#### MEMORIAL MEDICAL CENTER

#### COMMISSIONERS COURT APPROVAL LIST FOR --- November 19, 2025

#### **TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES**

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$ 906,765.70
TOTAL TRANSFERS BETWEEN FUNDS	\$ 618,120.08
TOTAL NURSING HOME UPL EXPENSES	\$ 580,595.14
TOTAL INTER-GOVERNMENT TRANSFERS	\$ 180,328.53
GRAND TOTAL DISBURSEMENTS APPROVED November 19, 2025	\$ 2,285,809.45



NOV 19 2025

CALHOUR COUNTY COMMUSSIONERS COURT

## MEMORIAL MEDICAL CENTER COMMISSIONERS COURT APPROVAL LIST FOR --- November 19, 2025

RAND TOTAL DISBURSEMENTS APPROVED November 19, 2025	Ś	2,285,809
OTAL INTER-GOVERNMENT TRANSFERS	\$	180,328
11/17/2025 CHIRP IGT	142,100.68	
11/17/2025 RAPPS IGT	38,227.85	
NTER-GOVERNMENT TRANSFERS		
OTAL NURSING HOME UPL EXPENSES	\$	580,595
11/17/2025 Nursing Home UPL-HSL Transfer	334,142.47	
11/17/2025 Nursing Home UPL-Tuscany Transfer	120,148.64	
11/17/2025 Nursing Home UPL-Nexion Transfer	117,548.03	
11/17/2025 Nursing Home UPL-Cantex Transfer	8,756.00	
IURSING HOME UPL EXPENSES		
OTAL TRANSFERS BETWEEN FUNDS	\$	618,120
deposited into MMC Operating in error	5,665.12	
11/17/2025 MMC Operating to Bethany/Lavaca Bay-QIPP Y6 Final IGT Reconciliation & Correction of insurance payment	0.400.73	
deposited into MMC operating in error	69,507.31	
11/17/2025 MMC Operating to Tuscany Village-QIPP Y6 Final IGT Reconciliation & Correction of insurance payment	3,100.00	
11/17/2025 MMC Operating to Gulf Pointe Plaza - QIPP Y6 Final IGT Reconciliation	5,486.00	
payment deposited into MMC Operating in error	5,922.91	
11/17/2025 MMC Operating to Golden Creek Healthcare-QIPP Y6 Final IGT Reconciliation & Correction of insurance	5,680.10	
11/17/2025 MMC Operating to The Crescent-QIPP Y6 Final IGT Reconciliation		
11/17/2025 MMC Operating to Broadmoor-QIPP Y6 Final IGT Reconciliation	5,587.56	
11/17/2025 MMC Operating to Fort bend-QIPP Y6 Final IGT Reconciliation	5,698.91	
11/17/2025 MMC Operating to Solera-QIPP Y6 Final IGT Reconciliation & Correction of insurance payment deposited into MMC Operating in error	8,471.56	
	6,100.61	
11/17/2025 MMC Operating to Ashford-QIPP Y6 Final IGT Reconciliation		
RANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES		
11/17/2025 Transfer from Prosperuty Money Market to Prosperity Operating Account	500,000.00	
RANSFERS BETWEEN FUNDS-MMC		
OTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	\$	906,765
11/1/2023 Residi Equity -nam Continuations	1,152.00	
11/17/2025 Bank Fee Enhanced Analysis 11/17/2025 Health Equity -HSA Contributions	188.50	
11/17/2025 Credit Card Processing Fee	8,833.18	
11/17/2025 Pay Plus-Patient Claims Processing Fee	1,211.11	
Prosperity Electronic Bank Payments 11/17/2025 90 Degree Benefits - employee insurance claims	28,934.87	
11/17/2025 Payroll	364,596.60	
11/17/2025 Payroll Liabilities-Payroll Taxes	1,958.85 115,141.16	
11/17/2025 Amerisource Bergen-340B Prescription Expense 11/17/2025 Amerisource Bergen-340B Prescription Expense	28.10	
11/17/2025 McKesson-340B Prescription Expense	32,105.84	
11/12/2025 Citibank Credit Card-see attached (Erin)	3,662.26	
11/13/2025 Weekly Payables	348,953.23	

RECEIVED BY THE

NOVEMBER 2025

Vendor Totals: Number Name

	C	JUNTY AU	DITOR ON							
2.4:5 th 25 th		NOV 18	3 2025	М	IEMORIAL	MEDICAL CENTER				
11/13/2025						en Invoice List				0
11:50	GAL	HOUN CO	UNTY, TEXAS	D		hrough: 12/04/2025			ap_open_invo	ice.template
Vendor# Ven	dor Name					Pay Code				
11283 J AC	E HARDWA	ARE 15521				-,y				
Invo	oice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
/ 103	125		11/12/20	2 10/31/20	02 11/01/20	2	985.77	0.00	0.00	985.77
4		SUPPLIE	S							~
Ven	dor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11283	ACE HARDW	ARE 1552	21		985.77	0.00	0.00	985.77
Vendor# Ven	dor Name				Class	Pay Code				
A1680 / AIF	RGAS USA,	LLC - CE	NTRAL DIV		M					
Invo	oice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
J 552	0369397		11/11/20	2 10/31/20	02 11/25/20	2	637.76	0.00	0.00	637.76
		OXYGEN								~
Ven	dor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		A1680	AIRGAS USA	LLC - CE	ENTRAL DI	V	637.76	0.00	0.00	637.76
/endor# /Ven	dor Name				Class	Pay Code				
14028 🧹 AM	AZON CAP						-2-4			
1	oice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
√ 1R0	C3KYGL67	Y3	10/29/20	2 10/29/20	02 11/28/20		100.02	0.00	0,00	100.02
1		Sun.	COLDA	D RUA	Mopes	MOONTOOK				2000
J 1P3	N14GVGQ	зн	11/04/20		02 11/30/20	2	17.08	0.00	0.00	17.08
1			ng	U MOI	all			-174	274.2	4444
140	7NFNCDL		N	02 11/03/20	02 12/03/20		393.04	0.00	0.00	393.04 🏑
¥1	des Tatalas	SUPPLIE	CMDI	unes	MOON	hanalell	1	61	N. B.	102
ver	idor Totals:	7 10 700 100		DITAL OF	DVICEC		Gloss	Discount	No-Pay	Net
/endor# Ver	ndor Name	14028	AMAZON CA	PITALSE		Day Carla	510.14	0.00	0.00	510.14
193095	7.11 ( -40.16)	POEICIEN	ICY INSTITUT	=	Class	Pay Code				
	oice#	Comment		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	553	Commen			02 11/17/20	The state of the s	2,313.00	0.00	0.00	2,313.00
7	.000	SUPPLIE		DE TO/EO/E	02 11/11/20		2,010.00	0.00	0.00	2,515.00
Ver	ndor Totals:						Gross	Discount	No-Pay	Net
	22.12.02.	10592	AMERICAN F	PROFICIE	NCY INSTI	TUTE	2,313.00	0.00	0.00	2,313.00
Vendor# Ver	ndor Name			4) TO FELLE	Class	Pay Code	21.000			ide terro
A1552 J AP	PLIED MED	DICAL			М	1.4.4.4.4.4				
Invo	oice#	Comment	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
J 930	1426588		11/11/20	02 11/06/20	02 11/09/20	)2	1,042.00	0.00	0.00	1,042.00
			Sugar	20110						~
Ver	ndor Totals:	Number	Name	PIICO			Gross	Discount	No-Pay	Net
		A1552	APPLIED ME	DICAL			1,042.00	0.00	0.00	1,042.00
Vendor# Ver	ndor Name				Class	Pay Code				
A2218 🏑 AQ	UA BEVER	RAGE CON	MPANY		M					
Inve	oice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
103	3125A		10/31/20	02 11/06/2	02 12/01/20	02	53.96	0.00	0.00	53.96
			May	ex						~
Ver	ndor Totals:	Number	Name Name	20000			Gross	Discount	No-Pay	Net
		A2218	AQUA BEVE	RAGE CO	MPANY		53.96	0.00	0.00	53.96
The state of the s	ndor Name				Class	Pay Code				
	ALEA HEAI		3, 15							
/	oice#	Commen		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
133	8874	Never :=		02 11/01/2	02 11/01/20	02	712.80	0.00	0.00	712.80
		NIC MAINTENANCE	RED 2025							

No-Pay

Net

Gross

Discount

		14088	AZALEA HEA	LTH			712.80	0.00	0.00	712.80
Vendor#	Vendor Name				Class	Pay Code				
13024	AZALIA BONL	JZ								
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	111325		11/13/20	2 1 1/1 3/20	02 11/13/20	2	7.50	0.00	0.00	7.50
		VEHICLE	EREGISTRATIO	ON FEE						~
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		13024	AZALIA BONI	UZ			7.50	0.00	0.00	7.50
Vendor#	Vendor Name				Class	Pay Code				
B1150 J	BAXTER HEA	LTHCARE	5		W					
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net /
1	84689810		11/01/20	2 10/22/2	02 11/16/20	2	191.61	0.00	0.00	191.61 🗸
- 7		SUPPLIE	ES							· · · · · · · · · · · · · · · · · · ·
-1	84694818		11/11/20	2 10/23/2	02 11/17/20	2	93.40	0.00	0.00	93.40 🗸
		SUPPLIE	ES							X
J	84693879		11/11/20	2 10/23/2	02 11/17/20	2	98.68	0.00	0.00	98.68 🗸
1		SUPPLIE	ES							/
1	84738415		11/11/20	02 11/04/2	02 11/29/20	2	631.20	0.00	0.00	631.20 🗸
		SERVICE	E CONTRACT							/
1	84743861		11/11/20	02 11/05/2	02 11/30/20	2	3,071.40	0.00	0.00	3,071.40
		LEASE							20.0	
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		B1150	BAXTER HEA	ALTHCAR	E		4,086.29	0.00	0.00	4,086.29
Vendor#	Vendor Name				Class	Pay Code				
15912	BAYLOR COL	LEGE OF								
	Invoice#	Commen	nt Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	3545		10/30/20	02 10/29/2	02 11/30/20	2	284.30	0,00	0.00	284.30 🗸
1			POWL	MX X	MINI	A				
1	4733				02 11/30/20	2	412.50	0.00	0.00	412.50
		2110	L DIRECTORS	HIP OCT						
	Vendor Totals:			o arubo a			Gross	Discount	No-Pay	Net
200	Contract	15912	BAYLOR CO	LLEGE O			696.80	0.00	0.00	696.80
Vendor#	Vendor Name	o o water v	0.62		Class	Pay Code				
B1220 🜙	BECKMAN CO			- Thursday	M	St. Section	5	5000	2005	12.00
1	Invoice#	Commen				Check Dt Pay	Gross	Discount	No-Pay	Net /
1	4596847		11/05/20		02 11/30/20		1,484.00	0.00	0.00	1,484.00 🗹
1	112334641		JULVI		verage		12125	2.55	0.00	4 400 40
4	112334641	ol (pp) (r		J2 11/04/2	02 12/04/20	12	1,100.10	0.00	0.00	1,100.10
Y.	110001070	SUPPLIE		0044/04/0	00.40/04/00		4 700 70	2.00	0.00	170070
1	112334270	SUPPLIE		J2 11/U4/2	02 12/04/20	12	4,706.76	0.00	0.00	4,706,76
1	112282032	SUFFLIE		00 10/06/0	02 10/31/20	19	20 002 00	0.00	0.00	20,083.99 🗸
4	112202032	SUPPLIE		J2 10/00/2	02 10/31/20	12	20,083,99	0.00	0.00	20,083.99
I	112289471	SUPPLIE		02 10/00/2	02 11/02/20	12	139.34	0.00	0.00	139.34
4	112205471	LEASE	11/12/20	JZ 10/00/Z	02 11/02/20	12	139.34	0.00	0.00	139,34
	Vendor Totals		Name				Gross	Discount	No Dov	61nt
	vendor rotals.	B1220	BECKMAN C	OULTED	INIC		27,514.19	0.00	No-Pay 0.00	Net 27,514.19
Vendor#	Vendor Name	LIZEO	BECKWAN	OOLIEN	Class	Pay Code	27,514.15	0.00	0.00	27,314.19
B1320		RPORAT	ION		M	r ay code				
5.020	Invoice#	Commer		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	MIN0262266	Sommer			02 11/30/20		1,094.50	0.00	0.00	1,094.50
4	11111,02,022,03	SUPPLE		02 10/20/2	02 1 1100/20		7,004.00	0.00	0.00	1,004.50
	Vendor Totals						Gross	Discount	No-Pay	Net
							0,000			
	7 2 10 2 10 2 10 10 10 10 10 10 10 10 10 10 10 10 10	B1320	BEEKLEY CO	ORPORA	TION		1.094.50	0.00	0.00	1.094.50
Vendor#	Vendor Name		BEEKLEY CO	ORPORA	Class	Pay Code	1,094.50	0.00	0.00	1,094.50

J	Invoice# 908711597	Comment SUPPLIES	Tran Dt Inv Dt 11/01/202 11/04/		Check Dt Pay	Gross	Discount	No-Pay	Net
1		CHIDDLIEC	11/01/202 11/04	202 11/04/20	10				
1		CHIDDLIEC		202 11104126	)2	1,695.26	0.00	0.00	1,695.26
1		SUFFLIES							1
	908696785	SUPPLIES	11/07/202 10/30/	/202 11/30/20	02	242.62	0.00	0.00	242.62 🗸
1	908703772	SUFFLIES	11/07/202 10/30/	/20211/30/20	ns	1,020.62	0.00	0.00	1,020.62
4	000700772	SUPPLIES	11/01/202 10/30/	202 11/30/20	,,,	1,020.02	0.00	0.00	1,020.02
3	Vendor Totals:		lame			Gross	Discount	No-Pay	Net
	1 21 23 1 2 2 2 2 5	W. C. Land	IO-RAD LABORATO	DRIES, INC		2,958.50	0.00	0.00	2,958.50
Vendor# 1	Vendor Name		240 1010 1010 1010	Class	Pay Code	GIESTIN	123431	(4,50.4	-1976-196
B1650	BOSART LOC	K & KEY INC	3	M	11.0				
1	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	130697		10/30/202 10/30/	/202 11/30/20	02	2,336.70	0.00	0.00	2,336.70
Y		SUPPLIES							1
,	Vendor Totals:	Number N	lame			Gross	Discount	No-Pay	Net
		B1650 B	OSART LOCK & KE	Y INC		2,336.70	0.00	0.00	2,336.70
	Vendor Name			Class	Pay Code				
C1048	CALHOUN CC	YTAU		W					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net /
1	53635718	SHELL	10/30/202 10/27	/202 11/26/20	02	32,232.58	0.00	0.00	32,232.58 🗸
1	53635235	0.1222	10/30/202 10/27	/202 11/26/20	02	18.92	0.00	0.00	18.92
,		SHELL	MOSVIXA	NO K	)L				,
1	53640564		10/30/202 10/27	/202 11/26/20	)2 (r) (CV	8.33	0.00	0.00	8.33
1	53635290		10/30/202 10/27	/202 11/26/20	02	644.89	0.00	0.00	644.89 🗸
		SHELL	ADI N	VIVATO	in a				24.20
1	53635226	SHELL	10/30/202 10/27	/202 11/26/20	02	670.92	0.00	0.00	670.92 🗸
1	53636840	SHELL	10/30/202 10/27	(202 11/26/20	<b>\1</b>	1,998,26	0.00	0.00	1,998.26
1	33030040	SHELL	10/30/202 10/2/	M VICE	sia'a W	1,986,20	0.00	0.00	1,990.20
	Vendor Totals:		lame	14-1110	Juna	Gross	Discount	No-Pay	Net
			ALHOUN COUNTY			35.573.90	0.00	0.00	35,573.90
Vendor#	Vendor Name	X,14.12	niariogri coomin	Class	Pay Code	00,070,00	0.00	0.00	05,010.00
14120 🗸	CALHOUN CO	OUNTY EMS		24022	J = J. = = = =				
J	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	202510		11/04/202 11/04	/202 11/29/20	02	7,480.00	0.00	0.00	7,480.00
7			Orvob	OV DOS	15				/
.7	Vendor Totals:	Number N	Jame VUVV	000	72	Gross	Discount	No-Pay	Net
		14120 C	CALHOUN COUNTY	EMS		7,480.00	0.00	0.00	7,480.00
Vendor#/	Vendor Name			Class	Pay Code				
A1746	CALIBRESCIE	NTIFIC US,	INC	M					
)	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	90061906		11/01/202 10/23	/202 11/12/20	02	163.93	0.00	0.00	163.93
-	Vendor Totals:	Number N	Supplies			0	Bis	New Press	V
	vendor rotals.		Name CALIBRESCIENTIFIC	CHE INC		Gross	Discount	No-Pay 0.00	Net
Vendor#	Vendor Name	A1740 U	ALIBNESCIENTIFIC	Class	Pay Code	163.93	0.00	0.00	163.93
	CDW GOVER	NMENT INC	3.	M	1 ay Code				
2000	Invoice#	Comment	Tran Dt Inv Dt		Check Dt Pay	Gross	Discount	No-Pay	Net
	AG5JC4D	-	11/01/202 10/17		The state of the s	2,401.38	0.00	0.00	2,401.38
	MACCINE SER		Supplied			-1.01100	5.00	0.00	
7				V.		550000	100 May 11 May 1	100 E.V.	
7	Vendor Totals:	Number N	lame The	2		Gross	Discount	No-Pay	Net
7	Vendor Totals:		Name COVERNMEN	T, INC.		Gross 2,401.38	Discount 0.00	No-Pay 0.00	Net 2,401.38
7	Vendor Totals: Vendor Name			T, INC. Class	Pay Code				

006 🗸	Invoice#	Commen	t Tran Dt	Inv. Di	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
OF THE LOCK	CUSTOM ASS	EMBLIES	INC							
	Vendor Name	CHARLES	nio.		Class	Pay Code				
10000	Autoria de la	14080	CORROHEAL	TH, INC.			2,469.15	0.00	0.00	2,469.15
	Vendor Totals:	Number					Gross	Discount	No-Pay	Net
		CODING	SERVICES OF				25,00		4.93	
1	2026611				02 11/30/20	Charles and Charle	2,469.15	0.00	0.00	2,469.15
,	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
080	CORROHEAL	TH, INC.				1 Manage				
ndor#	Vendor Name		A. A. C. C. C. C.		Class	Pay Code	O4017101	7150	4,25	-1584111
		C1166	COASTAL OF	FICE SO	LUTONS		2,363.44	0.00	0.00	2,363.44
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
-		SUPPLIE				3.	670,00	4.55	2,00	
1	OE531371			2 10/10/2	02 10/20/20	02	215.00	0.00	0.00	215.00
~		SUPPLIE					G, 5.00	0.00	0.00	07.0.00
1	OE534391			2 11/07/20	02 11/17/20	02	370.89	0.00	0.00	370.89
7	* x***********************************	SUPPLIE					OLU.07	0.00	0.00	020.04
1	OEQT329761	-5-11/202		2 10/10/20	02 10/20/20	02	826.64	0.00	0.00	826.64
V		SUPPLIE		- 10124121	1/30/20		271.40	0.00	0.00	411.40
1	OE533021	July Ell		210/24/24	02 11/30/20	מר	277.48	0.00	0.00	277.48
~	J = 1,000,701	SUPPLIE		- 10/10/20	02 11100120		200,21	0.00	0.00	230.21
1	OEQT339431	20)   LIL	The same	210/16/20	02 11/30/20	12	296.21	0.00	0.00	296.21
4	JEQ1000101	SUPPLIE		- 10/10/2	GE 11130120		311.22	0.00	0.00	311.22
/	OEQT338731	2211111011	10/20/20				377.22	0.00	0.00	377.22
	Invoice#	Commen	81010	Inv Dt		Check Dt Pay	Gross	Discount	No-Pay	Net
166	COASTAL OF	FICE SO	UTONS		W	,				
ndor#	Vendor Name	75 P			Class	Pay Code	0.000	2,00	0.00	0.10.00
	A COLUMN A WINGS	15188	CLARITY EN	ROLLMEN	NT SOLUTI	ONS	316.50	0.00	0.00	316.50
	Vendor Totals:						Gross	Discount	No-Pay	Net
V	ESKOK V	PURCHA	SED SERVICE				010.00	0.00	9.00	U10,00
/	2567	-0 =10011801			02 12/01/20		316.50	0.00	0.00	316.50
	Invoice#	Commen			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
188	Control of control	ROLLMEN	T SOLUTIONS		Ciass	Tuy Oode				
ndor#	Vendor Name				Class	Pay Code	55,000,00	0.00	0.00	50,000,00
	AND THE BUILD	C1600	CITIZENS ME	DICAL C	ENTER		59,856.69	0.00	0.00	59,856.69
	Vendor Totals:						Gross	Discount	No-Pay	Net
V	ALTERNATION AND THE STREET, ST	ОСТОВЕ		- 1. 11 6 11 6 1		7	22,000.00	0.00	0.00	99,000,00
1	202538				02 12/01/20	0.0000000000000000000000000000000000000	59,856.69	0.00	0.00	59,856.69
3.53	Invoice#	Commen		Inv Dt	Due Dt	Check Dt Pav	Gross	Discount	No-Pay	Net
600 🗸	CITIZENS ME	DICAL CF	NTER		W	,				
endor#	Vendor Name	1.202	ST. MESTIAN	OAL INO	Class	Pay Code	0,040.24	0.00	0.00	3,043.24
		11202	CFI MECHAN	ICAL INC	6		Gross 3,043.24	Discount 0.00	No-Pay 0.00	Net 3,043.24
	Vendor Totals:		Carl Marie Marie				Green	Dicaguet	No Day	Man
1	COLILOT	PLUMBIN	NG REPAIR	2 1 1/0//20	02 11/00/20	I.C.	5,045.24	0.00	0.00	3,043.24
I	SD27237	Commen	11/07/20				3,043.24			Net
LUL V	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Not
202		ICAL INC			Olada	ray code				
endor#	Vendor Name	1020	V=10121, 22,		Class	Pay Code	2,130.00	0.00	0.00	2,130.00
	1.411.441 1.410.61	13264	CERVEY, LLC				2,150.00	0.00	0.00	2,150.00
	Vendor Totals:	20-11-0	30.40				Gross	Discount	No-Pay	Net
	2.5 (4.4)	LICENSII		-,,,,,,,,,	02 11120/20	,,,	2,100.00	0.00	0.00	2,150.00
	38402		10/31/20		02 11/28/20	Check Dt Pay	Gross 2,150.00	Discount 0.00	No-Pay 0.00	Net 2,150.00

		10006	CUSTOM ASS	SEMBLIES	S, INC		401.64	0.00	0.00	401.64
endor#	Vendor Name				Class	Pay Code				
1832 🚽	DR JOHN CLI	NTON								
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
- 1	110725	3. 2000/1211			02 11/30/20	The same of the sa	1,200.00	0.00	0.00	1,200.00
1	110720	OCTORE	R SERVICES		SE TIVOVEC		1,200.00	0.00	0.00	1,200,00
	Vendor Totals:			10/13	5 - 10	10/25	Cross	Discount	No Day	Nine
	vendor rotals.		Year Market Street	NECK			Gross	Discount	No-Pay	Net
		14832	DR JOHN CLI	NION	No. 2	South	1,200.00	0.00	0.00	1,200.00
/	Vendor Name				Class	Pay Code				
924 4	DR. TIMU KW	1								
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
4	110725		10/30/20	2 11/07/20	02 11/30/20	02	5,800.00	0.00	0.00	5,800.00
		ОСТОВЕ	R SERVICES							V
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14924	DR. TIMU KW	J)			5,800.00	0.00	0.00	5,800.00
ndor#	Vendor Name				Class	Pay Code				
284	EMERGENCY	STAFFIN	G SOLUTIONS	3						
	Invoice#	Commen		100	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	44859	<b>3</b> 000000			02 11/25/20		40.062.50	0.00	0.00	40,062.50
1	44000	ED DING	S SERVICES 1		02 11/25/20	, L	40,002.50	0.00	0.00	40,002.50
	W	15740005		HIGH				200	AT BO	4.00
	Vendor Totals:		17777	LOCAL TAR	دن بالنال الورد	2202	Gross	Discount	No-Pay	Net
		11284	EMERGENCY	STAFFIN	NG SOLUT	100	40,062.50	0.00	0.00	40,062.50
endor#	Vendor Name				Class	Pay Code				
944 🚽	EQUIFAX WO	RKFORC	E SOLUTIONS							
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	2068403669		11/07/20	2 10/31/20	02 11/30/20	02	10.99	0.00	0.00	10.99
4										~
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	- A.	11944	EQUIFAX WO	RKFORC	E SOLUTI	ONS	10.99	0.00	0.00	10.99
ndor#	Vendor Name	1.0013		, 0110	Class	Pay Code	10.00	3.00	5.00	10.00
501		TED TECH	HNOLOGIES LI		Diass	r ay Coue				
1001 V	Invoice#			70	D D	Charle Di D	0	Diseases	Ne Des	Mar
1		Commen		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
4	907187551		10/20/20	12 08/29/20	02 11/30/20	J2	456.86	0.00	0.00	456.86
,	DOX (IA) A COS	WATER								D 047 10
1	907217499		10/30/20	12 09/17/20	02 11/30/20	02	1,637.50	0.00	0.00	1,637.50
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S0501	EVOQUA WA	TER TEC	HNOLOGI	ES LLC	2,094.36	0.00	0.00	2,094.36
ndor#	Vendor Name				Class	Pay Code				
689 🗸	FASTHEALTH	CORPOR	RATION			1077				
1	Invoice#	Commen		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	11E25MMC				02 11/30/20		1,145.00	0.00	0.00	1,145.00
4	A STATE OF THE SECONDARY	ENCRYE	TION SERVIC	A 15 Y	Vinh	a 191211	15 WW	2001	5.00	1130.00
1	11A25MMCA	LHOMIT			02 11/16/20	ומוטון (מו	545.00	0000	0.00	EARING
1	TAZONINICA		11/13/20	VOK.	02 1 1/10/20	UE -	545.00	0.00	0.00	545.00 🗸
	V-10-1-	March	YYY	11101	MINO		200	056	160 450	47.0
	Vendor Totals		Name	o del total	Z. adaption		Gross	Discount	No-Pay	Net
	Name of the Owner, which	10689	FASTHEALT	-I CORPO	RATION	457 -	1,690.00	0.00	0.00	1,690.00
	Vendor Name				Class	Pay Code				
336	FIRETRON, I	NC								
100	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	304043		10/20/20	2 10/31/2	02 11/30/20	02	453.00	0.00	0.00	453.00
2		SMOKE	DETECTOR M.							
1	299971	19/19/19/			02 10/22/2	02	1,050.00	0.00	0.00	1,050.00
4	45740	HOODS	UPPRESSION			-	1,050.00	0.00	0.00	1,000.00
	Vandor Tatal			CLHVICE	_0		1.20	Figure 1 and 1	60.0	4.5
	Vendor Totals			No			Gross	Discount	No-Pay	Net
		14336	FIRETRON, I	NC			1,503.00	0.00	0.00	1,503.00

F1400	Vendor Name FISHER HEAL	THCARE		Class	Pay Code				
1400			Trans Dt Jave Dt		Charle Dt Day	Crans	Disperset	No Dev	Med
/	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
4	4723059		10/24/20211/03/20		)2 VC	63.11	0.00	0.00	63.11
1	4754431		11/01/202 11/04/20	02 11/29/20	02	6,690.36	0.00	0.00	6,690.36
1		SUPPLIES							
/	4754430		11/01/202 11/04/20	02 11/29/20	12	433.86	0.00	0.00	433.86
· v	4	SUPPLIES	I de abie ver	No. Colonia	=	0136497	25.5	3.55	13.5×33.
1	2254152	001. 2.22	11/11/202 07/14/20	02/08/20	12	942.63	0.00	0.00	942.63
4	4147744		THE THREE STITES	)	72	0.12.00	0.00	0.00	V-12.00
	Vendor Totals:	Number N	amo			Gross	Discount	No-Pay	Net
	Volido, Julius		ISHER HEALTHCARE	5.		8,129.96	0,00	0.00	8,129.96
Vendor##	Vendor Name	11400	ONE!! HEREH ISONIE	Class	Day Cada	0,120.00	0,00	0.00	0,120,00
12404	GE PRECISIO	WILLEAD THE	ADE II.O	Class	Pay Code				
100				D. D.	al al Bi Ba			4 6	4100
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	6003073080		10/24/202 11/01/20	02 12/01/20	02	1,044.26	0.00	0.00	1,044.26
1		SUPPLIES							
1	6003072803		11/01/202 10/24/20	02 11/30/20	02	16,44	0.00	0.00	16.44
1									
4	6003072800		11/01/202 11/01/20	02 12/01/20	02	956.96	0.00	0.00	956.96
,		RAD LEASE							
1	6003072809		11/01/202 11/01/20	02 12/01/20	02	1,510.89	0.00	0.00	1,510.89
1		LEASE							
	6003072802		11/01/202 11/01/20	02 12/01/20	02	646.00	0.00	0.00	646.00
N		RAD LEASE							
1	6003072801		11/01/202 11/01/20	02 12/01/20	02	23.11	0.00	0.00	23.11
13	S. S	RAD LEASE		The Control of			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	49.76	don
	Vendor Totals:					Gross	Discount	No-Pay	Net
	A SUBTREAMED		E PRECISION HEAL	THOARE I	110	4,197.66	0.00	0.00	4,197.66
Vendor#	Vendor Name	12707	LT (ILO)OIO(3) ILC)L	Class	Pay Code	4,127,00	0,00	0.00	4,107.00
10642	GLAXOSMITH	WINE IIC		Ciass	ray Code				
10042	Invoice#	Comment	Tran Dt Inv Dt	Dua Di	Obest Dt Day	Croon	Distant	Ma Day	Alak
1		Comment		Due Dt		Gross	Discount	No-Pay	Net
4	8254760116	STIDDI ICC	11/12/202 11/10/20	02 12/01/20	02	6,136.62	0.00	0.00	6,136.62
	A Popular Service	SUPPLIES	Contract of the Contract of th			-	2000		200
	Vendor Totals:			0.02		Gross	Discount	No-Pay	Net
erreasur.	480-400-810-00	10642 G	LAXOSMITHKLINE L		and a second	6,136,62	0.00	0.00	6,136.62
4 - 10 - 10	Vendor Name	A Section of the second		Class	Pay Code				
12948 🌙	GREAT AMER			14.75					
1	Invoice#	Comment	Tran Dt Inv Dt		Check Dt Pay	Gross	Discount	No-Pay	Net
1	40464959		11/11/202 10/30/2	02 11/24/20	02	185.06	0.00	0.00	185.06
		IT PRINTER							~
	Vendor Totals:					Gross	Discount	No-Pay	Net
			REAT AMERICA FINA	ANCIAL S	vcs	185.06	0.00	0,00	185.06
Vendor#	Vendor Name			Class	Pay Code				
G1210	GULF COAST	PAPER CON	MPANY	M					
200	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	2698031	r .	10/20/202 10/29/2	02 11/30/20	02	572.78	0.00	0.00	572.78
		Supplie	5						
1	2699581	73.75	11/01/202 11/04/2	02 12/04/20	02	71.60	0.00	0.00	71.60
4		SUPPLIES	MARIN DESCRIPTION D		25.0	rosac	2000	7.77	C. COOTO
1	2699545		11/12/202 11/04/2	02 12/04/2	02	105.24	0.00	0.00	105.24
1	2000	SUPPLIES	II II I EVE I II O II E	UE TEIGHE	02	103.24	0.00	0.00	105.24
	Vendor Totals:		ama			Gross	Discount	No Day	Mat
	Vender rotals.			SOLADANI	04	Gross	Discount	No-Pay	Net
		GIZIU G	ULF COAST PAPER	COMPAN	Y	749.62	0.00	0.00	749.62
Vendor#	Vendor Name			Class	Pay Code				

14007	LIE AL TURI IDI	- INDUDA	HOE OFFICE							
H1227			NCE SERVICE		D Dt	Observations Reservation	6	Discount	Mr. Bank	A124
1	Invoice#	Commen				Check Dt Pay	Gross	Discount	No-Pay	Net
1	6780	BELLEVAL			02 12/01/20:	2	500.00	0.00	0.00	500.00
	V - 1 - 2 Co.		AL OF BOND E	FF 12/1/2	5		-21.00	200000	12.2.0	~
	Vendor Totals:			- 10000000		vaesi.	Gross	Discount	No-Pay	Net
	41.50045.6	H1227	HEALTHSUR	E INSURA			500.00	0.00	0.00	500.00
	Vendor Name		6.2012.000		Class	Pay Code				
H0031 🗸			BLES DEPT30		EV2-163-	Carte of all about	Sarvio.	Exception	1000	7.5
1	Invoice#	Commen	it Tran Dt			Check Dt Pay	Gross	Discount	No-Pay	Net
-/	102825			2 10/28/20	02 10/28/20	2	662.62	0.00	0.00	662.62
			Y SUPPLIES				2.594	14.00 mm	- 50-E-10	
	Vendor Totals:			222000	المراجع المراجع	aylı	Gross	Discount	No-Pay	Net
ide.	No. of the same of	H0031	HEB CREDIT	RECEIVA		A Part of the second	662.62	0.00	0.00	662,62
Direct.	Vendor Name				Class	Pay Code				
15208	HOSPITAL CA	IRE CONS								
	Invoice#	Commen	it Tran Dt	Inv Dt	Due Dt	Check Df Pay	Gross	Discount	No-Pay	Net
1	6973			Table 1 and 12	02 11/25/20	4	23,663.00	0.00	0.00	23,663.00
		HOSPITA	ALIST PHYS SI	ERVICES	1.15+					~
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		15208	HOSPITAL C	ARE CON	SULTANTS	INC.	23,663.00	0.00	0.00	23,663.00
Vendor#	Vendor Name				Class	Pay Code				
10922 🗸	HUNTER PHA	RMACY S	SERVICES							
	Invoice#	Commen	it Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	6714				02 11/30/20	3.3	15,558.55	0.00	0.00	15,558,55
1		PHARM	SERVICES				7.40			/
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10922	HUNTER PH	ARMACY	SERVICES		15,558.55	0.00	0.00	15,558.55
Vendor#	Vendor Name				Class	Pay Code	373,323,334		36034	13,637,66
10833	JAIME'S AUT	OSHOP								
.02.52	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	53842	2,3,0,0,0			02 10/31/20		130.00	0.00	0.00	130.00
4	300.2	UPHOLS		2 10/0//2	0L 10/0 (/L0	-	100.00	0.00	0.00	100.00
	Vendor Totals:						Gross	Discount	No-Pay	Net
	rondor roldia.		JAIME'S AUT	O SHOP			130.00	0.00	0.00	130.00
Vendor#	Vendor Name	10000	UNIVIE S AUT	0 31101	Class	Pay Code	150,00	0.00	0.00	150.00
W1372	JOHN B WRIG	SHTLLC			Ciass	, ay Jude				
1110/24	Invoice#	Commen	nt Tran Dt	Inv Di	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	110725	Commen			02 11/30/20		4,900.00	0.00	0.00	4,900.00
4	110120	OCTOR	10/30/20 ER SERVICES	1 1/0//2	02 11/30/20	2	4,900.00	0.00	0.00	4,900.00
	Vendor Totals:		-, -, -, -, -, -, -, -, -, -, -, -, -, -				Ciasa	Discount	No Day	NIA
	vendor rotals			CUTILO			Gross	Discount	No-Pay	Net
/ondor#	Vandor Nan	W 13/2	JOHN B WRI	GHT LLC		Day Carls	4,900.00	0.00	0.00	4,900.00
	Vendor Name		11015055		Class	Pay Code				
	LARCORPOR		A HOLDINGS	Non Gara	M	American desired	2	Sec. 200	n., 2	1,54-4
			nt Tran Dt		Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	Invoice#	Commen	and the second of the	N 44/04/0	02 11/26/20	12	00.00	0.00	0.00	82.00
L0700 J				JZ 1 1/U1/2	52000-0-2		82.00	413-5		
	Invoice# 85138091	LAB SEF	RVICES	JZ 11/U1/Z						*
	Invoice#	LAB SEF	RVICES Name				Gross	Discount	No-Pay	Net
L0700 J	Invoice# 85138091 Vendor Totals	LAB SEF	RVICES							Net 82.00
L0700 J	Invoice# 85138091 Vendor Totals Vendor Name	LAB SER : Number L0700	RVICES Name LABCORP O		CA HOLDIN Class		Gross	Discount	No-Pay	
L0700 J	Invoice# 85138091 Vendor Totals	LAB SER : Number L0700	RVICES Name LABCORP O		CA HOLDIN	GS	Gross	Discount	No-Pay	
L0700 J	Invoice# 85138091 Vendor Totals Vendor Name	LAB SER : Number L0700	RVICES  Name  LABCORP O  CCT/SYNCB	F AMERIC	CA HOLDIN Class W	GS	Gross	Discount	No-Pay	
L0700 J	Invoice# 85138091 Vendor Totals Vendor Name LOWE'S BUS	LAB SER : Number L0700	RVICES  Name  LABCORP O  CCT/SYNCB  nt Tran Dt	F AMERIC	CA HOLDIN Class W	GS Pay Code Check Dt Pay	Gross 82.00	Discount 0.00	No-Pay 0.00	82.00
L0700 J	Invoice# 85138091 Vendor Totals Vendor Name LOWE'S BUS Invoice#	LAB SER : Number L0700	RVICES Name LABCORP O CCT/SYNCB nt Tran Dt 11/12/20	F AMERIC	CA HOLDIN Class W Due Dt	GS Pay Code Check Dt Pay	Gross 82.00 Gross	Discount 0.00 Discount	No-Pay 0.00 No-Pay	82.00 Net
L0700 J	Invoice# 85138091 Vendor Totals Vendor Name LOWE'S BUS Invoice#	LAB SEF : Number L0700 INESS AC Commen	RVICES Name LABCORP O CCT/SYNCB nt Tran Dt 11/12/20 ES	F AMERIC	CA HOLDIN Class W Due Dt	GS Pay Code Check Dt Pay	Gross 82.00 Gross	Discount 0.00 Discount	No-Pay 0.00 No-Pay	82.00 Net
L0700 J	Invoice# 85138091 Vendor Totals Vendor Name LOWE'S BUS Invoice# 110225	LAB SEF : Number L0700 INESS AC Commen	RVICES Name LABCORP O CCT/SYNCB nt Tran Dt 11/12/20 ES	Inv Dt 0211/02/2	CA HOLDIN Class W Due Dt 102 11/02/20	GS Pay Code Check Dt Pay 2 FOR NUM	Gross 82.00 Gross 485.55	Discount 0.00 Discount 0.00	No-Pay 0.00 No-Pay 0.00	82.00 Net 485.55

1	Invoice# W18760A	Comment	Tran Dt Inv Dt 11/12/20210/28/3			ay	Gross 1,094.59	Discount 0.00	No-Pay 0.00	Net
1	WIOTOUA	TRAVEL FOR	REPAIR SERVICE		(DOM) 1	Mil	1,094.59	0.00	0.00	1,094.59
	Vendor Totals:		me LEK INC	<i>y</i>	, 001111	Ornit	Gross 1,094.59	Discount 0.00	No-Pay 0.00	Net 1,094.59
dor#	Vendor Name	11912 1910	LENING	Class	Pay Code		1,094,09	0.00	0.00	1,054.55
78	MCKESSON I	MEDICAL SUR	IGICAL INC	0,000	ray codo					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check Dt F	ay	Gross	Discount	No-Pay	Net
V	24540150		11/01/202 10/27/	202 11/11/20	)2		11,034.53	0.00	0.00	11,034.53
		SUPPLIES	· Veagen	rur			1200	Zenz de	10.3	~
	Vendor Totals:			CURCICA	LINC		Gross	Discount 0.00	No-Pay 0.00	Net 11,034,53
dor#	Vendor Name	IVIZ176 IVIC	KESSON MEDICA	Class	Pay Code		11,034.53	0.00	0.00	11,034.53
41	MEDICAL DA	TA SYSTEMS.	INC.	Class	ay Gode					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check Dt F	ay	Gross	Discount	No-Pay	Net /
1	208099		10/30/202 10/31/3	202 11/30/20	)2	- 0	999.95	0.00	0.00	999.95 🗸
		COLLECTION								1
1	208098		10/30/202 10/31/	202 11/30/20	)2		710.62	0,00	0.00	710.62 🗸
	Vendor Totals:	COLLECTION					Gross	Discount	No-Pay	Net
	VEHILUH FURIS		me EDICAL DATA SYS	TEMS. INC			1,710.57	0.00	0.00	1,710.57
dor#	Vendor Name	ATTEN INC		Class	Pay Code		111.10.01	3.30	5,00	11. 10.01
13 🗸	MEDIMPACT	HEALTHCARE	E SYS, INC.	A/P						
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check Dt F	ay	Gross	Discount	No-Pay	Net
1	111125		11/12/202 11/11/	202 11/11/20	02		11.65	0,00	0.00	11.65
	Vendor Totals	Number Na	me				Gross	Discount	No-Pay	Net
	40° L/A/ 70A	10613 ME	DIMPACT HEALTH				11.65	0.00	0.00	11.65
7.000	Vendor Name	MOTORES IN		Class	Pay Code					
170 🌙	MEDLINE IND	Comment	Tran Dt Inv Dt	M Due Dt	Check Dt F	Pav	Gross	Discount	No-Pay	Net
1	2391201884	200 miletit	10/13/202 10/01/			ω,	0.44	0.00	0.00	0.44
4	Annual gaz	SUPPLIES	24 (2) 23 2 (3) 3 (4)		0,		A14-W	5:75	-197/	
1	2393615200		10/20/202 11/07/	202 11/30/20	02		33.76	0.00	0.00	33.76 🏑
7		SUPPLIES								1
1	2388063173	CHERTIES	11/01/202 09/10/	202 09/10/20	02		918.41	0.00	0,00	918.41
7	2388961584	SUPPLIES	11/01/000 00/16/	202 10/11/0	12		110.20	0.00	0.00	110,39 🏑
1	2000301004	SUPPLIES	11/01/202 09/16/	202 10/11/20	JC		110.39	0.00	0.00	110.39
1	2389481162		11/01/202 09/19/	202 10/14/20	02		5,465.33	0.00	0.00	5,465.33
1		SUPPLIES								
1	2390228588		11/01/202 09/24/	202 10/19/20	02		1,042.19	0.00	0.00	1,042.19
1	2390229707	SUPPLIES	11/01/202 09/24/	202 10/19/20	02		1,038.81	0.00	0.00	1,038.81 🗸
1							Jan. 4			
1	2391201881	SUPPLIES	11/01/202 10/01/	202 10/26/20	02		811.27	0.00	0.00	811.27
1	2391201882	OUT THE	11/01/202 10/01/	202 10/26/2	02		1,577.31	0.00	0.00	1,577.31
4	- 10 P P P P P P P P P P P P P P P P P P	SUPPLIES			70		112, 1381	9.00	0,00	ustria, A.
1	2394478632		11/01/20210/21/	202 11/15/2	02		113.93	0.00	0.00	113.93
4		SUPPLIES								
1	2396697021		11/05/202 11/04/	202 11/29/2	02		26.57	0.00	0.00	26.57 🗸
1										

2397438255		11/11/202 11/08/202 12	1/03/202	38.54	0.00	0.00	38.54
Vendor Totals		ame		Gross	Discount	No-Pay	Net
	M2470 ME	EDLINE INDUSTRIES INC	5	11,209.23	0.00	0.00	11,209.23
dor# Vendor Name			lass Pay Code	0,000			
50 MELSTAN, IN			W	•			
Invoice#				Pav Gross	Discount	Na Day	Net
1	Comment				Discount	No-Pay	
111624	1	11/07/202 10/29/202 11	A March 1	36.75	0.00	0.00	36.75
	SUPPLIES	Stump/By	rush kille	1			
Vendor Totals	: Number Na	ame	100	Gross	Discount	No-Pay	Net
	M2550 ME	ELSTAN, INC.		36.75	0.00	0.00	36.75
dor# Vendor Name			lass Pay Code		-		
A service of the serv	DLEDO RAININ		000				
			- Chack D	0-200	Lordonia.	THE DAY	Not
Invoice#	Comment		ue Dt Check Dt		Discount	No-Pay	Net
679283079	TANKS MARK	10/30/202 10/24/202 11	/30/202	69.40	0.00	0.00	69.40
The same	SUPPLIES	- Small Chi	annel				
Vendor Totals	: Number Na	ame	MILIO	Gross	Discount	No-Pay	Net
		ETTLER-TOLEDO RAININ	NILC	69.40	0.00	0.00	69.40
dor# Vendor Name			lass Pay Code		3.07	200	4.0
			d55 1 47	3			
	ICKSON CO, L		ALL AND THE	Europe State	×2	Acceptance	4.604.
Invoice#	Comment		ue Dt Check Dt		Discount	No-Pay	Net
4047139		11/07/202 11/04/202 11	1/30/202	38.60	0.00	0.00	38.60 🗸
	SUPPLIES						J.
4047561		11/07/202 11/04/202 11	1/30/202	1,849.94	0.00	0.00	1,849.94
1	SUPPLIES	17 hantage wife - horse	// 55.	200	3	100	100000000000000000000000000000000000000
4047562	3011	14/07/000 44/04/000 1	100000	052 03	0.00	0.00	953.93 🗸
404/502		11/07/202 11/04/202 11	1/30/202	953,93	0.00	0.00	953.95
1	SUPPLIES						1
4052595		11/12/202 11/05/202 11	1/15/202	24.68	0.00	0.00	24.68
	SUPPLIES						
CM58836		11/12/202 11/05/202 11	1/15/202	-17.15	0.00	0.00	-17.15 🗸
A CONTRACTOR		C. M. Landerson and Co.	11.10.202	and a fee	17.5	200	Milan
CM58837		11/12/202 11/05/202 11	- 14 5 1000	-115 90	0.00	0.00	-115.80 V
J CIVIDOGO,		11/12/202 11/05/202	1/15/202	-115.80	0.00	0.00	-115.00
1		A COLUMN LANGUAGE		-	0.0		1
4052596		11/12/202 11/05/202 11	1/15/202	380.48	0.00	0.00	380.48 🏑
	SUPPLIES						,
4057022		11/12/202 11/06/202 11	1/16/202	236.09	0.00	0.00	236.09
A . and . doz.	SUPPLIES		11 1 100-2-	-	40.74	TVI V	Towns or
4055572	301 1 L.L.	11/12/202 11/06/202 1	1/4.0/000	70 70	0.00	0.00	72.72
4000072		11/12/2021/100/2021	1/16/202	72.72	0.00	0.00	12.12
1 moranian		the selection of the beautiful than		12.00 Cm		100.0	
CM59165		11/12/202 11/06/202 11	1/16/202	-7,274,46	0.00	0.00	-7,274,46 🗸
4055571		11/12/202 11/06/202 1	1/16/202	17.98	0.00	0.00	17.98 🗸
4	SUPPLIES	Washington and a	11 1 - 1	. Brake	77 34.50	770,20	0.00
/ CM59166	3011 5125	11/40/00011/08/2021	- 1-0,000	56.35	2.00	0.00	FR OF
Olvioa 100		11/12/202 11/06/202 11	1/16/202	-56.35	0.00	0,00	-56.35 🗸
None of the last							2.00
4057023		11/12/202 11/06/202 1	1/16/202	42.23	0.00	0,00	42.23 🗸
	SUPPLIES						
/ 4057021		11/12/202 11/06/202 1	1/16/202	54.33	0.00	0.00	54.33
A	SUPPLIES	A STATE OF THE PARTY OF THE PAR	n / Schar	13.72		- 3	and the same
4064275	901 1.2.2.	11/12/202 11/09/202 1	140/000	97.27	0.00	0.00	97.27
1 4007212		THEIRDE THUNESE,	1/19/202	01,61	0.00	0.00	91.61
1 Mariana		And desired the second		43.5	1.00	1.2	/
4064273		11/12/20211/09/2021	1/19/202	80.01	0.00	0.00	80.01
*	SUPPLIES						
/ 4064274		11/12/202 11/09/202 1	1/19/202	41.88	0.00	0.00	41.88
1	SUPPLIES		0.127			11.	-
	W W						
4069172		11/12/202 11/10/202 1	1/20/202	14.77	0.00	0.00	14.77 🎺

1	4069173		11/12/202	2 1 1/1 0/20	2 11/20/20:	2	5,088.39	0.00	0.00	5,088.39 🗸
1	4069174		11/12/202	2 11/10/20	2 11/20/20	2	51.56	0.00	0.00	51.56 🗸
1	www.c	SUPPLIE								1
1	4067767			2 1 1/1 0/20	2 11/20/20	2	221.95	0.00	0.00	221.95 🏑
1	0175574	SUPPLIE		2 11/11/20	2 11/21/20	2	615.00	0.00	0.00	615,00
J	4075447	CHEDITE		2 11/11/20	2 11/21/20	2	33.56	0.00	0.00	33.56 🗸
1	4075448	SUPPLIE	11/12/202	2 1 1/1 1/20	2 11/21/20	2	487.37	0.00	0.00	487.37 🗸
	Vendor Totals:		Name				Gross	Discount	No-Pay	Net
	venuor rotais.	10536	MORRIS & DI	CKSON C	0.110		2,938.98	0.00	0.00	2,938.98
Vendor#	Vendor Name	10000	WOTHING & DI	ONSON C	Class	Pay Code	2,550.50	0.00	0.00	2,500.50
18164	MPR ORTHO	PEDICS			Ciass	. ay coac				
34,23	Invoice#	Commen	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	93735	33,100,60			2 11/12/20	The state of the s	1,599.00	0.00	0.00	1,599.00
~	271 37	SUPPLIE		-00333	2000		6,42534-5			V
	Vendor Totals:	7.00 3/07					Gross	Discount	No-Pay	Net
		18164	MPR ORTHO	PEDICS			1,599.00	0.00	0.00	1,599.00
Vendor#	Vendor Name				Class	Pay Code				
	MXR IMAGIN	G. INC			М					
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	8801300890				2 11/21/20		723.15	0.00	0.00	723.15
~	346.42.42.4	SUPPLIE		- 131-41-	e 1 1/2 1/4 s	5	1,457.0	4.45	0,440	V
	Vendor Totals						Gross	Discount	No-Pay	Net
		M2659	MXR IMAGINO	G. INC			723.15	0.00	0.00	723.15
Vendor#	Vendor Name			J, 1110	Class	Pay Code	140.10	0.00	0,00	, 43., 5
13548	NACOGDOCH	HES TRAN	SCRIPTION		Oldoo	i uj occo				
100.0	Invoice#	Commen		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
/	8891	S COUNTED			02 11/21/20		27.16	0.00	0.00	27.16
~		TRANSC	RIPTSERV 102		the said and a said		27.50	0.00	5.50	/
	Vendor Totals		The second second	020 1101	-		Gross	Discount	No-Pay	Net
	14/147 / 2/10	13548	NACOGDOCH	HES TRAI	VSCRIPTIO	ON	27.16	0.00	0.00	27.16
Vendor#	Vendor Name	,00.0	(0.00000)	120 110 11	Class	Pay Code	27.,0	0,00	0.00	2,1,0
	OLYMPUS AN	MERICA IN	IC:		M	1				
22,700	Invoice#	Commen		Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	38913302				02 11/28/20		-36.86	0.00	0.00	-36.86
4			1043.54		TE OWERS	-		2124	3.53	
1	38920280		11/12/20	2 11/04/20	02 11/29/20	02	740.09	0.00	0.00	740.09 🗸
1	38920281		11/12/20	2 11/04/20	02 11/29/20	02	204.60	0.00	0.00	204.60
1	38927395		11/12/20	2 11/05/20	02 11/30/20	02	-100.94	0.00	0.00	-100,94 🗸
1	38940998	SERVICE	11/12/20 CONTRACT	2 11/07/20	02 12/02/20	02	1,125.00	0.00	0.00	1,125.00
	Vendor Totals						Gross	Discount	No-Pay	Net
		O1500	OLYMPUS AN	MERICA I	NC		1,931.89	0.00	0.00	1,931.89
Vendor#	Vendor Name		44477355		Class	Pay Code	4,22,4,22		2022	512-213E
11155 🌙	PARAREV									
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net /
1	2026862		11/12/20	2 11/01/2	02 12/01/20	02	3,084.00	0.00	0.00	3,084.00

	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		11155	PARAREV				3,084.00	0.00	0.00	3,084.00	
Vendor#	Vendor Name				Class	Pay Code					
14764	PL-CPR, LLC										
,	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	416		11/12/202	11/03/202	11/03/20	2	325.00	0.00	0.00	325.00	
· ·		PALS CE	RTIFICATION								
1	417		11/12/202	11/09/202	11/09/20	2	150.00	0.00	0.00	150.00	
		ACLS RE	ECERTIFICATION	N							
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net	
		14764	PL-CPR, LLC				475.00	0.00	0.00	475.00	
Vendor#	Vendor Name				Class	Pay Code					
P2200 🜙	POWER HAR	DWARE			W						
	Invoice#	Commen	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
_/	B78457		11/07/202	11/06/202	11/30/20	2	77.84	0.00	0.00	77.84	1
		SUPPLIE	S							,	/
	Vendor Totals	: Number	Name				Gross	Discount	No-Pay	Net	
		P2200	POWER HARD	WARE			77.84	0.00	0.00	77.84	
Vendor#	Vendor Name				Class	Pay Code					
10372	PRECISION D	DYNAMICS	S CORP (PDC)								
	Invoice#	Commer	t Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
-/	9360322493		11/04/202	10/29/202	2 11/28/20	2	66.96	0.00	0.00	66.96	1
~										~	/
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
		10372	PRECISION D'	YNAMICS	CORP (P		66.96	0.00	0.00	66.96	
Vendor#	Vendor Name				Class	Pay Code					
11932 🚽	PRESS GANE	EY ASSOC									
,	Invoice#	Commer			Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net	
1	IN000729246		10/31/202	10/31/202	2 1 1/3 0/2 0	12	2,952.47	0.00	0.00	2,952.47	1
		4.00	ER INVOICE							~	
	Vendor Totals			William .	XXXX X	.e	Gross	Discount	No-Pay	Net	
47.14.14	and the first of the last	11932	PRESS GANE	Y ASSOC			2,952.47	0.00	0.00	2,952.47	
35000	Vendor Name	0.21/22	001121101100		Class	Pay Code					
01416			COMPANY LLC		200	2000	4.77	4		, Arca	
1	Invoice#	Commer				Check Dt Pay	Gross	Discount	No-Pay	Net	
1	9100163133		11/12/202	11/04/202	2 12/04/20	02	831.48	0.00	0.00	831.48	1
		SUPPLIE					200	-	4.0	Acc.	
	Vendor Totals			a a iva i	aanati		Gross	Discount	No-Pay	Net	
Vd-4	Mandankiana	01416	QUIDELORTH	O SALES			831.48	0.00	0.00	831.48	
	Vendor Name		OLLITIONE INC		Class	Pay Code					
52001	SIEMENS ME Invoice#	Commer		Inc. Di	M	Charle Dt. Davi	C	Discount	No Day	Net	
1	116806645	Comme	10/30/202			Check Dt Pay	Gross		No-Pay		
1	110000045		10/30/202	10/24/20	2 1 1/30/20	12	3,507.72	0.00	0.00	3,507.72	1
	Vendor Totals	Number	Name				Gross	Discount	No Pay	Net	
	vendor rotais	S2001		DICAL CO	LITIONS	INIC	Gross		No-Pay		
Vandor#	Vendor Name	20,000	SIEMENS MED	JICAL SO		Pay Code	3,507.72	0.00	0.00	3,507.72	
	SINGLETON		TES DA		Class	Fay Code					
17002	Invoice#	Commer		Inv Dt	Dug Dt	Check Dt Boy	Gross	Discount	No Pay	Net	
i	5160A	Comme		09/22/20		Check Dt Pay	10.91	Discount 0.00	No-Pay 0.00	10.91	1
4	DIOUM		1000	O I A	MUM	NOT.	10.91	0.00	0.00	10.91	V
. 1	5162		11/11/202	10 -	2 10/20/20	July lon	ployed	0.00	0.00	421.60	1
4	5102		11/11/202	2 09/22/20	2 10/30/20	16	421.00	0.00	0.00	421.00	~
1	5163		60	2 10/30/20	2 10/20/01	12	336.24	0.00	0.00	336.24	1
~	5,55		11/11/202	10/00/20	- 10/00/20		000.24	0.00	0.00	000.24	~
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	VOLIGOT TOTALS		TAGING.				GIUSS	DISCOUNT	NO-1-ay	ivel	

Vendor Name SMITH & NEPI	المالوقاوا									
	17852	SINGLE	TON A	SSOCIA	TES PA		768.75	0.00	0.00	768.75
SMITH & NEP					Class	Pay Code				
Control of the Contro	HEW, INC	X.				124				
Invoice#	Comment		n Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
984696631	Commen				2 11/11/20	The second secon	6,650.00		A V T T T T T	
	CUDDUE		11/202	11/06/20	12 11/11/20	4	0,050.00	0.00	0.00	6,650.00
	SUPPLIE						200	AND DESCRIPTION	20.400	~
Vendor Totals:							Gross	Discount	No-Pay	Net
	S2362	SMITH	& NEPI	HEW, INC	Ο,		6,650.00	0.00	0.00	6,650.00
Vendor Name					Class	Pay Code				
SOUTH TEXA	S BLOOD	& TISSU	E CEN	ľ						
Invoice#	Commen	t Tra	an Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
107054225		10	/30/202	09/30/20			4,103,00	0.00	0.00	4,103.00
41140139	SEPT IN									,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	700		/30/202	00/30/20	12 11/20/20	9	3 205 00	0.00	0.00	-3,205.00
	CEDT OF		001202	09/30/20	12 1 1930120	4	-5,205,00	0.00	0.00	-5,205.00
							6	Disseller	No Per	****
						Labor.				Net
	11296	SOUTH	TEXA	S BLOOD	& TISSUE		898.00	0.00	0.00	898.00
Vendor Name					Class	Pay Code				
STAPLES										
Invoice#	Commen	t Tra	an Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
6046729646		11	/12/202	10/31/20	02 11/12/20	2	39.29	0.00	0.00	39.29
SECRETARY SECURITY	BATTER						2 2.22	(250.2)	1537,67	
	and the second	377	/12/201	10/31/20	12 11/12/20	ġ.	100 22	0.00	0.00	100.22
	DATTER		12/202	10/31/20	JZ 11/12/20	-	100.22	0.00	0.00	100.22
							7243.40	Di	Ale ber	_ 2.00
									76.5	Net
	10845	STAPLE	ES				139.51	0.00	0.00	139.51
Vendor Name					Class	Pay Code				
STERIS CORF	PORATIO	N			M					
Invoice#	Commen	t Tra	an Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
14643743		11	/11/202	11/04/20	02 11/29/20	The state of the s	218.40	0.00	0.00	218.40
2-2-20-72	SUPPLIE						-35638		15/4 6	
Vendor Totale							Gross	Discount	No-Pay	Net
. Silest Totals.				ODATIO	N.		W.T. of C.Co.		the fact of the same	
Vander New	33940	STERIS	CORP	CHATIC		Date Control	218.40	0.00	0.00	218,40
	10					Pay Code				
T-SYSTEM, IN	IC				W					
Invoice#	Commen	t Tr	an Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
2026146		10	/31/202	2 10/31/20	02 12/01/20	2	6,130.42	0.00	0.00	6,130,42
	SOFTWA	ARE								
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
			EM. IN	IC						6,130.42
		2,0		7.	Class	Pay Code	9,1,00,712	0.00	0.00	5,100.72
	EDICAL				Class	ay coue				
				L. VEV	Q E.	AC. 30 -0 -0	120.00		a de la companya de l	2000
	Commen			Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
9510444490			/13/202	2 08/25/2	02 11/30/20	2	29.00	0.00	0.00	29.00
	SUPPLIE	is , X	116	one	bite	Liners				
		10	/13/202	2 11/07/2	02 11/30/20	2	12.00	0.00	0.00	12.00
9510726232	6	s v	11/	11100	Don	effect				
9510726232	SUPPLIE		W 1	IVVE	0110	1100	Gross	Discount	No-Pay	Net
9510726232 Vendor Totals:										
Vendor Totals:	Number	Name	EX M	EDICAL			41.00			
Vendor Totals:			LEX ME	EDICAL	Class	Pay Code	41.00	0.00	0,00	41.00
Vendor Totals: Vendor Name	Number T0420	Name TELEFI		EDICAL	Class	Pay Code	41.00			
Vendor Totals: Vendor Name TEXAS SELEC	Number T0420 CT STAFF	Name TELEFI	2					0.00	0,00	41.00
Vendor Totals: Vendor Name TEXAS SELEC	Number T0420	Name TELEFI FING, LLC	C an Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	0.00	0.00 No-Pay	41.00 Net
Vendor Totals: Vendor Name TEXAS SELECTION Invoice# 0026106	: Number T0420 CT STAFF Commen	Name TELEFI FING, LLC at Tr. 11	C an Dt /12/20:	Inv Dt		Check Dt Pay		0.00	0,00	41.00
Vendor Totals: Vendor Name TEXAS SELECTION Invoice# 0026106	Number T0420 CT STAFF	Name TELEFI FING, LLC at Tr. 11	C an Dt /12/20:	Inv Dt	Due Dt	Check Dt Pay	Gross 8,262.50	0.00	0.00 No-Pay	41.00 Net
Vendor Totals: Vendor Name TEXAS SELECTION Invoice# 0026106	: Number T0420 CT STAFF Commen AGENCY	Name TELEFI FING, LLC ot Tr. 11 Y STAFFI	C an Dt /12/20:	Inv Dt	Due Dt	Check Dt Pay	Gross 8,262.50	0.00	0.00 No-Pay	41.00 Net
1 1 6 7	SOUTH TEXAS Invoice# 107054225  CM15910  Vendor Totals:  Vendor Name STAPLES Invoice# 6046729646  6046729647  Vendor Totals:  Vendor Name STERIS CORF Invoice# 14643743  Vendor Totals:  Vendor Name T-SYSTEM, IN Invoice# 2026146  Vendor Totals:	SOUTH TEXAS BLOOD Invoice# Comment 107054225  SEPT INV CM15910  SEPT CF Vendor Totals: Number 11296 Vendor Name STAPLES Invoice# Comment 6046729646  BATTERI Vendor Totals: Number 10845 Vendor Name STERIS CORPORATION Invoice# Comment 14643743  SUPPLIE Vendor Totals: Number S3940 Vendor Name T-SYSTEM, INC Invoice# Comment 2026146  SOFTWA Vendor Totals: Number T2539	Invoice# Comment Tra 107054225 10 SEPT INV  CM15910 10 SEPT CREDIT  Vendor Totals: Number Name 11296 SOUTH  Vendor Name STAPLES Invoice# Comment Tra 6046729646 11 BATTERIES  6046729647 11 BATTERIES  Vendor Totals: Number Name 10845 STAPLI  Vendor Name STERIS CORPORATION Invoice# Comment Tra 14643743 11 SUPPLIES  Vendor Totals: Number Name S3940 STERIS  Vendor Name T-SYSTEM, INC Invoice# Comment Tra 2026146 10 SOFTWARE  Vendor Totals: Number Name T-SYSTEM, INC Invoice# Comment Tra 2026146 10 SOFTWARE  Vendor Totals: Number Name T-SYSTEM, INC Invoice# Comment Tra 2026146 10 SOFTWARE  Vendor Totals: Number Name T-SYSTEM, INC Invoice# Comment Tra 2026146 10 SOFTWARE  Vendor Totals: Number Name T-SYSTEM, INC Invoice# Comment Tra 2026146 10 SOFTWARE  Vendor Totals: Number Name T-SYSTEM, INC Invoice# Comment Tra 2026146 10 SOFTWARE  Vendor Totals: Number Name T-SYSTEM, INC Invoice# Comment Tra 2026146 10 SOFTWARE	Invoice# Comment Tran Dt 107054225 10/30/202 SEPT INV  CM15910 10/30/202 SEPT CREDIT  Vendor Totals: Number Name 11296 SOUTH TEXA  Vendor Name STAPLES Invoice# Comment Tran Dt 6046729646 11/12/202 BATTERIES  Vendor Totals: Number Name 10845 STAPLES  Vendor Name STERIS CORPORATION Invoice# Comment Tran Dt 14643743 11/11/202 SUPPLIES  Vendor Totals: Number Name STERIS CORPORATION Invoice# Comment Tran Dt 14643743 11/11/202 SUPPLIES  Vendor Totals: Number Name S3940 STERIS CORF  Vendor Name T-SYSTEM, INC Invoice# Comment Tran Dt 2026146 10/31/202 SOFTWARE  Vendor Totals: Number Name T2539 T-SYSTEM, INC Invoice# Comment Tran Dt 2026146 10/31/202 SOFTWARE  Vendor Totals: Number Name T2539 T-SYSTEM, INC	SOUTH TEXAS BLOOD & TISSUE CEN	SOUTH TEXAS BLOOD & TISSUE CEN	SOUTH TEXAS BLOOD & TISSUE CEN	SOUTH TEXAS BLOOD & TISSUE CEN     Invoice#	SOUTH TEXAS BLOOD & TISSUE CEN	SOUTH TEXAS BLOOD & TISSUE CEN

ndor#	Vendor Name			Class	S	Pay Code				
396 🗸	THIRD COAS	T DISTRIE	JUTING LLC							
	Invoice#	Comment	t Tran Dt I	Inv Dt Due i	Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	103125		11/12/202	10/31/202 10/31	1/20	)2	128.24	0.00	0.00	128.24
		SUPPLIE	s Main	renance	L	WHAK				~
	Vendor Totals:	: Number				10,00	Gross	Discount	No-Pay	Net
		15396	THIRD COAST	DISTRIBUTING	GL	LC	128.24	0.00	0.00	128.24
ndor#	Vendor Name	10/2/20	Comment of the commen	Class		Pay Code	1770-0		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	C. Parlace
	TRI WHOLES			22900		1.07 9.2.2				
	Invoice#	Comment	nt Tran Dt I	Inv Dt Due I	Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
1	102525	0011111.		10/25/202 10/25		The state of the s	54.19	0.00	0.00	54.19
1	102020	SUPPLIE		TUIZOIZUZ TUIZ	DIEL	12	34.13	0.00	0.00	54.15
	Vendor Totals:						Gross	Discount	No-Pay	Not
	Vendor rotals.						Gross	Discount		Net
	ALCONOMICS.	13144	TRI WHOLESAI			2.020	54.19	0,00	0.00	54.19
7212	Vendor Name		743	Class	S	Pay Code				
064	UNIFIRST HO									
7	Invoice#	Comment					Gross	Discount	No-Pay	Net
1	6920000406		10/30/202	05/23/202 11/30	0/20	52	-262,00	0,00	0.00	-262.00
		LUMP SI	UM ADJUSTMEN	/T						1
1	2921068994		10/30/202	09/11/202 11/30	0/20	02	189.37	0.00	0.00	189.37 🗸
		UNIFORM	MS							
1	2921070032		10/30/202	09/25/202 11/30	10/21	02	178.29	0.00	0,00	178.29 🗸
4	Close Course	UNIFORM	24.0 30.4.40	Manager V.				7//		
1	2921070538	Orași -		10/02/202 11/30	10/2	no	209.47	0.00	0.00	209.47 🗸
V	ESC. ISS.	LAUNDR		TOTOLICE	U/ _	<i>JE</i>	243	17.12	7.77	
1	2921071071	LAUITO.		10/09/202 11/30	20/2	00	600.97	0.00	0.00	600.97 🗸
4	2921071071	DATEOR		10/09/202 1 1/6.	UIZ	32	000.07	0.00	0.00	000.51
1		UNIFORM			- 10	5-12-5	CT 1 00	2.00	2.00	271.00
1	2921072151	- Comp		10/23/202 11/30	0/20	32	374.93	0.00	0.00	374.93
,	Was depole	LAUNDR		and a real training their	-			- Arms	2.4	A REAL PROPERTY.
1	2921072854			11/03/202 11/28	.8/20	02	218.81	0.00	0.00	218.81 🗸
		UNIFORM	MS							
1	2921072681		11/11/202	10/30/202 11/2	4/2	02	147.16	0.00	0.00	147.16 🏒
1		UNIFORM	M							
1	2921072654		11/12/202	10/30/202 11/2	24/2	02	289.83	0.00	0.00	289.83
-		UNIFORM								
1	2921073169			11/06/202 12/0	11/2	no	289.05	0.00	0.00	289.05
-		LAUNDR		I Howard	110	32	M. Zada A.	200	20 CH2	distant A
	Vendor Totals:						Gross	Discount	No-Pay	Net
	Venuor roleic.			DIMOG INIC						
-dark 1	- Francis Name	3-10-0	UNIFIRST HOL	and a feet of the contract of		3000	2,235.88	0.00	0.00	2,235.88
	Vendor Name		- TON	Clas	S	Pay Code				
768 🛰	VICTORIA ME				200	- and such as			- m 12-m-	726
,	Invoice#	Commen				The same of the sa	Gross	Discount	No-Pay	Net
1	2025184			10/27/202 10/2	17/2	02	775,00	0.00	0.00	775.00
		ANNUAL	L DUES OR CREI	DENTIALI						~
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10768	VICTORIA MED	DICAL FOUND	ATI	ON	775.00	0.00	0.00	775.00
ndor#	/ Vendor Name			Clas	ss	Pay Code				
471	VICTORIA RA	ADIOWOR	KS, LLC	W	1					
	Invoice#	Commer	nt Tran Dt	Inv Dt Due	Dt.	Check Dt Pay	Gross	Discount	No-Pay	Net
1	25100147	et we		10/31/202 11/3		The state of the s	160.00	0.00	0.00	160.00
4		CALHOL	JN FOOTBALL S		200		- B. S.	273-27	7540.2	1
	Vendor Totals						Gross	Discount	No-Pay	Net
	Veridor Totala		VICTORIA RAD	NOWODKE IT	10		120		The state of the s	
	Vandor Name		VICTORIA RAD			Done Could	160.00	0.00	0.00	160.00
	Vendor Name			Clas	S	Pay Code				
100	The second second second	CINIC							No-Pay	
200	WAGEWORK Invoice#	Commen	nt Tran Dt	Inv Dt Due		Check Dt Pay		Discount		Net

100125	10/30/202 10/01/202		66.45	0.00	0.00	66.45
1025TR116685	10/30/202 10/01/202		131.25	0.00	0.00	131.25
Vendor Totals: Number	Name Work Will	Thirtyeas	Gross	Discount	No-Pay	Net
12548	WAGEWORKS, INC		197.70	0.00	0.00	197.70
		Report Summary				
Grand Totals:	Gross	Discount	No-F	Pay	Net	
	348,953.23	0.00	0.0	0	348.953.	23

APPROVED ON NOV 1 3 2025

CARTACION CATIANDITERAS

RUN DATE:11/18/25 TIME:10:43 MEMORIAL MEDICAL CENTER CHECK REGISTER PAGE 1 GLCKREG

11/19/25 THRU 11/19/25 BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	211107	11/19/25	985.77	ACE HARDWARE 15521
A/P	211108	11/19/25	637,76	AIRGAS USA, LLC - CENTRAL DIV
		11/19/25		AMAZON CAPITAL SERVICES
				AMERICAN PROFICIENCY INSTITUTE
A/P	211111	11/19/25	1,042.00	APPLIED MEDICAL
A/D	211112	11/10/25	67 00	AQUA BEVERAGE COMPANY
A/P	211113	11/19/25	712.80	AZALEA HEALTH
H/E	211114	11/19/25	1,50	AZALIA BONUZ
		11/19/25		BAXTER HEALTHCARE
A/P	211116	11/19/25	696.80	BAYLOR COLLEGE OF MEDICINE
A/P	211117	11/19/25	27,514.19	BECKMAN COULTER INC
A/P	211118	11/19/25	1,094.50	BEEKLEY CORPORATION
A/P	211119	11/19/25	2,958.50	BIO-RAD LABORATORIES, INC BOSART LOCK & KEY INC CALLOUN COUNTY
A/P	211120	11/19/25	2,336,70	BOSART LOCK & KEY INC
A/P	211121	11/19/25	35,573.90	CALHOUN COUNTY
A/P	211122	11/19/25	7,480.00	CALHOUN COUNTY EMS
A/P	211123	11/19/25	163.93	CALIBRESCIENTIFIC US, INC
		11/19/25	2,401.38	CDW GOVERNMENT, INC.
		11/19/25	2,150.00	CERVEY, LLC
A/P	211126	11/19/25	3,043.24	CERVEY, LLC CFI MECHANICAL INC
A/P	211127	11/19/25	59.856.69	CITIZENS MEDICAL CENTER
A/P	211128	11/19/25	316.50	CLARITY ENROLLMENT SOLUTIONS
A/P	211129	11/19/25	2,363,44	COASTAL OFFICE SOLUTONS
A/P	211130	11/19/25	2,469.15	CORROHEALTH, INC.
A/P	211131	11/19/25	401.64	CORROHEALTH, INC. CUSTOM ASSEMBLIES, INC DR JOHN CLINTON
A/P	211132	11/19/25	1,200.00	DR JOHN CLINTON
A/P	211133	11/19/25	5,800.00	DR. TIMU KWI
A/P	211134	11/19/25	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	211135	11/19/25	10.99	EQUIFAX WORKFORCE SOLUTIONS
				EVOQUA WATER TECHNOLOGIES LLC
A/P	211137	11/19/29	0.0 0.0	PASTHEALTH CORPORATION
A/P	211138	11/19/25	1,503.00	FIRETRON, INC FISHER HEALTHCARE
A/P	211139	11/19/25	8.129.96	FISHER HEALTHCARE
A/P	211140	11/19/25	4,197.66	GE PRECISION HEALTHCARE, LLC
				GLAXOSMITHKLINE LLC
				GREAT AMERICA FINANCIAL SVCS
A/P	211143	11/19/25	749.62	GULF COAST PAPER COMPANY
4.5		11/19/25		HEALTHSURE INSURANCE SERVICES
		11/19/25		HEB CREDIT RECEIVABLES DEPT308
				HOSPITAL CARE CONSULTANTS INC.
		11/19/25		HUNTER PHARMACY SERVICES
		11/19/25		JAIME'S AUTO SHOP
A/P	211149	11/19/25	4,900.00	JOHN B WRIGHT LLC
A/P		11/19/25		LABCORP OF AMERICA HOLDINGS
200		11/19/25		LOWE'S BUSINESS ACCT/SYNCB
		11/19/25		MALEK INC
		11/19/25		MCKESSON MEDICAL SURGICAL INC
		11/19/25		MEDICAL DATA SYSTEMS, INC.
		11/19/25		
A/P		11/19/25		VOIDED
700			100	197.750

11/19/25 THRU 11/19/25 BANK--CHECK-----

		AMOUNT	
A/P	211157 11/19/2	5 11,209.23	MEDLINE INDUSTRIES INC
A/P	211158 11/19/2	5 36.75	MELSTAN, INC. METTLER-TOLEDO RAININ, LLC
A/P	211159 11/19/2	5 69.40	METTLER-TOLEDO RAININ, LLC
A/P	211160 11/19/2	.00	METTLER-TOLEDO RAININ, LLC VOIDED  MORRIS & DICKSON CO, LLC MPR ORTHOPEDICS MXR IMAGING, INC NACOGDOCHES TRANSCRIPTION OLYMPUS AMERICA INC PARAREV PARAREV NACED ALC
A/P	211161 11/19/2	5 2,938.98	MORRIS & DICKSON CO, LLC
A/P	211162 11/19/2	5 1,599.00	MPR ORTHOPEDICS
A/P	211163 11/19/2	5 723.15	MXR IMAGING, INC
A/P	211164 11/19/2	5 27.16	NACOGDOCHES TRANSCRIPTION
A/P	211165 11/19/2	1,931.89	OLYMPUS AMERICA INC
A/P	211166 11/19/2	3,084.00	PARAREV
m/ E	21110/ 11/19/2	3 4(2.00	FL-CFK, LLC
A/P	211168 11/19/2	5 77.84	POWER HARDWARE
A/P	211169 11/19/2	5 66.96	POWER HARDWARE PRECISION DYNAMICS CORP (PDC) PRESS GAMEY ASSOCIATES, INC.
A/P	211170 11/19/2	2,952,47	PRESS GAMEY ASSOCIATES, INC.
A/P	211171 11/19/2	5 831.48	QUIDELORTHO SALES COMPANY LLC
A/P	211172 11/19/2	15 3,507,72	SIEMENS MEDICAL SOLUTIONS INC
A/P	211173 11/19/2	5 768.75	SINGLETON ASSOCIATES PA
A/P	211174 11/19/2	5 6,650.00	QUIDELORTHO SALES COMPANY LLC SIEMENS MEDICAL SOLUTIONS INC SINGLETON ASSOCIATES PA SMITH & NEPHEW, INC.
A/P	211175 11/19/2	898.00	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	211176 11/19/2	139,51	SOUTH TEXAS BLOOD & TISSUE CEN STAPLES STERIS CORPORATION T-SYSTEM, INC TELEFLEX MEDICAL TEXAS SELECT STAFFING, LLC
A/P	211177 11/19/2	25 218,40	STERIS CORPORATION
A/P	211178 11/19/2	6,130.42	T-SYSTEM, INC
A/P	211179 11/19/2	5 41.00	TELEFLEX MEDICAL
A/P	211180 11/19/2	8,262.50	TEXAS SELECT STAFFING, LLC
A/P	211181 11/19/2	128.24	THIRD COAST DISTRIBUTING LLC
A/P	211182 11/19/2	54,19	TRI WHOLESALE CO.
A/P	211183 11/19/2	2,235.88	THIRD COAST DISTRIBUTING LLC TRI WHOLESALE CO. UNIFIRST HOLDINGS INC
A/P	211184 11/19/2	775.00	VICTORIA MEDICAL FOUNDATION
A/P	211185 11/19/2	160.00	VICTORIA RADIOWORKS, LLC
A/P	211186 11/19/2	197.70	VICTORIA RADIOWORKS, LLC WAGEWORKS, INC ASHFORD GARDENS
A/P	211187 11/19/2	6,100.61	ASHFORD GARDENS
A/P	211188 11/19/2	5,587.56	BROADMOOR AT CREEKSIDE PARK
A/P	211189 11/19/2	5,698.91	FORTBEND HEALTHCARE CENTER
A/P	211190 11/19/2	5,922.91	FORTBEND HEALTHCARE CENTER GOLDENCREEK HEALTHCARE
A/P	211191 11/19/2	5,486.00	GULF POINTE PLAZA
A/P	211192 11/19/2	5,665.12	LAVAÇA BAY MURSING AND REHAB
A/P	211193 11/19/2	8,471.56	SOLERA WEST HOUSTON
A/P	211194 11/19/2	5,680.10	SOLERA WEST HOUSTON THE CRESCENT
			TUSCANY VILLAGE
TOTAL		467,073.31	

APPROVED ON

NOV 1 8 2005

OF PLANNING AUDITOR

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Parables
348.953.23 +
6.100.61 +
8.471.56 +
5.698.91 +
5.680-10 +
5.922.91 +
5.486.00 +
69.507.31 +
5.665.12 +
467.073.31 +
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#### CITIBANK CORPORATE CARD

#### **Account Statement**

Commercial Card Account ERIN CLEVENGER



Account Inquiries:

\$3,662.26

Toll Free: International: 1-(800)-248-4553 1-(904)-954-7314

TDD/TTY:

1-(877)-505-7276

Account Number: XXXX-XXXX-XXXX-6228

Summary of Account Activity

Total Activity

Send Notice of Billing Errors and Customer Service Inquiries to: CITIBANK, N.A., PO BOX 6125, SIOUX FALLS SD 57117-6125

Not an invoice. For your	records only.
Credit Limit	\$20,000
Cash Advance Limit	\$5,000
Statement Closing Date	11/03/2025
Days in Billing Period	31

#### Transactions

Post Date	Trans Date	MCC	Reference Number		Description/Location			Am	ount
			*************	NOT	TICE MEMO ITEM(S) LISTED BELOW ************************************	*****		1	
10/06	10/03	5065	55480775276878290954235	1	DSI DIST CORP URBANDALE IA OP0153520	50322	USA	1	400.00
10/07	10/06	9399	05134375280600073687271	2	CMS MEDICARE APPLIC FE BALTIMORE MD 10012473826208401	21244	USA	1	730.00
10/14	10/13	9399	05134375287600070223164	3	NPDB NPDB.HRSA.GOV ROCKVILLE MD N141880948	20852	USA	1	2.50
10/14	10/13	9399	05134375287600070223248	4	NPDB NPDB.HRSA.GOV ROCKVILLE MD N141881044	20852	USA	1	7.50
10/14	10/14	8999	55432865287203633460920	5	AMA*CREDENTIALING 800-621-8335 IL	60611	USA	1	44.00
10/16	10/15	5912	55436875289172895457937	6	IMPRIMISRX 503B LEDGEWOOD NJ 1824819		USA	1	990.00
10/22	10/20	3690	55432865294206200783682	7	COURTYARD SEAWORLD SAN ANTONIO TX 99 JE CHECK IN: 10/20/2025 68031	78251	USA	1	613.88
10/27	10/23	3690	55432865297207248923972	8	COURTYARD SEAWORLD SAN ANTONIO TX 680310 CHECK IN: 10/20/2025 68031	78251	USA	1	0.02 C
10/27	10/23	3504	65180135297051600092526	9	HILTON SAN ANTNIO HILL SAN ANTONIO TX 649778 CHECK IN: 10/19/2025	78251	USA	7	874.40

NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION

Page 1 of 2



Account Number Statement Closing Date XXXX-XXXX-6228 November 03, 2025

NOV 1 2 7070

Not an invoice. For your records only.

ERIN CLEVENGER 202 S ANN ST., STE A PORT LAVACA TX 77979-4204 CATHATOPPET AVOIDE



# MEMORIAL MEDICAL CENTER PURCHASE ORDER

Bill	POI	N. VIRGINIA ST RT LAVACA, TX DNE: (361) 552-0 C: (361) 552-0	77979 6713			ΓLAVACA, 7 NE: (361) 55	TX 7797 52-6713	9
Vend	lor Nam	e:	ituann	K	Date:	1/10/	202	5
Vend	lor Addı	ress:						
					P.O. #			
	lor Phor			<del></del>	Account #			
	lor Fax	Ŧ:	Expense #	Department	Initiated By:_	Deliver To		Form # 9401
Line	Qty.	Catalog Number	Exposed in	Description		Unit Cost	Unit	Extended
No.	4.5.	Calaing Frantion	-	<del></del>			Meas.	Cost
1	-		DSI	DIST CON	p-Breet	-		400.00
2			TV					,
3	-		CMSI	redicare D	pp Fee			730.00
4			MemA	red Clinic				
5	-		NPOB	- I provid	ler Enroll			1 2.50
6	-		NPDB	- 3 provid	der Peneu	2rls		1 7.50
7			AMA	cred -10	my Init	+		144.00
g			cont	+. Monitor				
9	1		Court	yard - Ho		ananoni 0100 - 1018		1613.88
10			Dian	ne Atkine	50n-CHR	Gonf.		
NO	TES:	Est. Freigh	nt	Est. Total	Cost	_ тота	L COST	
	- 1	urges n	rade to	Erin a	evengers	5 MC		
					-			-
Con			Date:		Dept. Director			
Quo	ted By:		E.T.A	<u>.                                    </u>	Dir. Nursing  Dir. Clinical Services			
			*		CFO Administrator	n S	5	



# MEMORIAL MEDICAL CENTER PURCHASE ORDER

Bill	POI	N. VIRGINI. RT LAVACA ONE: (361) X: (361)	, TX 77979 552-6713 552-0312			B15 N. VIRGINIA PORT LAVACA, T PHONE: (361) 55 FAX: (361) 55	X 77979 2-6713	
Ven	dor Nam	e:	Citizan	K	Date:	11/10/2	2025	5
Ven	dor Addı	ress:						
			2-		P.O. #			
Ven	dor Phon	ie #:			Account #			
Ven	dor Fax #	<b>#</b> :			Initiated B	By:		
Date	Required		Expense #	Department		Deliver To		Form # 9401
Line No.	Qty.	Catalog Num	ber	Description		Unit Cost	Unit	Extended
1			Crede	+-Cour	trong		Meas.	Cost
2	_					1010.	,	.02
-	-			n SanA		101231	25	874.41
3			Hotel	for Bethy	unn 1019	AS .		
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-								
1								
Con	tact:		Date:		Dept. Director_	is a		
Quo	ted By:				Dir. Nursing	* **		
Buy	er:		E.T.A		/ /	vices		
					CFO			
					Administrator	cin		

### **MºKESSON**

STATEMENT

Page: 002

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

Company: 8000

MEMORIAL MEDICAL CENTER 815 N VIRGINIA STREET PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

DC: 8115 Customer INV SuppID:

Territory:

Customer: 632536 Date: 11/14/2025

As of: 11/14/2025

As of: 11/14/2025 Mail to:

Page: 002 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

Cust:

(net)

632536

PLEASE CHECK ANY

Date: 11/14/2025 ITEMS NOT PAID (~)

Billing Date

Due Date

Number

Receivable National Account 632536 Reference

Description

Cash Discount

Amount (gross)

Amount PF

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:

32,761.23 USD

**Future Due:** 

0.00

Past Due:

8.58-

If Paid By 11/18/2025, Pay This Amount:

32,105.84 USD Due If Paid On Time:

USD Disc lost if paid late:

Last Payment

2,451.97

If Paid After 11/18/2025,

Due If Paid Late:

655 39

08/07/2017

Pay this Amount:

32,761.23 USD USD

32,761.23

32 - 101 - 69 + 1.03 + 3 . 12 + 32 - 105 - 84 0 APPROVED ON

## STATEMENT

Company: 8000

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

As of: 11/14/2025

DC: 8115

Page: 001

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

As of: 11/14/2025 Mail to:

Page: 001 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

Customer: 256342

Customer INV SuppiD:

Territory: 7001

Date: 11/14/2025

APPROVED ON

Cust: 256342 PLEASE CHECK ANY Date: 11/14/2025 ITEMS NOT PAID (+)

Billing Date	Due Date	Receivable National Ac Number	Count 632536 Order Reference	Description	Cash Discount	Amount P (gross) F	Amount P (net) F	Receivable Number
Customer N	umber 256342	WALMART 1098/MEM MED	PHS				0	
11/10/2025	11/18/2025	7600827505	248518948	115Invoice	18.32	915.92	√ 897.60 V	7600827505
11/10/2025	11/18/2025	7600827506	251727865	115Invoice	0.58	28.82	28.24 🗸	7600827506
11/10/2025	11/18/2025	7600827507	254359338	115Invoice	14.42	720.80	V 706.38 V	7600827507
11/10/2025	11/18/2025	7600827508	247797636	115Invoice	1.78	88.95	87.17 🗸	7600827508
1/10/2025	11/18/2025	7600827509	257116761	115Invoice	0.85	42.57	√ 41.72 √	7600827509
1/10/2025	11/18/2025	7600845241	254040478	115Invoice	0.01	0.63	✓ 0.62 ✓	7600845241
1/10/2025	11/18/2025	7600845242	248208937	115Invoice	5.41	270.70	265.29 ✓	7600845242
1/10/2025	11/18/2025	7600845243	250516291	115Invoice	0.96	48.02	J 47.06 V	7600845243
1/10/2025	11/18/2025	7600845244	249788119	115Invoice	12.30	615.06	J 602.76 V	7600845244
1/10/2025	11/18/2025	7600845245	248068007	115Invoice	20.07	1,003.68	983.61 /	7600845245
1/10/2025	11/18/2025	7600845246	252670797	115Invoice	12.30	615.06	✓ 602.76 ✓	7600845246
1/10/2025	11/18/2025	7600845247	249361517	115Invoice	35.43	1,771.73	√1,736.30 √	7600845247
1/10/2025	11/18/2025	7600845248	256725352	115Invoice	16.39	819.70	✓ 803.31 ✓	7600845248
1/10/2025	11/18/2025	7600845249	248887070	115Invoice	24.28	1,213.76	1,189.48	7600845249
1/10/2025	11/18/2025	7600845250	249421357	115Invoice	24.28	1,213.76	/1,189.48 V	7600845250
/10/2025	11/18/2025	7600845251	247862519	115Invoice	1 44	71.89	70.45 V	7600845251
/10/2025	11/18/2025	7600845252	253128232	115Invoice	0.01	0.63	J 0.62 J	7600845252
/10/2025	11/18/2025	7600845254	255688870	115Invoice	0.01	0.32	0.31	7600845254
/10/2025	11/18/2025	7600845256	255776160	115Invoice	1.36	68.17	J 66.81 J	7600845256
/10/2025	11/18/2025	7600845258	255776160	115Invoice	0.01	0.32	√ 0.31 √	7600845258
/10/2025	11/18/2025	7600845260	255917263	115Invoice	0.01	0.32	J 0.31 V	7600845260
/10/2025	11/18/2025	7600845262	255213069	115Invoice	59.32	2,966.07	√2,906.75 V	7600845262
11/2025	11/18/2025	7601103984	246966456	115Invoice	11.23	561.67	√ 550.44 V	7601103984
/11/2025	11/18/2025	7601103985	252256655	115Invoice	0.01	0.26	/ 0.25 /	7601103985
11/2025	11/18/2025	7601103986	246962048	195Invoice	18.35	917.48	899.13 🗸	7601103986
11/2025	11/18/2025	7601103987	246966456	115Invoice	4.55	227.63	✓ 223.08 ✓	7601103987
11/2025	11/18/2025	7601117026	246966456	115Invoice	0.04	2.21	2.17 /	7601117026
11/2025	11/18/2025	7601117032	246966456	115Invoice	6.43	321.70	J 315.27 ✓	7601117032
11/2025	11/18/2025	7601117037	246966456	115Invoice	30.65	1,532.45	1,501.80 🗸	7601117037
11/2025	11/18/2025	7601117041	246966456	115Invoice	0.01	0.63	0.62 ✓	7601117041
11/2025	11/18/2025	7601117045	246962048	195Invoice	2.04	102.04	√ 100.00 √	7601117045

## STATEMENT

Company: 8000

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

As of: 11/14/2025

Customer INV SuppID:

DC: 8115

Territory: 7001

Customer: 256342

Date: 11/14/2025

Page: 002

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

As of: 11/14/2025 Mail to:

Page: 002 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

Cust: 256342 PLEASE CHECK ANY Date: 11/14/2025 ITEMS NOT PAID (~)

-					· ·	P. GOLLET			
Billing Date	Due Date	Receivable Number	ount 632536 Order Reference	Description	Cash Discount	Amount P (gross) F	Amount (net)	P	Receivable Number
11/14/2005	Liveise 170						1		
11/11/2025	11/18/2025	7601117050	246966456	115Invoice	0.65	32.35	31.70	V	7601117050
11/11/2025	11/18/2025	7601117054	246966468	165 Invoice	1.92	95.78	93.86	V	7601117054
11/11/2025	11/18/2025	7601117059	246966456	115 Invoice	0.08	4.11	4.03	V	7601117059
11/11/2025	11/18/2025	7601117064	246966456	115Invoice	0.23	11.39	V 11.16	V	7601117064
1/11/2025	11/18/2025	7601117068	246962048	195Invoice	0.18	8.86	8.68	V	7601117068
1/11/2025	11/18/2025	7601117070	246962048	195Invoice	0.14	6.96	6.82	1	7601117070
1/11/2025	11/18/2025	7601117072	251251549	165Invoice	0.01	0.32	V 0.31	V	7601117072
1/11/2025	11/18/2025	7601117078	251104823	195Invoice	0.03	1.27	1.24	1	7601117078
1/12/2025	11/18/2025	7601343379	254040478	115Invoice	2.84	142.18	139.34	1	7601343379
1/12/2025	11/18/2025	7601343380	256127596	115Invoice	2.48	123.80	/121.32	1	7601343380
1/12/2025	11/18/2025	7601343381	257258429	115Invoice	0.03	1.48	1.45	1	7601343381
1:12/2025	11/18/2025	7601343382	247107275	115Invoice	0.01	0.32	J 0.31	V	7601343382
1/13/2025	11/18/2025	7601571179	247227338	195Invoice	1.87	93,61	4 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	V	7601571179
1/13/2025	11/18/2025	7601571180	248208937	115Invoice	1.29	64.64	63.35	-	7601571180
/13/2025	11/18/2025	7601571181	253975017	115Invoice	2.07	103.51	J 101.44		7601571181
/13/2025	11/18/2025	7601571182	252256655	115Invoice	4.27	213.49	209.22		7601571182
/13/2025	11/18/2025	7601571183	251969648	115Invoice	1.26	62.97	61.71	1	7601571183
/13/2025	11/18/2025	7601571184	249905260	115Invoice	12.30	615.06		V	7601571184
/13/2025	11/18/2025	7601582929	255688870	115Invoice	0.01	0.32	√ 0.31	V	7601582929
/13/2025	11/18/2025	7601582930	254322632	115Invoice	2.84	142.18	V139.34	V	7601582930
/13/2025	11/18/2025	7601582931	249361517	115Invoice	0.01	0.63	1	1	7601582931
/13/2025	11/18/2025	7601582932	252192781	115Invoice	4.25	212.57	208.32	1	7601582932
/13/2025	11/18/2025	7601582933	248208937	115Invoice	13.38	669.12		1	7601582933
/13/2025	11/18/2025	7601582934	248285396	115Invoice	13.38	669.12		V	7601582934
/13/2025	11/18/2025	7601582935	248613461	115Invoice	6.69	334.56	/ 327.87		7601582935
13/2025	11/18/2025	7601582936	247227338	195Invoice	0.52	25.88	25.36		7601582936
13/2025	11/18/2025	7601582937	249361517	115Invoice	14.17	708.69	694.52	V	7601582937
13/2025	11/18/2025	7601582938	250516291	115Invoice	14.17	708.69	J 694.52	V	7601582938
13/2025	11/18/2025	7601582939	250925302	115Invoice	14.17	708.69	/694.52	V	7601582939
13/2025	11/18/2025	7601582940	250995687	115Invoice	14.17	708.69	694.52	V	7601582939
13/2025	11/18/2025	7601582941	251239593	115Invoice	14.17	708.69	694.52	11	7601582941
		. 551502541	201200000	1 Dillyone	14.17	700.09	094:52	V	7001302841

**STATEMENT** 

Company 8000

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

As of: 11/14/2025

Customer INV SuppID:

DC: 8115

Territory: 7001

**Customer: 256342** 

Date: 11/14/2025

Page: 003

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As of: 11/14/2025

Page: 003 Comp: 8000

Mail to:

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

APPROVED ON

256342 PLEASE CHECK ANY Date: 11/14/2025 ITEMS NOT PAID (V)

Billing Date	Due Date	Receivable Number	632536 Order Reference	Description	Cash Discount	Amount (gross)	P	Amount (net)	P	Receivable Number
11/13/2025	11/18/2025	7601582942	247805128	195Invoice	58.26	2,913.17		2,854.9	1	7601582942
11/13/2025	11/18/2025	7601582943	248349843	115Invoice	5.41	270.70		265.29		7601582943
11/13/2025	11/18/2025	7601582944	248068007	115Invoice	5.06	253.21		248.15		7601582944
11/13/2025	11/18/2025	7601582945	250925302	115Invoice	5.06	253.21		248.15		7601582945
1/13/2025	11/18/2025	7601582946	249421357	115Invoice	12.14	606.88		/ 594.74		7601582946
1/13/2025	11/18/2025	7601582947	249497709	115Invoice	48.55	2,427.51		2,378.96	/	7601582947
1/13/2025	11/18/2025	7601582948	249636442	115Invoice	12.14	606.88		594.74	100	7601582948
1/13/2025	11/18/2025	7601582949	249872109	115Invoice	18.21	910.32		892.11		7601582949
1/13/2025	11/18/2025	7601582950	247227338	195Invoice	0.15	7.59		7.44	100	7601582950
1/13/2025	11/18/2025	7601582951	247227338	195Invoice	0.04	1.90		1.86	4	7601582951
1/13/2025	11/18/2025	7601582952	247227338	195Invoice	0.03	1.27		1.24		7601582952
1/13/2025	11/18/2025	7601582953	251104823	195Invoice	0.01	0.63		✓ 0.62		7601582953
1/13/2025	11/18/2025	Carlo Victorio V	247862519	115Invoice	17.03	851.42		/ 834.39		7601582954
1/14/2025	11/18/2025		252844156	115Invoice	1.33	66.26		64 93	100	7601800368
1/14/2025	11/18/2025		257871201	115Invoice	5.22	260.77		/ 255.55		7601800369
1/14/2025	11/18/2025		247459697	195Invoice	0.02	0.95		0.93	1 2	7601800370
1/14/2025	11/18/2025		247459697	195Invoice	0.03	1.27		1.24	1	7601800370

TOTAL: CU	stomer Number 256342	WALMART 1098/MEM	MED PHS					
			Subtotals:	32,756.82	USD			
Future Due:		0.00					Due If Paid On Time:	
Past Due:		0.00	If Paid By 11/18/2025, Pay This Amount:		32,101.69	USD	USD Disc lost if paid late:	32,101.69
Last Payment 11/10/2025	189,7	70.35	If Paid After 11/18/2025, Pay this Amount:		32,756.82	USD	Due If Paid Late: USD	655.13 32,756.82

## **STATEMENT**

Company 8000

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

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

As of: 11/14/2025

Customer INV SuppID:

DC: 8115

Territory: 7001

Customer: 820405

Date: 11/14/2025

Page: 001

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

As of: 11/14/2025 Mail to:

Page: 001 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

Cust: Date: 11/14/2025

820405

PLEASE CHECK ANY ITEMS NOT PAID (~)

Billing Date	Due Date	Receivable Nation	nal Account 632536 Order Reference	Description	Cash Discount	Amount (gross)	P	Amount (net)	P	Receivable Number	T
Customer Nur	mber 820405 HE	B PHCY WHSE/MEM	MED PHS								
11/10/2025	11/10/2025	7600932003	MFC PR CORR CR	Pricing Cor		8.58- 1	Р	8.58	PV	7600932003	
11/10/2025	11/18/2025	7600932004	MFC PR CORR IN	Pricing Cor	0.09	4.39		1	0 1	7600932004	
11/14/2025	11/18/2025	7601642704	B2511-055-251597	115Invoice	0.11	5.42		/ 5.3		7601642704	
PF column leg	ATT ATT		Future Due Item, blank =	Current Due Item							
	ATT ATT		WHSE/MEM MED PHS	Current Due Item	1.02 1100						
OTAL: Cu	ATT ATT		and the property	Current Due Item	1.23 USD						
OTAL: Cu	ATT ATT		WHSE/MEM MED PHS	Current Due Item	1.23 USD			Due I	f Paid (	On Time:	
OTAL: Cu	ATT ATT	0.00	WHSE/MEM MED PHS		1.23 USD	-//		Due I	f Paid (	On Time:	1.0:
OTAL: Cu	ATT ATT	20405 HEB PHCY V	WHSE/MEM MED PHS Subtotals:	3/2025,	1.23 USD	USD		USD		On Time:	1.0
OTAL: Cu uture Due: ast Due:	ATT ATT	0.00 8.58-	WHSE/MEM MED PHS Subtotals: If Paid By 11/18 Pay This Amoun	:/2025, t:		USD		USD Disc	lost if p	paid late:	1.0
OTAL: Cu	ATT ATT	0.00	WHSE/MEM MED PHS Subtotals: If Paid By 11/18	:/2025, t: 18/2025,				USD Disc		paid late:	

APPROVED ON

NOV 1 7 2025

## **STATEMENT**

Company: 8000

CVS PHCY 10356/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

Customer INV SuppID: Territory: 7001

As of: 11/14/2025

Customer: 835430 Date: 11/14/2025 Page: 001

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

As of: 11/14/2025 Mail to: Page: 001 Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT Statement for information only

Cust: 835430 PL Date: 11/14/2025 ITE

PLEASE CHECK ANY ITEMS NOT PAID (

Billing Date	Due Date	Receivable National Acc	count 632536 Order Reference	Description	Cash Discour	nt	Amount P (gross) F	Amount (net)	P	Receivable Number
Customer Nur	mber 835430 CV	S PHCY 10356/MEM MC F	PHS	*						
11/12/2025	11/18/2025	7601195780	4554624	115Invoice	0.0	06	3.18	√ 3.1	2 🗸	7601195780
PF column leg	gend: P = Past	Due Item, F = Future	Due Item, blank =	Current Due Item						
OTAL: Cu	stomer Number 8	35430 CVS PHCY 10356	MEM MC PHS							
			Subtotals:		3.18 U	SD				
uture Due:		0.00						Due	f Paid C	On Time:
			If Paid By 11/18/	2025,				USD	raiu C	3.1
ast Due:		0.00	Pay This Amount:			3.12	USD		lost if p	
										0.06
act Daymant										
ast Payment		50.30	If Paid After 11/1 Pay this Amount:	447C 2 10 C 4				Due	f Paid L	ate:

NOV 1 7 2025

#### STATEMENT

Statement Number: Date: 11-14-2025

mber: 70915833

AMERISOURCEBERGEN DRUG CORP 501 PATRIOT PARKWAY ROANOKE TX 76262-6336

DEA: RA0316958 866-451-9655 Customer:

WALGREENS CENTRAL FILL #21373 340B MEMORIAL MEDICAL CENTER 4100 DALE EARNHARDT WAY 200 NORTHLAKE TX 76262-2389

Customer Number 100566356 / 100566356 Terms

Sat - Fri Due in 7 days

Total Due:

Remit To:

AMERISOURCEBERGEN PO Box 978740 DALLAS TX 75397-8740 
 Summary

 Not Yet Due:
 0.00

 Current:
 28.10

 Past Due:
 0.00

 Total Due:
 28.10

 Account Balance:
 28.10

**Account Activity** 

Document Date	Due Date	Reference Number	Purchase Order Number	Document	Original Amount	Last Receipt	Amount Received	E	Balance
11-10-2025	11-21-2025	3232672270	7010940294	Type Invoice	6.56		0.00	1	6.56
11-11-2025	11-21-2025	3232810335	7010944972	Invoice	3.06		0.00	1	3.06
11-12-2025	11-21-2025	3232941166	7010952941	Invoice	8.44		0.00	1	8.44
11-13-2025	11-21-2025	3233072347	7010957851	Invoice	10.04		0.00	1	10.04

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
28.10	0.00	0.00	0.00	0.00	0.00	0.0

NOV 1 7 2075

Reminders
Due Date
11-21-2025

Amount 28.10 28.10

COL

11111722

Wholesale distribution and other related pharmacy and pharmaceutical solution services sold by Cencora are performed through Cencora subsidiary companies and brands including AmerisourceBergen Drug Corporation, ASD Specialty Healthcare LLC, Besse Medical, Oncology Supply, SmartSource, and Good Neighbor Pharmacy.

## cencora

#### STATEMENT

Statement Number: Date: 11-14-2025

mber: 70899723

AMERISOURCEBERGEN DRUG CORP 12727 W. AIRPORT BLVD. SUGAR LAND TX 77478-6101

DEA: RA0289276 866-451-9655 Customer:

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

Sat - Fri Due in 7 days

Remit To:

AMERISOURCEBERGEN PO Box 905223 CHARLOTTE NC 28290-5223 
 Summary

 Not Yet Due:
 0.00

 Current:
 1,958.85

 Past Due:
 0.00

 Total Due:
 1,958.85

 Account Balance:
 1,958.85

Account A	ctivity								
Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received		Balance
11-10-2025	11-21-2025	3232621008	7010918893	Invoice	489.46		0.00	1	489.46
11-10-2025	11-21-2025	3232621009	7010927425	Invoice	64.38		0.00	1	64.38
11-10-2025	11-21-2025	3232621670	7010932294	Invoice	18.30		0.00	1	18.30 \
11-11-2025	11-21-2025	3232781510	7010938115	Invoice	1,381.91		0.00	Y/	1,381.91
11-12-2025	11-21-2025	3232909702	7010944521	Invoice	2.46		0.00	./	2.46 \
11-13-2025	11-21-2025	3233039331	7010950776	Invoice	1.55		0.00	×.	1.55 v
11-14-2025	11-21-2025	3233176161	7010959378	Invoice	0.79		0.00		0.79

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
1,958.85	0.00	0.00	0.00	0.00	0.00	0,00

Thank You for Your Payment	
Date	Amount
11-14-2025	(8,719.37)

NOV 1 7 2025

DATE COUNTY AWAY DE

Reminders	
Due Date	Amount
11-21-2025	1,958.85
Total Due:	1,958.85

1 mg CC)

Wholesale distribution and other related pharmacy and pharmaceutical solution services sold by Cencora are performed through Cencora subsidiary companies and brands including AmerisourceBergen Drug Corporation, ASD Specialty Healthcare LLC, Besse Medical, Oncology Supply, SmartSource, and Good Neighbor Pharmacy.

cosaing Number 000000171658832889 Decument Type Customer Statement 2025 (1115) 940

#### 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"	Ē		
"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"	*[	25	
"ENTER 2-DIGIT TAX FILING ENDING MONTH"  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	*[	12	To the second
"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN" "1 TO CONFIRM"	*	\$ 115,141.16 1	#
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	\$ 60,606.10	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		\$ 14,341.04	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		\$ 40,194.02	#
"6-DIGIT SETTLEMENT DATE"	*		
"1 TO CONFIRM"		1	
ACKNOWLEDGEMENT NUMBER	E		
CALLED IN B	-		
CALLED IN DAT	-		
CALLED IN THA			

PAY PERIOD: BEGIN PAY PERIOD: END PAY DATE:		10/31/2025 11/13/2025 11/21/2025	VOIDED CK (1)	V	OIDED CK (2)	ADDIT	IONAL CK (1)	ADDITIONAL CK (1)		TOTALS
GROSS PAY:		5 530,244.17				\$			\$	530,244.17
0.140		5 550,244.17							*	550,244,17
DEDUCTIONS:										
A/R	1.3	529.30							\$	529.30
ADVANC									\$	
BOOTS									5	-
MUTUAL CRITICAL ILLNESS									5	-
MUTUAL-ACCIDENT									\$	1.0
IRS TAX									S	8
MUTUAL SHORT TERM DIS		. altr							\$	704.04
MUTUAL VISION		\$ 794.64							\$	794.64
CAFÉ-D		\$ 1,197.00							S	1,197,00 23,646.08
CAFÉ-H		\$ 28,646.08							\$	20,040.00
		\$ 5							5	
CAFÉ-P	- 1	5							\$	
CANCER									5	0.
CHILD		5	1						\$	9.1
CLINIC		5							\$	
COMBIN	11	\$ 228,60							Š	228.60
CREDUN									S	220,00
DENTAL		\$ \$	1						S	16
DEP-LF									S	- 4
MUTUAL TERM LIFE	14	5 1,135.67							5	1,135.67
MUTUAL HOSP INDEM		5 563.50							5	563.50
FED TAX		\$ 40,194.02							\$	40,194.02
FICA-M		5 7,170.52	1						\$	7,170.52
FICA-O		\$ 30,303,05	1						S	30,303.05
FICA-M ADDITIONAL									\$	1 4
FIRST C									S	100
FLEX S		\$ 4,197.10	1						S	4,197.10
FLX-FE		\$	1						\$	
GIFT S		\$ 57.80							15	57.80
MUTUAL CRITICAL ILLNESS		\$ 878.88	0						5	878.88
MUTUAL ACCIDENT		5 577.08							\$	577.08
MUTUAL SHORT TERM DIS		\$ 1,856.40	1						\$	1,856.40
LEGAL		\$ 934.95							5	934.95
OTHER		\$ 7,988.71	1						\$	7.988.71
NATIONAL FARM LIFE		5 1,575.19	1						5	1,575.19
MED SURCHARGE									\$	
Blank			1						\$	
RELAY			1						\$	
REPAY		5 895.00	1						S	895.00
STONE		9 099.00							\$	
STONE 2									\$	
STUDEN			1						1 5	
TSA-R		\$ 35,924.08							5	35,924.08
UW/HOS		3 30,024.00	1						s	40,524.00
Library Line Contractor		A STATE OF THE RESERVE AND A STATE OF THE RESERV	12			- 24		4	1	
TOTAL DEDUCTIONS:		\$ 165,647.57	\$	\$		5	and the second	\$ .	15	165,647.57
NET PAY:	-	5 364,596.60		5	POST HATCH BEND	5	MATCH REPORT	S .	75	364,596.60
Net Fat.	a a									304,530.00
TOTAL PARK 125 DE AND		"SHOULD MATCH REPORT!"	NAME AND ADDRESS OF THE OWNER, WHEN PERSONS AND ADDRESS O	obsessed and	GULD MATCH REPOR	THI HISHOU	LO MATCH REPORT	" "SHOULD MATCH REPORT		
TOTAL CAFÉ 125 PLAN:		\$ 35,729.82	Less Exemp							
TAXABLE PAY:		\$ 494,514.35	\$ 488,758.10	5						Exempt Amt:
Ret Clay 2 and		"CALCULATED"	From MMC Report	1	Difference		<b>Employees</b>	over FICA-SS Cap		F-10-4-7-7
FICA - MED (ER)		\$ 7,170,46		12		-		Erin Clevenge	1 \$	5,756.19
FICA - MED (EE)		\$ 7,170.46		2 5	(0.06	(6)				
FICA - SOC SEC (ER)		\$ 30,303.01		2 5			S	ATA TAKE OF THE		
FICA - SOC SEC (EE)	6 20%	\$ 30,303.01			(0.04	(1)	Paycode S -	Employee Reimb.		
FED WITHHOLDING		\$ 40,194.02	\$ 40,194.0	2		_			_	
	1							TOTAL	: \$	5,756.19
TAX DEPOSIT:	1111	\$ 115,140.96	\$ 115,141,1	6						
FICA - MEDICARE	2 90%	5 14,340.92	\$14,341.0	14						
FICA - SOCIAL SECURITY	12 40%				REPARED E	Y:		Andr	ie Fin	res
	12.7077	U 및 기계기가 3위	75 70 10 1		REPARED				7/20	
FED WITHHOLDING		\$ 40,194.02		_				137	1/20	23
TOTAL TAX:		\$ 115,140.96	\$115,141.1		(0.20					

Run Date: 11/14/25 Time: 15:16 MEMORIAL MEDICAL CENTER

Payroll Register ( Bi-Weekly )

Pay Period 10/31/25 - 11/13/25 Run# 1

Page 106 P2REG

#### Final Summary

PayCo	Description	ars	170	SH	ME	HO	CB	Gross	Code	Amount		]
1	REGULAR PAY-S1	9699.25			N			233087.27	A/R	504,30 A/R2	25,60-A/R3	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
2	REGULAR PAY-S1	1958.25	N		N	N	N	102077.85	ADVANC	AWARDS	BCBSVI	
1	REGULAR PAY-S1	267.75	Y		N	N		10111.21	BOOTS	CAFE H	CAFE-1	
2	REGULAR PAY-S2	2429.00	N		N	N		68724.47	CAFE-2	CAFB-3	CAFE-4	
2	REGULAR PAY-S2	45.75	Y		N	N		1683.35	CAFE-5	CAFE-C	ÇAFE-D	1197.00 %
3	REGULAR PAY-S3	1548,00	N		N	N		52754.36	CAFE-F	CAFE-H	28646.08 CAFE-I	
3	REGULAR PAY-S3	53.75	Y		N	N		2740.07	CAFE-L	CAFE-P	CANCER	
4	CALL BACK PAY	7.00	N	1	N	N	Y	319.20	CHILD	CLINIC	COMBIN	228.60~
4	CALL BACK PAY	7.75	N	2	N	N	Y	438.75	CREDUN	DD ADV	DENTAL	
4	CALL BACK PAY	.25	Y	2	N	N	¥.	20.06	DEP-LF	DIS-LF	EAT	
C	CALL PAY	2445.00	N	1	N	N		4890,00	EATCSH	FEDTAX	40194.02/FICA-M	7170.52
D	DOUBLE TIME	4.00	N	2	N	N		364.00	FICA-0	30303.05 FIRSTC	FLEX S	3670.10 ~
D	DOUBLE TIME	7.75						720.75	FLX FE	FORT D	FUTA	
E	EXTRA WAGES		N		N	N		7312.56	GIFT S	57.80 GRANT	GRP-IN	
5	EXTRA WAGES		N	1	Ŋ	N	N	2082.50	GTL	HOSP-I	HSA	527.00 ~
F	FUNERAL LEAVE	24.00	N	1	N	N		369.36		IRSTAX	LEAF	
I	INSERVICE	4.00	N	1	N	N		180.58	LEGAL	221 95 MASA	713.00 MEALS	4485.59~
J	JURY LEAVE	6,00	N	1	N	N		188.93	METVIS	MISC		
K	EXTENDED-ILLNESS-BANK	246.00	N	1	N	N		7798.56	MMCSHR	DOACO	577.08 MODILL	878.88~
P	PAID-TIME-OFF	111.00	N		N	N	8	2099.55	MCGIND	563.50 MOOLIF	1135.67 MOOSTD	1856.40~
P	PAID-TIME-OFF	976.00	N	1	N	M		31631.39	MOGVIS	794.64 NATEML	1575.19 OTHER	
X	CALL PAY 2	158.00	12	Ĭ	N	N		315.00	PHE	bHI***	PR FIN	
Y	YMCA/CURVES		N		N	N	N	45.00	RELAY	REPAY	SAMS	
Z	CALL PAY 3	96,00						288.00	SCPUBS	ŞIGNON	ST-TX	
									STONDE	895. CO STONE	STONE2	
									STUDEN	SUNACC	SUNILL	
									SUNIND	SUNLIF	SUNSTO	
									SUNVIS	SURCHG	TSA-1	
									TSA-2	TSA-C	TSA-P	
									TSA-R	35924.08 TOTION	UNIFOR	3503.02
									UW/HOS			

1/1/192

NID S	SPNO LOCK		PEO DE	PRED	CT BYLLIANS	CLIMINE	CUMPLUS	CHEC	т	ART	LLMITP	ZAVIE	PAYTO	CVINED CVINTP	THISTMAME	LASTNAME	CODE	VOID	PROMINT	HRUDT PRIVIO
6823	76351	1	1	O	20	25 31100173	6	0	11/10/2025	\$26,210.13		1 TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0		PCS	F	10/20/2025	11/2/2025 46433424
6824	76351	2	33	0	20	25 30800001	2	0	11/10/2025	\$823.88		1 BLUEGRASS HEALTH SOLUTIONS LLC	P	738	0		DMII	F	10/15/2025	10/15/2025 38425136
6825	76351	2	7	0	21	25 28600070	6	0	11/10/2025	\$1,098.53		1 CITIZENS MEDICAL CENTER	P	434	0		OHS	F	2/6/2025	2/6/2025 74169814
6826	76360	3	59	1	20	25 28600086	3	0	11/10/2025	\$2.98		1 SEVA FAMILY MEDICINE LLC	P	172	0		AB	F	10/8/2025	10/8/2025 87400610
6827	76360	3	80	0	20	25 29600091	6	0	11/10/2025	\$44.92		1 PORT LAVACA CLINIC	P	177	0		ov	F	9/2/2025	9/2/2025 74260567
6828	76360	3	80	0	20	25 29600092	0	0	11/10/2025	\$44.92		1 PORT LAVACA CLINIC	P	177	0		ov	F	9/9/2025	9/9/2025 74260567
6829	76360	3	120	2	20	25 30400027	4	0	11/10/2025	\$61.97		1 ALLERGY AND ENT ASSOCIATES	P	457	0		ovs	F	10/22/2025	10/22/2025 74200786
6830	76360	3	49	2	20	25 30100018	5	0	11/10/2025	\$65.89		1 GUELVALDIVIA VERONICA	P	177	0		ov	F	10/7/2025	10/7/2025 74264016
6831	76360	3	132	0	20	25 29600089	5	0	11/10/2025	\$119.24		1 PORT LAVACA CLINIC ASSOCIATES	P	172	0		AB	F	10/20/2025	10/20/2025 74260567
6836	76360	3	120	2	20	25 30400015	0	0	11/10/2025	\$382.60		1 ALLERGY AND ENT ASSOCIATES	P	440	0		ALTS	F	10/16/2025	10/16/2025 74200786
6838	76370	3	16	0	20	25 28200080	9	0	11/10/2025	\$79.81		1 SINGLETON ASSOCIATES PA	P	172	0		AB	F	9/22/2025	9/22/2025 74168049

APPROVED ON NOV 1 7 2025

CAPT COUNTY AUDITOR

## MEMORIAL MEDICAL CENTER PROSPERITY BANK ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Nov 10, 2025 - Nov 16, 2025

		CPSI "Handwritten	38-71 +
Date Bank Description	MMC Notes	Amount Check"#	0 M 20 71 4
<u>Date</u> 8	3rd Party Payor Fee	38.71 902007	nu 67.31 +
11/10/2025 TSY5/TBANSFIRST MERCH FEES 41399801332419 61	· Credit Card Processing Fee	76.56 902008	Lus 124 64 +
11/10/2025 TSYS/TRANSFIRST MERCH FEES 41399801332401 51	- Credit Card Processing Fee	1.068.67 902009	7402 154 04
11/10/2025 TSYS/TRANSFIRST MERCH FEES 41399801332301 61	- Credit Card Processing Fee	2.473.86 902010	980 45 +
11/10/2025 TSYS/TRANSFIRST MERCH FEES 41399801332385 61	- Credit Card Processing Fee	297.80 902011	200 42
11/10/2025 T5YS/TRANSFIRST MERCH FELS 41399801368397 61	- Credit Card Processing Fee	95.45 902012	1-211-11 0
11/10/2025 TSYS/TRANSFIRST MERCH FEES 39300982541616 61	- Credit Card Processing Fee	4.820.84 902013	1.6
£1/10/2025 IRS USATAXPYMT 270571474260277 6103601003239	- Payroll Taxes	116.164.31 - 902014 FW	and VOL.
11/12/2025 PAY PLUS ACHTrans 98331809 101000698215459 P	- 3rd Party Payor Fee	67.31 902015	WOO. 100
11/17/2025 MCKESSON DRUG AUTO ACH ACH06779860 910000116	340B Drug Program Expense	189,770.35 902016	76.56 +
11/13/2025 PAY PLUS ACHTrans 98634997 101000690547614 P	ard Party Payor Fee	174.64 902017	
11/14/2025 Enhanced Analysis Ch	-Bank Fees	902018	1:068-67 +
11/14/2025 PAY PLUS ACHTrans 98896516 101000692701371 P	- 3rd Party Payor Fee	980.45 902019	
11/14/2025 HPHG LLC MEMOR PREM MemMedCtr PtLav 11312265	- Health Insurance Premium Payment	77,898.42 卷 902020	2 473 86 +
11/14/2025 HPHG LLC PORT LAVAC MemMedCtr Ptl av 11317265	- Health Insurance Claim Payments	114,437.67 👟 902021	
11/14/2025 FIPHG LLC PORT LAVA MemMedCtr Pttav 113122650	- Health Insurance Claim Payments	4,952.53 👟 🚤 902022	297.80 +
11/14/2025 AMERISOURCE BERG PAYMENTS D100007768 2100002	- 3408 Drug Program Expense	8,719.37 902023	95 * 45 +
		522,175.44	4 - 820 - 84 +
middle andland	November 17, 2025 & Approved	on 11.05.25 CC	g • 83-3 • 18 • • • • • • • • • • • • • • • • •
Michele Cumberland, CFO	* * Approved 0	11 12 25 66	WMW I
Memorial Medical Center	* * Approved 0	00 11.10.00	Mhanced Kny
	PROSPERITY BANK		188-50 -
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT - ESTI	7.11 = 10		188-50 0
Date Description	MMC Notes	Amount	
11/20/2025 - STATE COMTRUE TEXNET	-RAPPS IGT	38,227 85	1 2 1 2 2 2 2 2 V
11/21/2025 - STATE COMPAUX TEXNET	-CHIRP IGT	142,100,68	1,211.11 +
11/21/2025 - STATE COMPRER TEXNET	-CHIRP IST	2.42,100,00	n 022 10 h
	522 175 + 44	₩ 180,328,53	8 833 18 +
$\alpha$ , $\alpha$ , $\alpha$ , $\alpha$ , $\alpha$			188-50 +
Wille Couloud	November 17, 2025		100.00
	Movember 17, 2023		10-230-70 0

Michele Cumberland, CFO Memorial Medical Center 0.00 0

APPROVED ON NOV 1 7 2025

CALL COUNTY AUGUST



#### **Transaction Summary**

Transaction Complete Trace #

#### Texas Health and Human Services Commission Memorial Medical Center Operating County

Payment Total	\$38,227.85	
Bank Routing and Account Number		
Settlement Date	11/20/2025	
RAPPS Amount	\$38,227.85	
Entered By	Caitlin Clevenger	

Page No: 1 of 1 Run Date: 11/12/2025 Run Time: 14:34:37





#### **Transaction Summary**

Transaction Complete Trace #

#### Texas Health and Human Services Commission Memorial Medical Center Operating County

Payment Total	\$142,100.68
Bank Routing and Account Number	
Settlement Date	11/21/2025
CHIRP Amount	\$142,100.68
Entered By	Caitlin Clevenger

Page No: 1 of 1 Run Date: 11/12/2025 Run Time: 12:53:13

Plan	Start Date	EEP	er Pay Cost	ER Pe	r Pay Cos
2025 Heath Equity Health Savings Account	10/1/2025	\$	40.00	\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$		\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$	-	\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$	30.00	\$	25.00
2025 Heath Equity Health Savings Account	2/1/2025	\$	5.00	\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$	-	\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$	-	\$	25.00
2025 Heath Equity Health Savings Account	10/1/2025	\$	15.00	\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$	137.00	\$	25.00
2025 Heath Equity Health Savings Account	10/1/2025	\$		\$	25.0
2025 Heath Equity Health Savings Account	9/1/2025	\$	10.00	\$	25.00
2025 Heath Equity Health Savings Account	1/1/2025	\$		\$	25.0
2025 Heath Equity Health Savings Account	1/1/2025	\$	25.00	\$	25.0
2025 Heath Equity Health Savings Account	1/1/2025	\$	10	\$	25.0
2025 Heath Equity Health Savings Account	3/1/2025	\$	5.00	\$	25.0
2025 Heath Equity Health Savings Account	1/1/2025	\$	50.00	\$	25.0
2025 Heath Equity Health Savings Account	1/1/2025	\$	-	\$	25.0
2025 Heath Equity Health Savings Account	1/1/2025	\$	4	\$	25.0
2025 Heath Equity Health Savings Account	1/1/2025	\$	25.00	\$	25.0
2025 Heath Equity Health Savings Account	1/1/2025	\$	175.00	\$	25.0
2025 Heath Equity Health Savings Account	1/1/2025	\$	7.1	\$	25.0
2025 Heath Equity Health Savings Account	1/1/2025	\$	50.00	\$	25.0
2025 Heath Equity Health Savings Account	1/1/2025	\$	10.00	\$	25.0
. W. D. C. L. D. W. L. S. W. W. W. L. S. W. W. L. S. W. W. W. L. S. W.		\$	577.00	\$	575.0
	Total	\$	1,152.00		

	Memo	orial Medical Center
	Т	ransfer Request
Amount:	\$ 500,000.00	Oate: 11/17/2025
From Account:	Prosperity Money Market	APPROVED ON
To Account:	Prosperity Operating Account	NOV 1 7 2025
		CALHOLINI COUNTY TEXAS
Explanation:		
	Transfer from Prosperity Money Market Account to	o Prosperity Operating Account
Requested by:	Michelle Cumberland	Date:11/17/2025
Authorized by:-	In I	Date: 11/17/2025

6,100.61

NOV 1 3 2025 MEMORIAL MEDICAL CENTER 11/13/2025 0 AP Open Invoice List 11:06 ap\_open\_invoice.template CALHOUN COUNTY, TEXAS Due Dates Through: 12/05/2025 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 102325 / 10/30/202 10/23/202 12/05/202 614.61 614.61 0.00 0.00 102325A 10/30/202 10/23/202 12/05/202 5,486.00 0.00 0.00 5,486.00 Vendor Totals: Number Name Gross Discount No-Pay Net 11816 ASHFORD GARDENS 6,100.61 0.00 0.00 6,100.61 Grand Totals: ROVED ON No-Pay Gross Discount Net

0.00

0.00

6,100.61

CALHOLINE COLLANDITOR Chrs 211187

NOV 1 3 2000

NOV 13 7925

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/05/2025

Class Pay Code

Vendor#, Vendor Name ALHOUN COUNTY, TEXAS 11828 V SOLERA WEST HOUSTON

> Comment 102325 ∨

Check Dt Pay Tran Dt Inv Dt Due Dt 10/31/202 10/23/202 12/05/202

Gross 205.91 \

No-Pay Discount 0.00

205.91 0.00 5,486.00

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0

Net

102325A

11/13/2025

10:59

10/31/202 10/23/202 12/05/202 11/12/202 11/05/202 12/05/202

5,486.00 € 2,779.65 0.00 0.00

2,779.65 0.00

Vendor Totals: Number

11828

SOLERA WEST HOUSTON

8,471.56

Discount

0.00

No-Pay Net 0.00 8,471.56

Grand Totals: PPROVED ON

Gross 8,471.56 Report Summary Discount 0.00

No-Pay 0.00

Net 8,471.56

0.00

Chux 211193

NOV 1 3 2025

11/13/2025 11:05

NOV 1 3 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/05/2025

Class Pay Code

Vendor Name COUNTY, TEXAS Vendor#

11820 

FORTBEND HEALTHCARE CENTER

Invoice# Comment 102325

Tran Dt Inv Dt Due Dt Check Dt Pay 10/30/202 10/23/202 12/05/202

212.91

10/30/202 10/23/202 12/05/202

5,486.00

Gross

0.00

0.00

Discount

0.00 212.91

Vendor Totals: Number 11820

102325A

Name

FORTBEND HEALTHCARE CENTER

Gross 5,698.91

Discount 0.00 No-Pay 0.00

0.00

No-Pay

ap\_open\_invoice.template

Net 5,698.91

5,486.00

0

Net

Report Summary

Grand Totals:

Gross 5,698.91 Discount 0.00

No-Pay 0.00

Net 5,698.91

APPROVED ON

NOV 13 7003

Chux 211189

11/13/2025 11:13

NOV 13

MEMORIAL MEDICAL CENTER AP Open Invoice List

Due Dates Through: 12/05/2025

Class Pay Code

Vendor Name COUNTY, TEXAS Vendor# 11832

BROADMOOR AT CREEKSIDE PARK

Invoice# Comment 102325

Tran Dt Inv Dt Due Dt 10/31/202 10/23/202 12/05/202

Check Dt Pay

Gross Discount 101.56 0.00 No-Pay 0.00

ap\_open\_invoice.template

Net 101.56

0

102325A

11/13/202 10/23/202 12/05/202

5,486.00 ∨

0.00

5,486.00 0.00

Vendor Totals: Number

Name

1"

No-Pay

Net

11832

BROADMOOR AT CREEKSIDE PARK

Gross 5,587.56 Discount 0.00

0.00

5,587.56

Report Summary

Grand Totals:

Gross 5,587.56 Discount 0.00

No-Pay 0.00

Net 5,587.56

APPROVED ON

NOV 1 3 2025

NOV 1 3 7021

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Pay Code

Due Dates Through: 12/05/2025

ap\_open\_invoice.template

Vendor# , Vendor Name CALHOUN COUNTY, TEXAS

11824 THE CRESCENT

11/13/2025

11:07

Invoice# Comment 102325

Tran Dt Inv Dt Due Dt Check Dt Pay 10/30/202 10/23/202 12/05/202

Class

Gross Discount 0.00

No-Pay Net 0.00 194.10 •

0

/102325A

10/30/202 10/23/202 12/05/202

€W0,5,486.00 ✓ 0.00

0.00 5,486.00

Vendor Totals: Number Name

11824 THE CRESCENT

Gross Discount 5,680.10 0.00

No-Pay Net 0.00 5,680.10

Report Summary

Grand Totals: OVED ON

Gross 5,680.10 Discount 0.00

No-Pay 0.00 Net 5,680.10

NOV 13 2025

CALHOUN COUNTY AUDITOR

Chur 211194

NOV 1 3 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/05/2025

Pay Code

Class

ap\_open\_invoice.template

0

CALHOUN COUNTY, TEXAS Vendor#, Vendor Name

102325B

102325A

11/13/2025

11:05

11836

GOLDENCREEK HEALTHCARE Invoice#

Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount No-Pay Net 10/30/202 10/23/202 12/05/202 5,486.00 5,486.00 0.00 0.00 11/10/202 10/23/202 12/05/202 0.00 190.82 190.82 0.00

111025 246.09 🗸 0.00 246.09 11/12/202 11/10/202 12/05/202 0.00

O PK Gross Vendor Totals: Number No-Pay Net 11836 **GOLDENCREEK HEALTHCARE** 5,922.91 0.00 0.00 5,922.91

Report Summary

Grand Totals: Gross Discount No-Pay Net APPROVED ON 5,922.91 0.00 0.00 5,922.91

NOV 1 3 2029

Chest 211190

CALHOUN GLUNTY, TEXAS

NOV 1 3 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/05/2025

Pay Code

ap\_open\_invoice.template

0

Vendor# / Vendor Name

11/13/2025

11:14

12696 

✓ GULF POINTE PLAZA

Invoice# Comment 102325

Tran Dt Inv Dt Due Dt Check Dt Pay

Class

10/30/202 10/23/202 12/05/202 VEUDN Gross

Discount No-Pay Gross Net 5,486.00 0.00 0.00 5,486.00

Vendor Totals: Number Name

> 12696 **GULF POINTE PLAZA**

No-Pay Net Discount 5,486.00 0.00 0.00 5,486.00

Report Summary

Grand Totals:

Gross 5,486.00 Discount 0.00

No-Pay 0.00

Net 5,486.00

APPROVED ON

NOV 1 3 2025

Chiest 211191

CALHOUN COUNTY, TEXAS

11/13/2025 NOV 1 3 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Pay Code

Due Dates Through: 12/05/2025

Class

ap\_open\_invoice.template

0

Vendor#	Vendor Name	

11:00

13004 ✓ TUSCANY VILLAGE No-Pay Invoice# Comment Tran Dt Inv Dt Due Dt Check Dt Pay Gross Discount Net 102325A 10/30/202 10/23/202 12/05/202 179.81 0.00 0.00 179.81 10/30/202 10/23/202 12/05/202 5,486.00 5,486.00 102325 0.00 0.00 11 110525 14,587.07 0.00 14,587.07 11/12/202 11/05/202 12/05/202 0.00 optiner ins. Port dep. into more 3,475.83 110625A 11/12/202 11/06/202 12/05/202 0.00 3,475.83 0.00 110625 11/12/202 11/06/202 12/05/202 7,800.00 0.00 0.00 7,800.00 28,250.00 10725 11/12/202 11/07/202 12/05/202 28,250.00 0.00 0.00 3,709.06 110725A 0.00 11/12/202 11/07/202 12/05/202 3,709.06 0.00 6,019.54 111025 11/12/202 11/10/202 12/05/202 6,019.54 0.00 0.00

Report Summer

Grand Totals:

Gross 69,507.31

TUSCANY VILLAGE

Name

Discount 0.00 No-Pay 0.00

Gross

69,507.31

Discount

0.00

Net 69,507.31 Net

69,507.31

No-Pay

0.00

NOV 1 3 2025

Vendor Totals: Number

13004

CALL COUNTY AUDITOR

(nut 211195

11/13/2025 11:03

NOV 1 3 2025

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/05/2025

Class Pay Code ap\_open\_invoice.template

Vendor# Vendor Name COUNTY, TEXAS 12792 V LAVACA BAY NURSING AND REHAB

Invoice# Comment 102325A

Tran Dt Inv Dt Due Dt 11/10/202 10/23/202 12/05/202

Check Dt Pay

Gross Discount 5,486.00

5,486.00 0.00 0.00 105.62 0.00 0.00

No-Pay

110625 -

11/12/202 11/06/202 12/05/202 ns. pmt dep into mmc DPt in 11/12/20211/07/20212/05/202 73.50

105.62 errol 73.50 0.00

73.50 0.00

Vendor Totals: Number

Name 12792 LAVACA BAY NURSING AND REHAB

Gross 5,665.12 Discount 0.00 No-Pay 0.00

Net 5,665.12

0

Net

Grand Totals:

APPROVED ON

Gross 5,665.12 Report Summary Discount 0.00

No-Pay 0.00

Net 5,665.12

NOV 1 3 2025

(hux 211192

Memorial Medical Center Nursing Home UPL Weekly Cantex Transfer **Prosperity Accounts** 11/17/2025

Today's Account ACH Pending Beginning Amount to Be Transferred to Nursing Nursing Home Transfer-In Deposits Ashford Gardens 100.51 30.25 70.26 0 Bank Balance 70.26 Variance Leave in Balance 100.00 Routing Information for Ashford Gardens: Ashford Health Care Center Ltd Co JP Morgan Chase Bank Adjust Balance/Transfer Amt (29.74) Broadmoor 102.43 102.43 0 Bank Balance 102.43 Variance Leave in Balance 100.00 Adjust Balance/Transfer Amt 2.43 100.89 100.89 0 Bank Balance 100.89 Variance Leave in Balance 100.00 Adjust Balance/Transfer Amt Fort Bend 2,077.49 2,303.03 4.380.52 2,303.03 Bank Balance 4,380.52 Variance Leave in Balance 100.00 Claims Owed to MMC 483.39 Claims Owed to MMC 406.20 Claims Owed to MMC 1,087.90 Adjust Balance/Transfer Amt 2.303.03 Solera at W Houston 21,768.12 13,549.40 6.494.50 14,713.22 6,452.97 Bank Balance 14.713.22 Variance Leave in Balance 100.00 Claims Owed to MMC 1,342.58 Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor Claims Owed from Broadmoor to MMC 735.00 Cantex Health Care Centers III LLC Claims Owed from Broadmoor to MMC 5,147.52 IP Morgan Chase Bank Claims Owed from Crescent to MMC 718.78 NOV 1 7 2025 Claims Owed from Fort Bend to MMC 215.37 Adjust Balance/Transfer Amt 6,452.97 TOTAL TRANSFERS Approved: Malle 17/25 Note: Only balances of over \$5,000 will be transferred to the nursing home.

Michelle Cumberland, CFO

11/17/2025

<u>Transfer-Out</u> 30.25	Transfer-In	MMC PORTION	
20.25		INIMIC LOVITOR	NH PORTION
30.25			
	- /		
	-/		14
.1			
30.25		-	-
	*		
Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	-		
	79		-
-			
1	1 -		
	7.		
	·		
Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
			1.
	7-		74
•	-		
1.			
1	1		
1			
	-		
Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	838.00		838.00
4	577.34		577.34
	887.69		887.69
1	1.0		+
4			
		/	
-	2,303.03		2,303.03
_			
Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
	6,494.50		6,494.50
13,507.87	*	1	
-	. )		-
1			
1			
13,549.40	6,494.50		6,494.50
	0		
	8,797.53	•	8,797.53
	Transfer-Out  Transfer-Out  41.53 13,507.87	Transfer-Out Transfer-In  Transfer-Out Transfer-In  838.00 577.34 887.69  2,303.03  Transfer-Out 41.53 6,494.50 13,507.87	Transfer-Out Transfer-In MMC PORTION  Transfer-Out Transfer-In MMC PORTION  Transfer-Out Sas.oo  577.34 887.69  2,303.03  Transfer-Out 41.53 6,494.50  13,507.87  MMC PORTION

Acc	ount	Name
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*4357 MEMORIAL MEDICAL - OPERATING	\$1,529,193.93	\$1,488,497.09	\$1,529,193.93	\$1,838,332.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$70.26	\$70.26	\$70.26	\$100.51
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$102.43	\$102.43	\$102.43	\$102.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$100.89 🗸	\$100.89	\$100.89	\$100.89
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$14,713.22	\$14,713.22	\$14,713.22	\$14,754.75
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$4,380.52	\$4,380.52	\$4,380.52	\$2,965.18
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$117,680.03 🗸	\$118,779.95	\$117,680.03	\$18,452.90
*4551 CAL CO INDIGENT HEALTHCARE	\$10,001.08	\$10,001.08	\$10,001.08	\$4,885.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$99,323.11	\$144,846.90	\$99,323.11	\$84,072.60
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.39	\$100.39	\$100.39	\$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$338,311.30 🗸	\$352,246.98	\$338,311.30	\$132,269.22
*3407 MMC -NH TUSCANY VILLAGE	\$120,248.64	\$130,363.27	\$120,248.64	\$1,049.11
*2998 MMC -MONEY MARKET FUND	\$1,069,819.02	\$1,069,819.02	\$1,069,819.02	\$1,069,819.02
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$31,098.25	\$31,098.25	\$31,098.25	\$30,625.75
Total Balance	\$3,335,143.07	\$3,365,120.25	\$3,335,143.07	\$3,197,630.46

Memorial Medical Center Nursing Home UPL Weekly Nexion Transfer Prosperity Accounts 11/17/2025

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to 8	Be Transferred to Nursing Home
Golden Creek		40,448.57	40,316.57	117,548.03		1000	117,580.03	1	117,548.03
						Bank Balance	117,680.03		
						Variance			
						Leave in Balance	100.00		
						Claims owed to MMC	32.00		

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

> Adjust Balance/Transfer Amt 117,548.03

Approved) Wille Culbland 11/17/25

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 ON

NOV 1 7 2025

CALHOLIN COUNTY TEXAS

			MMC	
den Creek	Transfer-Out	Transfer-In	PORTION	NH PORTION
11/14/2025 Deposit		97,758.80		97.758.80
11/14/2025 AETNA AS01 HCCLAIMPMT 1588075964 51000018818		975.00		975.00
11/14/2025 AETNA AS01 HCCLAIMPMT 1588075964 51000012508		493.33		493.33
11/13/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001665	- 1	3,781.90		3,781.90
11/12/2025 WIRE OUT NEXION HEALTH d/b/a GOLDEN CREEK HC	40,316.57	-		-,
11/10/2025 TSYS/TRANSFIRST CR CD DEP 543684555876917 43		1,055.00		1.055.00
11/10/2025 GOLDENCREEKHEALT MERC DEP 1220356 9100001466	-	2,984.00		2,984.00
11/10/2025 Am Health TX PAYMENT 21531 84307030021003		10,500.00		-,
		1		-
	40,316.57	117,548.03	-	107,048.03

A THE STATE OF	
Account	Mamo
Account	

Account Name					
*4357 MEMORIAL MEDICAL - OPERATING	\$1,529,193.93		\$1,488,497.09	\$1,529,193.93	\$1,838,332.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$70.26		\$70.26	\$70.26	\$100.51
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$102,43		\$102.43	\$102.43	\$102.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$100.89		\$100.89	\$100.89	\$100.89
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$14,713.22		\$14,713.22	\$14,713.22	\$14,754,75
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$4,380.52		\$4,380.52	\$4,380.52	\$2,965.18
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$117,680.03	1	\$118,779.95	\$117,680.03	\$18,452.90
*4551 CAL CO INDIGENT HEALTHCARE	\$10,001.08		\$10,001.08	\$10,001.08	\$4,885.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$99,323.11		\$144,846.90	\$99,323.11	\$84,072.60
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.39		\$100.39	\$100.39	\$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$338,311.30		\$352,246.98	\$338,311.30	\$132,269.22
*3407 MMC -NH TUSCANY VILLAGE	\$120,248.64		\$130,363.27	\$120,248.64	\$1,049.11
*2998 MMC -MONEY MARKET FUND	\$1,069,819.02	-	\$1,069,819.02	\$1,069,819.02	\$1,069,819.02
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$31,098.25		\$31,098.25	\$31,098.25	\$30,625.75
Total Balance	\$3,335,143.07		\$3,365,120.25	\$3,335,143.07	\$3,197,630.46

Memorial Medical Center Nursing Home UPL Weekly HMG Transfer Prosperity Accounts 11/17/2025

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		37,479.06	5,800.56	67,644.61					No Transfer
							Bank Balance	99,323.11	1
							Variance Leave in Balance	100.00	\/
							ceave in balance	100.00	Y
		1					Claim Owed to MMC	31,578.50	Λ
		- 1	1				Claims owed to MMC	325,464.68	
		V	1	1			Adjust Balance/Transfer Amt	(257,820.07)	
		Previous		4					Amount to Be
	Account	Beginning	- Committee			Pending			Transferred to
Nursing Home Gulf Pointe Plaza-Medicare/Medicaid	Number	Balance 100.39	Transfer-Out	Transfer-In	Cks Cleared	Deposits		Today's Beginning Balance	
Out Funte Field-Intuiting Intuities		100.39		-		*		100.39	NO TRANSFER
							Bank Balance Variance	100.39	
							variance		\ \ \
							Leave in Balance	100.00	X
							Adjust Balance/Transfer Amt	0.39	- 1
Routing Information for Gulf Pointe Plaza:					TO	TAL TRANSFER	\$		

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.

J Approved: Michelle Cuellard 14/17/25
Michelle Cumberland, CFO 11/17/2025

APPROVED ON

NOV 1 7 2025

CALHOLI COUNTY TEXAS

	10.7		MMC	
Gulf Pointe Plaza-Private Pay	Transfer-Out	Transfer-In	PORTION	NH PORTION
45,975.00 HNB - ECHO HCCLAIMPMT 746003411 440000271359		15,250.51		15,250.51
45,974.00 HNB - ECHO HCCLAIMPMT 746003411 440000227960		25,457.63		25,457.63
45,973.00 WIRE OUT HMG Rockport SNF, LP -Commerical	5,800.56			
45,973.00 HNB - ECHO HCCLAIMPMT 746003411 440000262663		14,984.09		14,984.09
45,971.00 HNB - ECHO HCCLAIMPMT 746003411 440000201533	$\checkmark$	11,952.38	1	11,952.38
	5,800.56	67,644,61	1	67.644.61

		MMC	
Transfer-Out	Transfer-In	PORTION	NH PORTION
1-	1 .		
-			-
•	<del></del>	•	•
5.800.56	67.644.61		67,644.61
1	1	1 1	1 1

Account Name					
*4357 MEMORIAL MEDICAL - OPERATING	\$1,529,193.93		\$1,488,497.09	\$1,529,193.93	\$1,838,332.26
*4381 MEMORIAL MEDICAL / NH ASHFORD	\$70.26		\$70.26	\$70.26	\$100.51
*4403 MEMORIAL MEDICAL / NH BROADMOOR	\$102.43		\$102.43	\$102.43	\$102.43
*4411 MEMORIAL MEDICAL / NH CRESCENT	\$100.89		\$100.89	\$100.89	\$100.89
*4438 MEMORIAL MEDICAL / SOLERA @ WEST HOUSTON	\$14,713.22		\$14,713.22	\$14,713.22	\$14,754.75
*4446 MEMORIAL MEDICAL / NH FORT BEND	\$4,380.52		\$4,380.52	\$4,380.52	\$2,965.18
*4454 MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE	\$117,680.03		\$118,779.95	\$117,680.03	\$18,452.90
*4551 CAL CO INDIGENT HEALTHCARE	\$10,001.08		\$10,001.08	\$10,001.08	\$4,885.45
*5433 MMC -NH GULF POINTE PLAZA - PRIVATE PAY	\$99,323.11	1	\$144,846.90	\$99,323.11	\$84,072.60
*5441 MMC -NH GULF POINTE PLAZA - MEDICARE/MEDICAID	\$100.39	1	\$100.39	\$100.39	\$100.39
*5506 MMC -NH LAVACA BAY NURSING & REHAB	\$338,311.30		\$352,246.98	\$338,311.30	\$132,269.22
*3407 MMC -NH TUSCANY VILLAGE	\$120,248.64	7	\$130,363.27	\$120,248.64	\$1,049.11
*2998 MMC -MONEY MARKET FUND	\$1,069,819.02		\$1,069,819.02	\$1,069,819.02	\$1,069,819.02
*7168 MEMORIAL MEDICAL CENTER MONEY MKT 2	\$31,098.25		\$31,098.25	\$31,098.25	\$30,625.75
Total Balance	\$3,335,143.07		\$3,365,120.25	\$3,335,143.07	\$3,197,630.46

Memorial Medical Center Nursing Home UPL Weekly Tuscany Transfer Prosperity Accounts 11/17/2025

Amount to Be Transferred to Pending Nursing Home Transfer-in 120,148.64 Cks Cleared Today's Beginning Balance 120,248.64 Nursing Home 120,148.64 Deposits Bank Balance 120,248.64 Variance Leave in Balance 100.00

120,148.64

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: Michelle Curull and 11/17/25
Michelle Cumberland, GO 11/17/2025

APPROVED ON NOV 1 7 2025

CALHOUN COUNTY TEXAS

any Village		Transfer-Out
11/14/2025	Deposit	
11/12/2025	WIRE OUT VILLAGE POST ACUTE HEALTH SERVICE	32,757.32
11/10/2025	HNB - ECHO HCCLAIMPMT 746003411 440000200671	-

		MMC	
Transfer-Out	Transfer-In	PORTION	NH PORTION
- /	119,199.53		119,199.53
32,757.32	-		-
-	949.11		949.11
			-
			-
•	J		
			-
32,757.32	120,148.64		120,148.64

14					
- ^	CCO	Comment.	- 76 1	- Com	
44	rrr	1101	15.1	217	10

\$1,529,193.93	\$1,488,497.09	\$1,529,193.93	\$1,838,332.26
\$70.26	\$70.26	\$70.26	\$100.51
\$102.43	\$102.43	\$102.43	\$102.43
\$100.89	\$100.89	\$100.89	\$100.89
\$14,713.22	\$14,713.22	\$14,713.22	\$14,754.75
\$4,380.52	\$4,380.52	\$4,380.52	\$2,965.18
\$117,680.03	\$118,779.95	\$117,680.03	\$18,452.90
\$10,001.08	\$10,001.08	\$10,001.08	\$4,885.45
\$99,323.11	\$144,846.90	\$99,323.11	\$84,072.60
\$100.39	\$100.39	\$100.39	\$100.39
\$338,311.30	\$352,246.98	\$338,311.30	\$132,269.22
\$120,248.64	\$130,363.27	\$120,248.64	\$1,049.11
\$1,069,819.02	\$1,069,819.02	\$1,069,819.02	\$1,069,819.02
\$31,098.25	\$31,098.25	\$31,098.25	\$30,625.75
\$3,335,143.07	\$3,365,120.25	\$3,335,143.07	\$3,197,630.46
	\$70.26 \$102.43 \$100.89 \$14,713.22 \$4,380.52 \$117,680.03 \$10,001.08 \$99,323.11 \$100.39 \$338,311.30 \$120,248.64 \$1,069,819.02 \$31,098.25	\$70.26 \$70.26  \$102.43 \$102.43  \$100.89 \$100.89  \$14,713.22 \$14,713.22  \$4,380.52 \$4,380.52  \$117,680.03 \$118,779.95  \$10,001.08 \$10,001.08  \$99,323.11 \$144,846.90  \$100.39 \$100.39  \$338,311.30 \$352,246.98  \$120,248.64 √ \$130,363.27  \$1,069,819.02 \$1,069,819.02  \$31,098.25 \$31,098.25	\$70.26 \$70.26 \$70.26  \$102.43 \$102.43 \$102.43  \$100.89 \$100.89 \$100.89  \$14,713.22 \$14,713.22 \$14,713.22  \$4,380.52 \$4,380.52 \$4,380.52  \$117,680.03 \$118,779.95 \$117,680.03  \$10,001.08 \$10,001.08 \$10,001.08  \$99,323.11 \$144,846.90 \$99,323.11  \$100.39 \$100.39 \$100.39  \$338,311.30 \$352,246.98 \$338,311.30  \$120,248.64 √ \$130,363.27 \$120,248.64  \$1,069,819.02 \$1,069,819.02 \$1,069,819.02  \$31,098.25 \$31,098.25 \$31,098.25

Memorial Medical Center Nursing Home UPL Weekly HSLTransfer Prosperity Accounts 11/17/2025

Nursing Home Account Number Balance Transfer-Out Transfer-In Cks Cleared Repayment Today's Beginning Balance Nursing and Rehab 130,449.38 126,280.55 334,142.47

| Sank Balance | Sank Bal

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.

Adjust Balance/Transfer Amt 334,142.97

Approved: Ullectuell and

11/17/2025

NOV 1 7 2025

CALHOUN COUNTY AUDITOR

			ммс	
sing and Rehab	Transfer-Out	Transfer-In	PORTION	NH PORTION
11/14/2025 Deposit		130,810.08		130,810.08
11/14/2025 Deposit		31,654.96		31,654.96
11/14/2025 NOVITAS SOLUTION HCCLAIMPMT 676481 420000105		176.15		176.15
11/14/2025 HUMANA INS CO HCCLAIMPMT 89073753 8300005778	4	73.50		73.50
11/14/2025 HOSPICE OF SOUTH Payments NF 113122650074471		973.70		973.70
11/14/2025 HIC KY HCCLAIMPMT 89030174 42000019877517 45	4	73.50		73.50
11/14/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2		7,028.17		7,028.17
11/14/2025 Centene Manageme ACH 008765433514 1110000280		31,808.53		31,808.53
11/14/2025 CENTENE CORP HCCLAIMPMT 53101127062976	¥ .	3,443.49		3,443.49
11/13/2025 Deposit		33,638.53		33,638.53
11/13/2025 CENTENE CORP HCCLAIMPMT 53101121405999		88,004.54		88,004.54
11/12/2025 WIRE OUT REG Leased OpCo LLC	126,280.55			
11/12/2025 HEALTH HUMAN SVC HCCLAIMPMT 17460034113016 2		2,487.53		2,487.53
11/12/2025 CENTENE CORP HCCLAIMPMT 53101126688091		296.10		296.10
11/10/2025 SELECTCARE OF TX HCCLAIMPMT 64000024943062	-	2,178.45		2,178.45
11/10/2025 Marketplace HCCLAIMPMT 91000019967567	1 -	1,105.75		1,105.75
11/10/2025 HNB - ECHO HCCLAIMPMT 746003411 440000201497	<b>V</b> -	389.49	1	389.49
	126,280.55	334,142.47	4	334,142.47

Lavaca Bay Nurs

Account	Name	e
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\$1,529,193.93	\$1,488,497.09	\$1,529,193.93	\$1,838,332.26
\$70.26	\$70.26	\$70.26	\$100.51
\$102.43	\$102.43	\$102.43	\$102.43
\$100.89	\$100.89	\$100.89	\$100.89
\$14,713.22	\$14,713.22	\$14,713.22	\$14,754.75
\$4,380.52	\$4,380.52	\$4,380.52	\$2,965.18
\$117,680.03	\$118,779.95	\$117,680.03	\$18,452.90
\$10,001.08	\$10,001.08	\$10,001.08	\$4,885.45
\$99,323.11	\$144,846.90	\$99,323.11	\$84,072.60
\$100.39	\$100.39	\$100.39	\$100.39
\$338,311.30	\$352,246.98	\$338,311.30	\$132,269.22
\$120,248.64	\$130,363.27	\$120,248.64	\$1,049.11
\$1,069,819.02	\$1,069,819.02	\$1,069,819.02	\$1,069,819.02
\$31,098.25	\$31,098.25	\$31,098.25	\$30,625.75
\$3,335,143.07	\$3,365,120.25	\$3,335,143.07	\$3,197,630.46
	\$70.26 \$102.43 \$100.89 \$14,713.22 \$4,380.52 \$117,680.03 \$10,001.08 \$99,323.11 \$100.39 \$338,311.30 \$120,248.64 \$1,069,819.02 \$31,098.25	\$70.26 \$70.26  \$102.43 \$102.43  \$100.89 \$100.89  \$14,713.22 \$14,713.22  \$4,380.52 \$4,380.52  \$117,680.03 \$118,779.95  \$10,001.08 \$10,001.08  \$99,323.11 \$144,846.90  \$100.39 \$100.39  \$338,311.30 \$352,246.98  \$120,248.64 \$130,363.27  \$1,069,819.02 \$1,069,819.02  \$31,098.25 \$31,098.25	\$70.26 \$70.26 \$70.26  \$102.43 \$102.43 \$102.43  \$100.89 \$100.89 \$100.89  \$14,713.22 \$14,713.22 \$14,713.22  \$4,380.52 \$4,380.52 \$4,380.52  \$117,680.03 \$118,779.95 \$117,680.03  \$10,001.08 \$10,001.08 \$10,001.08  \$99,323.11 \$144,846.90 \$99,323.11  \$100.39 \$100.39 \$100.39  \$338,311.30 \$352,246.98 \$338,311.30  \$120,248.64 \$130,363.27 \$120,248.64  \$1,069,819.02 \$1,069,819.02 \$1,069,819.02  \$31,098.25 \$31,098.25 \$31,098.25