	01/16/19	30.00	
A/P	179180	01/16/19	20.00	
A/P	179181	01/16/19	15.00	
TOTALS:			696,721.94	

O • C

Payables 488 • 609 • 42 +
Pat. Refunds 1 • 488 • 75 +
Addl'l Pat Refnds 2 • 715 • 29 +
Critical 203 • 908 • 48 +
696 • 721 • 94 *

citi

0556709000527279900813300081330039

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	01/28/2019	$813.30	$813.30	

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

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

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

CITIBANK CORPORATE CARD

Statement Date
01/03/2019

Payment Date
01/28/2019

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
$20,000.00	$19,186.70	$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	$7,521.78	- $7,521.78	- $296.10	$1,109.40		$813.30
	Advances						
	TOTAL	$7,521.78	- $7,521.78	- $296.10	$1,109.40		$813.30

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.
Your total finance charge paid for 2018 was $0.00.
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.

CARDMEMBER SUMMARY

JASON W ANGLIN XXXX-XXXX-XX64-6997		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$1,109.40		
	Advances						
	TOTAL			- $296.10	$1,109.40		$813.30

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	$19,186.70	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Total Amount
12/26/2018	12/26/2018	75472338360360411000075	PAYMENT THANK YOU	$7,521.78 PY

DAYS IN BILLING PERIOD: 031					
Balance Subject To Interest Charges	>	Purchases $0.00	Cash Advances $0.00	Payment Due:	$813.30
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:	$813.30

citi

Company Account Number

Statement Date
01/03/2019

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
12/03/2018	12/04/2018	0513437833860004492124 3	NPDB NPDB.HRSA.GOV 800-767-6732 VA N60411995	$2.00
12/03/2018	12/04/2018	0513437833860004492132 6	NPDB NPDB.HRSA.GOV 800-767-6732 VA N60412238	$2.00
12/03/2018	12/04/2018	0513437833860004492140 9	NPDB NPDB.HRSA.GOV 800-767-6732 VA N60412355	$2.00
12/04/2018	12/04/2018	5543286833820099575186 5	AMA CREDENTIALING 800-621-8335 IL	$63.00
12/05/2018	12/06/2018	5545702834020722530304 2	ELEARNING AMERICAN HEA 8882428883 TX AA1A2B1D9836	$31.88
12/06/2018	12/06/2018	5543286834020056071051 6	AMZN MKTP US M04S43B12 AMZN.COM/BILL WA 113-7100243-03914	$46.91
12/05/2018	12/07/2018	7542817834052750141219 2	CARRABBAS RESTAURANT HOUSTON TX 568	$161.60
12/10/2018	12/11/2018	5545702834520722580352 5	ELEARNING AMERICAN HEA 8882428883 TX	$1.88 CR
12/11/2018	12/12/2018	8534705834598000172911 8	SUPER DUPER PUBLICATIO GREENVILLE SC 2400452	$140.70
12/13/2018	12/14/2018	5543286834720029395987 0	AMAZON.COM M22R97CR0 AMZN.COM/BILL WA 113-4719005-02354	$149.99
12/09/2018	12/18/2018	5543687835173344120824 4	EMBASSY SUITES SAN ANTONIO TX 44794 Arrival: 12-09-18	$294.22 CR
12/27/2018	12/28/2018	5542950836189417517234 3	SPECIALISTID.COM 8003806726 FL 17517234	$64.32
12/29/2018	12/31/2018	5543286836320081083993 5	AMER COLLEGE HC EXECS 312-424-9335 IL 734382	$345.00
01/02/2019	01/03/2019	7523097900300000003829 5	TEXAS SOCIETY OF INFEC 5127223717 TX	$100.00
			TOTAL PURCHASES/ADVANCES/CREDITS	$813.30

APPROVED ON

JAN 14 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Continued on next page

Cash Management

Approval Summary

The following Wire Transfer was successfully approved.

Successful Approvals

Ref #	Amount	Submit Date	From	Beneficiary	Institution	Actions
2485314	$813.30	01/16/2019	COUNTY OF CALHOUN TEXAS	CBNA Incoming Settlement Account 30880985	R/T:021000089 CITIBANK NA	

citi

0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	01/28/2019	$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
01/03/2019

Payment Date
01/28/2019

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**
•••• •••• •	$0.00	$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity			Amount
**********NOTICE MEMO ITEM(S) LISTED BELOW**********						
12/03/2018	12/04/2018	05134378338600044921243	NPDB NPDB.HRSA.GOV N60411995	800-767-6732	VA	$2.00
12/03/2018	12/04/2018	05134378338600044921326	NPDB NPDB.HRSA.GOV N60412238	800-767-6732	VA	$2.00
12/03/2018	12/04/2018	05134378338600044921409	NPDB NPDB.HRSA.GOV N60412355	800-767-6732	VA	$2.00
12/04/2018	12/04/2018	55432868338200995751865	AMA CREDENTIALING	800-621-8335	IL	$63.00
12/05/2018	12/06/2018	55457028340207225303042	ELEARNING AMERICAN HEA AA1A2B1D9836	8882428883	TX	$31.88
12/06/2018	12/06/2018	55432868340200560710516	AMZN MKTP US M04S43B12 113-7100243-03914	AMZN.COM/BILL	WA	$46.91
12/05/2018	12/07/2018	75428178340527501412192	CARRABBAS RESTAURANT 568	HOUSTON	TX	$161.60
12/10/2018	12/11/2018	55457028345207225803525	ELEARNING AMERICAN HEA	8882428883	TX	$1.88 CR

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

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

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

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

citi

Account Number
••••

Statement Date
01/03/2019

Sale Date	Post Date	Reference Number	Type of Activity			Amount
NOTICE MEMO ITEM(S) LISTED BELOW						
12/11/2018	12/12/2018	8534705834598000172911 8	SUPER DUPER PUBLICATIO 2400452	GREENVILLE	SC	$140.70
12/13/2018	12/14/2018	5543286834720029395987 0	AMAZON.COM M22R97CR0 113-4719005-02354	AMZN.COM/BILL	WA	$149.99
12/09/2018	12/18/2018	5543687835173344120824 4	EMBASSY SUITES 44794	SAN ANTONIO Arrival: 12-09-18	TX	$294.22 CR
12/27/2018	12/28/2018	5542950836189417517234 3	SPECIALISTID.COM 17517234	8003806726	FL	$64.32
12/29/2018	12/31/2018	5543286836320081083993 5	AMER COLLEGE HC EXECS 734382	312-424-9335	IL	$345.00
01/02/2019	01/03/2019	7523097900300000003829 5	TEXAS SOCIETY OF INFEC	5127223717	TX	$100.00
**********			**TOTAL AMOUNT OF MEMO ITEM(S):**			$813.30

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.

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

APPROVED
ON

JAN 14 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 1/9/19

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	—		NPDB x 1 Provider			2.00
3	—		NPDB x1 Provider			2.00
4	—		AMA Credentialing x 2			63.00
5			Providers - Initial & Cont. Mon.			
6	—		Elearning American Heart Assoc			31.88
7			BLS Instructor Online - Sara Rubio			
8	—		Carrabbas Rest. - Dinner			161.60
9			for Admin & Learning Collaborative			
10			Jason, Roshanda, Erin & Donnette			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 262.48

NOTES: Elearning Amount - tax credit (1.88)

Charges made to Mr. Angelin's MC

total $ 813.20

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

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

Bill To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Ship To: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979
PHONE: (361) 552-6713
FAX: (361) 552-0312

Vendor Name: Citibank

Date: 1/9/19

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	—		Specialist ID - Customized			64.32
2			Badge Buddy - RNs			
3	2.00 + 2.00 +		American College HC - for			345.00
4	2.00 + 63.00 +		Roshanda Thomas - FACHE membership			
5	31.88 + 161.60 +		~~Texas Society of Inf~~			
6	1.88 − 64.32 +		Amazon - Elongdi Water beads, Kids			46.91
7	345.00 + 46.91 +		Ball Pit, Interlocking Brain Flakes -			
8	140.70 +		Kids sensory and cognitive development toys			
9	149.99 + 294.22 −		Super Duper Publications - sensory exercise cards for treatment			140.70
10	100.00 + 813.30 *		Amazon - Foamnasium Gymnasium Playset - Therapy treatment equipment for pediatrics			149.99

Est. Freight Embassy Suites Est. Total Cost Balance deposit credit TOTAL COST ~~409.32~~ 264.32

NOTES:

Charges made to Mr. Angeis MC

Texas Society of Infection Control Prevention - Membership fee 100.00

total $ 813.30

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director

Dir. Nursing

Adm.Dir. Clinical Service

CFO

Administrator

RECEIVED

JAN 11 2019

Calhoun County Auditor

Vendor#	Vendor Name	Class	Pay Code
12324	BLUE CROSS BLUE SHIELD		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
010119A	1ST MONTHS PREMIUM	01/11/2019	01/01/2019	01/01/2019			203,908.48	0.00	0.00	203,908.48

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12324	BLUE CROSS BLUE SHIELD	203,908.48	0.00	0.00	203,908.48

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	203,908.48	0.00	0.00	203,908.48

APPROVED
ON
JAN 11 2019 179005

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 57572225 Date: 01-11-2019

Division
AMERISOURCEBERGEN DRUG CORP
12727 WEST AIRPORT BLVD
SUGAR LAND TX 77478-6101
866-451-9655

Customer
WALGREENS #12494 340B
MEMORIAL MEDICAL CENTER
1302 N VIRGINIA ST
PORT LAVACA TX 77979-2509
ACCOUNT: 100135284 / 037028186

Remit To
AMERISOURCEBERGEN DRUG CORP
PO Box 905223
CHARLOTTE NC 28290-5223

Summary

Not Yet Due:	0.00
Current:	3,603.48
Past Due:	0.00
Total Due:	3,603.48
Account Balance:	3,603.48

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
01-07-2019	01-18-2019	3018274301	141524	Invoice	704.48
01-07-2019	01-18-2019	3018274302	141525	Invoice	24.49
01-07-2019	01-18-2019	3018315076	141575	Invoice	81.33
01-07-2019	01-18-2019	590389230	141493	Invoice	(132.51)
01-07-2019	01-18-2019	590389231	141493	Invoice	75.10
01-07-2019	01-18-2019	590389238	141503	Invoice	(265.02)
01-07-2019	01-18-2019	590389239	141503	Invoice	150.20
01-08-2019	01-18-2019	3018350275	141584	Invoice	341.99
01-09-2019	01-18-2019	3018400556	141599	Invoice	941.86
01-10-2019	01-18-2019	3018461118	141634	Invoice	1,305.85
01-11-2019	01-18-2019	3018501348	141648	Invoice	386.67
01-11-2019	01-18-2019	590437390	141524	Invoice	(440.61)
01-11-2019	01-18-2019	590437391	141524	Invoice	387.06
01-11-2019	01-18-2019	590438022	141575	Invoice	(132.51)
01-11-2019	01-18-2019	590438023	141575	Invoice	75.10

Thank You for Your Payment

Date	Payment Number	Amount
01-11-2019		(5,256.53)

Reminders

Due Date	Amount
01-18-2019	3,603.48
Total Due:	3,603.48

Terms:
Monday - Friday due in 7 days

owed 150

Check #1010
GL Acct. #60310000

APPROVED
ON
JAN 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

	####	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	19	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	3	
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"	★	$ 1,862.80	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 1,372.82	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 321.06	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 168.92	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
H		1307.50	N		N	N	N	13840.43

Code	Amount				
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	584.85	FICA-M	200.70	FICA-O	858.07
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	
MISC		MISC/		MMCSHR	
NATFML		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	
STONE		STONE2		STUDEN	
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R		TUTION	
UNIFOR		UW/HOS			

Grand Totals: 1307.50 (Gross: 13840.43 Deductions: 1643.62 Net: 12196.81)

Checks Count:- FT 85 PT 2 Other 17 Female 90 Male 14 Credit 2 OverAmt ZeroNet Term Total: 104

ok Jan CFO
1-9-18

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
H		17.25	N		N	N	N	-91.93

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	-125.00	FICA-M	-1.33	FICA-O	-5.70
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	
MISC		MISC/		MMCSHR	
NATFML		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	
STONE		STONE2		STUDEN	
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R		TUTION	
UNIFOR		UW/HOS			

Grand Totals: 17.25 (Gross: -91.93 Deductions: -132.03 Net: 40.10)

Checks Count:- FT 2 PT Other Female 1 Male 1 Credit OverAmt ZeroNet Term Total: 2

ou ad
LFO

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
H		17.25	N		N	N	N	91.93

Deductions Summary

Code	Amount				
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX		FICA-M	1.33	FICA-O	5.70
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	
MISC		MISC/		MMCSHR	
NATFML		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	
STONE		STONE2		STUDEN	
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R		TUTION	
UNIFOR		UW/HOS			

Grand Totals: 17.25 ------- (Gross: 91.93 Deductions: 7.03 Net: 84.90)

Checks Count:- FT 2 PT Other Female 1 Male 1 Credit OverAmt ZeroNet Term Total: 2

Donna
CFO

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1		16.00	N		N	N	N	692.31

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1.43	CAFE-F	
CAFE-H	16.43	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	23.85	FICA-M	9.78	FICA-O	41.82
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	
MISC		MISC/		MMCSHR	
NATFML		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	
STONE		STONE2		STUDEN	
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	48.46	TUTION	
UNIFOR		UW/HOS			

Grand Totals:	16.00	Gross:	692.31	Deductions:	141.77	Net:	550.54

Checks Count:- FT	1	PT	Other	Female	1	Male	Credit	OverAmt	ZeroNet	Term	Total:- 1

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1		-80.00	N		N	N	N	-3461.54

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	-1.43	CAFE-F	
CAFE-H	-16.43	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	-314.78	FICA-M	-49.93	FICA-O	-213.51
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	
MISC		MISC/		MMCSHR	
NATFML		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	
STONE		STONE2		STUDEN	
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	-242.31	TUTION	
UNIFOR		UW/HOS			

Grand Totals: -80.00 (Gross: -3461.54 Deductions: -838.39 Net: (-2623.15)

Checks Count:- FT	PT	Other	Female	Male	Credit	1 OverAmt	ZeroNet	Term	Total:

on ck 450

this is to correct overpayment on last count on 1/9/19. (check was voided) Did not reduce report by this amount.

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --January 7, 2019 - January 13, 2019

Date	Bank Description	MMC Notes	Amount
1/7/2019	ACH Payment FDGL LEASE PYMT 052-1479213-000 410001217026	- Credit Card Machine Lease Expense	43.26
1/7/2019	ACH Payment FDGL LEASE PYMT 052-1479214-000 410001217026	- Credit Card Machine Lease Expense	40.02
1/7/2019	ACH Payment FDGL LEASE PYMT 052-1479468-000 410001217027	- Credit Card Machine Lease Expense	69.24
1/8/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03680356 910000116	- 340B Drug Program Expense	22,776.54*
1/9/2019	ACH Payment IRS USATAXPYMT 220940905372233 6103601001248	- Payroll Taxes	2,188.68**
1/10/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000691996396	- 3rd Party Payor Fee	0.82
1/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	259.84
1/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129.00
1/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	83.66
1/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	1,788.34
1/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	939.84
1/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	62.61
1/11/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	5,256.53*
1/11/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000692635158	- 3rd Party Payor Fee	74.55
1/11/2019	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122653689265	- Payroll	275,119.15*
			308,832.08

Credit Card Fees

43.26 + 40.02 + 69.24 + 259.84 + 129.00 + 83.66 + 1,788.34 + 939.84 + 62.61 + 3,415.81 *

Pay Plus

0.82 + 74.55 + 75.37 * = 3,491.18

308,832.08 * 22,776.54 + 2,188.68 + 5,256.53 + 275,119.15 * 3,491.18

rcw CFO January 14, 2019

Diane Moore, CFO
Memorial Medical Center

*Approved 01.09.19 cc
**Approved 01.02.19 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
1/18/2019	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,525.51
			1,525.51

rcw CFO January 14, 2019

Diane C. Moore, CFO
Memorial Medical Center

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
1/14/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Ck to MMC for QIPP	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	1	195,561.01 ✓	195,461.01 ✓	55,877.28	-	-	-	55,977.28 ✓	22,074.28
							Bank Balance	55,977.28 ✓	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	33,803.00 ✓	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2	-	
							MMC Portion QIPP 3	-	
							January Bank Interest	-	
							February Bank Interest	-	
							March Bank Interest	-	
							Adjust Balance/Transfer Amt	22,074.28 ✓	

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA
Accc 7

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Ck to MMC for QIPP	Pending Deposits	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at W Houston		226,336.65 ✓	226,236.65 ✓	25,777.46	-			25,877.46 ✓	16,152.46
							Bank Balance	25,877.46 ✓	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	9,625.00 ✓	
							MMC Portion QIPP 2	-	
							MMC Portion QIPP 3	-	
							January Bank Interest	-	
							February Bank Interest	-	
							March Bank Interest	-	
							Adjust Balance/Transfer Amt	16,152.46 ✓	
Crescent		153,574.94 ✓	153,474.94 ✓	17,194.34	-			17,294.34 ✓	10,649.34
							Bank Balance	17,294.34	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	6,545.00 ✓	
							MMC Portion QIPP 2	-	
							MMC Portion QIPP 3	-	
							January Bank Interest	-	
							February Bank Interest	-	
							March Bank Interest	-	
							Adjust Balance/Transfer Amt	10,649.34 ✓	
Broadmoor		212,166.80 ✓	212,066.80 ✓	23,156.69	-			23,256.69 ✓	16,573.19
							Bank Balance	23,256.69	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	6,583.50 ✓	
							MMC Portion QIPP 2		
							MMC Portion QIPP 3		
							January Bank Interest	0.00	
							February Bank Interest	0	
							March Bank Interest	0	
							Adjust Balance/Transfer Amt	16,573.19 ✓	
Fort Bend		126,381.02 ✓	126,281.02 ✓	19,534.83	-			19,634.83 ✓	5,713.33
							Bank Balance	19,634.83 ✓	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	13,821.50 ✓	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2	-	
							MMC Portion QIPP 3	-	
							January Bank Interest	-	
							February Bank Interest	-	
							March Bank Interest	-	
							Adjust Balance/Transfer Amt	5,713.33 ✓	
							TOTAL TRANSFERS		**71,162.60**

APPROVED
ON
JAN 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

22,074.28 +
16,152.46 +
10,649.34 +
16,573.19 +
5,713.33 +
71,162.60 *

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

Approved:
Diane Moore, CFO 1/14/2019

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.

K:\NH Weekly Transfers\NH UPL Transfer Summary\2019\January\NH UPL Transfer Summary 01-14-19

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
1/11/2019	Check # 42	35,332.76					-	-
1/11/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		410.00				-	410.00
1/11/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		8,604.71				-	8,604.71
1/11/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		3,606.97				-	3,606.97
1/10/2019	Deposit		33,803.00	33,803.00			33,803.00	-
1/10/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		9,019.75				-	9,019.75
1/9/2019	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	160,128.25					-	-
1/8/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		103.20				-	103.20
1/7/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000182		329.65				-	329.65
							-	-
		195,461.01	55,877.28	33,803.00	-	-	33,803.00	22,074.28

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
1/11/2019	Check # 11	7,009.82					-	-
1/11/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		680.00				-	680.00
1/11/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		3,204.91				-	3,204.91
1/10/2019	Deposit		3,182.50				-	3,182.50
1/10/2019	Deposit		6,583.50	6,583.50			6,583.50	-
1/9/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	205,056.98					-	-
1/9/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000182		6,895.40				-	6,895.40
1/9/2019	ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		2,610.38				-	2,610.38
							-	-
		212,066.80	23,156.69	6,583.50	-	-	6,583.50	16,573.19

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
1/11/2019	Check # 38	6,958.96					-	-
1/10/2019	Deposit		6,545.00	6,545.00			6,545.00	-
1/10/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		7,939.68				-	7,939.68
1/10/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		607.50				-	607.50
1/10/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000150		906.01				-	906.01
1/9/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	146,515.98					-	-
1/8/2019	ACH Deposit HHP HCCLAIMPMT 390864 91000012269927 DISDATA		1,196.15				-	1,196.15
							-	-
		153,474.94	17,194.34	6,545.00	-	-	6,545.00	10,649.34

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
1/11/2019	Check # 36	14,441.20					-	-
1/10/2019	Deposit		13,821.50	13,821.50			13,821.50	-
1/10/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		700.56				-	700.56
1/9/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	111,839.82					-	-
1/7/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		321.09				-	321.09
1/7/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000182		4,691.68				-	4,691.68
							-	-
		126,281.02	19,534.83	13,821.50	-	-	13,821.50	5,713.33

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
1/11/2019	Check # 36	10,228.21					-	-
1/11/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		1,230.00				-	1,230.00
1/11/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000142		307.87				-	307.87
1/10/2019	Deposit		9,625.00	9,625.00			9,625.00	-
1/10/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		4,253.71				-	4,253.71
1/10/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		1,850.00				-	1,850.00
1/9/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	216,008.44					-	-
1/8/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		4,440.88				-	4,440.88
1/7/2019	ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		4,070.00				-	4,070.00
							-	-
		226,236.65	25,777.46	9,625.00	-	-	9,625.00	16,152.46

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
TOTALS	913,520.42	141,540.60	70,378.00	-	-	70,378.00	71,162.60

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$112,773.33	$55,977.28
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$44,778.22	$23,256.69
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$27,480.99	$17,294.34
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$73,789.21	$25,877.46
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$30,496.14	$19,634.83
[redacted]	[redacted]	
[redacted]	[redacted]	
TOTAL	$1,758,891.47	$1,431,454.55

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
1/14/2019

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	1	101,696.92 ✓	101,596.92 ✓	20,924.96		-			-	-	-	21,024.96	NO TRANSFER

Bank Balance	21,024.96 ✓
Variance	-
Leave in Balance	100.00
MMC Portion QIPP 1	20,924.96 ✓
MMC Portion QIPP 2	-
MMC Portion QIPP 3	-
January Bank Interest	-
February Bank Interest	-
March Bank Interest	-
Adjust Balance/Transfer Amt	-

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

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 1/14/2019

APPROVED
ON
JAN 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

				MMC PORTION			
Golden Creek	Transfer-Out	Transfer-In	QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP TI	NH PORTION
1/11/2019 Check # 26	18,298.88					-	-
1/10/2019 Deposit		20,924.96	20,924.96			20,924.96	-
1/9/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	83,298.04					-	-
						-	-
	101,596.92	20,924.96	20,924.96	-	-	20,924.96	-

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
[redacted]	[redacted]	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$21,024.96	$21,024.96
[redacted]	[redacted]	
TOTAL	$1,758,891.47	$1,431,454.55

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: January 16, 2019

APPROVED ON JAN 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $33,803.00

G/L NUMBER: 21400012

EXPLANATION: Ashford – To transfer funds for November Component 1– QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: January 16, 2019

APPROVED ON JAN 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $9,625.00

G/L NUMBER: 21400011

EXPLANATION: Solera – To transfer funds for November Component 1– QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY: CFO

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: January 16, 2019

APPROVED ON JAN 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $6,545.00

G/L NUMBER: 21400010

EXPLANATION: Crescent – To transfer funds for November Component 1– QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: January 16, 2019

APPROVED ON JAN 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $6,583.50

G/L NUMBER: 21400009

EXPLANATION: Broadmoor – To transfer funds for November Component 1– QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: January 16, 2019

APPROVED ON JAN 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $13,821.50

G/L NUMBER: 21400008

EXPLANATION: Fort Bend – To transfer funds for November Component 1– QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: January 16, 2019

APPROVED ON JAN 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT $20,924.96

G/L NUMBER: 21400013

EXPLANATION: Golden Creek – To transfer funds for November Component 1– QIPP Payments

REQUESTED BY: Andy De Los Santos

AUTHORIZED BY:

QIPP Payment to MMC from NH **Comm Court 1/16/2019**

NH Name	From Bank Acct #	CK#	Payee	GL #	QIPP COMP 1	QIPP COMP 2	QIPP COM 3	TOTAL		Date
Crescent	10000020 - Prosperity	39	MMC -Prosperity Operating #10000001	21400010	6,545.00	-	-	6,545.00		1/16/2019
Ashford	10000018 - Prosperity	43	MMC -Prosperity Operating #10000001	21400012	33,803.00	-	-	33,803.00		1/16/2019
Golden Creek	10000023 - Prosperity	27	MMC -Prosperity Operating #10000001	21400013	20,924.96	-	-	20,924.96		1/16/2019
Fort Bend	10000021 - Prosperity	37	MMC -Prosperity Operating #10000001	21400008	13,821.50	-	-	13,821.50		1/16/2019
Solera	10000022 - Prosperity	37	MMC -Prosperity Operating #10000001	21400011	9,625.00	-	-	9,625.00		1/16/2019
Broadmoor	10000019 - Prosperity	12	MMC -Prosperity Operating #10000001	21400009	6,583.50	-	-	6,583.50		1/16/2019
				Total:	91,302.96	-	-	91,302.96		
	Note:									

O • C

33,803.00 +
9,625.00 +
6,545.00 +
6,583.50 +
13,821.50 +
20,924.96 +
91,302.96 *

APPROVED
ON

JAN 16 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
NH ASHFORD
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS NO. -12

88-2265
1131

1-16-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 33,803.00

Thirty-three Thousand Eight Hundred Three 00/100 DOLLARS

PROSPERITY BANK

QIPP 1

County Auditor

County Treasurer

MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON
815 N VIRGINIA ST
PORT LAVACA, TX 77979

87SS No. 37

88-2265
1131

1-16-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 9625.00

Nine Thousand Six Hundred Twenty-five 0/100 DOLLARS

PROSPERITY BANK

QIPP comp 1

County Auditor

County Treasurer

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH CRESCENT
815 N VIRGINIA ST
PORT LAVACA, TX 77979

MP

000039

88-2265/1131

Date 1-16-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 6,545.00

Six Thousand Five Hundred Forty-five 0/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP 1

County Auditor

MP

County Treasurer

Security features are included. Details on back.

⑈000039⑈ ⑆ : : ⑈

MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000027

88-2265/1131

Date 1-16-19

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 20,924.96

Twenty Thousand Nine Hundred Twenty-four 96/100 DOLLARS

PROSPERITY BANK

FOR QIPP 1

Security features are included. Details on back.

⑈000027⑈

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH FORT BEND
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000037

88-2265/1131

Date 1-16-19

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 13,821.50

Thirteen Thousand Eight Hundred Twenty-one 50/100 DOLLARS

PROSPERITY BANK

FOR QIPP 1

County Auditor

County Treasurer

Security features are included. Details on back.

⑈000037⑈

WARNING Do not accept this document unless you can see a true watermark and visible fibers from both sides.

MEMORIAL MEDICAL CENTER
NH BROADMOOR
815 N VIRGINIA ST
PORT LAVACA, TX 77979

000012

88-2265/1131

Date 1-16-19

PAY
TO THE ORDER OF Memorial Medical Center Operating | $ 6,583.50

Six Thousand Five Hundred Eighty-three 50/100 DOLLARS

PROSPERITY BANK

FOR QIPP 1

County Auditor

County Treasurer

Security features are included. Details on back.

⑈000012⑈

RUN DATE:01/16/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:52 CHECK REGISTER GLCKREG
01/16/19 THRU 01/16/19

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
PR-	* 000000	01/16/19	.00	PAY-P.12/21/18 01/03/19
NHB	* 000012	01/16/19	6,583.50	MMC OPERATING
NHG	* 000027	01/16/19	20,924.96	MMC OPERATING
NHF	* 000037	01/16/19	23,446.50	MMC OPERATING
NHC	* 000039	01/16/19	6,545.00	MMC OPERATING
NHA	* 000043	01/16/19	33,803.00	MMC OPERATING
PR-	062352	01/16/19	2,623.15CR	PAY-P.12/21/18 01/03/19
PR-	062353	01/16/19	7.43	PAY-P.12/21/18 01/03/19
PR-	062354	01/16/19	2.31	PAY-P.12/21/18 01/03/19
PR-	062355	01/16/19	174.28	PAY-P.12/21/18 01/03/19
PR-	062356	01/16/19	187.00	PAY-P.12/21/18 01/03/19
PR-	062357	01/16/19	146.93	PAY-P.12/21/18 01/03/19
PR-	062358	01/16/19	179.05	PAY-P.12/21/18 01/03/19
PR-	062359	01/16/19	376.81	PAY-P.12/21/18 01/03/19
PR-	062360	01/16/19	295.84	PAY-P.12/21/18 01/03/19
PR-	062361	01/16/19	203.55	PAY-P.12/21/18 01/03/19
PR-	062362	01/16/19	191.64	PAY-P.12/21/18 01/03/19
PR-	062363	01/16/19	239.68	PAY-P.12/21/18 01/03/19
PR-	062364	01/16/19	3.81	PAY-P.12/21/18 01/03/19
PR-	062365	01/16/19	3.81	PAY-P.12/21/18 01/03/19
PR-	062366	01/16/19	6.15	PAY-P.12/21/18 01/03/19
PR-	062367	01/16/19	91.80	PAY-P.12/21/18 01/03/19
PR-	062368	01/16/19	184.46	PAY-P.12/21/18 01/03/19
PR-	062369	01/16/19	55.74	PAY-P.12/21/18 01/03/19
PR-	062370	01/16/19	3.37	PAY-P.12/21/18 01/03/19
PR-	062371	01/16/19	340.73	PAY-P.12/21/18 01/03/19
PR-	062372	01/16/19	91.42	PAY-P.12/21/18 01/03/19
PR-	062373	01/16/19	92.24	PAY-P.12/21/18 01/03/19
PR-	062374	01/16/19	142.57	PAY-P.12/21/18 01/03/19
PR-	062375	01/16/19	179.05	PAY-P.12/21/18 01/03/19
PR-	062376	01/16/19	131.83	PAY-P.12/21/18 01/03/19
PR-	062377	01/16/19	133.95	PAY-P.12/21/18 01/03/19
PR-	062378	01/16/19	182.85	PAY-P.12/21/18 01/03/19
PR-	062379	01/16/19	154.30	PAY-P.12/21/18 01/03/19
PR-	062380	01/16/19	181.07	PAY-P.12/21/18 01/03/19
PR-	062381	01/16/19	125.88	PAY-P.12/21/18 01/03/19
PR-	062382	01/16/19	55.55	PAY-P.12/21/18 01/03/19
PR-	062383	01/16/19	137.11	PAY-P.12/21/18 01/03/19
PR-	062384	01/16/19	118.21	PAY-P.12/21/18 01/03/19
PR-	062385	01/16/19	191.17	PAY-P.12/21/18 01/03/19
PR-	062386	01/16/19	259.69	PAY-P.12/21/18 01/03/19
PR-	062387	01/16/19	186.53	PAY-P.12/21/18 01/03/19
PR-	062388	01/16/19	62.63	PAY-P.12/21/18 01/03/19
PR-	062389	01/16/19	142.40	PAY-P.12/21/18 01/03/19
PR-	062390	01/16/19	478.54	PAY-P.12/21/18 01/03/19
PR-	062391	01/16/19	125.14	PAY-P.12/21/18 01/03/19
PR-	062392	01/16/19	127.50	PAY-P.12/21/18 01/03/19
PR-	062393	01/16/19	186.67	PAY-P.12/21/18 01/03/19
PR-	062394	01/16/19	15.64	PAY-P.12/21/18 01/03/19
PR-	062395	01/16/19	6.92	PAY-P.12/21/18 01/03/19

Fort Bend: 13,821.50
Solera: 9,625.00
QIPP check register