MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- September 24, 2015

PAYABLES AND PAYROLL

8/3/2015	McKesson Drugs	$ 3,039.17
8/4/2015	Payroll Taxes	96,872.46
8/5/2015	Weekly Payables	177,698.33
8/10/2015	McKesson Drugs	2,140.80
8/11/2015	Weekly Payables	60,123.20
8/11/2015	Patient Refunds	8,763.31
8/11/2015	Payroll	240,931.48
8/11/2015	Payroll	2,343.06
8/17/2015	TCDRS	161,016.16
8/17/2015	McKesson Drugs	1,939.95
8/18/2015	Weekly Payables	180,262.46
8/18/2015	Weekly Payables	39.84
8/18/2015	Payroll Taxes	87,960.12
8/24/2015	McKesson Drugs	3,162.47
8/26/2015	Weekly Payables	253,624.28
8/26/2015	Patient Refunds	3,523.83
8/27/2015	Payroll	259,555.29
8/27/2015	Weekly Payables	15,000.00
8/28/2015	Weekly Payables	181,935.00
8/31/2015	McKesson Drugs	3,595.67
8/31/2015	Credit Card Invoice	2,547.96

APPROVED

SEP 24 2015

CALHOUN COUNTY
COMMISSIONERS COURT

8/31/2015	Monthly Electronic Transfers for Payroll Expenses(not incl above)	1,062.50
8/31/2015	Monthly Electronic Transfers for Operating Expenses	5,562.65

Total Payables and Payroll	**$ 1,752,699.99**

INTER-GOVERNMENT TRANSFERS

Inter-Government Transfers for August 2015	
Total Inter-Government Transfers	**$ -**

INTRA-ACCOUNT TRANSFERS

From Operating to Private Waiver Clearing Fund	-	
From Private Waiver Clearing Fund to Operating	-	
Total Intra-Account Transfers		**$ -**

SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS	**$ 1,752,699.99**
NURSING HOME UPL EXPENSES	**$ 2,431,562.96**
NURSING HOME INTER-GOVERNMENT TRANSFER FOR August 2015	**$ 975,397.52**
INDIGENT HEALTHCARE FUND EXPENSES	**$ 42,956.11**

GRAND TOTAL DISBURSEMENTS APPROVED CC September 24, 2015	**$ 5,202,616.58**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----September 24, 2015

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Community Pathology Associates	27.27
Memorial Medical Center (Phys Fees $1,546.86, IP $13226.90/ OP $17156.43/ ER $3100.46)	35,030.65
Port Lavaca Anesthesia Group	282.68
Port Lavaca Clinic Assoc	1,208.85
Regional Employee Assistance	33.27
Victoria Professional Medical	79.62
SUBTOTAL	**36,662.34**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	6,653.77
SUBTOTAL	43,316.11
Less: Co-Pays collected in August 2015	(360.00)
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	**42,956.11**

800 09242015 01 CALHOUN COUNTY, TEXAS

DATE: 9/24/2015

CC Indigent Health Care

VENDOR # 852

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES		QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care				$42,956.11
	approved by Commissioners Court on 9/24/15				
	Total Indigent Expenses	$43,316.11			
	Applied Co-pays	($360.00)			
1000-001-46010	August Interest	$0.00			
					$42,956.11

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON
SEP 23 2015
BY
CALHOUN COUNTY AUDITOR

THE ITEMS OR SERVICES SHOWN ABOVE ARE NEEDED IN THE DISCHARGE OF MY OFFICIAL DUTIES AND I CERTIFY THAT FUNDS ARE AVAILABLE TO PAY THIS OBLIGATION.

I CERTIFY THAT THE ABOVE ITEMS OR SERVICES WERE RECEIVED BY ME IN GOOD CONDITION AND REQUEST THE COUNTY TREASURER TO PAY THE ABOVE OBLIGATION.

BY: Michael J Reyes 9/24/15

DEPARTMENT HEAD DATE

APPROVED

SEP 24 2015

CALHOUN COUNTY
COMMISSIONERS COURT

Issued 09/23/15

Source Totals Report

Calhoun Indigent Health Care
8-1-15 through 8-31-15
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	7,331.01	1,884.61
01-1	Injections	42.00	1.03
01-2	Physician Services- Anesthesia	2,747.50	282.68
08	Rural Health Clinics	1,582.00	1,010.23
13	Mmc - Inpatient Hospital	22,805.00	13,226.90
14	Mmc - Hospital Outpatient	50,259.06	17,156.43
15	Mmc - Er Bills	9,139.00	3,100.46
	Expenditures	93,905.57	36,662.34
	Reimb/Adjustments	0.00	0.00
	Grand Total	**93,905.57**	**36,662.34**

Fiscal Year	229,110.79
Applied Co-Pay's	(360.00)
Payroll/Expenses	6,653.77
Monthly Total	42,956.11

APPROVED
ON

SEP 23 2015

BY
CALHOUN COUNTY AUDITOR

Monica Escalante

Calhoun County Indigent Care Coordinator

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	08/03/15	409928	CA		10.00	10.00				PLB		2
50240.000	08/03/15	410012	CA		10.00	10.00				PLB		2
50240.000	08/04/15	410072	CA		10.00	10.00				PLB		2
50240.000	08/04/15	410125	CA		10.00	10.00				PLB		2
50240.000	08/04/15	410135	CA		10.00	10.00				PLB		2
50240.000	08/05/15	410208	VI		10.00	10.00				PLB		2
50240.000	08/05/15	410230	CA		10.00	10.00				LMV		2
50240.000	08/05/15	410238	MC		10.00	10.00				PLB		2
50240.000	08/05/15	410244	CA		10.00	10.00				PLB		2
50240.000	08/05/15	410255	CA		10.00	10.00				PLB		2
50240.000	08/06/15	410316	CA		10.00	10.00				PLB		2
50240.000	08/07/15	410363	CA		10.00	10.00				FAG		2
50240.000	08/10/15	410480	CA		10.00	10.00				JC		2
50240.000	08/10/15	410505	CA		10.00	10.00				JC		2
50240.000	08/10/15	410538	CA		10.00	10.00				MRP		2
50240.000	08/11/15	410545	CA		10.00	10.00				MRP		2
50240.000	08/12/15	410739	MC		10.00	10.00				PLB		2
50240.000	08/12/15	410755	CA		10.00	10.00				LMV		2
50240.000	08/17/15	411021	CA		10.00	10.00				PLB		2
50240.000	08/17/15	411107	CA		10.00	10.00				PLB		2
50240.000	08/19/15	411298	CA		10.00	10.00				PLB		2
50240.000	08/24/15	411546	CA		10.00	10.00				PLB		2
50240.000	08/26/15	411672	VI		10.00	10.00				PLB		2

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	08/26/15	411738	CA		10.00	10.00				PLB		2
50240.000	08/26/15	411741	CA		10.00	10.00				PLB		2
50240.000	08/26/15	411742	CA		10.00	10.00				PLB		2
50240.000	08/26/15	411749	CA		10.00	10.00				PLB		2
50240.000	08/27/15	411846	CA		10.00	10.00				FAG		2
50240.000	08/27/15	411853	CA		10.00	10.00				PLB		2
50240.000	08/27/15	411854	CA		10.00	10.00				PLB		2
50240.000	08/27/15	411861	CA		10.00	10.00				PLB		2
50240.000	08/28/15	411906	CA		10.00	10.00				PLB		2
50240.000	08/28/15	411913	CA		10.00	10.00				PLB		2
50240.000	08/31/15	411990	CA		10.00	10.00				LMV		2
50240.000	08/31/15	411993	VI		10.00	10.00				PLB		2
50240.000	08/31/15	412010	CA		10.00	10.00				PLB		2

TOTAL 50240.000 COUNTY INDIGENT COPAYS 360.00

2015 Calhoun Indigent Care Patient Caseload

	Approved	Denied	Removed	Active	Pending
January	5	10	4	54	34
February	0	14	7	56	32
March	3	6	6	53	30
April	1	4	2	53	32
May	6	13	3	56	24
June	5	0	0	61	22
July	2	14	2	58	36
August	6	9	5	59	32
September					
October					
November					
December					
YTD	28	70	29	450	242
Monthly Avg	4	9	4	56	30

MEMORIAL MEDICAL CENTER
PORT LAVACA, TX
MANUAL JOURNAL ENTRIES
MONTH OF
AUGUST 2015

Recorded ARM 9/13/15
Reviewed

Acct #	JE #	Description	Check #	Debit Amount	Credit Amount	
10255000		Indigent Healthcare		6,653.77		
40450074		Reimbursement - Calhoun Cty			4,913.33	✓
40015074		Benefits - FICA			244.86	✓
40025074		Benefits - FUTA			-	
40040074		Benefits - Retirement			293.48	✓
60320000		Benefits - Insurance			884.40	✓
40220074		Supplies - General			-	
40225074		Supplies - Office			4.25	✓
40230074		Forms			-	
40610074		Continuing Education			-	
40510074		Outside Services			-	
40215074		Freight			-	
40600074		Miscellaneous			313.45	✓
			TOTALS	6,653.77	6,653.77	✓

EXPLANATION FOR ENTRY - To reclassify indigent care expenses to misc receivable

REVERSING: YES _____ NO _____

JE # 081530

POSTED

APPROVED
ON

SEP 2 1 2015

BY
CALHOUN COUNTY AUDITOR

Indigent Healthcare Program
Incurred by MMC
AUGUST 2015

Indigent H'care Coordinator Salary	# 40000074	6-Aug	$ 2,270.15	
	# 40000074	20-Aug	1,512.48	
	# 40000074			
	# 40050074			
	# 40050074			
	(# 40010074)		1,130.70	
				4,913.33
Benefits:	#40040074			**293.48**
FICA	# 40015074	6-Aug	124.10	
	# 40015074	20-Aug	120.76	
	# 40015074			
				244.86
FUTA	# 40025074	6-Aug	-	
	# 40025074	20-Aug	-	
	# 40025075			
				-
Other Benefits (18 %)	# 63200000			**884.40**
General Supplies	# 40220074			**-**
Office Supplies	# 40225074			**4.25**
Forms	#40230074			**-**
Continuing Education	#40610074			**-**
Outside Services	#40510074			**-**
Freight	#40215074			**-**
Travel	#40600074			**313.45**

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40000074 SALARIES REG PROD -CALHOUN C							
40000074 SALARIES REG PROD -CALHO		BEGINNING BALANCE AS OF: 08/01/15					25,040.42
	08/01/15	REVERSE ACCRUAL		PR	19 4371 394	-1,244.96	
	08/06/15	PAY-P.07/24/15 08/06/15		PR	19 4403 47	2,270.15	
	08/20/15	PAY-P.08/07/15 08/20/15		PR	19 4425 47	1,512.48	
	08/31/15	Accrual--Days= 11		PR	19 4425 409	1,188.33	
		08/31 ACTIVITY/END BALANCE				3,726.00	28,766.42
40005074 SALARIES OVERTIM		BEGINNING AND ENDING BALANCE:					49.96
40010074 SALARIES PTO/EIB -CALHO		BEGINNING BALANCE AS OF: 08/01/15					2,812.03
	08/01/15	REVERSE ACCRUAL		PR	19 4371 502	-66.48	
	08/06/15	Auto PR Bene Accrual Re		PR	19 4370 91	-574.11	
	08/06/15	Auto PR Bene Accrual		PR	19 4402 89	559.07	
	08/06/15	PAY-P.07/24/15 08/06/15		PR	19 4403 97	207.00	
	08/20/15	Auto PR Bene Accrual Re		PR	19 4402 91	-559.07	
	08/20/15	Auto PR Bene Accrual		PR	19 4424 89	649.82	
	08/20/15	PAY-P.08/07/15 08/20/15		PR	19 4425 97	923.70	
	08/31/15	Accrual--Days= 11		PR	19 4425 509	725.78	
		08/31 ACTIVITY/END BALANCE				1,865.71	4,677.74
40015074 FICA -CALHO		BEGINNING BALANCE AS OF: 08/01/15					15.70
	08/01/15	REVERSE ACCRUAL		PR	19 4371 680	-51.68	
	08/01/15	REVERSE ACCRUAL		PR	19 4371 742	-12.08	
	08/06/15	PAY-P.07/24/15 08/06/15		PR	19 4403 375	23.52	
	08/06/15	PAY-P.07/24/15 08/06/15		PR	19 4403 406	100.58	
	08/20/15	PAY-P.08/07/15 08/20/15		PR	19 4425 546	22.89	
	08/20/15	PAY-P.08/07/15 08/20/15		PR	19 4425 577	97.87	
	08/31/15	Accrual--Days= 11		PR	19 4425 691	76.89	
	08/31/15	Accrual--Days= 11		PR	19 4425 753	18.04	
		08/31 ACTIVITY/END BALANCE				276.03	291.73
40025074 FUT		BEGINNING AND ENDING BALANCE:					-2.10
40040074 RETIREMENT -CALHO		BEGINNING BALANCE AS OF: 08/01/15					18.22
	08/01/15	REVERSE ACCRUAL		PR	19 4371 864	-76.48	
	08/06/15	PAY-P.07/24/15 08/06/15		PR	19 4403 468	148.48	
	08/20/15	PAY-P.08/07/15 08/20/15		PR	19 4425 639	145.00	
	08/31/15	Accrual--Days= 11		PR	19 4425 875	113.96	
		08/31 ACTIVITY/END BALANCE				330.96	349.18
40225074 OFFICE SUPPLIES -CALHO		BEGINNING BALANCE AS OF: 08/01/15					.00
	08/31/15	AUTO-TRAN/EXP.REPORT	000000	MM	25 550 47	4.25	
		08/31 ACTIVITY/END BALANCE				4.25	4.25

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40450074 REIMBURSEMENT		BEGINNING AND ENDING BALANCE:					-27,586.72
40600074 TRAVEL		-CALHO BEGINNING BALANCE AS OF: 08/01/15					.00
	08/17/15	DIANA GARCIA	20205	PJ	19 4409 33	35.65	
	08/31/15	MONICA ESCALANTE	20307	PJ	19 4448 23	277.80	
		08/31 ACTIVITY/END BALANCE				313.45	313.45
		COST CENTER TOTAL:				6,516.40	
		ENDING BALANCE GRAND TOTAL:					6,863.91
		GRAND TOTAL ACTIVITY:					6,516.40

Adam Machicek

From: Miller, Sara
Sent: Friday, July 31, 2015 12:21 PM
To: Adam Machicek
Subject: FW: Solera & Crescent Ck deposited in Ashford
Attachments: 0492_001.pdf

Hello Adam –

It looks like a few checks were deposited into the wrong facility. Please cut checks from Ashford and deposit into Solera and Crescent. See details below.

Thanks,
Sara

Sara Miller, CPA
Director of Finance
Cantex Continuing Care Network, *Where we are Committed to Excellence*
2537 Golden Bear Drive
Carrollton, TX 75006

Michael J. Pfeifer
Calhoun County Judge
Date: 8-17-15

From: Patel, Nipa
Sent: Wednesday, July 29, 2015 4:37 PM
To: Miller, Sara
Subject: Solera & Crecent Ck deposited in Ashford

Can you please have Ashford write Check to Solera and Crescent as below:

(A) Solera Check of $14,527.50 was deposited in Ashford > Σ(A) = 21,363
(A) Solera Check of $6,835.50 was deposited in Ashford
Crescent Check of $730.00 was deposited in Ashford

APPROVED
AUG - 3 2015
COUNTY AUDITOR

3521

DATE 8-3-15 88-502/1131 10

PAY TO THE ORDER OF NH Solera $ 21,363.00

Twenty One Thousand Three Hundred Sixty Three & 00 DOLLARS

Security Features Included. Details on Back.

IBC BANK
Port Lavaca, TX IBC Voice - (361) 553-4200

FOR Acct. 2810244561

Cindy Mueller MP

⑈5025⑈ ⑆4553⑈

3520

DATE 8-3-15 88-502/1131 10

PAY TO THE ORDER OF NH Crescent $ 730.00

Seven Hundred Thirty & 00 DOLLARS

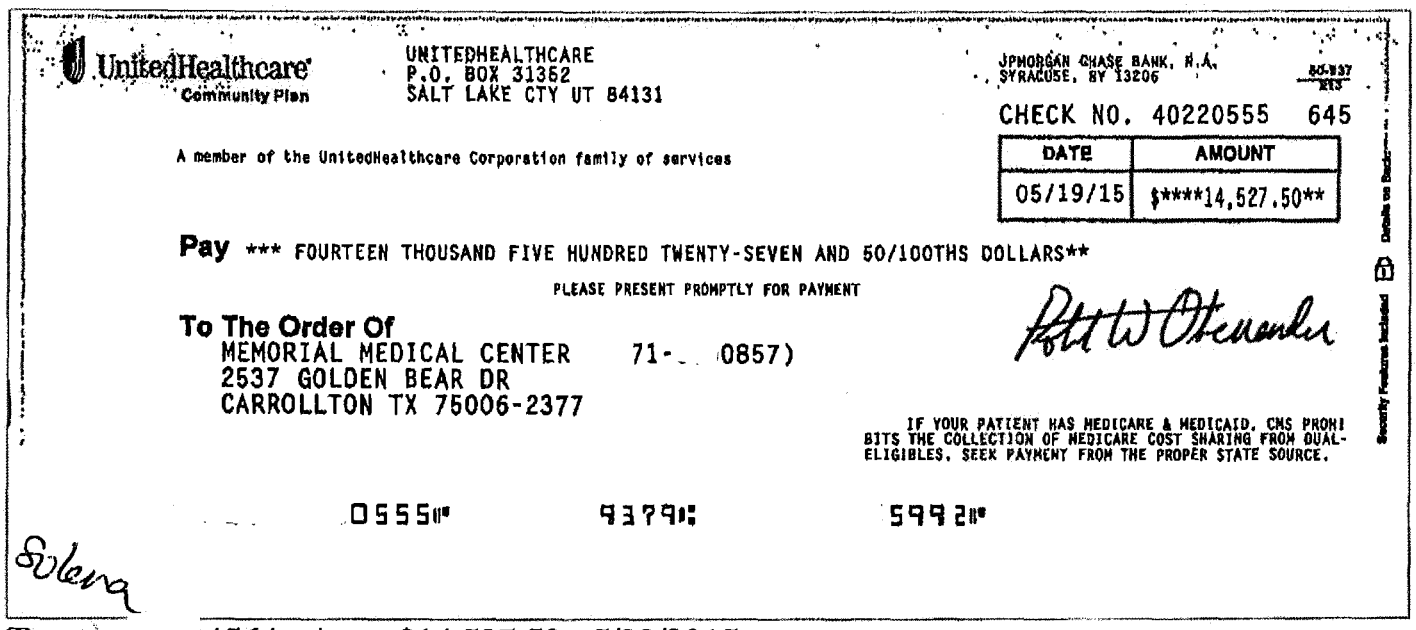
Security Features Included. Details on Back.

IBC BANK
Port Lavaca, TX IBC Voice - (361) 553-4200

FOR Acct 2810244588

Cindy Mueller MP

⑈5025⑈ ⑆4553⑈



UnitedHealthcare Community Plan

UNITEDHEALTHCARE
P.O. BOX 31362
SALT LAKE CTY UT 84131

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

CHECK NO. 40220555 645

A member of the UnitedHealthcare Corporation family of services

DATE	AMOUNT
05/19/15	$****14,527.50**

Pay *** FOURTEEN THOUSAND FIVE HUNDRED TWENTY-SEVEN AND 50/100THS DOLLARS**

PLEASE PRESENT PROMPTLY FOR PAYMENT

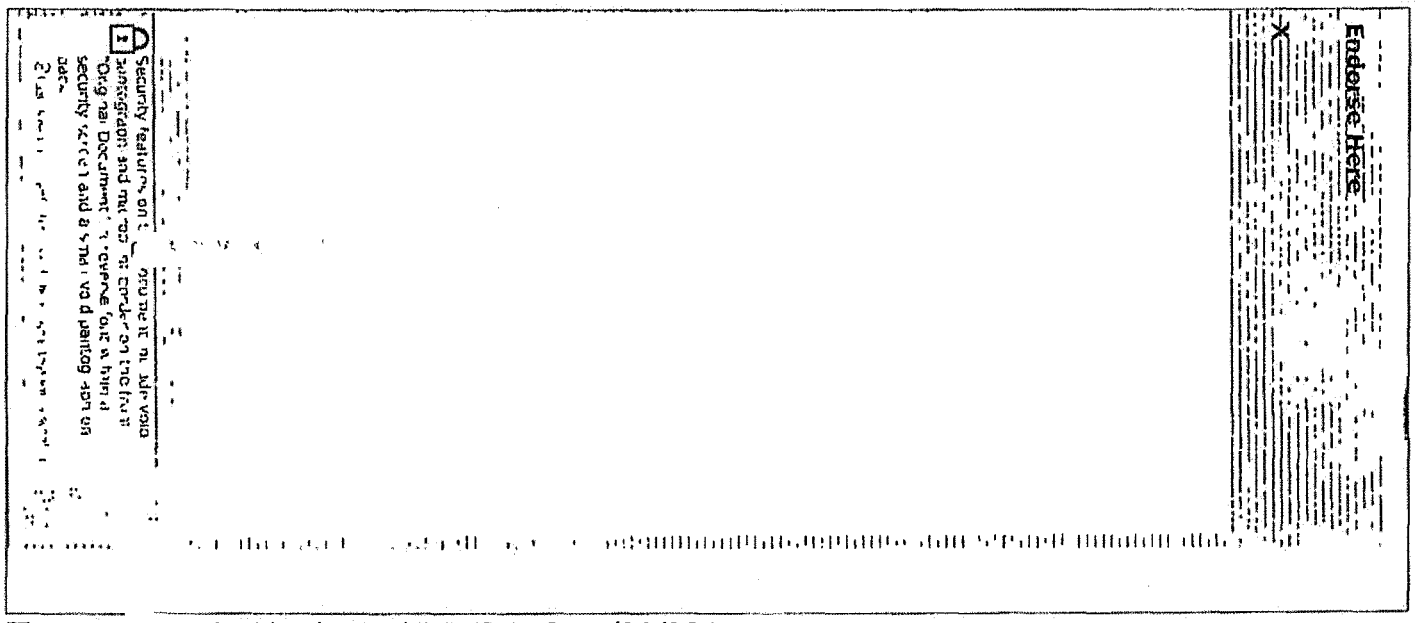
To The Order Of
MEMORIAL MEDICAL CENTER 71-[illegible]0857)
2537 GOLDEN BEAR DR
CARROLLTON TX 75006-2377

IF YOUR PATIENT HAS MEDICARE & MEDICAID, CMS PROHIBITS THE COLLECTION OF MEDICARE COST SHARING FROM DUAL-ELIGIBLES. SEEK PAYMENT FROM THE PROPER STATE SOURCE.

Security Features Included Details on Back

⑇ Edeva

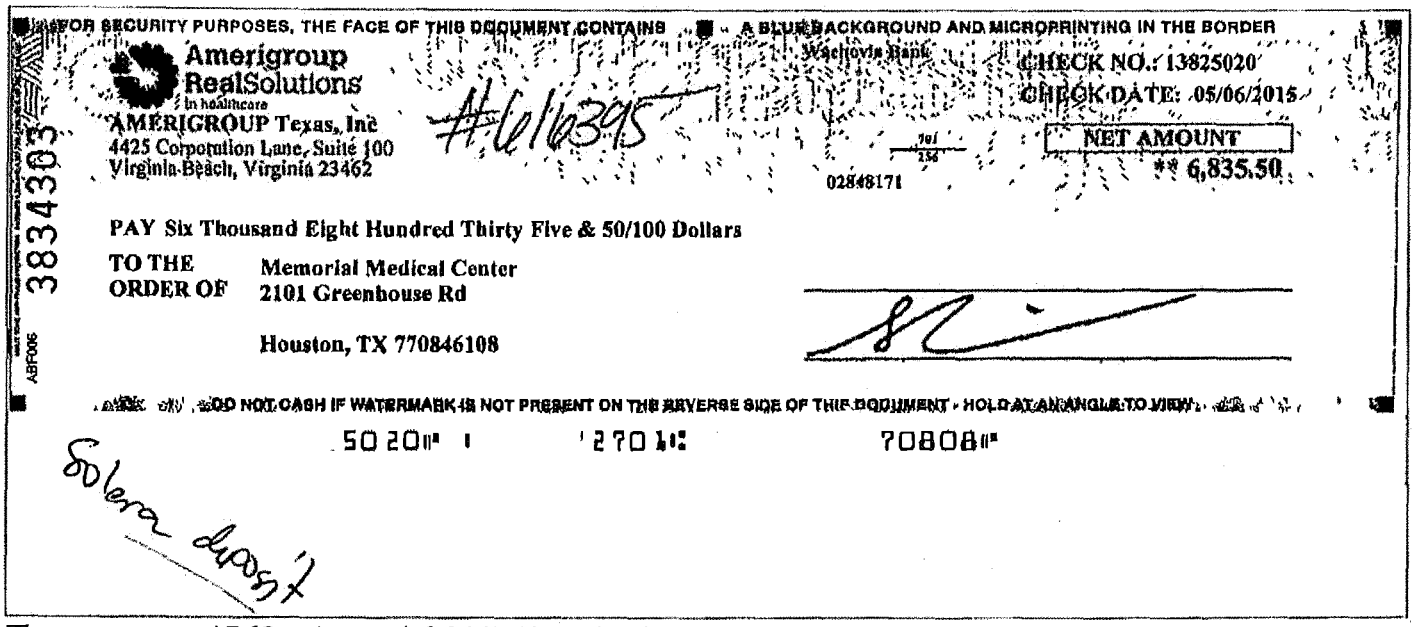
Tracer: [illegible]4564 - Amt: $14,527.50 - 5/29/2015



Endorse Here

Tracer: 4564 - Amt: $14,527.50 - 5/29/2015

Deposited in Ashford


FOR SECURITY PURPOSES, THE FACE OF THIS DOCUMENT CONTAINS A BLUE BACKGROUND AND MICROPRINTING IN THE BORDER

Amerigroup RealSolutions In healthcare

AMERIGROUP Texas, Inc
4425 Corporation Lane, Suite 100
Virginia Beach, Virginia 23462

Wachovia Bank

CHECK NO.: 13825020
CHECK DATE: 05/06/2015
NET AMOUNT
** 6,835.50

02848171

3834303

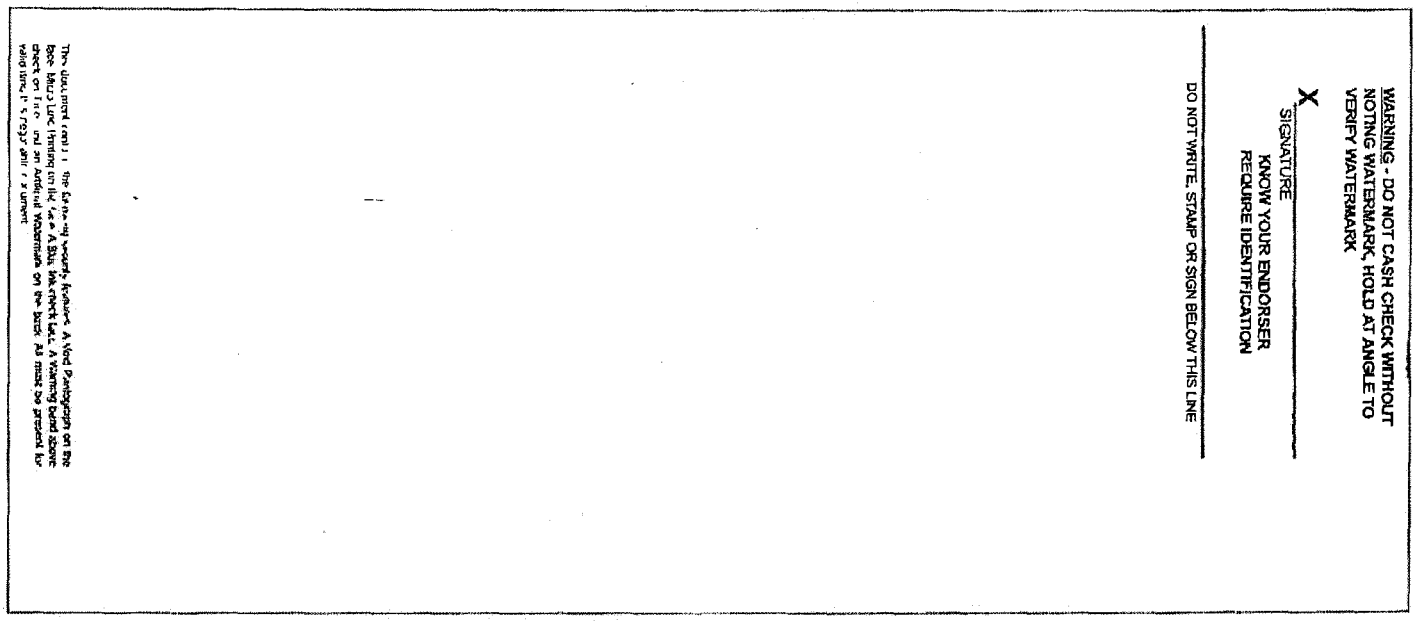
PAY Six Thousand Eight Hundred Thirty Five & 50/100 Dollars

TO THE ORDER OF Memorial Medical Center
2101 Greenhouse Rd

Houston, TX 770846108

DO NOT CASH IF WATERMARK IS NOT PRESENT ON THE REVERSE SIDE OF THIS DOCUMENT - HOLD AT AN ANGLE TO VIEW

Tracer: 4563 - Amt: $6,835.50 - 5/29/2015

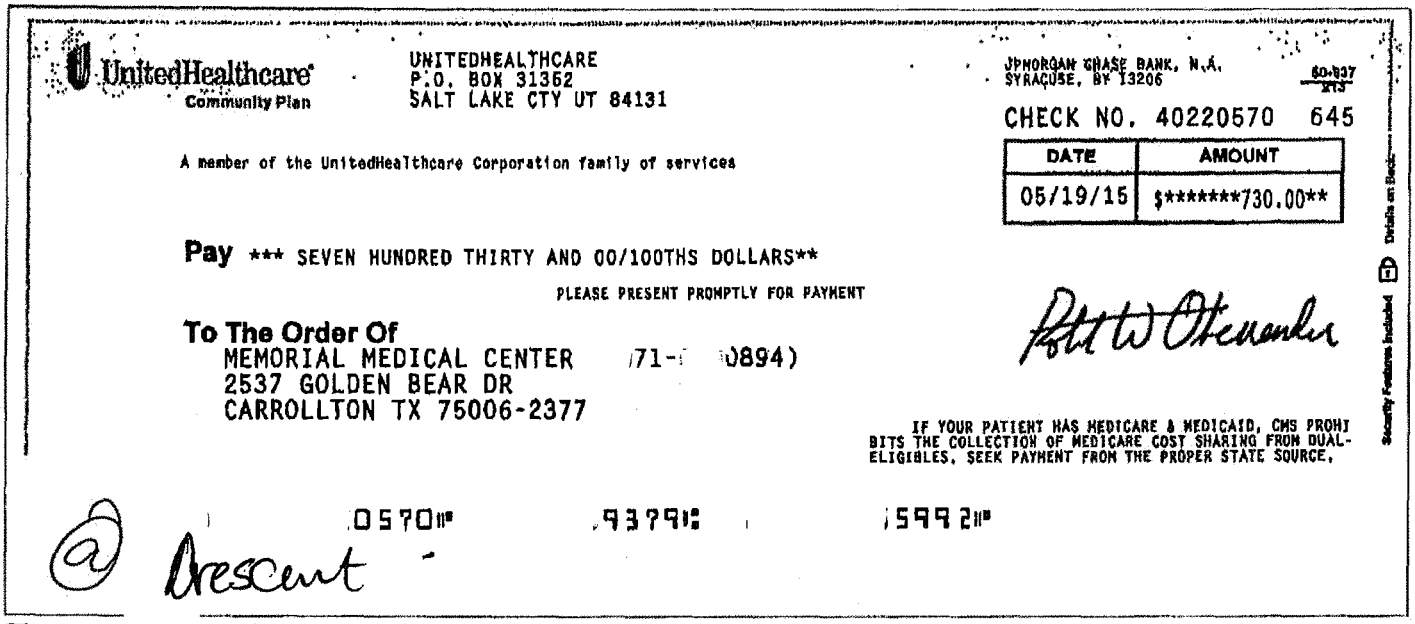

WARNING - DO NOT CASH CHECK WITHOUT NOTING WATERMARK, HOLD AT ANGLE TO VERIFY WATERMARK

X
SIGNATURE
KNOW YOUR ENDORSER
REQUIRE IDENTIFICATION

DO NOT WRITE, STAMP OR SIGN BELOW THIS LINE

Tracer: 4563 - Amt: $6,835.50 - 5/29/2015

Deposited in Ashford



UnitedHealthcare Community Plan

UNITEDHEALTHCARE
P.O. BOX 31362
SALT LAKE CTY UT 84131

JPMORGAN CHASE BANK, N.A.
SYRACUSE, NY 13206

60-937
213

CHECK NO. 40220570 645

A member of the UnitedHealthcare Corporation family of services

DATE	AMOUNT
05/19/15	$*******730.00**

Pay *** SEVEN HUNDRED THIRTY AND 00/100THS DOLLARS**

PLEASE PRESENT PROMPTLY FOR PAYMENT

To The Order Of
MEMORIAL MEDICAL CENTER (71-[illegible]0894)
2537 GOLDEN BEAR DR
CARROLLTON TX 75006-2377

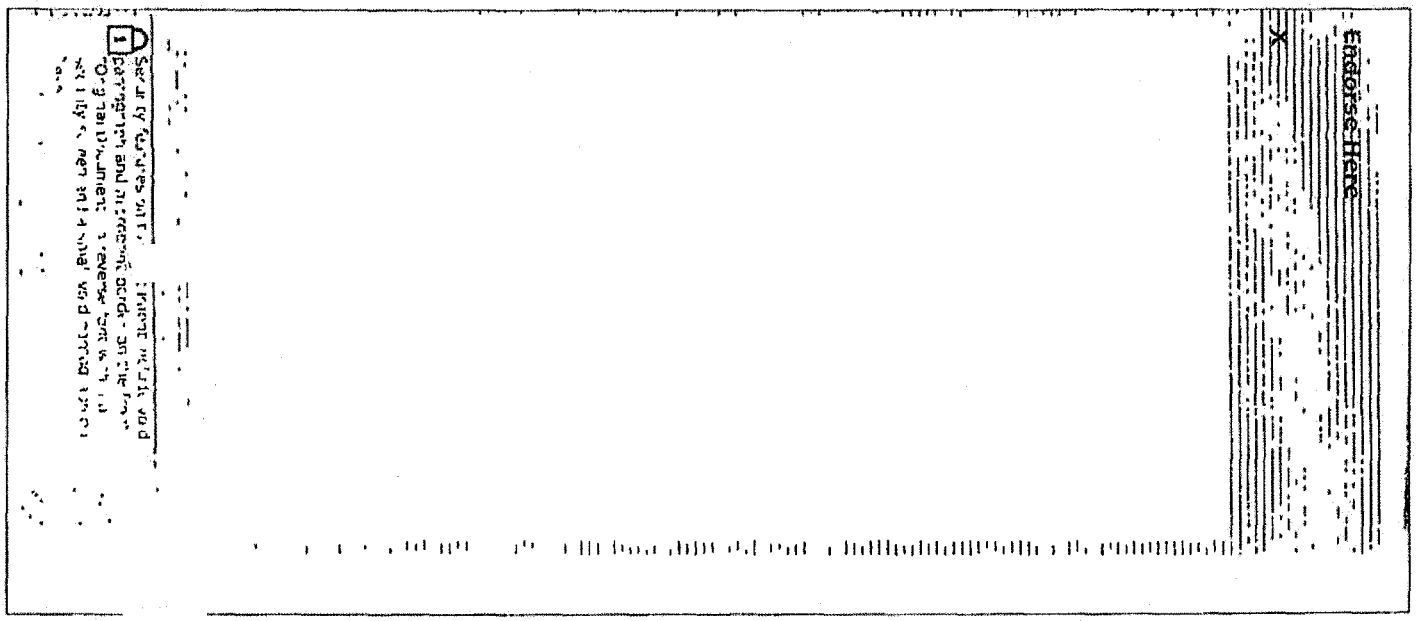
IF YOUR PATIENT HAS MEDICARE & MEDICAID, CMS PROHIBITS THE COLLECTION OF MEDICARE COST SHARING FROM DUAL-ELIGIBLES. SEEK PAYMENT FROM THE PROPER STATE SOURCE.

Details on Back — Security Features Included

⑈0570⑈ ⑆9379⑆ ⑈5992⑈

@ Crescent

Tracer: 4565 - Amt: $730.00 - 5/29/2015



Endorse Here

Tracer: 4565 - Amt: $730.00 - 5/29/2015

Deposited in Ashford

RUN DATE:08/03/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:42 CHECK REGISTER and Payable List GLCKREG
08/03/15 THRU 08/03/15

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000651	08/03/15	417.98	MCKESSON - HEB Pharmacy
A/P	000652	08/03/15	1,489.47	MCKESSON - Walmart Pharmacy
A/P	000653	08/03/15	1,131.72	MCKESSON - CVS Pharmacy
TOTALS:			3,039.17	

APPROVED
ON

AUG - 3 2015 CT

BY
CALHOUN COUNTY AUDITOR

340 B Prescription Expenses

Michael J. Pfeifer
County Judge
8-17-15

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
8/5/2015

Nursing Home	IBC Account Number	Base Balance	Previous Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	100.00	319,598.47	115,646.46	-	341,691.47	-	-	93,653.46	93,553.46

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
10614
34257

Nursing Home	IBC Account Number	Base Balance	Previous Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	100.00	48,216.99	629,059.47	-	48,216.99	-	-	629,159.47	629,059.47
Crescent	4588	100.00	48,271.96	48,164.30	-	48,271.96	-	-	48,264.30	48,164.30
Broadmoor	4596	100.00	36,327.93	28,651.64	-	48,271.96	-	-	16,807.61	16,707.61
Fort Bend	4618	100.00	16,276.61	21,036.23	-	16,276.61	-	-	21,136.23	21,036.23
										714,967.61

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
10614
2922

Note: Only balances of over $5,000 will be transferred to the nursing home.

Approved:

APPROVED
AUG - 5 2015
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 8-17-15

A:\NH Weekly Transfers\NH UPL Transfer Summary.xlsx

IBC Bank Activity
7/27/15 through 8/4/15

Ashford Gardens					Transfer-Out	Transfer-In	
7/28/2015	5025	4553	142	ACH CREDIT RECEIVED		8,036.38	AGING DISAB SVCS HCCLAIMPMT
7/30/2015	5025	4553	301	COMMERCIAL DEPOSIT		85,009.33	
7/30/2015	5025	4553	142	ACH CREDIT RECEIVED		1,711.66	Molina HC of TX Molina HC
7/30/2015	5025	4553	495	OUTGOING MONEY TRANSFER	319,598.47		ASHFORD HEALTH CARE CENTER LTD
7/31/2015	5025	4553	142	ACH CREDIT RECEIVED		15,140.43	Molina HC of TX Molina HC
7/31/2015	5025	4553	142	ACH CREDIT RECEIVED		5,028.38	AGING DISAB SVCS HCCLAIMPMT
8/3/2015	5025	4553	142	ACH CREDIT RECEIVED		720.28	Molina HC of TX Molina HC
8/4/2015	5025	4553	475	CHECK PAID	21,363.00		
8/4/2015	5025	4553	475	CHECK PAID	730.00		
					341,691.47	**115,646.46**	

Solera at West Houston					Transfer-Out	Transfer-In	
7/27/2015	5025	4561	195	INCOMING MONEY TRANSFER		589,907.05	CANTEX HEALTH CARE CENTERS III
7/30/2015	5025	4561	495	OUTGOING MONEY TRANSFER	48,216.99		CANTEX HEALTH CARE CENTERS LLC
7/30/2015	5025	4561	142	ACH CREDIT RECEIVED		5,367.19	Molina HC of TX Molina HC
7/30/2015	5025	4561	301	COMMERCIAL DEPOSIT		11,116.35	
7/31/2015	5025	4561	142	ACH CREDIT RECEIVED		1,305.88	AGING DISAB SVCS HCCLAIMPMT
8/4/2015	5025	4561	301	COMMERCIAL DEPOSIT		21,363.00	
					48,216.99	**629,059.47**	

Crescent					Transfer-Out	Transfer-In	
7/30/2015	5025	4588	301	COMMERCIAL DEPOSIT		42,494.44	
7/30/2015	5025	4588	142	ACH CREDIT RECEIVED		4,939.86	Molina HC of TX Molina HC
7/30/2015	5025	4588	495	OUTGOING MONEY TRANSFER	48,271.96		CANTEX HEALTH CARE CENTERS III
8/4/2015	5025	4588	301	COMMERCIAL DEPOSIT		730.00	
					48,271.96	**48,164.30**	

Broadmoor					Transfer-Out	Transfer-In	
7/29/2015	5025	4596	301	COMMERCIAL DEPOSIT		19,568.77	
7/30/2015	5025	4596	495	OUTGOING MONEY TRANSFER	48,271.96		CANTEX HEALTH CARE CENTERS III
7/31/2015	5025	4596	142	ACH CREDIT RECEIVED		6,059.40	AGING DISAB SVCS HCCLAIMPMT
8/4/2015	5025	4596	142	ACH CREDIT RECEIVED		3,023.47	AGING DISAB SVCS HCCLAIMPMT
					48,271.96	**28,651.64**	

Fort Bend					Transfer-Out	Transfer-In	
7/27/2015	5025	4618	142	ACH CREDIT RECEIVED		1,190.99	AGING DISAB SVCS HCCLAIMPMT
7/30/2015	5025	4618	495	OUTGOING MONEY TRANSFER	16,276.61		CANTEX HEALTH CARE CENTERS III
7/30/2015	5025	4618	142	ACH CREDIT RECEIVED		4,951.32	Molina HC of TX Molina HC
7/30/2015	5025	4618	301	COMMERCIAL DEPOSIT		1,707.85	
7/31/2015	5025	4618	142	ACH CREDIT RECEIVED		5,867.57	Molina HC of TX Molina HC
8/4/2015	5025	4618	142	ACH CREDIT RECEIVED		7,318.50	AGING DISAB SVCS HCCLAIMPMT
					16,276.61	**21,036.23**	

Account Portfolio as of 08/05/2015 8:17:45 AM

Account Display
(•) Display By Account Type
( ) Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$325,069.79	$325,069.79
Memorial Medical Center	4553	$93,653.46	$93,653.46
Memorial Medical Center	4561	$629,159.47	$629,159.47
Memorial Medical Center	4588	$48,264.30	$48,264.30
Memorial Medical Center	4596	$16,807.61	$16,978.47
Memorial Medical Center	4618	$21,136.23	$22,904.16
Memorial Medical Center Operat	0301	$1,845,735.50	$1,764,545.99
County of Calhoun Indigent	1101	$7,807.92	$7,807.92
Totals		**$2,987,634.28**	**$2,908,383.56**

08/04/2015 MEMORIAL MEDICAL CENTER 0
15:14 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/10/2015

Vendor#	Vendor Name				Class	Pay Code				
10950	ACUTE CARE INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21872		07/30/20	07/20/20	08/19/20		1,400.00	0.00	0.00	1,400.00 ✓
		OUTSIDE SRV ER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10950	ACUTE CARE INC				1,400.00	0.00	0.00	1,400.00
Vendor#	Vendor Name				Class	Pay Code				
A1790	AFLAC ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	995912		07/31/20	07/12/20	08/01/20		3,574.73	0.00	0.00	3,574.73 ✓
		EMPLOYEES PERSONAL INS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1790	AFLAC				3,574.73	0.00	0.00	3,574.73
Vendor#	Vendor Name				Class	Pay Code				
A1715	ALCO SALES & SERVICE CO ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2606685-IN		07/30/20	07/15/20	08/14/20		209.37	0.00	0.00	209.37 ✓
		WHEELCHAIR REPAIR								
	2607276-IN		07/30/20	07/20/20	08/19/20		144.51	0.00	0.00	144.51 ✓
		WHEEL CHAIR REPAIR								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1715	ALCO SALES & SERVICE CO				353.88	0.00	0.00	353.88
Vendor#	Vendor Name				Class	Pay Code				
A1690	ALCON LABORTORIES INC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	19584486		07/31/20	07/23/20	08/22/20		20.00	0.00	0.00	20.00 ✓
		FREIGHT EXPENSE CS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1690	ALCON LABORTORIES INC				20.00	0.00	0.00	20.00
Vendor#	Vendor Name				Class	Pay Code				
10533	ALERE NORTH AMERICA INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	90714273		07/30/20	07/07/20	08/06/20		5,130.50	0.00	0.00	5,130.50
		LAB INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10533	ALERE NORTH AMERICA INC				5,130.50	0.00	0.00	5,130.50 ✓
Vendor#	Vendor Name				Class	Pay Code				
A1705	ALIMED INC. ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	RPSV01911705		07/30/20	07/17/20	08/16/20		196.66	0.00	0.00	196.66 ✓
		SUPPLIES PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1705	ALIMED INC.				196.66	0.00	0.00	196.66
Vendor#	Vendor Name				Class	Pay Code				
A1553	APPLIED CARDIAC SYSTEMS ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0005133-IN		07/27/20	06/30/20	08/26/20		182.49	0.00	0.00	182.49 ✓

SUPPLIES CARDIO

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1553	APPLIED CARDIAC SYSTEMS	182.49	0.00	0.00	182.49

Vendor#	Vendor Name	Class	Pay Code
B0436	BARD ACCESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
44447477		08/03/20	07/27/20	08/26/20			216.75	0.00	0.00	216.75

CS INVENTORY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0436	BARD ACCESS	216.75	0.00	0.00	216.75

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
74549196		07/27/20	07/15/20	08/26/20			109.04	0.00	0.00	109.04

CS INVENTORY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	109.04	0.00	0.00	109.04

Vendor#	Vendor Name	Class	Pay Code
B1075	BAXTER HEALTHCARE CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
48079333		07/27/20	07/23/20	08/22/20			395.19	0.00	0.00	395.19

CS INVENTORY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	395.19	0.00	0.00	395.19

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6002956425		07/27/20	07/16/20	08/26/20			531.12	0.00	0.00	531.12

SUPPLIES CT SCAN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	531.12	0.00	0.00	531.12

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
105003771		07/30/20	07/07/20	08/06/20			582.92	0.00	0.00	582.92
	LAB SUPPLIES									
105005032		07/30/20	07/08/20	08/07/20			276.66	0.00	0.00	276.66
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	859.58	0.00	0.00	859.58

Vendor#	Vendor Name	Class	Pay Code
B1800	BRIGGS HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8041246 RI		07/31/20	07/27/20	08/27/20			92.67	0.00	0.00	92.67

CS INVENTORY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE	92.67	0.00	0.00	92.67

Vendor#	Vendor Name	Class	Pay Code
D1040	C R BARD, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
23238669		07/31/20	07/31/20	07/31/20			240.00	0.00	0.00	240.00

SURGERY SUPPLIES

Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	D1040	C R BARD, INC					240.00	0.00	0.00	240.00

Vendor#	Vendor Name			Class	Pay Code					
C1030	CAL COM FEDERAL CREDIT UNION			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20176		07/30/20	07/30/20	07/30/20		25.00	0.00	0.00	25.00
		EMPLOYEE CREDIT UNION								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1030	CAL COM FEDERAL CREDIT UNION					25.00	0.00	0.00	25.00

Vendor#	Vendor Name			Class	Pay Code					
C1112	CALHOUN COUNTY			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20184		07/31/20	07/30/20	07/30/20		7.50	0.00	0.00	7.50
		REGISTRATION DODGE CARA								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1112	CALHOUN COUNTY					7.50	0.00	0.00	7.50

Vendor#	Vendor Name			Class	Pay Code					
C1992	CDW GOVERNMENT, INC.			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	WT48724		07/31/20	07/17/20	08/16/20		103.34	0.00	0.00	103.34
		SUPPLIES PT								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.					103.34	0.00	0.00	103.34

Vendor#	Vendor Name			Class	Pay Code					
10350	CENTURION MEDICAL PRODUCTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	91815835		07/27/20	07/20/20	08/26/20		174.96	0.00	0.00	174.96
		CS INVENTORY & RECOVERY								
	91817736		07/27/20	07/22/20	08/26/20		235.00	0.00	0.00	235.00
		CS INVENTORY								
	91819910		07/31/20	07/27/20	08/26/20		509.34	0.00	0.00	509.34
		CS INVENTORY								
	91822018		07/31/20	07/29/20	08/28/20		282.00	0.00	0.00	282.00
		SUPPLIES XRAY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS					1,201.30	0.00	0.00	1,201.30

Vendor#	Vendor Name			Class	Pay Code					
C1410	CERTIFIED LABORATORIES			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1983158		07/31/20	07/17/20	08/16/20		283.50	0.00	0.00	283.50
		DIETARY SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1410	CERTIFIED LABORATORIES					283.50	0.00	0.00	283.50

Vendor#	Vendor Name			Class	Pay Code					
10105	CHRIS KOVAREK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	26		07/31/20	07/31/20	07/31/20		320.00	0.00	0.00	320.00
		OUTSIDE SRV SOCIAL WORKI								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK					320.00	0.00	0.00	320.00

Vendor#	Vendor Name	Class	Pay Code

10420 COFFEE WHOLESALE USA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
413287		07/30/20	07/17/20	08/16/20			899.64	0.00	0.00	899.64
	HOT WATER DISPENSER REP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10420	COFFEE WHOLESALE USA	899.64	0.00	0.00	899.64

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
945698		07/27/20	07/17/20	08/26/20			119.76	0.00	0.00	119.76
	SUPPLIES SURGERY									
946642		07/27/20	07/20/20	08/26/20			263.25	0.00	0.00	263.25
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	383.01	0.00	0.00	383.01

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
445965-0		07/27/20	07/20/20	08/26/20			16.60	0.00	0.00	16.60
	CS INVENTORY									
446353-0		07/27/20	07/22/20	08/26/20			175.00	0.00	0.00	175.00
	CS INVENTORY									
446632-0		07/27/20	07/27/20	08/26/20			334.99	0.00	0.00	334.99
	CS INVENTORY & SURGERY S									
446859-0		07/27/20	07/28/20	08/27/20			139.00	0.00	0.00	139.00
	CS INVENTORY									
445793-0		07/30/20	07/16/20	08/15/20			58.96	0.00	0.00	58.96
	OFFICE SUPPLIES ACCOUNTI									
445781-0		07/30/20	07/16/20	08/15/20			126.15	0.00	0.00	126.15
	OFFICE SUPPLIES HIM									
445857-0		07/30/20	07/17/20	08/16/20			58.16	0.00	0.00	58.16
	SUPPLIES CARDIO									
445880-0		07/30/20	07/17/20	08/16/20			36.36	0.00	0.00	36.36
	OFFICE SUPPLIES SURGERY									
446323-0		07/30/20	07/22/20	08/21/20			94.59	0.00	0.00	94.59
	OFFICE SUPPLIES CLINIC									
446385-0		07/30/20	07/22/20	08/21/20			30.52	0.00	0.00	30.52
	OFFICE SUPPLIES SURGERY									
446637-0		07/30/20	07/27/20	08/26/20			51.87	0.00	0.00	51.87
	OFFICE SUPPLIES LAB									
446851-0		07/30/20	07/28/20	08/27/20			144.24	0.00	0.00	144.24
	OFFICE SUPPLIES HOSPITALI									
446931-0		07/31/20	07/29/20	08/28/20			27.99	0.00	0.00	27.99
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,294.43	0.00	0.00	1,294.43

Vendor#	Vendor Name	Class	Pay Code
D1664	DOLPHIN TALK	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0717-03		07/30/20	07/24/20	08/23/20			300.00	0.00	0.00	300.00
	ADVERTISING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	D1664	DOLPHIN TALK					300.00	0.00	0.00	300.00
Vendor#	Vendor Name				Class	Pay Code				
D1710	DOWNTOWN CLEANERS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20180		07/30/20	07/02/20	08/01/20		28.00	0.00	0.00	28.00
		CLEANING SRV HOUSEKEEPI								
	20181		07/30/20	07/09/20	08/08/20		35.00	0.00	0.00	35.00
		CLEANING SRV HOUSEKEEPI								
	20179		07/30/20	07/16/20	08/15/20		24.50	0.00	0.00	24.50
		CLEANING SRV HOUSEKEEPI								
	20178		07/30/20	07/23/20	08/22/20		35.00	0.00	0.00	35.00
		CLEANING SRV HOUSEKEEPI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1710	DOWNTOWN CLEANERS				122.50	0.00	0.00	122.50
Vendor#	Vendor Name				Class	Pay Code				
D1785	DYNATRONICS CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	824568		07/27/20	07/21/20	08/20/20		150.50	0.00	0.00	150.50
		SUPPLIES PT								
	824525		07/30/20	07/21/20	08/20/20		46.90	0.00	0.00	46.90
		SUPPLIES PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1785	DYNATRONICS CORPORATION				197.40	0.00	0.00	197.40
Vendor#	Vendor Name				Class	Pay Code				
C2510	EVIDENT				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	909813		07/27/20	07/07/20	08/26/20		118.00	0.00	0.00	118.00
		SUPPLIES CS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2510	EVIDENT				118.00	0.00	0.00	118.00
Vendor#	Vendor Name				Class	Pay Code				
F1100	FEDERAL EXPRESS CORP.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5-104-35127		07/31/20	07/23/20	08/07/20		43.74	0.00	0.00	43.74
		FREIGHT CHARGES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.				43.74	0.00	0.00	43.74
Vendor#	Vendor Name				Class	Pay Code				
11037	FIRST CLEARING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20174		07/30/20	07/30/20	07/30/20		75.00	0.00	0.00	75.00
		EMPLOYEE PERSONAL INVES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11037	FIRST CLEARING				75.00	0.00	0.00	75.00
Vendor#	Vendor Name				Class	Pay Code				
F1400	FISHER HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5882694		07/30/20	07/08/20	08/07/20		225.51	0.00	0.00	225.51
		LAB SUPPLIES								
	6099551		07/30/20	07/14/20	08/13/20		32.56	0.00	0.00	32.56
		LAB SUPPLIES								

	6099552		07/30/20	07/14/20	08/13/20	546.95	0.00	0.00	546.95
		LAB SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE			805.02	0.00	0.00	805.02
Vendor#	Vendor Name				Class	Pay Code			
11078	FUSION MEDICAL STAFFING, LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	56125		07/31/20	07/24/20	08/23/20	2,520.00	0.00	0.00	2,520.00
		PROF FEES PT							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11078	FUSION MEDICAL STAFFING, LLC			2,520.00	0.00	0.00	2,520.00
Vendor#	Vendor Name				Class	Pay Code			
10488	GE HEALTHCARE IITS USA CORP								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	030282290		07/30/20	07/10/20	08/09/20	805.27	0.00	0.00	805.27
		DUES & SUBCRIPTIONS OB							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10488	GE HEALTHCARE IITS USA CORP			805.27	0.00	0.00	805.27
Vendor#	Vendor Name				Class	Pay Code			
10642	GLAXOSMITHKLINE PHARMACUETICAL								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	32563329		07/31/20	07/15/20	08/14/20	618.43	0.00	0.00	618.43
		PHARMACY DRUGS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10642	GLAXOSMITHKLINE PHARMACUETICAL			618.43	0.00	0.00	618.43
Vendor#	Vendor Name				Class	Pay Code			
10653	GLOBAL EQUIPMENT COMPANY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	108352024		07/31/20	07/27/20	08/26/20	478.00	0.00	0.00	478.00
		SUPPLIES PLANT OPS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10653	GLOBAL EQUIPMENT COMPANY			478.00	0.00	0.00	478.00
Vendor#	Vendor Name				Class	Pay Code			
W1300	GRAINGER				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	9797324754		07/30/20	07/22/20	08/21/20	105.15	0.00	0.00	105.15
		SUPPLIES PLANT OPS							
	9797324762		07/30/20	07/22/20	08/21/20	47.21	0.00	0.00	47.21
		SUPPLIES PLANT OPS							
	979865987		07/31/20	07/23/20	08/22/20	57.50	0.00	0.00	57.50
		SUPPLIES PLANT OPS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		W1300	GRAINGER			209.86	0.00	0.00	209.86
Vendor#	Vendor Name				Class	Pay Code			
G0401	GULF COAST DELIVERY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	20182		07/30/20	07/30/20	07/30/20	250.00	0.00	0.00	250.00
		DELIVERY SERVICE							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		G0401	GULF COAST DELIVERY			250.00	0.00	0.00	250.00
Vendor#	Vendor Name				Class	Pay Code			
A1292	GULF COAST HARDWARE / ACE				W				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
93303		07/30/20	07/13/20	08/12/20			13.99	0.00	0.00	13.99
	SUPPLIES MEDICAL RECORD									
93343		07/30/20	07/14/20	08/13/20			8.92	0.00	0.00	8.92
	SUPPLIES DIETARY									
93415		07/30/20	07/16/20	08/15/20			19.99	0.00	0.00	19.99
	SUPPLIES PT									
93414		07/30/20	07/16/20	08/15/20			31.95	0.00	0.00	31.95
	SUPPLIES PLANT OPS									
93410		07/30/20	07/16/20	08/15/20			85.93	0.00	0.00	85.93
	SUPPLIES PLANT OPS									
93442		07/30/20	07/17/20	08/16/20			17.99	0.00	0.00	17.99
	SUPPLIES PLANT OPS									
93499		07/30/20	07/21/20	08/20/20			3.49	0.00	0.00	3.49
	SUPPLIES PLANT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE					182.26	0.00	0.00	182.26

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
977850		07/27/20	07/14/20	08/26/20			155.58	0.00	0.00	155.58
	SUPPLIES HOUSEKEEPING									
981182		07/27/20	07/21/20	08/26/20			86.42	0.00	0.00	86.42
	SUPPLIES HOUSEKEEPING									
981184		07/30/20	07/21/20	08/20/20			204.30	0.00	0.00	204.30
	SUPPLIES HOUSEKEEPING									
878272		07/31/20	01/06/20	02/05/20			147.11	0.00	0.00	147.11
	SUPPLIES HOUSEKEEPING									
980927		07/31/20	07/21/20	08/20/20			-147.11	0.00	0.00	-147.11
	CREDIT HOUSEKEEPING SUP									
984361		07/31/20	07/28/20	08/27/20			523.46	0.00	0.00	523.46
	SUPPLIES HOUSEKEEPING									
984946		07/31/20	07/29/20	08/28/20			-95.46	0.00	0.00	-95.46
	CREDIT HOUSEKEEPING SUP									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					874.30	0.00	0.00	874.30

Vendor#	Vendor Name	Class	Pay Code
11102	GULF COAST REGIONAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
728		07/31/20	07/22/20	08/21/20			750.00	0.00	0.00	750.00
	OUTSIDE SRV CLINIC									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11102	GULF COAST REGIONAL					750.00	0.00	0.00	750.00

Vendor#	Vendor Name	Class	Pay Code
H0030	H E BUTT GROCERY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
068435		07/31/20	07/22/20	08/11/20			41.79	0.00	0.00	41.79
	FOOD SUPPLIES DIETARY									
072713		07/31/20	07/24/20	08/13/20			35.99	0.00	0.00	35.99
	FOOD SUPPLIES DIETARY									
081480		07/31/20	07/29/20	08/18/20			89.36	0.00	0.00	89.36

FOOD SUPPLIES DIETARY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY	167.14	0.00	0.00	167.14

Vendor#	Vendor Name	Class	Pay Code
10829	HEALTHSTREAM, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
026239		07/30/20	07/17/20	08/16/20			2,818.50	0.00	0.00	2,818.50
	SATISFACTION RESEARCH									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10829	HEALTHSTREAM, INC.	2,818.50	0.00	0.00	2,818.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
24321871		07/30/20	07/16/20	08/15/20			808.63	0.00	0.00	808.63
	REPAIRS TO HOSPITAL BED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC	808.63	0.00	0.00	808.63

Vendor#	Vendor Name	Class	Pay Code
I0415	INDEPENDENCE MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
36256682		07/27/20	07/15/20	08/26/20			34.11	0.00	0.00	34.11
	CS INVENTORY									
36304259		07/27/20	07/20/20	08/26/20			156.79	0.00	0.00	156.79
	CS INVENTORY									
36381463		07/31/20	07/27/20	08/26/20			16.35	0.00	0.00	16.35
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL	207.25	0.00	0.00	207.25

Vendor#	Vendor Name	Class	Pay Code
I1127	INTEGRATED MEDICAL SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1117889		07/30/20	07/23/20	08/22/20			41.57	0.00	0.00	41.57
	REPAIRS IN SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1127	INTEGRATED MEDICAL SYSTEMS	41.57	0.00	0.00	41.57

Vendor#	Vendor Name	Class	Pay Code
I1260	INTOXIMETERS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
503724		07/30/20	07/13/20	08/12/20			170.00	0.00	0.00	170.00
	CONT EDUCATION LAB									
503775		07/30/20	07/14/20	08/13/20			300.75	0.00	0.00	300.75
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1260	INTOXIMETERS INC	470.75	0.00	0.00	470.75

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
914882689		07/27/20	07/17/20	08/26/20			892.67	0.00	0.00	892.67
	SUPPLIES SURGERY									
914894547		07/27/20	07/20/20	08/26/20			976.67	0.00	0.00	976.67
	SUPPLIES SURGERY									
914937347		07/31/20	07/27/20	08/26/20			59.65	0.00	0.00	59.65

SUPPLIES SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	1,928.99	0.00	0.00	1,928.99

Vendor#	Vendor Name	Class	Pay Code
J1300	JECKER FLOOR & GLASS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
72434		07/30/20	07/20/20	08/19/20		660.00	0.00	0.00	660.00
	NEW SHADES MED SURG								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1300	JECKER FLOOR & GLASS	660.00	0.00	0.00	660.00

Vendor#	Vendor Name	Class	Pay Code
~~K1071~~ K1070	~~KEY SCIENTIFIC PRODUCTS~~ Key Surgical	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
716697		07/30/20	07/22/20	08/21/20		29.00	0.00	0.00	29.00
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K1071	~~KEY SCIENTIFIC PRODUCTS~~ Key Surgical	29.00	0.00	0.00	29.00

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20175		07/30/20	07/30/20	07/30/20		1,545.00	0.00	0.00	1,545.00
	EMPLOYEE PERSONAL INSVE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	1,545.00	0.00	0.00	1,545.00

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20177		07/30/20	07/30/20	07/30/20		40.00	0.00	0.00	40.00
	CLINIC CO PAYS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	40.00	0.00	0.00	40.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7007545167		07/31/20	07/15/20	08/14/20		403.71	0.00	0.00	403.71
	PHARMACY DRUGS								
7007545166		07/31/20	07/15/20	08/14/20		1,804.53	0.00	0.00	1,804.53
	PHARMACY DRUGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP	2,208.24	0.00	0.00	2,208.24

Vendor#	Vendor Name	Class	Pay Code
M2659	MERRY X-RAY/SOURCEONE HEALTHCA	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
30094083066		07/14/20	07/15/20	08/26/20		1,206.02	0.00	0.00	1,206.02
	XRAY SUPPLIES								
30094086453		07/27/20	07/21/20	08/26/20		153.93	0.00	0.00	153.93
	SUPPLIES SURGERY								
30094087331		07/27/20	07/22/20	08/26/20		427.38	0.00	0.00	427.38
	SUPPLIES XRAY								
30094091172		07/31/20	07/29/20	08/28/20		1,131.33	0.00	0.00	1,131.33
	SUPPLIES XRAY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	2,918.66	0.00	0.00	2,918.66

Vendor#	Vendor Name	Class	Pay Code
M2621	MMC AUXILIARY GIFT SHOP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20185		07/31/20	07/31/20	07/31/20			80.49	0.00	0.00	80.49
	EMPLOYEE CHARGES GIFT S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	80.49	0.00	0.00	80.49

Vendor#	Vendor Name	Class	Pay Code
10810	MMC EMPLOYEE BENEFIT PLAN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20186		08/04/20	08/03/20	08/03/20			28,712.30	0.00	0.00	28,712.30
	EMPLOYEE MEDICAL CLAIMS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	28,712.30	0.00	0.00	28,712.30

Vendor#	Vendor Name	Class	Pay Code
M2662	MMC VOLUNTEERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
671209		07/31/20	07/31/20	07/31/20			100.35	0.00	0.00	100.35
	CREDIT CARD FEES AUX									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS	100.35	0.00	0.00	100.35

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7712437		07/30/20	07/28/20	08/07/20			0.51	0.00	0.00	0.51
	PHARMACY DRUGS									
7712439		07/30/20	07/28/20	08/07/20			291.80	0.00	0.00	291.80
	PHARMACY DRUGS									
7712438		07/30/20	07/28/20	08/07/20			972.75	0.00	0.00	972.75
	PHARMACY DRUGS									
7724865		07/31/20	07/30/20	08/09/20			338.12	0.00	0.00	338.12
	PHARMACY DRUGS									
7724867		07/31/20	07/30/20	08/09/20			109.58	0.00	0.00	109.58
	PHARMACY DRUGS									
77524866		07/31/20	07/30/20	08/09/20			3,115.40	0.00	0.00	3,115.40
	PHARMACY DRUGS									
7728678		07/31/20	07/31/20	08/10/20			930.06	0.00	0.00	930.06
	PHARMACY DRUGS									
7727166		07/31/20	07/31/20	08/10/20			393.04	0.00	0.00	393.04
	PHARMACY DRUGS									
7728676		07/31/20	07/31/20	08/10/20			295.07	0.00	0.00	295.07
	PHARMACY DRUGS'									
7728677		07/31/20	07/31/20	08/10/20			15.25	0.00	0.00	15.25
	PHARMACY DRUGS									
7728675		07/31/20	07/31/20	08/10/20			773.55	0.00	0.00	773.55
	PHARMACY DRUGS									
7734734		08/04/20	08/03/20	08/13/20			279.53	0.00	0.00	279.53
	PHARMACY DRUGS									
7734733		08/04/20	08/03/20	08/13/20			29.49	0.00	0.00	29.49
	PHARMACY DRUGS									

	7735249		08/04/20	08/03/20	08/13/20	4,695.84	0.00	0.00	4,695.84
		PHARMACY DRUGS							
	CM23050		08/04/20	08/03/20	08/13/20	-591.95	0.00	0.00	-591.95
		PHARMACY CREDIT							
	7734735		08/04/20	08/03/20	08/13/20	43.85	0.00	0.00	43.85
		PHARMACY DRUGS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC			11,691.89	0.00	0.00	11,691.89
Vendor#	Vendor Name				Class	Pay Code			
11101	MSC INDUSTRIAL SUPPLY CO								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	76830055		07/31/20	07/28/20	08/27/20		52.51	0.00	0.00	52.51
		SUPPLIES ER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11101	MSC INDUSTRIAL SUPPLY CO				52.51	0.00	0.00	52.51
Vendor#	Vendor Name				Class	Pay Code				
A2252	NADINE GARNER				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20183		07/31/20	07/31/20	07/31/20		97.75	0.00	0.00	97.75
		TRAVEL EXPENSE INFECTION								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2252	NADINE GARNER				97.75	0.00	0.00	97.75
Vendor#	Vendor Name				Class	Pay Code				
10862	NIGHTINGALE NURSES, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	NN-182250		07/31/20	05/02/20	07/01/20		1,944.00	0.00	0.00	1,944.00
	NN-182682		07/31/20	05/09/20	07/08/20		3,253.50	0.00	0.00	3,253.50
		CONTRACT NURSING								
	NN-183489		07/31/20	05/16/20	07/15/20		1,957.50	0.00	0.00	1,957.50
		CONTRACT NURSING								
	NN-183713		07/31/20	05/23/20	07/22/20		2,052.00	0.00	0.00	2,052.00
		CONTRACT NURSING								
	NN-1865333		07/31/20	07/04/20	09/02/20		1,944.00	0.00	0.00	1,944.00
		CONTRACT NURSING								
	NN-187328		07/31/20	07/11/20	09/09/20		2,038.50	0.00	0.00	2,038.50
		CONTRACT NURSING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10862	NIGHTINGALE NURSES, LLC				13,189.50	0.00	0.00	13,189.50
Vendor#	Vendor Name				Class	Pay Code	9,936.00			9,936.00
10601	NOBLE AMERICAS ENERGY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	4674883		07/31/20	07/27/20	08/06/20		37,226.46	0.00	0.00	37,226.46
		ELECTRICITY PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10601	NOBLE AMERICAS ENERGY				37,226.46	0.00	0.00	37,226.46
Vendor#	Vendor Name				Class	Pay Code				
O0920	OFFICE DEPOT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	780953617001		07/14/20	07/16/20	08/26/20		61.74	0.00	0.00	61.74
		OFFICE SUPPLIES XRAY								

781943838001		07/31/20	07/21/20	08/20/20	61.74	0.00	0.00	61.74
	OFFICE SUPPLIES HIM							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT			123.48	0.00	0.00	123.48

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2007883657		07/14/20	07/14/20	08/26/20			1,989.69	0.00	0.00	1,989.69
	CS INVENTORY									
2008019993		07/14/20	07/17/20	08/26/20			120.48	0.00	0.00	120.48
	SUPPLIES SURGERY									
2008021135		07/14/20	07/17/20	08/26/20			408.01	0.00	0.00	408.01
	SUPPLIES VARIOUS DEPTS									
2008018313		07/14/20	07/17/20	08/26/20			67.68	0.00	0.00	67.68
	CS INVENTORY									
2008021404		07/14/20	07/17/20	08/26/20			397.69	0.00	0.00	397.69
	SUPPLIES VARIOUS DEPTS									
2008018380		07/14/20	07/17/20	08/26/20			442.30	0.00	0.00	442.30
	SUPPLIES HOUSEKEEPNG & S									
2008020983		07/14/20	07/17/20	08/26/20			585.38	0.00	0.00	585.38
	CS INVENTORY & LAB SUPPLI									
2008102645		07/27/20	07/21/20	08/26/20			732.98	0.00	0.00	732.98
	SUPPLIES SURGERY									
2008101979		07/27/20	07/21/20	08/26/20			556.18	0.00	0.00	556.18
	SUPPLIES VARIOUS DEPTS									
2008097996		07/27/20	07/21/20	08/26/20			66.81	0.00	0.00	66.81
	SUPPLIES ANESTHESA									
2008098864		07/27/20	07/21/20	08/26/20			18.58	0.00	0.00	18.58
	SUPPLIES SURGERY									
2008097599		07/27/20	07/21/20	08/26/20			237.12	0.00	0.00	237.12
	SUPPLIES HOUSEKEEPING									
2008103745		07/27/20	07/21/20	08/26/20			1,646.83	0.00	0.00	1,646.83
	CS INVENTORY & RECOVERY									
2008097579		07/27/20	07/21/20	08/26/20			35.56	0.00	0.00	35.56
	CS INVENTORY									
2008184562		07/27/20	07/23/20	08/22/20			29.13	0.00	0.00	29.13
	CS INVENTORY									
2008190329		07/27/20	07/23/20	08/26/20			491.17	0.00	0.00	491.17
	CS INVENTORY & LAB SUPPLI									
2008183587		07/30/20	07/23/20	08/22/20			45.46	0.00	0.00	45.46
	SUPPLIES CLINIC									
2008316068		07/31/20	07/28/20	08/27/20			36.88	0.00	0.00	36.88
	SUPPLIES HOUSEKEEPING									
2008315141		07/31/20	07/28/20	08/27/20			54.93	0.00	0.00	54.93
	SUPPLIES CLINIC									
2008316718		07/31/20	07/28/20	08/27/20			262.72	0.00	0.00	262.72
	SUPPLIES ER									
2008316088		07/31/20	07/28/20	08/27/20			90.96	0.00	0.00	90.96
	CS INVENTORY									
2008315299		07/31/20	07/28/20	08/27/20			147.52	0.00	0.00	147.52
	SUPPLIES HOUSEKEEPING									
2008315496		07/31/20	07/28/20	08/27/20			183.30	0.00	0.00	183.30

	SUPPLIES LAB								
2008317158		07/31/20	07/28/20	08/27/20		209.92	0.00	0.00	209.92
	CS INVENTORY								
2008324155		07/31/20	07/28/20	08/27/20		1,579.36	0.00	0.00	1,579.36
	CS INVENTORY & MED SURG								
2008322478		07/31/20	07/28/20	08/27/20		1,332.56	0.00	0.00	1,332.56
	SUPPLIES VARIOUS DEPTS								
2008414107		07/31/20	07/30/20	08/29/20		128.64	0.00	0.00	128.64
	SUPPLIES PT								
2008412636		07/31/20	07/30/20	08/29/20		270.43	0.00	0.00	270.43
	CS INVENTORY								
2008412120		07/31/20	07/30/20	08/29/20		37.64	0.00	0.00	37.64
	SUPPLIES SURGERY								
2008419253		07/31/20	07/30/20	08/29/20		1,299.99	0.00	0.00	1,299.99
	SUPPLIES VARIOUS DEPTS								
2008410600		07/31/20	07/30/20	08/29/20		49.62	0.00	0.00	49.62
	SUPPLIS HOUSEKEEPING & D								
2008412159		07/31/20	07/30/20	08/29/20		22.49	0.00	0.00	22.49
	CS INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR				13,578.01	0.00	0.00	13,578.01
Vendor#	Vendor Name				Class	Pay Code			
11069	PABLO GARZA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20187		07/31/20	07/28/20	08/27/20			585.00	0.00	0.00	585.00
	OUTSIDE SRV CLINIC								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11069	PABLO GARZA					585.00	0.00	0.00	585.00
Vendor#	Vendor Name				Class	Pay Code			
10204	PHARMEDIUM SERVICES LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A1360952		07/31/20	07/16/20	08/15/20			239.90	0.00	0.00	239.90
	PHARMACY DRUGS								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC					239.90	0.00	0.00	239.90
Vendor#	Vendor Name				Class	Pay Code			
10541	PLATINUM CODE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
027065		07/27/20	07/20/20	08/19/20			498.36	0.00	0.00	498.36
	CS INVENTORY								
027220		07/27/20	07/20/20	08/19/20			181.71	0.00	0.00	181.71
	CS INVENTORY & LAB SUPPL`								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE					680.07	0.00	0.00	680.07
Vendor#	Vendor Name				Class	Pay Code			
P2200	POWER ELECTRIC				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
B13962		07/30/20	07/13/20	08/12/20			0.39	0.00	0.00	0.39
	SUPPLIES PLANT OPS								
A12542		07/30/20	07/17/20	08/16/20			2.19	0.00	0.00	2.19
	SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC	2.58	0.00	0.00	2.58

Vendor#	Vendor Name	Class	Pay Code
10372	PRECISION DYNAMICS CORP (PDC)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3043492		07/27/20	07/17/20	08/26/20			116.34	0.00	0.00	116.34
	SUPPLIES SURGERY									
3047743		07/27/20	07/21/20	08/26/20			275.62	0.00	0.00	275.62
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	391.96	0.00	0.00	391.96

Vendor#	Vendor Name	Class	Pay Code
10896	QIAGEN INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
96920834		07/30/20	07/06/20	08/05/20			80.46	0.00	0.00	80.46
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10896	QIAGEN INC	80.46	0.00	0.00	80.46

Vendor#	Vendor Name	Class	Pay Code
10927	ROSHANDA GRAY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20190		08/04/20	08/03/20	08/03/20			198.95	0.00	0.00	198.95
	TRAVEL EXP ADMIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10927	ROSHANDA GRAY	198.95	0.00	0.00	198.95

Vendor#	Vendor Name	Class	Pay Code
S1600	SETON IDENTIFICATION PRODUCTS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9328376716		07/30/20	07/22/20	08/21/20			88.25	0.00	0.00	88.25
	SUPPLIES BIO MED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1600	SETON IDENTIFICATION PRODUCTS	88.25	0.00	0.00	88.25

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8821-1		07/30/20	07/22/20	08/21/20			5.29	0.00	0.00	5.29
	SUPPLIES BEHAVE HEALTH									
8922-7		07/30/20	07/24/20	08/23/20			48.74	0.00	0.00	48.74
	SUPPLIES DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	54.03	0.00	0.00	54.03

Vendor#	Vendor Name	Class	Pay Code
10995	SHIFTHOUND		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1509313		07/31/20	07/31/20	08/30/20			425.00	0.00	0.00	425.00
	DUES & SUBCRIPTIONS NURS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10995	SHIFTHOUND	425.00	0.00	0.00	425.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
784679		07/30/20	07/28/20	08/27/20			70.00	0.00	0.00	70.00

OUTSIDE SRV ER

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1850	SHIP SHUTTLE TAXI SERVICE	70.00	0.00	0.00	70.00

Vendor#	Vendor Name	Class	Pay Code
K0536	SHIRLEY KARNEI		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20188		07/31/20	08/02/20	08/02/20			1,164.30	0.00	0.00	1,164.30
	OUTSIDE SRV TRANSCRIPTIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	1,164.30	0.00	0.00	1,164.30

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
192251		08/04/20	08/01/20	08/10/20			1,260.00	0.00	0.00	1,260.00
	ADVERTISING									
192311		08/04/20	08/01/20	08/10/20			390.00	0.00	0.00	390.00
	ADVERTISING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	1,650.00	0.00	0.00	1,650.00

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
92358908		07/31/20	07/27/20	08/26/20			503.15	0.00	0.00	503.15
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	503.15	0.00	0.00	503.15

Vendor#	Vendor Name	Class	Pay Code
S2694	STANFORD VACUUM SERVICE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
855827		07/31/20	07/07/20	08/06/20			340.00	0.00	0.00	340.00
	OUTSIDE SRV DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2694	STANFORD VACUUM SERVICE	340.00	0.00	0.00	340.00

Vendor#	Vendor Name	Class	Pay Code
10735	STRYKER SUSTAINABILITY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2512670		07/14/20	07/14/20	08/26/20			191.38	0.00	0.00	191.38
	SUPPLIES SURGERY									
2517442		07/27/20	07/21/20	08/26/20			764.14	0.00	0.00	764.14
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	955.52	0.00	0.00	955.52

Vendor#	Vendor Name	Class	Pay Code
S2951	SYSCO FOOD SERVICES OF	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
507232421		07/31/20	07/20/20	08/09/20			847.77	0.00	0.00	847.77
	FOOD SUPPLIES DIETARY									
507302361		07/31/20	07/30/20	08/19/20			472.19	0.00	0.00	472.19
	FOOD SUPPLIES DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	1,319.96	0.00	0.00	1,319.96

Vendor#	Vendor Name				Class	Pay Code				
11097	TEXAS A&M HEALTH SCIENCE CENT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	002-72115		07/31/20	07/21/20	08/20/20		14.40	0.00	0.00	14.40
		FREIGHT EXP UTILIZATION RI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11097	TEXAS A&M HEALTH SCIENCE CENT				14.40	0.00	0.00	14.40
Vendor#	Vendor Name				Class	Pay Code				
11100	THE US CONSULTING GROUP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	340359919		07/31/20	07/28/20	08/27/20		353.60	0.00	0.00	353.60
		OUTSIDE SRV PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11100	THE US CONSULTING GROUP				353.60	0.00	0.00	353.60
Vendor#	Vendor Name				Class	Pay Code				
T2250	THYSSENKRUPP ELEVATOR CORP				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3001973509		08/04/20	08/01/20			1,112.28	0.00	0.00	1,112.28
		MAINT CONT PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2250	THYSSENKRUPP ELEVATOR CORP				1,112.28	0.00	0.00	1,112.28
Vendor#	Vendor Name				Class	Pay Code				
T0801	TLC STAFFING				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	14626		07/30/20	07/20/20	07/20/20		513.28	0.00	0.00	513.28
		CONTRACT NURSING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T0801	TLC STAFFING				513.28	0.00	0.00	513.28
Vendor#	Vendor Name				Class	Pay Code				
U1054	UNIFIRST HOLDINGS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8150698766		07/30/20	07/21/20	08/20/20		42.63	0.00	0.00	42.63
		OUTSIDE SRV MAINT								
	8150698871		07/30/20	07/21/20	08/20/20		27.50	0.00	0.00	27.50
		OUTSIDE SRV BIO MED								
	8150699495		07/30/20	07/28/20	08/27/20		42.63	0.00	0.00	42.63
		OUTSIDE SRV MAINT								
	8150699607		07/30/20	07/28/20	08/27/20		27.50	0.00	0.00	27.50
		OUTSIDE SRV BIO MED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1054	UNIFIRST HOLDINGS				140.26	0.00	0.00	140.26
Vendor#	Vendor Name				Class	Pay Code				
U1064	UNIFIRST HOLDINGS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8400199024		07/30/20	07/21/20	08/20/20		384.78	0.00	0.00	384.78
		LAUNDRY HOUSEKEEPING								
	8400199081		07/30/20	07/21/20	08/20/20		831.90	0.00	0.00	831.90
		LAUNDRY HOUSEKEEPING								
	8400199025		07/30/20	07/21/20	08/20/20		181.13	0.00	0.00	181.13
		LAUNDRY HOUSEKEEPING								
	8400199231		07/30/20	07/21/20	08/20/20		81.55	0.00	0.00	81.55
		LAUNDRY HOUSEKEEPING								

8400199028		07/30/20	07/21/20	08/20/20	98.46	0.00	0.00	98.46
	LAUNDRY HOUSEKEEPING							
8400199027		07/30/20	07/21/20	08/20/20	96.80	0.00	0.00	96.80
	LAUNDRY OB							
8400199026		07/30/20	07/21/20	08/20/20	175.14	0.00	0.00	175.14
	LAUNDRY DIETARY							
8400199378		07/30/20	07/24/20	08/23/20	934.72	0.00	0.00	934.72
	LAUNDRY HOUSEKEEPING							
8400199335		07/30/20	07/24/20	08/23/20	386.34	0.00	0.00	386.34
	LAUNDRY SURGERY							
8400199507		07/30/20	07/28/20	08/27/20	384.78	0.00	0.00	384.78
	LAUNDRY HOUSEKEEPING							
8400199509		07/30/20	07/28/20	08/27/20	166.13	0.00	0.00	166.13
	LAUNDRY DIETARY							
8400199511		07/30/20	07/28/20	08/27/20	134.76	0.00	0.00	134.76
	LAUNDRY HOUSEKEEPING							
8400199564		07/30/20	07/28/20	08/27/20	873.14	0.00	0.00	873.14
	LAUNDRY HOUSEKEEPING							
8400199510		07/30/20	07/28/20	08/27/20	96.80	0.00	0.00	96.80
	LAUNDRY OB							
8400199508		07/30/20	07/28/20	08/27/20	183.83	0.00	0.00	183.83
	LAUNDRY HOUSEKEEPING							
8400198128		07/31/20	07/07/20	08/06/20	133.66	0.00	0.00	133.66
	LAUNDRY DIETARY							
8400198604		07/31/20	07/14/20	08/13/20	126.36	0.00	0.00	126.36
	LAUNDRY DIETARY							
8400199070		07/31/20	07/21/20	08/20/20	126.36	0.00	0.00	126.36
	LAUNDRY DIETARY							
8400199551		07/31/20	07/28/20	08/27/20	126.36	0.00	0.00	126.36
	LAUNDRY DIETARY							
8400199853		07/31/20	07/31/20	08/30/20	883.59	0.00	0.00	883.59
	LAUNDRY HOUSEKEEPING							
8400199806		07/31/20	07/31/20	08/30/20	386.34	0.00	0.00	386.34
	LAUNDRY SURGERY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			6,792.93	0.00	0.00	6,792.93

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
322156395		07/31/20	07/20/20	08/19/20			48.50	0.00	0.00	48.50
	SUPPLIES DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1200	UNITED AD LABEL CO INC					48.50	0.00	0.00	48.50

Vendor#	Vendor Name	Class	Pay Code
U0414	UNUM LIFE INS CO OF AMERICA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20189		07/31/20	07/13/20	08/01/20			4,559.82	0.00	0.00	4,559.82
	LONG TERM DIS INS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U0414	UNUM LIFE INS CO OF AMERICA					4,559.82	0.00	0.00	4,559.82

Vendor#	Vendor Name	Class	Pay Code

10172 US FOOD SERVICE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3394064		07/31/20	05/21/20	06/10/20		35.70	0.00	0.00	35.70
	DIETARY SUPPLIES								
4330200		07/31/20	07/10/20	07/30/20		48.78	0.00	0.00	48.78
	FOOD SUPPLIES DIETARY								
4330202		07/31/20	07/10/20	07/30/20		56.19	0.00	0.00	56.19
	SUPPLIES DIETARY								
4386545		07/31/20	07/14/20	08/03/20		90.80	0.00	0.00	90.80
	FOOD SUPPLIES DIETARY								
4470488		07/31/20	07/20/20	08/09/20		3,823.39	0.00	0.00	3,823.39
	FOOD SUPPLIES DIETARY								
4541157		07/31/20	07/23/20	08/12/20		2,042.43	0.00	0.00	2,042.43
	FOOD SUPPLIES DIETARY								
4597486		07/31/20	07/27/20	08/16/20		1,641.90	0.00	0.00	1,641.90
	FOOD SUPPLIES DIETARY								
4665337		07/31/20	07/30/20	08/19/20		3,209.86	0.00	0.00	3,209.86
	FOOD SUPPLIES DIETARY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	10,949.05	0.00	0.00	10,949.05

Vendor# Vendor Name — Class — Pay Code

V0555 VERIZON SOUTHWEST — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
19776970715		07/30/20	07/19/20	08/13/20		60.67	0.00	0.00	60.67
	TELEPHONE EXP								
55215670715		07/30/20	07/19/20	08/13/20		49.66	0.00	0.00	49.66
	TELEPHONE EXPENSE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V0555	VERIZON SOUTHWEST	110.33	0.00	0.00	110.33

Vendor# Vendor Name — Class — Pay Code

10768 VICTORIA MEDICAL FOUNDATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
156		08/04/20	07/31/20	08/01/20		650.00	0.00	0.00	650.00
	DUES & SUBCRIPTIONS CLINI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10768	VICTORIA MEDICAL FOUNDATION	650.00	0.00	0.00	650.00

Vendor# Vendor Name — Class — Pay Code

V1471 VICTORIA RADIOWORKS, LTD — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
15070238		07/31/20	07/31/20	08/30/20		260.00	0.00	0.00	260.00
	ADVERTISING								
15070239		07/31/20	07/31/20	08/30/20		260.00	0.00	0.00	260.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD	520.00	0.00	0.00	520.00

Vendor# Vendor Name — Class — Pay Code

I1110 WERFEN USA LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9110220884		07/30/20	07/15/20	08/14/20		1,571.67	0.00	0.00	1,571.67
	MAINT CONTR LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,571.67	0.00	0.00	1,571.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	180,951.83	0.00	0.00	180,951.83

pg 11 correction <3,253.50>

$ 177,698.33

180,951.83*
3,253.50-
177,698.33*

CRS# 162680
to
#162777

Michael J. Pfeifer
County Judge
8-12-15

APPROVED
ON
AUG 05 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		162680	08/05/15	320.00	CHRIS KOVAREK
A/P		162681	08/05/15	10,949.05	US FOOD SERVICE
A/P		162682	08/05/15	239.90	PHARMEDIUM SERVICES LLC
A/P		162683	08/05/15	1,201.30	CENTURION MEDICAL PRODUCTS
A/P		162684	08/05/15	.00	VOIDED
A/P		162685	08/05/15	1,294.43	DEWITT POTH & SON
A/P		162686	08/05/15	391.96	PRECISION DYNAMICS CORP (PDC)
A/P		162687	08/05/15	899.64	COFFEE WHOLESALE USA
A/P		162688	08/05/15	805.27	GE HEALTHCARE IITS USA CORP
A/P		162689	08/05/15	5,130.50	ALERE NORTH AMERICA INC
A/P		162690	08/05/15	.00	VOIDED
A/P		162691	08/05/15	11,691.89	MORRIS & DICKSON CO, LLC
A/P		162692	08/05/15	680.07	PLATINUM CODE
A/P		162693	08/05/15	37,226.46	NOBLE AMERICAS ENERGY
A/P		162694	08/05/15	618.43	GLAXOSMITHKLINE PHARMACUETICAL
A/P		162695	08/05/15	478.00	GLOBAL EQUIPMENT COMPANY
A/P		162696	08/05/15	1,650.00	SIGN AD, LTD.
A/P		162697	08/05/15	955.52	STRYKER SUSTAINABILITY
A/P		162698	08/05/15	650.00	VICTORIA MEDICAL FOUNDATION
A/P		162699	08/05/15	28,712.30	MMC EMPLOYEE BENEFIT PLAN
A/P		162700	08/05/15	2,818.50	HEALTHSTREAM, INC.
A/P		162701	08/05/15	9,936.00	NIGHTINGALE NURSES, LLC
A/P		162702	08/05/15	80.46	QIAGEN INC
A/P		162703	08/05/15	2,208.24	MERCK SHARP & DOHME CORP
A/P		162704	08/05/15	198.95	ROSHANDA GRAY
A/P		162705	08/05/15	1,400.00	ACUTE CARE INC
A/P		162706	08/05/15	40.00	MEMORIAL MEDICAL CLINIC
A/P		162707	08/05/15	1,545.00	M G TRUST
A/P		162708	08/05/15	425.00	SHIFTHOUND
A/P		162709	08/05/15	75.00	FIRST CLEARING
A/P		162710	08/05/15	585.00	PABLO GARZA
A/P		162711	08/05/15	2,520.00	FUSION MEDICAL STAFFING, LLC
A/P		162712	08/05/15	14.40	TEXAS A&M HEALTH SCIENCE CENT
A/P		162713	08/05/15	353.60	THE US CONSULTING GROUP
A/P		162714	08/05/15	52.51	MSC INDUSTRIAL SUPPLY CO
A/P		162715	08/05/15	750.00	GULF COAST REGIONAL
A/P		162716	08/05/15	182.26	GULF COAST HARDWARE / ACE
A/P		162717	08/05/15	182.49	APPLIED CARDIAC SYSTEMS
A/P		162718	08/05/15	20.00	ALCON LABORTORIES INC
A/P		162719	08/05/15	196.66	ALIMED INC.
A/P		162720	08/05/15	353.88	ALCO SALES & SERVICE CO
A/P		162721	08/05/15	3,574.73	AFLAC
A/P		162722	08/05/15	97.75	NADINE GARNER
A/P		162723	08/05/15	109.04	BARD PERIPHERAL VASCULAR
A/P		162724	08/05/15	216.75	BARD ACCESS
A/P		162725	08/05/15	395.19	BAXTER HEALTHCARE CORP
A/P		162726	08/05/15	859.58	BECKMAN COULTER INC
A/P		162727	08/05/15	92.67	BRIGGS HEALTHCARE
A/P		162728	08/05/15	25.00	CAL COM FEDERAL CREDIT UNION
A/P		162729	08/05/15	7.50	CALHOUN COUNTY

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	162730	08/05/15	283.50	CERTIFIED LABORATORIES
A/P	162731	08/05/15	383.01	CONMED CORPORATION
A/P	162732	08/05/15	103.34	CDW GOVERNMENT, INC.
A/P	162733	08/05/15	118.00	EVIDENT
A/P	162734	08/05/15	240.00	C R BARD, INC
A/P	162735	08/05/15	300.00	DOLPHIN TALK
A/P	162736	08/05/15	122.50	DOWNTOWN CLEANERS
A/P	162737	08/05/15	197.40	DYNATRONICS CORPORATION
A/P	162738	08/05/15	43.74	FEDERAL EXPRESS CORP.
A/P	162739	08/05/15	805.02	FISHER HEALTHCARE
A/P	162740	08/05/15	250.00	GULF COAST DELIVERY
A/P	162741	08/05/15	874.30	GULF COAST PAPER COMPANY
A/P	162742	08/05/15	167.14	H E BUTT GROCERY
A/P	162743	08/05/15	808.63	HILL-ROM COMPANY, INC
A/P	162744	08/05/15	207.25	INDEPENDENCE MEDICAL
A/P	162745	08/05/15	1,571.67	WERFEN USA LLC
A/P	162746	08/05/15	41.57	INTEGRATED MEDICAL SYSTEMS
A/P	162747	08/05/15	470.75	INTOXIMETERS INC
A/P	162748	08/05/15	1,928.99	J & J HEALTH CARE SYSTEMS, INC
A/P	162749	08/05/15	660.00	JECKER FLOOR & GLASS
A/P	162750	08/05/15	1,164.30	SHIRLEY KARNEI
A/P	162751	08/05/15	29.00	KEY SURGICAL INC
A/P	162752	08/05/15	531.12	BAYER HEALTHCARE
A/P	162753	08/05/15	80.49	MMC AUXILIARY GIFT SHOP
A/P	162754	08/05/15	2,918.66	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	162755	08/05/15	100.35	MMC VOLUNTEERS
A/P	162756	08/05/15	123.48	OFFICE DEPOT
A/P	162757	08/05/15	.00	VOIDED
A/P	162758	08/05/15	.00	VOIDED
A/P	162759	08/05/15	.00	VOIDED
A/P	162760	08/05/15	13,578.01	OWENS & MINOR
A/P	162761	08/05/15	2.58	POWER ELECTRIC
A/P	162762	08/05/15	88.25	SETON IDENTIFICATION PRODUCTS
A/P	162763	08/05/15	54.03	SHERWIN WILLIAMS
A/P	162764	08/05/15	70.00	SHIP SHUTTLE TAXI SERVICE
A/P	162765	08/05/15	503.15	SMITH & NEPHEW
A/P	162766	08/05/15	340.00	STANFORD VACUUM SERVICE
A/P	162767	08/05/15	1,319.96	SYSCO FOOD SERVICES OF
A/P	162768	08/05/15	513.28	TLC STAFFING
A/P	162769	08/05/15	1,112.28	THYSSENKRUPP ELEVATOR CORP
A/P	162770	08/05/15	4,559.82	UNUM LIFE INS CO OF AMERICA
A/P	162771	08/05/15	140.26	UNIFIRST HOLDINGS
A/P	162772	08/05/15	.00	VOIDED
A/P	162773	08/05/15	6,792.93	UNIFIRST HOLDINGS INC
A/P	162774	08/05/15	48.50	UNITED AD LABEL CO INC
A/P	162775	08/05/15	110.33	VERIZON SOUTHWEST
A/P	162776	08/05/15	520.00	VICTORIA RADIOWORKS, LTD
A/P	162777	08/05/15	209.86	GRAINGER
TOTALS:			177,698.33	

RUN DATE:08/10/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:28 CHECK REGISTER and Payable List GLCKREG
08/10/15 THRU 08/10/15

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000654	08/10/15	305.17	MCKESSON - HEB Pharmacy
A/P	000655	08/10/15	1,060.84	MCKESSON - Walmart Pharmacy
A/P	000656	08/10/15	774.79	MCKESSON - CVS Pharmacy
TOTALS:			2,140.80	

340 B Prescription Expenses

APPROVED
ON
AUG 10 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date 8-17-15

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
8/10/2015

Nursing Home	IBC Account Number	Base Balance	Previous Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	100.00	93,553.46	206,983.33	-	93,553.46	-	-	207,083.33	**206,983.33**

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
0614
4257

Nursing Home	IBC Account Number	Base Balance	Previous Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	100.00	629,059.47	25,931.64	-	629,059.47	-	-	26,031.64	**25,931.64**
Crescent	4588	100.00	48,164.30	49,828.83	-	48,164.30	-	-	49,928.83	**49,828.83**
Broadmoor	4596	100.00	16,707.61	28,099.87	-	16,707.61	-	-	28,199.87	**28,099.87**
Fort Bend	4618	100.00	21,036.23	35,131.63	-	21,036.23	-	-	35,231.63	**35,131.63**
										138,991.97

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
0614
2922

Note: Only balances of over $5,000 will be transferred to the nursing home.

Approved:

APPROVED
AUG 10 2015
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 8-17-15

A:\NH Weekly Transfers\NH UPL Transfer Summary.xlsx

IBC Bank Activity
8/5/15 through 8/9/15

Ashford Gardens					**Transfer-Out**	**Transfer-In**	
8/6/2015	)5025	4553	495	OUTGOING MONEY TRANSFER	93,553.46		ASHFORD HEALTH CARE CENTER LTD
8/7/2015	5025	4553	301	COMMERCIAL DEPOSIT		206,983.33	
					93,553.46	**206,983.33**	

Solera at West Houston					**Transfer-Out**	**Transfer-In**	
8/6/2015	5025	4561	495	OUTGOING MONEY TRANSFER	629,059.47		CANTEX HEALTH CARE CENTERS LLC
8/7/2015	)5025	4561	301	COMMERCIAL DEPOSIT		24,611.78	
8/7/2015	5025	4561	142	ACH CREDIT RECEIVED		1,319.86	AGING DISAB SVCS HCCLAIMPMT
					629,059.47	**25,931.64**	

Crescent					**Transfer-Out**	**Transfer-In**	
8/6/2015	5025	4588	495	OUTGOING MONEY TRANSFER	48,164.30		CANTEX HEALTH CARE CENTERS III
8/7/2015	5025	4588	301	COMMERCIAL DEPOSIT		49,828.83	
					48,164.30	**49,828.83**	

Broadmoor					**Transfer-Out**	**Transfer-In**	
8/5/2015	)5025	4596	142	ACH CREDIT RECEIVED		170.86	AGING DISAB SVCS HCCLAIMPMT
8/6/2015	)5025	4596	495	OUTGOING MONEY TRANSFER	16,707.61		CANTEX HEALTH CARE CENTERS III
8/7/2015	5025	4596	301	COMMERCIAL DEPOSIT		27,929.01	
					16,707.61	**28,099.87**	

Fort Bend					**Transfer-Out**	**Transfer-In**	
8/5/2015	5025	4618	142	ACH CREDIT RECEIVED		1,767.93	Molina HC of TX Molina HC
8/6/2015	5025	4618	495	OUTGOING MONEY TRANSFER	21,036.23		CANTEX HEALTH CARE CENTERS III
8/6/2015	5025	4618	142	ACH CREDIT RECEIVED		1,430.98	Molina HC of TX Molina HC
8/7/2015	5025	4618	142	ACH CREDIT RECEIVED		2,537.36	AGING DISAB SVCS HCCLAIMPMT
8/7/2015	5025	4618	301	COMMERCIAL DEPOSIT		29,395.36	
					21,036.23	**35,131.63**	

Account Portfolio as of 08/10/2015 9:52:46 AM

Account Display
(•) Display By Account Type
( ) Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$325,069.79	$325,069.79
Memorial Medical Center	4553	$207,083.33	$207,083.33
Memorial Medical Center	4561	$26,031.64	$29,704.03
Memorial Medical Center	4588	$49,928.83	$49,928.83
Memorial Medical Center	4596	$28,199.87	$28,199.87
Memorial Medical Center	4618	$35,231.63	$48,101.98
Memorial Medical Center Operat	0301	$1,820,502.64	$1,849,297.89
County of Calhoun Indigent	1101	$7,807.92	$7,807.92
Totals		**$2,499,855.65**	**$2,545,193.64**

APPROVED ON

AUG 11 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/11/2015 MEMORIAL MEDICAL CENTER 0
09:01 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 09/10/2015

Vendor#	Vendor Name	Class	Pay Code
10832	ACI/BOLAND, INC. ✓		

Took off per Vicki

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0033287	CLINIC CONSTRUCTION	07/31/20	07/10/20	08/10/20			~~2,288.40~~	0.00	0.00	~~2,288.40~~ ✓ 0

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10832	ACI/BOLAND, INC.	~~2,288.40~~	0.00	0.00	~~2,288.40~~ 0

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
762153663	PHARMACY DRUGS	08/10/20	08/06/20	08/25/20			753.44	0.00	0.00	753.44 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	753.44	0.00	0.00	753.44

Vendor#	Vendor Name	Class	Pay Code
C1010	CABLE ONE ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20196	OUTISIDE SRV IT	08/10/20	08/07/20	08/15/20			1,402.11	0.00	0.00	1,402.11 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	CABLE ONE	1,402.11	0.00	0.00	1,402.11

Vendor#	Vendor Name	Class	Pay Code
C1048	CALHOUN COUNTY ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20191	TRANSPORTATION FUEL	08/10/20	07/24/20	08/24/20			134.25	0.00	0.00	134.25 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	134.25	0.00	0.00	134.25

Vendor#	Vendor Name	Class	Pay Code
C1203	CALHOUN COUNTY WASTE MGMT ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
448746	OUTSIDE SRV GROUNDS	08/10/20	07/30/20	08/30/20			10.00	0.00	0.00	10.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1203	CALHOUN COUNTY WASTE MGMT	10.00	0.00	0.00	10.00

Vendor#	Vendor Name	Class	Pay Code
C1390	CENTRAL DRUGS ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20203	PHARMACY DRUGS	08/11/20	07/31/20	08/15/20			390.00	0.00	0.00	390.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUGS	390.00	0.00	0.00	390.00

Vendor#	Vendor Name	Class	Pay Code
10786	CLINICAL PATHOLOGY ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20197	OUTSIDE SRV LAB	08/10/20	04/30/20	05/30/20			8,041.16	0.00	0.00	8,041.16 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	10786	CLINICAL PATHOLOGY				8,041.16	0.00	0.00	8,041.16

Vendor# Vendor Name — Class — Pay Code

T3075 DEBRA TRAMMELL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20192		08/10/20	07/29/20	07/29/20			530.47	0.00	0.00	530.47
	TRAVEL EXP XRAY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T3075	DEBRA TRAMMELL	530.47	0.00	0.00	530.47

Vendor# Vendor Name — Class — Pay Code

11046 E-MDS, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20193		08/10/20	08/04/20	08/04/20			3,915.00	0.00	0.00	3,915.00
	50% BUNNELL EMR									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11046	E-MDS, INC	3,915.00	0.00	0.00	3,915.00

Vendor# Vendor Name — Class — Pay Code

10558 EMPLOYEE ACTIVITIES TEAM

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20200		08/11/20	08/10/20	08/10/20			1,460.00	0.00	0.00	1,460.00
	PAYROLL DEDUCT FOR EAT (									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10558	EMPLOYEE ACTIVITIES TEAM	1,460.00	0.00	0.00	1,460.00

Vendor# Vendor Name — Class — Pay Code

10507 JASON ANGLIN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20193		08/10/20	08/06/20	08/06/20			198.95	0.00	0.00	198.95
	TRAVEL EXP ADMIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10507	JASON ANGLIN	198.95	0.00	0.00	198.95

Vendor# Vendor Name — Class — Pay Code

11105 JERRY PICKETT

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20198		08/10/20	08/03/20	08/03/20			176.41	0.00	0.00	176.41
	TRAVEL EXP ADMIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11105	JERRY PICKETT	176.41	0.00	0.00	176.41

Vendor# Vendor Name — Class — Pay Code

10771 LCA BANK CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3590340		08/10/20	08/01/20	08/25/20			1,973.00	0.00	0.00	1,973.00
	OUTSIDE SRV HIM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10771	LCA BANK CORPORATION	1,973.00	0.00	0.00	1,973.00

Vendor# Vendor Name — Class — Pay Code

10720 LIFESOURCE EDUCATIONAL SRV LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
15017		08/10/20	08/04/20	08/20/20			560.00	0.00	0.00	560.00
	CONT EDUCATION MED/SURC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10720	LIFESOURCE EDUCATIONAL SRV LLC	560.00	0.00	0.00	560.00

Vendor# Vendor Name — Class — Pay Code

L1640 LOWE'S HOME CENTERS INC — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
13752		08/10/20	07/06/20	08/28/20			94.05	0.00	0.00	94.05
	SUPPLIES IT									
42157		08/10/20	07/31/20	08/28/20			21.52	0.00	0.00	21.52
	FOR HOSPITAL DESK									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CENTERS INC					115.57	0.00	0.00	115.57

Vendor#	Vendor Name	Class	Pay Code
10810	MMC EMPLOYEE BENEFIT PLAN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20199		08/11/20	08/10/20	08/10/20			25,452.80	0.00	0.00	25,452.80
	EMPLOYEE MEDICAL CLAIMS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN					25,452.80	0.00	0.00	25,452.80

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7741298		08/10/20	08/04/20	08/14/20			323.26	0.00	0.00	323.26
	PHARMACY DRUGS									
7741814		08/10/20	08/04/20	08/14/20			21.42	0.00	0.00	21.42
	PHARMACY DRUGS									
CM23429		08/10/20	08/04/20	08/14/20			-51.71	0.00	0.00	-51.71
	PHARMACY CREDIT									
7741297		08/10/20	08/04/20	08/14/20			703.56	0.00	0.00	703.56
	PHARMACY DRUGS									
7741296		08/10/20	08/04/20	08/14/20			7.25	0.00	0.00	7.25
	PHARMACY DRUGS									
7746636		08/10/20	08/05/20	08/15/20			191.05	0.00	0.00	191.05
	PHARMACY DRUGS									
7746230		08/10/20	08/05/20	08/15/20			49.38	0.00	0.00	49.38
	PHARMACY DRUGS									
7746231		08/10/20	08/05/20	08/15/20			1,496.90	0.00	0.00	1,496.90
	PHARMACY DRUGS									
7743903		08/10/20	08/05/20	08/15/20			770.17	0.00	0.00	770.17
	PHARMACY DRUGS									
7752746		08/10/20	08/06/20	08/16/20			24.51	0.00	0.00	24.51
	PHARMACY DRUGS									
7752748		08/10/20	08/06/20	08/16/20			144.27	0.00	0.00	144.27
	PHARMACY DRUGS									
7752747		08/10/20	08/06/20	08/16/20			2,309.85	0.00	0.00	2,309.85
	PHARMACY DRUGS									
7748938		08/10/20	08/06/20	08/16/20			1,637.23	0.00	0.00	1,637.23
	PHARMACY DRUGS									
7749073		08/11/20	08/06/20	08/16/20			1,500.00	0.00	0.00	1,500.00
	OUTSIDE SRV PHARMACY									
7756137		08/11/20	08/07/20	08/17/20			1,525.17	0.00	0.00	1,525.17
	PHARMACY DRUGS									
CM25179		08/11/20	08/07/20	08/17/20			-267.62	0.00	0.00	-267.62
	PHARMACY CREDIT									
7763563		08/11/20	08/10/20	08/20/20			1,354.95	0.00	0.00	1,354.95
	PHARMACY DRUGS									

	7763564		08/11/20	08/10/20	08/20/20	1,398.04	0.00	0.00	1,398.04
	PHARMACY DRUGS								
	7763565		08/11/20	08/10/20	08/20/20	54.33	0.00	0.00	54.33
	PHARMACY DRUGS								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC			13,192.01	0.00	0.00	13,192.01

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20201		08/11/20	07/15/20	07/15/20		1,342.50	0.00	0.00	1,342.50
		OUTSIDE SRV CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11069	PABLO GARZA				1,342.50	0.00	0.00	1,342.50

Vendor#	Vendor Name	Class	Pay Code
10927	ROSHANDA GRAY		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20195		08/10/20	08/05/20	08/05/20		46.73	0.00	0.00	46.73
		RECRUTING EXP PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10927	ROSHANDA GRAY				46.73	0.00	0.00	46.73

Vendor#	Vendor Name	Class	Pay Code
11103	STUDER GROUP, LLC		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	FS0054779		08/10/20	06/18/20	07/18/20		28.76	0.00	0.00	28.76
		SUPPLIES MED SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11103	STUDER GROUP, LLC				28.76	0.00	0.00	28.76

Vendor#	Vendor Name	Class	Pay Code
U1350	UPS	W	

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0000778941295		07/31/20	07/18/20	07/29/20		400.04	0.00	0.00	400.04
		FREIGHT EXP VARIOUS DEPT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1350	UPS				400.04	0.00	0.00	400.04

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	~~62,411.60~~	0.00	0.00	62,411.60

pg 1 correction <2,288.40>

$ 60,123.20

62,411.60+
2,288.40-
60,123.20*

Michael J. Pfeifer
County Judge
8-17-15

APPROVED ON
AUG 11 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		081015	168.26				
		081015	34.40				
		081015	961.72				
		081015	35.06				
		081015	245.33				
		081015	29.27				
		081015	2599.80				
		081015	2770.10				
		081015	per Vicki 128.04 ~~-28.04~~				
		081015	32.49				
		081015	102.81				
		081015	14.53				
		081015	34.40				
		081015	283.82				
		081015	160.51				
		081015	12.22				

PATIENT NUMBER	PAYEE NAME	DATE	PAY AMOUNT	PAT CODE	TYPE	DESCRIPTION	GL NUM
		081015	12.22				
:		081015	1100.00				
N		012813	38.33				
-							
	ARID=0001 TOTAL		8663.31				
TOTAL			8663.31				

pg 1 correction: -28.04
+ 128.04
8763.31

CKS# 162799
to
162817

0.*

8,663.31+
28.04-
128.04+
8,763.31*

Michael J. Pfeifer
Calhoun County Judge
Date: 8-12-15

APPROVED
ON
AUG 11 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:08/11/15 MEMORIAL MEDICAL CENTER PAGE 1 81
TIME:11:14 CHECK REGISTER GLCKREG
08/11/15 THRU 08/11/15

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	162778	08/11/15	198.95	JASON ANGLIN
A/P	162779	08/11/15	.00	VOIDED
A/P	162780	08/11/15	13,192.01	MORRIS & DICKSON CO, LLC
A/P	162781	08/11/15	1,460.00	EMPLOYEE ACTIVITIES TEAM
A/P	162782	08/11/15	560.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	162783	08/11/15	1,973.00	LCA BANK CORPORATION
A/P	162784	08/11/15	8,041.16	CLINICAL PATHOLOGY
A/P	162785	08/11/15	25,452.80	MMC EMPLOYEE BENEFIT PLAN
A/P	162786	08/11/15	46.73	ROSHANDA GRAY
A/P	162787	08/11/15	3,915.00	E-MDS, INC
A/P	162788	08/11/15	1,342.50	PABLO GARZA
A/P	162789	08/11/15	28.76	STUDER GROUP, LLC
A/P	162790	08/11/15	176.41	JERRY PICKETT
A/P	162791	08/11/15	753.44	AMERISOURCEBERGEN DRUG CORP
A/P	162792	08/11/15	1,402.11	CABLE ONE
A/P	162793	08/11/15	134.25	CALHOUN COUNTY
A/P	162794	08/11/15	10.00	CALHOUN COUNTY WASTE MGMT
A/P	162795	08/11/15	390.00	CENTRAL DRUGS
A/P	162796	08/11/15	115.57	LOWE'S HOME CENTERS INC
A/P	162797	08/11/15	530.47	DEBRA TRAMMELL
A/P	162798	08/11/15	400.04	UPS
A/P	162799	08/11/15	168.26	[redacted]
A/P	162800	08/11/15	34.40	
A/P	162801	08/11/15	961.72	
A/P	162802	08/11/15	35.06	
A/P	162803	08/11/15	245.33	
A/P	162804	08/11/15	29.27	
A/P	162805	08/11/15	2,599.80	
A/P	162806	08/11/15	2,770.10	
A/P	162807	08/11/15	128.04	
A/P	162808	08/11/15	32.49	
A/P	162809	08/11/15	102.81	
A/P	162810	08/11/15	14.53	
A/P	162811	08/11/15	34.40	
A/P	162812	08/11/15	283.82	
A/P	162813	08/11/15	160.51	
A/P	162814	08/11/15	12.22	
A/P	162815	08/11/15	12.22	
A/P	162816	08/11/15	1,100.00	
A/P	162817	08/11/15	38.33	
TOTALS:			68,886.51	

RUN DATE:08/17/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:28 CHECK REGISTER and Payable List GLCKREG
08/17/15 THRU 08/17/15

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000657	08/17/15	706.76	MCKESSON - H&B Pharmacy
A/P	000658	08/17/15	370.96	MCKESSON - Walmart Pharmacy
A/P	000659	08/17/15	862.23	MCKESSON - CVS Pharmacy
TOTALS:			1,939.95	

340B Prescription Expenses

APPROVED
ON

AUG 17 2015

BY CT
CALHOUN COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 8-31-15

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
8/17/2015

Nursing Home	IBC Account Number	Base Balance	Previous Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	100.00	206,983.33	81,761.07	-	206,983.33	-	-	81,861.07	81,761.07

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
0614
4257

Nursing Home	IBC Account Number	Base Balance	Previous Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	100.00	25,931.64	43,312.34	-	25,931.64	-	-	43,412.34	43,312.34
Crescent	4588	100.00	49,828.83	28,689.86	-	49,828.83	-	-	28,789.86	28,689.86
Broadmoor	4596	100.00	28,099.87	22,616.28	-	28,099.87	-	-	22,716.28	22,616.28
Fort Bend	4618	100.00	35,131.63	30,044.17	-	35,131.63	-	-	30,144.17	30,044.17
										124,662.65

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
0614
2922

Approved:

Note: Only balances of over $5,000 will be transferred to the nursing home.

Michael J. Pfeifer
Calhoun County Judge
Date: 8-31-15

APPROVED
AUG 17 2015
COUNTY AUDITOR

A:\NH Weekly Transfers\NH UPL Transfer Summary.xlsx

IBC Bank Activity
8/10/15 through 8/16/15

Ashford Gardens					**Transfer-Out**	**Transfer-In**	
8/11/2015	5025	4553	142	ACH CREDIT RECEIVED		7,806.31	Molina HC of TX Molina HC
8/12/2015	5025	4553	495	OUTGOING MONEY TRANSFER	206,983.33		ASHFORD HEALTH CARE CENTER LTD
8/13/2015	5025	4553	301	COMMERCIAL DEPOSIT		73,954.76	
					206,983.33	**81,761.07**	

Solera at West Houston					**Transfer-Out**	**Transfer-In**	
8/10/2015	5025	4561	142	ACH CREDIT RECEIVED		2,655.16	Molina HC of TX Molina HC
8/10/2015	5025	4561	142	ACH CREDIT RECEIVED		1,017.23	Molina HC of TX Molina HC
8/11/2015	5025	4561	142	ACH CREDIT RECEIVED		2,034.46	Molina HC of TX Molina HC
8/11/2015	5025	4561	142	ACH CREDIT RECEIVED		6,581.74	Molina HC of TX Molina HC
8/12/2015	5025	4561	142	ACH CREDIT RECEIVED		252.31	AGING DISAB SVCS HCCLAIMPMT
8/12/2015	5025	4561	495	OUTGOING MONEY TRANSFER	25,931.64		CANTEX HEALTH CARE CENTERS LLC
8/13/2015	5025	4561	301	COMMERCIAL DEPOSIT		21,177.70	
8/13/2015	5025	4561	142	ACH CREDIT RECEIVED		5,294.96	AGING DISAB SVCS HCCLAIMPMT
8/14/2015	5025	4561	142	ACH CREDIT RECEIVED		2,202.11	AGING DISAB SVCS HCCLAIMPMT
8/14/2015	5025	4561	142	ACH CREDIT RECEIVED		2,096.67	Molina HC of TX Molina HC
					25,931.64	**43,312.34**	

Crescent					**Transfer-Out**	**Transfer-In**	
8/12/2015	5025	4588	495	OUTGOING MONEY TRANSFER	49,828.83		CANTEX HEALTH CARE CENTERS III
8/13/2015	5025	4588	142	ACH CREDIT RECEIVED		173.26	AGING DISAB SVCS HCCLAIMPMT
8/13/2015	5025	4588	301	COMMERCIAL DEPOSIT		28,516.60	
					49,828.83	**28,689.86**	

Broadmoor					**Transfer-Out**	**Transfer-In**	
8/12/2015	5025	4596	495	OUTGOING MONEY TRANSFER	28,099.87		CANTEX HEALTH CARE CENTERS III
8/13/2015	5025	4596	142	ACH CREDIT RECEIVED		142.76	AGING DISAB SVCS HCCLAIMPMT
8/13/2015	5025	4596	301	COMMERCIAL DEPOSIT		22,473.52	
					28,099.87	**22,616.28**	

Fort Bend					**Transfer-Out**	**Transfer-In**	
8/10/2015	5025	4618	142	ACH CREDIT RECEIVED		12,870.35	Molina HC of TX Molina HC
8/11/2015	5025	4618	142	ACH CREDIT RECEIVED		8,686.62	Molina HC of TX Molina HC
8/12/2015	5025	4618	495	OUTGOING MONEY TRANSFER	35,131.63		CANTEX HEALTH CARE CENTERS III
8/13/2015	5025	4618	301	COMMERCIAL DEPOSIT		8,487.20	
					35,131.63	**30,044.17**	

Account Portfolio as of 08/17/2015 8:43:23 AM

Account Display
◉ Display By Account Type
○ Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$325,069.79	$325,069.79
Memorial Medical Center	4553	$81,861.07	$81,861.07
Memorial Medical Center	4561	$43,412.34	$57,826.30
Memorial Medical Center	4588	$28,789.86	$28,789.86
Memorial Medical Center	4596	$22,716.28	$22,716.28
Memorial Medical Center	4618	$30,144.17	$30,144.17
Memorial Medical Center Operat	0301	$1,797,704.52	$696,604.84
County of Calhoun Indigent	1101	$7,807.92	$7,807.92
Totals		**$2,337,505.95**	**$1,250,820.23**

APPROVED
ON

AUG 18 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/18/2015
09:47

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/04/2015

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10832	ACI/BOLAND, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0033287	CLINIC CONSTRUCTION	07/31/20	07/10/20	09/04/20		2,288.40	0.00	0.00	2,288.40 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10832	ACI/BOLAND, INC.	2,288.40	0.00	0.00	2,288.40

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
33301	REPAIRS MEDICAL AIR COMP	08/17/20	08/03/20	09/02/20		8,085.25	0.00	0.00	8,085.25 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1679	AIR SPECIALTY & EQUIPMENT CO	8,085.25	0.00	0.00	8,085.25

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS-SOUTHWEST ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9928975174	SUPPLIES PLANT OPS	08/17/20	07/31/20	08/30/20		397.78	0.00	0.00	397.78 ✓
9041948890	OXYGEN CARDIO	08/17/20	07/31/20	08/30/20		1,864.97	0.00	0.00	1,864.97 ✓
9928975173	SUPPLIES PLANT OPS	08/17/20	07/31/20	08/30/20		463.81	0.00	0.00	463.81 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS-SOUTHWEST	2,726.56	0.00	0.00	2,726.56

Vendor#	Vendor Name	Class	Pay Code
10533	ALERE NORTH AMERICA INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90730050	LAB SUPPLIES	08/17/20	07/28/20	08/27/20		131.30	0.00	0.00	131.30 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10533	ALERE NORTH AMERICA INC	131.30	0.00	0.00	131.30

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
762542082	PHARMACY DRUGS	08/17/20	08/13/20	08/25/20		340.90	0.00	0.00	340.90 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	340.90	0.00	0.00	340.90

Vendor#	Vendor Name	Class	Pay Code
A2150	ANNOUNCEMENTS PLUS TOO AGAIN ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
473	MEMORIALS	08/17/20	08/05/20	09/04/20		34.00	0.00	0.00	34.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	34.00	0.00	0.00	34.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
638708		08/17/20	07/01/20	08/30/20			18.82	0.00	0.00	18.82
	LAB SUPPLIES									
644875		08/17/20	07/30/20	08/25/20			26.81	0.00	0.00	26.81
	LAB SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY					45.63	0.00	0.00	45.63

Vendor#	Vendor Name	Class	Pay Code
B1075	BAXTER HEALTHCARE CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
48079825		08/17/20	07/23/20	08/22/20			103.76	0.00	0.00	103.76
	PHARMACY DRUGS									
48173392		08/17/20	08/03/20	09/02/20			2,767.00	0.00	0.00	2,767.00
	IV PUMP RENTAL									
48174823		08/17/20	08/03/20	09/02/20			190.50	0.00	0.00	190.50
	IV PUMP RENTAL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP					3,061.26	0.00	0.00	3,061.26

Vendor#	Vendor Name	Class	Pay Code
M2485	BAYER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6003010624		08/10/20	07/29/20	09/04/20			531.12	0.00	0.00	531.12
	SUPPLIES CT SCAN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE					531.12	0.00	0.00	531.12

Vendor#	Vendor Name	Class	Pay Code
B1210	BECKMAN COULTER, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
105005458		08/17/20	07/08/20	08/08/20			432.55	0.00	0.00	432.55
	SUPPLIES LAB									
105013421		08/17/20	07/10/20	08/09/20			304.29	0.00	0.00	304.29
	LAB SUPPLIES									
5336098		08/17/20	07/12/20	08/11/20			4,233.46	0.00	0.00	4,233.46
	MAINT CONT & LEASE LAB									
5336085		08/17/20	07/12/20	08/11/20			3,933.48	0.00	0.00	3,933.48
	MAINT CONTR & LEASE LAB									
105035897		08/17/20	07/22/20	08/21/20			202.80	0.00	0.00	202.80
	LAB SUPPLIES									
4253407		08/17/20	07/25/20	08/24/20			825.69	0.00	0.00	825.69
	MAINT CONTR LAB									
105045440		08/17/20	07/27/20	08/26/20			1,263.75	0.00	0.00	1,263.75
	LAB SUPPLIES									
105063845		08/17/20	08/04/20	09/03/20			1,062.69	0.00	0.00	1,062.69
	LAB SUPPLIES									
105063830		08/17/20	08/04/20	09/03/20			6,824.13	0.00	0.00	6,824.13
	LAB SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1210	BECKMAN COULTER, INC.					19,082.84	0.00	0.00	19,082.84

Vendor#	Vendor Name	Class	Pay Code
10599	BKD, LLP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
BK00460889		08/17/20	05/13/20	06/12/20			4,680.00	0.00	0.00	4,680.00

AUDITING FEES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10599	BKD, LLP	4,680.00	0.00	0.00	4,680.00

Vendor# C1030 Vendor Name: CAL COM FEDERAL CREDIT UNION ✓ Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20217		08/17/20	08/12/20	08/12/20			25.00	0.00	0.00	25.00 ✓

EMPLOYEE CREDIT UNION

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1030	CAL COM FEDERAL CREDIT UNION	25.00	0.00	0.00	25.00

Vendor# A1825 Vendor Name: CARDINAL HEALTH 414,LLC ✓ Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8000775394		08/17/20	07/11/20	08/15/20			607.30	0.00	0.00	607.30 ✓

SUPPLIES NUC MED

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	607.30	0.00	0.00	607.30

Vendor# 10472 Vendor Name: CARDMEMBER SERVICES ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20204		08/17/20	08/05/20	09/01/20			2,588.54	0.00	0.00	2,588.54 ✓

CREDIT CARD PAYMENT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10472	CARDMEMBER SERVICES	2,588.54	0.00	0.00	2,588.54

Vendor# Z0850 Vendor Name: CARMEN C. ZAPATA-ARROYO ✓ Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20222		08/17/20	07/31/20	08/30/20			375.00	0.00	0.00	375.00 ✓

PROF FEES OCC THERAPY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z0850	CARMEN C. ZAPATA-ARROYO	375.00	0.00	0.00	375.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
XD65522		08/17/20	08/04/20	09/03/20			315.55	0.00	0.00	315.55 ✓

SUPPLIES IT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	315.55	0.00	0.00	315.55

Vendor# 10723 Vendor Name: CLIA LABORATORY PROGRAM ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20202		08/17/20	08/06/20	09/04/20			400.00	0.00	0.00	400.00 ✓

CLIA LICENSE FOR RHC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10723	CLIA LABORATORY PROGRAM	400.00	0.00	0.00	400.00

Vendor# 10786 Vendor Name: CLINICAL PATHOLOGY ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20206		08/17/20	07/31/20	08/30/20			7,994.25	0.00	0.00	7,994.25 ✓

OUTSIDE SRV LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	10786	CLINICAL PATHOLOGY				7,994.25	0.00	0.00	7,994.25
Vendor#	Vendor Name			Class	Pay Code				
11004	CSI LEASING INC								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	RT00100045		08/17/20 07/24/20	09/01/20		7,682.67	0.00	0.00	7,682.67
		LEASE MED SURG & CLINIC'							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11004	CSI LEASING INC			7,682.67	0.00	0.00	7,682.67
Vendor#	Vendor Name			Class	Pay Code				
R1050	CULLIGAN OF VICTORIA			M					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	555X01475003		08/17/20 07/31/20	08/22/20		779.50	0.00	0.00	779.50
		SUPPLIES PLANT OPS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		R1050	CULLIGAN OF VICTORIA			779.50	0.00	0.00	779.50
Vendor#	Vendor Name			Class	Pay Code				
10368	DEWITT POTH & SON								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	447399-0		08/17/20 08/05/20	09/04/20		35.92	0.00	0.00	35.92
		OFFICE SUPPLIES ADMIN							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON			35.92	0.00	0.00	35.92
Vendor#	Vendor Name			Class	Pay Code				
G0400	DIANA GARCIA			W					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20205		08/17/20 08/11/20	08/11/20		35.65	0.00	0.00	35.65
		TRAVEL EXP INDIGENT CARE							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		G0400	DIANA GARCIA			35.65	0.00	0.00	35.65
Vendor#	Vendor Name			Class	Pay Code				
D1532	DIGITAL INOVATION, INC.								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20223		08/17/20 08/10/20	08/10/20		1,975.00	0.00	0.00	1,975.00
		TRAUMA SOFTWARE UPGRAI							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		D1532	DIGITAL INOVATION, INC.			1,975.00	0.00	0.00	1,975.00
Vendor#	Vendor Name			Class	Pay Code				
E1070	EDWARDS PLUMBING INC			W					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	56476		08/17/20 07/20/20	08/19/20		1,100.00	0.00	0.00	1,100.00
		DEPARTMENTAL REPAIRS PL							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		E1070	EDWARDS PLUMBING INC			1,100.00	0.00	0.00	1,100.00
Vendor#	Vendor Name			Class	Pay Code				
11049	ELITECH GROUP INC								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	515941		08/17/20 08/05/20	09/04/20		164.20	0.00	0.00	164.20
		LAB SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11049	ELITECH GROUP INC			164.20	0.00	0.00	164.20
Vendor#	Vendor Name			Class	Pay Code				
S0501	EVOQUA WATER TECHNOLOGIES LLC								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
902256965		08/10/20	07/22/20	09/04/20		174.72	0.00	0.00	174.72
	MAINT CONTRACT LAB								
902268319		08/10/20	07/30/20	09/04/20		425.15	0.00	0.00	425.15
	SUPPLIES LAB								
902275172		08/17/20	08/01/20	08/31/20		148.72	0.00	0.00	148.72
	MAINT CONTR LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	748.59	0.00	0.00	748.59

Vendor#	Vendor Name	Class	Pay Code
10689	FASTHEALTH CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
08A15mmc		08/17/20	08/01/20	08/31/20		495.00	0.00	0.00	495.00
	OUTSIDE SRV ADMIN								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5-118-59218		08/17/20	08/06/20	08/21/20		54.92	0.00	0.00	54.92
	FREIGHT EXP ADMIN & XRAY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	54.92	0.00	0.00	54.92

Vendor#	Vendor Name	Class	Pay Code
11037	FIRST CLEARING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20214		08/17/20	08/12/20	08/12/20		75.00	0.00	0.00	75.00
	EMPLOYEE PERSONAL INVES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11037	FIRST CLEARING	75.00	0.00	0.00	75.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6219831		08/10/20	07/16/20	09/04/20		2,973.84	0.00	0.00	2,973.84
	SUPPLIES LAB								
6385834		08/10/20	07/21/20	09/04/20		500.72	0.00	0.00	500.72
	LAB SUPPLIES								
6385831		08/10/20	07/21/20	09/04/20		65.12	0.00	0.00	65.12
	LAB SUPPLIES								
6385837		08/10/20	07/21/20	09/04/20		242.60	0.00	0.00	242.60
	LAB SUPPLIES								
6448010		08/10/20	07/22/20	09/04/20		91.55	0.00	0.00	91.55
	LAB SUPPLIES								
6448011		08/10/20	07/22/20	09/04/20		77.66	0.00	0.00	77.66
	LAB SUPPLIES								
6509860		08/10/20	07/23/20	09/04/20		343.45	0.00	0.00	343.45
	LAB SUPPLIES								
6570401		08/10/20	07/24/20	09/04/20		440.58	0.00	0.00	440.58
	LAB SUPPLIES								
6696901		08/10/20	07/28/20	09/04/20		65.12	0.00	0.00	65.12
	LAB SUPPLIES								

	6696904		08/10/20	07/28/20	09/04/20		1,976.60	0.00	0.00	1,976.60
		LAB SUPPLIES								
	6696907		08/10/20	07/28/20	09/04/20		159.61	0.00	0.00	159.61
		REPAIRS INSTRUMENT LAB								
	6772856		08/10/20	07/29/20	09/04/20		301.56	0.00	0.00	301.56
		LAB SUPPLIES								
	6858435		08/17/20	07/30/20	08/29/20		937.73	0.00	0.00	937.73
		LAB SUPPLIES								
	6951719		08/17/20	07/31/20	08/30/20		106.30	0.00	0.00	106.30
		LAB SUPPLIES								
	7190101		08/17/20	08/04/20	09/03/20		146.14	0.00	0.00	146.14
		LAB SUPPLIES								
	7190112		08/17/20	08/04/20	09/03/20		1,189.17	0.00	0.00	1,189.17
		LAB SUPPLIES								
	7284432		08/17/20	08/05/20	09/04/20		382.10	0.00	0.00	382.10
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				9,999.85	0.00	0.00	9,999.85
Vendor#	Vendor Name					Class	Pay Code			
10678	FIVE STAR STERILIZER SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4006		08/17/20	08/05/20	09/04/20		431.21	0.00	0.00	431.21
		REPAIRS INSTRUMENT SURG								
	4007		08/17/20	08/05/20	09/04/20		206.41	0.00	0.00	206.41
		REPAIRS INSTURMENT SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10678	FIVE STAR STERILIZER SERVICES				637.62	0.00	0.00	637.62
Vendor#	Vendor Name					Class	Pay Code			
F1653	FORT BEND SERVICES, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0197741-IN		08/17/20	08/04/20	09/03/20		530.00	0.00	0.00	530.00
		MAINT CONTR PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1653	FORT BEND SERVICES, INC				530.00	0.00	0.00	530.00
Vendor#	Vendor Name					Class	Pay Code			
11078	FUSION MEDICAL STAFFING, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	56726		08/17/20	07/31/20	08/30/20		2,520.00	0.00	0.00	2,520.00
		PROF FEES PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11078	FUSION MEDICAL STAFFING, LLC				2,520.00	0.00	0.00	2,520.00
Vendor#	Vendor Name					Class	Pay Code			
10283	GE HEALTHCARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	6000127364		08/17/20	02/02/20	03/04/20		404.08	0.00	0.00	404.08
		MAINT CONT XRAY								
	6000251545		08/17/20	07/01/20	08/01/20		416.61	0.00	0.00	416.61
		MAINT CONT XRAY								
	6000248669		08/17/20	07/01/20	08/01/20		3,433.75	0.00	0.00	3,433.75
		MAINT CONT XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10283	GE HEALTHCARE				4,254.44	0.00	0.00	4,254.44

Vendor#	Vendor Name				Class	Pay Code				
A1292	GULF COAST HARDWARE / ACE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3292752		08/17/20	07/29/20	08/28/20		17.99	0.00	0.00	17.99
		SUPPLIES CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1292	GULF COAST HARDWARE / ACE				17.99	0.00	0.00	17.99
Vendor#	Vendor Name				Class	Pay Code				
H0030	H E BUTT GROCERY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	090604		08/17/20	08/01/20	08/21/20		85.19	0.00	0.00	85.19
		FOOD SUPPLIES DIETARY								
	095039		08/17/20	08/03/20	08/23/20		12.46	0.00	0.00	12.46
		FOOD SUPPLIES DIETARY								
	099688		08/17/20	08/05/20	08/25/20		57.26	0.00	0.00	57.26
		FOOD SUPPLIES DIETARY								
	003094		08/17/20	08/06/20	08/26/20		58.79	0.00	0.00	58.79
		FOOD SUPPLIES DIETARY								
	004522		08/17/20	08/07/20	08/27/20		53.82	0.00	0.00	53.82
		FOOD SUPPLIES DIETARY								
	009322		08/17/20	08/09/20	08/29/20		90.68	0.00	0.00	90.68
		FOOD SUPPLIES DIETARY								
	014011		08/17/20	08/11/20	08/31/20		103.27	0.00	0.00	103.27
		FOOD SUPPLIES DIETARY								
	016428		08/17/20	08/12/20	09/01/20		111.53	0.00	0.00	111.53
		FOOD SUPPLIE DIETARY								
	020839		08/17/20	08/14/20	09/03/20		40.50	0.00	0.00	40.50
		FOOD SUPPLIES DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H0030	H E BUTT GROCERY				613.50	0.00	0.00	613.50
Vendor#	Vendor Name				Class	Pay Code				
11017	HENRY TROEMNER, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	00755657		08/17/20	07/28/20	08/27/20		85.00	0.00	0.00	85.00
		REPAIRS INSTRUMENT LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11017	HENRY TROEMNER, LLC				85.00	0.00	0.00	85.00
Vendor#	Vendor Name				Class	Pay Code				
J0150	J & J HEALTH CARE SYSTEMS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	914858893		08/17/20	07/14/20	08/13/20		870.71	0.00	0.00	870.71
		BLOOD BANK SUPPLIES								
	914868757		08/17/20	07/15/20	08/14/20		113.00	0.00	0.00	113.00
		BLOOD BANK SUPPLIES								
	914892664		08/17/20	07/20/20	08/19/20		109.33	0.00	0.00	109.33
		BLOOD BANK SUPPLIES								
	914934881		08/17/20	07/27/20	08/26/20		669.98	0.00	0.00	669.98
		BLOOD BANK SUPPLIES								
	914934882		08/17/20	07/27/20	08/26/20		196.59	0.00	0.00	196.59
		BLOOD BANK SUPPLIES								
	914950647		08/17/20	07/29/20	08/28/20		405.61	0.00	0.00	405.61

BLOOD BANK SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	2,365.22	0.00	0.00	2,365.22

Vendor#	Vendor Name	Class	Pay Code
W1369	JACK WU	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20219		08/17/20	08/14/20	08/14/20			438.41	0.00	0.00	438.41

TRAVEL EXP ADMIN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1369	JACK WU	438.41	0.00	0.00	438.41

Vendor#	Vendor Name	Class	Pay Code
10285	JAMES A DANIEL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20221		08/17/20	08/17/20	08/17/20			750.00	0.00	0.00	750.00

RENT FOR STORAGE BLD

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10285	JAMES A DANIEL	750.00	0.00	0.00	750.00

Vendor#	Vendor Name	Class	Pay Code
J1300	JECKER FLOOR & GLASS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
72512		08/17/20	08/04/20	09/03/20			574.55	0.00	0.00	574.55

SUPPLIES ICU

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1300	JECKER FLOOR & GLASS	574.55	0.00	0.00	574.55

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
48706949		08/17/20	08/01/20	08/31/20			172.00	0.00	0.00	172.00

OUTSIDE SRV LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	172.00	0.00	0.00	172.00

Vendor#	Vendor Name	Class	Pay Code
10720	LIFESOURCE EDUCATIONAL SRV LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
15020		08/17/20	08/13/20	08/27/20			875.00	0.00	0.00	875.00

CONT EDUCATION NURSING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10720	LIFESOURCE EDUCATIONAL SRV LLC	875.00	0.00	0.00	875.00

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20215		08/17/20	08/12/20	08/12/20			1,545.00	0.00	0.00	1,545.00

EMPLOYEE PERSONAL INVES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	1,545.00	0.00	0.00	1,545.00

Vendor#	Vendor Name	Class	Pay Code
M1950	MARTIN PRINTING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
67421		07/31/20	07/23/20	09/04/20			128.28	0.00	0.00	128.28

HOSPITALIST SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	128.28	0.00	0.00	128.28

Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	60647171		08/17/20	07/10/20	08/15/20		1,226.58	0.00	0.00	1,226.58
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				1,226.58	0.00	0.00	1,226.58
Vendor#	Vendor Name				Class	Pay Code				
10963	MEMORIAL MEDICAL CLINIC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20218		08/17/20	08/12/20	08/12/20		156.00	0.00	0.00	156.00
		EMPLOYEE CLINIC CO PAYS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				156.00	0.00	0.00	156.00
Vendor#	Vendor Name				Class	Pay Code				
10182	MERCEDES MEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1760800		08/17/20	08/03/20	09/02/20		289.00	0.00	0.00	289.00
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10182	MERCEDES MEDICAL				289.00	0.00	0.00	289.00
Vendor#	Vendor Name				Class	Pay Code				
11031	MIDWEST HEALTH CARE INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5941		08/17/20	08/01/20	08/31/20		420.00	0.00	0.00	420.00
		OUTSIDE SRV CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11031	MIDWEST HEALTH CARE INC				420.00	0.00	0.00	420.00
Vendor#	Vendor Name				Class	Pay Code				
10663	MIRELES TECHNOLOGIES, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	6527		08/10/20	07/21/20	09/04/20		520.00	0.00	0.00	520.00
		REPAIRS INSTURMENT LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10663	MIRELES TECHNOLOGIES, INC				520.00	0.00	0.00	520.00
Vendor#	Vendor Name				Class	Pay Code				
M2621	MMC AUXILIARY GIFT SHOP				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20208		08/17/20	08/17/20	08/17/20		104.95	0.00	0.00	104.95
		EMPLOYEE GIFT SHOP PURC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				104.95	0.00	0.00	104.95
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	7768031		08/17/20	08/11/20	08/21/20		285.76	0.00	0.00	285.76
		PHARMACY DRUGS								
	7768030		08/17/20	08/11/20	08/21/20		2,969.50	0.00	0.00	2,969.50
		PHARMACY DRUGS								
	7768029		08/17/20	08/11/20	08/21/20		21.95	0.00	0.00	21.95
		PHARMACY DRUGS								

7772459		08/17/20	08/12/20	08/22/20	212.84	0.00	0.00	212.84
PHARMACY DRUGS								
7772970		08/17/20	08/12/20	08/22/20	737.88	0.00	0.00	737.88
PHARMACY DRUGS								
7773225		08/17/20	08/12/20	08/22/20	23.86	0.00	0.00	23.86
PHARMACY DRUGS								
7772458		08/17/20	08/12/20	08/22/20	1,299.26	0.00	0.00	1,299.26
PHARMACY DRUGS								
7773223		08/17/20	08/12/20	08/22/20	97.66	0.00	0.00	97.66
PHARMACY DRUGS								
7773224		08/17/20	08/12/20	08/22/20	174.60	0.00	0.00	174.60
PHARMACY DRUGS								
7777858		08/17/20	08/13/20	08/23/20	775.83	0.00	0.00	775.83
PHARMACY DRUGS								
7777859		08/17/20	08/13/20	08/23/20	200.85	0.00	0.00	200.85
PHARMACY DRUGS								
7777857		08/17/20	08/13/20	08/23/20	18.57	0.00	0.00	18.57
PHARMACY DRUGS								
7790089		08/18/20	08/17/20	08/27/20	228.51	0.00	0.00	228.51
PHARMACY DRUGS								
7789947		08/18/20	08/17/20	08/27/20	740.09	0.00	0.00	740.09
PHARMACY DRUGS								
7789948		08/18/20	08/17/20	08/27/20	1,673.20	0.00	0.00	1,673.20
PHARMACY DRUGS								
7789949		08/18/20	08/17/20	08/27/20	249.19	0.00	0.00	249.19
PHARMACY DRUGS								
7789950		08/18/20	08/17/20	08/27/20	457.02	0.00	0.00	457.02
PHARMACY DRUGS								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			10,166.57	0.00	0.00	10,166.57
Vendor#	Vendor Name			Class	Pay Code			
N1225	NUTRITION OPTIONS			W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
20228		08/18/20	08/17/20	08/31/20		3,000.00	0.00	0.00	3,000.00
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	N1225	NUTRITION OPTIONS				3,000.00	0.00	0.00	3,000.00
Vendor#	Vendor Name			Class	Pay Code			
O0920	OFFICE DEPOT							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
783883122001		08/17/20	07/31/20	08/30/20		149.14	0.00	0.00	149.14
	OFFICE SUPPLIES LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT				149.14	0.00	0.00	149.14
Vendor#	Vendor Name			Class	Pay Code			
10008	OMNI-PORT LAVACA 07, L.P.							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
20220		08/17/20	08/17/20	09/01/20		11,001.20	0.00	0.00	11,001.20
	RENT - PT & BEHAVE HEALTH								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10008	OMNI-PORT LAVACA 07, L.P.				11,001.20	0.00	0.00	11,001.20
Vendor#	Vendor Name			Class	Pay Code			

10777 OSCAR TORRES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
209236		08/17/20	08/01/20	08/31/20		45.00	0.00	0.00	45.00
	OUTSIDE SRV PLANT OPS								
209235		08/17/20	08/08/20	09/04/20		250.00	0.00	0.00	250.00
	OUTSIDE SRV PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10777	OSCAR TORRES	295.00	0.00	0.00	295.00

Vendor# Vendor Name — Class — Pay Code

OM425 OWENS & MINOR

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2008549536		08/17/20	08/04/20	09/03/20		13.74	0.00	0.00	13.74
	SUPPLIES ER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	13.74	0.00	0.00	13.74

Vendor# Vendor Name — Class — Pay Code

11069 PABLO GARZA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20224		08/17/20	08/15/20	08/15/20		1,200.00	0.00	0.00	1,200.00
	OUTSIDE SRV CLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	1,200.00	0.00	0.00	1,200.00

Vendor# Vendor Name — Class — Pay Code

P0706 PALACIOS BEACON — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20211		08/17/20	07/31/20	08/30/20		165.00	0.00	0.00	165.00
	ADVERTISING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P0706	PALACIOS BEACON	165.00	0.00	0.00	165.00

Vendor# Vendor Name — Class — Pay Code

P1876 POLYMEDCO INC. — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1055287		08/17/20	07/21/20	08/20/20		125.26	0.00	0.00	125.26
	LAB SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1876	POLYMEDCO INC.	125.26	0.00	0.00	125.26

Vendor# Vendor Name — Class — Pay Code

P2100 PORT LAVACA WAVE — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00242401-2		08/17/20	07/31/20	08/30/20		398.00	0.00	0.00	398.00
	ADVERTISING								
20212		08/17/20	07/31/20	08/30/20		560.50	0.00	0.00	560.50
	ADVERTISING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE	958.50	0.00	0.00	958.50

Vendor# Vendor Name — Class — Pay Code

P2200 POWER ELECTRIC — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A12886		08/17/20	07/30/20	08/29/20		3.18	0.00	0.00	3.18
	SUPPLIES PLANT OPS								
A12895		08/17/20	07/30/20	08/29/20		11.99	0.00	0.00	11.99

SUPPLIES PLANT OPS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC	15.17	0.00	0.00	15.17

Vendor#	Vendor Name	Class	Pay Code
P1725	PREMIER SLEEP DISORDERS CENTER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
52		08/17/20	08/04/20	09/03/20			3,425.00	0.00	0.00	3,425.00

PROF FEES CARDIO

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER	3,425.00	0.00	0.00	3,425.00

Vendor#	Vendor Name	Class	Pay Code
10889	PROCESSOR & CHEMICAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
33845		08/17/20	07/22/20	08/21/20			95.00	0.00	0.00	95.00

OUTSIDE SRV MAMMO

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10889	PROCESSOR & CHEMICAL SERVICES	95.00	0.00	0.00	95.00

Vendor#	Vendor Name	Class	Pay Code
11028	PROFESSIONAL SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00382473		08/17/20	07/31/20	08/30/20			490.00	0.00	0.00	490.00

NEW CLINIC CHARGES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11028	PROFESSIONAL SERVICE	490.00	0.00	0.00	490.00

Vendor#	Vendor Name	Class	Pay Code
R1321	RECEIVABLE MANAGEMENT, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20227		08/17/20	07/31/20	08/31/20			255.86	0.00	0.00	255.86

COLLECTION EXP BUS OFFIC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1321	RECEIVABLE MANAGEMENT, INC	255.86	0.00	0.00	255.86

Vendor#	Vendor Name	Class	Pay Code
R1471	RESPIRONICS, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
927080825		08/17/20	07/27/20	08/26/20			179.88	0.00	0.00	179.88

LEASE & RENTAL CARDIO

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1471	RESPIRONICS, INC.	179.88	0.00	0.00	179.88

Vendor#	Vendor Name	Class	Pay Code
10987	REVCYCLE+, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MLVAC-3243		08/17/20	07/31/20	08/30/20			2,368.85	0.00	0.00	2,368.85

MAINT CONTR HIM

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	2,368.85	0.00	0.00	2,368.85

Vendor#	Vendor Name	Class	Pay Code
G0425	ROBERTS, ROBERTS & ODEFEY, LLP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
40		07/31/20	07/30/20	09/04/20			1,168.75	0.00	0.00	1,168.75

LEGAL SERVICES

142		07/31/20	07/30/20	09/04/20			3,987.50	0.00	0.00	3,987.50

LEGAL SERVICES

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ROBERTS & ODEFEY, LLP				5,156.25	0.00	0.00	5,156.25

Vendor#	Vendor Name			Class	Pay Code				
10221	S.T.E.D., INC.								
	Invoice#	Comment	Tran Dt / Inv Dt / Due Dt / Check D / Pay			Gross	Discount	No-Pay	Net
	1546519		08/17/20 08/05/20 09/04/20			205.80	0.00	0.00	205.80
		SUPPLIES MED SURG							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10221	S.T.E.D., INC.				205.80	0.00	0.00	205.80

Vendor#	Vendor Name			Class	Pay Code				
10343	SCAN SOUND, INC								
	Invoice#	Comment	Tran Dt / Inv Dt / Due Dt / Check D / Pay			Gross	Discount	No-Pay	Net
	100024328		07/31/20 07/15/20 09/04/20			47.26	0.00	0.00	47.26
		SUPPLIES CT SCAN							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10343	SCAN SOUND, INC				47.26	0.00	0.00	47.26

Vendor#	Vendor Name			Class	Pay Code				
S1800	SHERWIN WILLIAMS			W					
	Invoice#	Comment	Tran Dt / Inv Dt / Due Dt / Check D / Pay			Gross	Discount	No-Pay	Net
	9207-2		08/17/20 07/31/20 08/30/20			17.42	0.00	0.00	17.42
		SUPPLIES PLANT OPS							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS				17.42	0.00	0.00	17.42

Vendor#	Vendor Name			Class	Pay Code				
K0536	SHIRLEY KARNEI								
	Invoice#	Comment	Tran Dt / Inv Dt / Due Dt / Check D / Pay			Gross	Discount	No-Pay	Net
	20210		08/17/20 08/14/20 08/14/20			1,195.00	0.00	0.00	1,195.00
		OUTSIDE SRV TRANSCRIPTIC							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI				1,195.00	0.00	0.00	1,195.00

Vendor#	Vendor Name			Class	Pay Code				
10936	SIEMENS FINANCIAL SERVICES								
	Invoice#	Comment	Tran Dt / Inv Dt / Due Dt / Check D / Pay			Gross	Discount	No-Pay	Net
	4508227		08/17/20 08/06/20 08/24/20			1,333.33	0.00	0.00	1,333.33
		LEASE & RENTAL LAB							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES				1,333.33	0.00	0.00	1,333.33

Vendor#	Vendor Name			Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC			M					
	Invoice#	Comment	Tran Dt / Inv Dt / Due Dt / Check D / Pay			Gross	Discount	No-Pay	Net
	115179755		08/17/20 07/18/20 08/17/20			832.25	0.00	0.00	832.25
		MAINT CONTR ULTRASOUND							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC				832.25	0.00	0.00	832.25

Vendor#	Vendor Name			Class	Pay Code				
S2400	SO TEX BLOOD & TISSUE CENTER			M					
	Invoice#	Comment	Tran Dt / Inv Dt / Due Dt / Check D / Pay			Gross	Discount	No-Pay	Net
	90014567		08/17/20 07/17/20 08/16/20			6,410.00	0.00	0.00	6,410.00
		BLOOD BANK SUPPLIES							
	90014465		08/17/20 07/17/20 08/16/20			-2,925.00	0.00	0.00	-2,925.00
		BLOOD BANK CREDIT							

90014682		08/17/20	07/31/20	08/30/20		-900.00	0.00	0.00	-900.00
BLOOD BANK CREDIT									
90014753		08/17/20	07/31/20	08/30/20		3,850.00	0.00	0.00	3,850.00
BLOOD BANK SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2400	SO TEX BLOOD & TISSUE CENTER				6,435.00	0.00	0.00	6,435.00
Vendor#	Vendor Name				Class	Pay Code			
S2345	SOUTHEAST TEXAS HEALTH SYS				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
25485		08/17/20	08/03/20	09/02/20		1,000.00	0.00	0.00	1,000.00
DUES & SUBCRIPTIONS ADMI									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS HEALTH SYS				1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name				Class	Pay Code			
11083	STRATUS VIDEO INTERPRETING								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV-4303		08/17/20	08/01/20	08/31/20		478.50	0.00	0.00	478.50
OUTSIDE SRV TRANSLATION									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11083	STRATUS VIDEO INTERPRETING				478.50	0.00	0.00	478.50
Vendor#	Vendor Name				Class	Pay Code			
S2951	SYSCO FOOD SERVICES OF				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
508062363		08/17/20	08/06/20	08/26/20		1,019.96	0.00	0.00	1,019.96
FOOD SUPPLIES DIETARY									
508131957		08/17/20	08/13/20	09/02/20		737.17	0.00	0.00	737.17
FOOD SUPPLIES DIETARY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF				1,757.13	0.00	0.00	1,757.13
Vendor#	Vendor Name				Class	Pay Code			
T2539	T-SYSTEM, INC				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
205EV-2390		07/31/20	07/31/20	09/04/20		4,555.00	0.00	0.00	4,555.00
MAINAT CONTR ER									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC				4,555.00	0.00	0.00	4,555.00
Vendor#	Vendor Name				Class	Pay Code			
11106	TELEVOX								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV001513211		08/17/20	07/31/20	08/30/20		293.56	0.00	0.00	293.56
OUTSIDE SRV CLINIC									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11106	TELEVOX				293.56	0.00	0.00	293.56
Vendor#	Vendor Name				Class	Pay Code			
T2050	TEXAS HOSPITAL INS EXCHANGE				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20225		08/17/20	08/17/20	09/01/20		3,569.00	0.00	0.00	3,569.00
LIABILITY INS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2050	TEXAS HOSPITAL INS EXCHANGE				3,569.00	0.00	0.00	3,569.00
Vendor#	Vendor Name				Class	Pay Code			
10954	TEXAS PRN								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
011149		08/17/20	08/01/20	08/31/20		1,995.00	0.00	0.00	1,995.00
	CONTRACT NURSING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10954	TEXAS PRN				1,995.00	0.00	0.00	1,995.00

Vendor#	Vendor Name	Class	Pay Code
T2230	TEXAS WIRED MUSIC INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A831337		08/17/20	08/01/20	08/30/20		73.95	0.00	0.00	73.95
	OUTSIDE SRV ADMIN								
A831336		08/17/20	08/01/20	08/31/20		63.95	0.00	0.00	63.95
	OUTSIDED SRV ADMIN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2230	TEXAS WIRED MUSIC INC				137.90	0.00	0.00	137.90

Vendor#	Vendor Name	Class	Pay Code
T2303	TG	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20209		08/17/20	08/12/20	08/12/20		125.07	0.00	0.00	125.07
	STUDENT LOAN GARNISHMEI								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2303	TG				125.07	0.00	0.00	125.07

Vendor#	Vendor Name	Class	Pay Code
V1050	THE VICTORIA ADVOCATE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20213		08/17/20	07/31/20	08/30/20		90.11	0.00	0.00	90.11
	ADVERTISING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE				90.11	0.00	0.00	90.11

Vendor#	Vendor Name	Class	Pay Code
10511	THERMO FISHER SCIENTIFIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SLS24656901		08/17/20	07/15/20	08/14/20		55.82	0.00	0.00	55.82
	REPAIRS INSTRUMENT LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10511	THERMO FISHER SCIENTIFIC				55.82	0.00	0.00	55.82

Vendor#	Vendor Name	Class	Pay Code
T1724	TOSHIBA AMERICA MEDICAL SYST.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10171184		08/17/20	07/16/20	08/16/20		3,822.39	0.00	0.00	3,822.39
	MAINT CONT CT SCAN								
10171185		08/17/20	07/16/20	08/16/20		6,052.11	0.00	0.00	6,052.11
	MAINT CONT CT SCAN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T1724	TOSHIBA AMERICA MEDICAL SYST.				9,874.50	0.00	0.00	9,874.50

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8400200027		08/17/20	08/04/20	09/03/20		126.36	0.00	0.00	126.36
	LAUNDRY DIETARY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				126.36	0.00	0.00	126.36

Vendor#	Vendor Name				Class	Pay Code				
10172	US FOOD SERVICE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4771621		08/17/20	08/04/20	08/24/20		62.48	0.00	0.00	62.48
		FOOD SUPPLIES DIETARY								
	4797829		08/17/20	08/06/20	08/26/20		4,133.80	0.00	0.00	4,133.80
		FOOD SUPPLIES DIETARY								
	4857109		08/17/20	08/10/20	08/30/20		2,740.92	0.00	0.00	2,740.92
		FOOD SUPPLIES DIETARY								
	4857110		08/17/20	08/10/20	08/30/20		96.44	0.00	0.00	96.44
		FOOD SUPPLIES DIETARY								
	4925893		08/17/20	08/13/20	09/02/20		2,821.04	0.00	0.00	2,821.04
		FOOD SUPPLIES DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE				9,854.68	0.00	0.00	9,854.68
Vendor#	Vendor Name				Class	Pay Code				
U2000	US POSTAL SERVICE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20226		08/17/20	08/10/20	08/10/20		1,000.00	0.00	0.00	1,000.00
		POSTAGE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U2000	US POSTAL SERVICE				1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name				Class	Pay Code				
10915	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20216		08/17/20	08/12/20	08/12/20		1,308.61	0.00	0.00	1,308.61
		MONEY TO FUNDS FLEX SPEI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10915	WAGEWORKS				1,308.61	0.00	0.00	1,308.61
Vendor#	Vendor Name				Class	Pay Code				
W1040	WATERMARK GRAPHICS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	104977		08/17/20	06/02/20	07/02/20		22.00	0.00	0.00	22.00
		SUPPLIES SURG CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1040	WATERMARK GRAPHICS INC				22.00	0.00	0.00	22.00
Vendor#	Vendor Name				Class	Pay Code				
10325	WHOLESALE ELECTRIC SUPPLY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	79-3903361		08/17/20	08/04/20	09/03/20		210.00	0.00	0.00	210.00
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10325	WHOLESALE ELECTRIC SUPPLY				210.00	0.00	0.00	210.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	180,262.46	0.00	0.00	180,262.46

APPROVED ON
AUG 18 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 8-31-15

CKS # 162818 to # 162913

RUN DATE: 08/18/15 MEMORIAL MEDICAL CENTER PAGE 1 of 1
TIME: 09:09 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	PAY AMOUNT	PAT CODE TYPE	DESCRIPTION	GL NUM
MIS100	01 PORT LAVACA ANESTHESIA	012813	39.84	2	REFUND FOR MISSAPLIED PAYMENT	
	ARID=0001 TOTAL		39.84			
TOTAL			39.84			

APPROVED
ON
AUG 18 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 162914

Michael J. Pfeifer
Calhoun County Judge
Date: 8-31-15

RUN DATE:08/20/15 MEMORIAL MEDICAL CENTER PAGE 1 92
TIME:08:48 CHECK REGISTER GLCKREG
08/20/15 THRU 08/20/15

BANK	CHECK	DATE	AMOUNT	PAYEE
A/P	162818	08/20/15	11,001.20	OMNI-PORT LAVACA 07, L.P.
A/P	162819	08/20/15	9,854.68	US FOOD SERVICE
A/P	162820	08/20/15	289.00	MERCEDES MEDICAL
A/P	162821	08/20/15	205.80	S.T.E.D., INC.
A/P	162822	08/20/15	4,254.44	GE HEALTHCARE
A/P	162823	08/20/15	750.00	JAMES A DANIEL
A/P	162824	08/20/15	210.00	WHOLESALE ELECTRIC SUPPLY
A/P	162825	08/20/15	47.26	SCAN SOUND, INC
A/P	162826	08/20/15	35.92	DEWITT POTH & SON
A/P	162827	08/20/15	2,588.54	CARDMEMBER SERVICES
A/P	162828	08/20/15	55.82	THERMO FISHER SCIENTIFIC
A/P	162829	08/20/15	131.30	ALERE NORTH AMERICA INC
A/P	162830	08/20/15	.00	VOIDED
A/P	162831	08/20/15	10,166.57	MORRIS & DICKSON CO, LLC
A/P	162832	08/20/15	4,680.00	BKD, LLP
A/P	162833	08/20/15	520.00	MIRELES TECHNOLOGIES, INC
A/P	162834	08/20/15	637.62	FIVE STAR STERILIZER SERVICES
A/P	162835	08/20/15	495.00	FASTHEALTH CORPORATION
A/P	162836	08/20/15	875.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	162837	08/20/15	400.00	CLIA LABORATORY PROGRAM
A/P	162838	08/20/15	295.00	OSCAR TORRES
A/P	162839	08/20/15	7,994.25	CLINICAL PATHOLOGY
A/P	162840	08/20/15	2,288.40	ACI/BOLAND, INC.
A/P	162841	08/20/15	95.00	PROCESSOR & CHEMICAL SERVICES
A/P	162842	08/20/15	1,308.61	WAGEWORKS
A/P	162843	08/20/15	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	162844	08/20/15	1,995.00	TEXAS PRN
A/P	162845	08/20/15	156.00	MEMORIAL MEDICAL CLINIC
A/P	162846	08/20/15	1,545.00	M G TRUST
A/P	162847	08/20/15	2,368.85	REVCYCLE+, INC.
A/P	162848	08/20/15	7,682.67	CSI LEASING INC
A/P	162849	08/20/15	85.00	HENRY TROEMNER, LLC
A/P	162850	08/20/15	490.00	PROFESSIONAL SERVICE
A/P	162851	08/20/15	420.00	MIDWEST HEALTH CARE INC
A/P	162852	08/20/15	75.00	FIRST CLEARING
A/P	162853	08/20/15	164.20	ELITECH GROUP INC
A/P	162854	08/20/15	1,200.00	PABLO GARZA
A/P	162855	08/20/15	2,520.00	FUSION MEDICAL STAFFING, LLC
A/P	162856	08/20/15	478.50	STRATUS VIDEO INTERPRETING
A/P	162857	08/20/15	293.56	TELEVOX
A/P	162858	08/20/15	17.99	GULF COAST HARDWARE / ACE
A/P	162859	08/20/15	340.90	AMERISOURCEBERGEN DRUG CORP
A/P	162860	08/20/15	8,085.25	AIR SPECIALTY & EQUIPMENT CO
A/P	162861	08/20/15	2,726.56	AIRGAS-SOUTHWEST
A/P	162862	08/20/15	607.30	CARDINAL HEALTH 414,LLC
A/P	162863	08/20/15	34.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	162864	08/20/15	45.63	AQUA BEVERAGE COMPANY
A/P	162865	08/20/15	3,061.26	BAXTER HEALTHCARE CORP
A/P	162866	08/20/15	19,082.84	BECKMAN COULTER, INC.
A/P	162867	08/20/15	25.00	CAL COM FEDERAL CREDIT UNION

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	162868	08/20/15	315.55	CDW GOVERNMENT, INC.
A/P	162869	08/20/15	1,975.00	DIGITAL INOVATION, INC.
A/P	162870	08/20/15	1,100.00	EDWARDS PLUMBING INC
A/P	162871	08/20/15	54.92	FEDERAL EXPRESS CORP.
A/P	162872	08/20/15	.00	VOIDED
A/P	162873	08/20/15	9,999.85	FISHER HEALTHCARE
A/P	162874	08/20/15	530.00	FORT BEND SERVICES, INC
A/P	162875	08/20/15	35.65	DIANA GARCIA
A/P	162876	08/20/15	5,156.25	ROBERTS, ROBERTS & ODEFEY, LLP
A/P	162877	08/20/15	613.50	H E BUTT GROCERY
A/P	162878	08/20/15	2,365.22	J & J HEALTH CARE SYSTEMS, INC
A/P	162879	08/20/15	574.55	JECKER FLOOR & GLASS
A/P	162880	08/20/15	1,195.00	SHIRLEY KARNEI
A/P	162881	08/20/15	172.00	LABCORP OF AMERICA HOLDINGS
A/P	162882	08/20/15	128.28	MARTIN PRINTING CO
A/P	162883	08/20/15	1,226.58	MCKESSON MEDICAL SURGICAL INC
A/P	162884	08/20/15	531.12	BAYER HEALTHCARE
A/P	162885	08/20/15	104.95	MMC AUXILIARY GIFT SHOP
A/P	162886	08/20/15	3,000.00	NUTRITION OPTIONS
A/P	162887	08/20/15	149.14	OFFICE DEPOT
A/P	162888	08/20/15	13.74	OWENS & MINOR
A/P	162889	08/20/15	165.00	PALACIOS BEACON
A/P	162890	08/20/15	3,425.00	PREMIER SLEEP DISORDERS CENTER
A/P	162891	08/20/15	125.26	POLYMEDCO INC.
A/P	162892	08/20/15	958.50	PORT LAVACA WAVE
A/P	162893	08/20/15	15.17	POWER ELECTRIC
A/P	162894	08/20/15	779.50	CULLIGAN OF VICTORIA
A/P	162895	08/20/15	255.86	RECEIVABLE MANAGEMENT, INC
A/P	162896	08/20/15	179.88	RESPIRONICS, INC.
A/P	162897	08/20/15	748.59	EVOQUA WATER TECHNOLOGIES LLC
A/P	162898	08/20/15	17.42	SHERWIN WILLIAMS
A/P	162899	08/20/15	832.25	SIEMENS MEDICAL SOLUTIONS INC
A/P	162900	08/20/15	1,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	162901	08/20/15	6,435.00	SO TEX BLOOD & TISSUE CENTER
A/P	162902	08/20/15	1,757.13	SYSCO FOOD SERVICES OF
A/P	162903	08/20/15	9,874.50	TOSHIBA AMERICA MEDICAL SYST.
A/P	162904	08/20/15	3,569.00	TEXAS HOSPITAL INS EXCHANGE
A/P	162905	08/20/15	137.90	TEXAS WIRED MUSIC INC
A/P	162906	08/20/15	125.07	TG
A/P	162907	08/20/15	4,555.00	T-SYSTEM, INC
A/P	162908	08/20/15	126.36	UNIFIRST HOLDINGS INC
A/P	162909	08/20/15	1,000.00	US POSTAL SERVICE
A/P	162910	08/20/15	90.11	THE VICTORIA ADVOCATE
A/P	162911	08/20/15	22.00	WATERMARK GRAPHICS INC
A/P	162912	08/20/15	438.41	JACK WU
A/P	162913	08/20/15	375.00	CARMEN C. ZAPATA-ARROYO
A/P	162914	08/20/15	39.84	PORT LAVACA ANESTHESIA
TOTALS:			180,302.30	

RUN DATE:08/24/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:54 CHECK REGISTER and Payable List GLCKREG
08/24/15 THRU 08/24/15

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000660	08/24/15	750.23	MCKESSON - HEB Pharmacy
A/P	000661	08/24/15	993.99	MCKESSON - Walmart Pharmacy
A/P	000662	08/24/15	1,418.25	MCKESSON - CVS Pharmacy
TOTALS:			3,162.47	

340 B Prescription Expenses

APPROVED
ON

AUG 24 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 8-31-15

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
8/25/2015

Nursing Home	IBC Account Number	Base Balance	Previous Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	14553	100.00	81,761.07	184,171.65	-	81,761.07	-	-	184,271.65	184,171.65

Routing Information for Ashford Gordens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
10614
4257

Nursing Home	IBC Account Number	Base Balance	Previous Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	100.00	43,312.34	862,971.91	-	43,312.34	-	-	863,071.91	862,971.91
Crescent	4588	100.00	28,689.86	48,620.80	-	28,689.86	-	-	48,720.80	48,620.80
Broadmoor	4596	100.00	22,616.28	75,528.84	-	22,616.28	-	-	75,628.84	75,528.84
Fort Bend	4618	100.00	30,044.17	61,428.32	-	30,044.17	-	-	61,528.32	61,428.32
										1,048,549.87

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Core Centers III LLC
JP Morgan Chase Bank
0614
2922

Approved:

Note: Only balances of over $5,000 will be transferred to the nursing home.

Michael J. Pfeifer
Calhoun County Judge
Date: 8-31-15

APPROVED
AUG 25 2015
COUNTY AUDITOR

A:\NH Weekly Transfers\NH UPL Transfer Summary.xlsx

IBC Bank Activity
8/17/15 through 8/24/15

Ashford Gardens					Transfer-Out	Transfer-In	
8/19/2015	5025	4553	301	COMMERCIAL DEPOSIT		128,362.34	
8/20/2015	5025	4553	142	ACH CREDIT RECEIVED		24,585.39	Molina HC of TX Molina HC
8/21/2015	5025	4553	301	COMMERCIAL DEPOSIT		22,191.01	
8/21/2015	5025	4553	142	ACH CREDIT RECEIVED		8,340.53	AGING DISAB SVCS HCCLAIMPMT
8/21/2015	5025	4553	142	ACH CREDIT RECEIVED		692.38	Molina HC of TX Molina HC
8/24/2015	5025	4553	495	OUTGOING MONEY TRANSFER	81,761.07		ASHFORD HEALTH CARE CENTER LTD
					81,761.07	184,171.65	

Solera at West Houston					Transfer-Out	Transfer-In	
8/17/2015	5025	4561	142	ACH CREDIT RECEIVED		14,413.96	AGING DISAB SVCS HCCLAIMPMT
8/19/2015	5025	4561	142	ACH CREDIT RECEIVED		1,012.86	Molina HC of TX Molina HC
8/19/2015	5025	4561	301	COMMERCIAL DEPOSIT		15,308.63	
8/19/2015	5025	4561	195	INCOMING MONEY TRANSFER		804,511.01	CANTEX HEALTH CARE CENTERS III
8/21/2015	5025	4561	142	ACH CREDIT RECEIVED		82.88	AGING DISAB SVCS HCCLAIMPMT
8/21/2015	5025	4561	301	COMMERCIAL DEPOSIT		13,383.95	
8/24/2015	5025	4561	142	ACH CREDIT RECEIVED		2,279.28	Molina HC of TX Molina HC
8/24/2015	5025	4561	495	OUTGOING MONEY TRANSFER	43,312.34		CANTEX HEALTH CARE CENTERS LLC
8/24/2015	5025	4561	142	ACH CREDIT RECEIVED		11,979.34	Molina HC of TX Molina HC
					43,312.34	862,971.91	

Crescent					Transfer-Out	Transfer-In	
8/18/2015	5025	4588	142	ACH CREDIT RECEIVED		6,634.42	Molina HC of TX Molina HC
8/19/2015	5025	4588	301	COMMERCIAL DEPOSIT		23,383.81	
8/20/2015	5025	4588	142	ACH CREDIT RECEIVED		1,003.38	Molina HC of TX Molina HC
8/21/2015	5025	4588	301	COMMERCIAL DEPOSIT		8,718.60	
8/21/2015	5025	4588	142	ACH CREDIT RECEIVED		1,085.43	Molina HC of TX Molina HC
8/24/2015	5025	4588	495	OUTGOING MONEY TRANSFER	28,689.86		CANTEX HEALTH CARE CENTERS III
8/24/2015	5025	4588	142	ACH CREDIT RECEIVED		4,949.78	Molina HC of TX Molina HC
8/24/2015	5025	4588	142	ACH CREDIT RECEIVED		2,845.38	AGING DISAB SVCS HCCLAIMPMT
					28,689.86	48,620.80	

Broadmoor					Transfer-Out	Transfer-In	
8/19/2015	5025	4596	301	COMMERCIAL DEPOSIT		36,547.30	
8/21/2015	5025	4596	301	COMMERCIAL DEPOSIT		38,981.54	
8/24/2015	5025	4596	495	OUTGOING MONEY TRANSFER	22,616.28		CANTEX HEALTH CARE CENTERS III
					22,616.28	75,528.84	

Fort Bend					Transfer-Out	Transfer-In	
8/19/2015	5025	4618	142	ACH CREDIT RECEIVED		4,289.17	Molina HC of TX Molina HC
8/19/2015	5025	4618	301	COMMERCIAL DEPOSIT		3,250.30	
8/20/2015	5025	4618	142	ACH CREDIT RECEIVED		18,121.78	Molina HC of TX Molina HC
8/20/2015	5025	4618	142	ACH CREDIT RECEIVED		7,062.28	AGING DISAB SVCS HCCLAIMPMT
8/21/2015	5025	4618	142	ACH CREDIT RECEIVED		2,183.73	Molina HC of TX Molina HC
8/21/2015	5025	4618	301	COMMERCIAL DEPOSIT		2,351.08	
8/21/2015	5025	4618	142	ACH CREDIT RECEIVED		24,169.98	AGING DISAB SVCS HCCLAIMPMT
8/24/2015	5025	4618	495	OUTGOING MONEY TRANSFER	30,044.17		CANTEX HEALTH CARE CENTERS III
					30,044.17	61,428.32	

Account Portfolio as of 08/25/2015 9:19:51 AM

Account Display
(•) Display By Account Type
( ) Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$325,069.79	$325,069.79
Memorial Medical Center	4553	$184,271.65	$184,271.65
Memorial Medical Center	4561	$863,071.91	$863,588.90
Memorial Medical Center	4588	$48,720.80	$50,261.54
Memorial Medical Center	4596	$75,628.84	$75,628.84
Memorial Medical Center	4618	$61,528.32	$61,528.32
Memorial Medical Center Operat	0301	$1,243,904.74	$1,264,242.93
County of Calhoun Indigent	1101	$7,807.92	$7,807.92
Totals		**$2,810,003.97**	**$2,832,399.89**

APPROVED ON

AUG 26 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

08/25/2015
13:53

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 09/15/2015

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
A1790	AFLAC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
426040 ✓		08/25/20	08/12/20	09/01/20		3,571.57	0.00	0.00	3,571.57 ✓
	EMPLOYEE PERSONAL INS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1790	AFLAC ✓	3,571.57	0.00	0.00	3,571.57

Vendor#	Vendor Name	Class	Pay Code
11062	AIRESPRING INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20240		08/25/20	08/16/20	09/10/20		1,347.19	0.00	0.00	1,347.19
	TELEPHONE EXPENSE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC ✓	1,347.19	0.00	0.00	1,347.19

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RPSV01921081 ✓		08/10/20	07/29/20	09/11/20		49.38	0.00	0.00	49.38 ✓
	SUPPLIES PT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC. ✓	49.38	0.00	0.00	49.38

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
762804848 ✓		08/24/20	08/18/20	09/10/20		71.68	0.00	0.00	71.68 ✓
	PHARMACY DRUGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP ✓	71.68	0.00	0.00	71.68

Vendor#	Vendor Name	Class	Pay Code
11027	ANGELA DOBBINS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20230		08/24/20	08/20/20	08/20/20		274.80	0.00	0.00	274.80 ✓
	DUES & SUBCRIPTIONS CLINI PA License Renewal								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11027	ANGELA DOBBINS ✓	274.80	0.00	0.00	274.80

Vendor#	Vendor Name	Class	Pay Code
B2001	ANGIE BURGIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20231		08/24/20	08/19/20	08/19/20		224.80	0.00	0.00	224.80 ✓
	TRAVEL EXPENSE ER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B2001	ANGIE BURGIN ✓	224.80	0.00	0.00	224.80

Vendor#	Vendor Name	Class	Pay Code
A2260	ARROW INTERNATIONAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
93255135 ✓		08/10/20	08/04/20	09/11/20		522.37	0.00	0.00	522.37
	CS INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	A2260	ARROW INTERNATIONAL INC ✓				522.37	0.00	0.00	522.37 ✓
Vendor#	Vendor Name				Class	Pay Code				
10938	BANK OF THE WEST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	0002962996 ✓		08/24/20	08/12/20	09/01/20		6,145.37	0.00	0.00	6,145.37 ✓
		LEASE & RENTAL PHARMACY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10938	BANK OF THE WEST ✓				6,145.37	0.00	0.00	6,145.37
Vendor#	Vendor Name				Class	Pay Code				
B0435	BARD PERIPHERAL VASCULAR				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	74600584 ✓		08/10/20	08/03/20	09/11/20		54.66	0.00	0.00	54.66 ✓
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B0435	BARD PERIPHERAL VASCULAR ✓				54.66	0.00	0.00	54.66
Vendor#	Vendor Name				Class	Pay Code				
B1075	BAXTER HEALTHCARE CORP				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	48170922 ✓		08/10/20	08/03/20	09/11/20		321.75	0.00	0.00	321.75 ✓
		CS INVENTORY								
	48168308 ✓		08/25/20	08/03/20	09/02/20		148.00	0.00	0.00	148.00 ✓
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP ✓				469.75	0.00	0.00	469.75
Vendor#	Vendor Name				Class	Pay Code				
11050	BIRCH COMMUNICATIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20237		08/24/20	08/16/20	09/15/20		900.84	0.00	0.00	900.84 ✓
	1910 7728	TELEPHONE EXPENSE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11050	BIRCH COMMUNICATIONS ✓				900.84	0.00	0.00	900.84
Vendor#	Vendor Name				Class	Pay Code				
C1010	CABLE ONE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20231		08/24/20	08/21/20	08/30/20		635.35	0.00	0.00	635.35 ✓
		OUTSIDE SRV IT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1010	CABLE ONE ✓				635.35	0.00	0.00	635.35
Vendor#	Vendor Name				Class	Pay Code				
10350	CENTURION MEDICAL PRODUCTS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	91822019 ✓		08/10/20	07/29/20	09/11/20		297.00	0.00	0.00	297.00 ✓
		CS INVENTORY								
	91822020 ✓		08/10/20	07/29/20	09/11/20		297.00	0.00	0.00	297.00 ✓
		CS INVENTORY								
	91825260 ✓		08/10/20	08/03/20	09/11/20		223.80	0.00	0.00	223.80 ✓
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10350	CENTURION MEDICAL PRODUCTS ✓				817.80	0.00	0.00	817.80
Vendor#	Vendor Name				Class	Pay Code				
C1730	CITY OF PORT LAVACA				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

20232		08/24/20 08/09/20 09/04/20			3,945.39	0.00	0.00	3,945.39
	WATER & SEWER EXPENSE							
20234		08/24/20 08/09/20 09/04/20			899.09	0.00	0.00	899.09
	WATER & SEWER EXPENSE							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA			4,844.48	0.00	0.00	4,844.48
Vendor#	Vendor Name		Class	Pay Code				
11107	COURTNE THURLKILL							
Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
20235		08/24/20 08/20/20	08/20/20		731.00	0.00	0.00	731.00
	DUES & SUBCRIPTIONS CLINI	DEA initial license application						
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	11107	COURTNE THURLKILL			731.00	0.00	0.00	731.00
Vendor#	Vendor Name		Class	Pay Code				
10646	COVIDIEN							
Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
21641964		07/31/20 07/28/20	09/11/20		5,964.13	0.00	0.00	5,964.13
	SUPPLIES SURGERY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10646	COVIDIEN			5,964.13	0.00	0.00	5,964.13
Vendor#	Vendor Name		Class	Pay Code				
10556	CPP WOUND CARE #28,LLC							
Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
18223		08/24/20 08/10/20	09/09/20		26,825.00	0.00	0.00	26,825.00
	PROF FEES WOUND CARE							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10556	CPP WOUND CARE #28,LLC			26,825.00	0.00	0.00	26,825.00
Vendor#	Vendor Name		Class	Pay Code				
D1200	DETAR HOSPITAL		W					
Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
20241		08/25/20 07/29/20	08/28/20		768.58	0.00	0.00	768.58
	PHARMACY DRUGS							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	D1200	DETAR HOSPITAL			768.58	0.00	0.00	768.58
Vendor#	Vendor Name		Class	Pay Code				
10368	DEWITT POTH & SON							
Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
447021-0		08/10/20 07/30/20	09/11/20		101.35	0.00	0.00	101.35
	OFFICE SUPPLIES LAB							
447051-0		08/10/20 07/30/20	09/11/20		50.45	0.00	0.00	50.45
	OFFICE SUPPLIES MAINT							
447169-0		08/10/20 08/03/20	09/11/20		288.64	0.00	0.00	288.64
	CS INVENTORY & SURGERY S							
447150-0		08/10/20 08/03/20	09/11/20		26.95	0.00	0.00	26.95
	OFFICE SUPPLIES CLINIC							
447391-0		08/10/20 08/05/20	09/11/20		230.34	0.00	0.00	230.34
	CS INVENTORY & XRAY SUPF							
447484-0		08/17/20 08/06/20	09/05/20		718.36	0.00	0.00	718.36
	CHAIRS FOR OB							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON			1,416.09	0.00	0.00	1,416.09

Vendor#	Vendor Name				Class	Pay Code				
D1608	DIVERSIFIED BUSINESS SYSTEMS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	26068		08/17/20	08/07/20	09/06/20		65.60	0.00	0.00	65.60
		BUSINESS CARDS STRINGO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1608	DIVERSIFIED BUSINESS SYSTEMS				65.60	0.00	0.00	65.60
Vendor#	Vendor Name				Class	Pay Code				
10175	DSHS CENTRAL LAB MC2004									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20207		08/17/20	08/14/20	09/13/20		336.00	0.00	0.00	336.00
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10175	DSHS CENTRAL LAB MC2004				336.00	0.00	0.00	336.00
Vendor#	Vendor Name				Class	Pay Code				
10042	ERBE USA INC SURGICAL SYSTEMS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	334755		08/10/20	08/03/20	09/11/20		152.37	0.00	0.00	152.37
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10042	ERBE USA INC SURGICAL SYSTEMS				152.37	0.00	0.00	152.37
Vendor#	Vendor Name				Class	Pay Code				
T0383	ERIN CLEVENGER				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20242		08/25/20	08/24/20	08/24/20		239.48	0.00	0.00	239.48
		TRAVEL EXP QUALITY ASSUR								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T0383	ERIN CLEVENGER				239.48	0.00	0.00	239.48
Vendor#	Vendor Name				Class	Pay Code				
C2510	EVIDENT				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	A1508031378		08/17/20	08/03/20	09/05/20		15,268.00	0.00	0.00	15,268.00
		SOFTWARE MAINT IT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2510	EVIDENT				15,268.00	0.00	0.00	15,268.00
Vendor#	Vendor Name				Class	Pay Code				
F1100	FEDERAL EXPRESS CORP.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	5-125-75907		08/24/20	08/13/20	08/28/20		22.22	0.00	0.00	22.22
		FREIGHT EXP LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.				22.22	0.00	0.00	22.22
Vendor#	Vendor Name				Class	Pay Code				
F1300	FIRESTONE OF PORT LAVACA				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0048312		08/24/20	08/10/20	09/09/20		1,127.83	0.00	0.00	1,127.83
		OUTSIDE SRV TRANSPORTAT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1300	FIRESTONE OF PORT LAVACA				1,127.83	0.00	0.00	1,127.83
Vendor#	Vendor Name				Class	Pay Code				
F1402	FIRST HEALTHCARE PRODUCTS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

566501	08/10/20	07/28/20	09/11/20	117.50	0.00	0.00	117.50	✓
SUPPLIES DIETARY								
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	F1402	FIRST HEALTHCARE PRODUCTS		117.50	0.00	0.00	117.50	

Vendor#	Vendor Name	Class	Pay Code
11078	FUSION MEDICAL STAFFING, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
57947		08/25/20	08/14/20	09/13/20			2,520.00	0.00	0.00	2,520.00	✓
	PROF FEES PT										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	11078	FUSION MEDICAL STAFFING, LLC					2,520.00	0.00	0.00	2,520.00	

Vendor#	Vendor Name	Class	Pay Code
10901	GENESIS DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
44769		08/10/20	08/03/20	09/11/20			376.86	0.00	0.00	376.86	✓
	LAB SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	10901	GENESIS DIAGNOSTICS					376.86	0.00	0.00	376.86	

Vendor#	Vendor Name	Class	Pay Code
A1292	GULF COAST HARDWARE / ACE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
94097		08/17/20	08/11/20	09/10/20			33.63	0.00	0.00	33.63	✓
	SUPPLIES PLANT OPS										
94156		08/17/20	08/12/20	09/11/20			0.96	0.00	0.00	0.96	✓
	SUPPLIES PLANT OPS										
94154		08/17/20	08/12/20	09/11/20			6.00	0.00	0.00	6.00	✓
	SUPPLIES PLANT OPS										
94168		08/17/20	08/13/20	09/12/20			21.97	0.00	0.00	21.97	✓
	SUPPLIES PLANT OPS										
94192		08/17/20	08/14/20	09/13/20			45.97	0.00	0.00	45.97	✓
	SUPPLIES PLANT OPS										
94220		08/17/20	08/14/20	09/13/20			23.48	0.00	0.00	23.48	✓
	SUPPLIES PLANT OPS										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	A1292	GULF COAST HARDWARE / ACE					132.01	0.00	0.00	132.01	

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
9887498		08/10/20	08/04/20	09/11/20			56.28	0.00	0.00	56.28	
	SUPPLIES HOUSEKEEPING										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	G1210	GULF COAST PAPER COMPANY					56.28	0.00	0.00	56.28	✓

Vendor#	Vendor Name	Class	Pay Code
11110	H D SUPPLY FACILITIES MAINT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
9138689735		08/25/20	07/07/20	08/06/20			104.97	0.00	0.00	104.97	✓
	SUPPLIES HIM										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	11110	H D SUPPLY FACILITIES MAINT					104.97	0.00	0.00	104.97	

Vendor#	Vendor Name	Class	Pay Code
10922	HUNTER PHARMACY SERVICES		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	1175		08/25/20	07/31/20	08/20/20			14,625.68	0.00	0.00	14,625.68
		PROF FEES PHARMACY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES					14,625.68	0.00	0.00	14,625.68
Vendor#	Vendor Name				Class	Pay Code					
I0415	INDEPENDENCE MEDICAL										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	36408462		08/10/20	07/29/20	09/11/20			31.08	0.00	0.00	31.08
		CS INVENTORY									
	36453466		08/10/20	08/03/20	09/11/20			97.30	0.00	0.00	97.30
		CS INVENTORY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		I0415	INDEPENDENCE MEDICAL					128.38	0.00	0.00	128.38
Vendor#	Vendor Name				Class	Pay Code					
11108	ITERSOURCE CORPORATION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	F022514-1		08/24/20	02/25/20	08/25/20			10,653.52	0.00	0.00	10,653.52
		NEW CLINIC EXPENSE - Clinic Cabling									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11108	ITERSOURCE CORPORATION					10,653.52	0.00	0.00	10,653.52
Vendor#	Vendor Name				Class	Pay Code					
J0150	J & J HEALTH CARE SYSTEMS, INC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	914954863		08/10/20	07/29/20	09/11/20			141.23	0.00	0.00	141.23
		SUPPLIES SURGERY									
	914954862		08/10/20	07/29/20	09/11/20			141.23	0.00	0.00	141.23
		SUPPLIES SURGERY									
	914968839		08/10/20	07/31/20	09/11/20			58.74	0.00	0.00	58.74
		SUPPLIES SURGERY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC					341.20	0.00	0.00	341.20
Vendor#	Vendor Name				Class	Pay Code					
L1288	LANGUAGE LINE SERVICES				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	3640542		08/24/20	07/31/20	08/30/20			34.20	0.00	0.00	34.20
		OUTSIDE SRV ADMIN									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		L1288	LANGUAGE LINE SERVICES					34.20	0.00	0.00	34.20
Vendor#	Vendor Name				Class	Pay Code					
10720	LIFESOURCE EDUCATIONAL SRV LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	15018		08/25/20	08/07/20	08/26/20			980.00	0.00	0.00	980.00
		CONT EDUCATION NURSING									
	15021		08/25/20	08/17/20	09/02/20			625.00	0.00	0.00	625.00
		CONT EDUCATION NURSING									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10720	LIFESOURCE EDUCATIONAL SRV LLC					1,605.00	0.00	0.00	1,605.00
Vendor#	Vendor Name				Class	Pay Code					
11099	MARLIN BUSINESS BANK										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	13460467		08/24/20	08/14/20	09/05/20			662.27	0.00	0.00	662.27

LEASE & RENTAL IT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11099	MARLIN BUSINESS BANK	662.27	0.00	0.00	662.27

Vendor#	Vendor Name	Class	Pay Code
M1950	MARTIN PRINTING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
67483		08/24/20	08/06/20	09/05/20			86.85	0.00	0.00	86.85

SUPPLIES HOSPITALIST

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	86.85	0.00	0.00	86.85

Vendor#	Vendor Name	Class	Pay Code
M2659	MERRY X-RAY/SOURCEONE HEALTHCA	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
30094093579		08/10/20	08/03/20	09/11/20			153.93	0.00	0.00	153.93

SUPPLIES SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	153.93	0.00	0.00	153.93

Vendor#	Vendor Name	Class	Pay Code
M2650	METLIFE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20247		08/25/20	08/25/20	09/01/20			258.52	0.00	0.00	258.52

EMPLOYEE PERSONAL INS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2650	METLIFE	258.52	0.00	0.00	258.52

Vendor#	Vendor Name	Class	Pay Code
11109	MINDRAY CAPITAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
630730		08/25/20	08/14/20				6,805.11	0.00	0.00	6,805.11

LEASE & RENTAL ER

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11109	MINDRAY CAPITAL	6,805.11	0.00	0.00	6,805.11

Vendor#	Vendor Name	Class	Pay Code
10810	MMC EMPLOYEE BENEFIT PLAN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20229		08/24/20	08/17/20	08/17/20			9,043.89	0.00	0.00	9,043.89
	EMPLOYEE MEDICAL CLAIMS									
20243		08/25/20	08/24/20	08/24/20			41,257.01	0.00	0.00	41,257.01
	EMPLOYEE MEDICAL CLAIMS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	50,300.90	0.00	0.00	50,300.90

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7798266		08/24/20	08/19/20	08/29/20			706.79	0.00	0.00	706.79
	PHARMACY DRUGS									
7801666		08/24/20	08/19/20	08/29/20			23.38	0.00	0.00	23.38
	PHARMACY DRUGS									
7801868		08/24/20	08/19/20	08/29/20			35.32	0.00	0.00	35.32
	PHARMACY DRUGS									
7801667		08/24/20	08/19/20	08/29/20			1,307.04	0.00	0.00	1,307.04
	PHARMACY DRUGS									

7801870	08/24/20	08/19/20	08/29/20	53.81	0.00	0.00	53.81	
PHARMACY DRUGS								
7801669	08/24/20	08/19/20	08/29/20	849.66	0.00	0.00	849.66	
PHARMACY DRUGS								
7801869	08/24/20	08/19/20	08/29/20	0.55	0.00	0.00	0.55	
PHARMACY DRUGS								
7803466	08/24/20	08/20/20	08/30/20	107.61	0.00	0.00	107.61	
PHARMACY DRUGS								
7805301	08/24/20	08/20/20	08/30/20	123.74	0.00	0.00	123.74	
PHARMACY DRUGS								
7805299	08/24/20	08/20/20	08/30/20	2.69	0.00	0.00	2.69	
PHARMACY DRUGS								
7805300	08/24/20	08/20/20	08/30/20	2,533.77	0.00	0.00	2,533.77	
PHARMACY DRUGS								
7814436	08/25/20	08/24/20	09/03/20	761.82	0.00	0.00	761.82	
PHARMACY DRUGS								
7814438	08/25/20	08/24/20	09/03/20	170.93	0.00	0.00	170.93	
PHARMACY DRUGS								
7814439	08/25/20	08/24/20	09/03/20	4.18	0.00	0.00	4.18	
PHARMACY DRUGS								
7816755	08/25/20	08/24/20	09/03/20	74.31	0.00	0.00	74.31	
PHARMACY DRUGS								
7815543	08/25/20	08/24/20	09/03/20	86.33	0.00	0.00	86.33	
PHARMACY DRUGS								
7815542	08/25/20	08/24/20	09/03/20	923.40	0.00	0.00	923.40	
PHARMACY DRUGS								
7816756	08/25/20	08/24/20	09/03/20	82.60	0.00	0.00	82.60	
PHARMACY DRUGS								
7814437	08/25/20	08/24/20	09/03/20	3,278.02	0.00	0.00	3,278.02	
PHARMACY DRUGS								
7815541	08/25/20	08/24/20	09/03/20	23.52	0.00	0.00	23.52	
PHARMACY DRUGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	11,149.47	0.00	0.00	11,149.47

Vendor#	Vendor Name	Class	Pay Code
A2252	NADINE GARNER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20244		08/25/20	08/24/20	08/24/20			239.48	0.00	0.00	239.48
	TRAVEL EXP INFECTION CON									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER	239.48	0.00	0.00	239.48

Vendor#	Vendor Name	Class	Pay Code
10601	NOBLE AMERICAS ENERGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4758443		08/24/20	08/21/20	08/31/20			37,467.15	0.00	0.00	37,467.15
	ELECTRICITY EXPENSE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10601	NOBLE AMERICAS ENERGY	37,467.15	0.00	0.00	37,467.15

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2008555243		08/10/20	08/04/20	09/11/20			917.96	0.00	0.00	917.96

	SUPPLIES VARIOUS DEPTS								
2008549863		08/10/20	08/04/20	09/11/20		14.50	0.00	0.00	14.50
	CS INVENTORY								
2008550221		08/10/20	08/04/20	09/11/20		110.85	0.00	0.00	110.85
	CS INVENTORY								
2008549828		08/10/20	08/04/20	09/11/20		191.32	0.00	0.00	191.32
	SUPPLIES SURGERY								
2008557051		08/10/20	08/04/20	09/11/20		321.70	0.00	0.00	321.70
	SUPPLIES HOUSEKEEPING								
2008549316		08/10/20	08/04/20	09/11/20		36.88	0.00	0.00	36.88
	SUPPLIES HOUSEKEEPING								
2008549328		08/10/20	08/04/20	09/11/20		44.25	0.00	0.00	44.25
	SUPPLIES CARDIO								
2008620419		08/10/20	08/06/20	09/11/20		254.27	0.00	0.00	254.27
	SUPPLIES SURGERY								
2008630743		08/10/20	08/06/20	09/11/20		178.28	0.00	0.00	178.28
	SUPPLIES PT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR				2,070.01	0.00	0.00	2,070.01
Vendor#	Vendor Name				Class	Pay Code			
P2200	POWER ELECTRIC				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	B14742		08/17/20	08/10/20	09/09/20		6.36	0.00	0.00	6.36
	SUPPLIES PLANT OPS								
	A13346		08/17/20	08/12/20	09/11/20		0.99	0.00	0.00	0.99
	SUPPLIES PLANT OPS								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC					7.35	0.00	0.00	7.35
Vendor#	Vendor Name				Class	Pay Code				
10372	PRECISION DYNAMICS CORP (PDC)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	3056037		07/31/20	07/28/20	09/11/20		275.62	0.00	0.00	275.62
	CS INVENTORY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)					275.62	0.00	0.00	275.62
Vendor#	Vendor Name				Class	Pay Code				
10326	PRINCIPAL LIFE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	202238		08/24/20	08/17/20	09/01/20		2,073.36	0.00	0.00	2,073.36
	EMPLOYEE PERSONAL INS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE					2,073.36	0.00	0.00	2,073.36
Vendor#	Vendor Name				Class	Pay Code				
10844	RECALL SECURE DESTRUCTION SRV									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	4586001657		08/24/20	07/25/20	08/24/20		199.90	0.00	0.00	199.90
	OUTSIDE SRV ADMIN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10844	RECALL SECURE DESTRUCTION SRV					199.90	0.00	0.00	199.90
Vendor#	Vendor Name				Class	Pay Code				
11009	RECONDO									

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	INV-07785		08/17/20	08/01/20	09/05/20			4,050.00	0.00	0.00	4,050.00
		OUTSIDE SRV BUS OFFICE									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11009	RECONDO					4,050.00	0.00	0.00	4,050.00
Vendor#	Vendor Name				Class	Pay Code					
S1001	SANOFI PASTEUR INC				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	904548458		07/21/20	07/07/20	09/11/20			937.68	0.00	0.00	937.68
		PHARMACY DRUGS									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		S1001	SANOFI PASTEUR INC					937.68	0.00	0.00	937.68
Vendor#	Vendor Name				Class	Pay Code					
S1800	SHERWIN WILLIAMS				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	9751-9		08/17/20	08/13/20	09/12/20			20.89	0.00	0.00	20.89
		SUPPLIES PLANT OPS									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS					20.89	0.00	0.00	20.89
Vendor#	Vendor Name				Class	Pay Code					
10681	SIMMLER, INC.										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	178438		08/10/20	07/28/20	09/11/20			155.00	0.00	0.00	155.00
		SUPPLIES BLOOD BANK									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10681	SIMMLER, INC.					155.00	0.00	0.00	155.00
Vendor#	Vendor Name				Class	Pay Code					
S2362	SMITH & NEPHEW										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	92383288		08/10/20	08/05/20	09/11/20			1,229.08	0.00	0.00	1,229.08
		SUPPLIES SURGERY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW					1,229.08	0.00	0.00	1,229.08
Vendor#	Vendor Name				Class	Pay Code					
T2204	TEXAS MUTUAL INSURANCE CO				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	20246		08/25/20	07/31/20	08/15/20			8,698.00	0.00	0.00	8,698.00
		WORK COMP INS									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO					8,698.00	0.00	0.00	8,698.00
Vendor#	Vendor Name				Class	Pay Code					
10954	TEXAS PRN										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	010341		08/24/20	05/23/20	06/22/20			1,453.50	0.00	0.00	1,453.50
		CONTRACT NURSING									
	010460		08/24/20	06/06/20	07/06/20			1,368.00	0.00	0.00	1,368.00
		CONTRACT NURSING									
	010831		08/24/20	07/04/20	08/03/20			1,368.00	0.00	0.00	1,368.00
		CONTRACT NURSING									
	010921		08/24/20	07/11/20	08/10/20			2,736.00	0.00	0.00	2,736.00
		CONTRACT NURSING									
	011005		08/24/20	07/18/20	08/17/20			1,368.00	0.00	0.00	1,368.00

		CONTRACT NURSING								
	011068		08/24/20	07/25/20	08/24/20		2,166.00	0.00	0.00	2,166.00
		CONTRACT NURSING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10954	TEXAS PRN				10,459.50	0.00	0.00	10,459.50
Vendor#	Vendor Name				Class	Pay Code				
10941	THE UPS PRINT STORE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	55328		08/17/20	08/06/20	09/05/20		150.00	0.00	0.00	150.00
		SUPPLIES CLINIC & SURGICA								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10941	THE UPS PRINT STORE				150.00	0.00	0.00	150.00
Vendor#	Vendor Name				Class	Pay Code				
11067	TRIZETTO PROVIDER SOLUTIONS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	35FK071500		08/25/20	07/01/20			~~495.00~~	0.00	0.00	~~495.00~~ Took off
		OUTSIDE SRV CLINIC								Per Vicky-
	35FK081500		08/25/20	08/01/20	08/31/20		~~500.00~~	0.00	0.00	~~500.00~~ She will pay
		OUTSIDE SRV CLINIC								by Credit Card
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11067	TRIZETTO PROVIDER SOLUTIONS				~~995.00~~	0.00	0.00	~~995.00~~ 0
Vendor#	Vendor Name				Class	Pay Code				
U1054	UNIFIRST HOLDINGS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8150700232		08/10/20	08/04/20	09/11/20		42.63	0.00	0.00	42.63
		OUTSIDE SRV MAINT								
	8150700340		08/10/20	08/04/20	09/11/20		27.50	0.00	0.00	27.50
		OUTSIDE SRV BIO MED								
	8150700973		08/17/20	08/11/20	09/10/20		44.53	0.00	0.00	44.53
		OUTSIDE SRV MAINT								
	8150701080		08/17/20	08/11/20	09/10/20		27.50	0.00	0.00	27.50
		OUTSIDE SRV BIO MED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1054	UNIFIRST HOLDINGS				142.16	0.00	0.00	142.16
Vendor#	Vendor Name				Class	Pay Code				
U1064	UNIFIRST HOLDINGS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8400199988		08/10/20	08/04/20	09/11/20		174.96	0.00	0.00	174.96
		LAUNDRY HOUSEKEEPING								
	84002000038		08/10/20	08/04/20	09/11/20		899.14	0.00	0.00	899.14
		LAUNDRY HOUSEKEEPING								
	8400199986		08/10/20	08/04/20	09/11/20		166.13	0.00	0.00	166.13
		LAUNDRY DIETARY								
	8400199984		08/10/20	08/04/20	09/11/20		384.78	0.00	0.00	384.78
		LAUNDRY HOUSEKEEPING								
	8400199985		08/10/20	08/04/20	09/11/20		182.31	0.00	0.00	182.31
		LAUNDRY HOUSEKEEPING								
	8400199987		08/10/20	08/04/20	09/11/20		96.80	0.00	0.00	96.80
		LAUNDRY OB								
	8400200299		08/17/20	08/07/20	09/06/20		400.09	0.00	0.00	400.09
		LAUNDRY HOUSEKEEPING								

8400200342		08/17/20	08/07/20	09/06/20	883.33	0.00	0.00	883.33
LAUNDRY HOUSEKEEPING								
8400200475		08/17/20	08/11/20	09/10/20	121.26	0.00	0.00	121.26
LAUNDRY HOUSEKEEPING								
8400200473		08/17/20	08/11/20	09/10/20	166.13	0.00	0.00	166.13
LAUNDRY DIETARY								
8400200513		08/17/20	08/11/20	09/10/20	126.36	0.00	0.00	126.36
LAUNDRY DIETARY								
8400200471		08/17/20	08/11/20	09/10/20	384.78	0.00	0.00	384.78
LAUNDRY HOUSEKEEPING								
8400200474		08/17/20	08/11/20	09/10/20	200.81	0.00	0.00	200.81
LAUNDRY OB								
8400200526		08/17/20	08/11/20	09/10/20	971.14	0.00	0.00	971.14
LAUNDRY HOUSEKEEPING								
8400200472		08/17/20	08/11/20	09/10/20	182.19	0.00	0.00	182.19
LAUNDRY HOUSEKEEPING								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			5,340.21	0.00	0.00	5,340.21
Vendor#	Vendor Name			Class	Pay Code			
U0414	UNUM LIFE INS CO OF AMERICA							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
20239		08/24/20	08/12/20	09/01/20		4,909.09	0.00	0.00	4,909.09
EMPLOYEE LONG TERM DISA								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U0414	UNUM LIFE INS CO OF AMERICA				4,909.09	0.00	0.00	4,909.09
Vendor#	Vendor Name			Class	Pay Code				
U1350	UPS			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
0000778941335		08/25/20	08/15/20	08/26/20		702.47	0.00	0.00	702.47
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1350	UPS				702.47	0.00	0.00	702.47
Vendor#	Vendor Name			Class	Pay Code				
V0555	VERIZON SOUTHWEST			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
20236		08/24/20	08/07/20	09/01/20		1,331.41	0.00	0.00	1,331.41
TELEPHONE EXPENSE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	V0555	VERIZON SOUTHWEST				1,331.41	0.00	0.00	1,331.41
Vendor#	Vendor Name			Class	Pay Code				
W1005	WALMART COMMUNITY			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
015834		08/24/20	07/15/20	09/11/20		19.48	0.00	0.00	19.48
SUPPLIES OB									
015182		08/24/20	07/15/20	09/11/20		42.27	0.00	0.00	42.27
SUPPLIES VARIOUS DEPTS									
015834CR		08/24/20	07/20/20	09/11/20		-19.48	0.00	0.00	-19.48
SUPPLY CREDIT OB									
020858		08/24/20	07/20/20	09/11/20		49.84	0.00	0.00	49.84
SUPPLIES PT									
024340		08/24/20	07/24/20	09/11/20		1.76	0.00	0.00	1.76
SUPPLIES LAB									

030269	08/24/20 07/30/20 09/11/20	44.42	0.00	0.00	44.42	✓
	SUPPLIES ADMIN					
010315	08/24/20 08/10/20 09/11/20	2.64	0.00	0.00	2.64	✓
	CS INVENTORY					
012100	08/24/20 08/12/20 09/11/20	66.00	0.00	0.00	66.00	✓
	SUPPLIES PT					
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net	
	W1005 WALMART COMMUNITY	206.93	0.00	0.00	206.93	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	254,619.28	0.00	0.00	254,619.28

Pg 11 Correction (995.00)

253,624.28 ✓

APPROVED ON

AUG 26 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 162916 to # 162983

Michael J. Pfeifer
Calhoun County Judge
Date: 8-31-15

RUN DATE: 08/25/15
TIME: 14:17

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	082515	175.40			[redacted]	
		082515	82.14				
		082515	779.93				
		082515	338.81				
		082515	2102.98				
		012813	44.57				
	ARID=0001 TOTAL		3523.83				
TOTAL			3523.83				

APPROVED
ON
AUG 26 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

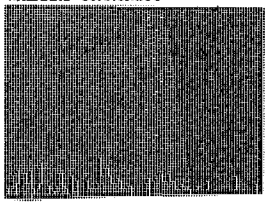
CKS# 162984
to
162 989

Michael J. Pfeifer
Calhoun County Judge
Date: 8-31-15

RUN DATE:08/26/15 MEMORIAL MEDICAL CENTER PAGE 1 of 2
TIME:15:56 CHECK REGISTER GLCKREG
08/26/15 THRU 08/26/15

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	162916	08/26/15	152.37	ERBE USA INC SURGICAL SYSTEMS
A/P	162917	08/26/15	336.00	DSHS CENTRAL LAB MC2004
A/P	162918	08/26/15	2,073.36	PRINCIPAL LIFE
A/P	162919	08/26/15	817.80	CENTURION MEDICAL PRODUCTS
A/P	162920	08/26/15	1,416.09	DEWITT POTH & SON
A/P	162921	08/26/15	275.62	PRECISION DYNAMICS CORP (PDC)
A/P	162922	08/26/15	.00	VOIDED
A/P	162923	08/26/15	11,149.47	MORRIS & DICKSON CO, LLC
A/P	162924	08/26/15	26,825.00	CPP WOUND CARE #28,LLC
A/P	162925	08/26/15	37,467.15	NOBLE AMERICAS ENERGY
A/P	162926	08/26/15	5,964.13	COVIDIEN
A/P	162927	08/26/15	155.00	SIMMLER, INC.
A/P	162928	08/26/15	1,605.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	162929	08/26/15	50,300.90	MMC EMPLOYEE BENEFIT PLAN
A/P	162930	08/26/15	199.90	RECALL SECURE DESTRUCTION SRV
A/P	162931	08/26/15	376.86	GENESIS DIAGNOSTICS
A/P	162932	08/26/15	14,625.68	HUNTER PHARMACY SERVICES
A/P	162933	08/26/15	6,145.37	BANK OF THE WEST
A/P	162934	08/26/15	150.00	THE UPS PRINT STORE
A/P	162935	08/26/15	10,459.50	TEXAS PRN
A/P	162936	08/26/15	4,050.00	RECONDO
A/P	162937	08/26/15	274.80	ANGELA DOBBINS
A/P	162938	08/26/15	900.84	BIRCH COMMUNICATIONS
A/P	162939	08/26/15	1,347.19	AIRESPRING INC
A/P	162940	08/26/15	2,520.00	FUSION MEDICAL STAFFING, LLC
A/P	162941	08/26/15	662.27	MARLIN BUSINESS BANK
A/P	162942	08/26/15	731.00	COURTNE THURLKILL
A/P	162943	08/26/15	10,653.52	ITERSOURCE CORPORATION
A/P	162944	08/26/15	6,805.11	MINDRAY CAPITAL
A/P	162945	08/26/15	104.97	H D SUPPLY FACILITIES MAINT
A/P	162946	08/26/15	132.01	GULF COAST HARDWARE / ACE
A/P	162947	08/26/15	71.68	AMERISOURCEBERGEN DRUG CORP
A/P	162948	08/26/15	49.38	ALIMED INC.
A/P	162949	08/26/15	3,571.57	AFLAC
A/P	162950	08/26/15	239.48	NADINE GARNER
A/P	162951	08/26/15	522.37	ARROW INTERNATIONAL INC
A/P	162952	08/26/15	54.66	BARD PERIPHERAL VASCULAR
A/P	162953	08/26/15	469.75	BAXTER HEALTHCARE CORP
A/P	162954	08/26/15	224.80	ANGIE BURGIN
A/P	162955	08/26/15	635.35	CABLE ONE
A/P	162956	08/26/15	4,844.48	CITY OF PORT LAVACA
A/P	162957	08/26/15	15,268.00	EVIDENT
A/P	162958	08/26/15	768.58	DETAR HOSPITAL
A/P	162959	08/26/15	65.60	DIVERSIFIED BUSINESS SYSTEMS
A/P	162960	08/26/15	22.22	FEDERAL EXPRESS CORP.
A/P	162961	08/26/15	1,127.83	FIRESTONE OF PORT LAVACA
A/P	162962	08/26/15	117.50	FIRST HEALTHCARE PRODUCTS
A/P	162963	08/26/15	56.28	GULF COAST PAPER COMPANY
A/P	162964	08/26/15	128.38	INDEPENDENCE MEDICAL
A/P	162965	08/26/15	341.20	J & J HEALTH CARE SYSTEMS, INC

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	162966	08/26/15	34.20	LANGUAGE LINE SERVICES
A/P	162967	08/26/15	86.85	MARTIN PRINTING CO
A/P	162968	08/26/15	258.52	METLIFE
A/P	162969	08/26/15	153.93	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	162970	08/26/15	.00	VOIDED
A/P	162971	08/26/15	2,070.01	OWENS & MINOR
A/P	162972	08/26/15	7.35	POWER ELECTRIC
A/P	162973	08/26/15	937.68	SANOFI PASTEUR INC
A/P	162974	08/26/15	20.89	SHERWIN WILLIAMS
A/P	162975	08/26/15	1,229.08	SMITH & NEPHEW
A/P	162976	08/26/15	239.48	ERIN CLEVENGER
A/P	162977	08/26/15	8,698.00	TEXAS MUTUAL INSURANCE CO
A/P	162978	08/26/15	4,909.09	UNUM LIFE INS CO OF AMERICA
A/P	162979	08/26/15	142.16	UNIFIRST HOLDINGS
A/P	162980	08/26/15	5,340.21	UNIFIRST HOLDINGS INC
A/P	162981	08/26/15	702.47	UPS
A/P	162982	08/26/15	1,331.41	VERIZON SOUTHWEST
A/P	162983	08/26/15	206.93	WALMART COMMUNITY
A/P	162984	08/26/15	175.40	
A/P	162985	08/26/15	82.14	
A/P	162986	08/26/15	779.93	
A/P	162987	08/26/15	338.81	
A/P	162988	08/26/15	2,102.98	
A/P	162989	08/26/15	44.57	
TOTALS:			257,148.11	



SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION
1	20000000		08/27/15	PJ	15,000.00CR	10924	19	VICTORIA PROFESSIONAL M	INV DT=08/12/15 DUE=081215
2	40530015		08/27/15	PJ	15,000.00	10924	19	VICTORIA PROFESSIONAL M	PROF FEES -E/R

60530015 21848 38

-R E C A P-

JOURNAL	YRMO	COUNT	DEBIT	CREDIT		
PJ	1508	2	15,000.00	15,000.00		
	TOTAL	2	15,000.00	15,000.00	A/P TOTAL	15,000.00

ACCOUNT TOTAL RECAP ON NEXT PAGE

APPROVED
ON

AUG 27 2015

CK# 162990

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 4-8-15

RUN DATE:08/27/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:22 CHECK REGISTER GLCKREG
08/27/15 THRU 08/27/15

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	162990	08/27/15	15,000.00	VICTORIA PROFESSIONAL MEDICAL
TOTALS:			15,000.00	

APPROVED
ON

AUG 27 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:08/28/15 MEMORIAL MEDICAL CENTER CRT#019 PAGE 1
TIME:09:39 EDIT LIST FOR BATCH 019 4440 TRANSACTION SEQUENCE GLEDIT

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION
1	20000000		08/28/15	PJ	181,935.00CR	10948	20259	NOVITAS SOLUTIONS	INV DT=08/28/15 DUE=082815
2	50110000		08/28/15	PJ	181,935.00	10948	20259	NOVITAS SOLUTIONS	M/CARE COST SETTLEMENTS
	70110000					21896		40518	

-----------R E C A P-----------

JOURNAL	YRMO	COUNT	DEBIT	CREDIT		
PJ	1508	2	181,935.00	181,935.00		
	TOTAL	2	181,935.00	181,935.00	A/P TOTAL	181,935.00

ACCOUNT TOTAL RECAP ON NEXT PAGE

APPROVED
CN

AUG 28 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 162991

Michael J. Pfeifer
Calhoun County Judge
Date: 9-8-15

RUN DATE:08/28/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:43 CHECK REGISTER GLCKREG
08/28/15 THRU 08/28/15

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	162991	08/28/15	181,935.00	NOVITAS SOLUTIONS
TOTALS:			181,935.00	

APPROVED
ON

AUG 2 8 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IBC BANK
We Do More

August 2015 Statement

Open Date: 07/07/2015 Closing Date: 08/05/2015

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT ((

Cardmember Service (
BUS 30 ELN 68 3

New Balance	**$2,759.44**
Minimum Payment Due	**$28.00**
Payment Due Date	**09/01/2015**

Late Payment Warning: If we do not receive your minimum payment by the date listed above, you may have to pay up to a $39.00 Late Fee and your APRs may be increased up to the Penalty APR of 28.99%.

Activity Summary

Previous Balance		$0.00
Payments		$0.00
Other Credits		$0.00
Purchases	+	$2,759.44
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$2,759.44**
Past Due		**$0.00**
Minimum Payment Due		**$28.00**
Credit Line		$10,000.00
Available Credit		$7,240.56
Days in Billing Period		30

Michael J. Pfeifer
Calhoun County Judge
Date: 8-31-15

2547.96

8-31-15

APPROVED
BH

MMC
will pay
By Phone

AUG 31 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

2,547.96 ✓

Confirmation #
150831134
9032 VK

Payment Options:

Mail payment coupon with a check

Pay online at)

(Pay by phone

Please detach and send coupon with check payable to: Cardmember Service

IBC BANK
We Do More

Account Number	
Payment Due Date	9/01/2015
New Balance	$2,759.44
Minimum Payment Due	$28.00

24-Hour Cardmember Service

(. to pay by phone
. to change your address

Amount Enclosed $_____

MEMORIAL MEDICAL CNT
JERRY L PICKETT
202 S ANN ST
PORT LAVACA TX 77979-4204

Cardmember Service
P.O. Box 790408
St. Louis, MO 63179-0408

MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service

Welcome!

As a valued cardmember, you'll receive best-in-class benefits and outstanding service on your new IBC Bank Visa® Business Card. If you have any questions about your account, please call Cardmember Service at the number listed on this statement. We appreciate your business!

Important Messages

Federal law requires us to give you a notice regarding negative credit reporting. Please refer to the reverse of your statement for this important notice.

Paying Interest: You have a 24 to 30 day interest-free period for Purchases provided you have paid your previous balance in full by the Payment Due Date shown on your monthly Account statement. In order to avoid additional INTEREST CHARGES on Purchases, you must pay your new balance in full by the Payment Due Date shown on the front of your monthly Account statement.

There is no interest-free period for transactions that post to the Account as Advances or Balance Transfers except as provided in any Offer Materials. Those transactions are subject to interest from the date they post to the Account until the date they are paid in full.

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description		Amount	Notation
08/03	08/02	9001	MARRIOTT JW AUSTIN 255 AUSTIN 07/30/15 FOR 03 NIGHTS FOLIO: 16915	TX	$1,078.68	Paying 211.48 = 867.20
08/03	08/02	9977	MARRIOTT JW AUSTIN 255 AUSTIN 07/30/15 FOR 03 NIGHTS FOLIO: 15843	TX	$481.56	
08/03	08/02	1247	MARRIOTT JW AUSTIN 255 AUSTIN	TX	$466.61	
08/03	07/31	0914	MARRIOTT JW AUSTIN 255 AUSTIN 07/29/15 FOR 02 NIGHTS FOLIO: 16930	TX	$386.32	
08/03	07/31	0930	MARRIOTT JW AUSTIN 255 AUSTIN 07/30/15 FOR 01 NIGHTS FOLIO: 16869	TX	$346.27	
			TOTAL THIS PERIOD		**$2,759.44**	

1,078.68 +
211.48 −
867.20 =

2547.96

Fees

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
08/05			ANNUAL MEMBERSHIP FEE	$0.00	
			TOTAL FE	**$0.00**	

867.20 +
481.56 +
466.61 +
386.32 +
346.27 +
2,547.96 =

2015 Totals Ye

Total Fees Charged in 2015
Total Interest Charged in 2015

Continued on Ne...

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Cardmember Service

Date: 8/29/15

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		JW Marriott - Austin - THT Conf.			867.20
2			Rolando Reyes - Board mem			
3	—		JW Marriott - Austin - THT Conf			481.56
4			Michael Chavana - Board mem			
5	—		JW Marriott - Austin - THT Conference			466.61
6			Jerry Pickett - CFO			
7	—		JW Marriott - Austin - THT Conf.			386.32
8			Jerry Pickett - CFO			
9	—		JW Marriott - Austin - THT Conf.			346.27
10			Michael Chavana - Board mem			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 2547.96

NOTES:

APPROVED ON
AUG 30 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

RUN DATE:08/31/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:21 CHECK REGISTER & Payable List GLCKREG
08/31/15 THRU 08/31/15

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000663	08/31/15	793.85	MCKESSON - HEB Pharmacy
A/P	000664	08/31/15	1,771.12	MCKESSON - Walmart Pharmacy
A/P	000665	08/31/15	1,030.70	MCKESSON - CVS Pharmacy
TOTALS:			3,595.67	

340 B Prescription Expenses

APPROVED
ON

AUG 3 1 2015

BY
CALHOUN COUNTY AUDITOR

Michael P
8-31-15

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"	★	15
☐	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	9

1ST QTR - 03 (MARCH) - Jan, Feb, Mar
2ND QTR - 06 (JUNE) - Apr, May, June
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 96,872.46 #
	"1 TO CONFIRM"		1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"		$ 45,158.50 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,561.26 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 41,152.70 #
		CHECK	$ -
☑	"6-DIGIT SETTLEMENT DATE"	★	8/5/2015
	"1 TO CONFIRM"		1

☐	ACKNOWLEDGEMENT NUMBER	55425357

CALLED IN BY:	Clara Atkinson
CALLED IN DATE:	8/4/2015
CALLED IN TIME:	10:43AM

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"	★	15
☑	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	9

1ST QTR - 03 (MARCH) - Jan, Feb, Mar
2ND QTR - 06 (JUNE) - Apr, May, June
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 87,960.12 #
	"1 TO CONFIRM"		1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"		$ 42,152.12 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 9,858.16 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 35,949.84 #
		CHECK	$ -
☐	"6-DIGIT SETTLEMENT DATE"	★	8/19/2015
	"1 TO CONFIRM"		1
☐	ACKNOWLEDGEMENT NUMBER		623592534

CALLED IN BY:	Catherine
CALLED IN DATE:	8/18/2015
CALLED IN TIME:	1:10 PM

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	07/24/15					
PAY PERIOD: END	08/06/15					
PAY DATE:	08/13/15					
GROSS PAY:	$ 352,259.22			$ 2,500.00		$ 354,759.22
DEDUCTIONS:						-
	$ 942.00					$ 942.00
BOOTS	$ -					$ -
CAFÉ-C	$ 584.13					$ 584.13
CAFÉ-D	$ 1,125.05					$ 1,125.05
CAFÉ-H	$ 10,992.12					$ 10,992.12
CAFÉ-I	$ 45.97					$ 45.97
CAFÉ-L	$ 363.70					$ 363.70
CAFÉ-P	$ 403.19					$ 403.19
CANCER	$ 41.18					$ 41.18
CLINIC	$ 156.00					$ 156.00
COMBIN	$ 1,201.79					$ 1,201.79
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 302.50					$ 302.50
DEP-LF	$ 233.96					$ 233.96
EAT	$ 1,175.00					$ 1,175.00
FED TAX	$ 35,732.34			$ 217.50		$ 35,949.84
FICA-M	$ 4,892.81			$ 36.25		$ 4,929.06
FICA-O	$ 20,921.03			$ 155.00		$ 21,076.03
FLEX S	$ 1,308.61					$ 1,308.61
FLX-FE	$ 69.50					$ 69.50
GIFT S	$ 159.30					$ 159.30
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,485.00					$ 2,485.00
MISC	$ -					$ -
OTHER	$ 912.47					$ 912.47
PHI	$ -					$ -
PR FIN	$ 470.71					$ 470.71
RELAY	$ -					$ -
REPAY	$ -					$ -
STONE	$ 1,545.00					$ 1,545.00
STONE2	$ 75.00					$ 75.00
[illegible]DEN	$ 125.07					$ 125.07
[illegible]R	$ 24,658.24					$ 24,658.24
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 111,075.93	$ -	$ -	$ 408.75	$ -	$ 111,484.68
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 241,183.29	$ -	$ -	$ 2,091.25	$ -	$ 243,274.54
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 14,822.77	Less Exempt:				
TAXABLE PAY:	$ 339,936.45	$ 339,936.45				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 4,929.08		
FICA - MED (EE)	1.45%	$ 4,929.08	$ 4,929.06	$ 0.02
FICA - SOC SEC (ER)	6.20%	$ 21,076.06		
FICA - SOC SEC (EE)	6.20%	$ 21,076.06	$ 21,076.03	$ 0.03
FED WITHHOLDING		$ 35,949.84	$ 35,949.84	
TAX DEPOSIT:		$ 87,960.12	$ 87,960.02	$ 0.10
FICA - MEDICARE	2.90%	$ 9,858.16		
FICA - SOCIAL SECURITY	12.40%	$ 42,152.12		
FED WITHHOLDING		$ 35,949.84		
TOTAL TAX:		$ 87,960.12		

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

PREPARED BY: Clarri Atkinson

PREPARED DATE: 8/18/2015

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9083.75	N		N	N		167755.75
1	REGULAR PAY-S1	1350.25	N		N	N	N	47855.51
1	REGULAR PAY-S1	188.50	Y		N	N		5429.93
2	REGULAR PAY-S2	2601.50	N		N	N		54315.74
2	REGULAR PAY-S2	8.75	N		N	N	N	333.29
2	REGULAR PAY-S2	56.25	Y		N	N		2108.63
3	REGULAR PAY-S3	1440.25	N		N	N		35022.69
3	REGULAR PAY-S3	95.00	Y		N	N		3438.63
C	CALL PAY	5.00	N		N	N	N	10.00
C	CALL PAY	2781.00	N	1	N	N		5562.00
D	DOUBLE TIME	14.50	N		N	N		938.06
D	DOUBLE TIME	22.00	N		N	N	N	1350.05
E	EXTRA WAGES		N		N	N	N	914.05
E	EXTRA WAGES		N	1	N	N	N	1435.00
F	FUNERAL LEAVE	48.00	N	1	N	N		538.56
I	INSERVICE	8.00	N	1	N	N		302.72
K	EXTENDED-ILLNESS-BANK	8.00	N		N	N	N	80.00
K	EXTENDED-ILLNESS-BANK	8.00	N	1	N	N		257.60
P	PAID-TIME-OFF	144.00	N		N	N	N	2301.40
P	PAID-TIME-OFF	1044.42	N	1	N	N		21218.61
X	CALL PAY 2	80.00	N		N	N	N	160.00
X	CALL PAY 2	79.00	N	1	N	N		158.00
Y	YMCA/CURVES		N		N	N	N	15.00
Z	CALL PAY 3	72.00	N		N	N	N	216.00
Z	CALL PAY 3	24.00	N	1	N	N		72.00
t	PHONE & DATA		N		N	N	N	470.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	942.00	AWARDS		BOOTS	
CAFE H		CAFE-C	584.13	CAFE-D	1125.05
CAFE-F		CAFE-H	10992.12	CAFE-I	45.97
CAFE-L	363.70	CAFE-P	403.19	CANCER	41.18
CLINIC	156.00	COMBIN	1201.79	CREDUN	25.00
DENTAL	302.50	DEP-LF	233.96	EAT	1175.00
FEDTAX	35732.34	FICA-M	4892.81	FICA-O	20921.03
FLEX S	1308.61	FLX FE	69.50	FORT D	
FUTA		GIFT S	159.30	GRANT	
GRP-IN	129.26	GTL		HOSP-I	2485.00
ID TFT		LEAF		MISC	
MISC/		OTHER	912.47	PHI	
PHI***		PR FIN	470.71	RELAY	
REPAY		SIGNON		ST-TX	
STONE	1545.00	STONE2	75.00	STUDEN	125.07
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	24658.24	TUTION	
UW/HOS					

Grand Totals: 19162.17 ------- (Gross: 352259.22 Deductions: 111075.93 Net: 241183.29)

Checks Count:- FT 183 PT 14 Other 45 Female 209 Male 33 Credit OverAmt 19 ZeroNet Term Total: 242

Employee	PayCd	Dept	Hrs	OT	SH	WE	HO	CB	Rate	Gross	Code	Amount	Code	Amount	Code	Amount
15735 FT Hrly: 26.0000 E		015		N		N	N	N		2500.00	FEDTAX	217.50	FICA-M	36.25	FICA-O	155.00
SANDRA LEE CHAMBERS											TSA-R	175.00				
Fed-Ex: M-02 St-Ex: -00																
Total:			.00							(Gross: 2500.00		Deductions: 583.75		Net: 1916.25)		

Department Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
E			N		N	N	N	2500.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R		AWARDS		BOOTS	
CAFE H		CAFE-C		CAFE-D	
CAFE-F		CAFE-H		CAFE-I	
CAFE-L		CAFE-P		CANCER	
CLINIC		COMBIN		CREDUN	
DENTAL		DEP-LF		EAT	
FEDTAX	217.50	FICA-M	36.25	FICA-O	155.00
FLEX S		FLX FE		FORT D	
FUTA		GIFT S		GRANT	
GRP-IN		GTL		HOSP-I	
ID TFT		LEAF		MISC	
MISC/		OTHER		PHI	
PHI***		PR FIN		RELAY	
REPAY		SIGNON		ST-TX	
STONE		STONE2		STUDEN	
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	175.00	TUTION	
UW/HOS					

Department Totals:															
Checks Count:- FT	1	PT		Other		Female	1	Male		Credit		OverAmt		ZeroNet	
------- (Gross: 2500.00												Deductions: 583.75			
Net: 1916.25)															
Term															
Total: 1															

CR 61760

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	08/07/15					
PAY PERIOD: END	08/20/15					
PAY DATE:	08/27/15					
GROSS PAY:	$ 376,183.48					$ 376,183.48
DEDUCTIONS:						
	$ 958.84					$ 958.84
BOOTS	$ -					$ -
CAFÉ-C	$ 584.13					$ 584.13
CAFÉ-D	$ 1,154.69					$ 1,154.69
CAFÉ-H	$ 11,274.25					$ 11,274.25
CAFÉ-I	$ 168.49					$ 168.49
CAFÉ-L	$ 363.70					$ 363.70
CAFÉ-P	$ 403.19					$ 403.19
CANCER	$ 41.18					$ 41.18
CLINIC	$ 96.00					$ 96.00
COMBIN	$ 1,201.79					$ 1,201.79
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 302.50					$ 302.50
DEP-LF	$ 467.96					$ 467.96
EAT	$ 215.00					$ 215.00
FED TAX	$ 38,368.90					$ 38,368.90
FICA-M	$ 5,233.40					$ 5,233.40
FICA-O	$ 22,365.45					$ 22,365.45
FLEX S	$ 1,308.61					$ 1,308.61
FLX-FE	$ 69.50					$ 69.50
GIFT S	$ 152.45					$ 152.45
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,485.00					$ 2,485.00
MISC	$ -					$ -
OTHER	$ 753.38					$ 753.38
PHI	$ -					$ -
PR FIN	$ 470.71					$ 470.71
RELAY	$ -					$ -
REPAY	$ -					$ -
STONE	$ 1,495.00					$ 1,495.00
STONE2	$ 75.00					$ 75.00
[illegible]DEN	$ 131.94					$ 131.94
[illegible]R	$ 26,332.87					$ 26,332.87
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 116,628.19	$ -	$ -	$ -	$ -	$ 116,628.19
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 259,555.29	$ -	$ -	$ -	$ -	$ 259,555.29
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 15,257.06	**Less Exempt:**				
TAXABLE PAY:	$ 360,926.42	$ 360,926.42				**Exempt Amt:**

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,233.43		
FICA - MED (EE)	1.45%	$ 5,233.43	$ 5,233.40	$ 0.03
FICA - SOC SEC (ER)	6.20%	$ 22,377.44		
FICA - SOC SEC (EE)	6.20%	$ 22,377.44	$ 22,365.45	$ 11.99
FED WITHHOLDING		$ 38,368.90	$ 38,368.90	
TAX DEPOSIT:		$ 93,590.64	$ 93,566.60	$ 24.04

FICA - MEDICARE	2.90%	$ 10,466.86
FICA - SOCIAL SECURITY	12.40%	$ 44,754.88
FED WITHHOLDING		$ 38,368.90
TOTAL TAX:		$ 93,590.64

Employees over FICA-SS Cap: $ -

Jason Anglin

Diane

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: $ -

PREPARED BY: Clarri Atkinson

PREPARED DATE: 9/1/2015

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9146.00	N		N	N		177243.48
1	REGULAR PAY-S1	1280.75	N		N	N	N	44696.82
1	REGULAR PAY-S1	208.00	Y		N	N		5943.81
2	REGULAR PAY-S2	2621.25	N		N	N		58146.93
2	REGULAR PAY-S2	41.50	Y		N	N		1742.42
3	REGULAR PAY-S3	1471.50	N		N	N		37644.56
3	REGULAR PAY-S3	78.50	Y		N	N		2830.32
C	CALL PAY	2716.50	N	1	N	N		5433.00
E	EXTRA WAGES		N		N	N	N	380.88
E	EXTRA WAGES		N	1	N	N	N	1053.75
I	INSERVICE	78.50	N	1	N	N		2311.68
I	INSERVICE	2.25	Y	1	N	N		111.21
J	JURY LEAVE	5.00	N	1	N	N		79.20
K	EXTENDED-ILLNESS-BANK	134.00	N	1	N	N		1773.86
P	PAID-TIME-OFF	303.21	N		N	N	N	8252.81
P	PAID-TIME-OFF	1159.50	N	1	N	N		27662.63
X	CALL PAY 2	64.00	N		N	N	N	128.00
X	CALL PAY 2	95.00	N	1	N	N		190.00
Z	CALL PAY 3	13.00	N		N	N	N	39.00
Z	CALL PAY 3	83.00	N	1	N	N		249.00
p	PAID TIME OFF - PROBATION	20.00	N	1	N	N		270.12

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	958.84	AWARDS		BOOTS	
CAFE H		CAFE-C	584.13	CAFE-D	1154.69
CAFE-F		CAFE-H	11274.25	CAFE-I	168.49
CAFE-L	363.70	CAFE-P	403.19	CANCER	41.18
CLINIC	96.00	COMBIN	1201.79	CREDUN	25.00
DENTAL	302.50	DEP-LF	467.96	EAT	215.00
FEDTAX	38368.90	FICA-M	5233.40	FICA-O	22365.45
FLEX S	1308.61	FLX FE	69.50	FORT D	
FUTA		GIFT S	152.45	GRANT	
GRP-IN	129.26	GTL		HOSP-I	2485.00
ID TFT		LEAF		MISC	
MISC/		OTHER	753.38	PHI	
PHI***		PR FIN	470.71	RELAY	
REPAY		SIGNON		ST-TX	
STONE	1495.00	STONE2	75.00	STUDEN	131.94
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	26332.87	TUTION	
UW/HOS					

Grand Totals: 19521.46 ------- (Gross: 376183.48 Deductions: 116628.19 Net: 259555.29)

Checks Count:- FT 185 PT 14 Other 47 Female 212 Male 34 Credit OverAmt 22 ZeroNet Term Total: 246

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- SEPTEMBER 2015

APPROVED ON SEP 23 2015 BY CALHOUN COUNTY AUDITOR

Monthly Electronic Transfers for Operating Expenses			
8/3/2015	IBC Merch Bank Deposit	- Credit Card Processing Fee	48.65
8/3/2015	IBC Merch Bank Deposit	- Credit Card Processing Fee	231.16
8/3/2015	IBC Merch Bank Deposit	- Credit Card Processing Fee	434.98
8/3/2015	IBC Merch Bank Deposit	- Credit Card Processing Fee	574.72
8/3/2015	IBC Merch Bank Deposit	- Credit Card Processing Fee	2,815.83
8/4/2015	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
8/4/2015	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
8/4/2015	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
8/4/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	417.98
8/4/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,131.72
8/4/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,489.47
8/5/2015	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
8/5/2015	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
8/5/2015	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
8/5/2015	IRS USATAXPYMT	- Payroll Taxes	96,872.46
8/10/2015	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
8/11/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	305.17
8/11/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	774.79
8/11/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,060.84
8/12/2015	Webfile Tax Portal	- Sales Tax	961.16
8/13/2015	ACS SLS Expertpay	- Child Support	531.58
8/13/2015	State Comptrlr Texnet	- IGT Nursing Home 2nd Otr UPL - Broadmoor	22,018.07
8/13/2015	Memorial Medical Payroll	- Payroll	240,931.48
8/17/2015	State Comptrlr Texnet	- IGT Nursing Home 3rd Qtr UPL - Broadmoor	8,381.49
8/17/2015	State Comptrlr Texnet	- IGT Nursing Home 3rd Otr UPL - Crescent	58,201.51
8/17/2015	State Comptrlr Texnet	- IGT Nursing Home 3rd Otr UPL - Fort Bend	82,232.35
8/17/2015	Texas County DRS	- Retirement Funding	161,016.16
8/17/2015	State Comptrlr Texnet	- IGT Nursing Home 3rd Otr UPL - Solera	174,077.03
8/17/2015	State Comptrlr Texnet	- IGT Nursing Home 3rd Otr UPL - Ashford	630,487.07
8/18/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	370.96
8/18/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	706.76
8/18/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	862.23
8/19/2015	Telecheck	- Credit Card Processing Fee	5.00
8/19/2015	IRS USATAXPYMT	- Payroll Taxes	87,960.12
8/20/2015	DLX FOR BUSINESS BUS PROD	- Business Office Expense	107.28
8/25/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	750.23
8/25/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	993.99
8/25/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,418.25
8/27/2015	ACS SLS Expertpay	- Child Support	530.92
8/27/2015	Memorial Medical Payroll	- Payroll	259,555.29
			$ 1,838,640.57

Note: Each month all electronic debit activity should be included on this form.
Have CEO or CFO sign and then return the signed form to the County Auditors.

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2180
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 353

CUSTOMER NO.	PAGE NO.
	8 of 10

08/01/2015 to 08/31/2015
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

08/28	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	2,224.29
08/28	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	1,005.86
08/28	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	860.70
08/28	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	472.54
08/28	Electronic Deposit	AETNA A04 HCCLAIMPMT 1689630865	353.25
08/28	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	221.43
08/28	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	202.20
08/28	Electronic Deposit	DRISCOLL CHP Claim Pmt MEMORIAL MEDICA	126.51
08/28	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1104203181	71.59
08/28	Electronic Deposit	AETNA A04 HCCLAIMPMT 1104203181	66.03
08/28	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	59.80
08/28	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	30.00
08/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 45Z356	20,258.56
08/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	15,513.38
08/31	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C15239E38037810	7,671.54
08/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	2,296.21
08/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	544.91
08/31	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	416.27
08/31	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	326.20
08/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	265.42
08/31	Electronic Deposit	AETNA A04 HCCLAIMPMT 1689630865	190.90
08/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	119.98
08/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	100.00
08/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	43.07
	Debits		
08/03	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160912889	48.65
08/03	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160914885	231.16
08/03	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160911881	434.98
08/03	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160913887	574.72
08/03	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160910883	2,815.83
08/04	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
08/04	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95
08/04	Electronic Payment	VIVONET ACQUISIT PAYMENT 508574	99.00
08/04	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02574933	417.98
08/04	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02575020	1,131.72
08/04	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02575010	1,489.47
08/05	Electronic Payment	FDGL LEASE PYMT	59.25
08/05	Electronic Payment	FDGL LEASE PYMT	59.25
08/05	Electronic Payment	FDGL LEASE PYMT	86.30
08/05	Electronic Payment	IRS USATAXPYMT 220561755425357	96,872.46
08/10	Electronic Payment	FDGL LEASE PYMT	30.17
08/11	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02582828	305.17
08/11	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02582889	774.79
08/11	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02582880	1,060.84
08/12	Electronic Payment	WEBFILE TAX PYMT DD 902/21578961	961.16
08/13	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	531.58
08/13	Electronic Payment	STATE COMPTRLR TEXNET 21563006/50812	22,018.07
08/13	Electronic Payment	MEMORIAL MEDICAL PAYROLL	240,931.48

IBC
BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2181
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 353

CUSTOMER NO.	PAGE NO.
	9 of 10

08/01/2015 to 08/31/2015
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

08/17	Electronic Payment	STATE COMPTRLR TEXNET 21571057/50814	8,381.49
08/17	Electronic Payment	STATE COMPTRLR TEXNET 21571257/50814	58,201.51
08/17	Electronic Payment	STATE COMPTRLR TEXNET 21571102/50814	82,232.35
08/17	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	161,016.16
08/17	Electronic Payment	STATE COMPTRLR TEXNET 21571094/50814	174,077.03
08/17	Electronic Payment	STATE COMPTRLR TEXNET 21571325/50814	630,487.07
08/18	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02586873	370.96
08/18	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02586807	706.76
08/18	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02586879	862.23
08/19	Electronic Payment	Telecheck INV082015D xxxxx9736	5.00
08/19	Electronic Payment	IRS USATAXPYMT 220563162592534	87,960.12
08/20	Electronic Payment	DLX For Business BUS PROD 2034777551128	107.28
08/25	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02591586	750.23
08/25	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02592094	993.99
08/25	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02592127	1,418.25
08/27	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	530.92
08/27	Electronic Payment	MEMORIAL MEDICAL PAYROLL	259,555.29

Daily Ending Balance

08/03	1,790,665.42	08/12	1,873,562.56	08/21	1,139,728.39
08/04	1,845,735.50	08/13	1,713,039.77	08/24	1,243,904.74
08/05	1,752,174.08	08/14	1,797,704.52	08/25	1,238,753.80
08/06	1,787,510.43	08/17	733,683.02	08/26	1,228,424.93
08/07	1,820,502.64	08/18	1,036,110.06	08/27	957,670.26
08/10	1,906,591.93	08/19	961,161.23	08/28	2,069,907.09
08/11	1,888,786.71	08/20	1,021,576.03	08/31	2,175,608.41

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2052
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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08/01/2015 to 08/31/2015
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
115,026.18	13	787,877.48	6	588,562.51	314,341.15

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
08/07		206,983.33	08/19		128,362.34	08/25		723.75
08/13		73,954.76	08/21		22,191.01	08/28		794.31

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount
08/04	3520 NH Crescent	730.00	08/04	3521 Solera	21,363.00

Electronic Activity

Last mo dup. 114,926.18

Credits

08/03	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	720.28
08/11	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	7,806.31
08/20	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	24,585.39
08/21	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	8,340.53
08/21	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	692.38
08/26	Incoming Wire	0020306890	309,147.16
08/27	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	3,575.93

Debits

08/06	Outgoing Wire	0152 ASHFORD HEALTH CARE CENTER LTD	93,553.46
08/12	Outgoing Wire	0008 ASHFORD HEALTH CARE CENTER LTD	206,983.33
08/24	Outgoing Wire	0003 ASHFORD HEALTH CARE CENTER LTD	81,761.07
08/26	Outgoing Wire	0439 ASHFORD HEALTH CARE CENTER LTD	184,171.65

Daily Ending Balance

08/03	115,746.46	08/12	7,906.31	08/24	184,271.65
08/04	93,653.46	08/13	81,861.07	08/25	184,995.40
08/06	100.00	08/19	210,223.41	08/26	309,970.91
08/07	207,083.33	08/20	234,808.80	08/27	313,546.84
08/11	214,889.64	08/21	266,032.72	08/28	314,341.15

IBC BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2058
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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STATEMENT PERIOD: 08/01/2015 to 08/31/2015

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
13,784.14	10	760,968.94	4	142,952.60	631,800.48

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
08/07		27,929.01	08/19		36,547.30	08/25		4,644.20
08/13		22,473.52	08/21		38,981.54	08/28		7,938.00

Electronic Activity

Last mo Bal 13,684.14

	Credits		
08/04	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004	3,023.47
08/05	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004	170.86
08/13	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004	142.76
08/26	Incoming Wire	1111 CANTEX HEALTH CARE CENTERS III	619,118.28
	Debits		
08/06	Outgoing Wire	0155 CANTEX HEALTH CARE CENTERS III	16,707.61
08/12	Outgoing Wire	0011 CANTEX HEALTH CARE CENTERS III	28,099.87
08/24	Outgoing Wire	0006 CANTEX HEALTH CARE CENTERS III	22,616.28
08/26	Outgoing Wire	0443 CANTEX HEALTH CARE CENTERS III	75,528.84

Daily Ending Balance

08/04	16,807.61	08/12	100.00	08/24	75,628.84
08/05	16,978.47	08/13	22,716.28	08/25	80,273.04
08/06	270.86	08/19	59,263.58	08/26	623,862.48
08/07	28,199.87	08/21	98,245.12	08/28	631,800.48

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2056
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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STATEMENT PERIOD: 08/01/2015 to 08/31/2015

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
47,534.30	15	144,489.86	4	175,303.79	16,720.37

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
08/04		730.00	08/19		23,383.81	08/25		7,042.50
08/07		49,828.83	08/21		8,718.60	08/28		5,902.03
08/13		28,516.60						

Electronic Activity

Last mo dep 47,434.30

	Credits		
08/13	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008	173.26
08/18	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	6,634.42
08/20	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	1,003.38
08/21	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	1,085.43
08/24	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	4,949.78
08/24	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008	2,845.38
08/25	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008	1,540.74
08/27	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008	2,135.10
	Debits		
08/06	Outgoing Wire	0154 CANTEX HEALTH CARE CENTERS III	48,164.30
08/12	Outgoing Wire	0010 CANTEX HEALTH CARE CENTERS III	49,828.83
08/24	Outgoing Wire	0005 CANTEX HEALTH CARE CENTERS III	28,689.86
08/26	Outgoing Wire	0442 CANTEX HEALTH CARE CENTERS III	48,620.80

Daily Ending Balance

08/04	48,264.30	08/18	35,424.28	08/25	57,304.04
08/06	100.00	08/19	58,808.09	08/26	8,683.24
08/07	49,928.83	08/20	59,811.47	08/27	10,818.34
08/12	100.00	08/21	69,615.50	08/28	16,720.37
08/13	28,789.86	08/24	48,720.80		

IBC BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2060
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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STATEMENT PERIOD	08/01/2015 to 08/31/2015

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
13,817.73	18	225,895.50	4	147,640.35	92,072.88

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
08/07		29,395.36	08/19		3,250.30	08/25		91,034.03
08/13		8,487.20	08/21		2,351.08			

Electronic Activity

1,190.99
12,526.74
Last ins credit 13,717.73

	Credits			
08/04	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006		7,318.50
08/05	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		1,767.93
08/06	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		1,430.98
08/07	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006		2,537.36
08/10	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		12,870.35
08/11	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		8,686.62
08/19	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		4,289.17
08/20	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		18,121.78
08/20	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006		7,062.28
08/21	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006		24,169.98
08/21	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		2,183.73
08/27	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		888.23
08/28	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		50.62
	Debits			
08/06	Outgoing Wire	0156 CANTEX HEALTH CARE CENTERS III		21,036.23
08/12	Outgoing Wire	0012 CANTEX HEALTH CARE CENTERS III		35,131.63
08/24	Outgoing Wire	0007 CANTEX HEALTH CARE CENTERS III		30,044.17
08/26	Outgoing Wire	0444 CANTEX HEALTH CARE CENTERS III		61,428.32

Daily Ending Balance

08/04	21,136.23	08/12	21,656.97	08/24	61,528.32
08/05	22,904.16	08/13	30,144.17	08/25	152,562.35
08/06	3,298.91	08/19	37,683.64	08/26	91,134.03
08/07	35,231.63	08/20	62,867.70	08/27	92,022.26
08/10	48,101.98	08/21	91,572.49	08/28	92,072.88
08/11	56,788.60				

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2054
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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08/01/2015 to 08/31/2015
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
607,796.47	25	1,001,193.12	4	1,561,275.36	47,714.23

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
08/04		21,363.00	08/19		15,308.63	08/25		34,646.44
08/07		24,611.78	08/21		13,383.95	08/28		11,802.29
08/13		21,177.70						

Electronic Activity

last mo dep 607,696.47

Credits

08/07	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	1,319.86
08/10	Electronic Deposit	Molina HC of TX Molina HC PN1497143259	2,655.16
08/10	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	1,017.23
08/11	Electronic Deposit	Molina HC of TX Molina HC PN1497143259	6,581.74
08/11	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	2,034.46
08/12	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	252.31
08/13	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	5,294.96
08/14	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	2,202.11
08/14	Electronic Deposit	Molina HC of TX Molina HC PN1497143259	2,096.67
08/17	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	14,413.96
08/19	Incoming Wire	0314 CANTEX HEALTH CARE CENTERS III	804,511.01
08/19	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	1,012.86
08/21	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	82.88
08/24	Electronic Deposit	Molina HC of TX Molina HC PN1497143259	11,979.34
08/24	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	2,279.28
08/25	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	516.99
08/27	Electronic Deposit	Molina HC of TX Molina HC PN1497143259	497.47
08/28	Electronic Deposit	Molina HC of TX Molina HC PN1497143259	151.04

Debits

08/06	Outgoing Wire	0153 CANTEX HEALTH CARE CENTERS LLC	629,059.47
08/12	Outgoing Wire	0009 CANTEX HEALTH CARE CENTERS LLC	25,931.64
08/24	Outgoing Wire	0004 CANTEX HEALTH CARE CENTERS LLC	43,312.34
08/26	Outgoing Wire	0441 CANTEX HEALTH CARE CENTERS LLC	862,971.91

Daily Ending Balance

08/04	629,159.47	08/13	39,113.56	08/24	863,071.91
08/06	100.00	08/14	43,412.34	08/25	898,235.34
08/07	26,031.64	08/17	57,826.30	08/26	35,263.43
08/10	29,704.03	08/19	878,658.80	08/27	35,760.90
08/11	38,320.23	08/21	892,125.63	08/28	47,714.23
08/12	12,640.90				

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1257
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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07/01/2015 to 07/31/2015
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Ending Balance
32,442.76	9	1,036,831.03	4	461,477.32	607,796.47

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
07/02		61,448.67	07/23		42,467.25	07/30		11,116.35
07/20		315,875.95						

Electronic Activity

	Credits		
07/15	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	3,592.95
07/21	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	5,749.74
07/27	Incoming Wire	0830 CANTEX HEALTH CARE CENTERS III	589,907.05
07/30	Electronic Deposit	Molina HC of TX Molina HC PN1497143259	5,367.19
07/31	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	1,305.88
	Debits		
07/01	Outgoing Wire	0535 CANTEX HEALTH CARE CENTERS LLC	32,342.76
07/10	Outgoing Wire	0031 CANTEX HEALTH CARE CENTERS LLC	61,448.67
07/23	Outgoing Wire	0058 CANTEX HEALTH CARE CENTERS LLC	319,468.90
07/30	Outgoing Wire	0074 CANTEX HEALTH CARE CENTERS LLC	48,216.99

Daily Ending Balance

07/01	100.00	07/20	319,568.90	07/27	638,224.04
07/02	61,548.67	07/21	325,318.64	07/30	606,490.59
07/10	100.00	07/23	48,316.99	07/31	607,796.47
07/15	3,692.95				

Notice to Customers: Change to Wire Fees

Effective September 1, 2015, the fee for outgoing wire transfers outside the U.S. for business accounts will change to $45.00. All other wire fees remain unchanged.

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2183

COUNTY OF CALHOUN TEXAS
INDIGENT HEALTHCARE
202 S Ann St Ste A
Port Lavaca TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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STATEMENT PERIOD: 08/01/2015 to 08/31/2015

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
7,947.40	1	31,340.26	10	32,623.96	6,663.70

Deposits (Credits)

Date	Deposit#	Amount
08/31		31,340.26

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
08/03	11710	139.48	08/27	11725	179.36	08/28	11730	244.34
08/28 *	11721	670.33	08/25 *	11728	115.04	08/31 *	11737	5,312.41
08/28 *	11723	221.53	08/27	11729	1,631.27	08/31	11738	23,983.76
08/28	11724	126.44						

* Indicates a skip in check number sequence

Daily Ending Balance

08/03	7,807.92	08/27	5,882.25	08/31	6,663.70
08/25	7,692.88	08/28	4,619.61		

IBC

BANK

International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1991
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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08/01/2015 to 08/31/2015
STATEMENT PERIOD

For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
1,753,780.21	0	0.00	0	0.00	1,753,780.21

BANK
International Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1926
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
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STATEMENT PERIOD: 08/01/2015 to 08/31/2015

For 24 hour information about your account, please call IBC Voice at number given. Your officer is Derek J. Schmidt.
Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
325,069.79	0	0.00	0	0.00	325,069.79