MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 26, 2026

TOTALS TO BE APPROVED - TRANSFERRED FROM ATTACHED PAGES

TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS	$ 1,214,061.15
TOTAL INTER-GOVERNMENT TRANSFERS	$ 106,440.59
GRAND TOTAL DISBURSEMENTS APPROVED August 26, 2026	$ 1,320,501.74
TOTAL TRANSFERS BETWEEN FUNDS-HELD BY MMC	$ 331,485.26
TOTAL MMC TRANSFERS OF NURSING HOME REVENUE	$ 660,679.66
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED August 26, 2026	$ 992,164.92
GRAND TOTAL FOR APPROVAL ON August 26, 2026	$ 2,312,666.66

APPROVED

AUG 26 2026

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---August 26, 2026

PAYABLES AND PAYROLL			
8/21/2026	Weekly Payables	319,353.82	
8/24/2026	Morris & Dickson - MMC Rx	14,128.22	
8/24/2026	McKesson - 340B Prescription Expense	21.68	
8/24/2026	McKesson-340B Prescription Expense	322,313.87	
8/24/2026	Cencora-340B Prescription Expense	34.42	
8/24/2026	Cencora-340B Prescription Expense	35.40	
8/24/2026	Payroll Liabilities - Payroll Taxes	121,863.11	
8/24/2026	Payroll	391,954.40	
Prosperity Electronic Bank Payments			
8/24/2026	90 Degree Benefits - employee insurance claims	40,031.06	
8/24/2026	Pay Plus - Patient Claims Processing Fee	3,181.71	
8/24/2026	Credit Card Lease Fee	45.64	
8/24/2026	Health Equity - HSA Contributions	1,097.82	
TOTAL PAYABLES, PAYROLL AND ELECTRONIC BANK PAYMENTS			**$ 1,214,061.15**
INTER-GOVERNMENT TRANSFERS			
8/24/2026	Accrued UC-IGT	106,440.59	
TOTAL INTER-GOVERNMENT TRANSFERS			**$ 106,440.59**
GRAND TOTAL DISBURSEMENTS APPROVED August 26, 2026			**$ 1,320,501.74**
TRANSFER BETWEEN FUNDS FROM MMC TO NURSING HOMES			
8/21/2026	MMC Operating to Bethany/Lavaca Bay - Correction of insurance payment deposited into MMC Operating in error	63,227.80	
8/21/2026	MMC Operating to Lavaca Bay - QIPP Y9Q2 Reconciliation Remaining Portion	6,106.55	
8/21/2026	MMC Operating to Golden Creek Healthcare - Correction of insurance payment deposited into MMC Operating in error	162,020.48	
8/21/2026	MMC Operating to Tuscany Village - Correction of insurance payment deposited into MMC operating in error	95,471.54	
8/21/2026	MMC Operating to Cantex Health Care Centers LLC - Correction of insurance payment deposited into MMC Operating in error	4,658.89	
TOTAL TRANSFERS BETWEEN FUNDS			**$ 331,485.26**
NURSING HOME UPL TRANSFERS OF PREVIOUS WEEK'S RECEIPTS			
8/24/2026	Nursing Home UPL - Nexion Transfer	53,947.57	
8/24/2026	Nursing Home UPL - Tuscany Transfer	401,137.26	
8/24/2026	Nursing Home UPL - HSL Transfer	205,594.83	
TOTAL NURSING HOME UPL EXPENSES			**$ 660,679.66**
GRAND TOTAL TRANSFERS BETWEEN FUNDS APPROVED August 26, 2026			**$ 992,164.92**

Vendor#	Vendor Name	Class	Pay Code
14028	AMAZON CAPITAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
166Y7Q6TJ4D1		08/18/202	07/28/202	08/27/202			20.29	0.00	0.00	20.29
	COLORED CARDSTOCK									
19N1YXKGF4XM		08/18/202	07/28/202	08/27/202			28.14	0.00	0.00	28.14
	ULTRASOUND GEL / 5 liter refill									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14028	AMAZON CAPITAL SERVICES					48.43	0.00	0.00	48.43

Vendor#	Vendor Name	Class	Pay Code
12800	AUTHORITYRX, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7000168584		08/19/202	08/03/202	08/04/202			14,075.18	0.00	0.00	14,075.18
	ADVANCED CLAIMS CAPTURE Al									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	12800	AUTHORITYRX, LLC					14,075.18	0.00	0.00	14,075.18

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
85756671		08/18/202	08/18/202	09/01/202			631.20	0.00	0.00	631.20
	SERVICE CONTRACT ~~SPECTRUM~~ Spectrum IQ									
85755598		08/19/202	08/03/202	08/28/202			3,071.40	0.00	0.00	3,071.40
	SERVICE LEASE AGMNT SP4362 / infusion pumps & software license									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE					3,702.60	0.00	0.00	3,702.60

Vendor#	Vendor Name	Class	Pay Code
15912	BAYLOR COLLEGE OF MEDICINE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4827		08/19/202	08/17/202	08/17/202			525.00	0.00	0.00	525.00
	MEDICAL DIRECTORSHIP JULY 2024									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15912	BAYLOR COLLEGE OF MEDICINE					525.00	0.00	0.00	525.00

Vendor#	Vendor Name	Class	Pay Code
B1220	BECKMAN COULTER INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
112761300		08/18/202	07/09/202	08/10/202			194.78	0.00	0.00	194.78
	WALKWAY WASTE CONTAINER									
112793789		08/18/202	07/28/202	08/22/202			99.38	0.00	0.00	99.38
	ACCESS PTH CALIBRATOR									
4626321		08/18/202	08/03/202	08/28/202			1,484.00	0.00	0.00	1,484.00
	SERVICE CONTRACT FOR ~~ACC II~~ access 2 immunoassay analyzer									
112806786		08/18/202	08/04/202	08/29/202			1,248.01	0.00	0.00	1,248.01
	FP 6C CELL CONTROL									
112812944		08/19/202	08/07/202	09/01/202			5,425.78	0.00	0.00	5,425.78
	HARDWARE BILLING - AU Chemistry									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					8,451.95	0.00	0.00	8,451.95

Vendor#	Vendor Name	Class	Pay Code
10024	BECTON, DICKINSON & CO (BD)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9114450603		08/18/202	06/26/202	07/26/202			4,874.88	0.00	0.00	4,874.88
	BD SYNAPSYS SERVICE 051826									

9115724300		08/18/202	05/19/202	06/18/202		4,874.88	0.00	0.00	4,874.88
	BD SYNAPSYS SERVICE 2026-20:								
Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)				9,749.76	0.00	0.00	9,749.76
Vendor#	Vendor Name				Class	Pay Code			
11072	BIO-RAD LABORATORIES, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
909437730		08/18/202	07/30/202	08/18/202			1,029.49	0.00	0.00	1,029.49
	VIROCLEAR/ VIR									
909455866		08/18/202	08/06/202	08/18/202			1,519.82	0.00	0.00	1,519.82
	LIQUICHEK CARDIAC MARKERS x6									
909455865		08/18/202	08/06/202	08/18/202			2,205.91	0.00	0.00	2,205.91
	LIQUID ASSAYED MULTIQUAL PR x6									
909315351		08/19/202	06/16/202	06/23/202			5,163.44	0.00	0.00	5,163.44
	~~SUPPLIES~~ ethanol/ammonia & Specialty IA LYPH									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC					9,918.66	0.00	0.00	9,918.66
Vendor#	Vendor Name				Class	Pay Code				
B1655	BOSTON SCIENTIFIC CORPORATION				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
714630773		08/18/202	08/07/202	08/18/202			1,004.24	0.00	0.00	1,004.24
	SYRINGES - alliance inflation									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION					1,004.24	0.00	0.00	1,004.24
Vendor#	Vendor Name				Class	Pay Code				
B1800	BRIGGS HEALTHCARE				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
B512318		08/18/202	07/31/202	08/18/202			182.25	0.00	0.00	182.25
	ER REGISTER BOOK									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE					182.25	0.00	0.00	182.25
Vendor#	Vendor Name				Class	Pay Code				
C1600	CITIZENS MEDICAL CENTER				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
070126		08/19/202	07/01/202	07/01/202			57.00	0.00	0.00	57.00
	PATIENT LABS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER					57.00	0.00	0.00	57.00
Vendor#	Vendor Name				Class	Pay Code				
15188	CLARITY ENROLLMENT SOLUTIONS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
3149		08/19/202	08/01/202	08/31/202			327.00	0.00	0.00	327.00
	EMPLOYEE NAVIGATOR FEES									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	15188	CLARITY ENROLLMENT SOLUTIONS					327.00	0.00	0.00	327.00
Vendor#	Vendor Name				Class	Pay Code				
10212	CLINICAL PATHOLOGY LABS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17905073126		08/19/202	07/31/202	07/31/202			35.05	0.00	0.00	35.05
	URINE CULTURE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10212	CLINICAL PATHOLOGY LABS					35.05	0.00	0.00	35.05
Vendor#	Vendor Name				Class	Pay Code				
14400	CULINARY CONCESSIONS LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV310782		08/19/202	07/31/202	08/30/202			34,483.74	0.00	0.00	34,483.74

LUBYS CAFE EXPENSES JULY IN

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14400	CULINARY CONCESSIONS LLC	34,483.74	0.00	0.00	34,483.74

Vendor#	Vendor Name	Class	Pay Code
10006	CUSTOM ASSEMBLIES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
INV31134		08/18/202	07/30/202	08/18/202			411.56	0.00	0.00	411.56
	STERILE CONTRAST TRANSFER SET W/ SWABLE CONNECTOR									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM ASSEMBLIES, INC	411.56	0.00	0.00	411.56

Vendor#	Vendor Name	Class	Pay Code
11368	CYRACOM LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
000849800726		08/19/202	07/31/202	08/30/202			49.77	0.00	0.00	49.77
	INTERPRETATION SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	49.77	0.00	0.00	49.77

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
8449030		08/18/202	07/31/202	08/25/202			662.04	0.00	0.00	662.04
	PENS/ADHESIVE NOTES/LEGAL Paper, paper clips, tape									
8449031		08/18/202	08/04/202	08/29/202			3.00	0.00	0.00	3.00
	BALLPOINT PEN									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	665.04	0.00	0.00	665.04

Vendor#	Vendor Name	Class	Pay Code
14800	DIRECTV ENTERTAINMENT HOLDINGS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
260812		08/19/202	08/12/202	08/12/202			524.20	0.00	0.00	524.20
	DIRECT TV ~~081126-091026~~ 8/11/26 - 9/10/26									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14800	DIRECTV ENTERTAINMENT HOLDINGS	524.20	0.00	0.00	524.20

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
45714		08/19/202	08/15/202	08/25/202			40,062.50	0.00	0.00	40,062.50
	ER PHYSICIAN SERVICES 1-15									
45728		08/20/202	06/30/202	07/10/202			9,500.00	0.00	0.00	9,500.00
	Q2 2026 Volume Guarantee - 738 billable patients									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	49,562.50	0.00	0.00	49,562.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
37309080		08/18/202	08/04/202	08/18/202			169.50	0.00	0.00	169.50
	ENDOSCOPY TUBING SET									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	169.50	0.00	0.00	169.50

Vendor#	Vendor Name	Class	Pay Code
S0501	EVOQUA WATER TECHNOLOGIES LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
907668985		08/04/202	07/20/202	08/14/202			2,317.64	0.00	0.00	2,317.64
	WASTE WATER TREATMENT SEF									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	2,317.64	0.00	0.00	2,317.64

Vendor#	Vendor Name				Class	Pay Code				
13016	FIRST INSURANCE FUNDING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	080126		08/19/202	08/01/202	08/01/202			4,115.32	0.00	0.00	4,115.32
		INSURANCE INSTALLMENT									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13016	FIRST INSURANCE FUNDING					4,115.32	0.00	0.00	4,115.32
Vendor#	Vendor Name				Class	Pay Code				
17276	FIRST UNITED METHODIST CHURCH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	090126		08/19/202	09/01/202	09/01/202			1,450.00	0.00	0.00	1,450.00
		LAND LEASE AGMNT FOR CONSTruction									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		17276	FIRST UNITED METHODIST CHURCH					1,450.00	0.00	0.00	1,450.00
Vendor#	Vendor Name				Class	Pay Code				
F1400	FISHER HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	0493247		08/10/202	08/04/202	08/29/202			630.67	0.00	0.00	630.67
		TESTING KIT 2 tube									
	0525083		08/10/202	08/05/202	08/30/202			4,212.28	0.00	0.00	4,212.28
		TESTING KIT, DS BUBC 90 slides, Propxyphen rgnt									
	0525082		08/10/202	08/05/202	08/30/202			7,671.27	0.00	0.00	7,671.27
		OMNICORE CHEM CTL/ CARDIOII									
	0336100		08/10/202	08/10/202	09/03/202			457.44	0.00	0.00	457.44
		BLOOD COLLECTION KIT, Vacu 5ml									
	7601123		08/19/202	03/24/202	04/18/202			1,730.75	0.00	0.00	1,730.75
		PIPETTE/TUBE COVER/FECAL SV									
	9802225		08/19/202	07/02/202	07/27/202			1,488.96	0.00	0.00	1,488.96
		SUPPLIES Time-Temp, Vit D Lin Flq Ortho									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE					16,191.37	0.00	0.00	16,191.37
Vendor#	Vendor Name				Class	Pay Code				
13148	GRACE FLOORING AND GLASS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	3564		08/20/202	08/13/202	08/13/202			2,688.00	0.00	0.00	2,688.00
		L JOHNSON GRANT/ FLOORING, pink vinyl flooring									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		13148	GRACE FLOORING AND GLASS					2,688.00	0.00	0.00	2,688.00
Vendor#	Vendor Name				Class	Pay Code				
W1300	GRAINGER				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	9036202621		08/18/202	08/07/202	09/01/202			49.80	0.00	0.00	49.80
		CANDELABRA SCREWS x12									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		W1300	GRAINGER					49.80	0.00	0.00	49.80
Vendor#	Vendor Name				Class	Pay Code				
10334	HEALTH CARE LOGISTICS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	310526613		08/18/202	07/29/202	08/23/202			14.78	0.00	0.00	14.78
		PULL-TIGHT SEAL									
	Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
		10334	HEALTH CARE LOGISTICS INC					14.78	0.00	0.00	14.78
Vendor#	Vendor Name				Class	Pay Code				
12380	HEALTH SOLUTIONS DIETETICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
	070126		08/19/202	07/01/202	07/01/202			4,250.00	0.00	0.00	4,250.00

July dietician report x40 hrs.

JULY DIETICIAN REPORT

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12380	HEALTH SOLUTIONS DIETETICS	4,250.00	0.00	0.00	4,250.00

Vendor# 14916 Vendor Name: HEWLETT-PACKARD Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
100002080860		08/19/202	08/17/202	08/17/202			573.53	0.00	0.00	573.53
	IT CONT# 56359080673257 OCT / rental									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	14916	HEWLETT-PACKARD	573.53	0.00	0.00	573.53

Vendor# 15208 Vendor Name: HOSPITAL CARE CONSULTANTS INC. Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7227		08/19/202	08/15/202	08/25/202			23,663.00	0.00	0.00	23,663.00
	HOSPITALIST PHYS SERV AUG 1-15th									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15208	HOSPITAL CARE CONSULTANTS INC.	23,663.00	0.00	0.00	23,663.00

Vendor# 12196 Vendor Name: ICU MEDICAL, INC Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
5449102		08/18/202	08/07/202	08/18/202			373.20	0.00	0.00	373.20
	WARMING BLANKETS x4									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12196	ICU MEDICAL, INC	373.20	0.00	0.00	373.20

Vendor# 18388 Vendor Name: IMPERIAL DADE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
42662818		08/18/202	08/05/202	08/18/202			185.29	0.00	0.00	185.29
	TOILET BOWL SWABS/FLOOR FINish, disinfectant									
42746474		08/19/202	08/12/202	08/19/202			413.58	0.00	0.00	413.58
	FLOOR FINISH/ DISINFECTANT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18388	IMPERIAL DADE	598.87	0.00	0.00	598.87

Vendor# I1260 Vendor Name: INTOXIMETERS INC Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
821220		08/18/202	08/04/202	08/29/202			258.75	0.00	0.00	258.75
	DRYGAS CALIBRATION GAS CYL									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC	258.75	0.00	0.00	258.75

Vendor# J1400 Vendor Name: JOHNSON & JOHNSON Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
947360564		08/18/202	07/29/202	08/18/202			1,264.30	0.00	0.00	1,264.30
	HEMOSTATIC MATRIX KIT									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	J1400	JOHNSON & JOHNSON	1,264.30	0.00	0.00	1,264.30

Vendor# L0700 Vendor Name: LABCORP OF AMERICA HOLDINGS Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
87963732		08/19/202	08/01/202	08/26/202			49.00	0.00	0.00	49.00
	patient lab work									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	49.00	0.00	0.00	49.00

Vendor# 15200 Vendor Name: MANAGED CARE PARTNERS INC. Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
7116		08/19/202	09/01/202	09/01/202			530.00	0.00	0.00	530.00
	PROFESSIONAL FEES SEPT 26									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15200	MANAGED CARE PARTNERS INC.	530.00	0.00	0.00	530.00

Vendor#	Vendor Name	Class	Pay Code
11612	MEDICAL AIR SERVICES ASSOC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2448719		08/19/202	08/18/202	08/18/202			1,646.00	0.00	0.00	1,646.00
	MEDICAL AIR SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11612	MEDICAL AIR SERVICES ASSOC.	1,646.00	0.00	0.00	1,646.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2437412004		08/17/202	07/28/202	08/22/202			153.71	0.00	0.00	153.71
	BACDOWN HANDSOAP									
2437570371		08/17/202	07/29/202	08/23/202			2,082.02	0.00	0.00	2,082.02
	PREG TEST KIT/CAVI WIPES/GLOve, suture, disinfectant									
2437570365		08/17/202	07/29/202	08/23/202			359.60	0.00	0.00	359.60
	LAP SPONGE/ SUCTION CANISTE & needles									
2437570368		08/17/202	07/29/202	08/23/202			11.51	0.00	0.00	11.51
	CHILDRENS BLOOD PRESSURE (									
2437570374		08/17/202	07/29/202	08/23/202			176.76	0.00	0.00	176.76
	EASY SET STAIN 16OZ									
2437570367		08/17/202	07/29/202	08/23/202			534.30	0.00	0.00	534.30
	CONTINU-FLO SOLUTION									
2437570366		08/17/202	07/29/202	08/23/202			655.09	0.00	0.00	655.09
	FOAM TAPE/ GOWNS/ CURAD TApe, foley tray									
2437570373		08/17/202	07/29/202	08/23/202			111.01	0.00	0.00	111.01
	BOWIE-DICK AIRVIEW PACT TES'									
2437570372		08/17/202	07/29/202	08/23/202			15.30	0.00	0.00	15.30
	SPECIMEN CONTAINER									
2437570370		08/17/202	07/29/202	08/23/202			6,339.48	0.00	0.00	6,339.48
	CATHETER/ MINERAL OIL/ HUBGUARD, mother bady kit, splint									
2437570369		08/17/202	07/29/202	08/23/202			62.82	0.00	0.00	62.82
	SURGICAL DRAPE SET UP PACK									
2437766850		08/17/202	07/30/202	08/24/202			58.92	0.00	0.00	58.92
	EASY SET STAIN 16OZ									
2437766851		08/17/202	07/30/202	08/24/202			23.15	0.00	0.00	23.15
	CATHETER/ BANDAGE/DRESSSIN g , guaze, catheter									
2438449136		08/17/202	08/04/202	08/29/202			199.16	0.00	0.00	199.16
	WALL LOCKING BRACKET									
2438668010		08/17/202	08/05/202	08/30/202			2,658.21	0.00	0.00	2,658.21
	SKIN PROTECTANT/ SKIN WIPES, suction tubing									
2438668008		08/17/202	08/05/202	08/30/202			5.42	0.00	0.00	5.42
	SHOULER FOAM IMMOBILIZER									
2438668004		08/17/202	08/05/202	08/30/202			1,069.00	0.00	0.00	1,069.00
	STOCKINETTER/ STOMAHESIVE, detergent									
2438668005		08/17/202	08/05/202	08/30/202			141.68	0.00	0.00	141.68
	LACERATION TRAY									
2438668022		08/17/202	08/05/202	08/30/202			5,540.78	0.00	0.00	5,540.78
	ABD BINDER/ MASKS/GAUZE SP(									
2438668003		08/17/202	08/05/202	08/30/202			449.76	0.00	0.00	449.76
	FLANGE PLUG/INSTR WIPE/ tube, sponge									
2438668006		08/17/202	08/05/202	08/30/202			595.76	0.00	0.00	595.76

applicator, suture.

	ETHIBOND SUTURE/ COTTON AP						
2438668007	08/17/202 08/05/202 08/30/202		5.42	0.00	0.00	5.42	
	SHOULER FOAM IMMOBILIZER						
2439686968	08/17/202 08/12/202 09/02/202		60.32	0.00	0.00	60.32	
	US GEL / electrode spectra gel						
2439686973	08/17/202 08/12/202 09/02/202		102.60	0.00	0.00	102.60	
	STEAMPLUS TEST PACK						
2439686974	08/17/202 08/12/202 09/02/202		110.08	0.00	0.00	110.08	
	BONDED WRAP						
2439686970	08/17/202 08/12/202 09/02/202		378.21	0.00	0.00	378.21	
	SURG MASK/ ARM SLING/SUTUR e/ post-op shoes						
2439686977	08/17/202 08/12/202 09/03/202		2,669.18	0.00	0.00	2,669.18	
	CAVI WIPE/EXAM GLOVES/ SUTU re: wound solution						
2439686971	08/17/202 08/12/202 09/03/202		6.36	0.00	0.00	6.36	
	ANTI-EMBOLISM STOCKINGS						
2439686975	08/17/202 08/12/202 09/03/202		41.53	0.00	0.00	41.53	
	SILICONE CREAM, Remedy Clinical						
2439686978	08/17/202 08/12/202 09/03/202		3,770.96	0.00	0.00	3,770.96	
	BANDAGES/CLEANSER/COTTON						
2439686972	08/17/202 08/12/202 09/03/202		152.83	0.00	0.00	152.83	
	SPROVIEW PLUS STEAM PACK T						
2440039416	08/17/202 08/13/202 09/02/202		575.43	0.00	0.00	575.43	
	MBO-SET SOLUTIONS SET						
2433893234	08/18/202 07/07/202 08/01/202		212.76	0.00	0.00	212.76	
	NECK HEAT PACK						
2434153069	08/18/202 07/08/202 08/02/202		63.05	0.00	0.00	63.05	
	BLOOD PRESSURE CUFF						
2434153068	08/18/202 07/08/202 08/02/202		3,698.48	0.00	0.00	3,698.48	
	INFANT ARMBOARD/ FINGER SPI						
2434153070	08/18/202 07/08/202 08/02/202		60.14	0.00	0.00	60.14	
	COMFORT SLIPPER xx-large						
2434153071	08/18/202 07/08/202 08/02/202		50.44	0.00	0.00	50.44	
	BLOOD PRESSURE CUFF						
2434153065	08/18/202 07/08/202 08/02/202		142.76	0.00	0.00	142.76	
	DRESSING/NEEDLES/ DIAPERS/Masks						
2434153066	08/18/202 07/08/202 08/02/202		12.65	0.00	0.00	12.65	
	N95 MASK / small						
2434153067	08/18/202 07/08/202 08/02/202		1,245.06	0.00	0.00	1,245.06	
	TOURNIQUET/ TUBING/ URINE TU be; specimen container						
2432991427	08/19/202 07/01/202 07/26/202		4,891.55	0.00	0.00	4,891.55	
	ABD BINDER/GAUZE/SPONGES/pillow, gloves, arm sling						
Vendor Totals:	Number Name		Gross	Discount	No-Pay	Net	
	M2470 MEDLINE INDUSTRIES INC		39,493.25	0.00	0.00	39,493.25	

Vendor#	Vendor Name	Class	Pay Code
13548	NACOGDOCHES TRANSCRIPTION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9110		08/19/202	08/18/202	08/18/202			36.54	0.00	0.00	36.54
	AUG TRANSCRIPTION SERVICES									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13548	NACOGDOCHES TRANSCRIPTION	36.54	0.00	0.00	36.54

Vendor#	Vendor Name	Class	Pay Code
O1500	OLYMPUS AMERICA INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
66369640		08/18/202	08/07/202	09/01/202			1,125.00	0.00	0.00	1,125.00
	SERVICE CONTRACT AUG-SEPT 8/7 - 9/6									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net

	O1500	OLYMPUS AMERICA INC					1,125.00	0.00	0.00	1,125.00
Vendor#	Vendor Name				Class	Pay Code				
17956	ONE PHYSICS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	00053930		08/19/202	08/05/202	09/03/202		900.00	0.00	0.00	900.00
		RAM AUDIT SV01497417								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		17956	ONE PHYSICS LLC				900.00	0.00	0.00	900.00
Vendor#	Vendor Name				Class	Pay Code				
11155	PARAREV									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	2038139		08/19/202	08/01/202	08/31/202		3,084.00	0.00	0.00	3,084.00
		REVENUE/PRICING SERVICES								
	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				
S0905	PERFORMANCE HEALTH SUPPLY LLC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	IN100317873		08/18/202	07/30/202	08/24/202		42.61	0.00	0.00	42.61
		THERABAND DISPENSER								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		S0905	PERFORMANCE HEALTH SUPPLY LLC				42.61	0.00	0.00	42.61
Vendor#	Vendor Name				Class	Pay Code				
11932	PRESS GANEY ASSOCIATES, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	IN000770163		07/01/202	07/31/202	08/29/202		3,070.57	0.00	0.00	3,070.57
		ANALYTICS/CONSULTING SERVICE								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		11932	PRESS GANEY ASSOCIATES, INC.				3,070.57	0.00	0.00	3,070.57
Vendor#	Vendor Name				Class	Pay Code				
O1416	QUIDELORTHO SALES COMPANY LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	9100535137		08/18/202	07/28/202	08/27/202		348.24	0.00	0.00	348.24
		ANTIBODY ENHANCE SOLUTION								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		O1416	QUIDELORTHO SALES COMPANY LLC				348.24	0.00	0.00	348.24
Vendor#	Vendor Name				Class	Pay Code				
14536	QUVA PHARMA INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	WA0000116520		08/19/202	08/06/202	08/06/202		227.28	0.00	0.00	227.28
		HYDROMORPHONE HCl PF 20 mg								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		14536	QUVA PHARMA INC				227.28	0.00	0.00	227.28
Vendor#	Vendor Name				Class	Pay Code				
10699	SIGN AD, LTD.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	329706		08/19/202	08/16/202	08/26/202		950.00	0.00	0.00	950.00
		ADVERTISING LEASE SPACE								
	Vendor Totals:	Number	Name				Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.				950.00	0.00	0.00	950.00
Vendor#	Vendor Name				Class	Pay Code				
17852	SINGLETON ASSOCIATES PA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt Pay	Gross	Discount	No-Pay	Net
	51Q22026		08/19/202	08/18/202			595.43	0.00	0.00	595.43
		PT CONTRACT BILLING								
	53Q22026		08/19/202	08/18/202	08/18/202		11.00	0.00	0.00	11.00

	RAD CONTRACT BILLING							
105Q22026		08/19/202	08/18/202	09/01/202	577.69	0.00	0.00	577.69
	RAD CONTRACT BILLING							

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	17852	SINGLETON ASSOCIATES PA	1,184.12	0.00	0.00	1,184.12

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
985576846		08/18/202	07/31/202	08/18/202			6,650.00	0.00	0.00	6,650.00
	LEGION PRIMARY KNEE SYSTEM									
985576845		08/18/202	07/31/202	08/18/202			6,650.00	0.00	0.00	6,650.00
	KNEE BASEPLATE/SURGICAL PE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW, INC.	13,300.00	0.00	0.00	13,300.00

Vendor#	Vendor Name	Class	Pay Code
12288	SPBS CLINICAL EQUIPMENT SRVC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1859062		08/19/202	08/17/202	08/18/202			151.58	0.00	0.00	151.58
	labor + parts: sterilizer, steam, bulk									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12288	SPBS CLINICAL EQUIPMENT SRVC	151.58	0.00	0.00	151.58

Vendor#	Vendor Name	Class	Pay Code
15236	SPECIALTY PROFESSIONAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1260000002		08/19/202	01/09/202	01/09/202			3,625.00	0.00	0.00	3,625.00
	ER TRAVEL NURSE JULY INV 2025: 12/26, 12/27, 12/28									
1260000022		08/19/202	01/16/202	01/16/202			3,575.00	0.00	0.00	3,575.00
	ER TRAVEL NURSE JULY INV 2026: 1/6, 1/7, 1/8									
1260000528		08/19/202	07/10/202	07/10/202			4,875.00	0.00	0.00	4,875.00
	ER TRAVEL NURSE JULY INV 2026: 6/26, 6/27, 6/29, 7/1									
1260000552		08/19/202	07/17/202	07/17/202			1,900.00	0.00	0.00	1,900.00
	ER TRAVEL NURSE JULY INV 2026: 7/7, 7/9									
1260000563		08/19/202	07/24/202	07/24/202			4,975.00	0.00	0.00	4,975.00
	ER TRAVEL NURSE JULY INV 2026: 7/10, 7/11, 7/12, 7/13									
1260000589		08/19/202	07/31/202	07/31/202			3,600.00	0.00	0.00	3,600.00
	ER TRAVEL NURSE JULY INV 2026: 7/21, 7/22, 7/23									
1260000600		08/19/202	08/07/202	08/07/202			3,675.00	0.00	0.00	3,675.00
	ER TRAVEL NURSE JULY INV 2026: 7/25, 7/26, 7/27									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	15236	SPECIALTY PROFESSIONAL	26,225.00	0.00	0.00	26,225.00

Vendor#	Vendor Name	Class	Pay Code
10094	ST DAVIDS HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
MMCPL202606		08/19/202	08/13/202	08/13/202			375.00	0.00	0.00	375.00
	JUNE CONNECTIVITY FEE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE	375.00	0.00	0.00	375.00

Vendor#	Vendor Name	Class	Pay Code
S3940	STERIS CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
17320643		08/18/202	08/11/202	09/01/202			1,156.70	0.00	0.00	1,156.70
	GUARDUS OVERTUBE SCOPE									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION	1,156.70	0.00	0.00	1,156.70

Vendor#	Vendor Name	Class	Pay Code
14064	TREVIPAY- WALMART		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
4EED5A9D		08/19/202	08/13/202	09/01/202			19.20	0.00	0.00	19.20
	ZIPLOC BAGS & sheet protectors									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	14064	TREVIPAY- WALMART					19.20	0.00	0.00	19.20

Vendor#	Vendor Name	Class	Pay Code
13616	TRIOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
TRI305666		08/19/202	08/11/202	08/26/202			200.15	0.00	0.00	200.15
	FREIGHT									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	13616	TRIOSE, INC					200.15	0.00	0.00	200.15

Vendor#	Vendor Name	Class	Pay Code
18264	TSEP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1531517		08/18/202	05/28/202	08/18/202			5,879.00	0.00	0.00	5,879.00
	STRYKER CAMERA HEAD/SCOPE									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	18264	TSEP					5,879.00	0.00	0.00	5,879.00

Vendor#	Vendor Name	Class	Pay Code
10885	TTUHSC - HEALTH.EDU		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2609425		08/11/202	08/04/202	08/29/202			7,167.84	0.00	0.00	7,167.84
	CONTRACT# CON1716668 annual service contract starts Sept.									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	10885	TTUHSC - HEALTH.EDU					7,167.84	0.00	0.00	7,167.84

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
2921094087		08/11/202	08/03/202	08/28/202			88.77	0.00	0.00	88.77
	UNIFORMS									
2921094410		08/11/202	08/06/202	08/31/202			68.42	0.00	0.00	68.42
	UNIFORMS									
2921094421		08/11/202	08/06/202	08/31/202			567.72	0.00	0.00	567.72
	UNIFORMS									
2921094418		08/11/202	08/06/202	08/31/202			208.47	0.00	0.00	208.47
	SUPPLIES/LINENS									
2921094427		08/11/202	08/06/202	08/31/202			486.94	0.00	0.00	486.94
	SUPPLIES/LINENS									
2921094417		08/11/202	08/06/202	08/31/202			345.22	0.00	0.00	345.22
	LINENS/SUPPLES									
2921094165		08/19/202	08/03/202	08/28/202			8,233.70	0.00	0.00	8,233.70
	SUPPLIES/LINENS									
2921094506		08/19/202	08/06/202	08/31/202			6,361.66	0.00	0.00	6,361.66
	SUPPLIES/LINENS									
2921094415		08/19/202	08/06/202	08/31/202			360.44	0.00	0.00	360.44
	UNIFORMS									
2921094507		08/19/202	08/06/202	08/31/202			485.83	0.00	0.00	485.83
	SUPPLIES/LINENS									
Vendor Totals:	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					17,207.17	0.00	0.00	17,207.17

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
063889739A		08/20/202	01/03/202	01/28/202			96.10	0.00	0.00	96.10
	LABELS for decaf coffee & sodium amount									

843832071A	08/20/202	07/23/202	08/17/202		30.43	0.00	0.00	30.43
LABELS for diabetic & thick liquids only								

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	U1200	UNITED AD LABEL CO INC	126.53	0.00	0.00	126.53

Vendor#	Vendor Name	Class	Pay Code
18448	VECTOR HEALTH AI, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
1132		08/19/202	07/31/202	08/30/202			107.58	0.00	0.00	107.58
	COPAY ASSISTANCE – recover pt. – responsibility balances from nonprofit funders									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	18448	VECTOR HEALTH AI, INC	107.58	0.00	0.00	107.58

Vendor#	Vendor Name	Class	Pay Code
I1110	WERFEN USA LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9112277762		08/18/202	07/28/202	08/22/202			1,065.71	0.00	0.00	1,065.71
	RINSE SOLUTION - Hemosil 4L									
9112286442		08/18/202	08/05/202	08/30/202			1,324.76	0.00	0.00	1,324.76
	BLOOD GAS ANALYZERS									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	2,390.47	0.00	0.00	2,390.47

Vendor#	Vendor Name	Class	Pay Code
Z1005	ZIMMER US, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
9006334976		08/18/202	08/05/202	08/18/202			609.00	0.00	0.00	609.00
	SUTURE NEEDLE X3									

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	Z1005	ZIMMER US, INC.	609.00	0.00	0.00	609.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	319,353.82	0.00	0.00	319,353.82

APPROVED ON

AUG 21 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chk# 213958 - 214023

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	213958	08/26/26	48.43	AMAZON CAPITAL SERVICES
A/P	213959	08/26/26	14,075.18	AUTHORITYRX, LLC
A/P	213960	08/26/26	3,702.60	BAXTER HEALTHCARE
A/P	213961	08/26/26	525.00	BAYLOR COLLEGE OF MEDICINE
A/P	213962	08/26/26	8,451.95	BECKMAN COULTER INC
A/P	213963	08/26/26	9,749.76	BECTON, DICKINSON & CO (BD)
A/P	213964	08/26/26	9,918.66	BIO-RAD LABORATORIES, INC
A/P	213965	08/26/26	1,004.24	BOSTON SCIENTIFIC CORPORATION
A/P	213966	08/26/26	182.25	BRIGGS HEALTHCARE
A/P	213967	08/26/26	57.00	CITIZENS MEDICAL CENTER
A/P	213968	08/26/26	327.00	CLARITY ENROLLMENT SOLUTIONS
A/P	213969	08/26/26	35.05	CLINICAL PATHOLOGY LABS
A/P	213970	08/26/26	34,483.74	CULINARY CONCESSIONS LLC
A/P	213971	08/26/26	411.56	CUSTOM ASSEMBLIES, INC
A/P	213972	08/26/26	49.77	CYRACOM LLC
A/P	213973	08/26/26	665.04	DEWITT POTH & SON
A/P	213974	08/26/26	524.20	DIRECTV ENTERTAINMENT HOLDINGS
A/P	213975	08/26/26	49,562.50	EMERGENCY STAFFING SOLUTIONS
A/P	213976	08/26/26	169.50	ERBE USA INC SURGICAL SYSTEMS
A/P	213977	08/26/26	2,317.64	EVOQUA WATER TECHNOLOGIES LLC
A/P	213978	08/26/26	4,115.32	FIRST INSURANCE FUNDING
A/P	213979	08/26/26	1,450.00	FIRST UNITED METHODIST CHURCH
A/P	213980	08/26/26	16,191.37	FISHER HEALTHCARE
A/P	213981	08/26/26	2,688.00	GRACE FLOORING AND GLASS
A/P	213982	08/26/26	49.80	GRAINGER
A/P	213983	08/26/26	14.78	HEALTH CARE LOGISTICS INC
A/P	213984	08/26/26	4,250.00	HEALTH SOLUTIONS DIETETICS
A/P	213985	08/26/26	573.53	HEWLETT-PACKARD
A/P	213986	08/26/26	23,663.00	HOSPITAL CARE CONSULTANTS INC.
A/P	213987	08/26/26	373.20	ICU MEDICAL, INC
A/P	213988	08/26/26	598.87	IMPERIAL DADE
A/P	213989	08/26/26	258.75	INTOXIMETERS INC
A/P	213990	08/26/26	1,264.30	JOHNSON & JOHNSON
A/P	213991	08/26/26	49.00	LABCORP OF AMERICA HOLDINGS
A/P	213992	08/26/26	530.00	MANAGED CARE PARTNERS INC.
A/P	213993	08/26/26	1,646.00	MEDICAL AIR SERVICES ASSOC.
A/P	213994	08/26/26	.00	VOIDED
A/P	213995	08/26/26	.00	VOIDED
A/P	213996	08/26/26	.00	VOIDED
A/P	213997	08/26/26	.00	VOIDED
A/P	213998	08/26/26	.00	VOIDED
A/P	213999	08/26/26	39,493.25	MEDLINE INDUSTRIES INC
A/P	214000	08/26/26	36.54	NACOGDOCHES TRANSCRIPTION
A/P	214001	08/26/26	1,125.00	OLYMPUS AMERICA INC
A/P	214002	08/26/26	900.00	ONE PHYSICS LLC
A/P	214003	08/26/26	3,084.00	PARAREV
A/P	214004	08/26/26	42.61	PERFORMANCE HEALTH SUPPLY LLC
A/P	214005	08/26/26	3,070.57	PRESS GANEY ASSOCIATES, INC.
A/P	214006	08/26/26	348.24	QUIDELORTHO SALES COMPANY LLC
A/P	214007	08/26/26	227.28	QUVA PHARMA INC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	214008	08/26/26	950.00	SIGN AD, LTD.
A/P	214009	08/26/26	1,184.12	SINGLETON ASSOCIATES PA
A/P	214010	08/26/26	13,300.00	SMITH & NEPHEW, INC.
A/P	214011	08/26/26	151.58	SPBS CLINICAL EQUIPMENT SRVC
A/P	214012	08/26/26	26,225.00	SPECIALTY PROFESSIONAL
A/P	214013	08/26/26	375.00	ST DAVIDS HEALTHCARE
A/P	214014	08/26/26	1,156.70	STERIS CORPORATION
A/P	214015	08/26/26	19.20	TREVIPAY- WALMART
A/P	214016	08/26/26	200.15	TRIOSE, INC
A/P	214017	08/26/26	5,879.00	TSEP
A/P	214018	08/26/26	7,167.84	TTUHSC - HEALTH.EDU
A/P	214019	08/26/26	17,207.17	UNIFIRST HOLDINGS INC
A/P	214020	08/26/26	126.53	UNITED AD LABEL CO INC
A/P	214021	08/26/26	107.58	VECTOR HEALTH AI, INC
A/P	214022	08/26/26	2,390.47	WERFEN USA LLC
A/P	214023	08/26/26	609.00	ZIMMER US, INC.
A/P	214024	08/26/26	4,658.89	CANTEX HEALTH CARE CENTERS LLC
A/P	214025	08/26/26	162,020.48	GOLDENCREEK HEALTHCARE
A/P	214026	08/26/26	69,334.35	LAVACA BAY NURSING AND REHAB
A/P	214027	08/26/26	95,471.54	TUSCANY VILLAGE
TOTALS:			650,839.08	

319,353.82 — payables
69,334.35 — lavaca bay
162,020.48 — goldencreek
95,471.54 — tuscany
4,658.89 — cantex
650,839.08 =

Morris & Dickson Invoices

Invoice Date	Due Date	Invoice Number	Amount
8/16/2026	9/10/2026	5188774	240.99
8/16/2026	9/10/2026	5188775	634.47
8/16/2026	9/10/2026	5188776	80.10
8/16/2026	9/10/2026	5188777	1,179.87
8/16/2026	9/10/2026	5188778	54.31
8/16/2026	9/10/2026	5188779	15.17
8/16/2026	9/10/2026	0226211	1,366.52
8/17/2026	9/10/2026	5195029	173.84
8/17/2026	9/10/2026	0226416	7,443.09
8/17/2026	9/10/2026	5195030	259.24
8/18/2026	9/10/2026	5202118	1,880.92
8/18/2026	9/10/2026	5202116	418.15
8/18/2026	9/10/2026	5202119	341.87
8/18/2026	9/10/2026	5202117	39.68
			14,128.22

APPROVED ON
AUG 24 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Caitlin Clevenger - Controller

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 08/21/2026 Page: 001

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

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 820405
Date: 08/22/2026

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

As of: 08/21/2026 Page: 001
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 820405
Date:

PLEASE CHECK ANY ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/21/2026	08/25/2026	7653451869	B2608-055-458198	115Invoice	0.33	16.57		16.24		7653451869	
08/21/2026	08/25/2026	7653451870	B2608-055-458212	115Invoice	0.11	5.55		5.44		7653451870	

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

TOTAL

Future Due: 0.00

Past Due: 0.00

Last Payment: 5,421.57
08/17/2026

Total Discount: 0.44

Subtotals: 22.12 USD

If Paid By 08/25/2026
Pay This Amount: 21.68 USD

If Paid After 08/25/2026
Pay This Amount: 22.12 USD

Due If Paid On Time: 21.68 USD

Disc lost if paid late: 0.44 USD

Due if paid late: 22.12 USD

APPROVED ON
AUG 24 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

For AR Inquiries please contact 800-867-0333

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 08/21/2026 Page: 001

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979
USA

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 256342
Date: 08/23/2026

APPROVED ON
AUG 24 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 08/21/2026 Page: 001
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342
Date:

PLEASE CHECK ANY ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/15/2026	08/25/2026	7652375404	283399889	115Invoice	0.02	1.02		1.00		7652375404	
08/15/2026	08/25/2026	7652375405	285139340	115Invoice	0.02	1.02		1.00		7652375405	
08/15/2026	08/25/2026	7652375406	284103558	115Invoice	1.48	74.15		72.67		7652375406	
08/15/2026	08/25/2026	7652375407	285139340	115Invoice	2.97	148.45		145.48		7652375407	
08/15/2026	08/25/2026	7652375408	292386178	115Invoice	4.01	200.72		196.71		7652375408	
08/15/2026	08/25/2026	7652375409	287187914	115Invoice	1.13	56.64		55.51		7652375409	
08/17/2026	08/25/2026	7652619964	293440565	115Invoice	2.27	113.45		111.18		7652619964	
08/17/2026	08/25/2026	7652619965	293501748	115Invoice	2.55	127.41		124.86		7652619965	
08/17/2026	08/25/2026	7652619966	290658747	115Invoice	2.73	136.51		133.78		7652619966	
08/17/2026	08/25/2026	7652619967	289451175	115Invoice	2.28	114.11		111.83		7652619967	
08/17/2026	08/25/2026	7652619968	293284703	115Invoice	0.02	0.95		0.93		7652619968	
08/17/2026	08/25/2026	7652619969	293501748	115Invoice	60.50	3,024.77		2,964.27		7652619969	
08/17/2026	08/25/2026	7652671593	291911843	115Invoice	137.31	6,865.31		6,728.00		7652671593	
08/17/2026	08/25/2026	7652671594	291979771	115Invoice	51.49	2,574.49		2,523.00		7652671594	
08/17/2026	08/25/2026	7652671595	275941871	115Invoice	17.74	887.22		869.48		7652671595	
08/17/2026	08/25/2026	7652671596	275520862	115Invoice	17.74	887.22		869.48		7652671596	

For AR Inquiries please contact 800-867-0333

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 08/21/2026 Page: 002

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979
USA

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 256342
Date: 08/23/2026

APPROVED ON
AUG 24 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 08/21/2026 Page: 002
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342
Date:

PLEASE CHECK ANY ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/17/2026	08/25/2026	7652671597	277539055	115Invoice	52.12	2,606.20		2,554.08		7652671597	
08/17/2026	08/25/2026	7652671598	291549179	115Invoice	137.31	6,865.31		6,728.00		7652671598	
08/17/2026	08/25/2026	7652671599	292074966	115Invoice	102.98	5,148.98		5,046.00		7652671599	
08/17/2026	08/25/2026	7652671800	291159893	115Invoice	274.61	13,730.61		13,456.00		7652671800	
08/17/2026	08/25/2026	7652675929	290985532	115Invoice	137.31	6,865.31		6,728.00		7652675929	
08/17/2026	08/25/2026	7652675930	291064742	115Invoice	102.98	5,148.98		5,046.00		7652675930	
08/17/2026	08/25/2026	7652675931	290418323	115Invoice	266.64	13,331.83		13,065.19		7652675931	
08/17/2026	08/25/2026	7652675932	274213063	115Invoice	8.15	407.27		399.12		7652675932	
08/17/2026	08/25/2026	7652675933	290499334	115Invoice	16.29	814.53		798.24		7652675933	
08/17/2026	08/25/2026	7652677862	289942409	115Invoice	102.98	5,148.98		5,046.00		7652677862	
08/17/2026	08/25/2026	7652677863	290343095	115Invoice	102.98	5,148.98		5,046.00		7652677863	
08/17/2026	08/25/2026	7652677864	290269942	115Invoice	102.98	5,148.98		5,046.00		7652677864	
08/17/2026	08/25/2026	7652677865	289773704	115Invoice	205.96	10,297.96		10,092.00		7652677865	
08/17/2026	08/25/2026	7652679596	278784855	115Invoice	208.50	10,424.90		10,216.40		7652679596	
08/17/2026	08/25/2026	7652679597	278451880	115Invoice	9.50	474.79		465.29		7652679597	
08/17/2026	08/25/2026	7652679598	278093724	115Invoice	9.50	474.79		465.29		7652679598	

For AR Inquiries please contact 800-867-0333

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 08/21/2026 Page: 003

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979
USA

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 256342
Date: 08/23/2026

APPROVED ON
AUG 24 2026
JEV SOUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 08/21/2026 Page: 003
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342
Date:

PLEASE CHECK ANY ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/17/2026	08/25/2026	7652679599	278302990	115Invoice	69.50	3,474.94		3,405.44		7652679599	
08/17/2026	08/25/2026	7652680779	287485211	115Invoice	104.25	5,212.41		5,108.16		7652680779	
08/17/2026	08/25/2026	7652680780	285139340	115Invoice	48.36	2,417.79		2,369.43		7652680780	
08/17/2026	08/25/2026	7652680781	285511102	115Invoice	9.50	474.79		465.29		7652680781	
08/17/2026	08/25/2026	7652680782	286403935	115Invoice	0.14	6.92		6.78		7652680782	
08/17/2026	08/25/2026	7652680783	271771721	115Invoice	0.08	3.96		3.88		7652680783	
08/17/2026	08/25/2026	7652680784	286612746	115Invoice	104.25	5,212.41		5,108.16		7652680784	
08/17/2026	08/25/2026	7652684313	280804669	115Invoice	16.12	805.93		789.81		7652684313	
08/17/2026	08/25/2026	7652684314	280737433	115Invoice	104.25	5,212.47		5,108.22		7652684314	
08/17/2026	08/25/2026	7652684315	270513841	115Invoice	17.74	887.11		869.37		7652684315	
08/17/2026	08/25/2026	7652684316	280590435	115Invoice	104.25	5,212.47		5,108.22		7652684316	
08/18/2026	08/25/2026	7652892933	285139340	115Invoice	1.48	74.22		72.74		7652892933	
08/19/2026	08/25/2026	7653129941	292642105	115Invoice	1.59	79.44		77.85		7653129941	
08/19/2026	08/25/2026	7653129942	293046563	115Invoice	1.59	79.44		77.85		7653129942	
08/19/2026	08/25/2026	7653129943	285139340	115Invoice	4.46	222.82		218.36		7653129943	
08/19/2026	08/25/2026	7653171358	284991931	115Invoice	9.50	474.79		465.29		7653171358	

For AR Inquiries please contact 800-867-0333

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 08/21/2026 Page: 004

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979
USA

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 256342
Date: 08/23/2026

APPROVED ON
AUG 24 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 08/21/2026 Page: 004
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342
Date:

PLEASE CHECK ANY ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/19/2026	08/25/2026	7653171359	288659010	115Invoice	377.59	18,879.59		18,502.00		7653171359	
08/19/2026	08/25/2026	7653171360	289375368	115Invoice	199.73	9,986.46		9,786.73		7653171360	
08/19/2026	08/25/2026	7653171361	288585686	115Invoice	102.98	5,148.98		5,046.00		7653171361	
08/19/2026	08/25/2026	7653171362	289526206	115Invoice	600.71	30,035.71		29,435.00		7653171362	
08/19/2026	08/25/2026	7653177426	283465407	115Invoice	48.36	2,417.79		2,369.43		7653177426	
08/19/2026	08/25/2026	7653177427	289217854	115Invoice	738.02	36,901.02		36,163.00		7653177427	
08/19/2026	08/25/2026	7653177428	289286622	115Invoice	85.82	4,290.82		4,205.00		7653177428	
08/19/2026	08/25/2026	7653177429	283158575	115Invoice	48.36	2,417.79		2,369.43		7653177429	
08/19/2026	08/25/2026	7653177430	289055974	115Invoice	2.04	101.88		99.84		7653177430	
08/19/2026	08/25/2026	7653180109	282514814	115Invoice	141.51	7,075.41		6,933.90		7653180109	
08/19/2026	08/25/2026	7653188285	281632092	115Invoice	104.25	5,212.47		5,108.22		7653188285	
08/19/2026	08/25/2026	7653279900	274794072	115Invoice	68.87	3,443.63		3,374.76		7653279900	
08/19/2026	08/25/2026	7653279901	280737433	115Invoice	104.25	5,212.47		5,108.22		7653279901	
08/19/2026	08/25/2026	7653279902	279003090	115Invoice	17.74	887.07		869.33		7653279902	
08/19/2026	08/25/2026	7653279903	281324386	115Invoice	104.25	5,212.47		5,108.22		7653279903	
08/19/2026	08/25/2026	7653279904	275875166	115Invoice	68.87	3,443.63		3,374.76		7653279904	

For AR Inquiries please contact 800-867-0333

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 08/21/2026 Page: 005

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979
USA

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 256342
Date: 08/23/2026

APPROVED ON
AUG 24 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 08/21/2026 Page: 005
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342
Date:

PLEASE CHECK ANY ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/19/2026	08/25/2026	7653279905	285447449	115Invoice	104.25	5,212.47		5,108.22		7653279905	
08/19/2026	08/25/2026	7653279906	286040182	115Invoice	104.25	5,212.41		5,108.16		7653279906	
08/19/2026	08/25/2026	7653279907	276355365	115Invoice	68.87	3,443.63		3,374.76		7653279907	
08/19/2026	08/25/2026	7653279908	276504276	115Invoice	68.87	3,443.63		3,374.76		7653279908	
08/19/2026	08/25/2026	7653279909	275520862	115Invoice	68.87	3,443.63		3,374.76		7653279909	
08/19/2026	08/25/2026	7653279910	285731815	115Invoice	104.25	5,212.41		5,108.16		7653279910	
08/19/2026	08/25/2026	7653279911	277389758	115Invoice	17.74	887.07		869.33		7653279911	
08/19/2026	08/25/2026	7653279912	270672562	115Invoice	137.75	6,887.27		6,749.52		7653279912	
08/19/2026	08/25/2026	7653279913	280429167	115Invoice	104.25	5,212.47		5,108.22		7653279913	
08/19/2026	08/25/2026	7653294637	276192034	115Invoice	68.87	3,443.63		3,374.76		7653294637	
08/19/2026	08/25/2026	7653294638	276260687	115Invoice	68.87	3,443.63		3,374.76		7653294638	
08/19/2026	08/25/2026	7653294639	273595594	115Invoice	34.44	1,721.82		1,687.38		7653294639	
08/19/2026	08/25/2026	7653294640	270513841	115Invoice	34.44	1,721.82		1,687.38		7653294640	
08/20/2026	08/25/2026	7653374774	286918485	115Invoice	0.02	1.02		1.00		7653374774	
08/20/2026	08/25/2026	7653374775	283399889	115Invoice	0.03	1.58		1.55		7653374775	
08/20/2026	08/25/2026	7653374776	284493984	115Invoice	0.01	0.32		0.31		7653374776	

For AR Inquiries please contact 800-867-0333

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 08/21/2026 Page: 006

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979
USA

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 256342
Date: 08/23/2026

APPROVED ON
AUG 24 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 08/21/2026 Page: 006
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342
Date:

PLEASE CHECK ANY ITEMS NOT PAID

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
08/20/2026	08/25/2026	7653374778	293888530	115Invoice	5.67	283.62		277.95		7653374778	
08/20/2026	08/25/2026	7653374779	291814838	115Invoice	5.67	283.62		277.95		7653374779	
08/20/2026	08/25/2026	7653388821	293966192	115Invoice	7.64	382.22		374.58		7653388821	
08/20/2026	08/20/2026	7653426872	MFC PR CORR CR	Pricing Cor	0.00	6,933.90-	P	6,933.90-	P	7653426872	
08/20/2026	08/25/2026	7653426873	MFC PR CORR IN	Pricing Cor	104.25	5,212.47		5,108.22		7653426873	
08/21/2026	08/25/2026	7653624117	294047415	115Invoice	31.98	1,598.80		1,566.82		7653624117	
08/21/2026	08/25/2026	7653624118	294047415	115Invoice	20.39	1,019.27		998.88		7653624118	
08/21/2026	08/25/2026	7653624119	294047415	115Invoice	2.55	127.41		124.86		7653624119	

For AR Inquiries please contact 800-867-0333

McKESSON
Empowering Healthcare

Company: 8000

STATEMENT

As of: 08/21/2026 Page: 007

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
815 N VIRGINIA ST
PORT LAVACA TX 77979
USA

CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

DC: 8115
Customer Inv Supp ID:
Territory: 7001
Customer Location:
Customer: 256342
Date: 08/23/2026

APPROVED ON
AUG 24 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

As of: 08/21/2026 Page: 007
Mail to: Comp: 8000
CARR: MCK INITIATED ACH DEBIT
AMT DUE REMITTED VIA ACH DEBIT
Statement for information only
USA

Cust: 256342
Date:

PLEASE CHECK ANY ITEMS NOT PAID

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

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

TOTAL

Future Due: 0.00

Past Due: 6,933.90-

Last Payment: 5,421.57
08/17/2026

Total Discount: 6,719.39

Subtotals: 329,033.26 USD

If Paid By 08/25/2026
Pay This Amount: 322,313.87 USD

If Paid After 08/25/2026
Pay This Amount: 329,033.26 USD

Due If Paid On Time: 322,313.87
USD

6,719.39
Disc lost if paid late: USD

329,033.26
Due if paid late:
USD

For AR Inquiries please contact 800-867-0333

cencora

STATEMENT

Statement Number: 72712350
Date: 08-21-2026

Serviced By:
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

Remit To:
AMERISOURCEBERGEN
PO Box 905223
CHARLOTTE NC 28290-5223

Customer Number
100135284 / 037028186

Terms
Sat - Fri Due in 7 days

Summary

Not Yet Due:	0.00
Current:	34.42
Past Due:	0.00
Total Due:	34.42
Account Balance:	34.42

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-17-2026	08-28-2026	3260639941	7012449781	Invoice	4.80		0.00	4.80
08-17-2026	08-28-2026	3260639942	7012456616	Invoice	6.83		0.00	6.83
08-17-2026	08-28-2026	3260639943	7012461754	Invoice	4.62		0.00	4.62
08-18-2026	08-28-2026	3260791497	7012466003	Invoice	9.37		0.00	9.37
08-20-2026	08-28-2026	3261013750	7012477379	Invoice	4.18		0.00	4.18
08-21-2026	08-28-2026	3261209313	7012481430	Invoice	4.62		0.00	4.62

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
34.42	0.00	0.00	0.00	0.00	0.00	0.00

Thank You for Your Payment

Date	Amount
08-21-2026	(2,588.17)

APPROVED ON
AUG 24 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Reminders

Due Date	Amount
08-28-2026	34.42
Total Due:	34.42

Processing Number: 0000007740848853 Document Type: Customer Statement 20260872002418

cencora **STATEMENT**

Statement Number: 72726902
Date: 08-21-2026

Serviced By:
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

Remit To:
AMERISOURCEBERGEN
PO Box 978740
DALLAS TX 75397-8740

Summary

Not Yet Due:	0.00
Current:	35.40
Past Due:	0.00
Total Due:	35.40
Account Balance:	35.40

Account Activity

Document Date	Due Date	Reference Number	Purchase Order Number	Document Type	Original Amount	Last Receipt	Amount Received	Balance
08-20-2026	08-28-2026	3261104356	7012481324	Invoice	35.40		0.00	35.40

Current	1-15 Days	16-30 Days	31-60 Days	61-90 Days	91-120 Days	Over 120 Days
35.40	0.00	0.00	0.00	0.00	0.00	0.00

Reminders

Due Date	Amount
08-28-2026	35.40
Total Due:	35.40

APPROVED ON
AUG 24 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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.

Processing Number: [illegible] Document Type: Customer Statement [illegible]

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

	#### ###	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"			
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	26	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	09	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 121,863.11 ✓	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 65,299.54	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 15,271.58	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 41,291.99	#
☐ "6-DIGIT SETTLEMENT DATE"	★		
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

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

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	8/7/2026					
PAY PERIOD: END	8/20/2026					
PAY DATE:	8/28/2026					
GROSS PAY:	$ 563,932.30			$ -		$ 563,932.30
DEDUCTIONS:						
A/R	$ 450.00					$ 450.00
ADVANC						$ -
BOOTS						$ -
~~MUTUAL CRITICAL ILLNESS~~						$ -
~~MUTUAL ACCIDENT~~						$ -
IRS TAX						$ -
~~MUTUAL SHORT TERM DIS~~						$ -
MUTUAL VISION	$ 847.28					$ 847.28
CAFÉ-D	$ 1,350.12					$ 1,350.12
CAFÉ-H	$ 30,038.17					$ 30,038.17
	$ -					$ -
	$ -					$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD	$ -					$ -
CLINIC						$ -
COMBIN	$ 195.70					$ 195.70
CREDUN	$ -					$ -
DENTAL	$ -					$ -
DEP-LF						$ -
MUTUAL TERM LIFE	$ 1,174.00					$ 1,174.00
MUTUAL HOSP INDEM	$ 669.50					$ 669.50
FED TAX	$ 41,291.99					$ 41,291.99
FICA-M	$ 7,635.79					$ 7,635.79
FICA-O	$ 32,649.77					$ 32,649.77
FICA-M ADDITIONAL						$ -
FIRST C						$ -
FLEX S	$ 4,792.97					$ 4,792.97
FLX-FE	$ -					$ -
GIFT S	$ 356.22					$ 356.22
MUTUAL CRITICAL ILLNESS	$ 867.38					$ 867.38
MUTUAL ACCIDENT	$ 641.68					$ 641.68
MUTUAL SHORT TERM DIS	$ 1,928.92					$ 1,928.92
LEGAL	$ 1,027.98					$ 1,027.98
OTHER	$ 6,562.51					$ 6,562.51
NATIONAL FARM LIFE	$ 1,305.99					$ 1,305.99
MED SURCHARGE						$ -
Blank						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 295.00					$ 295.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 37,896.93					$ 37,896.93
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 171,977.90	$ -	$ -	$ -	$ -	$ 171,977.90
	SHOULD MATCH REPORT	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	
NET PAY:	$ 391,954.40	$ -	$ -	$ -	$ -	$ 391,954.40
	SHOULD MATCH REPORT	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	*SHOULD MATCH REPORT*	
TOTAL CAFÉ 125 PLAN:	$ 37,323.54	Less Exempt:				
TAXABLE PAY:	$ 526,608.76	$ 526,608.76				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 7,635.83		
FICA - MED (EE)	1.45%	$ 7,635.83	$ 7,635.79	$ 0.04
FICA - SOC SEC (ER)	6.20%	$ 32,649.74		
FICA - SOC SEC (EE)	6.20%	$ 32,649.74	$ 32,649.77	$ (0.03)
FED WITHHOLDING		$ 41,291.99	$ 41,291.99	

Employees over FICA-SS Cap:

Paycode S - Employee Reimb.:

TOTAL:

TAX DEPOSIT:		$ 121,863.13	$ 121,863.11
FICA - MEDICARE	2.90%	$ 15,271.66	$15,271.58
FICA - SOCIAL SECURITY	12.40%	$ 65,299.48	$65,299.54
FED WITHHOLDING		$ 41,291.99	$41,291.99
TOTAL TAX:		$ 121,863.13	$121,863.11

PREPARED BY: Andrie Flores

PREPARED DATE: 8/24/2026

$ 0.02

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9369.25	N		N	N		234187.26
1	REGULAR PAY-S1	2068.00	N		N	N	N	118551.20
1	REGULAR PAY-S1	161.25	Y		N	N		6190.65
2	REGULAR PAY-S2	2493.50	N		N	N		72809.85
2	REGULAR PAY-S2	64.00	Y		N	N		2231.69
3	REGULAR PAY-S3	1653.25	N		N	N		59866.95
3	REGULAR PAY-S3	89.50	Y		N	N		3635.46
4	CALL BACK PAY	12.00	N	1	N	N	Y	642.27
4	CALL BACK PAY	2.00	N	2	N	N	Y	129.59
C	CALL PAY	2384.00	N	1	N	N		4768.00
D	DOUBLE TIME	6.00	N		N	N	N	573.24
E	EXTRA WAGES		N	1	N	N	N	1690.25
K	EXTENDED-ILLNESS-BANK	270.00	N	1	N	N		8545.36
N	CRNA Pay	80.00	N		N	N	N	10400.00
P	PAID-TIME-OFF	1179.00	N	1	N	N		39118.53
X	CALL PAY 2	152.00	N	1	N	N		304.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00

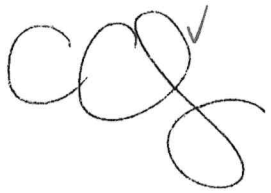
Deductions Summary

Code	Amount					
A/R	375.00	A/R2	75.00	A/R3		
ADVANC		AWARDS		BADGE		
BCBSVI		BOOTS		CAFE H		
CAFE-1		CAFE-2		CAFE-3		
CAFE-4		CAFE-5		CAFE-C		
CAFE-D	1350.12	CAFE-F		CAFE-H	30038.17	
CAFE-I		CAFE-L		CAFE-P		
CANCER		CHILD		CLINIC		
COMBIN	195.70	CREDUN		DD ADV		
DENTAL		DEP-LF		DIS-LF		
EAT		EATCSH		FEDTAX	41291.99	
FICA-M	7635.79	FICA-O	32649.77	FIRSTC		
FLEX S	4220.15	FLX FE		FORT D		
FUTA		GIFT S	356.22	GRANT		
GRP-IN		GTL		HOSP-I		
HSA	572.82	ID TFT		IRSTAX		
LEAP		LEGAL	204.98	MASA	823.00	
MEALS	4366.10	METVIS		MISC		
MISC/		MMCSHR		MOOACC	641.68	
MOOILL	867.38	MOOIND	669.50	MOOLIF	1174.00	
MOOSTD	1928.92	MOOVIS	847.28	NATFML	1305.99	
OTHER		PHI		PHI***		
PR FIN		RELAY		REPAY		
SAMS		SCRUBS		SIGNON		
ST-TX		STONDF	295.00	STONE		
STONE2		STUDEN		SUNACC		
SUNILL		SUNIND		SUNLIF		
SUNSTD		SUNVIS		SURCHG		
TSA-1		TSA-2		TSA-C		
TSA-F		TSA-R	37896.93	TUITION		
UNIFOR	2196.41	UW/HOS				

Grand Totals: 20079.75 ------- | Gross: 563932.30 Deductions: 171977.90 Net: 391954.40

Checks Count:- FT 202 PT 10 Other 36 Female 223 Male 24 Credit OverAmt 16 ZeroNet Term Total: 247

9399	76351	1	1	0	2026	226002767	0	8/21/2026	$35,638.16	1	TRUESCRIPTS MANAGEMENT SERVICE LLC	P	517	0	[redacted]	PCS	F	7/27/2026	8/9/2026	464334244
9400	76351	2	97	2	2026	225001001	0	8/21/2026	$29.10	1	HOMETOWN PEDIATRIC CARE	P	177	0	[redacted]	OV	F	8/10/2026	8/10/2026	742872709
9401	76351	3	39	0	2026	226000903	0	8/21/2026	$20.37	1	CLINICAL PATHOLOGY LABORATORIES INC	P	172	0	[redacted]	AB	F	8/5/2026	8/5/2026	742554159
9402	76351	3	65	2	2026	225001340	0	8/21/2026	$27.00	1	TORRES ENRIQUE	P	360	0	[redacted]	POV	F	7/28/2026	7/28/2026	61467981
9403	76351	3	21	1	2026	222001160	0	8/21/2026	$29.10	1	PORT LAVACA CLINIC	P	360	0	[redacted]	POV	F	8/5/2026	8/5/2026	742605670
9404	76351	3	81	0	2026	222001131	0	8/21/2026	$41.56	1	CITIZENS MEDICAL PROFESSIONAL	P	188	0	[redacted]	HV	F	12/9/2025	12/9/2025	471158090
9405	76351	3	79	0	2026	223000791	0	8/21/2026	$43.21	1	MHK FAMILY PRACTICE PLLC	P	177	0	[redacted]	OV	F	7/31/2026	7/31/2026	994807850
9406	76351	3	65	2	2026	229000038	0	8/21/2026	$54.00	1	TORRES ENRIQUE	P	360	0	[redacted]	POV	F	7/16/2026	7/21/2026	61467981
9407	76351	3	69	1	2026	222001109	0	8/21/2026	$62.42	1	WILSON A ALMONTE MD PLLC	P	457	0	[redacted]	OVS	F	8/5/2026	8/5/2026	474898361
9408	76351	3	81	0	2026	222001141	0	8/21/2026	$67.23	1	CITIZENS MEDICAL PROFESSIONALS	P	188	0	[redacted]	HV	F	12/10/2025	12/10/2025	471158090
9409	76351	3	65	0	2026	225000499	0	8/21/2026	$88.93	1	JACKSON COUNTY HOSPITAL DISTRICT	P	532	0	[redacted]	WLAB	F	7/24/2026	7/24/2026	741738475
9410	76351	3	14	1	2026	226000137	0	8/21/2026	$96.71	1	ST. JOSEPH REGIONAL HEALTH CENTER	P	406	0	[redacted]	ER	F	6/24/2026	6/24/2026	741282696
9411	76351	3	90	3	2026	219001597	0	8/21/2026	$109.67	1	TEXAS PEDIATRIC AND ADOLESCENT GYNECOLOG	P	728	0	[redacted]	TELM	F	8/5/2026	8/5/2026	870900480
9412	76351	3	29	0	2026	219001505	0	8/21/2026	$112.32	1	HOUSTON METHODIST SPECIALITY PHYSICIANS	P	177	0	[redacted]	OV	F	8/5/2026	8/5/2026	332241086
9413	76351	3	16	0	2026	223000760	0	8/21/2026	$132.01	1	PORT LAVACA CLINIC	P	172	0	[redacted]	AB	F	8/6/2026	8/6/2026	742605670
9414	76351	3	83	0	2026	225001063	0	8/21/2026	$156.34	1	ALMA	P	728	0	[redacted]	TELM	F	8/11/2026	8/11/2026	841856765
9415	76351	3	22	0	2026	219001535	0	8/21/2026	$247.81	1	SINGLETON ASSOCIATES PA	P	172	0	[redacted]	AB	F	7/29/2026	7/29/2026	741680498
9416	76360	3	128	1	2026	222001115	0	8/21/2026	$19.10	1	NOE R OLVERA MD PA	P	457	0	[redacted]	OVS	F	8/6/2026	8/6/2026	262712038
9417	76360	3	104	0	2026	224001044	0	8/21/2026	$36.32	1	SINGLETON ASSOCIATES PA	P	327	0	[redacted]	BONE	F	7/29/2026	7/29/2026	741680498
9418	76360	3	94	0	2026	225001040	0	8/21/2026	$49.94	1	ADU SPORTS MEDICINE CLINIC	P	457	0	[redacted]	OVS	F	8/11/2026	8/11/2026	273335355
9419	76360	3	68	1	2026	226000096	0	8/21/2026	$59.93	1	CHRISTUS TRINITY CLINIC TEXAS	P	457	0	[redacted]	OVS	F	7/28/2026	7/28/2026	752616977
9420	76360	3	152	0	2026	224000974	0	8/21/2026	$97.43	1	SINGLETON ASSOCIATES PA	P	181	0	[redacted]	XRAY	F	7/29/2026	7/29/2026	741680498
9421	76360	3	40	0	2026	224001012	0	8/21/2026	$158.13	1	CITIZENS MEDICAL PROFESSIONALS	P	177	0	[redacted]	OV	F	8/5/2026	8/5/2026	471158090
9422	76360	3	71	2	2026	230000256	0	8/21/2026	$171.50	1	MEMORIAL PATHOLOGY CONSULTANTS, PA	P	187	0	[redacted]	PAT	F	7/29/2026	7/29/2026	741720245
9423	76360	3	53	0	2026	219001533	0	8/21/2026	$247.81	1	SINGLETON ASSOCIATES PA	P	294	0	[redacted]	MAM2	F	7/27/2026	7/27/2026	741680498
9424	76360	3	105	0	2026	230000203	0	8/21/2026	$275.00	1	METHODIST PATHOLOGY ASSOCIATES	P	185	0	[redacted]	LAB	F	6/10/2026	6/10/2026	371520288
9425	76360	3	71	2	2026	223000823	0	8/21/2026	$402.50	1	UT PHYSICIANS	P	409	0	[redacted]	AIQ	F	7/27/2026	7/27/2026	760459500
9426	76360	3	26	1	2026	224000980	0	8/21/2026	$583.90	1	VICTORIA HEART VASCULAR CENTER	P	320	0	[redacted]	OSPS	F	7/28/2026	7/28/2026	562284144
9427	76360	3	48	2	2026	224000533	0	8/21/2026	$966.47	1	DETAR HEALTHCARE SYSTEM	P	406	0	[redacted]	ER	F	8/3/2026	8/4/2026	621754940
9428	76370	3	31	0	2026	225000507	0	8/21/2026	$7.09	1	DETAR HEALTHCARE SYSTEM	P	186	0	[redacted]	HLAB	F	8/5/2026	8/5/2026	621754940
									$40,031.06											



APPROVED ON

AUG 24 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT --- Aug 17, 2026 - August 23, 2026

Date	Bank Description	MMC Notes	Amount	CPSI "Handwritten Check" #	GL number
8/17/2026	TEXAS COUNTY DRS DYNAMICS EFT DEPOSIT - RECEI VABLE 419	- Retirement Funding	282,466.30**	902646	20260000
8/17/2026	IRS - USATAXPYMT 270662942220286	- Payroll Taxes	127,633.70**	902647	FWT:20200000 FICA:20210000
8/17/2026	FDMS 00000000000000008395 - FDMS EQUIP 52-21 00911-000	- Credit Card Machine Lease Fee	45.64	902648	40440076
8/17/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#165222145 164801998	- 3rd Party Payor Fee	1,072.17	902649	40440076
8/18/2026	MCKESSON DRUG - AUTO ACH ACH07197003	- 340B Drug Program Expense	5,421.57*	902650	60310000
8/18/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#165490151 165489448	- 3rd Party Payor Fee	1.48	902651	40440076
8/18/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#165699307 165512789	- 3rd Party Payor Fee	311.45	902652	40440076
8/19/2026	WEBFILE TAX PYMT CPA TAX PAYMENTS - DD 902/8 3605985	- Sales Tax	2,623.02*	902653	BEFORE DISC:20300000
8/19/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#166305526 166024440	- 3rd Party Payor Fee	1,605.57	902654	40440076
8/19/2026	Domestic Wire Withdrawal WIRE OUT MORRIS + DI CKSON LLC	- Pharmacy Inventory Invoices	18,674.62*	902655	10450000
8/20/2026	HPHG LLC - PORT LAVA 90 DEGREE BENEFITS CLA IMS 8/7/26 MemMedCtr PtLav	- Health Insurance Claim Payments	88,498.29**	902656	60320000
8/20/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#166757652 166593577	- 3rd Party Payor Fee	36.85	902657	40440076
8/20/2026	Domestic Wire Withdrawal WIRE OUT U.S. BANK C ORPORATE PAYMENT SYSTEM	-US Bank Credit Card Payment	2,605.48*	902658	20050000
8/21/2026	AMERISOURCE BERG - PAYMENTS 100007768	- 340B Drug Program Expense	2,588.17*	902659	60310000
8/21/2026	PAY PLUS PPSACCOUNT - ACHTrans FeeTransfer R EF#167344268 167102573	- 3rd Party Payor Fee	154.19	902660	40440076
			533,738.50		

*approved on 8.19.26 cc
**approved on 8.12.26 cc

Caitlin Clevenger, Controller
Memorial Medical Center

August 24, 2026

45.64 +
45.64 leasing fee

PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- ESTIMATED ACHS

Date	Description	MMC Notes	Amount
9/1/2026	UC IGT	ACCRUED UC IGT	106,440.59
			106,440.59

1,072.17 +
1.48 +
311.45 + pay plus
1,605.57 +
36.85 +
154.19 +
3,181.71

533,738.50 +
282,466.30 -
127,633.70 -
5,421.57 -
2,623.02 -
18,674.62 -
88,498.29 -
2,605.48 -
2,588.17 -
45.64
3,181.71
0.00

Caitlin Clevenger, Controller
Memorial Medical Center

August 24, 2026

TEXNET Electronic Payment Network | Texas Comptroller of Public Accounts

Transaction Summary

Transaction Complete
Trace # [redacted]

Texas Health and Human Services Commission
Memorial Medical Center Operating County
[redacted]

Payment Total	$106,440.59
Bank Routing and Account Number	[redacted]
Settlement Date	9/1/2026
UC Hospital Amount	$106,440.59 ✓
Entered By	Caitlin Clevenger

Plan	Start Date	EE Per Pay Cost	ER Per Pay Cost
2026 Heath Equity Health Savings Account	1/1/2026	$ 40.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 25.00	$ 25.00
2026 Heath Equity Health Savings Account	6/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 30.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 137.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 3.33	$ 25.00
2026 Heath Equity Health Savings Account	6/1/2026	$ 10.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 25.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	8/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 25.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 4.16	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 100.00	$ 25.00
2026 Heath Equity Health Savings Account	2/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 5.00	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 158.33	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ -	$ 25.00
2026 Heath Equity Health Savings Account	1/1/2026	$ 10.00	$ 25.00
		$ 572.82	$ 525.00
	Total	$ 1,097.82 ✓	

APPROVED ON

AUG 24 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/20/2026
10:09

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/04/2026

0
ap_open_invoice.template

Vendor# Vendor Name — Class — Pay Code

12792 LAVACA BAY NURSING AND REHAB

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081326		08/19/202	08/13/202	09/04/202			6,106.55	0.00	0.00	6,106.55
081426		08/19/202	08/14/202	09/04/202			59,997.42	0.00	0.00	59,997.42
081426A	"	08/19/202	08/14/202	09/04/202			3,230.38	0.00	0.00	3,230.38

FY9 Q2 remaining QIPP owed to Lavaca Bay
ins. pay. dep. into mmc opt. correction

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	12792	LAVACA BAY NURSING AND REHAB	69,334.35	0.00	0.00	69,334.35

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	69,334.35	0.00	0.00	69,334.35

CHK# 214026

08/21/2026 MEMORIAL MEDICAL CENTER 0
10:46 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/04/2026

Vendor# Vendor Name Class Pay Code
11836 GOLDENCREEK HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081226B	ins. pay. dep. into mmc opt. correction	08/19/202	08/12/202	09/04/202			5,135.00	0.00	0.00	5,135.00
081226C	"	08/19/202	08/12/202	09/04/202			6,512.00	0.00	0.00	6,512.00
081226	"	08/19/202	08/12/202	09/04/202			51,924.42	0.00	0.00	51,924.42
081226A	"	08/19/202	08/12/202	09/04/202			1,128.68	0.00	0.00	1,128.68
081426	"	08/19/202	08/14/202	09/04/202			82,014.22	0.00	0.00	82,014.22
081126	"	08/21/202	08/11/202	09/04/202			15,306.16	0.00	0.00	15,306.16

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11836	GOLDENCREEK HEALTHCARE	162,020.48	0.00	0.00	162,020.48

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	162,020.48	0.00	0.00	162,020.48

APPROVED ON
AUG 21 2026
BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
Chk#214025

08/20/2026
10:08

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/04/2026

0
ap_open_invoice.template

Vendor# Vendor Name Class Pay Code

13004 TUSCANY VILLAGE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081126	ins. pay. dep. into mmc opt. correction	08/19/202	08/11/202	09/04/202			15,600.00	0.00	0.00	15,600.00
081226	"	08/19/202	08/12/202	09/04/202			842.06	0.00	"	842.06
081326	"	08/19/202	08/13/202	09/04/202			4,746.59	0.00	"	4,746.59
081426	"	08/19/202	08/14/202	09/04/202			19,781.13	0.00	"	19,781.13
081426A	"	08/19/202	08/14/202	09/04/202			5,200.00	0.00	"	5,200.00
081426B	"	08/19/202	08/14/202	09/04/202			13,231.76	0.00	"	13,231.76
081726	"	08/19/202	08/17/202	09/04/202			16,880.00	0.00	"	16,880.00
081726A	"	08/19/202	08/17/202	09/04/202			19,190.00	0.00	"	19,190.00

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	13004	TUSCANY VILLAGE	95,471.54	0.00	0.00	95,471.54

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	95,471.54	0.00	0.00	95,471.54

Chk # 214027

08/20/2026
10:08

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/04/2026

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11088	CANTEX HEALTH CARE CENTERS LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check Dt	Pay	Gross	Discount	No-Pay	Net
081226	ins. pay. dep. into mmc opt. correction	08/19/202	08/12/202	09/04/202			4,658.89	0.00	0.00	4,658.89

Vendor Totals:	Number	Name	Gross	Discount	No-Pay	Net
	11088	CANTEX HEALTH CARE CENTERS LLC	4,658.89	0.00	0.00	4,658.89

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	4,658.89	0.00	0.00	4,658.89

Chk# 214027

APPROVED ON

AUG 24 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
8/24/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Pending Deposits		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek		51,907.84	51,891.20	54,030.93		-	54,047.57	53,947.57
						Bank Balance	54,047.57	
						Variance	-	
						Leave in Balance	100.00	

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 121000248
Account #

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

Adjust Balance/Transfer Amt 53,947.57

Approved:
Caitlin Clevenger, Controller 8/24/2026

Golden Creek		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/21/2026	Deposit	-	23,977.30		23,977.30
8/21/2026	Centene Manageme 0000340318 - ACH QIPP Y6 Fi n Adj Pmt 8.17.26**\ 8765433514	-	1,132.50		1,132.50
8/21/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*050649071588075964*1746000156~ 17460034113011	-	2,174.01		2,174.01
8/20/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1260238055*13 41858379\ 746003411	-	2,681.35		2,681.35
8/20/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1260238056*13 41858379\ 746003411	-	18,557.35		18,557.35
8/19/2026	Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC	51,807.84	-		-
8/19/2026	AETNA AS01 - HCCLAIMPMT TRN*1*8826225010268 65*1066033492\ 1588075964	-	2,600.00		2,600.00
8/18/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1259805930*13 41858379\ 746003411	-	1,620.42		1,620.42
8/18/2026	HARLAND CLARKE - CHK ORDERS	83.36	-		-
8/17/2026	TSYS/TRANSFIRST - CR CD DEP 543684555876917 9GOLDEN CREEK HEALTHCARE CR CD DEP 081726 543684555876917	-	1,288.00		1,288.00
		51,891.20	54,030.93	-	54,030.93

Transaction Report

PROSPERITY BANK

Transaction Report for account *4454

Reported on Mon Aug 24 14:16:00 GMT 2026

Current Balance $134,973.73
Interest Accrued $116.16
Available Balance $134,973.73

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
[redacted]		[redacted]	[redacted]		[redacted]
08/21/2026	178662332641473	Deposit Deposit	$23,977.30		$54,047.57
08/21/2026		External Deposit Centene Manageme 0000340318 - ACH QIPP Y6 Fi n Adj Pmt 8.17.26**\ 8765433514	$1,132.50		$30,070.27
08/21/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0506490715880759 64*1746000156~ 17460034113011	$2,174.01		$28,937.77
08/20/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1260238055*13 41858379\ 746003411	$2,681.35		$26,763.76
08/20/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1260238056*13 41858379\ 746003411	$18,557.35		$24,082.41
08/19/2025		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT NEXION HEAL TH d/b/a GOLDEN CREEK HC		$51,807.84	$5,525.06

APPROVED ON

AUG 24 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Tuscany Transfer
Prosperity Accounts
8/24/2026

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
Tuscany Village		178,409.04	178,309.04	401,137.26	-	-		-	401,237.26	401,137.26
							Bank Balance		401,237.26	
							Variance		-	
							Leave in Balance		100.00	

Adjust Balance/Transfer Amt 401,137.26

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:
Caitlin Clevenger, Controller 8/24/2026

Tuscany Village		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/21/2026	Deposit	-	33,528.27		33,528.27
8/21/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1260506021*13 41858379\ 746003411	-	37,539.63		37,539.63
8/21/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7918208*1205296137*000004011~ 676201	-	4,471.67		4,471.67
8/20/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1260238054*13 41858379\ 746003411	-	8,463.22		8,463.22
8/20/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1260166415*13 41858379\ 746003411	-	19,702.66		19,702.66
8/20/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EFT7917072*1205296137*000004011~ 676201	-	158,337.99		158,337.99
8/19/2026	Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE	178,309.04	-		-
8/19/2026	MOLINA HEALTHCAR - MOLINAACH ISA* * * * *ZZ* *ZZ* *260818*1218*U*00200*000	-	362.72		362.72
8/19/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1259984826*13 41858379\ 746003411	-	1,976.58		1,976.58
8/19/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1260049739*13 41858379\ 746003411	-	37.64		37.64
8/18/2026	Merchant Capture Deposit	-	26,063.00		26,063.00
8/18/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1259805929*13 41858379\ 746003411	-	71,173.49		71,173.49
8/17/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1260049740*13 41858379\ 746003411	-	39,480.39		39,480.39
		178,309.04	**401,137.26**	**-**	**401,137.26**

Transaction Report

PROSPERITY BANK

Transaction Report for account *3407

Reported on Mon Aug 24 14:05:00 GMT 2026

Current Balance $416,064.12
Interest Accrued $241.35
Available Balance $416,064.12

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
08/21/2026	178662332641372	Deposit Deposit	$33,528.27		$401,237.26
08/21/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1260506021*13 41858379\ 746003411	$37,539.63		$367,708.99
08/21/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7918208*1205296137*000004011~ 676201	$4,471.67		$330,169.36
08/20/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1260238054*13 41858379\ 746003411	$8,463.22		$325,697.69
08/20/2026		External Deposit HNB - ECHO - HCCLAIMPMT TRN*1*1260166415*13 41858379\ 746003411	$19,702.66		$317,234.47
08/20/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7917072*1205296137*000004011~ 676201	$158,337.99		$297,531.81
08/19/2026		Domestic Wire Withdrawal Domestic Wire Withdrawal WIRE OUT VILLAGE POS T ACUTE HEALTH SERVICE		$178,309.04	$139,193.82
08/19/2026		External Deposit MOLINA HEALTHCAR - MOLINAACH ISA* * * * *ZZ* *ZZ* *260818*121 8*U*00200*000	$362.72		$317,502.86

APPROVED ON

AUG 24 2026

BY COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly HSLTransfer
Prosperity Accounts
8/24/2026

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	Transfer-In	Cks Cleared	Pending Medicare Repayment		Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Laveca Bay Nursing and Rehab		154,301.13	154,201.13	205,594.83			-	205,694.83	205,594.83
							Bank Balance	205,694.83	
							Variance	-	
							Leave in Balance	100.00	

Adjust Balance/Transfer Amt 205,594.83

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:
Caitlin Clevenger, Controller 8/24/2026

Lavaca Bay Nursing and Rehab		Transfer-Out	Transfer-In	MMC PORTION	NH PORTION
8/21/2026	Deposit	-	19,157.81		19,157.81
8/21/2026	HOSPICE OF SOUTH - Payments Lavaca Bay N&R NF	-	1,444.05		1,444.05
8/21/2026	Centene Manageme 0000340318 - ACH QIPP Y6 Fi n Adj Pmt 8.17.26**\ 8765433514	-	910.70		910.70
8/21/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S0651701538719836*1746000156~ 17460034113016	-	7,448.07		7,448.07
8/21/2026	CENTENE CORP - HCCLAIMPMT TRN*1*0913497918* 1742770542\	-	27,751.75		27,751.75
8/20/2026	Deposit	-	14,270.11		14,270.11
8/20/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7917110*1205296137*000004011~ 676481	-	93,844.55		93,844.55
8/19/2026	NDC SWEEP SWEEP FROM X2983 - FAC 02330	-	225.35		225.35
8/19/2026	Deposit	-	8,164.00		8,164.00
8/19/2026	Domestic Wire Withdrawal WIRE OUT REG Leased OpCo LLC	154,201.13	-		-
8/18/2026	HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*0S0603221538719836*1746000156~ 17460034113016	-	19,614.15		19,614.15
8/18/2026	NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7913569*1205296137*000004011~ 676481	-	252.97		252.97
8/17/2026	CURO HEALTH SERV DYNAMICS EFT DEPOSIT - PAYAB LES MEMORI034	-	4,107.50		4,107.50
8/17/2026	HNB - ECHO - HCCLAIMPMT TRN*1*1259563292*13 41858379\ 746003411	-	2,308.90		2,308.90
8/17/2026	HUMANA INS CO 1721360 - HCCLAIMPMT TRN*1*196 751624260813*1391263473\ 2914104	-	6,094.92		6,094.92
		154,201.13	**205,594.83**	**-**	**205,594.83**

Transaction Report

PROSPERITY BANK

Transaction Report for account *5506

Reported on Mon Aug 24 14:45:00 GMT 2026

Current Balance $205,978.46
Interest Accrued $181.22
Available Balance $205,978.46

Date		Description	Credit	Debit	Running Balance
[redacted]		[redacted]	[redacted]		[redacted]
08/21/2026	178662332641414	Deposit Deposit	$19,157.81		$205,694.83
08/21/2026		External Deposit HOSPICE OF SOUTH - Payments Lavaca Bay N&P NF	$1,444.05		$186,537.02
08/21/2026		External Deposit Centene Manageme 0000340318 - ACH QIPP Y6 Fi n Adj Prnt 8.17.26**\ 8765433514	$910.70		$185,092.97
08/21/2026		External Deposit HEALTH HUMAN SVC 5291746000156 - HCCLAIMPMT TRN*1*050651701538719836*1746000156~ 17460034113016	$7,448.07		$184,182.27
08/21/2026		External Deposit CENTENE CORP - HCCLAIMPMT TRN*1*0913497918* 1742770542\	$27,751.75		$176,734.20
08/20/2026	123872322628275	Deposit Deposit	$14,270.11		$148,982.45
08/20/2026		External Deposit NOVITAS SOLUTION 04011 - HCCLAIMPMT TRN*1*EF T7917110*1205296137*000004011~ 676481	$93,844.55		$134,712.34
08/19/2026		External Deposit NDC SWEEP SWEEP FROM X2983 - FAC 02330	$225.35		$40,867.79
08/19/2026	127052312653287	Deposit Deposit	$8,164.00		$40,642.44