MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR -- August 21, 2019

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$	944,341.23
TOTAL TRANSFERS BETWEEN FUNDS	$	-
TOTAL NURSING HOME UPL EXPENSES	$	458,218.88
TOTAL INTER-GOVERNMENT TRANSFERS	$	-
GRAND TOTAL DISBURSEMENTS APPROVED August 21, 2019	$	1,402,560.11

APPROVED

AUG 2 1 2019

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 21, 2019

PAYABLES AND PAYROLL			
8/19/2019	Weekly Payables	383,786.51	
8/19/2019	Patient Refunds	4,780.66	
8/14/2019	Citibank Credit Card-see attached	7,274.88	
8/19/2019	Ashford-Nursing home insurance/QIPP payment sent to MMC in error	54,196.83	
8/19/2019	Solera-Nursing home QIPP payment sent to MMC in error	14,201.27	
8/19/2019	Fortbend-Nursing home QIPP payment sent to MMC in error	16,019.01	
8/19/2019	Broadmoor-Nursing home QIPP payment sent to MMC in error	9,503.91	
8/19/2019	Crescent-Nursing home insurance/QIPP payment sent to MMC in error	10,838.57	
8/19/2019	Goldencreek-Nursing home insurance/QIPP pymt sent to MMC in error	24,747.24	
8/19/2019	McKesson-340B Prescription Expense	3,307.92	
8/19/2019	Amerisource Bergen-340B Prescription Expense	685.45	
8/19/2019	Payroll Liabilities -Payroll Taxes	101,690.34	
8/19/2019	Payroll	308,745.22	
8/19/2019	ExpertPay-child support	347.65	
	Prosperity Electronic Bank Payments		
8/12/2019	Credit Card & Lease Fees	4,143.63	
8/12-8/16/19	Pay Plus-Patient Claims Processing Fee	72.14	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 944,341.23**
TOTAL TRANSFERS BETWEEN FUNDS			**$ -**
NURSING HOME UPL EXPENSES			
8/19/2019	Nursing Home UPI	413,409.18	
8/19/2019	Nursing Home UPI	17,591.82	
8/19/2019	Nursing Home UPI	1,761.94	
	CREDIT CARD & LEASE FEES		
8/12/2019	Golden Creek	266.85	
	Nursing Home Electronic Bank Payments		
8/14/2019	Gulf Pointe Plaza Private Pay-Harland Clarke order ACHed from wrong account	38.06	
8/14/2019	Gulf Pointe Plaza-Medicare-Harland Clarke order ACHed from wrong account	38.06	
QIPP/INTEREST CHECKS TO MMC			
8/19/2019	Ashford	12,210.52	
8/19/2019	Broadmoor	2,254.58	
8/19/2019	Crescent	2,284.49	
8/19/2019	Fort Bend	4,917.98	
8/19/2019	Solera	3,445.40	
TOTAL NURSING HOME UPL EXPENSES			**$ 458,218.88**
TOTAL INTER-GOVERNMENT TRANSFERS			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED August 21, 2019			**$ 1,402,560.11**

08/15/2019
11:30

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 08/28/2019

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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
9963871263	GAS	08/14/20	07/31/20	08/25/20		701.43	0.00	0.00	701.43
9963871104	GAS	08/14/20	07/31/20	08/25/20		126.98	0.00	0.00	126.98
99638711003	GAS	08/14/20	07/31/20	08/25/20		498.23	0.00	0.00	498.23
9091445448	GAS	08/14/20	07/31/20	08/25/20		2,183.26	0.00	0.00	2,183.26

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	3,509.90	0.00	0.00	3,509.90

Vendor#	Vendor Name	Class	Pay Code
A1760	AMERICAN ACADEMY OF PEDIATRICS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14681402	SUPPLIES	08/12/20	07/26/20	08/25/20		94.60	0.00	0.00	94.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1760	AMERICAN ACADEMY OF PEDIATRICS	94.60	0.00	0.00	94.60

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
957991133	INVNEOTRY	08/12/20	08/12/20	08/18/20		108.89	0.00	0.00	108.89

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	108.89	0.00	0.00	108.89

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
917545 | 921856	WATER 917545 = 21.99 ; 921856 = 31.49	08/12/20	07/02/20	07/27/20		53.48	0.00	0.00	53.48
917547 | 921858	WATER 917547 = 38.95 ; 921858 = 32.95	08/12/20	07/31/20	08/25/20		71.90	0.00	0.00	71.90

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	125.38	0.00	0.00	125.38

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
11895027	LATE FEE	08/12/20	07/27/20	08/21/20		12.19	0.00	0.00	12.19

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	12.19	0.00	0.00	12.19

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
5410379	SUPPLIES	08/12/20	07/30/20	08/24/20		3,507.27	0.00	0.00	3,507.27

107895998	08/12/20 08/02/20 08/27/20	3,982.37	0.00	0.00	3,982.37
SUPPLIES						
107895467	08/12/20 08/02/20 08/27/20	3,441.43	0.00	0.00	3,441.43
SUPPLIES						
107895889	08/12/20 08/02/20 08/27/20	1,225.32	0.00	0.00	1,225.32
SUPPLIES						
107896118	08/12/20 08/02/20 08/27/20	428.50	0.00	0.00	428.50
SUPPLIES						

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	12,584.89	0.00	0.00	12,584.89

Vendor#	Vendor Name	Class	Pay Code
B1800	BRIGGS HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
B220689		08/12/20	07/29/20	08/28/20		300.00	0.00	0.00	300.00
SUPLLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE	300.00	0.00	0.00	300.00

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
081219		08/12/20	08/12/20	08/12/20		100,000.00	0.00	0.00	100,000.00
3RD PAYMENT 2019 $1000000 (100,000 pymt)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	100,000.00	0.00	0.00	100,000.00

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
SDJ3011		08/14/20	05/03/20	06/02/20		4,416.86	0.00	0.00	4,416.86

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	4,416.86	0.00	0.00	4,416.86

Vendor#	Vendor Name	Class	Pay Code
11029	COASTAL REFRIGERATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3829937		08/12/20	08/01/20	08/01/20		176.00	0.00	0.00	176.00
NITRO/ALGAE TABS/INSPECT (water leak @ Physical Therapy Building)									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11029	COASTAL REFRIGERATION	176.00	0.00	0.00	176.00

Vendor#	Vendor Name	Class	Pay Code
11030	COMBINED INSURANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080119		08/12/20	08/01/20	08/01/20		1,081.76	0.00	0.00	1,081.76
INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE	1,081.76	0.00	0.00	1,081.76

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
922635		08/13/20	07/08/20	08/02/20		668.75	0.00	0.00	668.75
SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	668.75	0.00	0.00	668.75

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
578776		07/31/20	07/29/20	08/23/20		204.41	0.00	0.00	204.41
5787830	SUPPLIES	07/31/20	07/29/20	08/23/20		33.53	0.00	0.00	33.53
5786371	SUPPLIES	07/31/20	07/30/20	08/24/20		29.40	0.00	0.00	29.40
5790020	SUPPLIES	07/31/20	07/31/20	08/25/20		81.06	0.00	0.00	81.06
5789730	SUPPLIES	07/31/20	07/31/20	08/25/20		159.60	0.00	0.00	159.60
5790870	SUPPLIES	08/06/20	08/01/20	08/26/20		28.91	0.00	0.00	28.91
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	536.91	0.00	0.00	536.91

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN20053022	CPR JULY	07/31/20	07/31/20	08/25/20		19,166.67	0.00	0.00	19,166.67
IN20053021	BEHAVIORAL HEALTH	07/31/20	07/31/20	08/25/20		31,144.58	0.00	0.00	31,144.58

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP	50,311.25	0.00	0.00	50,311.25

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13088	TREATED DRAINS IN RM 201	07/31/20	07/30/20	08/24/20		75.00	0.00	0.00	75.00
13097	REFIL MOSQUITO CLINIC	07/31/20	07/31/20	08/25/20		160.00	0.00	0.00	160.00
13095	REFIL MOSQUITO	07/31/20	07/31/20	08/25/20		260.00	0.00	0.00	260.00
13096	PEST CONTROL	07/31/20	07/31/20	08/25/20		505.00	0.00	0.00	505.00
13094	PEST CONTROL	07/31/20	08/01/20	08/26/20		105.00	0.00	0.00	105.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	1,105.00	0.00	0.00	1,105.00

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
1678	LAUNDRY	08/13/20	05/22/20	06/01/20		6.10	0.00	0.00	6.10
1775	LAUNDRY	08/13/20	07/15/20	07/25/20		6.10	0.00	0.00	6.10
1873	LAUNDRY	08/13/20	07/23/20	08/02/20		6.10	0.00	0.00	6.10
072619		08/13/20	07/26/20	08/05/20		14.00	0.00	0.00	14.00

	LAUNDRY						
072919		08/13/20 07/29/20 08/08/20	10.00	0.00	0.00	10.00	
	LAUNDRY						
2926		08/13/20 07/29/20 08/08/20	12.20	0.00	0.00	12.20	
	LAUNDRY						
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net	
	D1710	DOWNTOWN CLEANERS	54.50	0.00	0.00	54.50	

Vendor#	Vendor Name	Class	Pay Code
E1090	EDWARDS LIFESCIENCES	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8336743		08/14/20	06/24/20	08/14/20		92.50	0.00	0.00	92.50
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1090	EDWARDS LIFESCIENCES	92.50	0.00	0.00	92.50

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
38223		08/13/20	08/15/20	08/15/20		40,062.50	0.00	0.00	40,062.50
	ER STAFFING August 1-15th								

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

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
21849321		07/31/20	07/23/20	08/23/20		94.78	0.00	0.00	94.78
	CAR RENTAL/ CRIAG SANDER candidate								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1268	ENTERPRISE RENT-A-CAR	94.78	0.00	0.00	94.78

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
662344817		08/12/20	07/25/20	08/19/20		65.69	0.00	0.00	65.69
	SHIPPING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	65.69	0.00	0.00	65.69

Vendor#	Vendor Name	Class	Pay Code
10003	FILTER TECHNOLOGY CO, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
102967		08/12/20	08/01/20	08/25/20		193.41	0.00	0.00	193.41
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	193.41	0.00	0.00	193.41

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
1778560		08/12/20	07/25/20	08/19/20		93.60	0.00	0.00	93.60
	SUPPLIES								
1972809		08/12/20	07/29/20	08/23/20		5.88	0.00	0.00	5.88
	SUPPLIES								
2104359		08/12/20	07/30/20	08/24/20		20.30	0.00	0.00	20.30
	SUPPLIES								
2104365		08/12/20	07/30/20	08/24/20		192.30	0.00	0.00	192.30

	SUPPLIES						
7532707		08/13/20 06/11/20 07/06/20	71.01	0.00	0.00	71.01	
	SUPPLIES						
9649323		08/13/20 07/08/20 08/02/20	2,164.39	0.00	0.00	2,164.39	
	SUPPLIES						
1670577		08/13/20 07/24/20 08/18/20	631.03	0.00	0.00	631.03	
	SUPPLIES						
1972810		08/14/20 07/29/20 08/23/20	59.00	0.00	0.00	59.00	
	SUPPLIES						
2249041		08/14/20 07/31/20 08/25/20	3,244.80	0.00	0.00	3,244.80	
	SUPPLIES						

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	6,482.31	0.00	0.00	6,482.31

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080219		08/14/20	08/02/20	08/26/20		975.24	0.00	0.00	975.24
	PHONES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	975.24	0.00	0.00	975.24

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9249501280		08/12/20	07/31/20	08/25/20		235.68	0.00	0.00	235.68
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	235.68	0.00	0.00	235.68

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1706162		07/29/20	07/23/20	08/22/20		836.00	0.00	0.00	836.00
	SUPPLIES								
1646508A		08/13/20	03/19/20	04/18/20		83.44	0.00	0.00	83.44
	SUPPLIES								
1653651A		08/13/20	04/02/20	05/02/20		69.38	0.00	0.00	69.38
	SUPPLIES								
1675381A		08/13/20	05/14/20	06/13/20		34.69	0.00	0.00	34.69
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	1,023.51	0.00	0.00	1,023.51

Vendor#	Vendor Name	Class	Pay Code
11784	HALF LEAGUE STORAGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
072919		07/30/20	07/29/20	08/25/20		720.00	0.00	0.00	720.00
	6 MONTHS UNIT 11-12/35								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11784	HALF LEAGUE STORAGE	720.00	0.00	0.00	720.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7226665		08/12/20	07/31/20	08/25/20		46.15	0.00	0.00	46.15

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	46.15	0.00	0.00	46.15

Vendor# Vendor Name Class Pay Code

H0031 HEB CREDIT RECEIVABLES DEPT308

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
020391		08/13/20	06/27/20	08/25/20		22.27	0.00	0.00	22.27
011020	SUPPLIES	08/13/20	06/29/20	08/25/20		33.00	0.00	0.00	33.00
039975	SUPPLIES	08/13/20	06/29/20	08/25/20		20.50	0.00	0.00	20.50
025890	SUPPLIES	08/13/20	06/29/20	08/25/20		22.54	0.00	0.00	22.54
032029	SUPPLIES	08/13/20	07/01/20	08/25/20		55.85	0.00	0.00	55.85
021408	SUPPLIES	08/13/20	07/01/20	08/25/20		15.68	0.00	0.00	15.68
033867	SUPPLIES	08/13/20	07/02/20	08/25/20		19.97	0.00	0.00	19.97
050540	SUPPLIES	08/13/20	07/08/20	08/25/20		15.65	0.00	0.00	15.65
091269	SUPPLIES	08/13/20	07/08/20	08/25/20		30.64	0.00	0.00	30.64
53527	SUPPLIES	08/13/20	07/09/20	08/25/20		30.17	0.00	0.00	30.17
053459	SUPPLIES	08/13/20	07/09/20	08/25/20		71.79	0.00	0.00	71.79
017337	SUPPLIES	08/13/20	07/15/20	08/25/20		11.66	0.00	0.00	11.66
023264	SUPPLIES	08/13/20	07/16/20	08/25/20		21.42	0.00	0.00	21.42
073080	SUPPLIES	08/13/20	07/16/20	08/25/20		35.77	0.00	0.00	35.77
075021	SUPPLIES	08/13/20	07/16/20	08/25/20		22.76	0.00	0.00	22.76
076844	SUPPLIES	08/13/20	07/17/20	08/25/20		24.96	0.00	0.00	24.96
081365	SUPPLIES	08/13/20	07/19/20	08/25/20		27.68	0.00	0.00	27.68
059397	SUPPLIES	08/13/20	07/22/20	08/25/20		37.57	0.00	0.00	37.57
091702	SUPPLIES	08/13/20	07/23/20	08/25/20		29.62	0.00	0.00	29.62
091703	SUPPLIES	08/13/20	07/23/20	08/25/20		5.97	0.00	0.00	5.97
094301	SUPPLIES	08/13/20	07/24/20	08/25/20		42.41	0.00	0.00	42.41
097118	SUPPLIES	08/13/20	07/25/20	08/25/20		46.46	0.00	0.00	46.46
004514	SUPPLIES	08/13/20	07/27/20	08/25/20		31.04	0.00	0.00	31.04

096336		08/13/20 07/28/20 08/25/20		16.73	0.00	0.00	16.73
	SUPPLIES						
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	H0031	HEB CREDIT RECEIVABLES DEPT308		692.11	0.00	0.00	692.11
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
PJIN0138436		07/16/20 07/15/20 08/25/20			8,333.33	0.00	0.00	8,333.33
	SMA FEE						
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10298	HITACHI MEDICAL SYSTEMS			8,333.33	0.00	0.00	8,333.33
Vendor#	Vendor Name		Class	Pay Code			
10922	HUNTER PHARMACY SERVICES						
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3521		08/12/20 07/31/20 08/20/20			14,539.19	0.00	0.00	14,539.19
	PHARM SERVICES						
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES			14,539.19	0.00	0.00	14,539.19
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
MMC82019		08/13/20 08/12/20 08/12/20			24,509.29	0.00	0.00	24,509.29
	RESP SERVICES						
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC			24,509.29	0.00	0.00	24,509.29
Vendor#	Vendor Name		Class	Pay Code			
11108	ITERSOURCE CORPORATION						
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5222		08/14/20 08/12/20 08/12/20			5,264.00	0.00	0.00	5,264.00
	20 PHONES						
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11108	ITERSOURCE CORPORATION			5,264.00	0.00	0.00	5,264.00
Vendor#	Vendor Name		Class	Pay Code			
W1369	JACK WU		W				
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
080619		08/09/20 08/06/20 08/22/20			150.00	0.00	0.00	150.00
	REFUND THT GOLF TOURNAMENT @ Conference							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	W1369	JACK WU			150.00	0.00	0.00	150.00
Vendor#	Vendor Name		Class	Pay Code			
10834	JACKSON & CARTER, PLLC						
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2511		08/14/20 08/14/20 08/14/20			650.00	0.00	0.00	650.00
	EEOC & ADA							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10834	JACKSON & CARTER, PLLC			650.00	0.00	0.00	650.00
Vendor#	Vendor Name		Class	Pay Code			
11230	JACKSON & COKER LOCUM TENENS,						
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2032737		08/12/20 08/07/20 08/07/20			80.75	0.00	0.00	80.75
	PRO FEES/UONG							

422555		08/12/20	08/07/20	08/07/20		10,687.50	0.00	0.00	10,687.50
	PRO FEES/UONG (7/24 - 7/26/19) Pain Management								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,				10,768.25	0.00	0.00	10,768.25
Vendor#	Vendor Name				Class	Pay Code			
L1288	LANGUAGE LINE SERVICES				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4607483		08/12/20	07/31/20	08/25/20		18.92	0.00	0.00	18.92
	INTERPRETATION								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES				18.92	0.00	0.00	18.92
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
081519		08/14/20	08/15/20	08/15/20		1,483.60	0.00	0.00	1,483.60
	INSURANCE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD				1,483.60	0.00	0.00	1,483.60
Vendor#	Vendor Name				Class	Pay Code			
L1640	LOWE'S HOME CENTERS INC				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90605		08/13/20	07/09/20	08/28/20		341.30	0.00	0.00	341.30
	SUPPLIES								
42630		08/13/20	07/15/20	08/28/20		98.86	0.00	0.00	98.86
	SUPPLIES								
080219		08/13/20	08/02/20	08/28/20		15.48	0.00	0.00	15.48
	INTEREST CHARGE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CENTERS INC				455.64	0.00	0.00	455.64
Vendor#	Vendor Name				Class	Pay Code			
10972	M G TRUST								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080519		08/12/20	08/05/20	08/05/20		1,190.86	0.00	0.00	1,190.86
	PAYROLL DED								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10972	M G TRUST				1,190.86	0.00	0.00	1,190.86
Vendor#	Vendor Name				Class	Pay Code			
M1511	MARKETLAB, INC				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN00707889		08/12/20	07/24/20	08/23/20		83.97	0.00	0.00	83.97
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC				83.97	0.00	0.00	83.97
Vendor#	Vendor Name				Class	Pay Code			
M1950	MARTIN PRINTING CO				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
74295		07/30/20	07/25/20	08/24/20		48.00	0.00	0.00	48.00
	APPT CARDS 250 - Rehab								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO				48.00	0.00	0.00	48.00
Vendor#	Vendor Name				Class	Pay Code			
11612	MASA GLOBAL BUILDING								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
~~081419~~	703579-MVMMC INSURANCE	08/14/20	08/14/20	08/14/20		1,653.00	0.00	0.00	1,653.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11612	MASA GLOBAL BUILDING	1,653.00	0.00	0.00	1,653.00

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
57724399	SUPPLIES	08/14/20	06/27/20	07/25/20		129.62	0.00	0.00	129.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	129.62	0.00	0.00	129.62

Vendor#	Vendor Name	Class	Pay Code
11203	MEDI-DOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0737224	SUPPLIES	08/12/20	08/01/20	08/25/20		63.45	0.00	0.00	63.45

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC	63.45	0.00	0.00	63.45

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
137415	COLLECTION FEES	07/31/20	07/31/20	08/25/20		1,138.23	0.00	0.00	1,138.23
135866	COLLECTION FEE	08/14/20	06/30/20	07/25/20		837.58	0.00	0.00	837.58
135867	COLLECTION FEE & COURT C	08/14/20	06/30/20	07/25/20		3,912.07	0.00	0.00	3,912.07
137414	COLLECTION FEE	08/14/20	07/31/20	08/25/20		3,328.78	0.00	0.00	3,328.78
137413	COLLECTION FEE	08/14/20	07/31/20	08/25/20		700.53	0.00	0.00	700.53

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	9,917.19	0.00	0.00	9,917.19

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
081219	INDIGENT	08/13/20	08/12/20	08/12/20		177.13	0.00	0.00	177.13

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	177.13	0.00	0.00	177.13

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
1883665894	SUPPLIES	08/14/20	08/02/20	08/27/20		624.75	0.00	0.00	624.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	624.75	0.00	0.00	624.75

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

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

080519		08/12/20	08/05/20	08/05/20		325.42	0.00	0.00	325.42
PAYROLL DED – FW co-pay 4									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC				325.42	0.00	0.00	325.42
Vendor#	Vendor Name				Class	Pay Code			
M2659	MERRY X-RAY/SOURCEONE HEALTHCA				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8800487986		08/14/20	07/18/20	08/17/20		47.64	0.00	0.00	47.64
DELIVERY FEE									
8800489267		08/14/20	07/18/20	08/17/20		573.22	0.00	0.00	573.22
SUPPLIES									
8800490734		08/14/20	07/24/20	08/23/20		-248.00	0.00	0.00	-248.00
CREDIT - INVOICE 90438540									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA				372.86	0.00	0.00	372.86
Vendor#	Vendor Name				Class	Pay Code			
10810	MMC EMPLOYEE BENEFIT PLAN								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7317		08/14/20	08/12/20	08/12/20		58.30	0.00	0.00	58.30
INSURANCE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN				58.30	0.00	0.00	58.30
Vendor#	Vendor Name				Class	Pay Code			
M2662	MMC VOLUNTEERS				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
395162		08/14/20	08/05/20	08/05/20		114.93	0.00	0.00	114.93
CC MACHINE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS				114.93	0.00	0.00	114.93
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
7973		08/12/20	08/06/20	08/16/20		-311.64	0.00	0.00	-311.64
INVENTORY									
4544005		08/12/20	08/07/20	08/17/20		1,404.83	0.00	0.00	1,404.83
INVENTORY									
4540597		08/12/20	08/07/20	08/17/20		24.13	0.00	0.00	24.13
INVENTORY									
4544006		08/12/20	08/07/20	08/17/20		213.38	0.00	0.00	213.38
INVENTORY									
4544004		08/12/20	08/07/20	08/17/20		147.01	0.00	0.00	147.01
INVENTORY									
4543496		08/12/20	08/07/20	08/17/20		170.61	0.00	0.00	170.61
INVENTORY									
4540599		08/12/20	08/07/20	08/17/20		72.68	0.00	0.00	72.68
INVENTORY									
4540598		08/12/20	08/07/20	08/17/20		9,420.80	0.00	0.00	9,420.80
INVENTORY									
4548373		08/12/20	08/08/20	08/18/20		24.61	0.00	0.00	24.61
INVENTORY									
4547375		08/12/20	08/08/20	08/18/20		113.27	0.00	0.00	113.27
INVENTORY									

4547377		08/12/20	08/08/20	08/18/20	281.14	0.00	0.00	281.14
INVENTORY								
4547376		08/12/20	08/08/20	08/18/20	1,714.70	0.00	0.00	1,714.70
INVENTORY								
4550671		08/14/20	08/09/20	08/19/20	1,650.00	0.00	0.00	1,650.00
INVENTORY								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			14,925.52	0.00	0.00	14,925.52

Vendor#	Vendor Name	Class	Pay Code
A2252	NADINE GARNER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
080819		08/12/20	08/08/20	08/08/20			32.02	0.00	0.00	32.02
TRAVEL	Ulcer POD Workshop 8/8/19									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER					32.02	0.00	0.00	32.02

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
1851057833		07/31/20	07/23/20	08/22/20			133.03	0.00	0.00	133.03
SUPPLIES										
1851057834		08/13/20	07/23/20	08/22/20			223.44	0.00	0.00	223.44
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS					356.47	0.00	0.00	356.47

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
33056525		07/31/20	07/25/20	08/24/20			250.00	0.00	0.00	250.00
ADS										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P0706	PALACIOS BEACON					250.00	0.00	0.00	250.00

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
~~03217285~~	07211943	07/29/20	07/24/20	08/23/20			97.53	0.00	0.00	97.53
SUPPLIES										
03218443		07/31/20	07/25/20	08/24/20			51.50	0.00	0.00	51.50
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10152	PARTSSOURCE, LLC					149.03	0.00	0.00	149.03

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
B49788		08/12/20	08/09/20	08/19/20			18.24	0.00	0.00	18.24
SUPPLIES										
A55621		08/13/20	08/12/20	08/22/20			5.16	0.00	0.00	5.16
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE					23.40	0.00	0.00	23.40

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
19070600	GAS	08/14/20	08/12/20	08/27/20		2,289.70	0.00	0.00	2,289.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	12480	PRO ENERGY PARTNERS LP	2,289.70	0.00	0.00	2,289.70

Vendor# R1250 Vendor Name: RANDY'S FLOOR COMPANY — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMCPTL20192	SUPPLIES VCT Sugar Cane floor tiles	08/12/20	06/26/20	08/22/20		85.90	0.00	0.00	85.90

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1250	RANDY'S FLOOR COMPANY	85.90	0.00	0.00	85.90

Vendor# R1200 Vendor Name: RED HAWK FIRE AND SECURITY — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
410010	FIRE MONITORING	07/31/20	08/01/20	08/26/20		45.47	0.00	0.00	45.47

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1200	RED HAWK FIRE AND SECURITY	45.47	0.00	0.00	45.47

Vendor# R1490 Vendor Name: ROLANDO REYES — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080619	TRAVEL THT CONFERENCE 7/18-7/20/19	08/09/20	08/06/20	08/22/20		997.46	0.00	0.00	997.46

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1490	ROLANDO REYES	997.46	0.00	0.00	997.46

Vendor# 10360 Vendor Name: RUSSELL CAIN — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080619	TRAVEL THT CONFERENCE 7/16-7/19/19	08/09/20	08/06/20	08/22/20		768.39	0.00	0.00	768.39

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10360	RUSSELL CAIN	768.39	0.00	0.00	768.39

Vendor# 10625 Vendor Name: SARA RUBIO — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080919	TRAVEL POD WS & GCHPG M POD workshop 8-12-19 8/7/19	08/14/20	08/09/20	08/09/20		31.90	0.00	0.00	31.90

Vendor Totals	Number	Name guidemount planning 8/8/19 7GHss	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	31.90	0.00	0.00	31.90

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
701019586	SUPPLIES	08/14/20	06/27/20	07/27/20		136.90	0.00	0.00	136.90

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC	136.90	0.00	0.00	136.90

Vendor# S1800 Vendor Name: SHERWIN WILLIAMS — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
76273	SUPPLIES	08/12/20	08/06/20	08/21/20		50.35	0.00	0.00	50.35

77941		08/12/20	08/09/20	08/24/20	867.10	0.00	0.00	867.10
	SUPPLIES							
79418		08/14/20	08/13/20	08/28/20	0.75	0.00	0.00	0.75
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS			918.20	0.00	0.00	918.20

Vendor# S1850 Vendor Name: SHIP SHUTTLE TAXI SERVICE Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
733472		08/12/20	08/09/20	08/09/20		29.00	0.00	0.00	29.00
	TRANSPORT PT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S1850	SHIP SHUTTLE TAXI SERVICE				29.00	0.00	0.00	29.00

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
56381900024535		08/12/20	07/30/20	08/24/20		1,333.33	0.00	0.00	1,333.33
	RENTAL LAB								
56381900018494		08/14/20	06/29/20	07/24/20		1,333.33	0.00	0.00	1,333.33
	LEASE & LAB RENTAL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES				2,666.66	0.00	0.00	2,666.66

Vendor# S2353 Vendor Name: SMITHS MEDICAL ASD INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
15616951		08/14/20	07/24/20	07/24/20		49.96	0.00	0.00	49.96
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC				49.96	0.00	0.00	49.96

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
90047476		08/14/20	07/31/20	08/25/20		8,317.00	0.00	0.00	8,317.00
	BLOOD								
90047396		08/14/20	07/31/20	08/25/20		-1,840.00	0.00	0.00	-1,840.00
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN				6,477.00	0.00	0.00	6,477.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
205EV50964		08/12/20	07/31/20	08/25/20		1,144.00	0.00	0.00	1,144.00
	CLOUD HOSTING								
205EV50981		08/12/20	07/31/20	08/25/20		4,555.00	0.00	0.00	4,555.00
	TRACKING								
205EV51245		08/12/20	07/31/20	08/25/20		495.00	0.00	0.00	495.00
	MONITORING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC				6,194.00	0.00	0.00	6,194.00

Vendor# 11228 Vendor Name: TERRY SIZER Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
080919		08/09/20	08/06/20	08/22/20		174.00	0.00	0.00	174.00
	TRAVEL THT CONFERENCE (7/18-7/20/19)								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11228	TERRY SIZER				174.00	0.00	0.00	174.00

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
1001093904		08/15/20	07/25/20	08/16/20		10.00	0.00	0.00	10.00
	LATE FEE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO				10.00	0.00	0.00	10.00

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
25218		08/12/20	08/05/20	08/05/20		576.05	0.00	0.00	576.05
	SATFFING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING				576.05	0.00	0.00	576.05

Vendor#	Vendor Name	Class	Pay Code
11067	TRIZETTO PROVIDER SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35FK081900		08/12/20	08/01/20	08/26/20		1,010.00	0.00	0.00	1,010.00
	PT STATEMENTS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS				1,010.00	0.00	0.00	1,010.00

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
8400307279		07/31/20	07/29/20	08/23/20		57.35	0.00	0.00	57.35
	LAUNDRY								
8400307307		07/31/20	07/29/20	08/23/20		1,285.52	0.00	0.00	1,285.52
	LAUNDRY								
8400307278		07/31/20	07/29/20	08/23/20		47.15	0.00	0.00	47.15
	LAUNDRY								
840037626		07/31/20	08/01/20	08/26/20		166.23	0.00	0.00	166.23
	LAUNDRY								
8400307628		08/02/20	08/01/20	08/26/20		175.83	0.00	0.00	175.83
	LAUNDRY								
8400307625		08/02/20	08/01/20	08/26/20		120.39	0.00	0.00	120.39
	LAUNDRY								
8400307627		08/02/20	08/01/20	08/26/20		163.89	0.00	0.00	163.89
	LAUNDRY								
8400307649		08/02/20	08/01/20	08/26/20		80.83	0.00	0.00	80.83
8400307659		08/02/20	08/01/20	08/26/20		945.68	0.00	0.00	945.68
	LAUNDRY								
8400307685		08/02/20	08/01/20	08/26/20		123.00	0.00	0.00	123.00
	LAUNDRY								
8400307623		08/02/20	08/01/20	08/26/20		18.62	0.00	0.00	18.62
	LAUNDRY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	U1064	UNIFIRST HOLDINGS INC				3,184.49	0.00	0.00	3,184.49
Vendor#	Vendor Name				Class	Pay Code			
11057	UNITED STATES TREASURY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	081219A		08/13/20	08/12/20	08/12/20		301.48	0.00	0.00	301.48
		2018 PENALTY								
	081219B		08/15/20	08/12/20	08/12/20		403.61	0.00	0.00	403.61
		2017 PENALTY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11057	UNITED STATES TREASURY				705.09	0.00	0.00	705.09
Vendor#	Vendor Name				Class	Pay Code				
12400	UPDOX LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV00098440		07/31/20	07/31/20	07/31/20		499.00	0.00	0.00	499.00
		ELECTRONIC FAXING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12400	UPDOX LLC				499.00	0.00	0.00	499.00
Vendor#	Vendor Name				Class	Pay Code				
V1058	VICTORIA ANESTHESIOLOGY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	073119		08/12/20	07/06/20	07/22/20		30,719.32	0.00	0.00	30,719.32
		ANESTHESIA								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1058	VICTORIA ANESTHESIOLOGY				30,719.32	0.00	0.00	30,719.32
Vendor#	Vendor Name				Class	Pay Code				
12208	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	0719DR46779		08/14/20	07/31/20	07/31/20		129.60	0.00	0.00	129.60
		COBRA								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		12208	WAGEWORKS				129.60	0.00	0.00	129.60
Vendor#	Vendor Name				Class	Pay Code				
10793	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	080519		08/12/20	08/05/20	08/05/20		3,649.52	0.00	0.00	3,649.52
		PAYROLL DED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10793	WAGEWORKS				3,649.52	0.00	0.00	3,649.52

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	383,786.51	0.00	0.00	383,786.51

APPROVED
ON

AUG 19 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 181958 - 182038

RUN DATE: 08/15/19
TIME: 11:54

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	PAY AMOUNT	PAT CODE	TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	081519	133.10				
		081519	566.00				
		081519	114.06				
		081519	23.50				
		081519	535.70				
		081519	100.00				
		081519	31.48				
		081519	195.77				
		081519	565.20				
		081519	103.47				
		081519	169.85				
		081519	515.34				
		081519	911.17				
		081519	604.57				
		081519	148.14				
		081519	63.31				
	ARID=0001 TOTAL		4780.66				
TOTAL			4780.66				

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ON
AUG 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 182039 - 182054

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0556709800364699700000000000000031

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
•••• •••• ••	08/28/2019	$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
08/03/2019

Payment Date
08/28/2019

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**
•••• •••• ••64 6997	$0.00	$20,000.00	$0.00

Sale Date	Post Date	Reference Number	Type of Activity			Amount
********** NOTICE MEMO ITEM(S) LISTED BELOW **********						
07/02/2019	07/04/2019	85180899184980175203933	QUORUM HEALTH RESOURCE 100740494933	BRENTWOOD	TN	$199.00
07/09/2019	07/09/2019	55432869190200219110893	AMA CREDENTIALING	800-621-8335	IL	$86.00
07/09/2019	07/10/2019	05227029190200043538660	TRAVIS CARES	512-458-4599	TX	$58.00
07/10/2019	07/10/2019	55432869191200455087572	AMA CREDENTIALING	800-621-8335	IL	$43.00
07/10/2019	07/11/2019	05134379192600032224728	NPDB NPDB.HRSA.GOV N63865522	800-767-6732	VA	$2.00
07/10/2019	07/11/2019	05134379192600032224801	NPDB NPDB.HRSA.GOV N63865736	800-767-6732	VA	$2.00
07/10/2019	07/11/2019	05134379192600032224983	NPDB NPDB.HRSA.GOV N63866721	800-767-6732	VA	$2.00
07/10/2019	07/11/2019	55432869191200574938465	RESIDENCE INN HARLINGE 191004	HARLINGEN	TX	$174.80
07/10/2019	07/11/2019	55432869191200574938473	RESIDENCE INN HARLINGE 191005	HARLINGEN	TX	$174.80
				Arrival: 07-10-19		
				Arrival: 07-10-19		

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

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Account Number
**** **** **

Statement Date
08/03/2019

Sale Date	Post Date	Reference Number	Type of Activity		Amount
NOTICE MEMO ITEM(S) LISTED BELOW					
07/10/2019	07/12/2019	5545737919220087360006 2	TEXAS HOSPITAL ASSOC 35795	5124651000 TX	$49.00
07/12/2019	07/15/2019	5543286919420032638043 5	SOUTHWES 5262497371352 SANDERS/CRAIG B DAL WN M HOU WN M DAL	800-435-9792 TX DEPARTURE: 07-21-19	$411.96
07/18/2019	07/19/2019	0513437920060003152570 3	NPDB NPDB.HRSA.GOV N64021113	800-767-6732 VA	$2.00
07/19/2019	07/19/2019	5543286920020063247039 3	AMA CREDENTIALING	800-621-8335 IL	$43.00
07/21/2019	07/22/2019	5543286920220024948427 2	MARRIOTT JW HILL RSRT& 029980	866-435-7627 TX Arrival: 07-17-19	$790.83
07/21/2019	07/22/2019	5543286920220024948428 0	MARRIOTT JW HILL RSRT& 029981	866-435-7627 TX Arrival: 07-20-19	$739.02
07/21/2019	07/22/2019	5543286920220024948509 7	MARRIOTT JW HILL RSRT& 030522	866-435-7627 TX Arrival: 07-17-19	$790.83
07/22/2019	07/24/2019	5531020920470857907825 2	HOLIDAY INN EXP & SUIT 17367972	PORT LAVACA TX Arrival: 07-21-19	$180.79
07/25/2019	07/29/2019	5543687920726207496134 5	OMNI AUSTIN DOWNTOWN 3309890	AUSTIN TX Arrival: 07-23-19	$263.35
07/25/2019	07/29/2019	5543687920726207496268 1	OMNI AUSTIN DOWNTOWN 3309901	AUSTIN TX Arrival: 07-23-19	$263.35
**********			TOTAL AMOUNT OF MEMO ITEM(S):		$4,275.73

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
AUG 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(1)

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: 8/16/19

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	—		Quorum Health Resource-			199.00 ✓
2			Webinar - Jason Anglin			
3	—		AMA Profiles - x2 physicians			86.00 ✓
4	—		Travis Cares - Penny Bowden			58.00 ✓
5			+ Amanda Briggs Registration			
6	—		AMA Profiles - x1 Physician			43.00 ✓
7	—		NPDB x 1 Provider			2.00 ✓
8	—		" "			2.00 ✓
9	—		" "			2.00 ✓
10	—		Residence Inn Harlingen			174.80 ✓
			Nadine Barner Plant Tour of UniFirst Linen 7/9/19			

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

NOTES:

Charges made to Mr. Anglin's MC

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(2)

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: 8/6/19

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	—		Residence Inn - Harlingen			174.80
2			Sandra Braun, EVS Dir Plant tour of UniFirst Linen 7/9/19			
3	—		Texas Hosp Assoc. - Registration			49.00
4			for Russell Cain Member Advanced Board Training 7/18/19 Mins Credit for Jack Hill Golf tournament 199.00 - 150.00 = 49.00			
5	—		Southwest - flights for			411.96
6			Craig Sanders, PT Candidate			
7	—		NPDB x 1 Provider			2.00
8	—		AMA Profiles x 1 Provider			43.00
9	—		Marriott Ow Hill Resort			790.83
10			Terry Sizer - Board Member Trustee conference Room charges 739.02 + 51.81 = total 790.83 WiFi charges TOTAL COST 7/18-7/20/19			

Est. Freight _____ Est. Total Cost _____

NOTES:

Charges made to Mr. Anglin's MC

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(3)

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: 8/6/19

Vendor Address:

P.O. #

Vendor Phone #:

Account #

Vendc

Initiated By:

Form #9401

199.00 +
86.00 +
58.00 +
43.00 +
2.00 +
2.00 +
2.00 +
174.80 +
174.80 +
49.00 +
411.96 +
2.00 +
43.00 +
790.83 +
739.02 +
790.83 +
180.79 +
263.35 +
263.35 +
4,275.73 *

Date Re | Expense # | Department | Deliver To

Line No.	er	Description	Unit Cost	Unit Meas.	Extended Cost
1		Marriott QW Hill Resort			739.02 ✓
2		Jason Anglin - Trustees			
3		Conference 7/18-7/20/19 room charges = 739.02			
4		Marriott QW Hill Resort			790.83 ✓
5		Michael Chavana - ~~Board~~	WiFi 51.81 + room mtc 739.02 = 790.83		
6		Board member - Trustees Conf 7/18/-7/20/19			
7		Holiday Inn Express - Hotel			180.79 ✓
8		for Craig Sanders, PT Candidate			
9		Omni Austin Downtown -			263.35 ✓
10		Hotel for Danette Bethany and Mimi Nguyen - TARHC Conf.			263.35 ✓

Est. Freight

Est. Total Cost 7/24-7/26/19

TOTAL COST $4,275.73

NOTES:

Charges made to Mr. Anglin's MC

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director

Dir. Nursing

Adm. Dir. Clinical Service

CFO

Administrator

Texas Healthcare Trustees

Receipt

1108 Lavaca St., Suite 700
Austin, Texas 78701
Phone: 512/465-1048
Email: servicecenter@tha.org
Sent By: Marco Vasquez

07/10/19

SOLD TO
Jason Anglin
Memorial Medical Center
202 S Ann St
Port Lavaca, TX 77979
Customer ID 164

Payment Method	Reference No.	Payment Date
Mastercard	35795 / 056684	07/10/2019

Description	Unit Price	Quantity	Line Total
2019 Healthcare Governance Conference			
Advance Board Training – Russell Cain	$ 199.00	1	$ 199.00
Credit – Golf Tournament (Jack Wu's)	($ 150.00)	1	($ 150.00)
		Subtotal	$ 49.00
		Sales Tax	0
		Total	$ 49.00

APPROVED
ON

AUG 14 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

JW MARRIOTT
SAN ANTONIO HILL COUNTRY

GUEST FOLIO

6344	SIZER/T		07/20/19	11:00	30522	20425
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
NK	MEMORIAL MEDICAL CEN		07/17/19	21:11		
TYPE			ARRIVE	TIME		
93						

ROOM CLERK | ADDRESS | PAYMENT | MBV#:

DATE	REFERENCES		CHARGES	CREDITS	BALANCES DUE
07/17	WFB	WFB	15.95		
07/17	WFB TAX	WFB	1.32		
07/17	GP ROOM	6344, 1	211.00		
07/17	STATE TX	6344, 1	12.66		
07/17	CCSID TX	6344, 1	18.99		
07/17	CNTY TAX	6344, 1	3.69		
07/18	WFB	WFB	15.95		
07/18	WFB TAX	WFB	1.32		
07/18	GP ROOM	6344, 1	211.00		
07/18	STATE TX	6344, 1	12.66		
07/18	CCSID TX	6344, 1	18.99		
07/18	CNTY TAX	6344, 1	3.69		
07/19	WFB	WFB	15.95		
07/19	WFB TAX	WFB	1.32		
07/19	GP ROOM	6344, 1	211.00		
07/19	STATE TX	6344, 1	12.66		
07/19	CCSID TX	6344, 1	18.99		
07/19	CNTY TAX	6344, 1	3.69		
07/20	MC CARD			$790.83	

> WiFi cost $17.27
> 246.34
> WiFi 17.27
> 246.34
> WiFi 17.27
> 246.34

TO BE SETTLED TO: MASTERCARD CURRENT BALANCE .00

room cost
246.34 +
246.34 +
246.34 +
739.02 *

WiFi
17.27 +
17.27 +
charms 17.27 +
51.81 *

739.02 +
51.81 +
790.83 *

See our "Privacy & Cookie Statement" on Marriott.com

APPROVED
ON
AUG 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

JW MARRIOTT SAN ANTONIO
23808 RESORT PARKWAY
SAN ANTONIO TX 78261
PH# 210-276-2500 FAX# 210-276-2501

Experience comfort with the JW Marriott home collection. Visit CuratedbyJW.com

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Signature X

JW MARRIOTT
SAN ANTONIO HILL COUNTRY

GUEST FOLIO

3335	ANGLIN/JASON		07/20/19	09:32	29981	20425
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
GD	MEMORIAL MEDICAL CEN		07/20/19	17:30		
TYPE	815 N VIRGINIA STREE		ARRIVE	TIME		
414	PORT LAVACA TX 77979					
ROOM CLERK	ADDRESS	MCXXXXXXXXXXXX PAYMENT			MBV#:	131252613

DATE	REFERENCES		CHARGES	CREDITS	BALANCES DUE
07/17	GP ROOM	3335, 1	211.00		
07/17	STATE TX	3335, 1	12.66		
07/17	CCSID TX	3335, 1	18.99		
07/17	CNTY TAX	3335, 1	3.69	246.34	
07/18	GP ROOM	3335, 1	211.00		
07/18	STATE TX	3335, 1	12.66		
07/18	CCSID TX	3335, 1	18.99		
07/18	CNTY TAX	3335, 1	3.69	246.34	
07/19	GP ROOM	3335, 1	211.00		
07/19	STATE TX	3335, 1	12.66		
07/19	CCSID TX	3335, 1	18.99		
07/19	CNTY TAX	3335, 1	3.69	246.34	
					739.02

See our "Privacy & Cookie Statement" on Marriott.com

NOM charges

246.34 T
246.34 T
246.34 T
739.02 *

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Your Marriott Bonvoy points/miles earned on your eligible earnings will be credited to your account. Check your Marriott Bonvoy Account Statement for updated activity.

See members.marriott.com for new Marriott Bonvoy benefits.

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Signature X

JW MARRIOTT

SAN ANTONIO HILL COUNTRY

GUEST FOLIO

2389	CHAVANA/MICHAEL		07/20/19	10:24		29980	20425
ROOM	NAME	RATE	DEPART	TIME		ACCT#	GROUP
NK	MEMORIAL MEDICAL CEN		07/17/19	19:38			
TYPE	815 N VIRGINIA STREE		ARRIVE	TIME			
384	PORT LAVACA TX 77979						
ROOM CLERK	ADDRESS	MCXXXXXXXXXXXX› PAYMENT				MBV#:	

DATE	REFERENCES		CHARGES	CREDITS	BALANCES DUE
07/17	WFB	WFB	15.95		
07/17	WFB TAX	WFB	1.32		
07/17	GP ROOM	2389, 1	211.00		
07/17	STATE TX	2389, 1	12.66		
07/17	CCSID TX	2389, 1	18.99		
07/17	CNTY TAX	2389, 1	3.69		
07/18	WFB	WFB	15.95		
07/18	WFB TAX	WFB	1.32		
07/18	GP ROOM	2389, 1	211.00		
07/18	STATE TX	2389, 1	12.66		
07/18	CCSID TX	2389, 1	18.99		
07/18	CNTY TAX	2389, 1	3.69		
07/19	WFB	WFB	15.95		
07/19	WFB TAX	WFB	1.32		
07/19	GP ROOM	2389, 1	211.00		
07/19	STATE TX	2389, 1	12.66		
07/19	CCSID TX	2389, 1	18.99		
07/19	CNTY TAX	2389, 1	3.69		
07/20	CCARD-MC			790.83	
	PAYMENT RECEIVED BY: MASTERCARD	XXXXXXXXXXXX›			.00

wifi cost 17.27

246.34

wifi cost 17.27

246.34

17.27 wifi

246.34

See our "Privacy & Cookie Statement" on Marriott.com

wifi cost
17.27 +
17.27 +
17.27 +
51.81 *

room charges
246.34 +
246.34 +
246.34 +
739.02 *

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ON
AUG 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

51.81 +
739.02 *
790.83 *

As a Marriott Bonvoy member, you could have earned points towards your free dream vacation today. Start earning points and elite status, plus enjoy exclusive member

offers. Enroll today at the front desk.

See https://members.marriott.com for more information

JW MARRIOTT SAN ANTONIO
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Signature X

citi

0556709800366701900000000000000038

Account Number	Payment Date	New Balance	Minimum Amount Due	Enter Amount Paid
**** **** **	08/28/2019	$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
08/03/2019

Payment Date
08/28/2019

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		**********
07/21/2019	07/22/2019	5543286902200249484298	MARRIOTT JW HILL RSRT& 029985	866-435-7627 TX Arrival: 07-17-19	$739.02
07/21/2019	07/22/2019	5543286902200249484876	MARRIOTT JW HILL RSRT& 030362	866-435-7627 TX Arrival: 07-17-19	$865.68
07/21/2019	07/22/2019	5543286902200249485105	MARRIOTT JW HILL RSRT& 030523	866-435-7627 TX Arrival: 07-17-19	$917.49
07/26/2019	07/29/2019	5543286902082006501280 32	SOUTHWES 5262102355459 BLINKA/KIMBERLY HOU WN W STL WN M HOU	800-435-9792 TX DEPARTURE: 08-05-19	$476.96
**********			TOTAL AMOUNT OF MEMO ITEM(S):		$2,999.15

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 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

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AUG 14 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

citi

Account Number
•••• •••• ••

Statement Date
08/03/2019

Sale Date	Post Date	Reference Number	Type of Activity	Amount

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

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

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

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Citibank

Date: 8/16/19

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 GW Hill Resort			739.02 ✓
2			Erin Clevenger - Trustees			
3			Conference 7/18-7/20/19 739.02 = room rate			
4	—		Marriott GW Hill Resort			865.68 ✓
5			Diane Moore - Trustees			
6			Conference 7/18/-7/20/19 739.02 room rate + 126.66 parking = 865.68			
7	—		Marriott GW Hill Resort			917.49
8			Roshanda Thomas - Trustees			
9			Conference 7/18-7/20/19 739.02 room rate + 51.81 wifi fee + 126.66 valet parking = 917.49			
10	—		Southwest - Kimberly Blinka - Lab. airline tickets for conf.			476.96 ✓

Est. Freight | Est. Total Cost | TOTAL COST 2999.15

NOTES: Intoximeters DOT Training 8/14-8/18/19

Charges made to Diane Moore's MC

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

739.02 +
865.68 +
917.49 +
476.96 +
2,999.15

APPROVED ON AUG 14 2019

al Service

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Administrator

JW MARRIOTT
SAN ANTONIO HILL COUNTRY

GUEST FOLIO

5375	CLEVENGER/ERIN		07/20/19	10:28		29985	20425
ROOM	NAME	RATE	DEPART	TIME		ACCT#	GROUP
GD	MEMORIAL MEDICAL CEN		07/17/19	18:29			
TYPE	815 N VIRGINIA STREE		ARRIVE	TIME			
414	PORT LAVACA TX 77979						
ROOM CLERK	ADDRESS	MCXXXXXXXXXXXX, PAYMENT				MBV#:	129705945

DATE	REFERENCES		CHARGES	CREDITS	BALANCES DUE
07/17	GP ROOM	5375, 1	211.00		
07/17	STATE TX	5375, 1	12.66		
07/17	CCSID TX	5375, 1	18.99		
07/17	CNTY TAX	5375, 1	3.69		
07/18	GP ROOM	5375, 1	211.00		
07/18	STATE TX	5375, 1	12.66		
07/18	CCSID TX	5375, 1	18.99		
07/18	CNTY TAX	5375, 1	3.69		
07/19	RM SERV	28635375	30.00		
07/19	GP ROOM	5375, 1	211.00		
07/19	STATE TX	5375, 1	12.66		
07/19	CCSID TX	5375, 1	18.99		
07/19	CNTY TAX	5375, 1	3.69		
07/20	CCARD-VS			30.00	
	PAYMENT RECEIVED BY: VISA	XXXXXXXXXXX			
07/20	CCARD-MC			739.02	
	PAYMENT RECEIVED BY: MASTERCARD	XXXXXXXXXXX			.00

246.34

246.34

— Paid For by Erin Clevenger

246.34

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ON

AUG 14 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Daily roomrack 246.34

246.34 *
246.34 *
246.34 *
739.02 *

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JW MARRIOTT SAN ANTONIO
23808 RESORT PARKWAY
SAN ANTONIO TX 78261
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Signature X

JW MARRIOTT
SAN ANTONIO HILL COUNTRY

GUEST FOLIO

7161	MOORE/DIANE		07/20/19	11:00	30362	20425
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
GK	MEMORIAL MEDICAL CEN		07/17/19	16:58		
TYPE	815 N VIRGINIA STREE		ARRIVE	TIME		
16	PORT LAVACA TX 77979					
ROOM CLERK	ADDRESS	MCXXXXXXXXXXX PAYMENT			MBV#:	574708376

DATE	REFERENCES		CHARGES	CREDITS	BALANCES DUE
07/17	GP ROOM	7161, 1	211.00		
07/17	STATE TX	7161, 1	12.66		
07/17	CCSID TX	7161, 1	18.99		
07/17	CNTY TAX	7161, 1	3.69		
07/18	PARKING	35057161	42.22		
07/18	GP ROOM	7161, 1	211.00		
07/18	STATE TX	7161, 1	12.66		
07/18	CCSID TX	7161, 1	18.99		
07/18	CNTY TAX	7161, 1	3.69		
07/18	PARKING	37997161	42.22		
07/19	GP ROOM	7161, 1	211.00		
07/19	STATE TX	7161, 1	12.66		
07/19	CCSID TX	7161, 1	18.99		
07/19	CNTY TAX	7161, 1	3.69		
07/20	PARKING	37827161	42.22		865.68

246.34 — room rate
42.22 — Valet parking

ur "Privacy & Cookie Statement" on Marriott.com

0.0

246.34 +
246.34 +
246.34 +
739.02 *

42.22 +
42.22 +
42.22 +
126.66 *

739.02 +
126.66 +
865.68 *

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Signature X

JW MARRIOTT
SAN ANTONIO HILL COUNTRY

GUEST FOLIO

5383	THOMAS/ROSHANDA		07/20/19	10:47	30523	20425
ROOM	NAME	RATE	DEPART	TIME	ACCT#	GROUP
GD	MEMORIAL MEDICAL CEN		07/17/19	21:33		
TYPE	815 N VIRGINIA STREE		ARRIVE	TIME		
314	PORT LAVACA TX 77979					
ROOM CLERK	ADDRESS	MCXXXXXXXXXXXX PAYMENT			MBV#:	

DATE	REFERENCES		CHARGES	CREDITS	BALANCES DUE
07/17	GP ROOM	5383, 1	211.00		
07/17	STATE TX	5383, 1	12.66		
07/17	CCSID TX	5383, 1	18.99		
07/17	CNTY TAX	5383, 1	3.69		
07/17	WFB	WFB	15.95		
07/17	WFB TAX	WFB	1.32		
07/18	PARKING	36325383	42.22		
07/18	WFB	WFB	15.95		
07/18	WFB TAX	WFB	1.32		
07/18	GP ROOM	5383, 1	211.00		
07/18	STATE TX	5383, 1	12.66		
07/18	CCSID TX	5383, 1	18.99		
07/18	CNTY TAX	5383, 1	3.69		
07/18	PARKING	38725383	42.22		
07/19	WFB	WFB	15.95		
07/19	WFB TAX	WFB	1.32		
07/19	GP ROOM	5383, 1	211.00		
07/19	STATE TX	5383, 1	12.66		
07/19	CCSID TX	5383, 1	18.99		
07/19	CNTY TAX	5383, 1	3.69		
07/20	PARKING	38525383	42.22		
07/20	CCARD-MC			917.49	
	PAYMENT RECEIVED BY: MASTERCARD	XXXXXXXXXXXX			.00

246.34
246.34 — Valet Fee
17.27 — WiFi Fee
17.27 — WiFi Fee
246.34
246.34 — Valet Fee
17.27 WiFi Fee
246.34
246.34 — Valet Fee

room rate

246.34 +
246.34 +
246.34 +
739.02 *

WiFi charge

17.27 +
17.27 +
17.27 +
51.81 *

Valet parking

42.22 +
42.22 +
42.22 +
126.66 *

JW MARRIOTT SAN ANTONIO
23808 RESORT PARKWAY
SAN ANTONIO TX 78261
PH# 210-276-2500 FAX# 210-276-2501

Signature X

Log in | Enroll Español

Southwest

FLIGHT | HOTEL | CAR | VACATIONS SPECIAL OFFERS RAPID REWARDS®

Your flight is booked!

We're sending a confirmation email to eheiman@mmcportlavaca.com right now.

Trip summary

Flight

CONFIRMATION #
VEVGY5

AUG 5 - 9
HOU → STL

FLIGHT TOTAL
$476.96

8/5 - St. Louis

AUG 5 - 9
Houston (Hobby), TX *to* St. Louis, MO

Confirmation # VEVGY5

PASSENGERS	EST. POINTS	EXTRAS	FARE
Kimberly Blinka	+ 2,503 PTS	—	Wanna Get Away

Departing 8/5/19 Monday

Wanna Get Away $232.26
(Adult x1)

DEPARTS **1:20 PM** — **HOU** — Houston (Hobby), TX - HOU

FLIGHT 1451

Nonstop

ARRIVES **3:25 PM** — **STL** — St. Louis, MO - STL

TRAVEL TIME 2hr 5min

SUBTOTAL **$232.26**

Returning 8/9/19 Friday

DEPARTS	10:35 AM	STL St. Louis, MO - STL	FLIGHT 2244	Wanna Get Away *(Adult x1)*	$184.82
Nonstop					
ARRIVES	12:40 PM	HOU Houston (Hobby), TX - HOU	TRAVEL TIME 2hr 5min	SUBTOTAL	$184.82

Taxes & fees	$59.88
Flight total	**$476.96**

Icon legend

WiFi available Live TV available EarlyBird Check-In®

Helpful Information:

- Please read the fare rules associated with this purchase.
- When booking with Rapid Rewards® points, your point balance may not immediately update in your account.

Payment summary

PAYMENT INFORMATION			AMOUNT PAID
MasterCard XXXXXXXXXXXX Expiration:	CARD HOLDER **DIANE MOORE**	BILLING ADDRESS **202 S. ANN ST #A** **PORT LAVACA, TX US 77979**	$476.96

Total charged

SUBTOTAL	$417.08
TAXES & FEES	$59.88
TOTAL DOLLARS	$476.96

Show price breakdown

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AUG 14 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/15/2019 MEMORIAL MEDICAL CENTER 0
11:48 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
080719	08/12/2019	08/07/2019	08/29/2019				4,846.92	0.00	0.00	4,846.92
	TRANSFER Insurance pymt sent to MMC in error									
081219	08/12/2019	08/12/2019	08/29/2019				49,349.80	0.00	0.00	49,349.80
	TRANS~QUIPP 2,3& LAPSE FUNDS									
081219A	08/13/2019	08/12/2019	08/29/2019				0.11	0.00	0.00	0.11
	TRANSFER Nursing home insurance pymt sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11816	ASHFORD GARDEN	54,196.83	0.00	0.00	54,196.83

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	54,196.83	0.00	0.00	54,196.83

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CALHOUN COUNTY, TEXAS

CK#
182055

08/15/2019 MEMORIAL MEDICAL CENTER 0
11:48 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11828	SOLERA WEST HOUSTON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081219	08/12/2019	08/12/2019	08/29/2019				14,201.27	0.00	0.00	14,201.27
	TRANS~QUIPP 2,3&LAPSE FUNDS sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11828	SOLERA WEST HOU	14,201.27	0.00	0.00	14,201.27

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	14,201.27	0.00	0.00	14,201.27

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ON
AUG 19 2019

CK# 182059

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/15/2019
11:42

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11820	FORTBEND HEALTHCARE CENTEF		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081219	08/12/2019	08/12/2019	08/29/2019				16,019.01	0.00	0.00	16,019.01
	TRANS~QUIPP 2,3&LAPSE FUNDS sent to MMC in error									

Vendor Totals:	Number	Name		Gross	Discount	No-Pay	Net
	11820	FORTBEND HEALTH	16,019.01		0.00	0.00	16,019.01

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	16,019.01	0.00	0.00	16,019.01

APPROVED
ON
AUG 19 2019

CK# 182057

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/15/2019 MEMORIAL MEDICAL CENTER 0
11:47 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11832	BROADMOOR AT CREEKSIDE PAR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081219	08/12/2019	08/12/2019	08/29/2019				9,503.91	0.00	0.00	9,503.91
	TRANS~QUIPP 2,3&LAPSE FUNDS Sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11832	BROADMOOR AT CI	9,503.91	0.00	0.00	9,503.91

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	9,503.91	0.00	0.00	9,503.91

APPROVED
ON
AUG 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 182054

08/15/2019 MEMORIAL MEDICAL CENTER 0
11:46 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11824	THE CRESCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081219	08/13/2019	08/12/2019	08/29/2019				1,350.00	0.00	0.00	1,350.00
	TRANSFER Nursing home insurance payout sent to MMC in error									
081219A	08/15/2019	08/12/2019	08/29/2019				9,488.57	0.00	0.00	9,488.57
	QUIPP2,3,&LAPSE FUNDS paid to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11824	THE CRESCENT	10,838.57	0.00	0.00	10,838.57

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	10,838.57	0.00	0.00	10,838.57

APPROVED ON
AUG 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 182060

08/15/2019
11:42

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
080719	08/12/2019	08/07/2019	08/29/2019				7,381.72	0.00	0.00	7,381.72
	TRANSFER Nursing home insurance Dpmt sent to MMC in error									
081219	08/12/2019	08/12/2019	08/29/2019				17,365.52	0.00	0.00	17,365.52
	TRANS~QUIPP 2,3&LAPSE FUNDS sent to MMC in error									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HE	24,747.24	0.00	0.00	24,747.24

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	24,747.24	0.00	0.00	24,747.24

APPROVED
ON
AUG 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 182058

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		181958	08/21/19	3,509.90	AIRGAS USA, LLC - CENTRAL DIV
A/P		181959	08/21/19	94.60	AMERICAN ACADEMY OF PEDIATRICS
A/P		181960	08/21/19	108.89	AMERISOURCEBERGEN DRUG CORP
A/P		181961	08/21/19	125.38	AQUA BEVERAGE COMPANY
A/P		181962	08/21/19	12.19	BAXTER HEALTHCARE
A/P		181963	08/21/19	12,584.89	BECKMAN COULTER INC
A/P		181964	08/21/19	300.00	BRIGGS HEALTHCARE
A/P		181965	08/21/19	100,000.00	CALHOUN COUNTY
A/P		181966	08/21/19	4,416.86	CDW GOVERNMENT, INC.
A/P		181967	08/21/19	176.00	COASTAL REFRIGERATION
A/P		181968	08/21/19	1,081.76	COMBINED INSURANCE
A/P		181969	08/21/19	668.75	CONMED CORPORATION
A/P		181970	08/21/19	536.91	DEWITT POTH & SON
A/P		181971	08/21/19	50,311.25	DIAMOND HEALTHCARE CORP
A/P		181972	08/21/19	1,105.00	DOWELL PEST CONTROL
A/P		181973	08/21/19	54.50	DOWNTOWN CLEANERS
A/P		181974	08/21/19	92.50	EDWARDS LIFESCIENCES
A/P		181975	08/21/19	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P		181976	08/21/19	94.78	ENTERPRISE RENT-A-CAR
A/P		181977	08/21/19	65.69	FEDERAL EXPRESS CORP.
A/P		181978	08/21/19	193.41	FILTER TECHNOLOGY CO, INC
A/P		181979	08/21/19	6,482.31	FISHER HEALTHCARE
A/P		181980	08/21/19	975.24	FRONTIER
A/P		181981	08/21/19	235.68	GRAINGER
A/P		181982	08/21/19	1,023.51	GULF COAST PAPER COMPANY
A/P		181983	08/21/19	720.00	HALF LEAGUE STORAGE
A/P		181984	08/21/19	46.15	HEALTH CARE LOGISTICS INC
A/P		181985	08/21/19	.00	VOIDED
A/P		181986	08/21/19	692.11	HEB CREDIT RECEIVABLES DEPT308
A/P		181987	08/21/19	8,333.33	HITACHI MEDICAL SYSTEMS
A/P		181988	08/21/19	14,539.19	HUNTER PHARMACY SERVICES
A/P		181989	08/21/19	24,509.29	ITA RESOURCES INC
A/P		181990	08/21/19	5,264.00	ITERSOURCE CORPORATION
A/P		181991	08/21/19	150.00	JACK WU
A/P		181992	08/21/19	650.00	JACKSON & CARTER, PLLC
A/P		181993	08/21/19	10,768.25	JACKSON & COKER LOCUM TENENS,
A/P		181994	08/21/19	18.92	LANGUAGE LINE SERVICES
A/P		181995	08/21/19	1,483.60	LEGAL SHIELD
A/P		181996	08/21/19	455.64	LOWE'S HOME CENTERS INC
A/P		181997	08/21/19	1,190.86	M G TRUST
A/P		181998	08/21/19	83.97	MARKETLAB, INC
A/P		181999	08/21/19	48.00	MARTIN PRINTING CO
A/P		182000	08/21/19	1,653.00	MASA GLOBAL BUILDING
A/P		182001	08/21/19	129.62	MCKESSON MEDICAL SURGICAL INC
A/P		182002	08/21/19	63.45	MEDI-DOSE, INC
A/P		182003	08/21/19	9,917.19	MEDICAL DATA SYSTEMS, INC.
A/P		182004	08/21/19	177.13	MEDIMPACT HEALTHCARE SYS, INC.
A/P		182005	08/21/19	624.75	MEDLINE INDUSTRIES INC
A/P		182006	08/21/19	325.42	MEMORIAL MEDICAL CLINIC
A/P		182007	08/21/19	372.86	MERRY X-RAY/SOURCEONE HEALTHCA

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	182008	08/21/19	58.30	MMC EMPLOYEE BENEFIT PLAN
A/P	182009	08/21/19	114.93	MMC VOLUNTEERS
A/P	182010	08/21/19	14,925.52	MORRIS & DICKSON CO, LLC
A/P	182011	08/21/19	32.02	NADINE GARNER
A/P	182012	08/21/19	356.47	ORTHO CLINICAL DIAGNOSTICS
A/P	182013	08/21/19	250.00	PALACIOS BEACON
A/P	182014	08/21/19	149.03	PARTSSOURCE, LLC
A/P	182015	08/21/19	23.40	POWER HARDWARE
A/P	182016	08/21/19	2,289.70	PRO ENERGY PARTNERS LP
A/P	182017	08/21/19	85.90	RANDY'S FLOOR COMPANY
A/P	182018	08/21/19	45.47	RED HAWK FIRE AND SECURITY
A/P	182019	08/21/19	997.46	ROLANDO REYES
A/P	182020	08/21/19	768.39	RUSSELL CAIN
A/P	182021	08/21/19	31.90	SARA RUBIO
A/P	182022	08/21/19	136.90	SERVICE SUPPLY OF VICTORIA INC
A/P	182023	08/21/19	918.20	SHERWIN WILLIAMS
A/P	182024	08/21/19	29.00	SHIP SHUTTLE TAXI SERVICE
A/P	182025	08/21/19	2,666.66	SIEMENS FINANCIAL SERVICES
A/P	182026	08/21/19	49.96	SMITHS MEDICAL ASD INC
A/P	182027	08/21/19	6,477.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	182028	08/21/19	6,194.00	T-SYSTEM, INC
A/P	182029	08/21/19	174.00	TERRY SIZER
A/P	182030	08/21/19	10.00	TEXAS MUTUAL INSURANCE CO
A/P	182031	08/21/19	576.05	TLC STAFFING
A/P	182032	08/21/19	1,010.00	TRIZETTO PROVIDER SOLUTIONS
A/P	182033	08/21/19	3,184.49	UNIFIRST HOLDINGS INC
A/P	182034	08/21/19	705.09	UNITED STATES TREASURY
A/P	182035	08/21/19	499.00	UPDOX LLC
A/P	182036	08/21/19	30,719.32	VICTORIA ANESTHESIOLOGY
A/P	182037	08/21/19	3,649.52	WAGEWORKS
A/P	182038	08/21/19	129.60	WAGEWORKS
A/P	182039	08/21/19	195.77	[redacted]
A/P	182040	08/21/19	604.57	
A/P	182041	08/21/19	31.48	
A/P	182042	08/21/19	103.47	
A/P	182043	08/21/19	63.31	
A/P	182044	08/21/19	566.00	
A/P	182045	08/21/19	114.06	
A/P	182046	08/21/19	100.00	
A/P	182047	08/21/19	515.34	
A/P	182048	08/21/19	23.50	
A/P	182049	08/21/19	148.14	
A/P	182050	08/21/19	169.85	
A/P	182051	08/21/19	911.17	
A/P	182052	08/21/19	565.20	
A/P	182053	08/21/19	133.10	
A/P	182054	08/21/19	535.70	
A/P	182055	08/21/19	54,196.83	ASHFORD GARDENS
A/P	182056	08/21/19	9,503.91	BROADMOOR AT CREEKSIDE PARK
A/P	182057	08/21/19	16,019.01	FORTBEND HEALTHCARE CENTER
A/P	182058	08/21/19	24,747.24	GOLDENCREEK HEALTHCARE

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	182059	08/21/19	14,201.27	SOLERA WEST HOUSTON
A/P	182060	08/21/19	10,838.57	THE CRESCENT
TOTALS:			518,074.00	

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APPROVED
ON

AUG 2 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payables 383,786.51 +
Pt Refunds 4,780.66 +
54,196.82 +
Nursing 14,201.27 +
Homes 16,019.01 +
9,503.91 +
10,838.57 +
24,747.24 +
518,074.00 =

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: 08/16/2019

DC: 8115

Territory:

Customer: 632536
Date: 08/17/2019

Page: 002

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

As of: 08/16/2019 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 **PLEASE CHECK ANY**
Date: 08/17/2019 **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: 3,375.43 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 08/20/2019, Pay This Amount: 3,307.92 USD

If Paid After 08/20/2019, Pay this Amount: 3,375.43 USD

Due If Paid On Time: USD 3,307.92

Disc lost if paid late: 67.51

Due If Paid Late: USD 3,375.43

under PO

Ck# 500022
Gl# 10310000

370.66 +
601.45 +
111.33 +
35.33 +
6.49 +
2,182.66 +
3,307.92 *

APPROVED
ON
AUG 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

CVS PHCY 8923/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: 08/16/2019

DC: 8115

Territory: 400

Customer: 835434
Date: 08/17/2019

Page: 001

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

As of: 08/16/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835434 **PLEASE CHECK ANY**
Date: 08/17/2019 **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 835434 CVS PHCY 8923/MEM MC PHS											
08/15/2019	08/20/2019	7150996720	538338	115Invoice	7.56	378.22		370.66		7150996720	

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

TOTAL: Customer Number 835434 CVS PHCY 8923/MEM MC PHS

Subtotals: 378.22 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0.00

If Paid By 08/20/2019, Pay This Amount: 370.66 USD

If Paid After 08/20/2019, Pay this Amount: 378.22 USD

Due If Paid On Time: USD 370.66

Disc lost if paid late: 7.56

Due If Paid Late: USD 378.22

APPROVED
ON

AUG 19 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company 8000

STATEMENT

As of: 08/16/2019

Page: 001

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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

DC: 8115

Territory: 400

Customer: 835438
Date: 08/17/2019

As of: 08/16/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 835438 **PLEASE CHECK ANY**
Date: 08/17/2019 **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											
08/15/2019	08/20/2019	7151148728	538767	115Invoice	12.27	613.72		601.45		7151148728	

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: 613.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,069.42
08/12/2019

If Paid By 08/20/2019, Pay This Amount: 601.45 USD

If Paid After 08/20/2019, Pay this Amount: 613.72 USD

Due If Paid On Time: USD 601.45 ✓

Disc lost if paid late: 12.27

Due If Paid Late: USD 613.72

APPROVED
ON
AUG 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 08/16/2019

Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 08/17/2019

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: 08/16/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 **PLEASE CHECK ANY**
Date: 08/17/2019 **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											
08/15/2019	08/20/2019	7150994637	538641	115Invoice	2.24	112.10		109.86 ✓		7150994637	
08/15/2019	08/20/2019	7150994639	538641	115Invoice	0.03	1.50		1.47 ✓		7150994639	

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: 113.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,069.42
08/12/2019

If Paid By 08/20/2019, Pay This Amount: 111.33 USD

If Paid After 08/20/2019, Pay this Amount: 113.60 USD

Due If Paid On Time: USD 111.33

Disc lost if paid late: 2.27

Due If Paid Late: USD 113.60

APPROVED ON
AUG 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company 8000

STATEMENT

As of: 08/16/2019

Page: 001

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

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

DC: 8115

Territory: 81

Customer: 464450
Date: 08/17/2019

As of: 08/16/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 464450 **PLEASE CHECK ANY**
Date: 08/17/2019 **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											
08/14/2019	08/20/2019	7150741233	55x466634	115Invoice	0.72	36.05		35.33		7150741233	☐

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: 36.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,210.35
07/29/2019

If Paid By 08/20/2019, Pay This Amount: 35.33 USD

If Paid After 08/20/2019, Pay this Amount: 36.05 USD

Due If Paid On Time: USD 35.33 ✓

Disc lost if paid late: 0.72

Due If Paid Late: USD 36.05

APPROVED
ON

AUG 19 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company 8000

STATEMENT

As of: 08/16/2019

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 08/17/2019

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: 08/16/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 08/17/2019

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
08/16/2019	08/20/2019	7151213799	2017009293	115Invoice	0.13	6.62		6.49		7151213799	

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: 6.62 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,069.42
08/12/2019

If Paid By 08/20/2019, Pay This Amount: 6.49 USD

If Paid After 08/20/2019, Pay this Amount: 6.62 USD

Due If Paid On Time:
USD 6.49

Disc lost if paid late: 0.13

Due If Paid Late:
USD 6.62

APPROVED
ON
AUG 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 08/16/2019

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 08/17/2019

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: 08/16/2019 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 08/17/2019

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
08/12/2019	08/20/2019	7150241540	2466156471	115Invoice	2.40	120.23		117.83	✓	7150241540	
08/12/2019	08/20/2019	7150241541	0811190210-00	115Invoice	2.71	135.38		132.67	✓	7150241541	
08/12/2019	08/20/2019	7150384136	753545574	195Invoice	1.82	90.76		88.94	✓	7150384136	
08/13/2019	08/20/2019	7150499133	2466157865	115Invoice	0.04	2.06		2.02	✓	7150499133	
08/13/2019	08/20/2019	7150691195	0000081219AS	115Invoice	5.45	272.27		266.82	✓	7150691195	
08/14/2019	08/20/2019	7150745748	6866193102	115Invoice	0.04	1.92		1.88	✓	7150745748	
08/14/2019	08/20/2019	7150761445	0813190310-00	115Invoice	0.01	0.63		0.62	✓	7150761445	
08/14/2019	08/20/2019	7150887365	754187478	195Invoice	0.01	0.32		0.31	✓	7150887365	
08/15/2019	08/20/2019	7150997345	6866198053	115Invoice	12.52	625.92		613.40	✓	7150997345	
08/15/2019	08/20/2019	7151123422	754458905	195Invoice	5.45	272.27		266.82	✓	7151123422	
08/16/2019	08/20/2019	7151235950	1866222643	115Invoice	7.57	378.39		370.82	✓	7151235950	
08/16/2019	08/20/2019	7151235952	0815190447-00	115Invoice	0.56	28.14		27.58	✓	7151235952	
08/16/2019	08/20/2019	7151356136	754714800	195Invoice	0.01	0.32		0.31	✓	7151356136	
08/16/2019	08/20/2019	7151406179	0000081519AS	115Invoice	5.97	298.61		292.64	✓	7151406179	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 2,227.22 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,069.42
08/12/2019

If Paid By 08/20/2019, Pay This Amount: 2,182.66 USD

If Paid After 08/20/2019, Pay this Amount: 2,227.22 USD

Due If Paid On Time:
USD 2,182.66
Disc lost if paid late: 44.56

Due If Paid Late:
USD 2,227.22

APPROVED
ON
AUG 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

AmerisourceBergen

STATEMENT

Number: 58272230 Date: 08-16-2019 1 of 1

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:	685.45
Past Due:	0.00
Total Due:	685.45
Account Balance:	685.45

Account Activity

Activity Date	Due Date	Reference Number	Purchase Order Number	Activity Type	Amount
08-12-2019	08-23-2019	3026038260	149264	Invoice	1.86
08-12-2019	08-23-2019	3026091352	149312	Invoice	250.00
08-12-2019	08-23-2019	3026091353	149313	Invoice	131.26
08-13-2019	08-23-2019	3026127379	149344	Invoice	36.71
08-14-2019	08-23-2019	3026176286	149359	Invoice	11.19
08-15-2019	08-23-2019	3026224548	149370	Invoice	272.22
08-15-2019	08-23-2019	593528044	148119	Invoice	(33.23)
08-15-2019	08-23-2019	593528045	148119	Invoice	15.44

Thank You for Your Payment

Date	Payment Number	Amount
08-16-2019		(1,374.63)

Reminders

Due Date	Amount
08-23-2019	685.45

Total Due: 685.45

Terms:
Monday - Friday due in 7 days

APPROVED
ON
AUG 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 500023
GL# 10031 0000

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"	★	$ 101,690.34	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 50,728.38	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 12,117.06	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 38,844.90	#
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	9621.25	N		N	N		196557.59
1	REGULAR PAY-S1	1848.00	N		N	N	N	83961.13
1	REGULAR PAY-S1	312.50	Y		N	N		8016.18
2	REGULAR PAY-S2	2675.25	N		N	N		61813.90
2	REGULAR PAY-S2	137.25	Y		N	N		5253.73
3	REGULAR PAY-S3	1575.50	N		N	N		43815.55
3	REGULAR PAY-S3	184.00	Y		N	N		7775.34
C	CALL PAY	2166.25	N	1	N	N		4236.50
E	EXTRA WAGES		N		N	N	N	
E	EXTRA WAGES		N	1	N	N	N	2295.00
I	INSERVICE	78.75	N	1	N	N		2332.98
I	INSERVICE	7.75	N	2	N	N		195.69
I	INSERVICE	5.50	Y	1	N	N		213.51
J	JURY LEAVE	8.00	N	1	N	N		336.00
K	EXTENDED-ILLNESS-BANK	144.29	N	1	N	N		2097.30
P	PAID-TIME-OFF	156.00	N		N	N	N	2627.31
P	PAID-TIME-OFF	1110.63	N	1	N	N		25560.03
X	CALL PAY 2	96.00	N	1	N	N		192.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	733.44	A/R2	226.56	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1		CAFE-2	
CAFE-3		CAFE-4		CAFE-5	
CAFE-C		CAFE-D	1585.00	CAFE-F	
CAFE-H	18280.00	CAFE-I		CAFE-L	
CAFE-P		CANCER		CHILD	346.15
CLINIC	165.00	COMBIN	507.49	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF		EAT		EATCSH	
FEDTAX	38844.90	FICA-M	6058.53	FICA-O	25364.19
FIRSTC		FLEX S	3649.52	FLX FE	
FORT D		FUTA		GIFT S	25.00
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
LEGAL	687.66	MASA	852.50	MEALS	178.30
MISC		MISC/		MMCSHR	
NATFML	1966.12	OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SAMS		SCRUBS	
SIGNON		ST-TX		STONDF	1190.86
STONE		STONE2		STUDEN	
SUNACC	917.34	SUNILL	1605.64	SUNLIF	1421.20
SUNSTD	1437.54	SUNVIS	1077.14	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	31315.74	TUTION		UNIFOR	386.70
UW/HOS					

Grand Totals: 20222.92 (Gross: 447567.74 Deductions: 138822.52 Net: 308745.22)

Checks Count:- FT 204 PT 8 Other 38 Female 221 Male 28 Credit OverAmt 6 ZeroNet Term Total: 249

Pay Date
08.23.19

CEO
8-19-19

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

"ENTER VOID CKS AS NEGATIVE NUMBERS"

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	08/02/19					
PAY PERIOD: END	08/15/19					
PAY DATE:	08/23/19					
GROSS PAY:	$ 447,567.74			$ -		$ 447,567.74
DEDUCTIONS:						
A/R	$ 960.00					$ 960.00
ADVANC						$ -
BOOTS						$ -
SUNLIFE CRITICAL ILLNESS	$ 1,605.64					$ 1,605.64
SUNLIFE ACCIDENT	$ 917.34					$ 917.34
SUNLIFE VISION	$ 1,077.14					$ 1,077.14
SUNLIFE SHORT TERM DIS	$ 1,437.54					$ 1,437.54
CAFÉ-5						$ -
CAFÉ-D	$ 1,585.00					$ 1,585.00
CAFÉ-H	$ 18,280.00					$ 18,280.00
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ 346.15	+1.50 Processing = 347.65				$ 346.15
CLINIC	$ 165.00					$ 165.00
COMBIN	$ 507.49					$ 507.49
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
SUNLIFE TERM LIFE	$ 1,421.20					$ 1,421.20
EAT						$ -
FED TAX	$ 38,844.90					$ 38,844.90
FICA-M	$ 6,058.53					$ 6,058.53
FICA-O	$ 25,364.19					$ 25,364.19
FIRST C						$ -
FLEX S	$ 3,649.52					$ 3,649.52
FLX-FE						$ -
GIFT S	$ 25.00					$ 25.00
GRP-IN	$ -					$ -
GTL						$ -
HOSP-I						$ -
LEGAL	$ 1,540.16					$ 1,540.16
OTHER	$ 565.00					$ 565.00
NATIONAL FARM LIFE	$ 1,966.12					$ 1,966.12
PHI						$ -
PR FIN	$ -					$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,190.86					$ 1,190.86
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 31,315.74					$ 31,315.74
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 138,822.52	$ -	$ -	$ -	$ -	$ 138,822.52
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$ 308,745.22	$ -	$ -	$ -	$ -	$ 308,745.22
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	

TOTAL CAFÉ 125 PLAN: $ 29,743.04 **Less Exempt:**

TAXABLE PAY: $ 417,824.70 $ 409,099.97

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 6,058.46		
FICA - MED (EE)	1.45%	$ 6,058.46	$ 6,058.53	$ (0.07)
FICA - SOC SEC (ER)	6.20%	$ 25,364.20		
FICA - SOC SEC (EE)	6.20%	$ 25,364.20	$ 25,364.19	$ 0.01
FED WITHHOLDING		$ 38,844.90	$ 38,844.90	

	Exempt Amt:
Employees over FICA-SS Cap:	
Jason Anglin	$ 8,724.73
Diane Moore	
Roshanda Thomas	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ 8,724.73

TAX DEPOSIT:		$ 101,690.22	$ 101,690.34	$ (0.12)
FICA - MEDICARE	2.90%	$ 12,116.92	$12,117.06	
FICA - SOCIAL SECURITY	12.40%	$ 50,728.40	$50,728.38	**PREPARED BY:** Alison M King
FED WITHHOLDING		$ 38,844.90	$38,844.90	**PREPARED DATE:** 8/19/2019
TOTAL TAX:		$ 101,690.22	$101,690.34	$ (0.12)

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --August 12, 2019 - August 18, 2019

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #
8/12/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000698143760	- 3rd Party Payor Fee	3.74	300083
8/12/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982541616 6110	- Credit Card Processing Fee	506.58	300084
8/12/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 39300982589946 6110	- Credit Card Processing Fee	129.00	300085
8/12/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332385 6110	- Credit Card Processing Fee	138.25	300086
8/12/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332393 6110	- Credit Card Processing Fee	2,015.18	300087
8/12/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332401 6110	- Credit Card Processing Fee	1,216.49	300088
8/12/2019	ACH Payment TSYS/TRANSFIRST DISCOUNT 41399801332419 6110	- Credit Card Processing Fee	138.13	300089
8/13/2019	ACH Payment MCKESSON DRUG AUTO ACH ACH03893471 910000121	- 340B Drug Program Expense	3,069.42 *	500020
8/13/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000698893323	- 3rd Party Payor Fee	3.04	300090
8/14/2019	ACH Payment IRS USATAXPYMT 220962681193972 6103601000755	- Payroll Taxes	98,967.80 **	200014
8/14/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000699666917	- 3rd Party Payor Fee	48.70	300091
8/15/2019	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000024780	- Retirement Funding	141,470.31 *	200014
8/16/2019	ACH Payment AMERISOURCE BERG PAYMENTS 0100007768 2100002	- 340B Drug Program Exp	1,374.63 *	500021
8/16/2019	ACH Payment PAY PLUS ACHTRANS 452579291 101000691052638	- 3rd Party Payor Fee	16.66	300092
			249,097.93	

Pay Plus
3.74 +
3.04 +
48.70 +
16.66 +
72.14 *

Credit card Processing Fee's
506.58 +
129.00 +
138.25 +
2,015.18 +
1,216.49 +
138.13 +
4,143.63 *

72.14 +
4,143.63 +
4,215.77 *

249,097.93 +
3,069.42 −
98,967.80 −
141,470.31 −
1,374.63 −
4,215.77 *

Diane Moore, CFO
Memorial Medical Center

August 19, 2019

* Approved 08.14.19 cc
** Approved 08.07.19 cc

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
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	
A/P	200014	08/14/19	98,967.80	IRS USA TAX PYMT
A/P *	200015	08/14/19	141,470.31	TEXAS COUNTY DRS RECEIV
A/P	300083	08/12/19	3.74	PAY PLUS
A/P	300084	08/12/19	506.58	TSYS/TRANSFIRST DISCOUN
A/P	300085	08/12/19	129.00	TSYS/TRANSFIRST DISCOUN
A/P	300086	08/12/19	138.25	TSYS/TRANSFIRST DISCOUN
A/P	300087	08/12/19	2,015.18	TSYS/TRANSFIRST DISCOUN
A/P	300088	08/12/19	1,216.49	TSYS/TRANSFIRST DISCOUN
A/P	300089	08/12/19	138.13	TSYS/TRANSFIRST DISCOUN
A/P	300090	08/13/19	3.04	PAY PLUS
A/P	300091	08/14/19	48.70	PAY PLUS
A/P *	300092	08/16/19	16.66	PAY PLUS
A/P	500020	08/13/19	3,069.42	MCKESSON

Electronic Transfers

BANK--CHECK----------				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	500021	08/16/19	1,374.63	AMERISOURCE
TOTALS:			974,043.63	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
8/19/2019

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		97,941.09	97,795.53	157,547.00		-	157,692.56	145,336.48
						Bank Balance	157,692.56	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment Period 2	640.70	
Routing Information for Ashford Gardens:						MMC Portion QIPP 1	11,569.82	
Ashford Health Care Center Ltd Co						MMC Portion QIPP 2,3,Lapse	-	
JP Morgan Chase Bank						July Interest	45.56	
ABA						August Interest	-	
Acct						September Interest	-	
						Adjust Balance/Transfer Amt	145,336.48	
Broadmoor		16,004.65	15,855.06	58,523.65		-	58,673.24	56,269.07
						Bank Balance	58,673.24	
						Variance	-	
						Leave in Balance	100.00	
						MMC Portion QIPP 1	2,254.58	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	49.59	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	56,269.07	
Crescent		9,116.37	8,947.93	43,359.79		-	43,528.23	41,075.30
						Bank Balance	43,528.23	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment Period 2	43.45	
						MMC Portion QIPP 1	2,241.04	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	68.44	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	41,075.30	
Fort Bend		35,204.45	35,088.16	32,269.43		-	32,385.72	27,351.45
						Bank Balance	32,385.72	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment Period 2	179.36	
						MMC Portion QIPP 1	4,738.62	
						MMC Portion QIPP 2,3,Lapse	-	
						July Interest	16.29	
						August Interest	-	
						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	27,351.45	
Solera at W Houston		156,103.18	155,901.80	146,822.28			147,023.66	143,376.88
						Bank Balance	147,023.66	
						Variance	-	
						Leave in Balance	100.00	
						QIPP Yr 1 Adjustment Period 2	151.30	
Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:						MMC Portion QIPP 1	3,294.10	
Cantex Health Care Centers III LLC						MMC Portion QIPP 2,3,Lapse	-	
JP Morgan Chase Bank						July Interest	101.38	
ABA 11100						August Interest	-	
Account # S						September Interest	-	
							-	
						Adjust Balance/Transfer Amt	143,376.88	

145,336.48 +
56,269.07 +
41,075.30 +
27,351.45 +
143,376.88 +
413,409.18 =

TOTAL TRANSFERS	413,409.18

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

Approved:
Diane C. Moore, CFO 8/19/2019

Ashford Gardens

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ Period 2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/12/2019	ACH Deposit Amerigroup TXSC HCCLAIMPMT 3106005991 111000		26,132.81					-	26,132.81
8/12/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		18,115.00					-	18,115.00
8/13/2019	Deposit		30,230.60					-	30,230.60
8/13/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		570.00					-	570.00
8/13/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		22,820.81					-	22,820.81
8/13/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		4,841.80					-	4,841.80
8/14/2019	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	79,691.54						-	-
8/14/2019	Deposit		5,395.00					-	5,395.00
8/14/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00829482 42000012		1,281.39		1,281.39			640.70	640.70
8/14/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00829481 42000012		11,569.82	11,569.82				11,569.82	-
8/15/2019	Check #65	18,103.99						-	-
8/15/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		18,133.43					-	18,133.43
8/15/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,806.37					-	7,806.37
8/15/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113005 2		7,369.97					-	7,369.97
8/16/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		3,280.00					-	3,280.00
		97,795.53	**157,547.00**	**11,569.82**	**1,281.39**	**-**	**-**	**12,210.52**	**145,336.49**

Broadmoor

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ Period 2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/12/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		5,072.15					-	5,072.15
8/13/2019	Deposit		8,391.97					-	8,391.97
8/13/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		2,043.16					-	2,043.16
8/13/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113004 2		2,101.44					-	2,101.44
8/14/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	12,362.09						-	-
8/14/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00829813 42000012		2,254.58	2,254.58				2,254.58	-
8/14/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		400.00					-	400.00
8/14/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		9,557.77					-	9,557.77
8/14/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		1,512.00					-	1,512.00
8/15/2019	Check#31	3,492.97						-	-
8/15/2019	ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		20,460.00					-	20,460.00
8/16/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,840.58					-	4,840.58
8/16/2019	ACH Deposit UHC Community Pl HCCLAIMPMT 746003411 910000		1,890.00					-	1,890.00
		15,855.06	**58,523.65**	**2,254.58**	**-**	**-**	**-**	**2,254.58**	**56,269.07**

Crescent

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ Period 2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/12/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113008 2		1,839.51					-	1,839.51
8/13/2019	Deposit		8,893.12					-	8,893.12
8/13/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		14,856.42					-	14,856.42
8/13/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390864 8300005743629		2,001.39					-	2,001.39
8/14/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	5,458.76						-	-
8/14/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00829771 42000012		86.89		86.89			43.45	-
8/14/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00829770 42000012		2,241.04	2,241.04				2,241.04	-
8/14/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		13,441.42					-	13,441.42
8/15/2019	Check#60	3,489.17						-	-
		8,947.93	**43,359.79**	**2,241.04**	**86.89**	**-**	**-**	**2,284.49**	**41,031.86**

Fort Bend

		Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ Period 2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/12/2019	ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113006 2		588.35					-	588.35
8/13/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		4,103.82					-	4,103.82
8/13/2019	ACH Deposit HUMANA INS CO EFPAYMENT 390863 8300005747808		4,800.78					-	4,800.78
8/14/2019	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	29,233.72						-	-
8/14/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00829554 42000012		4,738.62	4,738.62				4,738.62	-
8/14/2019	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00829553 42000012		358.71		358.71			179.36	179.36
8/14/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		7,854.90					-	7,854.90
8/14/2019	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000194		6,295.00					-	6,295.00
8/15/2019	Check#58	5,854.44						-	-
8/15/2019	ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000004294 41		2,925.00					-	2,925.00
8/15/2019	ACH Deposit UnitedHealthcare HCCLAIMPMT 746003411 124384		455.00					-	455.00
8/15/2019	ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		149.25					-	-
		35,088.16	**32,269.43**	**4,738.62**	**358.71**	**-**	**-**	**4,917.98**	**27,202.21**

Solera at West Houston	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP YR 1 ADJ Period 2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/12/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000002482 41		7,512.50					-	7,512.50
8/12/2019 ACH Deposit UNITEDHEALTHCARE HCCLAIMPMT 746003411 124384		1,230.00					-	1,230.00
8/12/2019 ACH Deposit HEALTH HUMAN SVC HCCLAIMPMT 17460034113007 2		4,366.75					-	4,366.75
8/13/2019 Deposit		14,564.06					-	14,564.06
8/13/2019 ACH Deposit Amerigroup TX5C HCCLAIMPMT 3106110259 111000		9,741.20					-	9,741.20
8/13/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		6,667.78					-	6,667.78
8/14/2019 CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	150,679.27						-	-
8/14/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00829741 42000012		302.60		302.60			151.30	151.30
8/14/2019 ACH Deposit MOLINA HEALTHCAR MOLINAACH 00829740 42000012		3,294.10	3,294.10				3,294.10	-
8/14/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		8,644.97					-	8,644.97
8/14/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000194		17,770.56					-	17,770.56
8/15/2019 Check#58	5,222.53						-	-
8/15/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000002482 41		2,925.00					-	2,925.00
8/15/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		20,663.67					-	20,663.67
8/15/2019 ACH Deposit UHC COMMUNITY PL HCCLAIMPMT 746003411 910000		138.82					-	138.82
8/15/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		13,469.50					-	13,469.50
8/16/2019 ACH Deposit MANAGEANDNET1718 MNS PMNT 000000000002482 41		6,490.00					-	6,490.00
8/16/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000180		26,330.77					-	26,330.77
8/16/2019 ACH Deposit AARP Supplementa HCCLAIMPMT 746003411 124384		2,710.00					-	2,710.00
	155,901.80	**146,822.28**	**3,294.10**	**302.60**	-	-	**3,445.40**	**143,376.88**
TOTALS	**313,588.48**	**438,522.15**	**24,098.16**	**2,029.59**	-	-	**25,112.96**	**413,216.50**

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ★	$158,354.50	$157,692.56
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ★	$58,673.24	$58,673.24
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ★	$50,680.01	$43,528.23
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ★	$147,023.66	$147,023.66
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ★	$33,848.22	$32,385.72
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
8/19/2019

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		55,560.17	55,707.19	17,858.67	-	-	17,711.65	17,591.82
						Bank Balance	17,711.65	
						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	**17,591.82**	

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

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

Approved:
Diane C. Moore, CFO 8/19/2019

Golden Creek	Transfer-Out	Transfer-In	MMC PORTION					NH PORTION
			QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	
8/12/2019 ACH Payment TSYS/TRANSFIRST DISCOUNT 543684555876917 910	266.85						-	-
8/12/2019 ACH Deposit TSYS/TRANSFIRST BKCD STLMT 543684555876917 9		4,712.00						4,712.00
8/12/2019 ACH Deposit TSYS/TRANSFIRST BKCD STLMT 543684555876917 9		500.00						500.00
8/12/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000114		66.82						66.82
8/13/2019 ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676097 420000129		1,889.28						1,889.28
8/14/2019 CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	55,440.34							-
8/14/2019 Deposit		3,479.21						3,479.21
8/14/2019 ACH Deposit TSYS/TRANSFIRST BKCD STLMT 543684555876917 9		170.86						170.86
8/14/2019 ACH Deposit ACH SETTLEMENT SERVICE 4105523439 9601693822		1,134.00					-	1,134.00
8/16/2019 ACH Deposit TSYS/TRANSFIRST BKCD STLMT 543684555876917 9		5,906.50					-	5,906.50
	55,707.19	**17,858.67**	-	-	-	-	-	**17,858.67**

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
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 ★	$17,711.65	$17,711.65
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
8/19/2019

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	38.06	-		-	-	62.11	No Transfer
							Bank Balance	62.11	
							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	(37.93)	

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		10,894.93	10,831.39	1,800.00		-	-	1,863.54	1,761.94
							Bank Balance	1,863.54	
							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	1,761.94	

TOTAL TRANSFERS	1,761.94

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

8/19/2019

Gulf Pointe Plaza-Private Pay

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/14/2019 ACH Payment HARLAND CLARKE CHK ORDERS 1K56512002212R5 91	38.06						-	-
	38.06	-	-	-	-	-	-	-

↑ to be reimbursed to NH

Gulf Pointe Plaza-Medicare/Medicaid

	Transfer-Out	Transfer-In	MMC PORTION QIPP/Comp1	QIPP/Comp2	QIPP/Comp3	QIPP/Lapse	QIPP TI	NH PORTION
8/14/2019 ACH Payment HARLAND CLARKE CHK ORDERS 1K56419102212R5 91	38.06						-	-
8/14/2019 Deposit		1,800.00					-	-
8/16/2019 CM Wire Domestic WIRE OUT HMG SERVICES, LLC	10,793.33						-	-
	10,831.39	**1,800.00**	-	-	-	-	-	-

to be reimbursed to NH

Home

ALL ACCOUNTS | FAVORITES ★

Reorder Favorites

Favorite Accounts	Available	Previous Day
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 ★	$62.11	$62.11
MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID •5441 ★	$2,318.66	$1,863.54

Erica Perez

From: shenderson@mmcportlavaca.com (Sarah Henderson) <shenderson@mmcportlavaca.com>
Sent: Monday, August 19, 2019 12:36 PM
To: Erica Perez; Peggy Hall; Clarri Atkinson; rhonda kokena; Cindy Mueller
Subject: [WARNING-Remote attachments, verify sender] Monday Submissions
Attachments: NH Transfer Nexion 8.19.19.pdf; NH Transfer Cantex 8.19.19.pdf; ACH Transfers 081219-081819.pdf; QIPP Ck Req 8.19.19.pdf; NH Transfer HMG 8.19.19.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

Good Morning,

Here are the NH Transfers, ACH Report, and Ck Requests for this week. You will see that money came out of the HMG accounts for the deposit books we ordered. Caitlin has submitted check requests to AP so we can pay that money back to those accounts. Please let me know if you have any questions.

Thank you,

Sarah Henderson
Senior Accountant
Memorial Medical Center
815 N Virginia St.
Port Lavaca TX 77979
shenderson@mmcportlavaca.com
361-552-0342

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO: Memorial Medical Center Operating

Date Requested: 8/19/19

APPROVED ON AUG 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $12,210.52

CK# 000069

G/L NUMBER: 21000012

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000066	08/21/19	12,210.52	MMC OPERATING
TOTALS:			12,210.52	

Ashford

APPROVED
ON

AUG 2 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 8/19/19

APPROVED ON AUG 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CK # 000032

AMOUNT: $2,254.58

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	000032	08/21/19	2,254.58	MMC OPERATING Broadmoor
TOTALS:			2,254.58	

APPROVED
ON

AUG 2 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 8/19/19

APPROVED ON AUG 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CLH000061

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

AMOUNT: $2,284.49

G/L NUMBER: 21000010

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: CFO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHC	000061	08/21/19	2,284.49	MMC OPERATING Crescent
TOTALS:			2,284.49	

APPROVED
ON

AUG 2 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Memorial Medical Center Operating

Date Requested: 8/19/19

APPROVED ON: AUG 19 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $4,917.98

CK # 000057

G/L NUMBER: 21000008

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY: JCW CEO

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

CODE	NUMBER	DATE	AMOUNT	PAYEE	
NHF	000059	08/21/19	4,917.98	MMC OPERATING	Fort Bend
TOTALS:			4,917.98		

APPROVED
ON

AUG 2 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 8/19/19

APPROVED ON AUG 19 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $3,445.40

CK # 000057

G/L NUMBER: 21000011

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

REQUESTED BY: Sarah L. Henderson

AUTHORIZED BY:

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000059	08/21/19	3,445.40	MMC OPERATING Salem
TOTALS:			3,445.40	

APPROVED
ON

AUG 2 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

QIPP Payment to MMC from Nursing Facilities **Commissioner's Court** **8/21/19**

NH Name	From Bank Acct #	Ck #	Payee	GL #	QIPP COMP 1	QIPP COMP 2,3, LAPSE	Yr 1 Adjustment Pmt		TOTAL		Date
Ashford	10000018 - Prosperity	66	MMC -Prosperity Operating #10000001	21000012	11,569.82		640.70		12,210.52		8/21/2019
Broadmoor	10000019 - Prosperity	32	MMC -Prosperity Operating #10000001	21000009	2,254.58				2,254.58		8/21/2019
Crescent	10000020 - Prosperity	61	MMC -Prosperity Operating #10000001	21000010	2,241.04		43.45		2,284.49		8/21/2019
Fort Bend	10000021 - Prosperity	59	MMC -Prosperity Operating #10000001	21000008	4,738.62		179.36		4,917.98		8/21/2019
Golden Creek	10000023 - Prosperity	40	MMC -Prosperity Operating #10000001	21000013					-		
Solera	10000022 - Prosperity	59	MMC -Prosperity Operating #10000001	21000011	3,294.10		151.30		3,445.40		8/21/2019
				Total:	24,098.16	-	1,014.81	-	25,112.97		

Note:

Approved: Diane CFO

Diane Moore, CFO 8/19/2019

APPROVED
ON

AUG 2 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12,210.52 +
2,254.58 +
4,917.98 +
3,445.40 +
2,284.49 +
25,112.97 =

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

87DV No. 59

88-2265
1131

8-21-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 3445.40

Three Thousand Four hundred Forty five & 40/100 DOLLARS

PROSPERITY BANK

QIPP comp 1 & Yr 1 adj

County Auditor

County Treasurer

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

87DV No. 60

88-2265
1131

8-21-19

PAY TO THE ORDER OF Memorial Medical Center Operating $ 12,210.52

Twelve Thousand Two hundred Ten & 52/100 DOLLARS

PROSPERITY BANK

QIPP comp 1 & Yr 1 adj

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

000032

88-2265/1131

Date 8-21-19

PAY
TO THE ORDER OF Memorial Medical Center Operating $ 2,254.58

Two Thousand Two hundred fifty-four & 58/100 DOLLARS

PROSPERITY BANK

FOR QIPP comp 1

County Auditor

County Treasurer

MP

Some features are included. Details on back.

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

000059

88-2265/1131

Date 8-21-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 4,917.98

Four Thousand Nine hundred Seventeen 98/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

County Treasurer

Security features are included. Details on back.

FOR QIPP comp 1 & Yr 1 Adj

⑈

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

000061

88-2265/1131

Date 8-21-19

PAY TO THE ORDER OF Memorial Medical Center Operating | $ 2,284.49

Two Thousand Two Hundred Eighty-four 49/100 **DOLLARS**

PROSPERITY BANK®

County Auditor

County Treasurer

Security features are included. Details on back.

FOR QIPP comp 1 & Yr 1 Adj.

10788 FIRETROL PROTECTION SYSTE
4410 DILLON LANE SUITE 38, CORPUS CHRISTI, TX 78415

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

182061

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
100587765A	04/17/19	388.08			388.08
CK# 182061 in replacing CK# 180459 (voided)					
CHECK NO. 182061 08/20/19	TOTALS	388.08	TOTALS		388.08

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

182061

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
100587765A	04/17/19	388.08			388.08
CHECK NO. 182061	TOTALS	388.08	TOTALS		388.08

MEMORIAL MEDICAL CENTER

Operating
815 N. Virginia St.
Port Lavaca, TX 77979

PROSPERITY BANK
88-2265
1131

182061

10788 182061

DATE 08/20/19

AMOUNT $388.08

Three Hundred Eighty-Eight Dollars and Eight Cents

PAY TO THE ORDER OF
FIRETROL PROTECTION SYSTEMS
4410 DILLON LANE SUITE 38
CORPUS CHRISTI, TX 78415

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

10788 FIRETROL PROTECTION SYSTE
4410 DILLON LANE SUITE 38, CORPUS CHRISTI, TX 78415
MEMORIAL MEDICAL CENTER • PORT LAVACA TEXAS 77979

180459

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
100587765	04/17/19	388.08			388.08
CHECK NO. 180459 050119	TOTALS	388.08	TOTALS		388.08

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

180459

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
100587765	04/17/19	388.08			388.08
CHECK NO. 180459	TOTALS	388.08	TOTALS		388.08

VOID

MEMORIAL
MEDICAL CENTER

Operating
815 N. Virginia St.
Port Lavaca, TX 77979

PROSPERITY BANK
88-2265
1131

180459

10788 180459

DATE 05/01/19

AMOUNT $388.08

Three Hundred Eighty-Eight Dollars and Eight Cents

PAY TO THE ORDER OF
FIRETROL PROTECTION SYSTEMS
4410 DILLON LANE SUITE 38
CORPUS CHRISTI, TX 78415

VOID

CALHOUN COUNTY AUDITOR

CALHOUN COUNTY TREASURER

FIRETROL
Protection Systems

Firetrol Protection Systems, Inc.
4410 Dillon Lane Suite 38
Corpus Christi, TX 78415
Phone: 361-851-2632
Fax: 361-851-1886

Invoice Nbr:	100587765
Invoice Date:	04/17/2019

Thank you for choosing Firetrol Protection Systems

OneSource *fire* Solutions

Fire Sprinkler	**Life Safety**	**Fire Alarm**	**Extinguishers**
E-Lighting	**Range Hoods**	**Inspections**	**24/7 Service**
Maintenance	**Repair**	**Special Hazards**	**Backflow Preventers**

Bill To: MEMORIAL MEDICAL CENTER
Attn: CATLYNN CLEVENGER
815 N. VIRGINIA ST
PORT LAVACA, TX 77979

Ship To: MEMORIAL MEDICAL CLINC
1016 NORTH VIRGINA ST.
PORT LAVACA, TX 77979

Customer Nbr	Cust PO No.	Firetrol WO No.	Date Completed	Terms	Due Date
		1904-2108	04/11/2019	NET 10	04/27/2019

Invoice Notes:

4/11/2019 Dropped off sprinkler esc to Sandra in maintenance...

MEMORIAL MEDICAL CENTER
RECEIVED
APR 2 2 2019
ACCOUNTS PAYABLE

Service \ Item Description	Unit Description	Qty	Price	Amount
MATERIAL				
CVR ASY,MRAGE CNCLD,PTD WT,165	Each	12.00	6.80	81.60
CG40W; 370A G4,G5,COVER PLATE,135,WHITE	Each	6.00	6.08	36.48
LABOR				
LABOR TRIP CHARGE	EA	1.00	170.00	170.00
Freight	EA	1.00	100.00	100.00

ENTERED
APR 2 3 2019
BY:_____

MAZAHO HARRIS >

APPROVED
ON
APR 2 6 2019
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Please Remit To: Firetrol Protection Systems, Inc.
4410 Dillon Lane Suite 38
Corpus Christi, TX 78415
Phone: 361-851-2632 Fax: 361-851-1886
We gladly accept VISA, MC, DISCOVER, and AMEX

Invoice Totals	
Sub Total	388.08
Sales Tax	0.00
TOTAL	**388.08**

RUN DATE:08/20/19 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:04 CHECK REGISTER GLCKREG
08/20/19 THRU 08/20/19

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	180459	08/20/19	388.08CR	FIRETROL PROTECTION SYSTEMS
TOTALS:			388.08CR	

CK# 180459
is replacing voided
CK# 178061

APPROVED
ON

AUG 2 1 2019

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS