MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- June 26, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	844,456.68
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	703,387.94
TOTAL INTER-GOVERNMENT TRANSFERS	$	251,143.40
GRAND TOTAL DISBURSEMENTS APPROVED June 26, 2019	$	1,798,988.02

APPROVED

JUN 2 6 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---June 26, 2019

PAYABLES AND PAYROLL			
6/21/2019	Weekly Payables	355,634.82	
6/24/2019	McKesson-340B Prescription Expense	6,775.88	
6/24/2019	Amerisource Bergen-340B Prescription Expense	900.49	
6/21/2019	Patient Refunds	5,118.79	
6/21/2019	Citibank Credit Card-see attached	8,110.12	
6/21/2019	Goldencreek-Nursing home insurance pymt sent to MMC in error	57,503.95	
6/24/2019	Payroll Liabilities -Payroll Taxes	103,131.48	
6/24/2019	Payroll	306,605.28	
6/24/2019	ExpertPay-child support	347.65	
	Prosperity Electronic Bank Payments		
6/20/2019	Credit Card & Lease Fees	151.23	
6/18-6/21/19	Pay Plus-Patient Claims Processing Fee	176.99	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 844,456.68**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
6/24/2019	Nursing Home UPl	677,851.46	
QIPP/INTEREST CHECKS TO MMC			
6/24/2019	Ashford	12,260.39	
6/24/2019	Solera	3,490.83	
6/24/2019	Crescent	2,374.60	
6/24/2019	Broadmoor	2,389.33	
6/24/2019	Fort Bend	5,021.33	
TOTAL NURSING HOME UPL EXPENSES			**$ 703,387.94**
INTER-GOVERNMENT TRANSFERS			
7/2/2019	IGT DY8 -Round 1 Monitoring Amount to be paid July 02,2019	3,546.95	
7/2/2019	IGT DSRIP-Round 1 to be paid on July 02, 2019	247,596.45	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 251,143.40**
GRAND TOTAL DISBURSEMENTS APPROVED June 26, 2019			**$ 1,798,988.02**

06/20/2019
11:40

MEMORIAL MEDICAL CENTER
AP Open Invoice List (Vendor Balances)
Due Dates Through: 07/03/2019

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ap_open_inv_vend_bal.template

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
134572 ✓		05/30/20	05/30/20	06/30/20		50.91	0.00	0.00	50.91 ✓
	SUPPLIES (SleepLab)								
134690 ✓		06/01/20	06/03/20	07/03/20		14.99	0.00	0.00	14.99 ✓
	SUPPLIES (Physical Therapy)								
134822 ✓		06/11/20	06/07/20	07/02/20		73.65	0.00	0.00	73.65 ✓
	SUPPLIES (SleepLab)								
134823 ✓		06/11/20	06/07/20	07/02/20		15.99	0.00	0.00	15.99 ✓
	SUPPLIES								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11283	ACE HARDWARE 15521	155.54	0.00	0.00	0.00	155.54

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
9089625965 ✓		06/18/20	06/07/20	07/02/20		291.52	0.00	0.00	291.52 ✓
	OXYGEN								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	291.52	0.00	0.00	0.00	291.52

Vendor#	Vendor Name	Class	Pay Code
A1690	ALCON LABORATORIES, INC. ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
~~5743070~~ 9655842198		06/10/20	05/28/20	06/27/20		954.00	0.00	0.00	954.00
	SUPPLIES								

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

Vendor#	Vendor Name	Class	Pay Code
12232	ALCOR SCIENTIFIC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
55925 ✓		06/19/20	03/21/20	06/19/20		283.00	0.00	0.00	283.00
	RETURN LOANER INSTRUMEI								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	12232	ALCOR SCIENTIFIC	283.00	0.00	0.00	0.00	283.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV00075242 ✓		06/19/20	06/19/20	06/19/20		85.61	0.00	0.00	85.61
	SUPPLIES Freight 25.31								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	A1746	ALPHA TEC SYSTEMS INC	85.61	0.00	0.00	0.00	85.61

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
955195785 ✓		06/18/20	06/14/20	06/20/20		124.32	0.00	0.00	124.32 ✓
	PHARMACY DRUGS								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	124.32	0.00	0.00	0.00	124.32

Vendor#	Vendor Name	Class	Pay Code
11376	APPLETON MEDICAL SERVICES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
397932	SUPPLIES Shipping 21.95	06/19/20	06/19/20	06/19/20		771.95	0.00	0.00	771.95

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
11376	APPLETON MEDICAL SERVICES INC	771.95	0.00	0.00	0.00	771.95

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
906836	WATER	06/18/20	05/06/20	06/05/20		31.49	0.00	0.00	31.49

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
A2218	AQUA BEVERAGE COMPANY	31.49	0.00	0.00	0.00	31.49

Vendor#	Vendor Name	Class	Pay Code
B0435	BARD PERIPHERAL VASCULAR	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
79642169	SUPPLIES	06/19/20	06/19/20	06/19/20		54.38	0.00	0.00	54.38
45708225	SUPPLIES	06/19/20	06/19/20	06/19/20		150.00	0.00	0.00	150.00

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
B0435	BARD PERIPHERAL VASCULAR	204.38	0.00	0.00	0.00	204.38

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
63170479	SUPPLIES	05/31/20	06/03/20	06/28/20		366.88	0.00	0.00	366.88

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
B1150	BAXTER HEALTHCARE	366.88	0.00	0.00	0.00	366.88

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
107264425	SUPPLIES	06/18/20	10/05/20	10/30/20		180.58	0.00	0.00	180.58
107552317	CREDITING INVOICE	06/18/20	02/01/20	02/01/20		-81.16	0.00	0.00	-81.16
106317636	CREDITING INVOICE	06/18/20	05/08/20	05/08/20		-4,308.00	0.00	0.00	-4,308.00
107781486	SUPPLIES	06/18/20	06/04/20	06/29/20		2,608.26	0.00	0.00	2,608.26
107784278	SUPPLIES	06/18/20	06/04/20	06/29/20		632.40	0.00	0.00	632.40
107783706	SUPPLIES	06/18/20	06/04/20	06/29/20		6,788.89	0.00	0.00	6,788.89
107784375	SUPPLIES	06/18/20	06/04/20	06/29/20		206.44	0.00	0.00	206.44
107783992	SUPPLIES	06/18/20	06/04/20	06/29/20		1,029.16	0.00	0.00	1,029.16
107783912	SUPPLIES	06/18/20	06/04/20	06/29/20		903.36	0.00	0.00	903.36
107787616		06/18/20	06/05/20	06/30/20		555.84	0.00	0.00	555.84

SUPPLIES

5407847		06/18/20	06/05/20	06/30/20	6,249.42	0.00	0.00	6,249.42

SUPPLIES

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	B1220	BECKMAN COULTER INC	14,765.19	0.00	0.00	0.00	14,765.19

Vendor# B1320 Vendor Name: BEEKLEY MEDICAL — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV1271421		06/19/20	06/19/20	06/19/20		212.95	0.00	0.00	212.95

SUPPLIES Shipping 13.95

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	B1320	BEEKLEY MEDICAL	212.95	0.00	0.00	0.00	212.95

Vendor# 10599 Vendor Name: BKD, LLP — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
BK01032264		06/17/20	04/29/20	05/24/20		2,001.25	0.00	0.00	2,001.25

CONSULT12/31/16 MEDICARE

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	10599	BKD, LLP	2,001.25	0.00	0.00	0.00	2,001.25

Vendor# 11224 Vendor Name: CABLES AND SENSORS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
71421		06/18/20	06/05/20	06/25/20		151.00	0.00	0.00	151.00

SUPPLIES Shipping 10.00

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11224	CABLES AND SENSORS	151.00	0.00	0.00	0.00	151.00

Vendor# C1325 Vendor Name: CARDINAL HEALTH 414, INC. — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8001948624		06/18/20	05/19/20	06/13/20		156.55	0.00	0.00	156.55

SUPPLIES delivery 37.50

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	C1325	CARDINAL HEALTH 414, INC.	156.55	0.00	0.00	0.00	156.55

Vendor# 10212 Vendor Name: CLINICAL PATHOLOGY LABS — Class: ICP — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2019050		06/18/20	05/31/20	05/31/20		12,538.91	0.00	0.00	12,538.91

LAB SERVICES

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	10212	CLINICAL PATHOLOGY LABS	12,538.91	0.00	0.00	0.00	12,538.91

Vendor# C1166 Vendor Name: COASTAL OFFICE SOLUTONS — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OE239361		06/18/20	06/13/20	06/23/20		65.71	0.00	0.00	65.71

SUPPLIES - Business cards for Nazario Hernandez - Plant Services

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	C1166	COASTAL OFFICE SOLUTONS	65.71	0.00	0.00	0.00	65.71

Vendor# C1970 Vendor Name: CONMED CORPORATION — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
903107		06/19/20	06/19/20	06/19/20		794.27	0.00	0.00	794.27

SUPPLIES

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	C1970	CONMED CORPORATION	794.27	0.00	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
RT00230594 ✓		05/23/20	05/23/20	07/01/20		2,965.64	0.00	0.00	2,965.64 ✓
	LEASE – Nurse call system								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11004	CSI LEASING INC	2,965.64	0.00	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
25154 54 ✓		06/19/20	06/19/20	06/19/20		166.03	0.00	0.00	166.03 ✓
	SUPPLIES Shipping 21.95								
252027 ✓		06/19/20	06/19/20	06/19/20		649.17	0.00	0.00	649.17 ✓
	SUPPLIES Shipping 63.57								
253160 ✓		06/19/20	06/19/20	06/19/20		171.56	0.00	0.00	171.56 ✓
	SUPPLIES Shipping 29.06								
252623 ✓		06/19/20	06/19/20	06/19/20		649.17	0.00	0.00	649.17 ✓
	SUPPLIES Shipping 63.57								
251407 ✓		06/19/20	06/19/20	06/19/20		65.49	0.00	0.00	65.49 ✓
	SUPPLIES Shipping 22.05								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	10006	CUSTOM MEDICAL SPECIALTIES	1,701.42	0.00	0.00	0.00	1,701.42

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
5732990 ✓		05/31/20	06/03/20	06/28/20		172.13	0.00	0.00	172.13 ✓
	SUPLLIES								
5738310 ✓		05/31/20	06/03/20	06/28/20		437.61	0.00	0.00	437.61 ✓
	SUPPLIES								
5741710 ✓		06/07/20	06/05/20	06/30/20		450.91	0.00	0.00	450.91 ✓
	FILE CABINET – Main reception area-locking								
5741660 ✓		06/07/20	06/05/20	06/30/20		96.14	0.00	0.00	96.14 ✓
	SUPPLIES								
5742730 ✓		06/10/20	06/06/20	07/01/20		73.27	0.00	0.00	73.27 ✓
	SUPPLIES								
5737880 ✓		06/18/20	05/31/20	06/25/20		59.51	0.00	0.00	59.51 ✓
	SUPPLIES								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	10368	DEWITT POTH & SON	1,289.57	0.00	0.00	0.00	1,289.57

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
MMC061519		06/17/20	06/17/20	06/17/20		127,558.78	0.00	0.00	127,558.78
	PRO FEES CLINIC – Physician Services June 1-15, 2019								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	10789	DISCOVERY MEDICAL NETWORK INC	127,558.78	0.00	0.00	0.00	127,558.78

Vendor#	Vendor Name	Class	Pay Code
E1268	ENTERPRISE RENT-A-CAR ✓	W	

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

6112		06/12/20	05/31/20	06/30/20	314.64	0.00	0.00	314.64 ✓

CAR RENTAL / SCHERRER – physician candidate

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	E1268	ENTERPRISE RENT-A-CAR	314.64	0.00	0.00	0.00	314.64

Vendor# C2510 Vendor Name: EVIDENT ✓ Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A1906061378 ✓		06/18/20	06/06/20	07/01/20		20,708.00	0.00	0.00	20,708.00 ✓
	SOFTWARE AND DUES								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	C2510	EVIDENT	20,708.00	0.00	0.00	0.00	20,708.00

Vendor# F1400 Vendor Name: FISHER HEALTHCARE ✓ Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5809310 ✓		05/31/20	06/03/20	06/28/20		522.72	0.00	0.00	522.72 ✓
	SUPPLIES								
5024488 ✓		05/31/20	06/03/20	06/28/20		61.23	0.00	0.00	61.23 ✓
	SUPPLIES								
4818210 ✓		05/31/20	06/03/20	06/28/20		290.49	0.00	0.00	290.49 ✓
	SUPPLIES								
4543344 ✓		05/31/20	06/03/20	06/28/20		377.13	0.00	0.00	377.13 ✓
	SUPPLIES								
7172216 ✓		06/18/20	06/06/20	07/01/20		187.56	0.00	0.00	187.56 ✓
	SUPPLIES Shipping 40.76								
7172209 ✓		06/18/20	06/06/20	07/01/20		1,293.92	0.00	0.00	1,293.92 ✓
	SUPPLIES Shipping 282.62								
7899456 ✓		06/20/20	03/15/20	04/09/20		63.80	0.00	0.00	63.80 ✓
	SUPPLIES Shipping 54.26 on 9.54								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	F1400	FISHER HEALTHCARE	2,796.85	0.00	0.00	0.00	2,796.85

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0222584IN ✓		06/11/20	06/03/20	07/03/20		530.00	0.00	0.00	530.00 ✓
	WATER TREATMENT								

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

Vendor# 11183 Vendor Name: FRONTIER ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
060219		06/18/20	06/02/20	06/26/20		717.23	0.00	0.00	717.23 ✓
	PHONES late fee 34.15								
060219A		06/18/20	06/02/20	06/26/20		951.12	0.00	0.00	951.12 ✓
	PHONES late fee 45.41								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11183	FRONTIER	1,668.35	0.00	0.00	0.00	1,668.35

Vendor# 12404 Vendor Name: GE PRECISION HEALTHCARE, LLC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6001321752 ✓		06/01/20	06/01/20	07/01/20		3,588.58	0.00	0.00	3,588.58 ✓
	IMAGING CONTRACT								

6001321643	06/01/20 06/01/20 07/01/20	572.33	0.00	0.00	572.33
IMAGING CONTRACT					
6001321642	06/01/20 06/01/20 07/01/20	1,651.20	0.00	0.00	1,651.20
IMAGING CONTRACT					
6001311793	06/01/20 06/01/20 07/01/20	5,665.83	0.00	0.00	5,665.83
IMAGING CONTRACT					

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	12404	GE PRECISION HEALTHCARE, LLC	11,477.94	0.00	0.00	0.00	11,477.94

Vendor# W1300 Vendor Name GRAINGER — Class M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9194768181	SUPPLIES	06/11/20	06/04/20	06/29/20		218.17	0.00	0.00	218.17
9196854609	SUPPLIES	06/18/20	06/06/20	07/01/20		296.38	0.00	0.00	296.38

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	W1300	GRAINGER	514.55	0.00	0.00	0.00	514.55

Vendor# G0401 Vendor Name GULF COAST DELIVERY — Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
751298	DELIVERY SERVICES (5/7-6/31/19)	06/20/20	05/07/20	06/06/20		25.00	0.00	0.00	25.00

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	G0401	GULF COAST DELIVERY	25.00	0.00	0.00	0.00	25.00

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
1681678	SUPPLIES	06/03/20	06/03/20	07/03/20		31.67	0.00	0.00	31.67

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	G1210	GULF COAST PAPER COMPANY	31.67	0.00	0.00	0.00	31.67

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8525	CODING SERVICES	06/11/20	05/31/20	06/30/20		490.00	0.00	0.00	490.00

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	10804	HEALTHCARE CODING & CONSULTING	490.00	0.00	0.00	0.00	490.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100164285	LEASE	06/17/20	06/07/20	07/01/20		7,154.17	0.00	0.00	7,154.17
100164286	LEASE	06/17/20	06/07/20	07/01/20		3,334.17	0.00	0.00	3,334.17
100164284	LEASE	06/17/20	06/07/20	07/01/20		4,919.41	0.00	0.00	4,919.41
100164287	LEASE	06/17/20	06/07/20	07/01/20		1,797.44	0.00	0.00	1,797.44

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11552	HEALTHCARE EQUIPMENT FINANCE	17,205.19	0.00	0.00	0.00	17,205.19

Vendor# Vendor Name Class Pay Code

10298 HITACHI MEDICAL SYSTEMS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
PJIN0136986 ✓		06/18/20	06/17/20	06/17/20		8,333.33	0.00	0.00	8,333.33 ✓
	SMA FEE								

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

Vendor# Vendor Name Class Pay Code

H0416 HOLOGIC INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9015807 ✓		06/19/20	06/19/20	06/19/20		472.50	0.00	0.00	472.50 ✓
	SUPPLIES								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	H0416	HOLOGIC INC	472.50	0.00	0.00	0.00	472.50

Vendor# Vendor Name Class Pay Code

11114 HOSPITALPORTAL.NET ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14563 ✓		06/12/20	06/03/20	07/03/20		3,810.87	0.00	0.00	3,810.87 ✓
	ANNUAL RENEWAL (8|15|19 - 8|14|20)								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11114	HOSPITALPORTAL.NET	3,810.87	0.00	0.00	0.00	3,810.87

Vendor# Vendor Name Class Pay Code

12596 INDEED, INC. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
23184349 ✓		06/18/20	05/31/20			1,338.39	0.00	0.00	1,338.39 ✓
	JOB POSTINGS								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	12596	INDEED, INC.	1,338.39	0.00	0.00	0.00	1,338.39

Vendor# Vendor Name Class Pay Code

11285 ITA RESOURCES INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC62019 ✓		06/17/20	06/17/20	07/01/20		24,933.69	0.00	0.00	24,933.69 ✓
	RESP SERVICES								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11285	ITA RESOURCES INC	24,933.69	0.00	0.00	0.00	24,933.69

Vendor# Vendor Name Class Pay Code

J0150 J & J HEALTH CARE SYSTEMS, INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
920978537 ✓		06/07/20	05/29/20	06/28/20		1,329.93	0.00	0.00	1,329.93 ✓
	SUPPLIES								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	1,329.93	0.00	0.00	0.00	1,329.93

Vendor# Vendor Name Class Pay Code

12624 [redacted] ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
98256		06/18/20	12/18/20	06/18/20		133.59	0.00	0.00	133.59 ✓
	PATIENT REFUND								
98175		06/18/20	04/12/20	06/18/20		20.24	0.00	0.00	20.24 ✓
	PATIENT REFUND								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	12624	KAREN BOTBYL	153.83	0.00	0.00	0.00	153.83

Vendor# Vendor Name Class Pay Code

L0700 LABCORP OF AMERICA HOLDINGS ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
62710395 ✓		06/18/20	06/01/20	06/26/20		90.00	0.00	0.00	90.00 ✓
	LAB SERVICES								
62614273 ✓		06/18/20	06/01/20	06/26/20		300.00	0.00	0.00	300.00 ✓
	LAB SERICES								
62801660 ✓		06/18/20	06/01/20	06/26/20		815.00	0.00	0.00	815.00 ✓
	LAB SERVICES								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	L0700	LABCORP OF AMERICA HOLDINGS	1,205.00	0.00	0.00	0.00	1,205.00

Vendor# Vendor Name — Class — Pay Code

L1001 LANDAUER INC ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
100685692 ✓		06/18/20	05/20/20	06/20/20		755.83	0.00	0.00	755.83 ✓
	SUPPLIES								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	L1001	LANDAUER INC	755.83	0.00	0.00	0.00	755.83

Vendor# Vendor Name — Class — Pay Code

11600 LEGAL SHIELD ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
061519		06/18/20	06/15/20	06/15/20		1,449.70	0.00	0.00	1,449.70 ✓
	INSURANCE								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11600	LEGAL SHIELD	1,449.70	0.00	0.00	0.00	1,449.70

Vendor# Vendor Name — Class — Pay Code

12628 LEGATO ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
C1040 ✓		06/18/20	05/31/20	06/30/20		3,750.00	0.00	0.00	3,750.00 ✓
	MAY MARKETING PLANNING								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	12628	LEGATO	3,750.00	0.00	0.00	0.00	3,750.00

Vendor# Vendor Name — Class — Pay Code

11796 LUBY'S FUDDRUCKERS RESTAURANTS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10472 ✓		06/18/20	11/16/20	06/18/20		4,332.00	0.00	0.00	4,332.00 ✓
	SUPPLIES OPENING EXPENSI								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11796	LUBY'S FUDDRUCKERS RESTAURANTS	4,332.00	0.00	0.00	0.00	4,332.00

Vendor# Vendor Name — Class — Pay Code

J1350 M.C. JOHNSON COMPANY INC ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00379716 ✓		06/14/20	06/14/20	06/14/20		106.33	0.00	0.00	106.33
	SUPPLIES Freight 12.36								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	J1350	M.C. JOHNSON COMPANY INC	106.33	0.00	0.00	0.00	106.33

Vendor# Vendor Name — Class — Pay Code

M2178 MCKESSON MEDICAL SURGICAL INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
54833063 ✓		05/31/20	06/03/20	07/03/20		63.12	0.00	0.00	63.12 ✓
	SUPPLIES								
55837639 ✓		06/14/20	06/14/20	06/29/20		78.07	0.00	0.00	78.07 ✓
	SUPPLIES								

55839708		06/14/20	06/14/20	06/29/20	3,795.36	0.00	0.00	3,795.36
SUPPLIES								
55837986		06/18/20	05/31/20	06/15/20	17.23	0.00	0.00	17.23
FINANCE CHARGE								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	3,953.78	0.00	0.00	0.00	3,953.78

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
061719		06/20/20	06/17/20	06/17/20		258.91	0.00	0.00	258.91
INDIGENT CARE									

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	258.91	0.00	0.00	0.00	258.91

Vendor#	Vendor Name	Class	Pay Code
M2827	MEDIVATORS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90049288		06/14/20	06/14/20	06/14/20		263.97	0.00	0.00	263.97
SUPPLIES	Shipping 68.97								
90033518		06/14/20	06/14/20	06/14/20		263.97	0.00	0.00	263.97
SUPPLIES	Shipping 68.97								
3311279		06/14/20	06/14/20	06/14/20		263.97	0.00	0.00	263.97
SUPPLIES	Shipping 68.97								
90041592		06/14/20	06/14/20	06/14/20		411.56	0.00	0.00	411.56
SUPPLIES	Shipping 11.56								
90162370		06/14/20	06/14/20	06/14/20		371.63	0.00	0.00	371.63
SUPPLIES	Shipping 80.20								
90079442		06/14/20	06/14/20	06/14/20		264.06	0.00	0.00	264.06
SUPPLIES	Shipping 69.06								
90097084		06/14/20	06/14/20	06/14/20		107.45	0.00	0.00	107.45
SUPPLIES	Shipping 11.02								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	M2827	MEDIVATORS	1,946.61	0.00	0.00	0.00	1,946.61

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
1877546255		05/31/20	06/03/20	06/28/20		23.32	0.00	0.00	23.32
SUPPLIES									
1877546268		05/31/20	06/03/20	06/28/20		65.33	0.00	0.00	65.33
SUPPLIES									
1877546256		05/31/20	06/03/20	06/28/20		113.75	0.00	0.00	113.75
SUPPLIES	Freight 17.61								
1877546261		05/31/20	06/03/20	06/28/20		138.51	0.00	0.00	138.51
SUPPLIES	Freight 30.05								
1877546278		05/31/20	06/03/20	06/28/20		201.21	0.00	0.00	201.21
SUPPLIES	Freight 28.76								
1877546269		05/31/20	06/03/20	06/28/20		235.00	0.00	0.00	235.00
SUPPLIES									
1877546274		05/31/20	06/03/20	06/28/20		75.66	0.00	0.00	75.66
SUPLLIES	Freight 18.14								
1877546265		05/31/20	06/03/20	06/28/20		112.88	0.00	0.00	112.88
SUPPLIES									

1877546263	05/31/20 06/03/20 06/28/20	29.05	0.00	0.00	29.05
SUPPLIES						
1877546259	05/31/20 06/03/20 06/28/20	36.81	0.00	0.00	36.81
SUPPLIES						
1877546266	05/31/20 06/03/20 06/28/20	481.47	0.00	0.00	481.47
SUPPLIES						
1877332157	05/31/20 06/03/20 06/28/20	1,456.74	0.00	0.00	1,456.74
SUPPLIES						
1877546267	05/31/20 06/03/20 06/28/20	23.28	0.00	0.00	23.28
SUPPLIES						
1877546257	05/31/20 06/03/20 06/28/20	162.86	0.00	0.00	162.86
SUPPLIES						
1877332154	05/31/20 06/03/20 06/28/20	82.18	0.00	0.00	82.18
SUPPLIES						
1877546271	05/31/20 06/03/20 06/28/20	314.93	0.00	0.00	314.93
SUPPLIES						
1877546277	05/31/20 06/03/20 06/28/20	385.82	0.00	0.00	385.82
SUPPLIES Freight 28.76						
1877546262	05/31/20 06/03/20 06/28/20	52.93	0.00	0.00	52.93
SUPPLIES Freight 6.84						
1877546260	05/31/20 06/03/20 06/28/20	52.68	0.00	0.00	52.68
SUPPLIES Freight 15.87						
1877710100	05/31/20 06/03/20 06/28/20	422.48	0.00	0.00	422.48
SUPPLIES Freight 27.50						
1877546275	05/31/20 06/03/20 06/28/20	383.27	0.00	0.00	383.27
SUPPLIES Freight 18.82						
1877546276	05/31/20 06/03/20 06/28/20	364.36	0.00	0.00	364.36
SUPPLIES Freight 17.78						
1877252391	06/01/20 06/03/20 06/23/20	1,914.12	0.00	0.00	1,914.12
SUPPLIES						
1876403265	06/07/20 06/05/20 06/30/20	4,798.42	0.00	0.00	4,798.42
BLANKET WARMER - Replaced PATCU blanket warmer that was unrepairable - Freight 215.32						
1878402477	06/14/20 05/31/20 06/30/20	9.37	0.00	0.00	9.37
SUPPLIES						

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	M2470	MEDLINE INDUSTRIES INC	11,936.43	0.00	0.00	0.00	11,936.43

Vendor#	Vendor Name	Class	Pay Code
12620	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
86463		06/18/20	12/18/20	06/18/20		248.00	0.00	0.00	248.00
	PATIENT REFUND								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	12620	MEGAN BROWN	248.00	0.00	0.00	0.00	248.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
182969700		06/11/20	05/29/20	06/28/20		94.50	0.00	0.00	94.50
	SUPPLIES								
182970300		06/11/20	05/30/20	06/29/20		94.50	0.00	0.00	94.50
	SUPPLIES								
182970000		06/11/20	05/30/20	06/29/20		94.50	0.00	0.00	94.50

182969900	06/11/20	05/30/20	06/29/20	94.50	0.00	0.00	94.50	
SUPPLIES								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11976	MID-COAST ELECTRIC SUPPLY, INC	378.00	0.00	0.00	0.00	378.00

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
061319		06/18/20	06/13/20	06/13/20		130.24	0.00	0.00	130.24
	PAYROLL DED								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	M2621	MMC AUXILIARY GIFT SHOP	130.24	0.00	0.00	0.00	130.24

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4344702		06/17/20	06/04/20	06/14/20		0.19	0.00	0.00	0.19
	INVENTORY								
4330806		06/17/20	06/11/20	06/21/20		143.49	0.00	0.00	143.49
	INVENTORY								
4330804		06/17/20	06/11/20	06/21/20		521.80	0.00	0.00	521.80
	INVENTORY								
4330807		06/17/20	06/11/20	06/21/20		481.01	0.00	0.00	481.01
4337872	INVENTORY								
~~29.32~~		06/17/20	06/11/20	06/21/20		29.32	0.00	0.00	29.32
	INVENTORY								
4330805		06/17/20	06/11/20	06/21/20		265.38	0.00	0.00	265.38
	INVENTORY								
3871		06/17/20	06/11/20	06/21/20		-366.63	0.00	0.00	-366.63
	CREDIT								
4127		06/17/20	06/12/20	06/22/20		-1.47	0.00	0.00	-1.47
	CREDIT								
4332375		06/17/20	06/12/20	06/22/20		1,650.00	0.00	0.00	1,650.00
	INVENTORY								
4334140		06/17/20	06/12/20	06/22/20		80.13	0.00	0.00	80.13
	INVENTORY								
CM72360		06/17/20	06/12/20	06/22/20		-6.77	0.00	0.00	-6.77
	CREDIT								
4334143		06/17/20	06/12/20	06/22/20		37.68	0.00	0.00	37.68
	INVENTORY								
4340347		06/17/20	06/12/20	06/22/20		175.35	0.00	0.00	175.35
	INVENTORY								
4334142		06/17/20	06/12/20	06/22/20		135.78	0.00	0.00	135.78
	INVENTORY								
4340690		06/17/20	06/12/20	06/22/20		3,339.87	0.00	0.00	3,339.87
	INVENTORY								
4334141		06/17/20	06/12/20	06/22/20		179.15	0.00	0.00	179.15
	INVENTORY								
CM72689		06/17/20	06/13/20	06/23/20		-76.47	0.00	0.00	-76.47
	CREDIT								
4340689		06/17/20	06/13/20	06/23/20		261.97	0.00	0.00	261.97
	INVENTORY								
4340688		06/17/20	06/13/20	06/23/20		3,505.29	0.00	0.00	3,505.29

INVENTORY

4344704 06/17/20 06/14/20 06/24/20 763.32 0.00 0.00 763.32

INVENTORY

4344703 06/17/20 06/14/20 06/24/20 16.73 0.00 0.00 16.73

INVENTORY

4344706 06/17/20 06/14/20 06/24/20 133.42 0.00 0.00 133.42

INVENTORY

4344705 06/17/20 06/14/20 06/24/20 62.05 0.00 0.00 62.05

INVENTORY

4350761 06/18/20 06/17/20 06/27/20 500.22 0.00 0.00 500.22

INVENTORY

4350759 06/18/20 06/17/20 06/27/20 863.79 0.00 0.00 863.79

INVENTORY

4350760 06/18/20 06/17/20 06/27/20 5.69 0.00 0.00 5.69

INVENTORY

4350762 06/18/20 06/17/20 06/27/20 1,421.53 0.00 0.00 1,421.53

INVENTORY

Vendor Tota Number Name Gross Discount No-Pay Adjustment Net

10536 MORRIS & DICKSON CO, LLC 14,121.82 0.00 0.00 0.00 14,121.82

Vendor# Vendor Name Class Pay Code

O1500 OLYMPUS AMERICA INC M

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

97611226 06/14/20 06/03/20 07/03/20 226.95 0.00 0.00 226.95

SUPPLIES

Vendor Tota Number Name Gross Discount No-Pay Adjustment Net

O1500 OLYMPUS AMERICA INC 226.95 0.00 0.00 0.00 226.95

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

1850990519 05/31/20 05/28/20 06/27/20 750.46 0.00 0.00 750.46

LAB SERVICES

Vendor Tota Number Name Gross Discount No-Pay Adjustment Net

O1416 ORTHO CLINICAL DIAGNOSTICS 750.46 0.00 0.00 0.00 750.46

Vendor# Vendor Name Class Pay Code

11155 PARA

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

5343 05/31/20 06/01/20 07/01/20 2,000.00 0.00 0.00 2,000.00

REV INTEG PROGRAM

Vendor Tota Number Name Gross Discount No-Pay Adjustment Net

11155 PARA 2,000.00 0.00 0.00 0.00 2,000.00

Vendor# Vendor Name Class Pay Code

12544 PATRICK OCHOA

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

MMC1062019 06/19/20 06/30/20 06/30/20 434.00 0.00 0.00 434.00

HOSP LAWN

MMCRO62019 06/19/20 06/30/20 06/30/20 125.00 0.00 0.00 125.00

REHAB LAWN

MMC1062019A 06/19/20 06/30/20 06/30/20 275.00 0.00 0.00 275.00

CLINIC LAWN

Vendor Tota Number Name Gross Discount No-Pay Adjustment Net

12544 PATRICK OCHOA 834.00 0.00 0.00 0.00 834.00

Vendor# Vendor Name Class Pay Code

10606 PENLON, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OP0010867		06/20/20	05/30/20	06/30/20		936.72	0.00	0.00	936.72
	SUPPLIES *Shipping 25.02*								

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
10606	PENLON, INC	936.72	0.00	0.00	0.00	936.72

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER HARDWARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
B48798		06/18/20	06/13/20	06/23/20		7.98	0.00	0.00	7.98
	SUPPLIES								

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
P2200	POWER HARDWARE	7.98	0.00	0.00	0.00	7.98

Vendor#	Vendor Name	Class	Pay Code
12480	PRO ENERGY PARTNERS LP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
19050600		06/18/20	05/31/20	06/15/20		2,387.09	0.00	0.00	2,387.09
	FUEL *(Natural gas)*								

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
12480	PRO ENERGY PARTNERS LP	2,387.09	0.00	0.00	0.00	2,387.09

Vendor#	Vendor Name	Class	Pay Code
11087	PROMETHEUS LABORATORIES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
18735201904		06/20/20	05/01/20	05/30/20		350.00	0.00	0.00	350.00
	OUTSIDE SRV LAB								

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
11087	PROMETHEUS LABORATORIES, INC	350.00	0.00	0.00	0.00	350.00

Vendor#	Vendor Name	Class	Pay Code
10896	QIAGEN INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
98911933		06/17/20	05/21/20	06/21/20		1,533.49	0.00	0.00	1,533.49
	SUPPLIES *Shipping 48.49*								

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
10896	QIAGEN INC	1,533.49	0.00	0.00	0.00	1,533.49

Vendor#	Vendor Name	Class	Pay Code
S1405	SERVICE SUPPLY OF VICTORIA INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
701016359		06/11/20	05/31/20	06/30/20		18.66	0.00	0.00	18.66
	FINANCE CHARGE								

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
S1405	SERVICE SUPPLY OF VICTORIA INC	18.66	0.00	0.00	0.00	18.66

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
31724		06/18/20	05/08/20	05/23/20		116.23	0.00	0.00	116.23
	REHAB / OT OFFICE								
37143		06/18/20	05/20/20	06/04/20		224.96	0.00	0.00	224.96
	PAINT/SLEEP STUDY								
49437		06/18/20	06/11/20	06/26/20		23.88	0.00	0.00	23.88
	SUPPLIES								
49429		06/18/20	06/11/20	06/26/20		48.44	0.00	0.00	48.44

	SUPPLIES							
49973		06/18/20	06/12/20	06/27/20	63.16	0.00	0.00	63.16
	SUPPLIES							

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	S1800	SHERWIN WILLIAMS	476.67	0.00	0.00	0.00	476.67

Vendor# 10936 Vendor Name: SIEMENS FINANCIAL SERVICES — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
56381900005598		06/19/20	04/29/20	06/19/20			1,333.33	0.00	0.00	1,333.33
	LEASE & RENTAL LAB									
56381900011746		06/19/20	05/30/20	06/19/20			1,333.33	0.00	0.00	1,333.33
	LEASE & REANTAL LAB									

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	10936	SIEMENS FINANCIAL SERVICES	2,666.66	0.00	0.00	0.00	2,666.66

Vendor# 10699 Vendor Name: SIGN AD, LTD. — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
239058		06/19/20	06/16/20	06/26/20			790.00	0.00	0.00	790.00
	ADVERTISING									

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	10699	SIGN AD, LTD.	790.00	0.00	0.00	0.00	790.00

Vendor# 10195 Vendor Name: SINGLETON ASSOCIATES PA — Class: ICP — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1282		06/18/20	05/20/20	05/20/20			10.91	0.00	0.00	10.91
	CONTRACT BILLING									
8723A		06/18/20	05/20/20	05/20/20			131.07	0.00	0.00	131.07
	CONTRACT BILLING									
8914		06/18/20	05/20/20	05/20/20			420.25	0.00	0.00	420.25
	CONTRACT BILLING									
8630		06/18/20	05/21/20	05/21/20			352.04	0.00	0.00	352.04
	CONTRACT BILLING									

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	10195	SINGLETON ASSOCIATES PA	914.27	0.00	0.00	0.00	914.27

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90046005		06/18/20	05/31/20	06/25/20			-8,891.00	0.00	0.00	-8,891.00
	CREDIT									
90046081		06/18/20	05/31/20	06/25/20			13,346.00	0.00	0.00	13,346.00
	BLOOD									

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	4,455.00	0.00	0.00	0.00	4,455.00

Vendor# S3960 Vendor Name: STERICYCLE, INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4008611456		05/31/20	06/01/20	07/01/20			1,054.15	0.00	0.00	1,054.15
	DISPOSAL SERVICES									

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	S3960	STERICYCLE, INC	1,054.15	0.00	0.00	0.00	1,054.15

Vendor# S3940 Vendor Name: STERIS CORPORATION — Class: M — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8160028		06/11/20	06/03/20	06/28/20		352.16	0.00	0.00	352.16
	SUPPLIES Shipping 15.29								
8159653		06/14/20	06/01/20	07/01/20		72.31	0.00	0.00	72.31
	SUPPLIES Shipping 13.25								

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
S3940	STERIS CORPORATION	424.47	0.00	0.00	0.00	424.47

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
655817A		06/17/20	06/17/20	06/17/20		47.40	0.00	0.00	47.40
	SUPPLIES								

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
S2830	STRYKER SALES CORP	47.40	0.00	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
3656649		06/14/20	05/29/20	06/29/20		329.24	0.00	0.00	329.24
	SUPPLIES Shipping 5.24								

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
10735	STRYKER SUSTAINABILITY	329.24	0.00	0.00	0.00	329.24

Vendor#	Vendor Name	Class	Pay Code
11140	TEXAS ADVANTAGE COMMUNITY BANK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
061919		06/19/20	06/19/20	06/19/20		3,690.52	0.00	0.00	3,690.52
	LEASE AND RENTAL RADIOLC								

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
11140	TEXAS ADVANTAGE COMMUNITY BANK	3,690.52	0.00	0.00	0.00	3,690.52

Vendor#	Vendor Name	Class	Pay Code
T1825	TEXAS DEPARTMENT OF HEALTH	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
060119		06/19/20	06/01/20	07/01/20		3,640.00	0.00	0.00	3,640.00
	NUC MED RADIOACTIVE RENI								

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
T1825	TEXAS DEPARTMENT OF HEALTH	3,640.00	0.00	0.00	0.00	3,640.00

Vendor#	Vendor Name	Class	Pay Code
T2063	TEXAS MEDICAID & HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
061919		06/19/20	06/19/20	06/19/20		99.00	0.00	0.00	99.00
	OWED FOR 2015 FISCAL YR								

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
T2063	TEXAS MEDICAID & HEALTHCARE	99.00	0.00	0.00	0.00	99.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1000998682		06/18/20	06/11/20	06/11/20		6,338.00	0.00	0.00	6,338.00
	WORKERS' COMP INSURANCI								

Vendor Tota Number	Name	Gross	Discount	No-Pay	Adjustment	Net
T2204	TEXAS MUTUAL INSURANCE CO	6,338.00	0.00	0.00	0.00	6,338.00

Vendor#	Vendor Name	Class	Pay Code
10985	THE COMPLIANCE TEAM, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
060719		06/19/20	06/07/20	06/07/20		4,200.00	0.00	0.00	4,200.00 ✓
	ACCREDITATION CONTRACT								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	10985	THE COMPLIANCE TEAM, INC	4,200.00	0.00	0.00	0.00	4,200.00

Vendor#	Vendor Name	Class	Pay Code
11100	THE US CONSULTING GROUP ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
340374842 ✓		05/31/20	06/04/20	06/29/20		1,328.95	0.00	0.00	1,328.95 ✓
	TRASH SERVICES								
340374881 ✓		06/11/20	06/06/20	07/01/20		242.69	0.00	0.00	242.69 ✓
	TRASH SERVICE								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11100	THE US CONSULTING GROUP	1,571.64	0.00	0.00	0.00	1,571.64

Vendor#	Vendor Name	Class	Pay Code
T0801	TLC STAFFING	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
24969 ✓		06/18/20	06/03/20	06/03/20		1,063.50	0.00	0.00	1,063.50 ✓
	STAFFING Roxanne Reyes 5/31/19 - 6/1/19								
24991A ✓		06/20/20	06/10/20	06/10/20		436.05	0.00	0.00	436.05 ✓
	STAFFING Monica Pena 5/31/19								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	T0801	TLC STAFFING	1,499.55	0.00	0.00	0.00	1,499.55

Vendor#	Vendor Name	Class	Pay Code
11908	TMS SOUTH ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
590171 ✓		06/18/20	03/20/20	03/20/20		468.77	0.00	0.00	468.77 ✓
	SUPPLIES								
594472 ✓		06/18/20	04/17/20	04/17/20		129.16	0.00	0.00	129.16 ✓
	SUPPLIES freight 13.70								
597429 ✓		06/18/20	04/30/20	04/30/20		238.80	0.00	0.00	238.80 ✓
	SUPPLIES								
602834 ✓		06/18/20	05/31/20	05/31/20		140.56	0.00	0.00	140.56 ✓
	SUPPLIES freight 12.00								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11908	TMS SOUTH	977.29	0.00	0.00	0.00	977.29

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
8400302816 ✓		06/01/20	06/03/20	06/28/20		47.15	0.00	0.00	47.15 ✓
	LAUNDRY								
8400302817 ✓		06/01/20	06/03/20	06/28/20		57.35	0.00	0.00	57.35 ✓
	LAUNDRY								
8400302845 ✓		06/01/20	06/03/20	06/28/20		1,055.28	0.00	0.00	1,055.28 ✓
	LAUNDRY								
8400303187 ✓		06/07/20	06/06/20	07/01/20		1,012.00	0.00	0.00	1,012.00 ✓
	LAUNDRY								
8400303142 ✓		06/07/20	06/06/20	07/01/20		163.82	0.00	0.00	163.82 ✓
	LAUNDRY								
8400303170 ✓		06/07/20	06/06/20	07/01/20		80.83	0.00	0.00	80.83 ✓
	LAUNDRY								
8400303147 ✓		06/07/20	06/06/20	07/01/20		175.83	0.00	0.00	175.83 ✓

LAUNDRY

8400303144	06/07/20	06/06/20	07/01/20		120.39	0.00	0.00	120.39
LAUNDRY								
8400303145	06/07/20	06/06/20	07/01/20		110.93	0.00	0.00	110.93
LAUNDRY								
8400303146	06/07/20	06/06/20	07/01/20		183.46	0.00	0.00	183.46
LAUNDRY								
8400303216	06/07/20	06/06/20	07/01/20		97.80	0.00	0.00	97.80
LAUNDRY								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	U1064	UNIFIRST HOLDINGS INC	3,104.84	0.00	0.00	0.00	3,104.84

Vendor#	Vendor Name	Class	Pay Code
U1056	UNIFORM ADVANTAGE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8794624		06/18/20	06/05/20	06/20/20		52.98	0.00	0.00	52.98
	UNIFORMS								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	U1056	UNIFORM ADVANTAGE	52.98	0.00	0.00	0.00	52.98

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
149936802		06/18/20	05/29/20	06/23/20		258.87	0.00	0.00	258.87
	SUPPLIES DIETARY Freight 11.95								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	U1200	UNITED AD LABEL CO INC	258.87	0.00	0.00	0.00	258.87

Vendor#	Vendor Name	Class	Pay Code
U2000	US POSTAL SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
BOX25		05/30/20	05/31/20	06/30/20		1,244.00	0.00	0.00	1,244.00
	ANNUAL RENEWAL								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	U2000	US POSTAL SERVICE	1,244.00	0.00	0.00	0.00	1,244.00

Vendor#	Vendor Name	Class	Pay Code
12208	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0219		06/18/20	02/01/20	02/01/20		129.60	0.00	0.00	129.60
	COBRA MONTHLY FEE								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	12208	WAGEWORKS	129.60	0.00	0.00	0.00	129.60

Vendor#	Vendor Name	Class	Pay Code
W1040	WATERMARK GRAPHICS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
124739		06/19/20	06/01/20	07/01/20		330.01	0.00	0.00	330.01
	SCRUBS PT Shipping 14.12								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	W1040	WATERMARK GRAPHICS INC	330.01	0.00	0.00	0.00	330.01

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV045174		06/19/20	06/19/20	06/19/20		118.00	0.00	0.00	118.00
	SUPPLIES								

Vendor Tota	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11400	WEST COAST MEDICAL RESOURCES	118.00	0.00	0.00	0.00	118.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Adjustment	Net
	355,634.82	0.00	0.00	0.00	355,634.82

APPROVED
ON
JUN 21 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

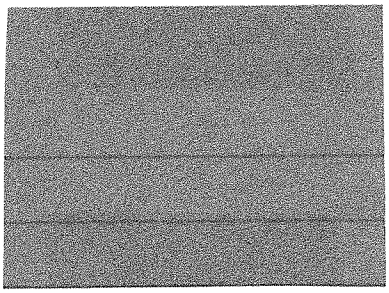
CK# 181118-
181210

RUN DATE:06/24/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:25 CHECK REGISTER GLCKREG
06/26/19 THRU 06/26/19

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	181118	06/26/19	155.54	ACE HARDWARE 15521
A/P	181119	06/26/19	291.52	AIRGAS USA, LLC - CENTRAL DIV
A/P	181120	06/26/19	954.00	ALCON LABORATORIES, INC.
A/P	181121	06/26/19	283.00	ALCOR SCIENTIFIC
A/P	181122	06/26/19	85.61	ALPHA TEC SYSTEMS INC
A/P	181123	06/26/19	124.32	AMERISOURCEBERGEN DRUG CORP
A/P	181124	06/26/19	771.95	APPLETON MEDICAL SERVICES INC
A/P	181125	06/26/19	31.49	AQUA BEVERAGE COMPANY
A/P	181126	06/26/19	204.38	BARD PERIPHERAL VASCULAR
A/P	181127	06/26/19	366.88	BAXTER HEALTHCARE
A/P	181128	06/26/19	14,765.19	BECKMAN COULTER INC
A/P	181129	06/26/19	212.95	BEEKLEY MEDICAL
A/P	181130	06/26/19	2,001.25	BKD, LLP
A/P	181131	06/26/19	151.00	CABLES AND SENSORS
A/P	181132	06/26/19	156.55	CARDINAL HEALTH 414, INC.
A/P	181133	06/26/19	12,538.91	CLINICAL PATHOLOGY LABS
A/P	181134	06/26/19	65.71	COASTAL OFFICE SOLUTONS
A/P	181135	06/26/19	794.27	CONMED CORPORATION
A/P	181136	06/26/19	2,965.64	CSI LEASING INC
A/P	181137	06/26/19	1,701.42	CUSTOM MEDICAL SPECIALTIES
A/P	181138	06/26/19	1,289.57	DEWITT POTH & SON
A/P	181139	06/26/19	127,558.78	DISCOVERY MEDICAL NETWORK INC
A/P	181140	06/26/19	314.64	ENTERPRISE RENT-A-CAR
A/P	181141	06/26/19	20,708.00	EVIDENT
A/P	181142	06/26/19	2,796.85	FISHER HEALTHCARE
A/P	181143	06/26/19	530.00	FORT BEND SERVICES, INC
A/P	181144	06/26/19	1,668.35	FRONTIER
A/P	181145	06/26/19	11,477.94	GE PRECISION HEALTHCARE, LLC
A/P	181146	06/26/19	514.55	GRAINGER
A/P	181147	06/26/19	25.00	GULF COAST DELIVERY
A/P	181148	06/26/19	31.67	GULF COAST PAPER COMPANY
A/P	181149	06/26/19	490.00	HEALTHCARE CODING & CONSULTING
A/P	181150	06/26/19	17,205.19	HEALTHCARE EQUIPMENT FINANCE
A/P	181151	06/26/19	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	181152	06/26/19	472.50	HOLOGIC INC
A/P	181153	06/26/19	3,810.87	HOSPITALPORTAL.NET
A/P	181154	06/26/19	1,338.39	INDEED, INC.
A/P	181155	06/26/19	24,933.69	ITA RESOURCES INC
A/P	181156	06/26/19	1,329.93	J & J HEALTH CARE SYSTEMS, INC
A/P	181157	06/26/19	153.83	KAREN BOTBYL
A/P	181158	06/26/19	1,205.00	LABCORP OF AMERICA HOLDINGS
A/P	181159	06/26/19	755.83	LANDAUER INC
A/P	181160	06/26/19	1,449.70	LEGAL SHIELD
A/P	181161	06/26/19	3,750.00	LEGATO
A/P	181162	06/26/19	4,332.00	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	181163	06/26/19	106.33	M.C. JOHNSON COMPANY INC
A/P	181164	06/26/19	3,953.78	MCKESSON MEDICAL SURGICAL INC
A/P	181165	06/26/19	258.91	MEDIMPACT HEALTHCARE SYS, INC.
A/P	181166	06/26/19	1,946.61	MEDIVATORS
A/P	181167	06/26/19	.00	VOIDED

Payables

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		181168	06/26/19	.00	VOIDED
A/P		181169	06/26/19	.00	VOIDED
A/P		181170	06/26/19	11,936.43	MEDLINE INDUSTRIES INC
A/P		181171	06/26/19	248.00	MEGAN BROWN
A/P		181172	06/26/19	378.00	MID-COAST ELECTRIC SUPPLY, INC
A/P		181173	06/26/19	130.24	MMC AUXILIARY GIFT SHOP
A/P		181174	06/26/19	.00	VOIDED
A/P		181175	06/26/19	14,121.82	MORRIS & DICKSON CO, LLC
A/P		181176	06/26/19	226.95	OLYMPUS AMERICA INC
A/P		181177	06/26/19	750.46	ORTHO CLINICAL DIAGNOSTICS
A/P		181178	06/26/19	2,000.00	PARA
A/P		181179	06/26/19	834.00	PATRICK OCHOA
A/P		181180	06/26/19	936.72	PENLON, INC
A/P		181181	06/26/19	7.98	POWER HARDWARE
A/P		181182	06/26/19	2,387.09	PRO ENERGY PARTNERS LP
A/P		181183	06/26/19	350.00	PROMETHEUS LABORATORIES, INC
A/P		181184	06/26/19	1,533.49	QIAGEN INC
A/P		181185	06/26/19	18.66	SERVICE SUPPLY OF VICTORIA INC
A/P		181186	06/26/19	476.67	SHERWIN WILLIAMS
A/P		181187	06/26/19	2,666.66	SIEMENS FINANCIAL SERVICES
A/P		181188	06/26/19	790.00	SIGN AD, LTD.
A/P		181189	06/26/19	914.27	SINGLETON ASSOCIATES PA
A/P		181190	06/26/19	4,455.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P		181191	06/26/19	1,054.15	STERICYCLE, INC
A/P		181192	06/26/19	424.47	STERIS CORPORATION
A/P		181193	06/26/19	47.40	STRYKER SALES CORP
A/P		181194	06/26/19	329.24	STRYKER SUSTAINABILITY
A/P		181195	06/26/19	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P		181196	06/26/19	3,640.00	TEXAS DEPARTMENT OF HEALTH
A/P		181197	06/26/19	99.00	TEXAS MEDICAID & HEALTHCARE
A/P		181198	06/26/19	6,338.00	TEXAS MUTUAL INSURANCE CO
A/P		181199	06/26/19	4,200.00	THE COMPLIANCE TEAM, INC
A/P		181200	06/26/19	1,571.64	THE US CONSULTING GROUP
A/P		181201	06/26/19	1,499.55	TLC STAFFING
A/P		181202	06/26/19	977.29	TMS SOUTH
A/P		181203	06/26/19	3,104.84	UNIFIRST HOLDINGS INC
A/P		181204	06/26/19	52.98	UNIFORM ADVANTAGE
A/P		181205	06/26/19	258.87	UNITED AD LABEL CO INC
A/P		181206	06/26/19	1,244.00	US POSTAL SERVICE
A/P		181207	06/26/19	129.60	WAGEWORKS
A/P		181208	06/26/19	330.01	WATERMARK GRAPHICS INC
A/P		181209	06/26/19	118.00	WEST COAST MEDICAL RESOURCES
A/P		181210	06/26/19	57,503.95	GOLDENCREEK HEALTHCARE
A/P		181211	06/26/19	1,087.84	[redacted]
A/P		181212	06/26/19	53.08	
A/P		181213	06/26/19	100.00	
A/P		181214	06/26/19	20.79	
A/P		181215	06/26/19	107.43	
A/P		181216	06/26/19	101.22	
A/P		181217	06/26/19	50.98	
A/P		181218	06/26/19	186.58	



— critical

↓

Patient Refunds

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181219	06/26/19	70.12	[redacted]
A/P	181220	06/26/19	75.00	
A/P	181221	06/26/19	239.00	
A/P	181222	06/26/19	72.14	
A/P	181223	06/26/19	50.00	
A/P	181224	06/26/19	289.60	
A/P	181225	06/26/19	85.37	
A/P	181226	06/26/19	10.19	
A/P	181227	06/26/19	14.08	
A/P	181228	06/26/19	18.18	
A/P	181229	06/26/19	56.08	
A/P	181230	06/26/19	40.00	
A/P	181231	06/26/19	354.98	
A/P	181232	06/26/19	525.43	
A/P	181233	06/26/19	107.00	
A/P	181234	06/26/19	35.25	
A/P	181235	06/26/19	11.41	
A/P	181236	06/26/19	12.57	
A/P	181237	06/26/19	165.07	
A/P	181238	06/26/19	175.95	
A/P	181239	06/26/19	282.66	
A/P	181240	06/26/19	208.59	
A/P	181241	06/26/19	40.20	
A/P	181242	06/26/19	99.48	
A/P	181243	06/26/19	60.00	
A/P	181244	06/26/19	212.52	
A/P	181245	06/26/19	100.00	
TOTALS:			418,257.56	

Payables 355,634.82 +
critical 5,118.79 +
Patient refunds 57,503.95 +
418,257.56 *

APPROVED
ON

JUN 26 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/21/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 06/22/2019

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

As of: 06/21/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 06/22/2019 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: 6,914.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 06/25/2019,
Pay This Amount: 6,775.88 USD

If Paid After 06/25/2019,
Pay this Amount: 6,914.17 USD

Due If Paid On Time:
USD 6,775.88

Disc lost if paid late:
138.29

Due If Paid Late:
USD 6,914.17

owed
CFO

Ck# 500004
GL# 60310000

2,194.94 +
70.73 +
4,341.47 +
168.74 +
6,775.88 *

APPROVED
ON
JUN 24 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 06/21/2019

Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 06/22/2019

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: 06/21/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 06/22/2019 **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											
06/17/2019	06/25/2019	7140369880	503830	115Invoice	4.64	232.03		227.39 ✓		7140369880	
06/18/2019	06/25/2019	7140632843	504301	115Invoice	32.73	1,636.32		1,603.59 ✓		7140632843	
06/19/2019	06/25/2019	7140858696	505003	115Invoice	5.14	257.02		251.88 ✓		7140858696	
06/20/2019	06/25/2019	7141111364	506776	115Invoice	0.42	20.78		20.36 ✓		7141111364	
06/21/2019	06/25/2019	7141313332	507317	115Invoice	1.87	93.59		91.72 ✓		7141313332	

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: 2,239.74 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 06/17/2019 9,750.66

If Paid By 06/25/2019, Pay This Amount: 2,194.94 USD

If Paid After 06/25/2019, Pay this Amount: 2,239.74 USD

Due If Paid On Time: USD 2,194.94
Disc lost if paid late: 44.80
Due If Paid Late: USD 2,239.74

APPROVED
ON
JUN 24 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 06/21/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 06/22/2019

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: 06/21/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 **PLEASE CHECK ANY**
Date: 06/22/2019 **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											
06/19/2019	06/25/2019	7140847836	2017008657	115Invoice	1.44	72.17		70.73 ✓		7140847836	

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: 72.17 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 06/17/2019 9,750.66

If Paid By 06/25/2019,
Pay This Amount: 70.73 USD

If Paid After 06/25/2019,
Pay this Amount: 72.17 USD

Due If Paid On Time:
USD 70.73
Disc lost if paid late: 1.44

Due If Paid Late:
USD 72.17

APPROVED
ON

JUN 24 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 06/21/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 06/22/2019

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: 06/21/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 06/22/2019 **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											
06/17/2019	06/25/2019	7140376534	0616191107-00	115Invoice	1.24	61.80		60.56 ✓		7140376534	
06/17/2019	06/25/2019	7140376536	0959800234	115Invoice	1.78	89.02		87.24 ✓		7140376536	
06/17/2019	06/25/2019	7140568604	000061419TM	115Invoice	0.02	1.10		1.08 ✓		7140568604	
06/18/2019	06/25/2019	7140633254	0959800235	115Invoice		0.10		0.10 ✓		7140633254	
06/18/2019	06/25/2019	7140633256	1123026	115Invoice	0.01	0.32		0.31 ✓		7140633256	
06/18/2019	06/25/2019	7140742655	742752355	195Invoice	2.42	121.18		118.76 ✓		7140742655	
06/19/2019	06/25/2019	7140865250	0618190436-00	115Invoice	50.92	2,545.76		2,494.84 ✓		7140865250	
06/19/2019	06/25/2019	7140971707	743025946	195Invoice	3.02	151.17		148.15 ✓		7140971707	
06/19/2019	06/25/2019	7141015775	000061819TM	115Invoice	0.04	1.92		1.88 ✓		7141015775	
06/20/2019	06/25/2019	7141114106	0959800237	115Invoice	14.72	736.19		721.47 ✓		7141114106	
06/20/2019	06/25/2019	7141114109	0619190327-00	115Invoice	12.15	607.57		595.42 ✓		7141114109	
06/20/2019	06/25/2019	7141252168	000061919TM	115Invoice	0.46	22.89		22.43 ✓		7141252168	
06/21/2019	06/25/2019	7141335216	0959800238	115Invoice	1.78	88.86		87.08 ✓		7141335216	
06/21/2019	06/25/2019	7141429666	743542433	195Invoice	0.01	0.32		0.31 ✓		7141429666	
06/21/2019	06/25/2019	7141471931	000062019TM	115Invoice	0.04	1.88		1.84 ✓		7141471931	

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: 4,430.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 9,750.66
06/17/2019

If Paid By 06/25/2019,
Pay This Amount: 4,341.47 USD ✓

If Paid After 06/25/2019,
Pay this Amount: 4,430.08 USD

Due If Paid On Time:
USD 4,341.47
Disc lost if paid late: 88.61

Due If Paid Late:
USD 4,430.08

APPROVED
ON

JUN 24 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 06/21/2019 Page: 001

DC: 8115

Territory: 81

Customer: 464450
Date: 06/22/2019

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: 06/21/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 06/22/2019 **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											
06/18/2019	06/25/2019	7140608701	55x388356	115Invoice	3.44	172.18		168.74	✓	7140608701	

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: 172.18 USD

Future Due:	0.00			
Past Due:	0.00	**If Paid By 06/25/2019, Pay This Amount:**	168.74	USD
Last Payment 06/17/2019	9,750.66	**If Paid After 06/25/2019, Pay this Amount:**	172.18	USD

Due If Paid On Time:
USD 168.74

Disc lost if paid late:
3.44

Due If Paid Late:
USD 172.18

APPROVED
ON
JUN 24 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen®

STATEMENT

Number: 58077627 Date: 06-21-2019

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:	900.49
Past Due:	0.00
Total Due:	900.49
Account Balance:	900.49

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
06-17-2019	06-28-2019	3024023116	147659	Invoice	87.42 ✓
06-17-2019	06-28-2019	3024023117	147665	Invoice	492.10 ✓
06-17-2019	06-28-2019	3024061636	147714	Invoice	263.44 ✓
06-18-2019	06-28-2019	3024097573	147731	Invoice	28.24 ✓
06-19-2019	06-28-2019	3024147486	147759	Invoice	22.13 ✓
06-21-2019	06-28-2019	3024244442	147803	Invoice	7.16 ✓

Thank You for Your Payment

Date	Payment Number	Amount
06-21-2019		(884.90)

Reminders

Due Date	Amount
06-28-2019	900.49
Total Due:	900.49

Terms:
Monday - Friday due in 7 days

on Jan 30

APPROVED
ON
JUN 24 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 500005
GL# 60310000

RUN DATE: 06/19/19
TIME: 13:24

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	061919	107.43				
		77979					
		061919	72.14				
		77979					
		061919	165.07				
		77979					
		061919	175.95				
		77979					
		061919	75.00				
		77979					
		061919	239.00				
		77979					
		061919	50.98				
		77979					
		061919	208.59				
		77901					
		061919	289.60				
		77979					
		061919	354.98				
		77979					
		061919	40.20				
		77581					
		061919	525.43				
		77979					
		061919	11.41				
		77979					
		061919	60.00				
		77978					

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		061919	35.25				
		77979					
		061919	100.00				
		78370					
		061919	20.79				
		77979					
		061919	186.58				
		77979					
		061919	99.48				
		77979					
		061919	56.08				
		77465					
		061919	50.00				
		77979					
		061919	40.00				
		77465					
		061919	12.57				
		77979					
		061919	212.52				
		77979					
		061919	14.08				
		77979					
		061919	18.18				
		77904					
		061919	85.37				
		77979					
		061919	70.12				
		77979					
		061919	101.22				
		77979					
		061919	100.00				
		77978					

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		061919	10.19				
	X	77979					
		061919	107.00				
		77979					
		061919	53.08				
		77979					
		061819	1087.84				
	D	631952366					
		061919	282.66				
	X	77979					
ARID=0001 TOTAL			5118.79				
TOTAL			5118.79				

APPROVED
ON
JUN 2 1 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 181241 - 181245

06/20/2019 MEMORIAL MEDICAL CENTER 0
11:49 AP Open Invoice List (Vendor Balances) ap_open_inv_vend_bal.template
Due Dates Through: 07/04/2019

Vendor#	Vendor Name	Class	Pay Code
11836	GOLDENCREEK HEALTHCARE	✓	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
061219	06/18/2019	06/12/2019	07/04/2019				17,154.88	0.00	0.00	17,154.88 ✓
	TRANSFER Nursing home insurance pymt was sent to MMC in error									
061419	06/18/2019	06/14/2019	07/04/2019				36,374.08	0.00	0.00	36,374.08 ✓
	TRANSFER Nursing home insurance pymt was sent to MMC in error									
061719	06/18/2019	06/17/2019	07/04/2019				3,974.99	0.00	0.00	3,974.99 ✓
	TRANSFER Nursing home insurance pymt was sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Adjustment	Net
	11836	GOLDENCREEK I	57,503.95	0.00	0.00	0.00	57,503.95

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Adjustment	Net
	57,503.95	0.00	0.00	0.00	57,503.95

APPROVED
ON
JUN 21 2019 CK# 181210
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

citi

0556709000527279908110120811012035

Company Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
	06/28/2019	$8,110.12	$8,110.12 ✓	

RK Paid 6/27/2019

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
06/03/2019

Payment Date
06/28/2019

Company Credit Line	Available Credit Line	Cash Advance Limit	Available Cash Line
$30,000.00	$21,889.88	$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

[redacted]		Previous Balance	Payment Allocation	Credits	Purchases and Advances	Interest Charges	New Balance
Company Totals	Purchases	$14,048.37	- $14,048.37	- $641.80	$8,751.92		$8,110.12
	Advances						
	TOTAL	$14,048.37	- $14,048.37	- $641.80	$8,751.92		$8,110.12

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

CARDMEMBER SUMMARY

JASON W ANGLIN		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$4,376.66		
	Advances						
	TOTAL			- $595.80	$4,376.66		$3,780.86

DIANE C MOORE XXX		Previous Balance	Payments	Credits	Purchases and Advances	Interest Charges	New Balance
Monthly Limit:$20,000.00	Purchases				$4,375.26		
	Advances						
	TOTAL			- $46.00	$4,375.26		$4,329.26

COMPANY BOOKKEEPING DETAIL

DAYS IN BILLING PERIOD:	031				
Balance Subject		Purchases	Cash Advances	Payment Due:	$8,110.12
To Interest Charges	>	$0.00	$0.00	Amount Over Credit Limit:	$0.00
Periodic rate	>	.0000%	.0000%	Amount Past Due:	$0.00
ANNUAL PERCENTAGE RATE	>	0.00%	0.00%	MINIMUM AMOUNT DUE:	$8,110.12

citi

Company Account Number

Statement Date
06/03/2019

C0001 CALHOUN COUNTY MMC				5567-0900-0527-2799
Monthly Limit	Cash Limit*	Available Credit Line	Available Cash Line**	
$30,000.00	$0.00	$21,889.88	$0.00	

Sale Date	Post Date	Reference Number	Type of Activity	Total Amount
05/23/2019	05/23/2019	7547233914314341100020O	PAYMENT THANK YOU	$14,048.37 PY

INDIVIDUAL CARDHOLDER ACTIVITY

JASON W ANGLIN

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
05/03/2019	05/06/2019	25247809123000294042961	TEXAS TRADITIONS GRILL PORT LAVACA TX	$155.20
05/04/2019	05/06/2019	55310209125708434529545	HOLIDAY INN EXP & SUIT PORT LAVACA TX 17352956 Arrival: 05-02-19	$375.51
05/06/2019	05/07/2019	0513437912760006838902З	NPDB NPDB.HRSA.GOV 800-767-6732 VA N62761069	$26.00
05/06/2019	05/07/2019	05134379127600068389106	NPDB NPDB.HRSA.GOV 800-767-6732 VA N62761107	$26.00
05/06/2019	05/07/2019	05134379127600068389288	NPDB NPDB.HRSA.GOV 800-767-6732 VA N62761674	$2.00
05/07/2019	05/08/2019	55480779127286200100183	RICHMOND EMDS INC 8558278326 TX	$224.00
05/07/2019	05/09/2019	85182449128980013337894	AMERICAN ASSOCIATION F ALEXANDRIA VA 100714376080	$280.00
05/08/2019	05/09/2019	55429509128715480207148	EB TEXAS TRAUMA COORD 8014137200 CA	$50.00
05/10/2019	05/13/2019	0513437913160004563742З	NPDB NPDB.HRSA.GOV 800-767-6732 VA N62861375	$2.00
05/10/2019	05/13/2019	55310209131708444892851	HOLIDAY INN SAN ANTONI SAN ANTONIO TX 11844550 Arrival: 07-29-19	$289.63
05/11/2019	05/13/2019	55432869131200893701126	AMA CREDENTIALING 800-621-8335 IL	$20.00
05/15/2019	05/16/2019	55480779135286200800139	RICHMOND EMDS INC 8558278326 TX	$224.00
05/17/2019	05/20/2019	0513437913860003986233Г	NPDB NPDB.HRSA.GOV 800-767-6732 VA N62964570	$2.00
05/17/2019	05/20/2019	05134379138600039862410	NPDB NPDB.HRSA.GOV 800-767-6732 VA N62964911	$2.00
05/17/2019	05/20/2019	55488729138091273002082	TXDPS CRIME RECS 5124242936 TX	$184.31
05/18/2019	05/20/2019	55432869138200456963868	AMA CREDENTIALING 800-621-8335 IL	$86.00
05/24/2019	05/27/2019	55310209145722606689082	HYATT HILL COUNTRY RES 8885874589 TX 31673612 Arrival: 05-22-19	$328.32
05/24/2019	05/27/2019	55310209145722607398824	HYATT HILL COUNTRY RES 8885874589 TX 31674226 Arrival: 05-21-19	$457.44
05/20/2019	05/29/2019	55436879148151415331288	EMBASSY SUITES SAN ANTONIO TX 60970 Arrival: 05-20-19	$297.90 CR
05/20/2019	05/29/2019	55436879148151415331296	EMBASSY SUITES SAN ANTONIO TX 60971 Arrival: 05-20-19	$297.90 CR
05/28/2019	05/29/2019	05134379149600040108685	NPDB NPDB.HRSA.GOV 800-767-6732 VA N63100524	$2.00
05/30/2019	05/30/2019	55432869150200050153232	AMA CREDENTIALING 800-621-8335 IL	$43.00
05/30/2019	05/31/2019	05134379151600039377726	NPDB NPDB.HRSA.GOV 800-767-6732 VA N63135276	$8.00
05/30/2019	05/31/2019	05134379151600039377809	NPDB NPDB.HRSA.GOV 800-767-6732 VA N63135467	$2.00
05/30/2019	05/31/2019	05227029150200049138182	ESUTURESCOM 708-478-3517 IL	$63.25
05/30/2019	05/31/2019	55480779151026905836965	PROGRESSIVE BUSINESS C 8002205000 PA	$199.00

*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

citi

Company Account Number

Statement Date
06/03/2019

INDIVIDUAL CARDHOLDER ACTIVITY

05/31/2019	06/03/2019	05134379152600043956407	NPDB NPDB.HRSA.GOV 800-767-6732 VA N63158272	$2.00
05/31/2019	06/03/2019	0522702915200049902935 4	INTERNATIONAL DOULA IN 484-278-1648 PA	$640.00
05/31/2019	06/03/2019	0522702915200049902943 8	INTERNATIONAL DOULA IN 484-278-1648 PA	$640.00
06/01/2019	06/03/2019	5543286915220049837889 4	AMA CREDENTIALING 800-621-8335 IL	$43.00
			TOTAL PURCHASES/ADVANCES/CREDITS	$3,780.86

DIANE C MOORE

Monthly Limit	Cash Limit*
$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity	Amount
05/09/2019	05/13/2019	5545737913020087340002 1	TEXAS HOSPITAL ASSOC 5124651000 TX 35170	$485.00
05/14/2019	05/15/2019	5543286913420064269792 9	UNITED 01629239724674 800-932-2732 TX MOORE /ECONOMY PLUS SEAT DEPARTURE: 05-14-19 DEN UA ED AUS	$46.00 CR
05/19/2019	05/20/2019	5543286913920075853184 2	MARRIOTT S ANTONIO RVR 866-435-7627 TX 007584 Arrival: 05-19-19	$705.71
05/19/2019	05/20/2019	5543286913920075853185 9	MARRIOTT S ANTONIO RVR 866-435-7627 TX 007586 Arrival: 05-19-19	$705.71
05/19/2019	05/20/2019	5543286913920075853186 7	MARRIOTT S ANTONIO RVR 866-435-7627 TX 008087 Arrival: 05-19-19	$705.71
05/19/2019	05/20/2019	5543286913920075853187 5	MARRIOTT S ANTONIO RVR 866-435-7627 TX 008166 Arrival: 05-19-19	$705.71
05/19/2019	05/21/2019	0512348914010013062111 8	BOUDROS SAN ANTONIO TX	$364.18
05/22/2019	05/23/2019	5543286914220041621182 4	MARRIOTT S ANTONIO RVR 866-435-7627 TX 007280 Arrival: 05-18-19	$563.58
05/23/2019	05/24/2019	5543286914320065357773 8	MARRIOTT S ANTONIO RVR 866-435-7627 TX 008166 Arrival: 05-19-19	$139.66
			TOTAL PURCHASES/ADVANCES/CREDITS	$4,329.26

APPROVED ON
JUN 21 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
2729311	$8,110.12	06/27/2019	COUNTY OF CALHOUN TEXAS	CBNA Incoming Settlement Account	R/T:(CITIBANK NA	

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0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• •••• ••	06/28/2019	$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
06/03/2019

Payment Date
06/28/2019

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			**********
05/03/2019	05/06/2019	2524780912300029404296l	TEXAS TRADITIONS GRILL	PORT LAVACA	TX	$155.20
05/04/2019	05/06/2019	5531020912570843452954 5	HOLIDAY INN EXP & SUIT	PORT LAVACA	TX	$375.51
			17352956	Arrival: 05-02-19		
05/06/2019	05/07/2019	0513437912760006838902 3	NPDB NPDB.HRSA.GOV	800-767-6732	VA	$26.00
			N62761069			
05/06/2019	05/07/2019	0513437912760006838910 6	NPDB NPDB.HRSA.GOV	800-767-6732	VA	$26.00
			N62761107			
05/06/2019	05/07/2019	0513437912760006838928 8	NPDB NPDB.HRSA.GOV	800-767-6732	VA	$2.00
			N62761674			
05/07/2019	05/08/2019	5548077912728620010018 3	RICHMOND EMDS INC	8558278326	TX	$224.00
05/07/2019	05/09/2019	8518244912898001333789 4	AMERICAN ASSOCIATION F	ALEXANDRIA	VA	$280.00
			100714376080			
05/08/2019	05/09/2019	5542950912871548020714 8	EB TEXAS TRAUMA COORD	8014137200	CA	$50.00
05/10/2019	05/13/2019	0513437913160004563742 3	NPDB NPDB.HRSA.GOV	800-767-6732	VA	$2.00
			N62861375			

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
06/03/2019

Sale Date	Post Date	Reference Number	Type of Activity			Amount
NOTICE MEMO ITEM(S) LISTED BELOW						
05/10/2019	05/13/2019	55310209131708444892851	HOLIDAY INN SAN ANTONI	SAN ANTONIO	TX	$289.63
			11844550	Arrival: 07-29-19		
05/11/2019	05/13/2019	55432869131200893701126	AMA CREDENTIALING	800-621-8335	IL	$20.00
05/15/2019	05/16/2019	55480779135286200800139	RICHMOND EMDS INC	8558278326	TX	$224.00
05/17/2019	05/20/2019	05134379138600039862337	NPDB NPDB.HRSA.GOV	800-767-6732	VA	$2.00
			N62964570			
05/17/2019	05/20/2019	05134379138600039862410	NPDB NPDB.HRSA.GOV	800-767-6732	VA	$2.00
			N62964911			
05/17/2019	05/20/2019	55488729138091273002082	TXDPS CRIME RECS	5124242936	TX	$184.31
05/18/2019	05/20/2019	55432869138200456963868	AMA CREDENTIALING	800-621-8335	IL	$86.00
05/24/2019	05/27/2019	55310209145722606689082	HYATT HILL COUNTRY RES	8885874589	TX	$328.32
			31673612	Arrival: 05-22-19		
05/24/2019	05/27/2019	55310209145722607398824	HYATT HILL COUNTRY RES	8885874589	TX	$457.44
			31674226	Arrival: 05-21-19		
05/20/2019	05/29/2019	55436879148151415331288	EMBASSY SUITES	SAN ANTONIO	TX	$297.90 CR
			60970	Arrival: 05-20-19		
05/20/2019	05/29/2019	55436879148151415331296	EMBASSY SUITES	SAN ANTONIO	TX	$297.90 CR
			60971	Arrival: 05-20-19		
05/28/2019	05/29/2019	05134379149600040108685	NPDB NPDB.HRSA.GOV	800-767-6732	VA	$2.00
			N63100524			
05/30/2019	05/30/2019	55432869150200050153232	AMA CREDENTIALING	800-621-8335	IL	$43.00
05/30/2019	05/31/2019	05134379151600039377726	NPDB NPDB.HRSA.GOV	800-767-6732	VA	$8.00
			N63135276			
05/30/2019	05/31/2019	05134379151600039377809	NPDB NPDB.HRSA.GOV	800-767-6732	VA	$2.00
			N63135467			
05/30/2019	05/31/2019	05227029150200049138182	ESUTURESCOM	708-478-3517	IL	$63.25
05/30/2019	05/31/2019	55480779151026905836965	PROGRESSIVE BUSINESS C	8002205000	PA	$199.00
05/31/2019	06/03/2019	05134379152600043956407	NPDB NPDB.HRSA.GOV	800-767-6732	VA	$2.00
			N63158272			
05/31/2019	06/03/2019	05227029152000499029354	INTERNATIONAL DOULA IN	484-278-1648	PA	$640.00
05/31/2019	06/03/2019	05227029152000499029438	INTERNATIONAL DOULA IN	484-278-1648	PA	$640.00
06/01/2019	06/03/2019	55432869152200498378894	AMA CREDENTIALING	800-621-8335	IL	$43.00
********** TOTAL AMOUNT OF MEMO ITEM(S):						$3,780.86

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

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

APPROVED ON

JUN 21 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

(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: 6/6/19

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	—		Texas Traditions Grille - lunch			155.20 ✓
2			with visiting physician (FM candidate) (See attached)			
3	—		Holiday Inn Exp - Dr. Philip			375.51 ✓
4			Scherrer (Family Med. Candidate) Hotel office stop purchase Amt to be credited next statement (See attached)			
5	—		NPDB - 13 providers - renewal	2.00		26.00 ✓
6	—		NPDB - 13 providers - renewal	2.00		26.00 ✓
7	—		NPDB - x1 provider			2.00 ✓
8	—		Richmond EMDs Inc - for			224.00 ✓
9			Physician documentation @ clinic			
10	—		American Assoc. for Marriage + Family Therapy - Registration Embe	August 29 - Sept 1, 2019		280.00 ✓

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

Kestner - Program Hope

NOTES:

Charges made to Mr. Anglin's credit card (business)

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: 6/6/19

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. Texas Trauma Coord	06/25/19		50.00 ✓
2			Registration for Sara Rubio (Qu. Mtg)			
3	—		NPDB x 1 Provider			2.00 ✓
4	—		Holiday Inn San Antonio	7/29-7/30/19		289.63 ✓
5			Hotel for Adrianna Kallan - Marketing Course			
6	—		AMA Credentialing - 1 Reappt			20.00 ✓
7	—		Richmond EMDs Inc. - for			224.00 ✓
8			Physician documentation @ clinic			
9	—		NPDB x 1 Provider			2.00 ✓
10	—		" "			2.00 ✓

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

NOTES:

Charges made to Mr Anglin's business 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: 6/6/19

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	—		TXDPS Crime Recs - 60			184.31 ✓
2			search credits - HR + Credentialing			
3	—		AMA Credentialing - 2 Qrtr			86.00 ✓
4			+ Continuous monitoring			
5	—		Hyatt Hill Country Resort	5/23/19		328.32 ✓
6			Hotel for Sara Rubio - Trauma			
7			Conference			
8	—		Hyatt Hill Country Resort	5/22-5/23/19		457.44 ✓
9			Hotel for Kyle Daniel - Trauma conf.			
10	—		NPDB x 1 Provider			2.00 ✓

Est. Freight | Est. Total Cost | TOTAL COST

Embassy Suites - refund of advance deposit - Nina green <297.90>

NOTES: Embassy Suites - refund of advance deposit - Victoria Broome <297.90>

Charges made to Mr. Anglin's business credit card

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

Date: 6/6/19

P.O. #

Account #

Initiated By:

Form # 9401

Expense # | Department | Deliver To

	Description	Unit Cost	Unit Meas.	Extended Cost
1	AMA Credentialing x 1 Unit + Cont. Monitoring			43.00
2				
3	NPDB x 4 Renewals	2.00		8.00
4	NPDB x 1 Provider			2.00
5	Progressive Business - Workshop Registration for HR - New Form W-4 2020: Changes Employers Need to Know			199.00
6				
7	NPDB x 1 Provider			2.00
8	International Doula - Regist for Susan Smalley - DB (Breastfeeding counselor cert)			640.00
9	International Doula - Regist for Grise Swetlic - OB (Breastfeeding counselor cert)			640.00
10	AMA Cred x 1 Provider - Unit + cont mon.			43.00
	eSuture.com — Ethibond green taper for Dr. Cook			63.25

Charges made to Mr. Angelin's business credit card

Total 3,780.86

Int		Est. Total Cost	TOTAL COST
NO	3,780.86	*	

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

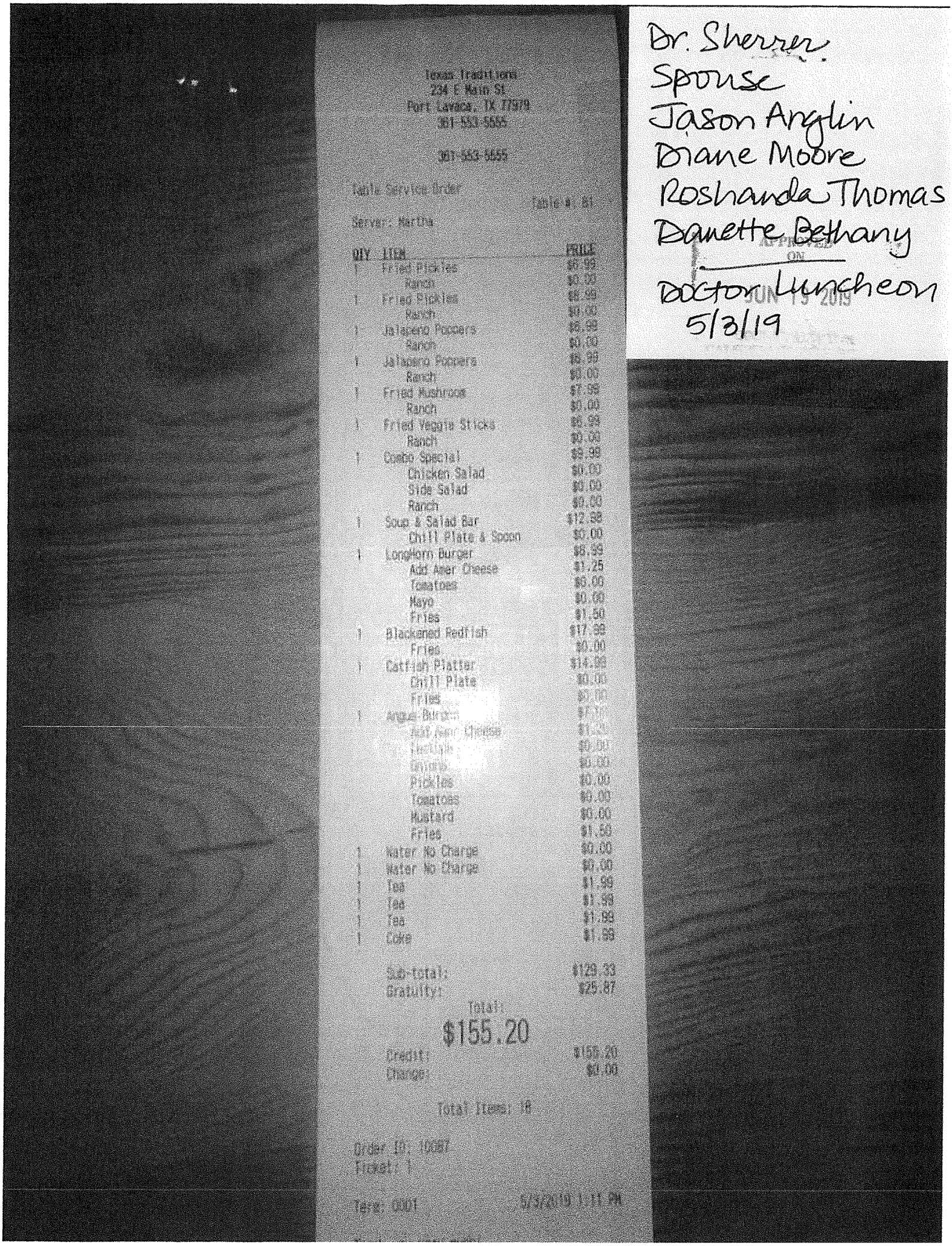
Dept. Director

Dir. Nursing

Adm. Dir. Clinical Service

CFO

Administrator



Texas Traditions
234 E Main St
Port Lavaca, TX 77979
361-553-5555

361-553-5555

Table Service Order — Table #: 61

Server: Martha

QTY	ITEM	PRICE
1	Fried Pickles	$6.99
	Ranch	$0.00
1	Fried Pickles	$6.99
	Ranch	$0.00
1	Jalapeno Poppers	$6.99
	Ranch	$0.00
1	Jalapeno Poppers	$6.99
	Ranch	$0.00
1	Fried Mushroom	$7.99
	Ranch	$0.00
1	Fried Veggie Sticks	$6.99
	Ranch	$0.00
1	Combo Special	$9.99
	Chicken Salad	$0.00
	Side Salad	$0.00
	Ranch	$0.00
1	Soup & Salad Bar	$12.88
	Chili Plate & Spoon	$0.00
1	LongHorn Burger	$6.99
	Add Amer Cheese	$1.25
	Tomatoes	$0.00
	Mayo	$0.00
	Fries	$1.50
1	Blackened Redfish	$17.99
	Fries	$0.00
1	Catfish Platter	$14.99
	Chili Plate	$0.00
	Fries	$0.00
1	Angus Burger	$7.99
	Add Amer Cheese	$1.25
	Lettuce	$0.00
	Onions	$0.00
	Pickles	$0.00
	Tomatoes	$0.00
	Mustard	$0.00
	Fries	$1.50
1	Water No Charge	$0.00
1	Water No Charge	$0.00
1	Tea	$1.99
1	Tea	$1.99
1	Tea	$1.99
1	Coke	$1.99

Sub-total:	$129.33
Gratuity:	$25.87

Total:

$155.20

Credit:	$155.20
Change:	$0.00

Total Items: 18

Order ID: 10067
Ticket: 1

Term: 0001 — 5/3/2019 1:11 PM

Dr. Sherrer
Spouse
Jason Anglin
Diane Moore
Roshanda Thomas
Danette Bethany
Doctor Luncheon
5/3/19

APPROVED ON JUN 19 2019

Lost or Not Itemized (Detailed) Receipt Form

Use this form only after you have exhausted all avenues on obtaining a copy of the detailed receipt.

To: County Auditor

From: Jason Anglin

Re: Lost Receipt
Or
Not Itemized (Detailed) Receipt

The attached check request *or* purchase order # N/A
PO Number, if any

to Texas Traditions Grill
Who the Check Request or PO is to be paid to
includes the following amount(s) for which the supporting documentation was not received from the vendor as an itemized (detailed) receipt *or* has been lost, misplaced, destroyed or is otherwise unavailable from the vendor:

Date	Amount	Description (List of items on receipt)
5/3/19	$ 155.20	Lunch with Family Physician candidate and Administrative Staff (Jason Anglin, Danette Bethany, Roshanda Thomas, Diane Mode and Erin Clevenger
____	$ ____	
____	$ ____	
____	$ ____	

"I certify under the penalties of perjury that the above amount(s) are correct and I incurred these expenses for County Hospital Business. These expenses do not include any alcoholic beverages or expenses for Non-County Hospital Personnel."

Signature of Employee

6-12-19
Date

Jason Anglin
Printed Name of Employee

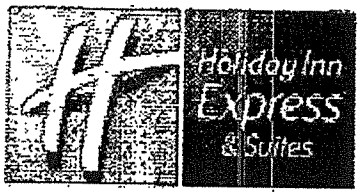
9 06-06-19

Philip Scherrer
United States

Folio No.	:	**61890**	Room No.	: **104**
A/R Number	:		Arrival	: **05-02-19**
Group Code	:		Departure	: **05-04-19**
Company	:	**Memorial Medical Center**	Conf. No.	: **41964471**
Membership No.	:		Rate Code	: **IMMLR**
Invoice No.	:		Page No.	: **1 of 2**

Date	Description		Charges	Credits
05-02-19	Gift Shop	Post It No.2190775	1.75	
05-02-19	Gift Shop	Post It No.2190775	1.25	
05-02-19	Gift Shop	Post It No.2190777	1.25	
05-02-19	Gift Shop	Post It No.2190777	1.25	
05-02-19	*Accommodation		161.99	
05-02-19	State Tax		9.72	
05-02-19	City Tax		11.34	
05-03-19	Gift Shop	Post It No.2191009	2.00	
05-03-19	Gift Shop	Post It No.2191260	1.75	
05-03-19	Gift Shop	Post It No.2191260	1.75	
05-03-19	Gift Shop	Post It No.2191260	4.00	
05-03-19	Gift Shop	Post It No.2191260	2.50	
05-03-19	Gift Shop	Post It No.2191260	2.00	
05-03-19	Gift Shop	Post It No.2191264	1.50	
05-03-19	Gift Shop	Post It No.2191264	1.25	
05-03-19	Gift Shop	Post It No.2191264	1.25	
05-03-19	Gift Shop	Post It No.2191268	1.25	
05-03-19	Gift Shop	Post It No.2191268	1.25	
05-03-19	Gift Shop	Post It No.2191268	1.75	
05-03-19	Gift Shop	Post It No.2191268	2.00	
05-03-19	*Accommodation		143.99	
05-03-19	State Tax		8.64	
05-03-19	City Tax		10.08	
05-04-19	MasterCard	XXXXXXXXXXXX		375.51

Holiday Inn Express & Suites Port Lavaca
2629 Hwy 35 N
Port Lavaca, TX 77979
Telephone: (361)552- 5700 Fax: (361) 552-5755



9 06-06-19

Philip Scherrer **United States**	Folio No. : **61890** A/R Number : Group Code : Company : **Memorial Medical Center** Membership No. : Invoice No. :	Room No. : **104** Arrival : **05-02-19** Departure : **05-04-19** Conf. No. : **41964471** Rate Code : **IMMLR** Page No. : **2 of 2**	

Date	Description	Charges	Credits
	Total	**375.51**	**375.51**
	Balance	**0.00**	

amount shown heron. I agree that my liablity for this bill is not waived and agree to be held
rson, company, or associate fails to pay for any part or the full amount of these charges. If
e obligations set forth in the cardholder's agreement with the issuer.

0.C

LC.)

APPROVED
ON
JUN 21 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1.75 +
1.25 +
1.25 +
1.25 +
2.00 +
1.75 +
1.75 +
4.00 +
2.50 +
2.00 +
1.50 +
1.25 +
1.25 +
1.25 +
1.25 +
1.75 +
2.00 +
29.75 *

Amount to be refunded

375.51 +
345.76 –
29.75 *

Holiday Inn Express & Suites Port Lavaca
2629 Hwy 35 N
Port Lavaca, TX 77979
Telephone: (361)552- 5700 Fax: (361) 552-5755

Philip Scherrer
United States

9 06-19-19

Folio No.	: **61890**	Room No.	: **104**
A/R Number	:	Arrival	: **05-02-19**
Group Code	:	Departure	: **05-04-19**
Company	: **Memorial Medical Center**	Conf. No.**	: **41964471**
Membership No.	:	Rate Code	: **IMMLR**
Invoice No.	:	Page No.	: **1 of 1**

Date	Description	Charges	Credits
05-02-19	*Accommodation		
05-02-19	State Tax	161.99	
05-02-19	City Tax	9.72	
05-03-19	*Accommodation	11.34	
05-03-19	State Tax	143.99	
05-03-19	City Tax	8.64	
05-04-19	MasterCard XXXXXXXXXXXX(	10.08	

Total 345.76

Balance

Guest Signature: _____

I have received the goods and / or services in the amount shown heron. I agree that my liability for this bill is not waived and agree to be held personally liable in the event that the indicated person, company, or associate fails to pay for any part or the full amount of these charges. If a credit card charge, I further agree to perform the obligations set forth in the cardholder's agreement with the issuer.

(Owned and Operated by Amal Hospitality LLC.)

gift shop purchases removed. To show as credit on next statement.

Holiday Inn Express & Suites Port Lavaca
2629 Hwy 35 N
Port Lavaca, TX 77979
Telephone: (361)552- 5700 Fax: (361) 552-5755

citi

0556709800366701900000000000000038

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• •••• ••	06/28/2019	$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
06/03/2019

Payment Date
06/28/2019

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			**********
05/09/2019	05/13/2019	5545737913020087340021	TEXAS HOSPITAL ASSOC 35170	5124651000	TX	$485.00
05/14/2019	05/15/2019	5543286913420064269792 9	UNITED 01629239724674 MOORE /ECONOMY PLUS SEAT DEN UA ED AUS	800-932-2732 DEPARTURE: 05-14-19	TX	$46.00 CR
05/19/2019	05/20/2019	5543286913920075853184 2	MARRIOTT S ANTONIO RVR 007584	866-435-7627 Arrival: 05-19-19	TX	$705.71
05/19/2019	05/20/2019	5543286913920075853185 9	MARRIOTT S ANTONIO RVR 007586	866-435-7627 Arrival: 05-19-19	TX	$705.71
05/19/2019	05/20/2019	5543286913920075853186 7	MARRIOTT S ANTONIO RVR 008087	866-435-7627 Arrival: 05-19-19	TX	$705.71
05/19/2019	05/20/2019	5543286913920075853187 5	MARRIOTT S ANTONIO RVR 008166	866-435-7627 Arrival: 05-19-19	TX	$705.71
05/19/2019	05/21/2019	0512348914010013062111 8	BOUDROS	SAN ANTONIO	TX	$364.18

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
06/03/2019

Sale Date	Post Date	Reference Number	Type of Activity		Amount
NOTICE MEMO ITEM(S) LISTED BELOW					
05/22/2019	05/23/2019	55432869142200416211824	MARRIOTT S ANTONIO RVR 007280	866-435-7627 TX Arrival: 05-18-19	$563.58
05/23/2019	05/24/2019	55432869143200653577738	MARRIOTT S ANTONIO RVR 008166	866-435-7627 TX Arrival: 05-19-19	$139.66
**********			TOTAL AMOUNT OF MEMO ITEM(S):		$4,329.26

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

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

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

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

APPROVED
ON
JUN 2 1 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*

(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: 6/4/19

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	—		Texas Hosp. Assoc. - July 9-10 $335.00			485.00 ✓
2			Registration for Jack Wu, member conference			
3			Board of Trustees Conference	$150.00 golf tournament		paid for by Jack Wu
4	—		Marriott San Antonio - Hotel	5/20 - 5/22/19		705.71 ✓
5			for Erin Clevenger + Marissa			
6			Almanzar - CPSI Conf.			
7	—		Marriott San Antonio - Hotel	5/20-5/22/19		705.71 ✓
8			for Adam Bezio - CPSI Conf			
9	—		Marriott San Antonio - Hotel	5/20-5/22/19		705.71 ✓
10			for Misty Passmore + Faran Gonzales CPSI Conf.			

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

NOTES:

Charges made to Diane's business credit card

Contact: Date:

Quoted By:

Buyer: E.T.A.

APPROVED ON

Dept. Director

Dir. Nursing JUN 21 2019

Adm. Dir. Clinical Service

CFO COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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: 6/4/19

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	—		Marriott San Antonio - Hotel for Jenise Svetlik & Donn Stringo CPSI Conf	5/2-5/22/19		705.71	✓
2							
3							
4	—		Marriott San Antonio - Hotel	5/19-5/21/19		139.66	✓
5			Valet Parking - Jenise + Donn				
6			Boudros - Dinner for Diane (see			364.18	✓
7			Moore, Adam Bosio, Erin Clevenger, attached)				
8			Marissa Almanzar, Jenise Svetlik,				
9			Donn Stringo, Misty Passmore & Fanan Gonzales				
10			Marriott San Antonio - Hotel for Diane Moore - CPSI Conf	5/19-5/20/19		563.58	✓

485.00 +
705.71 +
705.71 +
705.71 +
705.71 +
139.66 +
364.18 +
563.58 +
46.00 −
4,329.26 *

Est. Freight _____ Est. Total Cost _____ TOTAL COST 4,446.07

NOTES: United - partial refund of Economy Plus seat

Charges made to Diane's credit card (business)

Total 4,329.26

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

APPROVED ON

Dept. Director

Dir. Nursing JUN 21 2019

Adm. Dir. Clinical Service COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CFO

Administrator

Texas Healthcare Trustees

1108 Lavaca St.
Suite 700
Austin, Texas 78701
Phone: 512/465-1040
Email: servicecenter@tha.org
Sent By: Melissa Klein

5/9/2019

SOLD TO

Jack Wu
Memorial Medical Center
815 N Virginia Street
Port Lavaca, TX 77979
Customer ID 164

Payment Method	Reference No.	Payment Date
MasterCard 7019	35170	5/9/2019

Description	Unit Price	Quantity	Line Total
2019 Healthcare (Jack Wu) Governance Conference Golf Tournament -paid For by Jack Wu. (Please see attached receipt)	$335.00 $150.00	1	$485.00
		Subtotal	
		Sales Tax	$485.00
		Total	

APPROVED
ON
JUN 21 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reimbursement from Jack Wu for Golf Tournament Registration at "Trustees Conference" being held in July 2019.

Memorial Medical Center
815 N Virgina St
PORT LAVACA, TX 77979
361-552-6713
41399801332393

SALE

MID: 2393 Store: 0001 Term: 0001
REF#: 00000006
Batch #: 029 RRN: 916918600217
06/18/19 13:04:58
Trans ID: 309169650982373
APPR CODE: 03747C
VISA Manual CP
********** **/**

AMOUNT $150.00

APPROVED

THANK YOU!

CUSTOMER COPY

RECEIPT

MEMORIAL MEDICAL CENTER
815 N VIRGINIA
PORT LAVACA
TX 77979-3025

DATE	RECEIPT NUMBER	TYPE OF PAYMENT	PAYOR NAME
06/18/19	524052	PAYMENT-VISA	WU JACK

ACCOUNT NO.	ACCOUNT NAME	AMOUNT	OFFICE USE
40510090	PURCHASED SERVICES	150.00	40510090
		150.00	

THIS IS YOUR RECEIPT
PLEASE KEEP FOR YOUR RECORDS

PLB

BOUDRO'S
ON THE RIVERWALK
421 E Commerce
San Antonio, TX 78205
210-224-8484

ver: House Ring Up DOB: 05/19/20
24 PM 05/19/20
Table 73/1 1/10189

SALE

209731

I #XXXXXXXXXXX7019
letic card present: MOORE DIANE

Entry Method: S

oval: 022599

Amount: $304

+ Gratuity: 60

= Total: 304.18

I agree to pay the above
total amount according to the
card issuer agreement.

MANY THANKS FROM
BOUDRO'S!
www.boudros.com

**** CUSTOMER COPY ****

BOUDRO'S
ON THE RIVERWALK
421 E Commerce
San Antonio, TX 78205
210-224-8484

House Ring Up 05/19/2019
i/1 9:20 PM
8 10189
#: 3

guacamole (3 @11.50)	34.50 shared by all
MUSHROOMS (2 @11.50)	23.00
Caesar SALAD	8.00 Jenise
Seacakes	14.50
shrimp AND GRITS	30.00 - Diane M.
grilled ATLANTIC SALMON (2 @28.00	56.00 - Faren C. Marissa
filet OF SIRLOIN	28.00 - Misty P.
coconut SHRIMP	25.00 Adam B.
shrimp AND CRAB ENCHILADA	24.00 - Donna.
center CUT FILET	38.00 - Erin C.
Total	281.00
Tax	23.18
Tax	23.18
Total	304.18

Balance Due 304.18

MANY THANKS FROM
BOUDRO'S!
www.boudros.com

Erin Clevenger - CNO
Misty Passmore - PFS
Adam Bessio - IT
Jenise Svetlik - Clinical IT
Marissa Almonazar - HM
Donna Strunge - Director Nurs
Faren Capos | Gonzales
└ PFS

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"	★	$ 103,131.48
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 51,746.80
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12,102.16
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 39,282.52
	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	9500.25	N		N	N		190487.32
1	REGULAR PAY-S1	1742.25	N		N	N	N	79815.84
1	REGULAR PAY-S1	247.75	Y		N	N		6730.78
2	REGULAR PAY-S2	2803.75	N		N	N		63739.96
2	REGULAR PAY-S2	89.50	Y		N	N		3591.18
3	REGULAR PAY-S3	1585.50	N		N	N		43807.92
3	REGULAR PAY-S3	153.75	Y		N	N		7284.11
C	CALL PAY	2177.75	N	1	N	N		4355.50
D	DOUBLE TIME	3.25	N		N	N	N	119.11
E	EXTRA WAGES		N		N	N	N	3750.00
E	EXTRA WAGES		N	1	N	N	N	1454.00
F	FUNERAL LEAVE	8.00	N	1	N	N		444.16
I	INSERVICE	18.50	N	1	N	N		962.02
J	JURY LEAVE	32.00	N	1	N	N		602.96
K	EXTENDED-ILLNESS-BANK	14.00	N		N	N	N	426.30
K	EXTENDED-ILLNESS-BANK	230.00	N	1	N	N		5911.82
P	PAID-TIME-OFF	116.76	N		N	N	N	3947.66
P	PAID-TIME-OFF	1090.00	N	1	N	N		29486.78
X	CALL PAY 2	160.00	N	1	N	N		320.00
Z	CALL PAY 3	144.00	N	1	N	N		432.00
p	PAID TIME OFF - PROBATION	4.00	N	1	N	N		41.12

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	1010.38	A/R2	187.65	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1617.50	CAFE-F	
CAFE-H	18535.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	150.00	COMBIN	574.27	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT	346.25	EATCSH	
FEDTAX	39282.52	FICA-M	6051.08	FICA-O	25873.40
FIRSTC		FLEX S	3757.52	FLX FE	
FORT D		FUTA		GIFT S	133.54
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	687.66	MASA	857.00	MEALS	179.41
MISC		MISC/		MMCSHR	
NATFML	1850.78	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	1286.72
STONE		STONE2		STUDEN	
SUNACC	934.76	SUNILL	1668.66	SUNLIF	1436.89
SUNSTD	1512.60	SUNVIS	1085.88	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	31339.78	TUTION		UNIFOR	399.86
UW/HOS					

Grand Totals: 20121.01 ------- (Gross: 447710.54 Deductions: 141105.26 Net: 306605.28)

Checks Count:- FT 202 PT 9 Other 40 Female 220 Male 30 Credit OverAmt 8 ZeroNet Term Total: 250

Pay Date 06.28.19

Under CFO 6-24-19

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

		ENTER VOID CKS AS NEGATIVE NUMBERS				
PAY PERIOD: BEGIN	06/07/19	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	06/20/19					
PAY DATE:	06/28/19					
GROSS PAY:	$ 447,710.54			$ -		$ 447,710.54
DEDUCTIONS:						
A/R	$ 1,198.03					$ 1,198.03
ADVANC						$ -
BOOTS						$ -
SUNLIFE CRITICAL ILLNESS	$ 1,668.66					$ 1,668.66
SUNLIFE ACCIDENT	$ 934.76					$ 934.76
SUNLIFE VISION	$ 1,086.88					$ 1,086.88
SUNLIFE SHORT TERM DIS	$ 1,512.60					$ 1,512.60
CAFÉ-5	$ -					$ -
CAFÉ-D	$ 1,617.50					$ 1,617.50
CAFÉ-H	$ 18,535.00					$ 18,535.00
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 346.15	+1.50 processing				$ 346.15
CLINIC	$ 150.00	Fee = 347.65				$ 150.00
COMBIN	$ 574.27					$ 574.27
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
SUNLIFE TERM LIFE	$ 1,436.89					$ 1,436.89
EAT	$ 346.25					$ 346.25
FED TAX	$ 39,282.52					$ 39,282.52
FICA-M	$ 6,051.08					$ 6,051.08
FICA-O	$ 25,873.40					$ 25,873.40
FIRST C						$ -
FLEX S	$ 3,757.52					$ 3,757.52
FLX-FE						$ -
GIFT S	$ 133.54					$ 133.54
GRP-IN	$ -					$ -
GTL						$ -
HOSP-I						$ -
LEGAL	$ 1,544.66					$ 1,544.66
OTHER	$ 579.27					$ 579.27
NATIONAL FARM LIFE	$ 1,850.78					$ 1,850.78
PHI						$ -
PR FIN	$ -					$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,286.72					$ 1,286.72
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 31,339.78					$ 31,339.78
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 141,105.26	$ -	$ -	$ -	$ -	$ 141,105.26
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 306,605.28	$ -	$ -	$ -	$ -	$ 306,605.28
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	

TOTAL CAFÉ 125 PLAN: $ 30,398.64 — Less Exempt:

TAXABLE PAY: $ 417,311.90 $ 417,311.90

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 6,051.02		
FICA - MED (EE)	1.45%	$ 6,051.02	$ 6,051.08	$ (0.06)
FICA - SOC SEC (ER)	6.20%	$ 25,873.34		
FICA - SOC SEC (EE)	6.20%	$ 25,873.34	$ 25,873.40	$ (0.06)
FED WITHHOLDING		$ 39,282.52	$ 39,282.52	
TAX DEPOSIT:		$ 103,131.24	$ 103,131.48	$ (0.24)
FICA - MEDICARE	2.90%	$ 12,102.04	$12,102.16	
FICA - SOCIAL SECURITY	12.40%	$ 51,746.68	$51,746.80	
FED WITHHOLDING		$ 39,282.52	$39,282.52	
TOTAL TAX:		$ 103,131.24	$ 103,131.48	$ (0.24)

Exempt Amt:

Employees over FICA-SS Cap:
Jason Anglin $ -
Jerry
Paycode S - Employee Reimb.:
Roshanda S. Gray
TOTAL: $ -

PREPARED BY: Alison M King

PREPARED DATE: 6/24/2019

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --June 17, 2019 - June 23, 2019

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
6/17/2019	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000021617	- Retirement Funding	207,588.69 *	200002
6/18/2019	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000016497002	-Child Support Payment -Payroll Ending 6/6/19	347.65 *	200003
6/18/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03837496 910000129	- 340B Drug Program Expense	9,750.66 **	500003
6/18/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000698776027	- 3rd Party Payor Fee	85.23	300024
6/19/2019	ACH Payment IRS USATAXPYMT 220957092614484 6103601001226	- Payroll Taxes	101,278.31 *	200004
6/19/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000699562423	- 3rd Party Payor Fee	1.00	300025
6/19/2019	ACH Payment WEBFILE TAX PYMT DD 902/33973445 21000025630	- Sales Tax	1,962.55 *	700003
6/20/2019	ACH Payment FDGL LEASE PYMT 052-1312971-000 410001290910	- Credit Card Machine Lease Expense	151.23	300026
6/20/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000690222663	- 3rd Party Payor Fee	89.52	300027
6/21/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	884.90 **	500002
6/21/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000690849638	- 3rd Party Payor Fee	1.24	300028
			322,140.98	

Diane Moore, CFO
Memorial Medical Center

June 24, 2019

* Approved 06-10-19 cc
** Approved 06-19-19 cc

85.23 +
PAY 1.00 +
PIMS 89.52 +
1.24 +
176.99 *

Credit 151.23 +
Card Lease Fee 151.23 *

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
7/2/2019	ACH Payment STATE COMTRLR TEXNET	IGT for Round 1 DSRIP	247,596.45
7/2/2019	ACH Payment STATE COMTRLR TEXNET	DY8 Round 1 Monitoring Amount	3,546.95
			251,143.40

Diane Moore, CFO
Memorial Medical Center

June 24, 2019

176.99 +
151.23 +
328.22 *

322,140.98 +
207,588.69 -
347.65 -
9,750.66 -
101,278.31 -
1,962.55 -
Check 884.90 -
328.22 *

TEXNET
Electronic Payment Network

Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number: **Location:**

Transaction Complete

Trace #:

Payment Total	$3,546.95
Settlement Date	07/02/2019
PAYMENT DETAIL	
DSRIP Audit Cost Amount	$3,546.95

Return to Menu | Logoff

Help

IMPORTANT: DO NOT USE THE BACK BUTTON ON YOUR BROWSER WHILE USING TEXNET.

Revised:01/09/13 (483)

TEXNET
Electronic Payment Network

Texas Comptroller of Public Accounts

Health and Human Services Commission
Memorial Medical Center Operating County

Identification Number: **Location:**

Transaction Complete

Trace #: .

Payment Total $247,596.45
Settlement Date 07/02/2019
PAYMENT DETAIL
DSRIP Amount $247,596.45

Return to Menu | Logoff

Help

IMPORTANT: DO NOT USE THE BACK BUTTON ON YOUR BROWSER WHILE USING TEXNET.

Revised:01/09/13 (483)

DSRIP Payment Summary Report by IGT for Demo Y			Round 1				
RHP	IGT TPI	IGT Name	DY8 Round 1 Approved IGT	DY7 Carryforward Approved IGT	Total Approved IGT for Round 1 DSRIP	DY8 Round 1 Monitoring Amount	Total Round 1 IGT Needed for DSRIP and Monitoring
RHP 3	137909111	Calhoun County dba Memorial Medical Center	$137,393.84	$110,202.61	$247,596.45	$3,546.95	$251,143.40

Jason Anglin

From:	HHSC Rate Analysis DSRIP Payments <Rate_Analysis_DSRIP_Payments@hhsc.state.tx.us>
Sent:	Monday, June 17, 2019 12:56 PM
To:	aafrancis@houstonmethodist.org; abacan@bcm.edu; alex.lim@mhmraharris.org; Alice.Hsieh@uth.tmc.edu; Amanda; amanda.callaway@harrishealth.org; amanda.darr@texanacenter.com; Amanda_Simmons@Premierinc.com; anaelle.moal@uth.tmc.edu; Andrew.Casas@uth.tmc.edu; angelina.esparza@houstontx.gov; anna.arage@gulfbend.org; anthony.scarlatella@mhmraharris.org; April.Sanders@mhmraharris.org; bchance@stlukeshealth.org; Bethany Miller; Beth.Cloyd@harrishealth.org; beth.duncan@texanacenter.com; bhajovsky@columbusch.com; bsansom@hcphes.org; catherine.McAfee@bcm.edu; cbelk@houstonmethodist.org; cdemoya@stlukeshealth.org; charrison@mehop.org; COChua-Faustino@houstonmethodist.org; Connie.Almeida@fortbendcountytx.gov; corrigan@bcm.edu; cottey@gl-law.com; Danny.Corprew@houstontx.gov; darlyn1868@gulfbend.org; Deborah.Banerjee@houstontx.gov; denise.leblanc@stctr.org; desiree.vrazel@ecmh.org; dherolt@cmcvtx.org; dina.hermes@goldenplains.org; dievans3@texaschildrens.org; dmak@ecmh.org; dmbenson@mdanderson.org; Diane C. Moore; Donna.W.Valenzuela@uth.tmc.edu; ed.sturdivant@fortbendcountytx.gov; elizabeth.cloyd@harrishealth.org; ellen.catoe@texanacenter.com; elwell@gl-law.com; etyrrell@houstonmethodist.org; fawan@obmc.org; ferguson@gl-law.com; gz0357@gulfbend.org; Glenn Zengerle; hbeal@jpshealth.org; Hchung@houstonmethodist.org; hdutton@hcphes.org; hferguso@mdanderson.org; irocha@ecmh.org; James.L.Vitt@uth.tmc.edu; Jason Anglin; jdtenhaken@hcphes.org; jeanne.wallace@mhmraharris.org; Jeff.Jackson@bmd.hctx.net; Jeff.Sliwinski@HCAHealthcare.com; jeff1896@gulfbend.org; jessica.hall@harrishealth.org; jfreudenberger@obmc.org; jjanek@ricemedicalcenter.net; JMShephard@mdanderson.org; John.Cramer@memorialhermann.org; Joseph.Dygert@harrishealth.org; JPElliott@houstonmethodist.org; Jerry Pickett; jray@obmc.org; jtodd@obmc.org; Judy.Harris@houstontx.gov; jvanek@columbusch.com; jwrobicheaux@matagordaregional.org; Karen.LaFontaine@harrishealth.org; Kate.Johnson@TexanaCenter.com; Kaye.Reynolds@fortbendcountytx.gov; kbarrett@bcm.edu; keena.pace@TheHarrisCenter.org; kevin.lin@harrishealth.org; kirkland@gl-law.com; kmrose@texaschildrens.org; kord.quintero@memorialhermann.org; kzieren@stlukeshealth.org; laura.yates@memorialhermann.org; laura5325@gulfbend.org; lauriem@gulfcoastcenter.org; lazanga@matagordaregional.org; lbecker@hcphes.org; lfoxhall@mdanderson.org; lharvey@ecmh.org; lharvey@mmcportlavaca.com; linda1830@gulfbend.org; lilebouef@trhfoundation.org; lrmcstay@texaschildrens.org; mbenton@StLukesHealth.Org; md.kendrick@fortbendcountytx.gov; michael.norby@harrishealth.org; michelle.eunice@harrishealth.org; Ridge,Celina
Cc:	HHSC Texas Healthcare Transformation and Quality Improvement Program; Hites,Rhonda (HHSC); Jenkins,Brooke (HHSC)
Subject:	DY8 DSRIP IGT Notification for July 2019 Payment - 1 of 3
Attachments:	UPDATED DY8 Round 1 Affiliation Summary for Publication.xlsx; UPDATED DY8 Round 1 IGT Summary for Publication.xlsx

Government Entities/Providers:

Please carefully review this message in its entirety making note of the information provided which pertains to the DY8 Delivery System Reform Incentive Payments (DSRIP).

Attached are the following files: DSRIP Notification- DY8 Round 1 July 2019 Affiliation Summary and DY8 Round 1 July 2019 IGT Summary workbooks. These workbooks include DY8 DSRIP payments, DY7 Carryforward Reporting, DY6 Carryforward Reporting, and DSRIP DY8 Monitoring.

The DY8 Round 1 July 2019 Affiliation Summary workbook has separate tabs for each Regional Healthcare Partnership (RHP) and contains the Intergovernmental Transfer (IGT) needed, by affiliation, for DY8 Round 1 DSRIP payments, DY7 Carry Forward, and DY6 Carry Forward.

The DY8 Round 1 July 2019 IGT Summary workbook has separate tabs for each RHP and contains the total IGT needed by each IGT Entity for the DY8 Round 1 DSRIP payments, DY7 Carryforward Reporting, DY6 Carryforward Reporting, and DSRIP DY8 Monitoring.

Providers can determine their estimated payment amount by dividing Column M of the DY8 Round 1 July 2019 Affiliation Summary by the state share of the current FMAP. The current FMAP is 58.19%/41.81%.

The Transformation Waiver Team emailed the Anchors information to share with providers regarding how much will be paid by Category and measure on Friday, June 14, 2019. Health and Human Services Commission (HHSC) Rate Analysis is unable to answer questions regarding this information. Please send any questions regarding this information to TXHealthcareTransformation@hhsc.state.tx.us

HHSC requires that the appropriate TexNet bucket are used for DSRIP Monitoring IGTs and DSRIP Reporting IGTs. The DSRIP Monitoring IGT should be placed in DSRIP Audit Cost and the DSRIP Reporting IGT should be placed in DSRIP. If the full DSRIP Monitoring IGT is not submitted in Audit Cost, HHSC will reallocate IGTs for DSRIP Reporting for DSRIP Monitoring payments. **Note that failure to submit two separate transactions or failure to IGT the full DSRIP Monitoring requirement may result in a delayed payment as additional manual steps will need to be performed.**

IGT Entities may choose to IGT less than the required amount for DSRIP Reporting payments; however, all affiliated providers and metrics will be paid proportionately. IGT may not be directed towards specific providers, Categories, or metrics.

A screen shot/.pdf of the confirmation/trace sheet or email of the confirmation number if the TexNet is submitted over the phone is required and must be emailed to [redacted]. We are requesting that all government entities enter their IGT transactions into TexNet no later than July 1st with a Settlement Date of July 2nd. **No IGT's submitted after** July 1st **will be accepted.**

HHSC Accounting will request the Comptroller to issue payments according to the following *estimated* schedule:

Monday, July 01, 2019	Last date for Public entities to enter TexNet and submit Trace Sheet

Tuesday, July 02, 2019	TexNet Sweeps (Settlement date of funds)
Wednesday, July 17, 2019	Payment issue date for Transferring Hospitals "Big 6"
Wednesday, July 31, 2019	Payment issue date for Non-Transferring Hospitals

Information regarding TexNet Connect can be found at https://comptroller.texas.gov/programs/systems/docs/96-1193.pdf

Thank you,

HHSC Rate Analysis Payments
Texas Health and Human Services Commission
P.O. Box 149030, Mail Code H-400
Brown-Heatly Building
4900 N. Lamar Blvd.
Austin, TX 78714-9030

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181092	06/19/19	19.94	POWER HARDWARE
A/P	181093	06/19/19	2,028.00	PRESS GANEY ASSOCIATES, INC.
A/P	181094	06/19/19	45.47	RED HAWK FIRE AND SECURITY
A/P	181095	06/19/19	19,295.67	REMI CORPORATION
A/P	181096	06/19/19	240.00	REVISTA de VICTORIA
A/P	181097	06/19/19	1,993.75	ROBERTS, ODEFEY, WITTE & WALL
A/P	181098	06/19/19	235.00	RX WASTE SYSTEMS LLC
A/P	181099	06/19/19	6.00	SHIP SHUTTLE TAXI SERVICE
A/P	181100	06/19/19	352.44	SHIRLEY KARNEI
A/P	181101	06/19/19	390.00	SIGN AD, LTD.
A/P	181102	06/19/19	12,087.64	SMITH & NEPHEW
A/P	181103	06/19/19	332.48	SMITHS MEDICAL ASD INC
A/P	181104	06/19/19	1,260.00	STRYKER SALES CORP
A/P	181105	06/19/19	5,699.00	T-SYSTEM, INC
A/P	181106	06/19/19	306.09	TALX CORPORATION
A/P	181107	06/19/19	140.00	TEXAS DEPARTMENT OF LICENSING
A/P	181108	06/19/19	4,626.80	THE CRESCENT
A/P	181109	06/19/19	450.00	TRINITY PHYSICS CONSULTING LLC
A/P	181110	06/19/19	1,010.00	TRIZETTO PROVIDER SOLUTIONS
A/P	181111	06/19/19	2,891.97	UNIFIRST HOLDINGS INC
A/P	181112	06/19/19	151.89	UNIFORM ADVANTAGE
A/P	181113	06/19/19	81.72	UNITED AD LABEL CO INC
A/P	181114	06/19/19	10,432.00	VCS SECURITY SYSTEMS
A/P	181115	06/19/19	3,786.37	WAGEWORKS
A/P	181116	06/19/19	496.14	WEST INTERACTIVE SERVICES CORP
A/P *	181117	06/19/19	18,425.00	WOUND CARE SPECIALISTS
A/P	200002	06/17/19	207,588.69	TEXAS COUNTY DRS RECEIV
A/P	200003	06/18/19	347.65	EXPERTPAY
A/P *	200004	06/18/19	101,278.33	IRS USATAXPYMNT
A/P	300024	06/18/19	85.23	PAY PLUS
A/P	300025	06/19/19	1.00	PAY PLUS
A/P	300026	06/20/19	151.23	FDGL LEASE PAYMENT
A/P	300027	06/20/19	89.52	PAY PLUS
A/P *	300028	06/21/19	1.24	PAY PLUS
A/P	500002	06/21/19	884.90	AMERISOURCE
A/P *	500003	06/18/19	9,750.66	MCKESSON
A/P	700003	06/19/19	1,962.55	WEBFILE TAX PYMT
TOTALS:			591,462.89	

Check register
for AZH pymts
received 6/17/19 - 6/21/19

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
6/24/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens		188,504.17 ✓	188,294.81 ✓	65,684.12 ✓		-	65,893.48	**53,423.73**
						Bank Balance	65,893.48 ✓	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Ashford Gardens:						**MMC Portion QIPP 1**	**12,260.39** ✓	
Ashford Health Care Center Ltd Co						**MMC Portion QIPP 2,3,Lapse**		
JP Morgan Chase Bank						**April Interest**	**40.72** ✓	
ABA						**May Interest**	**68.64** ✓	
Accou						**Pending QIPP Ck to MMC**		
						Adjust Balance/Transfer Amt	**53,423.73** ✓	
Broadmoor		79,586.05 ✓	79,365.53 ✓	266,053.43 ✓		-	266,273.95 ✓	**263,664.10**
						Bank Balance	266,273.95 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	**2,389.33** ✓	
						MMC Portion QIPP 2,3,Lapse		
						April Interest	**59.21** ✓	
						May Interest	**61.31** ✓	
						Pending QIPP Ck to MMC		
						Adjust Balance/Transfer Amt	**263,664.10** ✓	
Crescent		53,715.82 ✓	53,508.96 ✓	280,124.80 ✓		-	280,331.66 ✓	**277,750.20**
						Bank Balance	280,331.66 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	**2,374.60** ✓	
						MMC Portion QIPP 2,3,Lapse		
						April Interest	**51.89** ✓	
						May Interest	**54.97** ✓	
						Pending QIPP Ck to MMC		
						Adjust Balance/Transfer Amt	**277,750.20** ✓	
Fort Bend		7,569.70 ✓	7,418.92 ✓	26,486.31 ✓		-	26,637.09 ✓	**21,464.98**
						Bank Balance	26,637.09 ✓	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	**5,021.33** ✓	
						MMC Portion QIPP 2,3,Lapse		
						April Interest	**25.47** ✓	
						May Interest	**25.31** ✓	
						Pending QIPP Ck to MMC		
						Adjust Balance/Transfer Amt	**21,464.98** ✓	
Solera at W Houston		123,324.29 ✓	123,137.80 ✓	65,039.28 ✓			65,225.77 ✓	**61,548.45**
						Bank Balance	65,225.77 ✓	
						Variance	-	
						Leave in Balance	100.00	
Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:						**MMC Portion QIPP 1**	**3,490.83** ✓	
Cantex Health Care Centers III LLC						**MMC Portion QIPP 2,3,Lapse**		
JP Morgan Chase Bank						**April Interest**	**41.58** ✓	
ABA						**May Interest**	**44.91** ✓	
Acc...						**Pending QIPP Ck to MMC**		
						Adjust Balance/Transfer Amt	**61,548.45** ✓	
						TOTAL TRANSFERS		**677,851.46**

53,423.73 +
263,664.10 +
277,750.20 +
21,464.98 +
61,548.45 +
677,851.46 *

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

Approved: CFO
Diane C. Moore, CFO 6/24/2019

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
6/18/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		3,890.22					-	3,890.22
6/19/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00822169 42000019		12,260.39	12,260.39				12,260.39	-
6/19/2019	ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000000093 41		361.50					-	361.50
6/19/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		5,740.00					-	5,740.00
6/19/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,464.06					-	1,464.06
6/19/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		4,721.00					-	4,721.00
6/20/2019	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	188,294.81						-	-
6/20/2019	ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000000093 41		1,228.90					-	1,228.90
6/20/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,385.76					-	1,385.76
6/20/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,355.93					-	5,355.93
6/21/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51862392 111000		21,383.94					-	21,383.94
6/21/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		7,892.42					-	7,892.42
		188,294.81	**65,684.12**	**12,260.39**	**-**	**-**	**-**	**12,260.39**	**53,423.73**

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
6/18/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,805.85					-	1,805.85
6/18/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005291847		6,691.11					-	6,691.11
6/18/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005283825		5,083.70					-	5,083.70
6/18/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		4,197.21					-	4,197.21
6/19/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00822326 42000019		2,389.33	2,389.33				2,389.33	-
6/19/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		1,666.94					-	1,666.94
6/19/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000167		126,960.14					-	126,960.14
6/19/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390861 8300005602357		4,238.33					-	4,238.33
6/20/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	79,365.53						-	-
6/20/2019	ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000004293 41		7,971.20					-	7,971.20
6/20/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000169		92,447.23					-	92,447.23
6/21/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51862395 111000		4,167.46					-	4,167.46
6/21/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		8,434.93					-	8,434.93
		79,365.53	**266,053.43**	**2,389.33**	**-**	**-**	**-**	**2,389.33**	**263,664.10**

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
6/18/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		2,220.00					-	2,220.00
6/18/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000198		9,801.40					-	9,801.40
6/18/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005291848		21,060.88					-	21,060.88
6/18/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005283825		6,379.50					-	6,379.50
6/18/2019	ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390864 4200001811		1,333.46					-	1,333.46
6/19/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00822306 42000019		2,374.60	2,374.60				2,374.60	-
6/20/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	53,508.96						-	-
6/20/2019	Deposit		4,626.80					-	4,626.80
6/20/2019	ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000003268 41		5,557.50					-	5,557.50
6/20/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000169		116,729.26					-	116,729.26
6/21/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51862394 111000		4,141.50					-	4,141.50
6/21/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		7,168.61					-	7,168.61
6/21/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		5,140.21					-	5,140.21
6/21/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		18,558.13					-	18,558.13
6/21/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		6,181.00					-	6,181.00
6/21/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000142		68,851.95					-	68,851.95
		53,508.96	**280,124.80**	**2,374.60**	**-**	**-**	**-**	**2,374.60**	**277,750.20**

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
6/17/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		12,052.43					-	12,052.43
6/18/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005291848		122.67					-	122.67
6/19/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00822207 42000019		5,021.33	5,021.33				5,021.33	-
6/20/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	7,418.92						-	-
6/21/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51862391 111000		8,757.88					-	8,757.88
6/21/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		63.42					-	63.42
6/21/2019	ACH Deposit HUMANA INS CO HCCLAIMPMT 390863 830000521190		468.58					-	468.58
		7,418.92	**26,486.31**	**5,021.33**	**-**	**-**	**-**	**5,021.33**	**21,464.98**

Solera at West Houston

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
6/18/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,268.84					-	2,268.84
6/18/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005291848		24,629.07					-	24,629.07
6/18/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005283825		2,791.83					-	2,791.83
6/18/2019	ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390862 4200001812		5,493.53					-	5,493.53
6/19/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00822292 42000019		3,490.83	3,490.83				3,490.83	-
6/19/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,377.13					-	7,377.13
6/20/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	123,137.80						-	-
6/20/2019	ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000002482 41		1,883.00					-	1,883.00
6/21/2019	ACH Deposit Amerigroup TX5C HCCLAIMPMT 3102619772 111000		1,969.09					-	1,969.09
6/21/2019	ACH Deposit Amerigroup TX5C DMS EFT 3102619771 111000029		745.00					-	745.00
6/21/2019	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51862393 111000		6,088.57					-	6,088.57
6/21/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		89.57					-	89.57
6/21/2019	ACH Deposit HUMANA INS CO HCCLAIMPMT 390862 830000520946		5,982.48					-	5,982.48
6/21/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		2,230.34					-	2,230.34
		123,137.80	**65,039.28**	**3,490.83**	**-**	**-**	**-**	**3,490.83**	**61,548.45**

	TOTALS	**451,726.02**	**703,387.94**	**25,536.48**	**-**	**-**	**-**	**25,536.48**	**677,851.46**

Home

ALL ACCOUNTS FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD ★	$184,056.79	$65,893.48
MEMORIAL MEDICAL CENTER / NH BROADMOOR	$288,956.12	$266,273.95
MEMORIAL MEDICAL CENTER / NH CRESCENT	$317,437.08	$280,331.66
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON	$249,392.38	$65,225.77
MEMORIAL MEDICAL CENTER / NH FORT BEND	$81,691.74	$26,637.09
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - PRIVATE PAY [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID [redacted]	[redacted]	

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
6/24/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek	;	66,941.15 ✓	66,793.56 ✓	781.79 ✓		-	-	929.38	No Transfer
							Bank Balance	929.38 ✓	
							Variance	(0.00)	
							Leave in Balance	100.00	
							MMC Portion QIPP 1		
							MMC Portion QIPP 2,3,Lapse		
							April Interest	**19.65** ✓	
Routing Information for Golden Creek:							**May Interest**	**27.94** ✓	
Nexion Health at Golden Creek							**Pending QIPP Ck to MMC**		
Wells Fargo Bank, N.A.								-	
ABA								-	
Accou...							**Adjust Balance/Transfer Amt**	**781.79**	

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 C. Moore, CFO 6/24/2019

APPROVED
ON

JUN 24 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	
6/20/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	66,793.56 ✓						-	-
6/21/2019 ACH Deposit TSYS/TRANSFIRST BKCD STLMT 5436845558769179		781.79 ✓					-	781.79
	66,793.56	**781.79**	-	-	-	-	-	-

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH BROADMOOR [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH CRESCENT [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH FORT BEND [redacted]	[redacted]	[redacted]
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE ★	$929.38	$929.38
MMC -NH GULF POINTE PLAZA - PRIVATE PAY [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID [redacted]	[redacted]	

Memorial Medical Center
Nursing Home UPL
Weekly HMG Transfer
Prosperity Accounts
6/24/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza- Private Pay		100.25	-	-		-	100.25	No Transfer
						Bank Balance	100.25	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2,3,Lapse		
						March Interest	0.04	
						April Interest	0.04	
						May Interest	0.04	
						Pending QIPP Ck to MMC		
							-	
							-	
						Adjust Balance/Transfer Amt	0.13	

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Deposits	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Gulf Pointe Plaza-Medicare/Medicaid	:	989.15	-	-		-	989.15	No Transfer
						Bank Balance	989.15	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2,3,Lapse		
						March Interest	0.04	
						April Interest	0.04	
						May Interest	0.04	
						Pending QIPP Ck to MMC		
							-	
							.03	
						Adjust Balance/Transfer Amt	889.07	

Routing Information for Gulf Pointe Plaza:

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 C. Moore, CFO
6/24/2019

APPROVED
ON
JUN 24 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	
No activity for this period.							-	
							-	
							-	-
							-	
							-	-
							-	-
	-	-	-	-	-	-	-	-

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	
No activity for this period.							-	
							-	
							-	
							-	-
							-	-
							-	-
	-	-	-	-	-	-	-	-

Home

ALL ACCOUNTS FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH BROADMOOR [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH CRESCENT [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH FORT BEND [redacted]	[redacted]	
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE [redacted]	[redacted]	
MMC -NH GULF POINTE PLAZA - PRIVATE PAY	$100.25	$100.25
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	$989.15	$989.15

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 6/24/19

APPROVED ON JUN 24 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CK# 000040

AMOUNT: $12,260.39

G/L NUMBER: 21000012

EXPLANATION: ASHFORD- To transfer funds for Comp 1- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000060	06/26/19	12,260.39	MMC OPERATING Ashford
TOTALS:			12,260.39	

APPROVED
ON

JUN 26 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 6/24/19

APPROVED ON JUN 24 2019
COUNTY AUDITOR
CALHOUN COUNTY, S.C.

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

AMOUNT: $3,490.83

CK# 00 GL NUMBER: 21000011

EXPLANATION: SOLERA- To transfer funds for Comp 1- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000053	06/26/19	3,490.83	MMC OPERATING
TOTALS:			3,490.83	

Solem

APPROVED
ON

JUN 26 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 6/24/19

APPROVED ON JUN 24 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CK# 00055

AMOUNT: $2,374.60

G/L NUMBER: 21000010

EXPLANATION: CRESCENT- To transfer funds for Comp 1- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

BANK--CHECK----------				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000055	06/26/19	2,374.60	MMC OPERATING
TOTALS:			2,374.60	

Crescent

APPROVED
ON

JUN 26 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 6/24/19

APPROVED ON JUN 24 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000024

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

AMOUNT: $2,389.33

G/L NUMBER: 21000009

EXPLANATION: BROADMOOR- To transfer funds for Comp 1- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000026	06/26/19	2,389.33	MMC OPERATING
TOTALS:			2,389.33	

Broadmoor

APPROVED
ON

JUN 26 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 6/24/19

APPROVED ON JUN 24 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 000653

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

AMOUNT: $5,021.33

G/L NUMBER: 21000008

EXPLANATION: FORT BEND- To transfer funds for Comp 1- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000053	06/26/19	5,021.33	MMC OPERATING
TOTALS:			5,021.33	

Fort Bend

APPROVED
ON

JUN 26 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **6/26/2019**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1	QIPP COMP 2,3,&Lapse			TOTAL		Date
shford	10000018 - Prosperity	60	MMC -Prosperity Operating #10000001	21000012	12,260.39				12,260.39		6/26/2019
roadmoor	10000019 - Prosperity	26	MMC -Prosperity Operating #10000001	21000009	2,389.33				2,389.33		6/26/2019
rescent	10000020 - Prosperity	55	MMC -Prosperity Operating #10000001	21000010	2,374.60				2,374.60		6/26/2019
ort Bend	10000021 - Prosperity	53	MMC -Prosperity Operating #10000001	21000008	5,021.33				5,021.33		6/26/2019
iolden Creek	10000023 - Prosperity	38	MMC -Prosperity Operating #10000001	21000013					-		6/26/2019
olera	10000022 - Prosperity	53	MMC -Prosperity Operating #10000001	21000011	3,490.83				3,490.83		6/26/2019
				Total:	25,536.48	-	-	-	25,536.48		

Note:

Approved: CFO

Diane Moore, CFO 6/24/2019

O.C

12,260.39 +
3,490.83 +
2,374.60 +
2,389.33 +
5,021.33 +
25,536.48 *

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

87SS No. 60
88-2285
1131

6-26-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 12,260.39

Twelve Thousand Two Hundred Sixty 39/100 DOLLARS

PROSPERITY BANK

QIPP comp 1

County Auditor

County Treasurer

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

87SS No. 53
88-2265
1131

6-26-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 3490.83

Three Thousand Four Hundred Ninety 83/100 DOLLARS

PROSPERITY BANK

QIPP 1

County Auditor

County Treasurer

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MP

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

000055

88-2265/1131

Date 6-26-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 2,374.60

Two Thousand Three Hundred Seventy Four 60/100 DOLLARS

PROSPERITY BANK

FOR QIPP 1

County Auditor

MP

County Treasurer

county features are included. Details on back

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

MP

000053

88-2265/1131

Date 6-26-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 5,021.33

Five Thousand Twenty one 33/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP

FOR QIPP 1

County Treasurer

Security features are included. Details on back.

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

MP

000026

88-2265/1131

Date 6-26-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 2389.33

Two Thousand Three Hundred Eighty Nine & 33/100 **DOLLARS**

PROSPERITY BANK

County Auditor

MP

FOR QIPP 1

County Treasurer

Security features are included. Details on back.