MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- August 14, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	526,790.83
TOTAL TRANSFERS BETWEEN FUNDS	$	350,000.00
TOTAL NURSING HOME UPL EXPENSES	$	379,822.15
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED August 14, 2019	$	1,256,612.98

APPROVED

AUG 14 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 14, 2019

PAYABLES AND PAYROLL			
8/9/2019	Weekly Payables	322,108.20	
8/9/2019	Patient Refunds	2,100.79	
8/9/2019	Ashford-Nursing home insurance payment sent to MMC in error	5,395.00	
8/9/2019	Gulf Pointe Plaza-Nursing home insurance payment sent to MMC in error	1,800.00	
8/9/2019	Goldencreek-Nursing home insurance pymt sent to MMC in error	3,479.21	
8/9/2019	Emergency Staffing Solutions-Emergency Dept. Physcian Services	40,062.50	
8/12/2019	McKesson-340B Prescription Expense	3,069.42	
8/12/2019	Amerisource Bergen-340B Prescription Expense	1,374.63	
8/12/2019	Payroll Liabilities -Payroll Taxes	447.78	
8/12/2019	Supplemental Payroll	2,702.68	
	Prosperity Electronic Bank Payments		
8/5-8/6819	Credit Card & Lease Fees	834.12	
8/19/2019	Sales Tax for July 2019	1,861.58	
8/15/2019	TCDRS - Estimated Retirement	141,470.31	
8/7/2019	Cleargage-Patient Financing Service	64.00	
8/5-8/9/19	Pay Plus-Patient Claims Processing Fee	20.61	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 526,790.83**
TRANSFERS BETWEEN FUNDS			
8/9/2019	Transfer from Prosperity Operating to Prosperity Private Waiver	350,000.00	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 350,000.00**
NURSING HOME UPL EXPENSES			
8/12/2019	Nursing Home UPI	277,425.38	
8/12/2019	Nursing Home UPI	55,440.34	
8/12/2019	Nursing Home UPI	10,793.33	
QIPP/INTEREST CHECKS TO MMC			
8/12/2019	Ashford	18,103.99	
8/12/2019	Broadmoor	3,492.97	
8/12/2019	Crescent	3,489.17	
8/12/2019	Fort Bend	5,854.44	
8/12/2019	Solera	5,222.53	
TOTAL NURSING HOME UPL EXPENSES			**$ 379,822.15**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED August 14, 2019			**$ 1,256,612.98**

08/08/2019 MEMORIAL MEDICAL CENTER 0
11:15 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 08/21/2019

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
136158		07/31/20	07/23/20	08/17/20		15.96	0.00	0.00	15.96
	SUPPLIES (Maint.)								
136281		07/31/20	07/26/20	08/20/20		26.99	0.00	0.00	26.99
	SUPPLIES (Admin.)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	42.95	0.00	0.00	42.95

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
24517		08/06/20	08/20/20	08/20/20		1,400.00	0.00	0.00	1,400.00
	RFID FEE								

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

Vendor#	Vendor Name	Class	Pay Code
11234	ADRIANNA GALVAN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080119		07/31/20	08/01/20	08/16/20		269.12	0.00	0.00	269.12
	TRAVEL/SOCIAL MEDIA CONF. for marketing/business development 7/30-7/31/19								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11234	ADRIANNA GALVAN	269.12	0.00	0.00	269.12

Vendor#	Vendor Name	Class	Pay Code
A1679	AIR SPECIALTY & EQUIPMENT CO	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
41815		07/23/20	07/16/20	08/15/20		1,633.43	0.00	0.00	1,633.43
	REBUILD WATERPUMP FOR Ready Service Spares								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1679	AIR SPECIALTY & EQUIPMENT CO	1,633.43	0.00	0.00	1,633.43

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
9090879370		07/31/20	07/15/20	08/15/20		53.22	0.00	0.00	53.22
	OXYGEN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	53.22	0.00	0.00	53.22

Vendor#	Vendor Name	Class	Pay Code
A1705	ALIMED INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RPSV03138683		08/01/20	06/26/20	08/15/20		112.27	0.00	0.00	112.27
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	112.27	0.00	0.00	112.27

Vendor#	Vendor Name	Class	Pay Code
10958	ALLYSON SWOPE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080719		08/07/20	08/07/20	08/07/20		3,055.50	0.00	0.00	3,055.50

CONTRACT EMPLOYEE (7/23-7/31/19)

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10958	ALLYSON SWOPE	3,055.50	0.00	0.00	3,055.50

Vendor# A2150 Vendor Name: ANNOUNCEMENTS PLUS TOO AGAIN ✓ Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
394 ✓		07/31/20	06/26/20	08/15/20		125.00	0.00	0.00	125.00 ✓
	5 SIGNS (Emergency plan signs)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	125.00	0.00	0.00	125.00

Vendor# B1150 Vendor Name: BAXTER HEALTHCARE ✓ Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
63563641 ✓		07/31/20	06/27/20	08/15/20		668.76	0.00	0.00	668.76 ✓
	SUPPLIES								
63794654 ✓		07/31/20	07/22/20	08/16/20		629.50	0.00	0.00	629.50 ✓
	LEASE								
63794656 ✓		07/31/20	07/22/20	08/16/20		2,367.50	0.00	0.00	2,367.50 ✓
	LEASE								
63814757 ✓		07/31/20	07/24/20	08/18/20		256.80	0.00	0.00	256.80 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	3,922.56	0.00	0.00	3,922.56

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
107877588 ✓		07/31/20	07/12/20	08/16/20		171.37	0.00	0.00	171.37 ✓
	SUPPLIES								
107880769 ✓		07/31/20	07/15/20	08/16/20		1,217.33	0.00	0.00	1,217.33 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	1,388.70	0.00	0.00	1,388.70

Vendor# 12600 Vendor Name: BIOFIRE DIAGNOSTICS LLC ✓ Class: Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1280004041 ·		08/07/20	06/12/20	07/12/20		21,701.09	0.00	0.00	21,701.09 ✓
	SUPPLIES (Kit GI Panel / BCID Panel / Respiratory Panel)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12600	BIOFIRE DIAGNOSTICS LLC	21,701.09	0.00	0.00	21,701.09

Vendor# 12740 Vendor Name: BUILDING KID STEPS ✓ Class: Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
073119		07/31/20	07/31/20	08/15/20		33.76	0.00	0.00	33.76 ✓
	TRAVEL to MMC Rehab for speech therapy treatments								
OUTPATIENT	Reimb.	07/31/20	07/31/20	08/15/20		885.00	0.00	0.00	885.00 ✓
	SPEECH THERAPY (7/10-7/31/19)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12740	BUILDING KID STEPS	918.76	0.00	0.00	918.76

Vendor# C1048 Vendor Name: CALHOUN COUNTY ✓ Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080219		07/31/20	08/02/20	08/15/20		1,580.48	0.00	0.00	1,580.48 ✓

OUTSTANDING P.REFUND FR – unclaimed property below $100

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	1,580.48	0.00	0.00	1,580.48

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
080219		07/31/20	08/02/20	08/15/20			180.00	0.00	0.00	180.00 ✓
	TRANSFER INDIGENT CO PAY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	180.00	0.00	0.00	180.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TCL2447 ✓		07/30/20	07/17/20	08/16/20			309.60	0.00	0.00	309.60 ✓
	ARM MOUNT/MONITOR									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	309.60	0.00	0.00	309.60

Vendor#	Vendor Name	Class	Pay Code
E1270	CENTERPOINT ENERGY ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
080119		07/31/20	08/01/20	08/16/20			30.92	0.00	0.00	30.92 ✓
	GAS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY	30.92	0.00	0.00	30.92

Vendor#	Vendor Name	Class	Pay Code
10105	CHRIS KOVAREK ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
028 ✓		07/31/20	08/01/20	08/15/20			640.00	0.00	0.00	640.00 ✓
	SWINGBED SERVICES (7/2-7/30/19)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	640.00	0.00	0.00	640.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5780810 ✓		07/29/20	07/22/20	08/16/20			174.45	0.00	0.00	174.45 ✓
5783630 ✓	SUPPLIES	07/31/20	07/24/20	08/18/20			10.34	0.00	0.00	10.34 ✓
5783600 ✓	SUPPLIES	07/31/20	07/24/20	08/18/20			96.14	0.00	0.00	96.14 ✓
5784100 ✓	SUPPLIES	07/31/20	07/25/20	08/19/20			28.65	0.00	0.00	28.65 ✓
5784050 ✓	SUPPLIES	07/31/20	07/25/20	08/19/20			390.01	0.00	0.00	390.01 ✓
5786370 ✓	SUPPLIES	07/31/20	07/26/20	08/20/20			191.11	0.00	0.00	191.11 ✓
5416390 ✓	SUPPLIES	08/06/20	07/02/20	07/27/20			59.74	0.00	0.00	59.74 ✓
5424060 ✓	SUPPLIES	08/06/20	07/11/20	08/05/20			29.79	0.00	0.00	29.79 ✓
5440721 ✓	SUPPLIES	08/06/20	08/01/20	08/26/20			14.99	0.00	0.00	14.99 ✓

	SUPPLIES							
5486811		08/06/20	09/19/20	10/14/20	6.08	0.00	0.00	6.08
	SUPPLIES							
5676130		08/06/20	03/28/20	04/22/20	159.60	0.00	0.00	159.60
	SUPPLIES							
5405120		08/06/20	06/18/20	07/13/20	107.27	0.00	0.00	107.27
	SUPPLIES							
5405060		08/06/20	06/18/20	07/13/20	371.75	0.00	0.00	371.75
5405190		08/06/20	06/18/20	07/13/20	7.30	0.00	0.00	7.30
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,647.22	0.00	0.00	1,647.22

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
MMC073119		07/31/20	07/30/20	08/15/20		124,715.69	0.00	0.00	124,715.69
	PRO FEES (Physcian Services for MMC 7/16-7/31/19)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	124,715.69	0.00	0.00	124,715.69

Vendor#	Vendor Name	Class	Pay Code
12744	Accent		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080719		08/07/20	08/07/20	08/07/20		199.89	0.00	0.00	199.89
	PATIENT REFUND Accent								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12744		199.89	0.00	0.00	199.89

Vendor#	Vendor Name	Class	Pay Code
D1710	DOWNTOWN CLEANERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
062719		08/07/20	06/27/20	07/07/20		20.00	0.00	0.00	20.00
	LAUNDRY								
062819		08/07/20	06/28/20	07/08/20		10.00	0.00	0.00	10.00
	LAUNDRY								
070119		08/07/20	07/01/20	08/01/20		6.10	0.00	0.00	6.10
	LAUNDRY								
071119		08/07/20	07/11/20	08/01/20		45.00	0.00	0.00	45.00
	LAUNDRY								
071519A		08/07/20	07/15/20	07/25/20		40.00	0.00	0.00	40.00
	LAUNDRY								
071519		08/07/20	07/15/20	08/01/20		24.00	0.00	0.00	24.00
	LAUNDRY								
071919		08/07/20	07/19/20	08/01/20		20.00	0.00	0.00	20.00
	LAUNDRY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	165.10	0.00	0.00	165.10

Vendor#	Vendor Name	Class	Pay Code
10175	DSHS CENTRAL LAB MC2004		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
CN0426062019		08/07/20	07/02/20	07/27/20		552.40	0.00	0.00	552.40
	LAB SERVICES (Test Kits)								
CM1838062019		08/07/20	07/02/20	07/27/20		199.30	0.00	0.00	199.30

LAB SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004	751.70	0.00	0.00	751.70

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
559013		07/31/20	07/22/20	08/15/20			154.99	0.00	0.00	154.99
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	154.99	0.00	0.00	154.99

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
08A19MMC		08/06/20	08/01/20	08/16/20			495.00	0.00	0.00	495.00
	WEBSITE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	495.00	0.00	0.00	495.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
660994166		07/31/20	07/11/20	08/15/20			52.81	0.00	0.00	52.81
	SHIPPING									
661608023		07/31/20	07/18/20	08/15/20			10.68	0.00	0.00	10.68
	SHIPPING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	63.49	0.00	0.00	63.49

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1754935		07/31/20	05/07/20	08/15/20			2,447.78	0.00	0.00	2,447.78
	SUPPLIES									
1299772		07/31/20	07/19/20	08/13/20			64.50	0.00	0.00	64.50
	SUPPLIES									
1299771		07/31/20	07/19/20	08/16/20			559.35	0.00	0.00	559.35
	SUPPLIES									
1418370		07/31/20	07/22/20	08/16/20			1,033.77	0.00	0.00	1,033.77
	SUPPLIES Shipping 367.37									
1418371		07/31/20	07/22/20	08/16/20			175.32	0.00	0.00	175.32
	SUPPLIES									
1778653		07/31/20	07/25/20	08/19/20			96.56	0.00	0.00	96.56
	SUPPLIES Shipping 54.26 on 4230									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	4,377.28	0.00	0.00	4,377.28

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
072319		07/30/20	07/23/20	08/16/20			640.86	0.00	0.00	640.86
	PHONES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	640.86	0.00	0.00	640.86

Vendor#	Vendor Name	Class	Pay Code

10642 GLAXOSMITHKLINE PHARMACUETICAL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8252862763	INVENTORY	07/31/20	07/16/20	08/16/20		303.96	0.00	0.00	303.96

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL	303.96	0.00	0.00	303.96

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1704998	SUPPLIES Batteries for floor machine	07/23/20	07/19/20	08/18/20		1,455.00	0.00	0.00	1,455.00
1703269	SUPPLIES	07/29/20	07/16/20	08/15/20		1,025.40	0.00	0.00	1,025.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	2,480.40	0.00	0.00	2,480.40

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
902694	SUPPLIES Shipping 21.50	07/30/20	07/17/20	08/17/20		75.28	0.00	0.00	75.28

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC	75.28	0.00	0.00	75.28

Vendor# H0416 Vendor Name: HOLOGIC INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9047680	SUPPLIES	08/07/20	07/11/20	08/10/20		3,306.56	0.00	0.00	3,306.56

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	3,306.56	0.00	0.00	3,306.56

Vendor# 12596 Vendor Name: INDEED, INC. Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
24812672	JOB POSTING	07/31/20	07/31/20	08/15/20		720.02	0.00	0.00	720.02

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12596	INDEED, INC.	720.02	0.00	0.00	720.02

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5215	SUPPORT SERVICES IT	07/31/20	08/01/20	08/15/20		250.00	0.00	0.00	250.00

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
921170181	SUPPLIES	07/31/20	07/16/20	08/15/20		557.99	0.00	0.00	557.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	557.99	0.00	0.00	557.99

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2032473		07/31/20	08/01/20	08/15/20		145.87	0.00	0.00	145.87
	PRO FEES/ UONG								
2032341		08/06/20	07/31/20	07/31/20		1,097.87	0.00	0.00	1,097.87
	PRO FEES/ UONG								
422139		08/06/20	08/01/20	08/01/20		10,312.50	0.00	0.00	10,312.50
	PRO FEES/ UONG								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,				11,556.24	0.00	0.00	11,556.24

Vendor#	Vendor Name	Class	Pay Code
12748	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080619		08/07/20	08/06/20	08/06/20		531.33	0.00	0.00	531.33
	PATIENT REFUND								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12748	[redacted]				531.33	0.00	0.00	531.33

Vendor#	Vendor Name	Class	Pay Code
12736	[redacted]		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
073119		07/31/20	07/31/20	08/15/20		18.77	0.00	0.00	18.77
	PATIENT REFUND								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12736	[redacted]				18.77	0.00	0.00	18.77

Vendor#	Vendor Name	Class	Pay Code
K1230	KONICA MINOLTA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
231035		08/07/20	07/18/20	08/18/20		2,038.50	0.00	0.00	2,038.50
	MACHINE SERVICED (Images reader)								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	K1230	KONICA MINOLTA				2,038.50	0.00	0.00	2,038.50

Vendor#	Vendor Name	Class	Pay Code
12628	LEGATO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
C1019		08/07/20	04/30/20	05/30/20		5,629.35	0.00	0.00	5,629.35
	APRIL MARKETING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	12628	LEGATO				5,629.35	0.00	0.00	5,629.35

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
201906300837A		07/31/20	07/30/20	08/15/20		27,732.80	0.00	0.00	27,732.80
	FOOD								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11796	LUBY'S FUDDRUCKERS RESTAURANTS				27,732.80	0.00	0.00	27,732.80

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
57833148		07/31/20	06/30/20	08/15/20		958.99	0.00	0.00	958.99
	SUPPLIES								
58389081		07/31/20	07/08/20	08/15/20		508.67	0.00	0.00	508.67
	SUPPLIES								

59358867 ✓		07/31/20	07/18/20	08/15/20		-507.80	0.00	0.00	-507.80 ✓
58009814 ✓	CREDIT	08/01/20	07/02/20	08/15/20		91.48	0.00	0.00	91.48 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				1,051.34	0.00	0.00	1,051.34

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
90209325 ✓		07/31/20	07/23/20	08/15/20		407.62	0.00	0.00	407.62 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS				407.62	0.00	0.00	407.62

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
1881286553 ✓		08/01/20	07/06/20	08/15/20		125.71	0.00	0.00	125.71 ✓
	SUPPLIES								
1882411977 ✓		08/06/20	07/19/20	08/15/20		78.73	0.00	0.00	78.73 ✓
	SUPPLIES								
1882411976 ✓		08/06/20	07/19/20	08/15/20		19.96	0.00	0.00	19.96 ✓
	SUPPLIES	Freight 15.36 on 4.60 splint							
1882736681 ✓		08/06/20	07/23/20	08/17/20		32.32	0.00	0.00	32.32 ✓
	SUPPLIES								
1882736682 ✓		08/06/20	07/23/20	08/17/20		49.05	0.00	0.00	49.05 ✓
	SUPPLIES								
1882831299 ✓		08/06/20	07/24/20	08/18/20		1,585.22	0.00	0.00	1,585.22 ✓
	SUPPLIES								
1882831292 ✓		08/06/20	07/24/20	08/18/20		2,893.23	0.00	0.00	2,893.23 ✓
	SUPPLIES								
1882831295 ✓		08/06/20	07/24/20	08/18/20		26.05	0.00	0.00	26.05 ✓
	SUPPLIES	Freight 14.95 on 11.50 gloves							
1882831603 ✓		08/06/20	07/24/20	08/18/20		31.49	0.00	0.00	31.49 ✓
	SUPPLIES								
1882831280 ✓		08/06/20	07/24/20	08/18/20		50.80	0.00	0.00	50.80 ✓
	SUPPLIES								
1882831282 ✓		08/06/20	07/24/20	08/18/20		99.75	0.00	0.00	99.75 ✓
	SUPPLIES								
1882831601 ✓		08/06/20	07/24/20	08/18/20		73.77	0.00	0.00	73.77 ✓
	SUPPLIES								
1882831279 ✓		08/06/20	07/24/20	08/18/20		156.44	0.00	0.00	156.44 ✓
	SUPPLIES								
1882831604 ✓		08/06/20	07/24/20	08/18/20		21.67	0.00	0.00	21.67 ✓
	SUPPLIES	Freight 15.36 on 6.31 immobilizer							
1882980023 ✓		08/06/20	07/25/20	08/19/20		2,338.14	0.00	0.00	2,338.14 ✓
	SUPPLIES								
1882831278 ✓		08/08/20	07/24/20	08/18/20		3.09	0.00	0.00	3.09 ✓
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC				7,585.42	0.00	0.00	7,585.42

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7013278804	INVENTORY	06/24/20	06/06/20	08/21/20			2,042.45	0.00	0.00	2,042.45
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP					2,042.45	0.00	0.00	2,042.45

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
080119	PAYROLL DED	07/31/20	08/01/20	08/15/20			93.79	0.00	0.00	93.79
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP					93.79	0.00	0.00	93.79

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
~~072919~~ 6221		07/31/20	07/29/20	08/15/20			-62.85	0.00	0.00	-62.85
4511089	Inventory	07/31/20	07/30/20	08/15/20			1,212.90	0.00	0.00	1,212.90
4511090	INVENTORY	07/31/20	07/30/20	08/15/20			449.96	0.00	0.00	449.96
4509185	INVENTORY	07/31/20	07/30/20	08/15/20			255.73	0.00	0.00	255.73
4511088	INVENTORY	07/31/20	07/30/20	08/15/20			278.42	0.00	0.00	278.42
4517235	INVENTORY	07/31/20	07/31/20	08/15/20			0.10	0.00	0.00	0.10
4517237	INVENTORY	07/31/20	07/31/20	08/15/20			970.43	0.00	0.00	970.43
4517236	INVENTORY	07/31/20	07/31/20	08/15/20			23.17	0.00	0.00	23.17
4517238	INVENTORY	07/31/20	07/31/20	08/15/20			69.68	0.00	0.00	69.68
4515888	INVENTORY	07/31/20	07/31/20	08/15/20			9.55	0.00	0.00	9.55
4513983	INVENTORY	07/31/20	07/31/20	08/15/20			513.29	0.00	0.00	513.29
4521530	INVENTORY	08/07/20	08/01/20	08/11/20			287.79	0.00	0.00	287.79
4521528	INVENTORY	08/07/20	08/01/20	08/11/20			84.42	0.00	0.00	84.42
4519013	INVENTORY	08/07/20	08/01/20	08/11/20			2,585.60	0.00	0.00	2,585.60
4521529	INVENTORY	08/07/20	08/01/20	08/11/20			1,321.65	0.00	0.00	1,321.65
CM86902	INVENTORY	08/07/20	08/02/20	08/12/20			-1,372.23	0.00	0.00	-1,372.23
4525025	CREDIT	08/07/20	08/02/20	08/12/20			677.70	0.00	0.00	677.70
4525022	INVENTORY	08/07/20	08/02/20	08/12/20			179.32	0.00	0.00	179.32
	INVENTORY									

4525024		08/07/20	08/02/20	08/12/20	1,840.72	0.00	0.00	1,840.72
	INVENTORY							
4525023		08/07/20	08/02/20	08/12/20	127.15	0.00	0.00	127.15
	INVENTORY							
4525026		08/07/20	08/02/20	08/12/20	127.96	0.00	0.00	127.96
	INVENTORY							
CM87206		08/07/20	08/05/20	08/15/20	-118.50	0.00	0.00	-118.50
	CREDIT							
4533450		08/07/20	08/05/20	08/15/20	1.91	0.00	0.00	1.91
	INVENTORY							
4532011		08/07/20	08/05/20	08/15/20	2,909.50	0.00	0.00	2,909.50
	INVENTORY							
4532013		08/07/20	08/05/20	08/15/20	1,634.03	0.00	0.00	1,634.03
	INVENTORY							
4532012		08/07/20	08/05/20	08/15/20	2,494.63	0.00	0.00	2,494.63
	INVENTORY							
4537678		08/07/20	08/06/20	08/16/20	7,379.73	0.00	0.00	7,379.73
	INVENTORY							
4537677		08/07/20	08/06/20	08/16/20	17,563.19	0.00	0.00	17,563.19
	INVENTORY							
4537676		08/07/20	08/06/20	08/16/20	17.83	0.00	0.00	17.83
	INVENTORY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			41,462.78	0.00	0.00	41,462.78

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
9785111		07/31/20	07/22/20	08/16/20		118.37	0.00	0.00	118.37
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O1500	OLYMPUS AMERICA INC				118.37	0.00	0.00	118.37

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
1851050557		07/29/20	07/17/20	08/16/20		1,530.83	0.00	0.00	1,530.83
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS				1,530.83	0.00	0.00	1,530.83

Vendor#	Vendor Name			Class	Pay Code			
11069	PABLO GARZA							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080619		08/07/20	08/06/20	08/06/20		2,092.50	0.00	0.00	2,092.50
	CONTRACT EMPLOYEE (7/23-8/5/19)								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11069	PABLO GARZA				2,092.50	0.00	0.00	2,092.50

Vendor#	Vendor Name			Class	Pay Code			
11155	PARA							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5544		07/31/20	08/01/20	08/15/20		2,000.00	0.00	0.00	2,000.00
	REVENUE INTEGRITY PROGR								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11155	PARA				2,000.00	0.00	0.00	2,000.00

Vendor#	Vendor Name				Class	Pay Code				
10152	PARTSSOURCE, LLC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	~~03211943~~		07/30/20	07/18/20	08/17/20		97.53	0.00	0.00	97.53 ✓
	03217285	SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10152	PARTSSOURCE, LLC				97.53	0.00	0.00	97.53
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
	MMCR082019 ✓		07/31/20	08/02/20	08/15/20		125.00	0.00	0.00	125.00 ✓
		REHAB LAWN								
	MMC1082019A ✓		07/31/20	08/02/20	08/15/20		434.00	0.00	0.00	434.00 ✓
		LAWN HOSPITAL								
	MMC1082019 ✓		07/31/20	08/02/20	08/15/20		275.00	0.00	0.00	275.00 ✓
		CLINIC LAWN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12544	PATRICK OCHOA				834.00	0.00	0.00	834.00
Vendor#	Vendor Name				Class	Pay Code				
10737	PEM FILINGS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	00015917PEM ✓		07/31/20	08/02/20	08/15/20		3,135.64	0.00	0.00	3,135.64 ✓
		FUND YEAR 2018								
	00015916PEM ✓		07/31/20	08/02/20	08/15/20		652.19	0.00	0.00	652.19 ✓
		FUND YEAR 2018								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10737	PEM FILINGS				3,787.83	0.00	0.00	3,787.83
Vendor#	Vendor Name				Class	Pay Code				
12188	PENNY GOULDEN ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	080119		07/31/20	08/01/20	08/16/20		41.99	0.00	0.00	41.99 ✓
		TRAVEL Marketing visits to (4) pediatricians 7/24/19								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12188	PENNY GOULDEN				41.99	0.00	0.00	41.99
Vendor#	Vendor Name				Class	Pay Code				
10372	PRECISION DYNAMICS CORP (PDC) ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4589335 ✓		07/29/20	07/17/20	08/16/20		78.32	0.00	0.00	78.32 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)				78.32	0.00	0.00	78.32
Vendor#	Vendor Name				Class	Pay Code				
P1725	PREMIER SLEEP DISORDERS CENTER ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	85		07/31/20	07/30/20	08/15/20		4,000.00	0.00	0.00	4,000.00 ✓
		SLEEP STUDIES (7/2-7/30/19)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P1725	PREMIER SLEEP DISORDERS CENTER				4,000.00	0.00	0.00	4,000.00
Vendor#	Vendor Name				Class	Pay Code				
10782	PRIVATE WAIVER CLEARING ACCT ✓ listed separately as a transfer									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

	080819		08/08/20	08/08/20	08/08/20		350,000.00	0.00	0.00	350,000.00
		REPLENISH PROSPERITY PW								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10782	PRIVATE WAIVER CLEARING ACCT				350,000.00	0.00	0.00	350,000.00
Vendor#	Vendor Name					Class	Pay Code			
11137	REALITY MEDICAL IMAGING OF TX									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1R1604		08/07/20	08/06/20	08/06/20		2,817.50	0.00	0.00	2,817.50
		QRTRLY PAYMENT ON SERVI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11137	REALITY MEDICAL IMAGING OF TX				2,817.50	0.00	0.00	2,817.50
Vendor#	Vendor Name					Class	Pay Code			
I0520	RICOH USA, INC.					M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	102405131		07/30/20	07/25/20	08/19/20		5,909.84	0.00	0.00	5,909.84
		COPIER LEASE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I0520	RICOH USA, INC.				5,909.84	0.00	0.00	5,909.84
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
	701022140		07/31/20	07/17/20	08/16/20		555.66	0.00	0.00	555.66
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1405	SERVICE SUPPLY OF VICTORIA INC				555.66	0.00	0.00	555.66
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
	71365		07/31/20	07/25/20	08/15/20		116.23	0.00	0.00	116.23
		SUPPLIES								
	72934		07/31/20	07/29/20	08/15/20		62.92	0.00	0.00	62.92
		SUPPLIES								
	74708		07/31/20	08/02/20	08/17/20		83.75	0.00	0.00	83.75
		SUPPLIES								
	75028		08/06/20	08/02/20	08/17/20		38.06	0.00	0.00	38.06
		SUPPLIES								
	75077		08/06/20	08/02/20	08/17/20		20.62	0.00	0.00	20.62
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS				321.58	0.00	0.00	321.58
Vendor#	Vendor Name					Class	Pay Code			
K0536	SHIRLEY KARNEI									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	080619		08/07/20	08/06/20	08/06/20		634.37	0.00	0.00	634.37
		CONTRACT EMPLOYEE (7/24-8/6/19)								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		K0536	SHIRLEY KARNEI				634.37	0.00	0.00	634.37
Vendor#	Vendor Name					Class	Pay Code			
10699	SIGN AD, LTD.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	240650		08/06/20	08/01/20	08/11/20		390.00	0.00	0.00	390.00
		AD								

240642		08/06/20	08/01/20	08/11/20		390.00	0.00	0.00	390.00
	AD								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.				780.00	0.00	0.00	780.00
Vendor#	Vendor Name				Class	Pay Code			
10494	SPECTRA CORP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00020627RH		07/31/20	08/02/20	08/16/20			978.28	0.00	0.00	978.28
	FUND YEAR 2018									
00020628RH		07/31/20	08/02/20	08/16/20			4,703.46	0.00	0.00	4,703.46
	FUND YEAR 2018									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10494	SPECTRA CORP					5,681.74	0.00	0.00	5,681.74
Vendor#	Vendor Name				Class	Pay Code			
S3960	STERICYCLE, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4008672353		07/31/20	07/01/20	08/15/20			2,300.00	0.00	0.00	2,300.00
	DISPOSAL SERVICE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC					2,300.00	0.00	0.00	2,300.00
Vendor#	Vendor Name				Class	Pay Code			
12704	TEXAS BURNER & BOILER SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3235		07/22/20	07/16/20	08/16/20			1,180.00	0.00	0.00	1,180.00
	TROUBLESHOOT BOILERS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12704	TEXAS BURNER & BOILER SERVICES					1,180.00	0.00	0.00	1,180.00
Vendor#	Vendor Name				Class	Pay Code			
T2250	THYSSENKRUPP ELEVATOR CORP				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6000381112		08/02/20	07/18/20	08/15/20			907.50	0.00	0.00	907.50
	SAFETY INSPECTION INSTAM									
6000382083		08/02/20	07/24/20	08/15/20			907.50	0.00	0.00	907.50
	SAFETYINSPECTION INSTALL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP ELEVATOR CORP					1,815.00	0.00	0.00	1,815.00
Vendor#	Vendor Name				Class	Pay Code			
U1064	UNIFIRST HOLDINGS INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400306719		07/25/20	07/22/20	08/16/20			47.15	0.00	0.00	47.15
	LAUNDRY									
8400306750		07/25/20	07/22/20	08/16/20			1,328.86	0.00	0.00	1,328.86
	LAUNDRY									
8400306720		07/25/20	07/22/20	08/16/20			57.35	0.00	0.00	57.35
	LAUNDRY									
8400307062		07/25/20	07/25/20	08/19/20			170.56	0.00	0.00	170.56
	LAUNDRY									
8400307063		07/25/20	07/25/20	08/19/20			175.83	0.00	0.00	175.83
	LAUNDRY									
8400307090		07/25/20	07/25/20	08/19/20			1,144.50	0.00	0.00	1,144.50
	LAUNDRY									

8400307057	07/25/20	07/25/20	08/19/20	18.62	0.00	0.00	18.62
LAUDNRY							
8400307060	07/25/20	07/25/20	08/19/20	120.39	0.00	0.00	120.39
LAUNDRY							
8400307082	07/25/20	07/25/20	08/19/20	80.83	0.00	0.00	80.83
LAUNDRY							
8400307117	07/25/20	07/25/20	08/19/20	150.38	0.00	0.00	150.38
LAUNDRY							
8400307061	07/31/20	07/25/20	08/19/20	162.85	0.00	0.00	162.85
LAUNDRY							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC		3,457.32	0.00	0.00	3,457.32

Vendor#	Vendor Name	Class	Pay Code
U1350	UPS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0000778941299		07/31/20	07/20/20	08/15/20			255.53	0.00	0.00	255.53
	SHIPPING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1350	UPS					255.53	0.00	0.00	255.53

Vendor#	Vendor Name	Class	Pay Code
12732	VERUS TREE CONSULTING, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MED062519INV		07/31/20	06/27/20	08/15/20			654.00	0.00	0.00	654.00
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	12732	VERUS TREE CONSULTING, INC.					654.00	0.00	0.00	654.00

Vendor#	Vendor Name	Class	Pay Code
V1471	VICTORIA RADIOWORKS, LTD	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
19070201		08/06/20	07/31/20	07/31/20			280.00	0.00	0.00	280.00
	AD									
19070200		08/06/20	07/31/20	07/31/20			280.00	0.00	0.00	280.00
	AD									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD					560.00	0.00	0.00	560.00

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9110698297		07/31/20	07/16/20	08/15/20			2,184.87	0.00	0.00	2,184.87
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					2,184.87	0.00	0.00	2,184.87

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	672,108.20	0.00	0.00	672,108.20

pg 12 <350,000.00>

$322,108.20

APPROVED ON

AUG 09 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

672,108.20 +
350,000.00 -
322,108.20 *

CK# 181870-
181945

RUN DATE: 08/08/19
TIME: 10:46

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
1303868	[redacted]	080819	229.23		3	[redacted]	
1309739		080819	86.67		2		
1335089		080819	318.08		2		
1343292		080819	50.76		2		
1349548		080819	100.00		2		
1354583		080819	214.03		2		
1361297		080819	941.92		2		
1389848		080819	148.43		2		
C00012		080819	11.67		2		
	ARID=0001 TOTAL		2100.79				
TOTAL			2100.79				

APPROVED
ON
AUG 09 2019

CK# 181949-
181957

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/08/2019 MEMORIAL MEDICAL CENTER 0
10:40 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11816	ASHFORD GARDENS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
080219		08/02/2019	08/02/2019	08/22/2019			5,115.00	0.00	0.00	5,115.00 ✓
	TRANSFER Nursing home pymt sent to MMC in error									
080219A		08/02/2019	08/02/2019	08/22/2019			280.00	0.00	0.00	280.00 ✓
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDEN	5,395.00	0.00	0.00	5,395.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	5,395.00	0.00	0.00	5,395.00

APPROVED
ON
AUG 09 2019 CK# 181944

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/08/2019
10:39

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
12696	GULF POINTE PLAZA ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
073119	07/31/2019	07/31/2019	08/22/2019				1,800.00	0.00	0.00	1,800.00 ✓

TRANSFER Nursing home insurance pymt sent to MMC in error

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12696	GULF POINTE PLAZ	1,800.00	0.00	0.00	1,800.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,800.00	0.00	0.00	1,800.00

APPROVED
ON
AUG 09 2019

CK# 181948

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/08/2019
10:39

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
073119	08/02/2019	07/31/2019	08/22/2019				2,430.30	0.00	0.00	2,430.30
	TRANSFER Nursing home insurance pymt sent to MMC in error									
080219	08/02/2019	08/02/2019	08/22/2019				868.89	0.00	0.00	868.89
	TRANSFER Nursing home insurance pymt sent to MMC in error									
080219A	08/02/2019	08/02/2019	08/22/2019				180.02	0.00	0.00	180.02
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	3,479.21	0.00	0.00	3,479.21

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	3,479.21	0.00	0.00	3,479.21

APPROVED
ON
AUG 09 2019

CK# 181947

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/09/2019
13:30

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/21/2019

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIOI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
38154	08/09/2019	07/31/2019	08/10/2019				40,062.50	0.00	0.00	40,062.50
	ER STAFFING (14-EOM)									

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

Report Summary

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

APPROVED
ON
AUG 09 2019

CK# 181893

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:08/12/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:39 CHECK REGISTER GLCKREG
08/14/19 THRU 08/14/19

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181870	08/14/19	199.89	ACCENT
A/P	181871	08/14/19	42.95	ACE HARDWARE 15521
A/P	181872	08/14/19	1,400.00	ACUTE CARE INC
A/P	181873	08/14/19	269.12	ADRIANNA GALVAN
A/P	181874	08/14/19	1,633.43	AIR SPECIALTY & EQUIPMENT CO
A/P	181875	08/14/19	53.22	AIRGAS USA, LLC - CENTRAL DIV
A/P	181876	08/14/19	112.27	ALIMED INC.
A/P	181877	08/14/19	3,055.50	ALLYSON SWOPE
A/P	181878	08/14/19	125.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	181879	08/14/19	3,922.56	BAXTER HEALTHCARE
A/P	181880	08/14/19	1,388.70	BECKMAN COULTER INC
A/P	181881	08/14/19	21,701.09	BIOFIRE DIAGNOSTICS LLC
A/P	181882	08/14/19	918.76	BUILDING KID STEPS
A/P	181883	08/14/19	1,580.48	CALHOUN COUNTY
A/P	181884	08/14/19	180.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	181885	08/14/19	309.60	CDW GOVERNMENT, INC.
A/P	181886	08/14/19	30.92	CENTERPOINT ENERGY
A/P	181887	08/14/19	640.00	CHRIS KOVAREK
A/P	181888	08/14/19	.00	VOIDED
A/P	181889	08/14/19	1,647.22	DEWITT POTH & SON
A/P	181890	08/14/19	124,715.69	DISCOVERY MEDICAL NETWORK INC
A/P	181891	08/14/19	165.10	DOWNTOWN CLEANERS
A/P	181892	08/14/19	751.70	DSHS CENTRAL LAB MC2004
A/P	181893	08/14/19	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	181894	08/14/19	154.99	ERBE USA INC SURGICAL SYSTEMS
A/P	181895	08/14/19	495.00	FASTHEALTH CORPORATION
A/P	181896	08/14/19	63.49	FEDERAL EXPRESS CORP.
A/P	181897	08/14/19	4,377.28	FISHER HEALTHCARE
A/P	181898	08/14/19	640.86	FRONTIER
A/P	181899	08/14/19	303.96	GLAXOSMITHKLINE PHARMACUETICAL
A/P	181900	08/14/19	2,480.40	GULF COAST PAPER COMPANY
A/P	181901	08/14/19	75.28	HILL-ROM COMPANY, INC
A/P	181902	08/14/19	3,306.56	HOLOGIC INC
A/P	181903	08/14/19	720.02	INDEED, INC.
A/P	181904	08/14/19	250.00	ITERSOURCE CORPORATION
A/P	181905	08/14/19	557.99	J & J HEALTH CARE SYSTEMS, INC
A/P	181906	08/14/19	11,556.24	JACKSON & COKER LOCUM TENENS,
A/P	181907	08/14/19	531.33	JESSICA BIFFLE
A/P	181908	08/14/19	18.77	JOHN DUFNER
A/P	181909	08/14/19	2,038.50	KONICA MINOLTA
A/P	181910	08/14/19	5,629.35	LEGATO
A/P	181911	08/14/19	27,732.80	LUBY'S FUDDRUCKERS RESTAURANTS
A/P	181912	08/14/19	1,051.34	MCKESSON MEDICAL SURGICAL INC
A/P	181913	08/14/19	407.62	MEDIVATORS
A/P	181914	08/14/19	.00	VOIDED
A/P	181915	08/14/19	7,585.42	MEDLINE INDUSTRIES INC
A/P	181916	08/14/19	2,042.45	MERCK SHARP & DOHME CORP
A/P	181917	08/14/19	93.79	MMC AUXILIARY GIFT SHOP
A/P	181918	08/14/19	.00	VOIDED
A/P	181919	08/14/19	41,462.78	MORRIS & DICKSON CO, LLC

Payables

critical

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181920	08/14/19	118.37	OLYMPUS AMERICA INC
A/P	181921	08/14/19	1,530.83	ORTHO CLINICAL DIAGNOSTICS
A/P	181922	08/14/19	2,092.50	PABLO GARZA
A/P	181923	08/14/19	2,000.00	PARA
A/P	181924	08/14/19	97.53	PARTSSOURCE, LLC
A/P	181925	08/14/19	834.00	PATRICK OCHOA
A/P	181926	08/14/19	3,787.83	PEM FILINGS
A/P	181927	08/14/19	41.99	PENNY GOULDEN
A/P	181928	08/14/19	78.32	PRECISION DYNAMICS CORP (PDC)
A/P	181929	08/14/19	4,000.00	PREMIER SLEEP DISORDERS CENTER
A/P	181930	08/14/19	350,000.00	PRIVATE WAIVER CLEARING ACCT — Transfer
A/P	181931	08/14/19	2,817.50	REALITY MEDICAL IMAGING OF TX
A/P	181932	08/14/19	5,909.84	RICOH USA, INC.
A/P	181933	08/14/19	555.66	SERVICE SUPPLY OF VICTORIA INC
A/P	181934	08/14/19	321.58	SHERWIN WILLIAMS
A/P	181935	08/14/19	634.37	SHIRLEY KARNEI
A/P	181936	08/14/19	780.00	SIGN AD, LTD.
A/P	181937	08/14/19	5,681.74	SPECTRA CORP
A/P	181938	08/14/19	2,300.00	STERICYCLE, INC
A/P	181939	08/14/19	1,180.00	TEXAS BURNER & BOILER SERVICES
A/P	181940	08/14/19	1,815.00	THYSSENKRUPP ELEVATOR CORP
A/P	181941	08/14/19	3,457.32	UNIFIRST HOLDINGS INC
A/P	181942	08/14/19	255.53	UPS
A/P	181943	08/14/19	654.00	VERUS TREE CONSULTING, INC.
A/P	181944	08/14/19	560.00	VICTORIA RADIOWORKS, LTD
A/P	181945	08/14/19	2,184.87	WERFEN USA LLC
A/P	181946	08/14/19	5,395.00	ASHFORD GARDENS
A/P	181947	08/14/19	3,479.21	GOLDENCREEK HEALTHCARE
A/P	181948	08/14/19	1,800.00	GULF POINTE PLAZA
A/P	181949	08/14/19	100.00	[redacted]
A/P	181950	08/14/19	941.92	
A/P	181951	08/14/19	318.08	
A/P	181952	08/14/19	11.67	
A/P	181953	08/14/19	86.67	
A/P	181954	08/14/19	229.23	
A/P	181955	08/14/19	50.76	
A/P	181956	08/14/19	214.03	
A/P	181957	08/14/19	148.43	
TOTALS:			724,945.70	

Nursing Homes

patient refunds

APPROVED
ON

AUG 14 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 322,108.20 +
Patient Refunds 2,100.79 +
Nursing Homes 5,395.00 +
1,800.00 +
3,479.21 +
40,062.50 +
Transfer 350,000.00 +
724,945.70

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: 08/09/2019 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 08/10/2019

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

As of: 08/09/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 08/10/2019 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: 3,132.06 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 08/13/2019,
Pay This Amount: 3,069.42 USD

If Paid After 08/13/2019,
Pay this Amount: 3,132.06 USD

Due If Paid On Time:
USD 3,069.42

Disc lost if paid late: 62.64

Due If Paid Late:
USD 3,132.06

Ck# 500020
Gl# 1003100000

APPROVED
ON
AUG 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

1,832.86 *
667.74 *
324.16 *
244.66 *
3,069.42 *

McKESSON

Company: 8000

STATEMENT

As of: 08/09/2019 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 08/10/2019

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: 08/09/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 **PLEASE CHECK ANY**
Date: 08/10/2019 **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											
08/05/2019	08/13/2019	7148931254	1266052889	115Invoice	7.55	377.68		370.13	✓	7148931254	
08/06/2019	08/13/2019	7149224540	0805190557-00	115Invoice	1.92	96.12		94.20	✓	7149224540	
08/06/2019	08/13/2019	7149346473	752496391	195Invoice	0.01	0.63		0.62	✓	7149346473	
08/06/2019	08/13/2019	7149400325	0000519AS	115Invoice	3.69	184.66		180.97	✓	7149400325	
08/07/2019	08/13/2019	7149446153	2666133308	115Invoice	0.02	0.96		0.94	✓	7149446153	
08/07/2019	08/13/2019	7149457057	0806190328-00	115Invoice	0.45	22.38		21.93	✓	7149457057	
08/07/2019	08/13/2019	7149589913	752755048	195Invoice	4.35	217.43		213.08	✓	7149589913	
08/08/2019	08/13/2019	7149707204	2666134543	115Invoice	3.78	189.11		185.33	✓	7149707204	
08/08/2019	08/13/2019	7149707206	0807190341-00	115Invoice	0.02	0.95		0.93	✓	7149707206	
08/08/2019	08/13/2019	7149885951	0000080719AS	115Invoice	0.01	0.32		0.31	✓	7149885951	
08/09/2019	08/13/2019	7149962256	2666139071	115Invoice	0.01	0.49		0.48	✓	7149962256	
08/09/2019	08/13/2019	7149962257	0808190217-00	115Invoice	5.27	263.42		258.15	✓	7149962257	
08/09/2019	08/13/2019	7150101177	753296709	195Invoice	0.02	0.95		0.93	✓	7150101177	
08/09/2019	08/13/2019	7150136751	000080819TM	115Invoice	10.30	515.16		504.86	✓	7150136751	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 1,870.26 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,391.23
08/05/2019

If Paid By 08/13/2019, Pay This Amount: 1,832.86 USD

If Paid After 08/13/2019, Pay this Amount: 1,870.26 USD

Due If Paid On Time: USD 1,832.86

Disc lost if paid late: 37.40

Due If Paid Late: USD 1,870.26

APPROVED
ON
AUG 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/09/2019 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 08/10/2019

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

As of: 08/09/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 08/10/2019 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											
08/08/2019	08/13/2019	7149705222	534322	115Invoice	13.56	677.95		664.39	✓	7149705222	
08/08/2019	08/13/2019	7149705225	534322	115Invoice	0.07	3.42		3.35	✓	7149705225	

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: 681.37 USD

Future Due:	0.00			**Due If Paid On Time:** USD	667.74
Past Due:	0.00	**If Paid By 08/13/2019, Pay This Amount:**	667.74 USD	**Disc lost if paid late:**	13.63
Last Payment 08/05/2019	5,391.23	**If Paid After 08/13/2019, Pay this Amount:**	681.37 USD	**Due If Paid Late:** USD	681.37

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CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

CVS PHCY 7475/MEM MC PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/09/2019 Page: 001

DC: 8115

Territory: 400

Customer: 835438
Date: 08/10/2019

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

As of: 08/09/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 08/10/2019 **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 835438 CVS PHCY 7475/MEM MC PHS											
08/08/2019	08/13/2019	7149850258	534382	115Invoice	6.62	330.78		324.16		7149850258	

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

TOTAL: Customer Number 835438 CVS PHCY 7475/MEM MC PHS

Subtotals: 330.78 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,391.23
08/05/2019

If Paid By 08/13/2019, Pay This Amount: 324.16 USD

If Paid After 08/13/2019, Pay this Amount: 330.78 USD

Due If Paid On Time: USD 324.16

Disc lost if paid late: 6.62

Due If Paid Late: USD 330.78

APPROVED
ON
AUG 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 08/09/2019 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 08/10/2019

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

As of: 08/09/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 08/10/2019 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											
08/07/2019	08/13/2019	7149464386	2017009173	115Invoice	4.40	219.93		215.53	✓	7149464386	
08/09/2019	08/13/2019	7149952657	2017009214	115Invoice	0.59	29.72		29.13	✓	7149952657	

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: 249.65 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,391.23
08/05/2019

If Paid By 08/13/2019,
Pay This Amount: 244.66 USD

If Paid After 08/13/2019,
Pay this Amount: 249.65 USD

Due If Paid On Time:
USD 244.66

Disc lost if paid late: 4.99

Due If Paid Late:
USD 249.65

APPROVED
ON
AUG 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen®

STATEMENT

Number: 58241714 Date: 08-09-2019

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:	1,374.63
Past Due:	0.00
Total Due:	1,374.63
Account Balance:	1,374.63

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
08-05-2019	08-16-2019	3025774093	148875	Invoice	18.81
08-05-2019	08-16-2019	3025774094	148876	Invoice	14.84
08-05-2019	08-16-2019	3025825550	148923	Invoice	0.30
08-06-2019	08-16-2019	3025859367	148935	Invoice	1,056.13
08-06-2019	08-16-2019	3025859368	148936	Invoice	0.96
08-07-2019	08-16-2019	3025908141	148994	Invoice	278.38
08-08-2019	08-16-2019	3025959986	149038	Invoice	1.61
08-09-2019	08-16-2019	3026014980	149210	Invoice	3.60

Thank You for Your Payment

Date	Payment Number	Amount
08-09-2019		(140.90)

Reminders

Due Date	Amount
08-16-2019	~~1,374.63~~
Total Due:	1,374.63

Terms:
Monday - Friday due in 7 days

Ck# 500021
GL# 10031000

APPROVED
ON
AUG 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

		####	ENTER:	
☐	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐	"ENTER YOUR 4-DIGIT PIN"			
☐	"MAKE A PAYMENT, PRESS 1"		1	
☐	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐	"IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐	"ENTER 2-DIGIT TAX FILING YEAR"	★	19	
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	9	
	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"	★	$ 447.78	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 362.90	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 84.88	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ -	#
		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
E			N		N	N	N	2926.57

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		A/R2		A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D		CAFE-F	
CAFE-H		CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	
CLINIC		COMBIN		CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX		FICA-M	42.44	FICA-O	181.45
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL		MASA		MEALS	
MISC		MISC/		MMCSHR	
NATFML		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	
STONE		STONE2		STUDEN	
SUNACC		SUNILL		SUNLIF	
SUNSTD		SUNVIS		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R		TUTION		UNIFOR	
UW/HOS					

Grand Totals: ------- (Gross: 2926.57 Deductions: 223.89 Net: 2702.68)

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

Supplemental Payroll

on we go

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --August 5, 2019 - August 11, 2019

Date	Bank Description	MMC Notes	Amount
8/5/2019	ACH Payment FDGL LEASE PYMT 052-1479213-000 410001297466	- Credit Card Machine Lease Expense	43.26
8/5/2019	ACH Payment FDGL LEASE PYMT 052-1479214-000 410001297466	- Credit Card Machine Lease Expense	40.02
8/5/2019	ACH Payment FDGL LEASE PYMT 052-1479468-000 410001297467	- Credit Card Machine Lease Expense	69.24
8/5/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000694322508	- 3rd Party Payor Fee	7.42
8/6/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03883074 910000134	- 340B Drug Program Expense	*5,391.23
8/6/2019	ACH Payment MERCH BNKCD DISCOUNT 971160910883 1149025200	- Credit Card Processing Fee	19.95
8/6/2019	ACH Payment MERCH BNKCD DISCOUNT 971160913887 1149025200	- Credit Card Processing Fee	276.65
8/6/2019	ACH Payment MERCH BNKCD FEE 971160910883 114902520001525	- Credit Card Processing Fee	9.95
8/6/2019	ACH Payment MERCH BNKCD FEE 971160913887 114902520001526	- Credit Card Processing Fee	198.54
8/6/2019	ACH Payment MERCH BNKCD INTERCHNG 971160913887 114902520	- Credit Card Processing Fee	176.51
8/6/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000695266087	- 3rd Party Payor Fee	2.31
8/7/2019	ACH Payment CLEARGAGE LLC CLEARGAGE, 7GF7XJ9NJRA 2420717	- Patient Financing Service	64.00
8/7/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000696164947	- 3rd Party Payor Fee	6.03
8/8/2019	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000015293857	-Child Support Payment -Payroll Ending 7/1/19	*347.65
8/9/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Expense	*140.90
8/9/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000697550583	- 3rd Party Payor Fee	4.85
8/9/2019	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122657029793	- Payroll	*307,331.48
			314,129.99

CPSI "Handwritten"

Credit Card Lease Fees
43.26 +
40.02 +
69.24 +
19.95 +
276.65 +
9.95 +
198.54 +
176.51 +
834.12 *

Pay Plus
7.42 +
2.31 +
6.03 +
4.85 +
20.61 *

Clear-gase
64.00 +
64.00 *

834.12 +
20.61 +
64.00 +
918.73 *

314,129.99 +
5,391.23 -
347.65 -
140.90 -
307,331.48 -
918.73 *

Diane Moore, CFO
Memorial Medical Center

August 12, 2019

* Approved 0807.19 cc

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
8/15/2019	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024329	- Retirement Funding	141,470.31
8/19/2019	ACH Payment WEBFILE TAX PYMT DD	- Sales Tax	1,861.58
			143,331.89

Diane Moore, CFO
Memorial Medical Center

August 12, 2019

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	181843	08/07/19	150.00	[redacted]
A/P	181844	08/07/19	163.43	
A/P	181845	08/07/19	18.23	
A/P	181846	08/07/19	47.23	
A/P	181847	08/07/19	38.40	
A/P	181848	08/07/19	33.64	
A/P	181849	08/07/19	22.22	
A/P	181850	08/07/19	227.84	
A/P	181851	08/07/19	29.12	
A/P	181852	08/07/19	339.08	
A/P	181853	08/07/19	38.00	
A/P	181854	08/07/19	26.26	
A/P	181855	08/07/19	42.89	
A/P	181856	08/07/19	67.90	
A/P	181857	08/07/19	106.36	
A/P	181858	08/07/19	133.07	
A/P	181859	08/07/19	269.40	
A/P	181860	08/07/19	12.77	
A/P	181861	08/07/19	650.00	
A/P	181862	08/07/19	1,814.52	ASHFORD GARDENS
A/P	181863	08/07/19	2,354.00	BROADMOOR AT CREEKSIDE PARK
A/P	181864	08/07/19	48,423.89	GOLDENCREEK HEALTHCARE
A/P	181865	08/07/19	8,100.00	GULF POINTE PLAZA
A/P	181866	08/07/19	982.66	THE CRESCENT
A/P	181867	08/07/19	16,650.00	ASHFORD GARDENS
A/P	181868	08/07/19	225.00	US POSTAL SERVICE
A/P *	181869	08/07/19	2,200.00	US POSTAL SERVICE
A/P *	200013	08/08/19	347.65	EXPERTPAY
A/P	300071	08/05/19	43.26	FDGL LEASE PAYMENT
A/P	300072	08/05/19	40.02	FDGL LEASE PAYMENT
A/P	300073	08/05/19	69.24	FDGL LEASE PAYMENT
A/P	300074	08/05/19	7.42	PAY PLUS
A/P	300075	08/06/19	19.95	MERCH BNKCD DISCOUNT
A/P	300076	08/06/19	276.65	MERCH BNKCD DISCOUNT
A/P	300077	08/06/19	9.95	MERCH BNKCD FEE
A/P	300078	08/06/19	198.54	MERCH BNKCD FEE
A/P	300079	08/06/19	176.51	MERCH BNKCD INTERCHANGE
A/P	300080	08/06/19	2.31	PAY PLUS
A/P	300081	08/07/19	6.03	PAY PLUS
A/P *	300082	08/09/19	4.85	PAY PLUS
A/P	500018	08/06/19	5,391.23	MCKESSON
A/P *	500019	08/09/19	140.90	AMERISOURCE
A/P	700008	08/07/19	64.00	CLEARGAGE LLC
TOTALS:			582,980.73	

Eletronic Transfers Register

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: PRIVATE WAIVER - PROSPERITY

Date Requested: 8/8/19

APPROVED ON AUG 0 9 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 181930

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

AMOUNT: $350,000.00

G/L NUMBER: 10000004

EXPLANATION: REPLENISH PROSPERITY PRIVATE WAIVER FUNDS OUT OF MMC OPERATING

REQUESTED BY: Caitlin Clevenger

AUTHORIZED BY:

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/12/2019

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	:	156,982.04	156,836.48	97,795.53		-	97,941.09	79,691.54
						Bank Balance	97,941.09	
						Variance	-	
						Leave In Balance	100.00	
							-	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	18,103.99	
						July Interest	45.56	
						August Interest	-	
						September Interest	-	
						Adjust Balance/Transfer Amt	79,691.54	
Broadmoor		106,943.19	106,793.60	15,855.06		-	16,004.65	12,362.09
						Bank Balance	16,004.65	
						Variance	-	
						Leave In Balance	100.00	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	3,492.97	
						July Interest	49.59	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	12,362.09	
Crescent		47,259.57	47,091.13	8,947.93		-	9,116.37	5,458.76
						Bank Balance	9,116.37	
						Variance	-	
						Leave In Balance	100.00	
							-	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	3,489.17	
						July Interest	68.44	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	5,458.76	
Fort Bend		82,274.63	82,158.34	35,088.16		-	35,204.45	29,233.72
						Bank Balance	35,204.45	
						Variance	-	
						Leave In Balance	100.00	
							-	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	5,854.44	
						July Interest	16.29	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	29,233.72	
Solera at W Houston	216844438	174,104.44	173,903.06	155,901.80			156,103.18	150,679.27
						Bank Balance	156,103.18	
						Variance	-	
						Leave In Balance	100.00	
							-	
						MMC Portion QIPP 1	-	
						MMC Portion QIPP 2,3,Lapse	5,222.53	
						July Interest	101.38	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	150,679.27	

TOTAL TRANSFERS	277,425.38

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

79,691.54 +
12,362.09 +
5,458.76 +
29,233.72 +
150,679.27 +
277,425.38 *

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

Approved:
Diane C. Moore, CFO 8/12/2019

APPROVED
ON
AUG 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ashford Gardens

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/5/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		164.82					-	164.82
8/5/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		4100					-	4,100.00
8/5/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390860 8300005920792		5728.43					-	5,728.43
8/5/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		8760.32					-	8,760.32
8/7/2019 CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	124597.11						-	-
8/7/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00828758 42000019		36207.98		36,207.98			18,103.99	18,103.99
8/7/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2256.36					-	2,256.36
8/7/2019 -ACH Deposit HHP EFPAYMENT 390860 91000012614970 DISDATA		3032.53					-	3,032.53
8/8/2019 Deposit		18464.52					-	18,464.52
8/8/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		585					-	585.00
8/8/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		683.31					-	683.31
8/8/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		241.71					-	241.71
8/9/2019 Check#64	32239.37						-	-
8/9/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		11880					-	11,880.00
8/9/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		5690.55					-	5,690.55
	156,836.48	97,795.53	-	36,207.98	-	-	18,103.99	79,691.54

Broadmoor

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/5/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000153		1219.11					-	1,219.11
8/6/2019 ACH Deposit HUMANA CHA DISB HCCLAIMPMT 390861 4200001828		2860.16					-	2,860.16
8/7/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	100582.72						-	-
8/7/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00828970 42000019		6985.94		6,985.94			3,492.97	3,492.97
8/7/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		0.04					-	0.04
8/7/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000164		2435.81					-	2,435.81
8/8/2019 Deposit		2354					-	-
8/9/2019 Check#30	6210.88						-	-
	106,793.60	15,855.06	-	6,985.94	-	-	3,492.97	10,008.09

Crescent

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/7/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	40889.7						-	-
8/7/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00828946 42000019		6978.33		6,978.33			3,489.17	3,489.17
8/7/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		401.42					-	-
8/8/2019 Deposit		982.66					-	982.66
8/8/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		585.52					-	585.52
8/9/2019 Check#59	6201.43						-	-
	47,091.13	8,947.93	-	6,978.33	-	-	3,489.17	5,057.35

Fort Bend

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/6/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		28.07					-	28.07
8/7/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	71700.19						-	-
8/7/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00828804 42000019		11708.87		11,708.87			5,854.44	5,854.44
8/7/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000004294 41		6750					-	6,750.00
8/8/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000004294 41		4095					-	-
8/9/2019 Check#57	10458.15						-	-
8/9/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000141		12506.22					-	12,506.22
	82,158.34	35,088.16	-	11,708.87	-	-	5,854.44	25,138.73

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/5/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3105533169 111000		321.03					-	321.03
8/5/2019 ACH Deposit United HealthCar HCCLAIMPMT 746003411 124384		150					-	150.00
8/5/2019 ACH Deposit HUMANA INS CO EFPAYMENT 390862 8300005920792		2627.92					-	2,627.92
8/5/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		9842.65					-	9,842.65
8/6/2019 ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		5740					-	5,740.00
8/7/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	164621.43						-	-
8/7/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00828924 42000019		10445.05		10,445.05			5,222.53	5,222.53
8/7/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		39285.38					-	39,285.38
8/7/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6559.88					-	6,559.88
8/7/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000164		21942.85					-	21,942.85
8/8/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000002482 41		877.5					-	877.50
8/8/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		3674.07					-	3,674.07
8/8/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6276.39					-	6,276.39
8/8/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000152		25067.35					-	-
8/9/2019 Check#57	9281.63						-	-
8/9/2019 ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		18900					-	18,900.00
8/9/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000141		4191.73					-	4,191.73
	173,903.06	155,901.80	-	10,445.05	-	-	5,222.53	125,611.93
TOTALS	566,782.61	313,588.48	-	72,326.17	-	-	36,163.09	245,507.63

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING [redacted]	[redacted]	
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ★	$142,188.90	$97,941.09
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ★	$21,076.80	$16,004.65
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ★	$10,955.88	$9,116.37
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ★	$169,212.43	$156,103.18
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ★	$35,792.80	$35,204.45
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
8/12/2019

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		120,282.13	120,162.30	55,440.34	-	-	55,560.17	55,440.34
						Bank Balance	55,560.17	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1		
						MMC Portion QIPP 2,3,Lapse		
						July Interest	19.83	
						August Interest	-	
						September Interest	-	
							-	
							-	
						Adjust Balance/Transfer Amt	55,440.34	

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

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

Approved:
Diane C. Moore, CFO 8/12/2019

APPROVED
ON
AUG 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/5/2019 ACH Deposit TSYS/TRANSFIRST BKCD STLMT 543684555876917 9		1064					-	1,064.00
8/7/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	86652.04						-	-
8/7/2019 ACH Deposit TSYS/TRANSFIRST BKCD STLMT 543684555876917 9		4712					-	4,712.00
8/8/2019 Deposit		48423.89					-	-
8/8/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000152		1240.45					-	1,240.45
8/9/2019 Check#40	33510.26						-	-
	120,162.30	55,440.34	-	-	-	-	-	7,016.45

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 *4454 ★	$60,572.14	$55,560.17
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
8/12/2019

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		100.17	-	-		-	-	100.17	No Transfer
							Bank Balance	100.17	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2,3,Lapse	-	
							July Interest	0.04	
							August Interest	-	
							September Interest	-	
								-	
								-	
								-	
							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		2,183.57	-	8,711.36		-	-	10,894.93	10,793.33
							Bank Balance	10,894.93	
							Variance	-	
							Leave in Balance	100.00	
							MMC Portion QIPP 1	-	
							MMC Portion QIPP 2,3,Lapse	-	
							July Interest	1.60	
							August Interest	-	
							September Interest	-	
								-	
								-	
								-	
							Adjust Balance/Transfer Amt	10,793.33	
						TOTAL TRANSFERS		10,793.33	

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:
Diane C. Moore, CFO

8/12/2019

APPROVED
ON
AUG 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Gulf Pointe Plaza-Medicare/Medicaid	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/5/2019 ACH Deposit CENTENE CORP HCCLAIMPMT 61000102186659		611.36					-	-
8/8/2019 Deposit		8100					-	8,100.00
	-	8,711.36	-	-	-	-	-	8,100.00

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 *5433 ★	$100.17	$100.17
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID *5441 ★	$10,894.93	$10,894.93

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 8/12/19

APPROVED ON
AUG 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $18,103.99

G/L NUMBER: 21000012

CK# 000005

EXPLANATION: ASHFORD- To transfer funds for Comp 2,3, & Lapse- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000065	08/14/19	18,103.99	MMC OPERATING
TOTALS:			18,103.99	

AshFund

APPROVED
ON

AUG 14 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 8/12/19

APPROVED ON AUG 12 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 000031

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

AMOUNT: $3,492.97

G/L NUMBER: 21000009

EXPLANATION: BROADMOOR- To transfer funds for Comp 2,3, & Lapse- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000031	08/14/19	3,492.97	MMC OPERATING Braidmoor
TOTALS:			3,492.97	

APPROVED
ON

AUG 14 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 8/12/19

APPROVED ON AUG 12 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

CL#000060

AMOUNT: $3,489.17

G/L NUMBER: 21000010

EXPLANATION: CRESCENT- To transfer funds for Comp 2,3, & Lapse- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE	
NHC	000060	08/14/19	3,489.17	MMC OPERATING	Crescent
TOTALS:			3,489.17		

APPROVED
ON

AUG 14 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 8/12/19

APPROVED ON AUG 12 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $5,854.44

G/L NUMBER: 21000008

CK# 000058

EXPLANATION: FORT BEND- To transfer funds for Comp 2,3, & Lapse- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHF	000058	08/14/19	5,854.44	MMC OPERATING
TOTALS:			5,854.44	

First Bend

APPROVED
ON

AUG 14 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 8/12/19

APPROVED ON AUG 12 2019

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

CK# 000058

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

AMOUNT: $5,222.53

G/L NUMBER: 21000011

EXPLANATION: SOLERA- To transfer funds for Comp 2,3, & Lapse- QIPP payment.

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000058	08/14/19	5,222.53	MMC OPERATING
TOTALS:			5,222.53	

Salem

APPROVED
ON

AUG 14 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **8/14/19**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1	QIPP COMP 2,3, LAPSE			TOTAL		Date
Ashford	10000018 - Prosperity	65	MMC -Prosperity Operating #10000001	21000012		18,103.99			18,103.99		8/14/2019
Broadmoor	10000019 - Prosperity	31	MMC -Prosperity Operating #10000001	21000009		3,492.97			3,492.97		8/14/2019
Crescent	10000020 - Prosperity	60	MMC -Prosperity Operating #10000001	21000010		3,489.17			3,489.17		8/14/2019
Fort Bend	10000021 - Prosperity	58	MMC -Prosperity Operating #10000001	21000008		5,854.44			5,854.44		8/14/2019
Golden Creek	10000023 - Prosperity	40	MMC -Prosperity Operating #10000001	21000013					-		8/14/2019
Solera	10000022 - Prosperity	58	MMC -Prosperity Operating #10000001	21000011		5,222.53			5,222.53		8/14/2019
				Total:	-	36,163.10	-	-	36,163.10		

Note:

Approved:
Diane Moore, CFO 8/12/2019

5,222.53 +
18,103.99 +
3,492.97 +
3,489.17 +
5,854.44 +
36,163.10 =

APPROVED
ON

AUG 14 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

87DV No. 58

88-2265
1131

8-14-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 5,222.53

five Thousand two-hundred twenty-two 53/100 DOLLARS

PROSPERITY BANK

QIPP 2,3, Lapse

County Auditor

County Treasurer

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

87DV No 65

88-2265
1131

8-14-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 18,103.99

Eighteen Thousand One Hundred Three 99/100 DOLLARS

PROSPERITY BANK

QIPP 2,3 Lapse

County Auditor

County Treasurer

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

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

MP

000031

88-2265/1131

Date 8-14-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 3,492.97

Three Thousand Four Hundred Ninety-two 97/100 **DOLLARS**

PROSPERITY BANK

FOR QIPP 2,3, Lapse

County Auditor

MP

County Treasurer

Security features are included. Details on back.

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

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

000060

88-2265/1131

Date 8-14-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 3,489.17

Three Thousand Four Hundred Eighty-Nine 17/100 **DOLLARS**

PROSPERITY BANK

County Auditor

County Treasurer

Security features are included. Details on back.

FOR QIPP 2.3, Lapse

⑈

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

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

000058

88-2265/1131

Date 8-14-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 5,854.44

Five Thousand Eight Hundred Fifty four 44/100 **DOLLARS**

PROSPERITY BANK

County Auditor

County Treasurer

Security features are included. Details on back.

FOR QIPP 2.3, Lapse

TEXAS BURNER & BOILER SERVICES
450 CR 3075
ORANGE GROVE, TX 78372
PH: 361-384-1900 FAX: 361-382-2044
E-MAIL: rdfryer1958@aol.com

Date	Invoice #
7/16/2019	3235

Invoice

Bill To

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

P.O. NO.	Due Date	CUSTOMER NAME	PHONE	E-MAIL	RE
VERBAL	8/16/2019	SYLVIA VARGAS	361-552-0392	SVargas@mmcportlava...	19-2028

Item	Description	Qty	Rate	Amount
SERVICE	DISPATCHED TO MEMORIAL MEDICAL CTR, TO TROUBLESHOOT RAY PAK MLB BOILERS WHEN ARRIVED BOILER A HAD NOT BEEN RUNNING FOR APPROX, 1 1/2 YEARS. AFTER TESTING UNIT FOUND SHORT IN ON CALL FOR HEAT WIRING. (SEE SERVICE TICKET #2717 FOR DETAILS)		0.00	0.00
CONTROL TE...	CONTROL TECH	6	90.00	540.00T
MECHANIC	MECHANIC	6	70.00	420.00T
ROUND TRIP	ROUND TRIP MILES	220	1.00	220.00T

WE APPRECIATE YOUR BUSINESS
PLEASE SEND ALL PAYMENTS TO THE ABOVE ADDRESS

Subtotal	$1,180.00
Sales Tax (0.0%)	$0.00
Total	$1,180.00
Balance Due	$1,180.00

7-17-19 Emailed invoice, ST
W-9: COT

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: Texas Burner & Boiler Services
Vendor Address: 450 CR 3075
Orange Grove, TX 78372
Vendor Phone #: 361-384-1900
Vendor Fax #: 3235

Date: July 11, 2019
P.O. # 89530
Account #
Initiated By: Annarie Hernandez
Form # 9401

Date Required
Expense # 405100163
Department: Plant Operations
Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	6		control tech	$90.00	hr	$540.00
2	6		mechanic	$70.00	hr	$420.00
3	220		Round Trip	$1.00	hr	$220.00
4						
5						
6						
7						
8						
9						
10	"					

Est. Freight _____ Est. Total Cost _____ TOTAL COST $1,180.00

NOTES:
Troubleshoot Ray Pak MLB Boilers - found short in on call for heat wiring details on service ticket #2717 - attached

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

Dept. Director: ANNARIE HERNANDEZ
Dir. Nursing
Adm. Dir. Clinical Service: [signature] 7/22/19
CFO
Administrator

Texas Burner & Boiler Services

450 CR. 3075
ORANGE GROVE, TX 78372

24 HOURS SERVICE

Burners • Boilers • Controls • Sales • Rentals

Office: 361-384-1900 • Fax: 361-382-2044 • Cell: 361-726-9991
Email: rdfrver1958@aol.com

2717

NAZARIO 47-1505 1303354359

CUSTOMER ORDER NO.	DATE	MODEL	SERIAL #	JOB #
PO 89530	7/16/19	Raypak MUB	1504	19-2088

BILL TO
NAME
ADDRESS
CITY STATE
ATTN Sylvia Vargas

SERVICE LOCATION
NAME Memorial Medical Ctr
ADDRESS 815 N. Virginia St.
CITY Port Lavaca STATE Texas 77979
ATTN

SERVICE RENDERED

svargas@memportlavaca.com 361-552-0392
FAX 361-552-0312

Dispatched to above location to troubleshoot Raypak MUB Boilers A+B. "A" Boiler described above. When arrived discovered Boiler "A" HAS NOT Run in Approx 1½ yrs and Several Company's has worked on it. Some others have Replaced Air Flo Switches and Gas Valve. After testing and checking unit out Found Short on Call for heat wiring and now Running main pump direct Around Time delay. Managed to get Boiler to call for Heat and try to Fire but modulating control not working Blower Assembly correctly + must Replace Both Modulating control and Blowers For proper operation. Also found Supply Gas Regulator No Adjustment and Sending 17.7 "wc to Burners. MAX is 10.5 "wc As Per Manufacture. Will Get prices on PARTS And Provide Quote on Repair. Also Found Boiler B" Appears to have leaking Heat exchanger thought might be CONDENSATION but didn't Stop leaking @ 130°F and Should have. Must get Boiler A Running 1st then look @ it

QUANTITY	PART NO.	DESCRIPTION	UNIT PRICE	AMOUNT

DATE OF WORK	CONTROL TECH. REG. HRS.	MECHANIC REG. HRS.	OVERTIME	ROUND TRIP MILES	PER DIEM	REP. INITIAL		
7/16	6			220			TOTAL MATERIAL	
		6					FREIGHT	
							REGULAR TIME	960 00
							OVERTIME	
							MILEAGE	220 00
							HOTEL & MEALS	
							SUBTOTAL	1180 00
TOTAL	6	6		220		8.25%	TAX	~~97~~ 97.35
RATE	90/hr	70/hr		1.00/mi			TOTAL	~~1277.35~~ 1180.00

CREDIT CARD INFO HERE 5.90 4.20

CARD TYPE: ☐ VISA ☐ MASTERCARD
CARD NO.:
CARD EXPIRATION: AUTH CODE #

CUSTOMER AUTHORIZED SIGNATURE

SERVICE ENGINEER Ricky Fuyle