MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- April 17, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	658,712.17
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	348,183.35
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED April 17, 2019	**$**	**1,006,895.52**

APPROVED

APR 17 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---April 17, 2019

PAYABLES AND PAYROLL			
4/11/2019	Weekly Payables	225,572.45	
4/16/2019	McKesson-340B Prescription Expense	5,000.64	
4/16/2019	Amerisource Bergen-340B Prescription Expense	3,205.42	
4/11/2019	Patient Refunds	8,250.51	
4/11/2019	Citibank Credit Card-see attached	4,137.12	
4/11/2019	Broadmoor-Nursing home insurance pymt sent to MMC in error	4,774.00	
4/11/2019	Goldencreek-Nursing home insurance pymt sent to MMC in error	4,774.00	
4/16/2019	Texas Department of Licensing-(2) boiler certificates	140.00	
4/16/2019	Payroll Liabilities (Payroll Taxes)	99,954.54	
4/16/2019	Payroll	297,361.16	
	Prosperity Electronic Bank Payments		
4/10/2019	Credit Card & Lease Fees	3,640.16	
4/18/2019	Sales Tax for March 2019	1,766.37	
4/9-4/12/19	Pay Plus-Patient Claims Processing Fee	85.80	
4/11/2019	Returned Check #5146	50.00	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 658,712.17**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
4/16/2019	Nursing Home UPI	348,183.35	
TOTAL NURSING HOME UPL EXPENSES			**$ 348,183.35**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED April 17, 2019			**$ 1,006,895.52**

Vendor#	Vendor Name				Class	Pay Code					
11283	ACE HARDWARE 15521 ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	129927 ✓		12/12/2018	12/11/2018	01/01/2019			15.97 ✓	0.00	0.00	15.97 ✓
		SUPPLIES (Plant ops)									
	133176 ✓		04/09/2019	04/09/2019	04/09/2019			46.15 ✓	0.00	0.00	46.15
		SUPPLIES (Maint.)									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		11283	ACE HARDWARE 15521					62.12	0.00	0.00	62.12
Vendor#	Vendor Name				Class	Pay Code					
10950	ACUTE CARE INC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	24319 ✓		04/08/2019	04/20/2019	04/20/2019			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 Dt	Pay	Gross	Discount	No-Pay	Net
	9960247833 ✓		03/20/2019	03/30/2019	04/24/2019			404.75	0.00	0.00	404.75 ✓
		CYLINDER RENTAL									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1680	AIRGAS USA, LLC - CENTRAL DIV					404.75	0.00	0.00	404.75
Vendor#	Vendor Name				Class	Pay Code					
A1715	ALCO SALES & SERVICE CO ✓				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	2769983IN ✓		03/30/2019	03/25/2019	04/20/2019			241.59	0.00	0.00	241.59 ✓
		SUPPLIES Freight 17.59									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		A1715	ALCO SALES & SERVICE CO					241.59	0.00	0.00	241.59
Vendor#	Vendor Name				Class	Pay Code					
10419	AMBU INC ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	219052634 ✓		03/30/2019	03/27/2019	04/18/2019			351.68	0.00	0.00	351.68 ✓
		SUPPLIES Freight 84.70									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10419	AMBU INC	351.68	0.00	0.00	351.68

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
62613141 ✓		03/30/2019	03/21/2019	04/18/2019			437.16	0.00	0.00	437.16 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	437.16	0.00	0.00	437.16

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
6007218810 ✓		03/30/2019	03/26/2019	04/18/2019			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 Dt	Pay	Gross	Discount	No-Pay	Net
107655359 ✓		03/31/2019	03/27/2019	04/21/2019			4,777.98	0.00	0.00	4,777.98 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	4,777.98	0.00	0.00	4,777.98

Vendor#	Vendor Name	Class	Pay Code
10599	BKD, LLP ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
BK01011896 ✓		03/30/2019	03/26/2019	04/20/2019			3,640.00	0.00	0.00	3,640.00 ✓
	CLINIC ANALYSIS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10599	BKD, LLP	3,640.00	0.00	0.00	3,640.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
041719		03/30/2019	04/17/2019	04/18/2019			141.32	0.00	0.00	141.32 ✓
	FUEL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	141.32	0.00	0.00	141.32

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040419		03/30/2019	03/28/2019	04/18/2019			270.00	0.00	0.00	270.00 ✓
	CO PAYS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	270.00	0.00	0.00	270.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RPG3818A ✓		04/11/2019	03/22/2019	04/21/2019			1,725.56	0.00	0.00	1,725.56 ✓
	MINOR EQUIP Shipping 102.12-(4) lenvo monitors (2) dock stations (1) scanner (2) Thinkpad pen for Clinic									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	1,725.56	0.00	0.00	1,725.56

Vendor#	Vendor Name	Class	Pay Code
11004	CSI LEASING INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
RT00224381 ✓		03/31/2019	03/22/2019	04/22/2019			2,965.64	0.00	0.00	2,965.64 ✓
	NURSE CALL SYSTEM									

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
H0900	D HARRIS CONSULTING LLC ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
22700 ✓		04/08/2019	02/28/2019	03/28/2019			700.00	0.00	0.00	700.00 ✓
	NUC MED EVAL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	H0900	D HARRIS CONSULTING LLC	700.00	0.00	0.00	700.00

Vendor#	Vendor Name	Class	Pay Code
10368	DEWITT POTH & SON ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5666470 ✓		03/30/2019	03/20/2019	04/18/2019			362.34	0.00	0.00	362.34 ✓
	SUPPLIES									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5672050		03/30/2019	03/25/2019	04/19/2019			636.65	0.00	0.00	636.65
	SUPPLIES									
5672120		03/30/2019	03/25/2019	04/19/2019			105.14	0.00	0.00	105.14
	SUPPLIES									
5674050		03/30/2019	03/26/2019	04/20/2019			81.11	0.00	0.00	81.11
	SUPPLIES									
5674750		03/30/2019	03/27/2019	04/21/2019			38.70	0.00	0.00	38.70
	SUPPLIES									
5674880		03/30/2019	03/27/2019	04/21/2019			8.55	0.00	0.00	8.55
	SUPPLIES									
5674600		03/30/2019	03/27/2019	04/21/2019			71.41	0.00	0.00	71.41
	SUPPLIES									
5676600		03/30/2019	03/29/2019	04/23/2019			60.35	0.00	0.00	60.35
	SUPPLIES									
5677190		03/30/2019	03/29/2019	04/23/2019			161.89	0.00	0.00	161.89
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,526.14	0.00	0.00	1,526.14

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
11443		03/30/2019	03/25/2019	04/19/2019			650.00	0.00	0.00	650.00
	PEST CONTROL (MMC)									
8998		04/09/2019	07/31/2018	08/25/2018			105.00	0.00	0.00	105.00
	PEST CONTROL (clinic) - July 2018									
9339		04/09/2019	08/31/2018	09/25/2018			505.00	0.00	0.00	505.00
	PEST CONTROL (MMC) - August 2018									
9690		04/09/2019	09/30/2018	10/25/2018			505.00	0.00	0.00	505.00
	PEST CONTROL (MMC) - September 2018									
9993		04/09/2019	10/29/2018	11/23/2018			505.00	0.00	0.00	505.00
	PEST CONTROL (MMC) - October 2018									
9994		04/09/2019	10/29/2018	11/23/2018			105.00	0.00	0.00	105.00
	PEST CONTROL (clinic) - October 2018									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	2,375.00	0.00	0.00	2,375.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
73400 ✓		04/09/2019	04/19/2019	04/19/2019			127.75	0.00	0.00	127.75 ✓
	VENTHOOD CLEANING									

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

Vendor#	Vendor Name	Class	Pay Code
E1320	EPIMED ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15779USA ✓		03/19/2019	03/11/2019	04/18/2019			57.27	0.00	0.00	57.27 ✓
	SUPPLIES Freight 24.67									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	E1320	EPIMED	57.27	0.00	0.00	57.27

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
954910 ✓		03/30/2019	03/27/2019	04/21/2019			4,860.00	0.00	0.00	4,860.00 ✓
	INTERFACE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	4,860.00	0.00	0.00	4,860.00

Vendor#	Vendor Name	Class	Pay Code
F1100	FEDERAL EXPRESS CORP. ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
649693376 ✓		03/30/2019	03/21/2019	04/18/2019			10.65	0.00	0.00	10.65 ✓
	SHIPPING									
649693377 ✓		03/30/2019	03/21/2019	04/18/2019			40.60	0.00	0.00	40.60 ✓
	SHIPPING									
650361455 ✓		03/30/2019	03/28/2019	04/22/2019			21.30	0.00	0.00	21.30 ✓
	SHIPPING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	72.55	0.00	0.00	72.55

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0064440		03/30/2019	03/28/2019	04/18/2019			442.40	0.00	0.00	442.40
	VEHICLE REPAIR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1300	FIRESTONE OF PORT LAVACA	442.40	0.00	0.00	442.40

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8532474		03/27/2019	03/19/2019	04/18/2019			17,578.85	0.00	0.00	17,578.85
	SUPPLIES									
8797340		04/08/2019	03/21/2019	04/15/2019			11,458.68	0.00	0.00	11,458.68
	SUPPLIES Shipping 86.81									
8955179		04/08/2019	03/25/2019	04/19/2019			173.87	0.00	0.00	173.87
	SUPPLIES Shipping 90.87									
9032776		04/08/2019	03/26/2019	04/20/2019			232.00	0.00	0.00	232.00
	SUPPLIES									
9108280		04/08/2019	03/27/2019	04/21/2019			279.82	0.00	0.00	279.82
	SUPPLIES									
9175972		04/10/2019	03/28/2019	04/22/2019			1,637.22	0.00	0.00	1,637.22
	SUPPLIES Shipping 54.26									
9175967		04/10/2019	03/28/2019	04/22/2019			125.90	0.00	0.00	125.90
	SUPPLIES									
9175965		04/10/2019	03/28/2019	04/22/2019			251.80	0.00	0.00	251.80
	SUPPLIES									
9249400		04/10/2019	03/29/2019	04/23/2019			562.41	0.00	0.00	562.41
	SUPPLIES Shipping 67.50									
9249408		04/10/2019	03/29/2019	04/23/2019			74.20	0.00	0.00	74.20
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	32,374.75	0.00	0.00	32,374.75

Vendor#	Vendor Name	Class	Pay Code
11184	FLDR DESIGNS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
15275		04/08/2019	03/19/2019	04/19/2019			3,414.12	0.00	0.00	3,414.12
	MAILER FOLDERS Shipping 289.12									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11184	FLDR DESIGNS LLC	3,414.12	0.00	0.00	3,414.12

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
042619		04/10/2019	04/26/2019	04/20/2019			755.00	0.00	0.00	755.00 ✓
	PHONE late fee 71.92									
042619A		04/10/2019	04/26/2019	04/20/2019			1,001.13	0.00	0.00	1,001.13 ✓
	PHONE late fee 99.42									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	1,756.13	0.00	0.00	1,756.13

Vendor#	Vendor Name	Class	Pay Code
G1877	GOLDEN CRESCENT REGIONAL ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040519		04/08/2019	04/05/2019	04/05/2019			325.00	0.00	0.00	325.00 ✓
	EKG TRAINING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1877	GOLDEN CRESCENT REGIONAL	325.00	0.00	0.00	325.00

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER remove per Caitlin	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9117778184		03/30/2019	03/18/2019	04/18/2019			92.83	0.00	0.00	92.83
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	92.83	0.00	0.00	92.83

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1647106 ✓		03/27/2019	03/20/2019	04/19/2019			-83.44	0.00	0.00	-83.44 ✓
	SUPPLIES									
1646329 ✓		04/01/2019	03/19/2019	04/18/2019			614.08	0.00	0.00	614.08 ✓
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	530.64	0.00	0.00	530.64

Vendor#	Vendor Name	Class	Pay Code
11552	HEALTHCARE EQUIPMENT FINANCE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
10099254		04/08/2019	02/02/2019	02/02/2019			166.71	0.00	0.00	166.71
	LATE FEE									
10099252		04/08/2019	02/02/2019	02/02/2019			245.97	0.00	0.00	245.97
	LATE FEE									
100099253		04/08/2019	02/02/2019	02/02/2019			357.71	0.00	0.00	357.71
	LATE CHARGE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11552	HEALTHCARE EQUIPMENT FINANCE					770.39	0.00	0.00	770.39

Vendor#	Vendor Name	Class	Pay Code
I1260	INTOXIMETERS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
623018		03/31/2019	03/20/2019	04/20/2019			139.55	0.00	0.00	139.55
	SUPPLIES Freight 21.25									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC					139.55	0.00	0.00	139.55

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
920705479		03/27/2019	03/19/2019	04/18/2019			431.76	0.00	0.00	431.76
	SUPPLIES									
920713721		03/30/2019	03/20/2019	04/19/2019			84.00	0.00	0.00	84.00
	SUPPLIES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC					515.76	0.00	0.00	515.76

Vendor#	Vendor Name	Class	Pay Code
11230	JACKSON & COKER LOCUM TENENS,		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2027562		04/08/2019	04/04/2019	04/04/2019			23.51	0.00	0.00	23.51
	TOLL CHARGES									
2027759		04/08/2019	04/04/2019	04/04/2019			60.23	0.00	0.00	60.23
	TRAVEL PAIN MGMT Uber									
415297		04/08/2019	04/04/2019	04/04/2019			19,830.00	0.00	0.00	19,830.00
	PAIN MGMT DOC Papapetrou (3/20-3/22/19) & (3/27-3/29/19)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,	19,913.74	0.00	0.00	19,913.74

Vendor#	Vendor Name	Class	Pay Code
12516	JEANNIE ORTA ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040419	TRAVEL (Picked up phone carver in Spring TX) - remove lunch per diem - day travel	04/08/2019	04/04/2019	04/04/2019			197.28 183.28	0.00	0.00	183.28 197.28

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12516	JEANNIE ORTA	197.28 183.28	0.00	0.00	183.28 197.28

Vendor#	Vendor Name	Class	Pay Code
12520	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
93651 ✓	PT REFUND	04/09/2019	04/09/2019	04/09/2019			266.46	0.00	0.00	266.46 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12520	[redacted]	266.46	0.00	0.00	266.46

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
IN00591443 ✓	LABELS Shipping 22.84	03/30/2019	03/19/2019	04/18/2019			114.84	0.00	0.00	114.84 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	114.84	0.00	0.00	114.84

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
50356284 ✓	SUPPLIES Freight 49.80	03/31/2019	03/25/2019	04/24/2019			227.45	0.00	0.00	227.45 ✓

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	227.45	0.00	0.00	227.45

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0010744997	INDIGENT CARE	04/08/2019	04/04/2019	04/04/2019			17.80	0.00	0.00	17.80 ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0010923526		04/08/2019	04/04/2019	04/04/2019			12.46	0.00	0.00	12.46
	INDIGENT CARE									
0010959081		04/09/2019	04/08/2019	04/08/2019			16.02	0.00	0.00	16.02
	INDIGENT CARE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.					46.28	0.00	0.00	46.28

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1872107968		03/19/2019	03/12/2019	04/18/2019			67.86	0.00	0.00	67.86
	SUPPLIES									
1872107970		03/19/2019	03/12/2019	04/18/2019			65.72	0.00	0.00	65.72
	SUPPLIES Freight 17.65									
1872691340		03/25/2019	03/20/2019	04/18/2019			1,157.28	0.00	0.00	1,157.28
	SUPPLIES									
1872810870		03/25/2019	03/21/2019	04/18/2019			154.75	0.00	0.00	154.75
	SUPPLIES Freight 47.87									
1873356397		03/30/2019	03/28/2019	04/22/2019			-186.62	0.00	0.00	-186.62
	CREDIT									
1873153960		03/31/2019	03/26/2019	04/20/2019			28.66	0.00	0.00	28.66
	SUPPLIES Freight 18.60									
1873153948		03/31/2019	03/26/2019	04/20/2019			7.69	0.00	0.00	7.69
	SUPPLIES									
1873153950		03/31/2019	03/26/2019	04/20/2019			208.36	0.00	0.00	208.36
	SUPPLIES Freight 54.24									
1873153957		03/31/2019	03/26/2019	04/20/2019			23.07	0.00	0.00	23.07
	SUPPLIES									
1873153945		03/31/2019	03/26/2019	04/20/2019			861.37	0.00	0.00	861.37
	SUPPLIES									
1873153946		03/31/2019	03/26/2019	04/20/2019			28.07	0.00	0.00	28.07
	SUPPLIES Freight 18.60									
1873153952		03/31/2019	03/26/2019	04/20/2019			26.70	0.00	0.00	26.70
	SUPPLIES Freight 17.63									
1873153944		03/31/2019	03/26/2019	04/20/2019			117.29	0.00	0.00	117.29
	SUPPLIES Freight 23.99									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1873153947		03/31/2019	03/26/2019	04/20/2019			60.27	0.00	0.00	60.27
	SUPPLIES									
1873153956		03/31/2019	03/26/2019	04/20/2019			22.83	0.00	0.00	22.83
	SUPPLIES Freight 17.33									
1873153959		03/31/2019	03/26/2019	04/20/2019			156.28	0.00	0.00	156.28
	SUPPLIES Freight 25.48									
1873153958		03/31/2019	03/26/2019	04/20/2019			21.76	0.00	0.00	21.76
	SUPPLIES Freight 17.67									
1873153955		03/31/2019	03/26/2019	04/20/2019			15.38	0.00	0.00	15.38
	SUPPLIES									
1873153953		03/31/2019	03/26/2019	04/20/2019			297.36	0.00	0.00	297.36
	SUPPLIES Freight 29.78									
1873153954		03/31/2019	03/26/2019	04/20/2019			40.40	0.00	0.00	40.40
	SUPPLIES Freight 17.33									
1873153949		03/31/2019	03/26/2019	04/20/2019			3,236.44	0.00	0.00	3,236.44
	SUPPLIES									
1873153951		03/31/2019	03/26/2019	04/20/2019			25.85	0.00	0.00	25.85
	SUPPLIES Freight 17.67									
1873239950		03/31/2019	03/27/2019	04/21/2019			153.80	0.00	0.00	153.80
	SUPPLIES									
1873239943		03/31/2019	03/27/2019	04/21/2019			475.23	0.00	0.00	475.23
	SUPPLIES									
1873239952		03/31/2019	03/27/2019	04/21/2019			133.01	0.00	0.00	133.01
	SUPPLIES Freight 17.97									
1873239948		03/31/2019	03/27/2019	04/21/2019			226.43	0.00	0.00	226.43
	SUPPLIES									
1873239953		03/31/2019	03/27/2019	04/21/2019			54.62	0.00	0.00	54.62
	SUPPLIES									
1873239945		03/31/2019	03/27/2019	04/21/2019			64.95	0.00	0.00	64.95
	SUPPLIES Freight 16.88									
1873239951		03/31/2019	03/27/2019	04/21/2019			9.37	0.00	0.00	9.37
	SUPPLIES									
1873239947		03/31/2019	03/27/2019	04/21/2019			172.56	0.00	0.00	172.56
	SUPPLIES									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1873239949		03/31/2019	03/27/2019	04/21/2019			57.52	0.00	0.00	57.52
	SUPPLIES									
1873356392		03/31/2019	03/28/2019	04/22/2019			2,745.21	0.00	0.00	2,745.21
	SUPPLIES									
1873356395		03/31/2019	03/28/2019	04/22/2019			93.31	0.00	0.00	93.31
	SUPPLIES									
1872810859		04/04/2019	03/21/2019	04/18/2019			101.77	0.00	0.00	101.77
1702083094	SUPPLIES Freight 19.09									
~~033019~~		04/10/2019	03/30/2019	04/24/2019			75.88	0.00	0.00	75.88
	FINANCE CHARGES (late)									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	10,800.43	0.00	0.00	10,800.43

Vendor#	Vendor Name	Class	Pay Code
11976	MID-COAST ELECTRIC SUPPLY, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
177759603		04/10/2019	11/14/2018	11/14/2018			90.00	0.00	0.00	90.00
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11976	MID-COAST ELECTRIC SUPPLY, INC	90.00	0.00	0.00	90.00

Vendor#	Vendor Name	Class	Pay Code
M2621	MMC AUXILIARY GIFT SHOP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040419		04/08/2019	04/04/2019	04/04/2019			139.09	0.00	0.00	139.09
	PAYROLL DED									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	139.09	0.00	0.00	139.09

Vendor#	Vendor Name	Class	Pay Code
10810	MMC EMPLOYEE BENEFIT PLAN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
032519		04/09/2019	03/25/2019	03/25/2019			3,193.44	0.00	0.00	3,193.44
	INSURANCE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	3,193.44	0.00	0.00	3,193.44

Vendor#	Vendor Name	Class	Pay Code
M2662	MMC VOLUNTEERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
395156		04/08/2019	04/01/2019	04/01/2019			112.17	0.00	0.00	112.17
	CC MACHINE FEES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS					112.17	0.00	0.00	112.17

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7351		04/08/2019	03/28/2019	04/07/2019			-9.18	0.00	0.00	-9.18
	CREDIT									
4055284		04/08/2019	04/01/2019	04/11/2019			61.97	0.00	0.00	61.97
	INVENTORY									
4055282		04/08/2019	04/01/2019	04/11/2019			260.30	0.00	0.00	260.30
	INVENTORY									
4052976		04/08/2019	04/01/2019	04/11/2019			51.42	0.00	0.00	51.42
	INVENTORY									
4055490		04/08/2019	04/01/2019	04/11/2019			29.43	0.00	0.00	29.43
	INVENTORY									
4055283		04/08/2019	04/01/2019	04/11/2019			2,299.92	0.00	0.00	2,299.92
	INVENTORY									
4055491		04/08/2019	04/01/2019	04/11/2019			8.69	0.00	0.00	8.69
	INVENTORY									
4060801		04/08/2019	04/02/2019	04/12/2019			1,512.17	0.00	0.00	1,512.17
	INVENTORY									
8044		04/08/2019	04/02/2019	04/12/2019			-103.88	0.00	0.00	-103.88
	CREDIT									
4060802		04/08/2019	04/02/2019	04/12/2019			114.17	0.00	0.00	114.17
	INVENTORY									
4060800		04/08/2019	04/02/2019	04/12/2019			3,559.22	0.00	0.00	3,559.22
	INVENTORY									
4066695		04/08/2019	04/03/2019	04/13/2019			1,510.44	0.00	0.00	1,510.44
	INVENTORY									
4066696		04/08/2019	04/03/2019	04/13/2019			30.30	0.00	0.00	30.30
	INVENTORY									
4064293		04/08/2019	04/03/2019	04/13/2019			486.39	0.00	0.00	486.39
	INVENTORY									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4070729	INVENTORY	04/08/2019	04/04/2019	04/14/2019			59.00	0.00	0.00	59.00
4070731	INVENTORY	04/08/2019	04/04/2019	04/14/2019			78.67	0.00	0.00	78.67
4072941	INVENTORY	04/08/2019	04/04/2019	04/14/2019			571.81	0.00	0.00	571.81
4069752	INVENTORY	04/08/2019	04/04/2019	04/14/2019			2.08	0.00	0.00	2.08
4072942	INVENTORY	04/08/2019	04/04/2019	04/14/2019			720.97	0.00	0.00	720.97
4069753	INVENTORY	04/08/2019	04/04/2019	04/14/2019			20.22	0.00	0.00	20.22
4070730	INVENTORY	04/08/2019	04/04/2019	04/14/2019			185.69	0.00	0.00	185.69
4076423	INVENTORY	04/08/2019	04/05/2019	04/15/2019			107.89	0.00	0.00	107.89
5076421	INVENTORY	04/08/2019	04/05/2019	04/15/2019			2,770.64	0.00	0.00	2,770.64
4074505	INVENTORY	04/08/2019	04/05/2019	04/15/2019			1,026.57	0.00	0.00	1,026.57
4076422	INVENTORY	04/08/2019	04/05/2019	04/15/2019			365.10	0.00	0.00	365.10
4076424	INVENTORY	04/08/2019	04/05/2019	04/15/2019			371.53	0.00	0.00	371.53
4081338	INVENTORY	04/10/2019	04/08/2019	04/18/2019			69.48	0.00	0.00	69.48
4081336	INVENTORY	04/10/2019	04/08/2019	04/18/2019			40.43	0.00	0.00	40.43
4083643	INVENTORY	04/10/2019	04/08/2019	04/18/2019			422.35	0.00	0.00	422.35
4083642	INVENTORY	04/10/2019	04/08/2019	04/18/2019			154.97	0.00	0.00	154.97
4081339	INVENTORY	04/10/2019	04/08/2019	04/18/2019			66.59	0.00	0.00	66.59

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4083644		04/10/2019	04/08/2019	04/18/2019			2,803.41	0.00	0.00	2,803.41
	INVENTORY									
4081337		04/10/2019	04/08/2019	04/18/2019			2.79	0.00	0.00	2.79
	INVENTORY									
4090480		04/10/2019	04/09/2019	04/19/2019			750.49	0.00	0.00	750.49
	INVENTORY									
4090478		04/10/2019	04/09/2019	04/19/2019			295.77	0.00	0.00	295.77
	INVENTORY									
4090479		04/10/2019	04/09/2019	04/19/2019			1,778.94	0.00	0.00	1,778.94
	INVENTORY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	22,476.75	0.00	0.00	22,476.75

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1850920317		03/27/2019	03/19/2019	04/18/2019			582.15	0.00	0.00	582.15
	SUPPLIES Freight 71.93									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	582.15	0.00	0.00	582.15

Vendor#	Vendor Name	Class	Pay Code
10152	PARTSSOURCE, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
03097381		03/30/2019	03/20/2019	04/19/2019			4.66	0.00	0.00	4.66
	SUPPLIES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC	4.66	0.00	0.00	4.66

Vendor#	Vendor Name	Class	Pay Code
12524	RUSSELL A HUDGEONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100		04/11/2019	04/11/2019	04/11/2019			800.00	0.00	0.00	800.00
	LIFE SAFETY SURVEY PREP									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12524	RUSSELL A HUDGEONS	800.00	0.00	0.00	800.00

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
921913259		03/30/2019	03/22/2019	04/18/2019			237.51	0.00	0.00	237.51
	SUPPLIES									
921921991		03/30/2019	03/25/2019	04/18/2019			479.02	0.00	0.00	479.02
	SUPPLIES Freight 59.02									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW					716.53	0.00	0.00	716.53

Vendor#	Vendor Name	Class	Pay Code
11296	SOUTH TEXAS BLOOD & TISSUE CEN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
90044503		03/31/2019	03/31/2019	04/24/2019			6,340.00	0.00	0.00	6,340.00
	BLOOD									
90044400		03/31/2019	03/31/2019	04/24/2019			-1,610.00	0.00	0.00	-1,610.00
	CREDIT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					4,730.00	0.00	0.00	4,730.00

Vendor#	Vendor Name	Class	Pay Code
11772	STERIS INSTRUMENT MANAGEMENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2279602		03/30/2019	03/25/2019	04/20/2019			48.85	0.00	0.00	48.85
	RESHARPEN SCISSORS Shipping 41.00									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11772	STERIS INSTRUMENT MANAGEMENT					48.85	0.00	0.00	48.85

Vendor#	Vendor Name	Class	Pay Code
11075	SUMMIT MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
497905		03/30/2019	03/26/2019	04/18/2019			695.96	0.00	0.00	695.96
	SUPPLIES Freight 15.94									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11075	SUMMIT MEDICAL					695.96	0.00	0.00	695.96

Vendor#	Vendor Name	Class	Pay Code
T2539	T-SYSTEM, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
205EV47274		03/30/2019	03/31/2019	04/20/2019			1,144.00	0.00	0.00	1,144.00
	CLOUD HOSTING									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
205EV47284		03/30/2019	03/31/2019	04/20/2019			4,555.00	0.00	0.00	4,555.00
	TRACKING									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC					5,699.00	0.00	0.00	5,699.00

Vendor#	Vendor Name	Class	Pay Code
11039	THE BRATTON FIRM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
SPL1020		04/09/2019	04/09/2019	04/09/2019			379.46	0.00	0.00	379.46
	HOPS LIEN/REIMBURS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11039	THE BRATTON FIRM					379.46	0.00	0.00	379.46

Vendor#	Vendor Name	Class	Pay Code
T3130	TRI-ANIM HEALTH SERVICES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
63526580		03/30/2019	03/25/2019	04/19/2019			294.75	0.00	0.00	294.75
	SUPPLIES Freight 20.11									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC					294.75	0.00	0.00	294.75

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400297350		03/30/2019	03/25/2019	04/19/2019			49.00	0.00	0.00	49.00
	LAUNDRY									
8400297349		03/30/2019	03/25/2019	04/19/2019			47.15	0.00	0.00	47.15
	LAUNDRY									
8400297379		03/30/2019	03/25/2019	04/19/2019			1,190.46	0.00	0.00	1,190.46
	LAUNDRY									
8400297709		03/30/2019	03/28/2019	04/22/2019			79.36	0.00	0.00	79.36
	LAUNDRY									
8400279926 (977)		03/30/2019	03/28/2019	04/22/2019			1,102.72	0.00	0.00	1,102.72
	LAUNDRY									
8400297755		03/30/2019	03/28/2019	04/22/2019			74.05	0.00	0.00	74.05
	LAUNDRY									
8400297684		03/30/2019	03/28/2019	04/22/2019			175.83	0.00	0.00	175.83
	LAUNDRY									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8400297682		03/30/2019	03/28/2019	04/22/2019			182.28	0.00	0.00	182.28
	LAUNDRY									
8400297683		03/30/2019	03/28/2019	04/22/2019			156.89	0.00	0.00	156.89
	LAUNDRY									
8400297679		03/30/2019	03/28/2019	04/22/2019			17.00	0.00	0.00	17.00
	LAUNDRY									
8400297681		03/30/2019	03/28/2019	04/22/2019			120.39	0.00	0.00	120.39
	LAUNDRY									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	3,195.13	0.00	0.00	3,195.13

Vendor#	Vendor Name	Class	Pay Code
U1056	UNIFORM ADVANTAGE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9569926		03/30/2019	03/20/2019	04/18/2019			44.97	0.00	0.00	44.97
	UNIFORMS M. ARREDONDO									
9593564		03/30/2019	03/27/2019	04/18/2019			69.78	0.00	0.00	69.78
	UNIFORMS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE	114.75	0.00	0.00	114.75

Vendor#	Vendor Name	Class	Pay Code
U1350	UPS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
0000778941119		03/30/2019	03/16/2019	04/18/2019			138.32	0.00	0.00	138.32
	SHIPPING									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	138.32	0.00	0.00	138.32

Vendor#	Vendor Name	Class	Pay Code
V0554	VCS SECURITY SYSTEMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
203009		04/09/2019	02/16/2019	03/16/2019			150.00	0.00	0.00	150.00
	CHECK FIRE RADIO									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	V0554	VCS SECURITY SYSTEMS	150.00	0.00	0.00	150.00

Vendor#	Vendor Name	Class	Pay Code
V1056	VICTORIA AIR CONDITIONING LTD	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
175351		03/30/2019	03/25/2019	04/18/2019			1,213.28	0.00	0.00	1,213.28
	AC WORK #(2) boilers not working									
174808		03/30/2019	03/26/2019	04/18/2019			1,485.00	0.00	0.00	1,485.00
	AC WORK Hot water boiler Not working									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	V1056	VICTORIA AIR CONDITIONING LTD					2,698.28	0.00	0.00	2,698.28

Vendor#	Vendor Name	Class	Pay Code
V1058	VICTORIA ANESTHESIOLOGY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
022819		03/30/2019	02/28/2019	04/18/2019			28,398.77	0.00	0.00	28,398.77
	ANESTHESIA SERVICES									
033119		03/30/2019	03/31/2019	04/18/2019			32,307.51	0.00	0.00	32,307.51
	ANESTHESIA SERVICES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHESIOLOGY					60,706.28	0.00	0.00	60,706.28

Vendor#	Vendor Name	Class	Pay Code
11580	WILLIAM CROWLEY III, DO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
040319		04/10/2019	04/03/2019	04/03/2019			500.00	0.00	0.00	500.00
	HOSPITALIST COVERAGE 3/28/19									
040319A		04/10/2019	04/03/2019	04/03/2019			1,125.00	0.00	0.00	1,125.00
	COVERED OB 2/19-2/20/19									
040419		04/10/2019	04/04/2019	04/04/2019			750.00	0.00	0.00	750.00
	COVERED OB 4/2/19									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11580	WILLIAM CROWLEY III, DO					2,375.00	0.00	0.00	2,375.00

Vendor#	Vendor Name	Class	Pay Code
10556	WOUND CARE SPECIALISTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
WCS00002762		03/30/2019	04/01/2019	04/18/2019			16,950.00	0.00	0.00	16,950.00
	WOUND CARE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10556	WOUND CARE SPECIALISTS					16,950.00	0.00	0.00	16,950.00

Vendor#	Vendor Name	Class	Pay Code
11748	ZIMMER BIOMET		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
985604NQ2197 ✓		03/30/2019	03/25/2019	04/18/2019			465.67	0.00	0.00	465.67
	SUPPLIES Shipping 10.67									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11748	ZIMMER BIOMET					465.67	0.00	0.00	465.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	225,679.28	0.00	0.00	225,679.28

pg 9 correctim {<197.28>
{+183.28

pg 7 (remove per Caitlin) {<92.83>

$225,572.45

O.C

225,679.28 +
197.28 -
183.28 +
92.83 -
225,572.45 *

APPROVED
ON
APR 11 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK#'s
180243 - 180311

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	180243	04/17/19	62.12	ACE HARDWARE 15521
A/P	180244	04/17/19	1,400.00	ACUTE CARE INC
A/P	180245	04/17/19	404.75	AIRGAS USA, LLC - CENTRAL DIV
A/P	180246	04/17/19	241.59	ALCO SALES & SERVICE CO
A/P	180247	04/17/19	351.68	AMBU INC
A/P	180248	04/17/19	437.16	BAXTER HEALTHCARE
A/P	180249	04/17/19	858.48	BAYER HEALTHCARE
A/P	180250	04/17/19	4,777.98	BECKMAN COULTER INC
A/P	180251	04/17/19	3,640.00	BKD, LLP
A/P	180252	04/17/19	4,774.00	BROADMOOR AT CREEKSIDE PARK
A/P	180253	04/17/19	141.32	CALHOUN COUNTY
A/P	180254	04/17/19	270.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	180255	04/17/19	1,725.56	CDW GOVERNMENT, INC.
A/P	180256	04/17/19	2,965.64	CSI LEASING INC
A/P	180257	04/17/19	700.00	D HARRIS CONSULTING LLC
A/P	180258	04/17/19	1,526.14	DEWITT POTH & SON
A/P	180259	04/17/19	2,375.00	DOWELL PEST CONTROL
A/P	180260	04/17/19	127.75	EAGLE FIRE & SAFETY INC
A/P	180261	04/17/19	57.27	EPIMED
A/P	180262	04/17/19	4,860.00	EVIDENT
A/P	180263	04/17/19	72.55	FEDERAL EXPRESS CORP.
A/P	180264	04/17/19	442.40	FIRESTONE OF PORT LAVACA
A/P	180265	04/17/19	.00	VOIDED
A/P	180266	04/17/19	32,374.75	FISHER HEALTHCARE
A/P	180267	04/17/19	3,414.12	FLDR DESIGNS LLC
A/P	180268	04/17/19	1,756.13	FRONTIER
A/P	180269	04/17/19	325.00	GOLDEN CRESCENT REGIONAL
A/P	180270	04/17/19	4,774.00	GOLDENCREEK HEALTHCARE
A/P	180271	04/17/19	530.64	GULF COAST PAPER COMPANY
A/P	180272	04/17/19	770.39	HEALTHCARE EQUIPMENT FINANCE
A/P	180273	04/17/19	139.55	INTOXIMETERS INC
A/P	180274	04/17/19	515.76	J & J HEALTH CARE SYSTEMS, INC
A/P	180275	04/17/19	19,913.74	JACKSON & COKER LOCUM TENENS,
A/P	180276	04/17/19	183.28	JEANNIE ORTA
A/P	180277	04/17/19	266.46	JENNIFER ONNEN
A/P	180278	04/17/19	114.84	MARKETLAB, INC
A/P	180279	04/17/19	227.45	MCKESSON MEDICAL SURGICAL INC
A/P	180280	04/17/19	46.28	MEDIMPACT HEALTHCARE SYS, INC.
A/P	180281	04/17/19	.00	VOIDED
A/P	180282	04/17/19	.00	VOIDED
A/P	180283	04/17/19	.00	VOIDED
A/P	180284	04/17/19	.00	VOIDED
A/P	180285	04/17/19	10,800.43	MEDLINE INDUSTRIES INC
A/P	180286	04/17/19	90.00	MID-COAST ELECTRIC SUPPLY, INC
A/P	180287	04/17/19	139.09	MMC AUXILIARY GIFT SHOP
A/P	180288	04/17/19	3,193.44	MMC EMPLOYEE BENEFIT PLAN
A/P	180289	04/17/19	112.17	MMC VOLUNTEERS
A/P	180290	04/17/19	.00	VOIDED
A/P	180291	04/17/19	.00	VOIDED
A/P	180292	04/17/19	22,476.75	MORRIS & DICKSON CO, LLC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	180293	04/17/19	582.15	ORTHO CLINICAL DIAGNOSTICS
A/P	180294	04/17/19	4.66	PARTSSOURCE, LLC
A/P	180295	04/17/19	800.00	RUSSELL A HUDGEONS
A/P	180296	04/17/19	716.53	SMITH & NEPHEW
A/P	180297	04/17/19	4,730.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	180298	04/17/19	48.85	STERIS INSTRUMENT MANAGEMENT
A/P	180299	04/17/19	695.96	SUMMIT MEDICAL
A/P	180300	04/17/19	5,699.00	T-SYSTEM, INC
A/P	180301	04/17/19	379.46	THE BRATTON FIRM
A/P	180302	04/17/19	294.75	TRI-ANIM HEALTH SERVICES INC
A/P	180303	04/17/19	3,195.13	UNIFIRST HOLDINGS INC
A/P	180304	04/17/19	114.75	UNIFORM ADVANTAGE
A/P	180305	04/17/19	138.32	UPS
A/P	180306	04/17/19	150.00	VCS SECURITY SYSTEMS
A/P	180307	04/17/19	2,698.28	VICTORIA AIR CONDITIONING LTD
A/P	180308	04/17/19	60,706.28	VICTORIA ANESTHESIOLOGY
A/P	180309	04/17/19	2,375.00	WILLIAM CROWLEY III, DO
A/P	180310	04/17/19	16,950.00	WOUND CARE SPECIALISTS
A/P	180311	04/17/19	465.67	ZIMMER BIOMET
A/P	180312	04/17/19	300.60	[redacted]
A/P	180313	04/17/19	350.00	
A/P	180314	04/17/19	250.00	
A/P	180315	04/17/19	196.17	
A/P	180316	04/17/19	2,080.12	
A/P	180317	04/17/19	1,640.00	
A/P	180318	04/17/19	894.23	
A/P	180319	04/17/19	199.49	
A/P	180320	04/17/19	26.41	
A/P	180321	04/17/19	82.90	
A/P	180322	04/17/19	49.44	
A/P	180323	04/17/19	79.78	
A/P	180324	04/17/19	24.03	
A/P	180325	04/17/19	97.82	
A/P	180326	04/17/19	38.74	
A/P	180327	04/17/19	61.16	
A/P	180328	04/17/19	166.22	
A/P	180329	04/17/19	100.00	
A/P	180330	04/17/19	50.00	
A/P	180331	04/17/19	299.21	
A/P	180332	04/17/19	227.19	
A/P	180333	04/17/19	51.34	
A/P	180334	04/17/19	200.00	
A/P	180335	04/17/19	72.06	
A/P	180336	04/17/19	29.32	
A/P	180337	04/17/19	384.28	
A/P	180338	04/17/19	300.00	
A/P	180339	04/17/19	140.00	TEXAS DEPARTMENT OF LICENSING
TOTALS:			243,510.96	

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COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 225,572.45 +
Patient Refunds 8,250.51 +
criticals 4,774.00 +
4,774.00 +
140.00 +
243,510.96 *

McKESSON

Company: 8000

STATEMENT

As of: 04/12/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 04/13/2019

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
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: 04/12/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536
Date: 04/13/2019

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 5,103.60 USD

Future Due: 0.00

Past Due: 45.06-

Last Payment 2,451.97
08/07/2017

If Paid By 04/16/2019, Pay This Amount: 5,000.64 USD ✓

If Paid After 04/16/2019, Pay this Amount: 5,103.60 USD

Due If Paid On Time: USD 5,000.64

Disc lost if paid late: 102.96

Due If Paid Late: USD 5,103.60

Ck# 1029

GL# 60310000

2,050.78 +
2,610.97 +
4.01 +
334.88 +
5,000.64 *

APPROVED
ON
APR 16 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 04/12/2019 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 04/13/2019

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

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

As of: 04/12/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 04/13/2019

PLEASE CHECK ANY 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											
04/08/2019	04/16/2019	7128215817	466909	115Invoice	18.50	925.23		✓906.73	✓	7128215817	
04/08/2019	04/08/2019	7128286245	MFC PR CORR CR	Pricing Cor		18.52-	P	✓18.52-	P ✓	7128286245	
04/08/2019	04/08/2019	7128286246	MFC PR CORR CR	Pricing Cor		26.54-	P	✓26.54-	P ✓	7128286246	
04/08/2019	04/16/2019	7128286247	MFC PR CORR IN	Pricing Cor	0.04	2.10		✓2.06	✓	7128286247	
04/08/2019	04/16/2019	7128286248	MFC PR CORR IN	Pricing Cor	0.03	1.73		✓1.70	✓	7128286248	
04/09/2019	04/16/2019	7128480808	467400	115Invoice	4.60	230.16		✓225.56	✓	7128480808	
04/10/2019	04/16/2019	7128695664	467971	115Invoice	0.30	14.92		✓14.62	✓	7128695664	
04/12/2019	04/16/2019	7129171978	469686	115Invoice	19.29	964.46		✓945.17	✓	7129171978	

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: 2,093.54 USD

Future Due: 0.00

Past Due: 45.06-

Last Payment 5,313.30
04/08/2019

If Paid By 04/16/2019, Pay This Amount: 2,050.78 USD ✓

If Paid After 04/16/2019, Pay this Amount: 2,093.54 USD

Due If Paid On Time: USD 2,050.78

Disc lost if paid late: 42.76

Due If Paid Late: USD 2,093.54

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ON
APR 16 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 04/12/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 04/13/2019

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

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As of: 04/12/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 04/13/2019

PLEASE CHECK ANY 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											
04/08/2019	04/16/2019	7128217069	0406190136-00	115Invoice	2.03	101.38		99.35		7128217069	
04/08/2019	04/16/2019	7128217070	0959800184	115Invoice	14.06	703.20		689.14		7128217070	
04/09/2019	04/16/2019	7128459080	0959800185	115Invoice	6.08	303.79		297.71		7128459080	
04/09/2019	04/16/2019	7128459081	0408190441-00	115Invoice	13.88	694.16		680.28		7128459081	
04/10/2019	04/16/2019	7128701216	MH04092019---	115Invoice	6.08	303.82		297.74		7128701216	
04/11/2019	04/16/2019	7128921781	0959800187	115Invoice	0.71	35.31		34.60		7128921781	
04/11/2019	04/16/2019	7128921782	0959800187	115Invoice	3.44	172.02		168.58		7128921782	
04/11/2019	04/16/2019	7128921783	0410190408-00	115Invoice	0.04	1.88		1.84		7128921783	
04/12/2019	04/16/2019	7129160971	0959800188	115Invoice	6.97	348.70		341.73		7129160971	

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: 2,664.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,313.30
04/08/2019

If Paid By 04/16/2019, Pay This Amount: 2,610.97 USD ✓

If Paid After 04/16/2019, Pay this Amount: 2,664.26 USD

Due If Paid On Time: USD 2,610.97

Disc lost if paid late: 53.29

Due If Paid Late: USD 2,664.26

APPROVED ON
APR 16 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 04/12/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 04/13/2019

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 04/12/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 04/13/2019

PLEASE CHECK ANY 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											
04/10/2019	04/16/2019	7128674389	2017007722	115Invoice	0.08	4.09		4.01 ✓		7128674389	

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: 4.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,313.30
04/08/2019

If Paid By 04/16/2019, Pay This Amount: 4.01 USD ✓

If Paid After 04/16/2019, Pay this Amount: 4.09 USD

Due If Paid On Time: USD 4.01

Disc lost if paid late: 0.08

Due If Paid Late: USD 4.09

APPROVED ON
APR 16 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 04/12/2019 Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 04/13/2019

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

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

As of: 04/12/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450
Date: 04/13/2019

PLEASE CHECK ANY 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											
04/08/2019	04/16/2019	7128043328	55x294277	115Invoice	6.83	341.71		334.88		7128043328	

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: 341.71 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,313.30
04/08/2019

If Paid By 04/16/2019, Pay This Amount: 334.88 USD ✓ ✓

If Paid After 04/16/2019, Pay this Amount: 341.71 USD

Due If Paid On Time: USD 334.88

Disc lost if paid late: 6.83

Due If Paid Late: USD 341.71

APPROVED
ON
APR 16 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 57850491 Date: 04-12-2019

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:	3,205.42
Past Due:	0.00
Total Due:	3,205.42
Account Balance:	3,205.42

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
04-08-2019	04-19-2019	3021577399	144722	Invoice	1,755.33 ✓
04-08-2019	04-19-2019	3021577510	144743	Invoice	374.09 ✓
04-08-2019	04-19-2019	3021619792	144791	Invoice	54.90 ✓
04-09-2019	04-19-2019	3021656023	144817	Invoice	102.10 ✓
04-10-2019	04-19-2019	3021702791	144853	Invoice	772.76 ✓
04-11-2019	04-19-2019	3021749499	144874	Invoice	93.97 ✓
04-12-2019	04-19-2019	3021796272	144916	Invoice	52.27 ✓

Thank You for Your Payment

Date	Payment Number	Amount
04-12-2019		(1,615.31)

Reminders

Due Date	Amount
04-19-2019	3,205.42
Total Due:	3,205.42

Terms:
Monday - Friday due in 7 days

Ck# 1023

GL# 600310000

APPROVED
ON
APR 16 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Processing Number 0000002769754118 Document Type Customer Statement 20190413163546

RUN DATE:04/17/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:16 CHECK REGISTER GLCKREG
04/17/19 THRU 04/17/19

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P *	001023	04/17/19	3,205.42	AMERISOURCEBERGEN
A/P *	001029	04/17/19	5,000.64	MCKESSON
A/P	180243	04/17/19	62.12	ACE HARDWARE 15521
A/P	180244	04/17/19	1,400.00	ACUTE CARE INC
A/P	180245	04/17/19	404.75	AIRGAS USA, LLC - CENTRAL DIV
A/P	180246	04/17/19	241.59	ALCO SALES & SERVICE CO
A/P	180247	04/17/19	351.68	AMBU INC
A/P	180248	04/17/19	437.16	BAXTER HEALTHCARE
A/P	180249	04/17/19	858.48	BAYER HEALTHCARE
A/P	180250	04/17/19	4,777.98	BECKMAN COULTER INC
A/P	180251	04/17/19	3,640.00	BKD, LLP
A/P	180252	04/17/19	4,774.00	BROADMOOR AT CREEKSIDE PARK
A/P	180253	04/17/19	141.32	CALHOUN COUNTY
A/P	180254	04/17/19	270.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	180255	04/17/19	1,725.56	CDW GOVERNMENT, INC.
A/P	180256	04/17/19	2,965.64	CSI LEASING INC
A/P	180257	04/17/19	700.00	D HARRIS CONSULTING LLC
A/P	180258	04/17/19	1,526.14	DEWITT POTH & SON
A/P	180259	04/17/19	2,375.00	DOWELL PEST CONTROL
A/P	180260	04/17/19	127.75	EAGLE FIRE & SAFETY INC
A/P	180261	04/17/19	57.27	EPIMED
A/P	180262	04/17/19	4,860.00	EVIDENT
A/P	180263	04/17/19	72.55	FEDERAL EXPRESS CORP.
A/P	180264	04/17/19	442.40	FIRESTONE OF PORT LAVACA
A/P	180265	04/17/19	.00	VOIDED
A/P	180266	04/17/19	32,374.75	FISHER HEALTHCARE
A/P	180267	04/17/19	3,414.12	FLDR DESIGNS LLC
A/P	180268	04/17/19	1,756.13	FRONTIER
A/P	180269	04/17/19	325.00	GOLDEN CRESCENT REGIONAL
A/P	180270	04/17/19	4,774.00	GOLDENCREEK HEALTHCARE
A/P	180271	04/17/19	530.64	GULF COAST PAPER COMPANY
A/P	180272	04/17/19	770.39	HEALTHCARE EQUIPMENT FINANCE
A/P	180273	04/17/19	139.55	INTOXIMETERS INC
A/P	180274	04/17/19	515.76	J & J HEALTH CARE SYSTEMS, INC
A/P	180275	04/17/19	19,913.74	JACKSON & COKER LOCUM TENENS,
A/P	180276	04/17/19	183.28	JEANNIE ORTA
A/P	180277	04/17/19	266.46	JENNIFER ONNEN
A/P	180278	04/17/19	114.84	MARKETLAB, INC
A/P	180279	04/17/19	227.45	MCKESSON MEDICAL SURGICAL INC
A/P	180280	04/17/19	46.28	MEDIMPACT HEALTHCARE SYS, INC.
A/P	180281	04/17/19	.00	VOIDED
A/P	180282	04/17/19	.00	VOIDED
A/P	180283	04/17/19	.00	VOIDED
A/P	180284	04/17/19	.00	VOIDED
A/P	180285	04/17/19	10,800.43	MEDLINE INDUSTRIES INC
A/P	180286	04/17/19	90.00	MID-COAST ELECTRIC SUPPLY, INC
A/P	180287	04/17/19	139.09	MMC AUXILIARY GIFT SHOP
A/P	180288	04/17/19	3,193.44	MMC EMPLOYEE BENEFIT PLAN
A/P	180289	04/17/19	112.17	MMC VOLUNTEERS
A/P	180290	04/17/19	.00	VOIDED

RUN DATE: 04/11/19
TIME: 10:08

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME		DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]			040819	29.32		2		
		X	77979					
			040819	49.44		2		
		X	77465					
			040819	227.19		2		
		X	77979					
			040819	166.22		2		
		X	77979					
			040819	79.78		2		
		X	77465					
			040819	82.90		2		
		X	77465					
			040819	61.16		3		
		X	77437					
			040819	199.49		2		
		X	77979					
			040819	72.06		2		
		X	77979					
			040819	51.34		2		
		X	77901					
			040819	299.21		2		
		X	77979					
			040819	38.74		2		
		X	77465					
			040819	97.82		2		
		X	77979					
			040819	100.00		3		
		X	77991					
			040819	26.41		2		
		X	77465					
			040819	50.00		3		
		X	77979					
			040819	24.03		2		
		X	77979					

PATIENT NUMBER	PAYEE NAME		DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]		040819	200.00		2		
		X	77979					
			040819	350.00		2		
		X	77979					
			040819	894.23		2		
		X	77465					
			040819	384.28		1		
		X	77979					
			041019	2080.12		2		
		X	77979					
			041019	1640.00		2		
		X	77979					
			041019	300.60		2		
		X	77983					
			041019	300.00		2		
		X	77983					
			040819	196.17		3		
		X	77979					
			040819	250.00		2		
		X	77905					

ARID=0001 TOTAL 8250.51

TOTAL 8250.51

APPROVED
ON

APR 11 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 180312-
180338

citi

0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• •••• ••	04/28/2019	$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
04/03/2019

Payment Date
04/28/2019

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**			**********
02/28/2019	03/04/2019	55499679060036219941006	WYNDHAM AUSTIN & WOODW 21994100	AUSTIN Arrival: 02-25-19	TX	$376.05
03/01/2019	03/04/2019	55432869060200044410168	AMAZON PRIME D01-1993505-61186	AMZN.COM/BILL	WA	$119.00
03/04/2019	03/05/2019	05134379064600035884689	NPDB NPDB.HRSA.GOV N61721274	800-767-6732	VA	$6.00
03/05/2019	03/05/2019	55432869064200845868503	MIMSSREGIONAL.COM AK1P6BBFC46C	512-334-1749	TX	$300.00
03/05/2019	03/06/2019	55480779064286200600096	RICHMOND EMDS INC	8558278326	TX	$125.00
03/06/2019	03/08/2019	85180899066980160504850	MHAUS 100686861053	SHERBURNE	NY	$290.50
03/08/2019	03/11/2019	55429509067637353567528	CONTROL BLEEDING KITS	19732026637	NJ	$76.00
03/08/2019	03/11/2019	55429509067719424800391	EB 2019 REGIONAL EMER	8014137200	CA	$410.00
03/08/2019	03/11/2019	55432869067200730939630	INT IN EMERGENCY MANA 8596	972-2358330	TX	$180.00

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

DAYS IN BILLING PERIOD: 031	Purchases	Cash Advances		
Balance Subject To Interest Charges >	$0.00	$0.00	Payment Due:	$0.00
Periodic Rate >	.0000%	.0000%	Amount Over Credit Limit:	$0.00
ANNUAL PERCENTAGE RATE >	0.00%	0.00%	Amount Past Due:	$0.00
			MINIMUM AMOUNT DUE:	$0.00

SM

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

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Account Number
•••• •••• ••

Statement Date
04/03/2019

Sale Date	Post Date	Reference Number	Type of Activity			Amount
NOTICE MEMO ITEM(S) LISTED BELOW						
03/10/2019	03/11/2019	55432869069200129199117	MARRIOTT SAN ANTONIO P 014473	SAN ANTONIO Arrival: 03-07-19	TX	$434.66
03/12/2019	03/13/2019	55429509071894909850627	PAYPAL PETRO CLASS 90985062	4029357733	IA	$295.00
03/14/2019	03/15/2019	55436879074150748203592	HAMPTON INNS 996019	SAN ANTONIO Arrival: 03-14-19	TX	$247.07
03/15/2019	03/18/2019	55432869074200185360937	AMZN MKTP US MW2LS7ZM0 113-0380774-65306	AMZN.COM/BILL	WA	$26.70
03/21/2019	03/22/2019	55429509080894272520616	PAYPAL PETRO CLASS	4029357733	IA	$295.00 CR
03/21/2019	03/22/2019	55429509080894273364550	PAYPAL PETRO CLASS 27336455	4029357733	IA	$140.00
03/21/2019	03/22/2019	55488729081400881000072	PTOT FACILITIES	5123056900	TX	$220.00
03/22/2019	03/25/2019	55310209082722481160824	HYATT REGENCY SAN ANTO 31057869	8885874589 Arrival: 03-19-19	TX	$676.44
03/22/2019	03/25/2019	55432869081200734652595	AMZN MKTP US MW6I67PA1 113-5056299-41202	AMZN.COM/BILL	WA	$26.70
03/29/2019	04/01/2019	05134379089600041333144	NPDB NPDB.HRSA.GOV N62148981	800-767-6732	VA	$28.00
03/29/2019	04/01/2019	05134379089600041333227	NPDB NPDB.HRSA.GOV N62149385	800-767-6732	VA	$2.00
03/29/2019	04/01/2019	05134379089600041333300	NPDB NPDB.HRSA.GOV N62149592	800-767-6732	VA	$2.00
03/29/2019	04/01/2019	05134379089600041333482	NPDB NPDB.HRSA.GOV N62149810	800-767-6732	VA	$2.00
03/30/2019	04/01/2019	55432869089200417707106	AMA CREDENTIALING	800-621-8335	IL	$129.00
04/01/2019	04/02/2019	05134379092600039896743	NPDB NPDB.HRSA.GOV N62185088	800-767-6732	VA	$2.00
04/02/2019	04/02/2019	55432869092200071218346	AMA CREDENTIALING	800-621-8335	IL	$43.00
04/02/2019	04/03/2019	55429509092713075190987	EB 2019 MID COAST HUR	8014137200	CA	$50.00
**TOTAL AMOUNT OF MEMO ITEM(S):						$3,912.12

APPROVED ON APR 11 2019 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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.

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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

376.05 +
119.00 +
125.00 +
6.00 +
300.00 +
290.50 +
76.00 +
410.00 +
180.00 +
434.66 +
295.00 +
247.07 +
26.70 +
26.70 +
140.00 +
220.00 +
676.44 +
28.00 +
295.00 −
2.00 +
2.00 +
2.00 +
129.00 +
2.00 +
43.00 +
50.00 +
3,912.12 *

* Cash Advance Limit is a p

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

(1)

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: 4/4/19

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	—		Wyndham Austin - Hotel for			376.05	✓
2			Sara Rubio - Trauma On Mtg				
3	—		Amazon Prime - membership fee			119.00	✓
4	—		Richmond EMDs - Clinic	Online/Telephone Training e-class		125.00	✓
5	—		NPDB X 3. PROVIDERS	2.00		6.00	✓
6	—		HIMSS Regional Conf - Jenise			300.00	✓
7			Sretlik Registration for 3/25/19 - 3/26/19				
8	—		M Haus - Mt Cost Cards			290.50	✓
9			Laminated Posters - 2 yr. sub - Surg				
10	—		Control Bleeding Kits - Trauma			76.00	✓

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

NOTES:

Charges made to Jason's credit card

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

(2)

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: 4/4/19

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	—		EB 2019 Regional Emerg conference registration			410.00 ✓
2			Sara Rubio + Kyle Daniel			
3	—		Int. to Emergency Mgmt			180.00 ✓
4			PALS + ACLS ecards -			
5	—		Marriott. San Antonio - Hotel			434.66 ✓
6			for Farah Jamak - 2019 Spring Conf.	Medical Imaging		3/4 - 3/9/19
7	—		PayPal Petro Class - Nazario			295.00 ✓
8			Hernandez - Plant Ops 3/28/19			
9	—		Hampton Inns - Hotel for			247.07 ✓
10	"		Nazario Hernandez - Plant Ops - Petro Class			

Advance adjust hotel stay

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

NOTES:

Charges made to Jason's credit card

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

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

(3)

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: 4/4/19

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	—		Amazon - Below Knee Stump			26.70 ✓
2			Shrinker - Med/Sung			
3	—		" "			26.70 ✓
4	—		PayPal Petro Class - Nazario			140.00 ✓
5			Hernandez - Plant Ops 3/28/19			
6	—		PTOT Facilities - Registration			220.00 ✓
7			Renewal			
8	—		Hyatt Regency - Hotel for			676.44 ✓
9			Danette Bethany - NARHC Conf 3/19 - 3/21/19			
10	—		NPDB - 14 Provider Renewals			28.00 ✓

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

NOTES:

Charges made to Jason's credit card

Refund of Petro Class 3/28/19 <295.>

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

(4)

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: 4/4/19

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	—		" "			2.00 ✓
3	—		" "			2.00 ✓
4	—		AMA x 3 Providers - Initial 43			129.00 ✓
5			+ Cont. Monitoring			
6	—		NPDB x 1 Provider			2.00 ✓
7	—		AMA x 1 Provider			43.00 ✓
8	—		EB 2019 Mid Coast Hurricane 25			50.00 ✓
9			~~Sara Rubio~~ + Nadine Garner Continue registration			
10	"		Erin Clevenger			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 391 2.12

NOTES:

Charges made to Jason's credit card

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

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

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0556709800366701900000000000000038

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• •••• •	04/28/2019	$0.00	$0.00	

DIANE C MOORE
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
04/03/2019

Payment Date
04/28/2019

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**
•••• •••• ••66 7019	$0.00	$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity		Amount
**********NOTICE MEMO ITEM(S) LISTED BELOW**********					
02/27/2019	03/04/2019	85443379060700001329925	CPSI	251-639-8100 AL	✓$225.00
03/06/2019	03/08/2019	85443379066700001320647	CPSI	251-639-8100 AL	✓$225.00 CR
**********TOTAL AMOUNT OF MEMO ITEM(S):					$0.00 ✓

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 bankca

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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 mobil www.citimanager.com/mobile

225.00 +
225.00 -
0.00 *

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

DAYS IN BILLING PERIOD: 031	Purchases	Cash Advances		
Balance Subject To Interest Charges >	$0.00	$0.00	Payment Due:	$0.00
Periodic Rate >	.0000%	.0000%	Amount Over Credit Limit:	$0.00
ANNUAL PERCENTAGE RATE >	0.00%	0.00%	Amount Past Due:	$0.00
			MINIMUM AMOUNT DUE:	$0.00

APPROVED ON

* 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: 4/4/19

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	—		CPSI - Registration for			225.00
2			Diane Moore - Conference			
3	—		CPSI - credit for registration			(225.00)
4						
5						
6						
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST — 0 —

NOTES:

Charges made to Diane's credit card

APPROVED ON
APR 11 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm Dir. Clinical Service _____

CFO _____

Administrator _____

04/11/2019
10:03

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
040919		04/09/20	04/09/20	04/25/20		4,774.00	0.00	0.00	4,774.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error.								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CREEKSIDE PARK	4,774.00	0.00	0.00	4,774.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,774.00	0.00	0.00	4,774.00

APPROVED
ON
APR 11 2019

CK
#180252

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RECEIVED
APR 11 2019
Calhoun County Auditor

04/11/2019 MEMORIAL MEDICAL CENTER 0
10:04 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
040819		04/09/20	04/08/20	04/25/20			4,774.00	0.00	0.00	4,774.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error.									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	4,774.00	0.00	0.00	4,774.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,774.00	0.00	0.00	4,774.00

APPROVED
ON
APR 11 2019
CK # 180270
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/15/2019
13:07

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
10084780		04/15/20	12/19/20	01/19/20			70.00	0.00	0.00	70.00
	BOILER CERT									
10088435		04/15/20	02/27/20	03/27/20			70.00	0.00	0.00	70.00
	BOILER CERT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1880	TEXAS DEPARTMENT OF LICENSING	140.00	0.00	0.00	140.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	140.00	0.00	0.00	140.00

APPROVED
ON
APR 16 2019

CK# 180339

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"	★	6	

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"	★	$ 99,954.54	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 50,474.96	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 11,804.52	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 37,675.06	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9215.25	N		N	N		185779.20
1	REGULAR PAY-S1	1927.50	N		N	N	N	86825.68
1	REGULAR PAY-S1	336.00	Y		N	N		8598.03
1	REGULAR PAY-S1	1.25	Y		N	N	N	67.63
2	REGULAR PAY-S2	2791.25	N		N	N		63641.75
2	REGULAR PAY-S2	124.75	Y		N	N		4326.37
3	REGULAR PAY-S3	1579.50	N		N	N		43403.22
3	REGULAR PAY-S3	148.00	Y		N	N		6402.64
C	CALL PAY	2099.50	N	1	N	N		4199.00
E	EXTRA WAGES		N	1	N	N	N	2322.00
F	FUNERAL LEAVE	8.00	N	1	N	N		207.04
I	INSERVICE	81.75	N	1	N	N		2274.04
I	INSERVICE	23.00	Y	1	N	N		1021.15
K	EXTENDED-ILLNESS-BANK	54.00	N	1	N	N		1342.22
M	MEAL REIMBURSEMENT		N		N	N	N	28.08
P	PAID-TIME-OFF	20.42	N		N	N	N	343.06
P	PAID-TIME-OFF	1026.00	N	1	N	N		25748.48
X	CALL PAY 2	160.00	N	1	N	N		320.00
Y	YMCA/CURVES		N		N	N	N	60.00
Z	CALL PAY 3	84.00	N	1	N	N		252.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	1183.91	A/R2	140.00	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1590.00	CAFE-F	
CAFE-H	18465.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	60.00	COMBIN	574.27	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	1115.00
FEDTAX	37675.06	FICA-M	5902.26	FICA-O	25237.48
FIRSTC	75.00	FLEX S	3764.71	FLX FE	
FORT D		FUTA		GIFT S	186.30
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	687.66	MASA	861.50	MEALS	80.56
MISC		MISC/		MMCSHR	
NATFML	1885.19	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	1095.00
STONE		STONE2		STUDEN	
SUNACC	922.32	SUNILL	1600.60	SUNLIF	1402.08
SUNSTD	1512.36	SUNVIS	1080.57	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	30601.39	TUTION		UNIFOR	1756.06
UW/HOS					

Grand Totals: 19680.17 ------- (Gross: 437161.59 Deductions: 139800.43 Net: 297361.16)

Checks Count:- FT 197 PT 9 Other 38 Female 214 Male 29 Credit OverAmt 6 ZeroNet Term Total: 243

Pay Date 04.18.19

4-15-19

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --April 8, 2019 - April 14 , 2019

Date	Bank Description	MMC Notes	Amount
4/12/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	1615.31*
4/10/2019	ACH Payment IRS USATAXPYMT 220950071340767 6103601001329	- Payroll Taxes	96937.27**
4/9/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03767522 910000122	- 340B Drug Program Expense	5313.3*
4/9/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000690703798	- 3rd Party Payor Fee	3.71 ✓
4/10/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000691459646	- 3rd Party Payor Fee	78.48 ✓
4/11/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000692146858	- 3rd Party Payor Fee	1.47 ✓
4/12/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000692946022	- 3rd Party Payor Fee	2.14 ✓
4/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	348.22 ✓
4/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129. ✓
4/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	121.51 ✓
4/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	1805.9 ✓
4/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	1184.09 ✓
4/10/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	51.44 ✓
			107,591.84

Pay 3.71 +
Plus 78.48 +
1.47 +
2.14 +
85.80 *
Credit 348.22 +
Cml 129.00 +
Usax 121.51 +
Pus 1,805.90 +
1,184.09 +
51.44 +
3,640.16 * + Returned Check $50.00

Diane Moore, CFO
Memorial Medical Center
April 15, 2019

*Approved 04.10.19 cc
**Approved 04.03.19cc

4/11/19

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
4/18/2019	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,766.37
			1,766.37

3,640.16 +
85.80 +
3,725.96 *

107,591.84 +
1,615.31 −
96,937.27 −
Check 5,313.30 −
3,725.96 *

Diane Moore, CFO
Memorial Medical Center
April 15, 2019

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
4/15/2019

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		3,213.50 ✓	-	58,411.73 ✓	-	-	-	61,625.23 ✓	61,525.23
							Bank Balance	61,625.23	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Undistributed	-	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2	-	
							MMC Portion QIPP 3	-	
							MMC Portion Lapse Funds	-	

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

							Adjust Balance/Transfer Amt	61,525.23 ✓	

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		80,005.90 ✓	79,905.90 ✓	79,877.15 ✓	-			79,977.15	79,877.15
							Bank Balance	79,977.15 ✓	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Undistributed	-	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2	-	
							MMC Portion QIPP 3	-	
							MMC Portion Lapse Funds	-	
								-	
								-	
								-	
							Adjust Balance/Transfer Amt	79,877.15 ✓	
Crescent	216844411	37,225.39 ✓	37,125.39 ✓	80,914.48 ✓	-		-	81,014.48 ✓	80,914.48
							Bank Balance	81,014.48 ✓	
							Variance	-	
							Leave in Balance	100.00	
							QIPP Payment Undistributed	-	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2	-	
							MMC Portion QIPP 3	-	
							MMC Portion Lapse Funds	-	
								-	
								-	
								-	
							Adjust Balance/Transfer Amt	80,914.48 ✓	

Broadmoor	34,003.85 ✓	33,903.85 ✓	69,498.72 ✓	-		-	69,598.72 ✓	**69,498.72**
						Bank Balance	69,598.72	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2	-	
						MMC Portion QIPP 3	-	
						MMC Portion Lapse Funds	**0.00**	
						Adjust Balance/Transfer Amt	**69,498.72** ✓	
Fort Bend	10,197.84 ✓	10,097.84 ✓	56,367.77 ✓	-		-	56,467.77 ✓	**56,367.77**
						Bank Balance	56,467.77	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Payment Undistributed	-	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2	-	
						MMC Portion QIPP 3	-	
						MMC Portion Lapse Funds	-	
						January Bank Interest	-	
						February Bank Interest	-	
						March Bank Interest	-	
						Adjust Balance/Transfer Amt	**56,367.77** ✓	
						TOTAL TRANSFERS		**348,183.35**

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

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

Approved: CFO
Diane Moore, CFO 4/15/2019

APPROVED ON
APR 16 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

61,525.23 +
79,877.15 +
80,914.48 +
69,498.72 +
56,367.77 +
348,183.35 *

Ashford Gardens	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
4/9/2019 Deposit		✓54,124.50					-	54,124.50
4/9/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		✓25.00					-	25.00
4/10/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		✓405.00					-	405.00
4/11/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		✓1,397.23					-	1,397.23
4/11/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		✓2,460.00					-	2,460.00
	-	**58,411.73**	-	-	-	-	-	**58,411.73**

Broadmoor	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
4/9/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	✓(33,903.85)						-	-
4/9/2019 Deposit		✓48,678.39					-	48,678.39
4/10/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		✓8,184.00					-	8,184.00
4/11/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		✓4,248.02					-	4,248.02
4/12/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		✓1,175.02					-	1,175.02
4/12/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		✓6,691.01					-	6,691.01
4/12/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005576890		✓522.28					-	522.28
	(33,903.85)	**69,498.72**	-	-	-	-	-	**69,498.72**

Crescent	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
4/8/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		6,660.00					-	6,660.00
4/9/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	(37,125.39)						-	-
4/9/2019 Deposit		42,732.20					-	42,732.20
4/9/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390864 830000570712		245.91					-	245.91
4/9/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		7,855.00					-	7,855.00
4/9/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,387.61					-	1,387.61
4/9/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000192		99.75					-	99.75
4/10/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		1,110.00					-	1,110.00
4/10/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,973.45					-	2,973.45
4/11/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,497.26					-	6,497.26
4/12/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,544.48					-	1,544.48
4/12/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,808.82					-	9,808.82
	(37,125.39)	80,914.48	-	-	-	-	-	80,914.48

Fort Bend	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
4/9/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	(10,097.84)						-	-
4/9/2019 Deposit		32,185.01					-	32,185.01
4/9/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390863 830000570357		714.74					-	714.74
4/10/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		2,431.24					-	2,431.24
4/11/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,509.60					-	7,509.60
4/11/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000167		2,967.39					-	2,967.39
4/12/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		10,559.79					-	10,559.79
	(10,097.84)	56,367.77	-	-	-	-	-	56,367.77

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
4/8/2019 ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		5,740.00					-	5,740.00
4/8/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000189		722.83					-	722.83
4/9/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	(79,905.90)						-	-
4/9/2019 Deposit		10,758.04					-	10,758.04
4/9/2019 ACH Deposit HUMANA INS CO HCCLAIMPMT 390862 830000570712		4,279.71					-	4,279.71
4/9/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		25.00					-	25.00
4/9/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		9,024.00					-	9,024.00
4/10/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3395147308 111000		8,765.18					-	8,765.18
4/10/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		14,088.50					-	14,088.50
4/10/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		1,923.40					-	1,923.40
4/11/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000002482 41		388.08					-	388.08
4/11/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,377.72					-	7,377.72
4/12/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,275.48					-	4,275.48
4/12/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,509.21					-	12,509.21
	(79,905.90)	79,877.15	-	-	-	-	-	79,877.15

TOTALS								
	(161,032.98)	345,069.85	-	-	-	-	-	345,069.85

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER - [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER - [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$61,625.23	$61,625.23
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$70,840.26	$69,598.72
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$90,648.00	$81,014.48
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$88,763.61	$79,977.15
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$82,818.21	$56,467.77
MEMORIAL MEDICAL / NH [redacted]	[redacted]	
TOTAL	$2,994,624.81	$2,981,775.20

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
4/15/2019

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		100.00	-	1,764.53 ✓		-	-		-	-	-	1,864.53	No Transfer

Bank Balance	1,864.53 ✓
Variance	-
Leave in Balance	100.00
MMC Portion QIPP 1	-
MMC Portion QIPP 2	-
MMC Portion QIPP 3	-
MMC Portion Lapse Funds	-
January Bank Interest	-
February Bank Interest	-
March Bank Interest	-
Adjust Balance/Transfer Amt	1,764.53 ✓

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

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

Approved: CFO
Diane Moore, CFO 4/15/2019

APPROVED
ON
APR 16 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	
4/9/2019 Deposit		✓1764.53					-	1,764.53
	-	**1,764.53**	-	-	-	-	-	**1,764.53**

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER - [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER - [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / [redacted]	[redacted]	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$6,770.53	$1,864.53
TOTAL	$2,994,624.81	$2,981,775.20