MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- December 22, 2015

PAYABLES AND PAYROLL

11/2/2015	Credit Card Invoice	$	57.11
11/2/2015	McKesson		444.54
11/4/2015	Weekly Payables		138,650.52
11/5/2015	Payroll		263,746.76
11/10/2015	McKesson		1,816.68
11/12/2015	Weekly Payables		89,776.41
11/12/2015	Payroll Taxes		97,460.07
11/16/2015	Returned Check		1,675.20
11/16/2015	TCDRS		115,457.03
11/16/2015	McKesson		1,479.45
11/18/2015	Weekly Payables		137,802.92
1/18/2015	Patient Refunds		2,621.52
11/19/2015	Payroll		264,508.70
11/20/2015	Weekly Payables		8,931.90
11/20/2015	Returned Check		39.00
11/23/2015	McKesson		1,739.53
11/23/2015	Weekly Payables		345,541.74
11/25/2015	Payroll Taxes		97,191.69
11/30/2015	McKesson		1,839.19

APPROVED
DEC 22 2015
CALHOUN COUNTY
COMMISSIONERS COURT

11/30/2015	Monthly Electronic Transfers for Payroll Expenses(not incl above)	724.62	
11/30/2015	Monthly Electronic Transfers for Operating Expenses	2,757.03	
	Total Payables and Payroll		**$ 1,574,261.61**
INTER-GOVERNMENT TRANSFERS			
	Inter-Government Transfer for November 6, 2015	21,758.73	
	Total Inter-Government Transfers		**$ 21,758.73**
INTRA-ACCOUNT TRANSFERS			
	From Operating to Private Waiver Clearing Fund	-	
	From Private Waiver Clearing Fund to Operating	300,000.00	
	Total Intra-Account Transfers		**$ 300,000.00**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS			**$ 1,896,020.34**
NURSING HOME UPL EXPENSES			**$ 5,871,515.21**
NURSING HOME INTER-GOVERNMENT TRANSFER FOR November 2015			**$ 953,379.45**
INDIGENT HEALTHCARE FUND EXPENSES			**$ 66,113.07**
GRAND TOTAL DISBURSEMENTS APPROVED CC December 22, 2015			**$ 8,787,028.07**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----December 22, 2015

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic	597.81
Community Pathology Associates	3.47
HEB Pharmacy (MedImpact Healthcare Systems, Inc)	546.73
Mau-Shong Lin MD	112.89
Memorial Medical Center (Phys Fees $0.00, IP $36574.21/ OP $14740.35/ ER $3306.50)	54,621.06
Memorial Medical Clinic	330.17
Port Lavaca Anesthesia Group	151.63
Port Lavaca Clinic Assoc	753.09
Radiology Unlimited PA	364.60
Regional Employee Assistance	204.32
Victoria Anesthesiology Assoc	470.54
Victoria Eye Center	161.71
Victoria Professional Medical	197.96
Victoria Heart & Vascular Center	22.14
SUBTOTAL	**58,538.12**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	7,914.95
SUBTOTAL	66,453.07
Less: Co-Pays collected in November 2015	(340.00)
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	**66,113.07**

800 12222015 01 CALHOUN COUNTY, TEXAS

DATE: 12/22/2015

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				$66,113.07
	approved by Commissioners Court on 12/22/15				
	Total Indigent Expenses	$66,453.07			
	Applied Co-pays	($340.00)			
1000-001-46010	November Interest	$0.00			
					$66,113.07

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON DEC 15 2015

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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: _____ 12/22/15

DEPARTMENT HEAD DATE

©IHS
Issued 12/08/15

Source Totals Report

Calhoun Indigent Health Care
11-1-15 through 11-30-15
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	9,391.16	2,099.02
01-1	Injections	432.00	27.46
01-2	Physician Services- Anesthesia	3,759.00	622.17
02	Prescription Drugs	546.73	546.73
08	Rural Health Clinics	1,048.00	621.68
13	Mmc - Inpatient Hospital	181,070.84	36,574.21
14	Mmc - Hospital Outpatient	43,353.98	14,740.35
15	Mmc - Er Bills	9,765.00	3,306.50
	Expenditures	249,582.01	58,753.42
	Reimb/Adjustments	-215.30	-215.30
	Grand Total	**249,366.71**	**58,538.12**

Fiscal Year	413,385.53
Applied Co-Pay's	(340.00)
Payroll/Expenses	7,914.95
Monthly Total	66,113.07

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	11/11/15	417808	CA		10.00	10.00				PLB		2
50240.000	11/12/15	417906	CA		10.00	10.00				PLB		2
50240.000	11/12/15	417954	CA		10.00	10.00				PLB		2
50240.000	11/13/15	417987	CA		10.00	10.00				PLB		2
50240.000	11/17/15	418227	CA		10.00	10.00				LMV		2
50240.000	11/17/15	418249	VI		10.00	10.00				PLB		2
50240.000	11/17/15	418258	CK		10.00	10.00				PLB		2
50240.000	11/18/15	418321	CA		10.00	10.00				LMV		2
50240.000	11/19/15	418403	CA		10.00	10.00				PLB		2
50240.000	11/19/15	418405	CA		10.00	10.00				PLB		2
50240.000	11/19/15	418410	VI		10.00	10.00				PLB		2
50240.000	11/20/15	418487	CA		10.00	10.00				LMV		2
50240.000	11/20/15	418553	CA		10.00	10.00				PLB		2
50240.000	11/23/15	418585	CA		10.00	10.00				PLB		2
50240.000	11/23/15	418646	CA		10.00	10.00				PLB		2
50240.000	11/23/15	418657	CA		10.00	10.00				KDG		2
50240.000	11/23/15	418659	CA		10.00	10.00				PLB		2
50240.000	11/23/15	418660	CA		10.00	10.00				LMV		2
50240.000	11/25/15	418836	CA		10.00	10.00				PLB		2
50240.000	11/27/15	418923	VI		10.00	10.00				JC		2
50240.000	11/30/15	419065	CA		10.00	10.00				PLB		2
50240.000	11/30/15	419077	CA		10.00	10.00				PLB		2

TOTAL 50240.000 COUNTY INDIGENT COPAYS 340.00

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

Recorded ARM 12/8/15
Reviewed

Acct #	JE #	Description	Check #	Debit Amount	Credit Amount
10255000		Indigent Healthcare		7,914.95	
40450074		Reimbursement - Calhoun Cty			5,773.94
40015074		Benefits - FICA			310.50
40025074		Benefits - FUTA			-
40040074		Benefits - Retirement			362.30
60320000		Benefits - Insurance			1,039.31
40220074		Supplies - General			1.28
40225074		Supplies - Office			302.62
40230074		Forms			-
40610074		Continuing Education			125.00
40510074		Outside Services			-
40215074		Freight			-
40600074		Miscellaneous			-
			TOTALS	7,914.95	7,914.95

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

REVERSING: YES _____ NO _____ JE # 111530

APPROVED
ON

DEC 10 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Indigent Healthcare Program
Incurred by MMC
NOVEMBER 2015

Indigent H'care Coordinator Salary	# 40000074	12-Nov	$ 2,418.20	
	# 40000074	26-Nov	2,121.26	
	# 40000074			
	# 40050074	12-Nov	18.54	
	# 40050074			
	(# 40010074)		1,215.94	
				5,773.94
Benefits:	#40040074			**362.30**
FICA	# 40015074	12-Nov	127.80	
	# 40015074	26-Nov	182.70	
	# 40015074			
				310.50
FUTA	# 40025074	12-Nov	-	
	# 40025074	26-Nov	-	
	# 40025075			
				-
Other Benefits (18 %)	# 63200000			**1,039.31**
General Supplies	# 40220074			**1.28**
Office Supplies	# 40225074			**302.62**
Forms	#40230074			**-**
Continuing Education	#40610074			**125.00**
Outside Services	#40510074			**-**
Freight	#40215074			**-**
Travel	#40600074			**-**

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: 11/01/15					35,859.68
	11/01/15	REVERSE ACCRUAL		PR	19 4621 409	-278.66	
	11/12/15	PAY-P.10/30/15 11/12/15		PR	19 4655 48	2,418.20	
	11/26/15	PAY-P.11/13/15 11/26/15		PR	19 4682 48	2,121.26	
	11/30/15	Accrual--Days= 4		PR	19 4682 402	606.08	
		11/30 ACTIVITY/END BALANCE				4,866.88	40,726.56
40005074 SALARIES OVERTIME	-CALHO	BEGINNING BALANCE AS OF: 11/01/15					64.04
	11/01/15	REVERSE ACCRUAL		PR	19 4621 467	-1.22	
	11/12/15	PAY-P.10/30/15 11/12/15		PR	19 4655 73	18.54	
		11/30 ACTIVITY/END BALANCE				17.32	81.36
40010074 SALARIES PTO/EIB	-CALHO	BEGINNING BALANCE AS OF: 11/01/15					7,070.73
	11/01/15	REVERSE ACCRUAL		PR	19 4621 517	-50.04	
	11/12/15	Auto PR Bene Accrual Re		PR	19 4620 91	-953.57	
	11/12/15	Auto PR Bene Accrual		PR	19 4654 89	1,059.83	
	11/12/15	PAY-P.10/30/15 11/12/15		PR	19 4655 98	91.44	
	11/26/15	Auto PR Bene Accrual Re		PR	19 4654 91	-1,059.83	
	11/26/15	Auto PR Bene Accrual		PR	19 4681 89	18.72	
	11/26/15	PAY-P.11/13/15 11/26/15		PR	19 4682 96	1,124.50	
	11/30/15	Accrual--Days= 4		PR	19 4682 498	321.28	
		11/30 ACTIVITY/END BALANCE				552.33	7,623.06
40015074 FICA	-CALHO	BEGINNING BALANCE AS OF: 11/01/15					-32.20
	11/01/15	REVERSE ACCRUAL		PR	19 4621 703	-12.86	
	11/01/15	REVERSE ACCRUAL		PR	19 4621 765	-3.00	
	11/12/15	PAY-P.10/30/15 11/12/15		PR	19 4655 380	24.22	
	11/12/15	PAY-P.10/30/15 11/12/15		PR	19 4655 411	103.58	
	11/26/15	PAY-P.11/13/15 11/26/15		PR	19 4682 541	34.63	
	11/26/15	PAY-P.11/13/15 11/26/15		PR	19 4682 572	148.07	
	11/30/15	Accrual--Days= 4		PR	19 4682 686	42.32	
	11/30/15	Accrual--Days= 4		PR	19 4682 748	9.88	
		11/30 ACTIVITY/END BALANCE				346.84	314.64
40025074 FUT		BEGINNING AND ENDING BALANCE:					-2.10
40040074 RETIREMENT	-CALHO	BEGINNING BALANCE AS OF: 11/01/15					-23.14
	11/01/15	REVERSE ACCRUAL		PR	19 4621 891	-19.26	
	11/12/15	PAY-P.10/30/15 11/12/15		PR	19 4655 473	152.39	
	11/26/15	PAY-P.11/13/15 11/26/15		PR	19 4682 634	209.93	
	11/30/15	Accrual--Days= 4		PR	19 4682 874	60.00	
		11/30 ACTIVITY/END BALANCE				403.04	379.90
40220074 SUPPLIES GENERAL	-CALHO	BEGINNING BALANCE AS OF: 11/01/15					.00

= 5,773.94

310.50

362.30

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40220074 SUPPLIES GENERAL	-CALHOUN C						
	11/30/15	AUTO-TRAN/EXP.REPORT	000000	MM	25 610 24	1.28	
		11/30 ACTIVITY/END BALANCE				1.28	1.28 ✓
40225074 OFFICE SUPPLIES	-CALHO	BEGINNING BALANCE AS OF: 11/01/15					.00
	11/18/15	DEWITT POTH & SON	456224-0	PJ	19 4656 21	35.92	
	11/30/15	DEWITT POTH & SON	457249-0	PJ	19 4688 14	233.36	
	11/30/15	AUTO-TRAN/EXP.REPORT	000000	MM	25 610 47	33.34	
		11/30 ACTIVITY/END BALANCE				302.62	302.62 ✓
40450074 REIMBURSEMENT		BEGINNING AND ENDING BALANCE:					-43,280.82
40610074 CONT EDUCATION	-CALHO	BEGINNING BALANCE AS OF: 11/01/15					.00
	11/16/15	CARDMEMBER SERVICES	4378-OCT/15	PJ	19 4649 69	125.00	
		11/30 ACTIVITY/END BALANCE				125.00	125.00 ✓
		COST CENTER TOTAL:				6,615.31	
		ENDING BALANCE GRAND TOTAL:					6,271.50
		GRAND TOTAL ACTIVITY:					6,615.31

RUN DATE:11/02/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:24 CHECK REGISTER and Payables List GLCKREG
11/02/15 THRU 11/02/15

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000689	11/02/15	179.80	MCKESSON - HEB Pharmacy
A/P *	000690	11/02/15	264.74	MCKESSON - CVS Pharmacy
A/P *	163279	11/02/15	355.63CR	DR. PETER ROJAS } on seperate Check register
A/P	163755	11/02/15	355.63	DR. PETER ROJAS
TOTALS:			444.54	

340 B Prescription Expenses

APPROVED
ON

NOV - 2 2015

BY
CALHOUN COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-15

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/30/2015

DC: 8115

Territory: 400

Customer: 190813
Date: 10/30/2015

Page: 001

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

As of: 10/30/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 10/30/2015

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/26/2015	11/03/2015	7713225520	1000703744	115Invoice	1.33	66.62		65.29 ✓		7713225520	
10/26/2015	11/03/2015	7713225521	1000704464	115Invoice	0.02	0.89		0.87 ✓		7713225521	
10/28/2015	11/03/2015	7713694480	1000705914	115Invoice		0.08		0.08 ✓		7713694480	
10/29/2015	11/03/2015	7713913437	1000706666	115Invoice	2.32	115.88		113.56 ✓		7713913437	

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

TOTAL:

Subtotals: 183.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 669.47
10/26/2015

If Paid By 11/03/2015,
Pay This Amount: 179.80 USD

If Paid After 11/03/2015,
Pay this Amount: 183.47 USD

Due If Paid On Time:
USD 179.80

Disc lost if paid late: 3.67

Due If Paid Late:
USD 183.47

10.31.15

APPROVED
ON
NOV 02 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/30/2015

DC: 8115

Territory: 400

Customer: 262252
Date: 10/30/2015

Page: 001

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

As of: 10/30/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 10/30/2015

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/26/2015	11/03/2015	7713248254	1000704466	115Invoice	0.05	2.66		2.61		7713248254	
10/26/2015	11/03/2015	7713248255	1000704890	115Invoice	1.25	62.54		61.29		7713248255	
10/27/2015	11/03/2015	7713472263	1000705287	115Invoice	0.01	0.32		0.31		7713472263	
10/28/2015	11/03/2015	7713679619	1000705916	115Invoice	0.05	2.60		2.55		7713679619	
10/29/2015	11/03/2015	7713926125	1000706668	115Invoice	1.02	51.22		50.20		7713926125	
10/29/2015	11/03/2015	7713926126	1000706668	115Invoice	1.43	71.69		70.26		7713926126	
10/30/2015	11/03/2015	7714146350	1000707399	115Invoice	1.58	79.10		77.52		7714146350	

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

TOTAL:

Subtotals: 270.13 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 322.04
10/26/2015

If Paid By 11/03/2015,
Pay This Amount: 264.74 USD

If Paid After 11/03/2015,
Pay this Amount: 270.13 USD

Due If Paid On Time:
USD 264.74

Disc lost if paid late:
5.39

Due If Paid Late:
USD 270.13

10.31.15

APPROVED
ON
NOV 02 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 10/30/2015

DC: 8115

Territory: 400

Customer: 256342
Date: 10/30/2015

Page: 001

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

As of: 10/30/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 10/30/2015 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
10/26/2015	10/26/2015	6015249001	OFFSET	Residual		526.57-	P	526.57-	P ✓	6015249001	
10/28/2015	11/03/2015	7713710760	Generics	115Invoice	2.32	115.79		113.47	✓	7713710760	
10/28/2015	11/03/2015	7713710763	Generics	115Invoice	1.73	86.46		84.73	✓	7713710763	
10/30/2015	11/03/2015	7714150958	5753359736	115Invoice	0.17	8.27		8.10	✓	7714150958	
10/30/2015	11/03/2015	7714150959	3454580966	115Invoice	0.28	14.09		13.81	✓	7714150959	
10/30/2015	11/03/2015	7714153310	Generics	115Invoice	0.29	14.60		14.31	✓	7714153310	
10/30/2015	11/03/2015	7714153435	Generics	115Invoice	1.04	52.13		51.09	✓	7714153435	

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

TOTAL:

Subtotals: 235.23- USD

Future Due: 0.00

Past Due: 526.57-

Last Payment 537.81
10/19/2015

If Paid By 11/03/2015,
Pay This Amount: 241.06- USD

If Paid After 11/03/2015,
Pay this Amount: 235.23- USD

Credit

Due If Paid On Time:
USD 241.06-

Disc lost if paid late:
5.83

Due If Paid Late:
USD 235.23-

10.31.15

APPROVED ON
NOV 02 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:11/02/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:50 CHECK REGISTER GLCKREG
11/02/15 THRU 11/02/15

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

CODE	NUMBER	DATE	AMOUNT		PAYEE
A/P *	163279	11/02/15	355.63	CR	DR. PETER ROJAS
A/P	163755	11/02/15	355.63		DR. PETER ROJAS
TOTALS:			.00		

Check # 163279 was voided
and Re:ssued CK # 163755

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
11/2/2015

Nursing Home	IBC Account Number	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	49,210.59	366,953.67	-	49,110.59	-	-	367,053.67	366,953.67

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

Nursing Home	IBC Account Number	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	31,364.54	57,409.26	-	31,264.54	-	-	57,509.26	57,409.26
Crescent	4588	547,099.87	27,356.96	-	546,999.87	-	-	27,456.96	27,356.96
Broadmoor	4596	25,651.33	35,953.32	-	25,551.33	-	-	36,053.32	35,953.32
Fort Bend	4618	41,780.50	6,464.09	-	41,680.50	-	-	6,564.09	6,464.09
									127,183.63

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

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

Approved:

APPROVED
NOV - 3 2015
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 11-3-15

A:\NH Weekly Transfers\NH UPL Transfer Summary 11-2-15.xlsx

IBC Bank Activity
10/26/15 through 11/1/15

Ashford Gardens					**Transfer-Out**	**Transfer-In**	
10/26/2015	5025	4553	495	OUTGOING MONEY TRANSFER	49,110.59		ASHFORD HEALTH CARE CENTER LTD
10/26/2015	5025	4553	142	ACH CREDIT RECEIVED		2,604.90	Molina HC of TX Molina HC
10/26/2015	5025	4553	142	ACH CREDIT RECEIVED		6,521.93	AGING DISAB SVCS HCCLAIMPMT
10/29/2015	5025	4553	301	COMMERCIAL DEPOSIT		357,826.84	
					49,110.59	**366,953.67**	

Solera at West Houston					**Transfer-Out**	**Transfer-In**	
10/26/2015	5025	4561	142	ACH CREDIT RECEIVED		265.02	Molina HC of TX Molina HC
10/26/2015	5025	4561	495	OUTGOING MONEY TRANSFER	31,264.54		CANTEX HEALTH CARE CENTERS LLC
10/27/2015	5025	4561	142	ACH CREDIT RECEIVED		1,532.40	Molina HC of TX Molina HC
10/29/2015	5025	4561	301	COMMERCIAL DEPOSIT		55,611.84	
					31,264.54	**57,409.26**	

Crescent					**Transfer-Out**	**Transfer-In**	
10/26/2015	5025	4588	495	OUTGOING MONEY TRANSFER	546,999.87		CANTEX HEALTH CARE CENTERS III
10/26/2015	5025	4588	142	ACH CREDIT RECEIVED		2,801.96	AGING DISAB SVCS HCCLAIMPMT
10/29/2015	5025	4588	301	COMMERCIAL DEPOSIT		24,555.00	
					546,999.87	**27,356.96**	

Broadmoor					**Transfer-Out**	**Transfer-In**	
10/26/2015	5025	4596	142	ACH CREDIT RECEIVED		1,466.65	AGING DISAB SVCS HCCLAIMPMT
10/26/2015	5025	4596	495	OUTGOING MONEY TRANSFER	25,551.33		CANTEX HEALTH CARE CENTERS III
10/29/2015	5025	4596	301	COMMERCIAL DEPOSIT		34,486.67	
					25,551.33	**35,953.32**	

Fort Bend					**Transfer-Out**	**Transfer-In**	
10/26/2015	5025	4618	495	OUTGOING MONEY TRANSFER	41,680.50		CANTEX HEALTH CARE CENTERS III
10/26/2015	5025	4618	142	ACH CREDIT RECEIVED		92.82	AGING DISAB SVCS HCCLAIMPMT
10/29/2015	5025	4618	301	COMMERCIAL DEPOSIT		3,083.84	
10/29/2015	5025	4618	142	ACH CREDIT RECEIVED		2,571.03	AGING DISAB SVCS HCCLAIMPMT
10/29/2015	5025	4618	142	ACH CREDIT RECEIVED		644.40	Molina HC of TX Molina HC
10/30/2015	5025	4618	142	ACH CREDIT RECEIVED		72.00	AGING DISAB SVCS HCCLAIMPMT
					41,680.50	**6,464.09**	

Account Portfolio as of 11/02/2015 9:41:12 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	$367,053.67 ✓	$367,053.67
Memorial Medical Center	4561	$57,509.26 ✓	$57,509.26
Memorial Medical Center	4588	$27,456.96 ✓	$27,456.96
Memorial Medical Center	4596	$36,053.32 ✓	$36,053.32
Memorial Medical Center	4618	$6,564.09 ✓	$6,564.09
Memorial Medical Center Operat	0301	$1,046,500.04	$1,078,089.86
County of Calhoun Indigent	1101	$10,357.66	$10,357.66
Totals		**$1,876,564.79**	**$1,908,154.61**

11/03/2015 16:41

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/10/2015

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11030	COMBINED INSURANCE CO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11/01/2015	EMPLOYEE PERSONAL INS	11/02/20	10/29/20	11/01/20		2,832.30	0.00	0.00	2,832.30

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE CO	2,832.30	0.00	0.00	2,832.30

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
20453	OUTSIDE SRV HOUSEKEEPIN	10/31/20	09/29/20	10/29/20		35.00	0.00	0.00	35.00
20454	OUTSIDE SRV HOUSEKEEPIN	10/31/20	10/03/20	11/02/20		28.00	0.00	0.00	28.00
20455	OUTSIDE SRV HOUSEKEEPIN	10/31/20	10/15/20	11/10/20		42.00	0.00	0.00	42.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	105.00	0.00	0.00	105.00

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
5-199-07748	FREIGHT EXP SURGERY & CL	10/31/20	10/22/20	11/06/20		156.60	0.00	0.00	156.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	156.60	0.00	0.00	156.60

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
20456	OUTSIDE SRV XRAY	10/31/20	10/31/20	10/31/20		100.00	0.00	0.00	100.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	100.00	0.00	0.00	100.00

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
962520		10/31/20	06/10/20	07/10/20		377.49	0.00	0.00	377.49
987486	HOUSEKEEPING SUPPLIES	10/31/20	08/04/20	09/03/20		365.97	0.00	0.00	365.97

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	743.46	0.00	0.00	743.46

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
10526	MISC EXP DIETARY NEW CARD	10/31/20	10/26/20	10/26/20		7.00	0.00	0.00	7.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY	7.00	0.00	0.00	7.00

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-A		10/31/20	02/25/20	10/31/20		6,104.81	0.00	0.00	6,104.81
		CLINIC EXPENSE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11108	ITERSOURCE CORPORATION				6,104.81	0.00	0.00	6,104.81
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
	20447		10/31/20	10/31/20	10/31/20		68.96	0.00	0.00	68.96
		EMPLOYEE GIFT SHOP PURC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				68.96	0.00	0.00	68.96
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
	1679		10/31/20	10/26/20	11/05/20		-2,758.63	0.00	0.00	-2,758.63
		PHARMACY CREDIT								
	8062206		10/31/20	10/27/20	11/06/20		20.32	0.00	0.00	20.32
		PHARMACY DRUGS								
	8065292		10/31/20	10/27/20	11/06/20		773.37	0.00	0.00	773.37
		PHARMACY DRUGS								
	8062207		10/31/20	10/27/20	11/06/20		24.13	0.00	0.00	24.13
		PHARMACY DRUGS								
	8065102		10/31/20	10/27/20	11/06/20		854.80	0.00	0.00	854.80
		PHARMACY DRUGS								
	8064704		10/31/20	10/27/20	11/06/20		395.80	0.00	0.00	395.80
		PHARMACY DRUGS								
	8065103		10/31/20	10/27/20	11/06/20		26.93	0.00	0.00	26.93
		PHARMACY DRUGS								
	8065293		10/31/20	10/27/20	11/06/20		30.88	0.00	0.00	30.88
		PHARMACY DRUGS								
	8067088		10/31/20	10/28/20	11/07/20		740.63	0.00	0.00	740.63
		PHARMACY DRUGS								
	8071047		10/31/20	10/28/20	11/07/20		220.96	0.00	0.00	220.96
		PHARMACY DRUGS								
	8071046		10/31/20	10/28/20	11/07/20		856.59	0.00	0.00	856.59
		PHARMACY DRUGS								
	8071045		10/31/20	10/28/20	11/07/20		721.10	0.00	0.00	721.10
		PHARMACY DRUGS								
	8070462		10/31/20	10/28/20	11/07/20		24.13	0.00	0.00	24.13
		PHARMACY DRUGS								
	CM60047		10/31/20	10/28/20	11/07/20		-7.52	0.00	0.00	-7.52
		PHARMACY CREDIT								
	8075022		10/31/20	10/29/20	11/08/20		13.27	0.00	0.00	13.27
		PHARMACY DRUGS								
	8075023		10/31/20	10/29/20	11/08/20		363.64	0.00	0.00	363.64
		PHARMACY DRUGS								
	8075021		10/31/20	10/29/20	11/08/20		144.27	0.00	0.00	144.27
		PHARMACY DRUGS								
	8075020		10/31/20	10/29/20	11/08/20		6.42	0.00	0.00	6.42

		PHARMACY DRUGS							
	8078077		10/31/20	10/30/20	11/09/20	1,230.48	0.00	0.00	1,230.48
		PHARMACY DRUGS							
	8078076		10/31/20	10/30/20	11/09/20	521.91	0.00	0.00	521.91
		PHARMACY DRUGS							
	8077999		10/31/20	10/30/20	11/09/20	144.27	0.00	0.00	144.27
		PHARMACY DRUGS							
	8078078		10/31/20	10/30/20	11/09/20	22.92	0.00	0.00	22.92
		PHARMACY DRUGS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC			4,370.67	0.00	0.00	4,370.67
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-187478		10/31/20	07/18/20	09/16/20		1,944.00	0.00	0.00	1,944.00
		CONTRACT NURSING							
	NN-188249		10/31/20	07/25/20	09/23/20		1,944.00	0.00	0.00	1,944.00
		CONTRACT NURSING							
	NN-188515		10/31/20	08/01/20	09/30/20		1,944.00	0.00	0.00	1,944.00
		CONTRACT NURSING							
	NN-189054		10/31/20	08/08/20	10/07/20		1,944.00	0.00	0.00	1,944.00
		CONTRACT NURSSING							
	NN-189433		10/31/20	08/15/20	10/14/20		1,944.00	0.00	0.00	1,944.00
		CONTRACT NURSING							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10862	NIGHTINGALE NURSES, LLC				9,720.00	0.00	0.00	9,720.00
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
	0004940253		10/31/20	10/22/20	11/02/20		35,146.59	0.00	0.00	35,146.59
		ELECTRICITY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10601	NOBLE AMERICAS ENERGY				35,146.59	0.00	0.00	35,146.59
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
	30		10/31/20	11/01/20	11/01/20		1,762.50	0.00	0.00	1,762.50
		OUTSIDE SRV CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11069	PABLO GARZA				1,762.50	0.00	0.00	1,762.50
Vendor#	Vendor Name				Class	Pay Code				
10752	PHI CARES MEMBERSHIP								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20547		11/03/20	11/03/20	11/03/20		2,120.00	0.00	0.00	2,120.00
		EMPLOYEE PHI AIR INS 53 x $40								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10752	PHI CARES MEMBERSHIP				2,120.00	0.00	0.00	2,120.00
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
	029795		10/29/20	08/17/20	09/16/20		624.86	0.00	0.00	624.86

CS INVENTORY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE	624.86	0.00	0.00	624.86

Vendor#	Vendor Name	Class	Pay Code
R1268	RADIOLOGY UNLIMITED, PA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20448		10/31/20	05/13/20	06/12/20			715.00	0.00	0.00	715.00
	READ FEES XRAY									
20449		10/31/20	05/29/20	06/28/20			485.00	0.00	0.00	485.00
	READ FEES XRAY									
20450		10/31/20	06/30/20	07/30/20			580.00	0.00	0.00	580.00
	READ FEES XRAY									
20451		10/31/20	08/05/20	09/04/20			695.00	0.00	0.00	695.00
	READ FEES XRAY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1268	RADIOLOGY UNLIMITED, PA	2,475.00	0.00	0.00	2,475.00

Vendor#	Vendor Name	Class	Pay Code
T2204	TEXAS MUTUAL INSURANCE CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
56079136		10/31/20	10/27/20	11/10/20			6,029.00	0.00	0.00	6,029.00
	WORK COMP INS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	6,029.00	0.00	0.00	6,029.00

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
55531		10/31/20	10/15/20	10/10/20			150.00	0.00	0.00	150.00
	ELEVATOR OUT OF SRV SIGN									

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
V1050	THE VICTORIA ADVOCATE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20452		10/31/20	10/18/20	10/10/20			24.80	0.00	0.00	24.80
	DUES & SUBCRIPTIONS ADMI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE	24.80	0.00	0.00	24.80

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
0000778941425		10/31/20	10/17/20	10/28/20			893.69	0.00	0.00	893.69
	FREIGHT EXP VARIOUS DEPT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	893.69	0.00	0.00	893.69

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
5526713100715		10/31/20	10/07/20	11/01/20			1,375.33	0.00	0.00	1,375.33
	TELEPHONE EXP									
1977697101915		10/31/20	10/19/20	11/10/20			60.67	0.00	0.00	60.67
	TELEPHONE EXPENSE									
5521567101915		10/31/20	10/19/20	11/10/20			57.00	0.00	0.00	57.00

TELEPHONE EXPENSE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V0555	VERIZON SOUTHWEST	1,493.00	0.00	0.00	1,493.00

Vendor#	Vendor Name	Class	Pay Code
V0559	VERIZON WIRELESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9754058169		10/31/20	10/16/20	11/10/20			244.60	0.00	0.00	244.60
	TELEPHONE EXPENSE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V0559	VERIZON WIRELESS	244.60	0.00	0.00	244.60

Vendor#	Vendor Name	Class	Pay Code
11112	VICTORIA PROFESSIONAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC0003		11/02/20	11/02/20	11/02/20			62,000.00	0.00	0.00	62,000.00
	PROF FEES HOSPITALIST 31 days x $2,000									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11112	VICTORIA PROFESSIONAL	62,000.00	0.00	0.00	62,000.00

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
9110190338		11/03/20	03/16/20	04/15/20			390.00	0.00	0.00	390.00
	LAB SUPPLIES									
9110200649		11/03/20	04/27/20	05/27/20			1,087.68	0.00	0.00	1,087.68
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	1,477.68	0.00	0.00	1,477.68

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	138,650.52	0.00	0.00	138,650.52

APPROVED
ON

NOV 04 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-15

RUN DATE:11/04/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:04 CHECK REGISTER GLCKREG
11/04/15 THRU 11/04/15

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	163756	11/04/15	.00	VOIDED
A/P	163757	11/04/15	4,370.67	MORRIS & DICKSON CO, LLC
A/P	163758	11/04/15	624.86	PLATINUM CODE
A/P	163759	11/04/15	35,146.59	NOBLE AMERICAS ENERGY
A/P	163760	11/04/15	2,120.00	PHI CARES MEMBERSHIP
A/P	163761	11/04/15	9,720.00	NIGHTINGALE NURSES, LLC
A/P	163762	11/04/15	150.00	THE UPS PRINT STORE
A/P	163763	11/04/15	2,832.30	COMBINED INSURANCE CO
A/P	163764	11/04/15	1,762.50	PABLO GARZA
A/P	163765	11/04/15	6,104.81	ITERSOURCE CORPORATION
A/P	163766	11/04/15	62,000.00	VICTORIA PROFESSIONAL
A/P	163767	11/04/15	105.00	DOWNTOWN CLEANERS
A/P	163768	11/04/15	156.60	FEDERAL EXPRESS CORP.
A/P	163769	11/04/15	100.00	GULF COAST DELIVERY
A/P	163770	11/04/15	743.46	GULF COAST PAPER COMPANY
A/P	163771	11/04/15	7.00	H E BUTT GROCERY
A/P	163772	11/04/15	1,477.68	WERFEN USA LLC
A/P	163773	11/04/15	68.96	MMC AUXILIARY GIFT SHOP
A/P	163774	11/04/15	2,475.00	RADIOLOGY UNLIMITED, PA
A/P	163775	11/04/15	6,029.00	TEXAS MUTUAL INSURANCE CO
A/P	163776	11/04/15	893.69	UPS
A/P	163777	11/04/15	1,493.00	VERIZON SOUTHWEST
A/P	163778	11/04/15	244.60	VERIZON WIRELESS
A/P	163779	11/04/15	24.80	THE VICTORIA ADVOCATE
TOTALS:			138,650.52	

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center - Private Waiver

Date Requested: 11/5/2015

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

AMOUNT: $300,000.00

G/L NUMBER: 10000005

EXPLANATION: To transfer funds for NF 2015 Nursing Home Minimum Payment Amount Program, 11/10/15 IGT.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

APPROVED

NOV - 5 2015

COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-15

TEXNET
Electronic Payment Network

Texas Comptroller of Public Accounts

Health and Human Services Commission

Memorial Medical Center Operating County
3411

Identification Number: 500 Location: 136

Transaction Complete

Trace #: 2090

Payment Total	$953,379.45
Settlement Date	11/10/2015
PAYMENT DETAIL	
Minimum Payment Program Amount	$953,379.45

Edit | Return to Menu | LogOff

Help

IMPORTANT: DO NOT USE THE BACK BUTTON ON YOUR BROWSER WHILE USING TEXNET.

Revised:01/09/13 (483)

lth and Human Services
Minimum Payment Amounts Program (MPAP) to Qualified Nursing Facilities
n: IGT Amounts for time period covering December 1, 2015 - February 29, 2016
s of 11/04/15

0.4279

Fac ID	Legal Entity Name	Facility Name	County	County Code	Medicare UPL (11/1/13-10/31/14)	Final Medicaid Revenue (11/1/13-10/31/14)	Medicare UPL minus Medicaid Revenue (11/1/13-10/31/14)	Aggregate Total All Funds (11/1/13-10/31/14) (sum column I)	IGT Percentage per Facility (Column I / J)	Dollars Included in PMPM for MPAP for SFY 2016 Plus 10%	Non-Federal Share of Dollars Included in PMPM for MPAP for SFY 2016 plus 10%	Annual IGT Burden Assigned to Each NF	Quarterly IGT Burden Assigned to Each NF	Medicaid-Contracted Beds	ndor	Legal Entity Name
1811	Memorial Medical Center	Ashford Gardens	HARRIS	101	$11,419,311.18	$5,380,972.36	$6,038,338.82	$561,324,445.41	1.08%	$547,901,788.76	$234,447,175.41	$2,521,948.27	$630,487.07	140	5516	Memorial Medical Center
105818	Memorial Medical Center	The Broadmoor at Creekside Park	HARRIS	101	$153,283.43	$73,753.68	$80,529.75	$561,324,445.41	0.01%	$547,901,788.76	$234,447,175.41	$33,525.95	$8,381.49	53	6524	Memorial Medical Center
105334	Memorial Medical Center	The Crescent	FORT BEND	79	$947,958.01	$390,765.42	$557,192.59	$561,324,445.41	0.10%	$547,901,788.76	$234,447,175.41	$232,806.05	$58,201.51	25	5584	Memorial Medical Center
105006	Memorial Medical Center	Solera at West Houston	HARRIS	101	$2,966,060.46	$1,298,894.63	$1,667,165.83	$561,324,445.41	0.30%	$547,901,788.76	$234,447,175.41	$696,308.11	$174,077.03	33	5585	Memorial Medical Center
4628	Memorial Medical Center	Fort Bend Healthcare Center	FORT BEND	79	$1,406,448.94	$818,871.84	$787,577.10	$561,324,445.41	0.14%	$547,901,788.76	$234,447,175.41	$328,929.39	$82,232.35	47	5586	Memorial Medical Center

$953,379.45

Memorial Medical Center
County of Calhoun
Private Waiver Clearing Fund
815 N. Virginia St.
Port Lavaca, TX 77979

88-502
1131 10

DATE 11-5-15

PAY TO THE ORDER OF [redacted] Memorial Medical Center Operating $ 300,000.00

Three Hundred Thousand. 00 DOLLARS

Security Features Included. Details on Back.

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

Cindy Mueller
Rhonda S. Kokrda

FOR

MP

⑆ 5025 ⑆ 3387 ⑈

RUN DATE:11/09/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:39 CHECK REGISTER and Payable List GLCKREG
11/09/15 THRU 11/09/15

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000691	11/09/15	830.92	MCKESSON - HEB Pharmacy
A/P	000692	11/09/15	101.77	MCKESSON - Walmart Pharmacy
A/P	000693	11/09/15	883.99	MCKESSON - CVS Pharmacy
TOTALS:			1,816.68	

340 B Prescription Expenses

APPROVED
ON

NOV 09 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-15

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/06/2015

DC: 8115

Territory: 400

Customer: 190813
Date: 11/06/2015

Page: 001

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

As of: 11/06/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 11/06/2015 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/02/2015	11/10/2015	7714424821	1000707985	115Invoice	1.03	51.55		50.52		7714424821	
11/02/2015	11/10/2015	7714424822	1000708756	115Invoice	5.76	287.91		282.15		7714424822	
11/02/2015	11/10/2015	7714424823	1000709189	115Invoice	1.56	77.85		76.29		7714424823	
11/02/2015	11/10/2015	7714424824	1000709189	115Invoice	3.84	192.03		188.19		7714424824	
11/03/2015	11/10/2015	7714644328	1000709601	115Invoice		0.08		0.08		7714644328	
11/04/2015	11/10/2015	7714864466	1000710311	115Invoice		0.10		0.10		7714864466	
11/05/2015	11/10/2015	7715068782	1000710906	115Invoice	3.26	163.02		159.76		7715068782	
11/05/2015	11/10/2015	7715068784	1000710906	115Invoice	0.22	10.83		10.61		7715068784	
11/06/2015	11/10/2015	7715288766	1000711502	115Invoice	1.29	64.51		63.22		7715288766	

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

TOTAL:

Subtotals: 847.88 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 179.80
11/02/2015

If Paid By 11/10/2015,
Pay This Amount: 830.92 USD

If Paid After 11/10/2015,
Pay this Amount: 847.88 USD

Due If Paid On Time:
USD 830.92

Disc lost if paid late: 16.96

Due If Paid Late:
USD 847.88

11.9.15

RECEIVED ON
NOV 09 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/06/2015

DC: 8115

Territory: 400

Customer: 256342
Date: 11/06/2015

Page: 001

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

As of: 11/06/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/06/2015 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/02/2015	11/02/2015	6227273001	OFFSET	Residual		241.06-	P	241.06-	P	6227273001	
11/06/2015	11/10/2015	7715305921	Generics	115Invoice	6.78	339.21		332.43		7715305921	
11/06/2015	11/10/2015	7715305928	Generics	115Invoice	0.21	10.61		10.40		7715305928	

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

TOTAL:

Subtotals: 108.76 USD

Future Due: 0.00

Past Due: 241.06-

Last Payment 537.81
10/19/2015

If Paid By 11/10/2015,
Pay This Amount: 101.77 USD

If Paid After 11/10/2015,
Pay this Amount: 108.76 USD

Due If Paid On Time:
USD 101.77

Disc lost if paid late: 6.99

Due If Paid Late:
USD 108.76

11.9.15

RECEIVED ON
NOV 09 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/06/2015

DC: 8115

Territory: 400

Customer: 262252
Date: 11/06/2015

Page: 001

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

As of: 11/06/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 11/06/2015 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/02/2015	11/10/2015	7714442066	1000707987	115Invoice	3.69	184.28		180.59		7714442066	
11/02/2015	11/10/2015	7714442067	1000708758	115Invoice	3.12	155.94		152.82		7714442067	
11/02/2015	11/10/2015	7714442068	1000709192	115Invoice	3.22	160.83		157.61		7714442068	
11/03/2015	11/10/2015	7714648253	1000709603	115Invoice	0.81	40.64		39.83		7714648253	
11/04/2015	11/10/2015	7714850650	1000710313	115Invoice	0.75	37.30		36.55		7714850650	
11/05/2015	11/10/2015	7715073676	1000710908	115Invoice	0.35	17.33		16.98		7715073676	
11/06/2015	11/10/2015	7715297797	1000711504	115Invoice	6.11	305.72		299.61		7715297797	

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

TOTAL:

Subtotals: 902.04 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 264.74
11/02/2015

If Paid By 11/10/2015,
Pay This Amount: 883.99 USD

If Paid After 11/10/2015,
Pay this Amount: 902.04 USD

Due If Paid On Time:
USD 883.99

Disc lost if paid late: 18.05

Due If Paid Late:
USD 902.04

11.9.15

APPROVED

NOV 09 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
11/9/2015

Nursing Home	IBC Account Number	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	367,053.67	522,468.00	-	366,953.67	-	-	522,568.00	522,468.00

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

Nursing Home	IBC Account Number	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	57,509.26	56,538.60	-	57,409.26	-	-	56,638.60	56,538.60
Crescent	4588	27,456.96	29,880.35	-	27,356.96	-	-	29,980.35	29,880.35
Broadmoor	4596	36,053.32	954,648.59	-	35,953.32	-	-	954,748.59	954,648.59
Fort Bend	4618	6,564.09	186,835.36	-	6,464.09	-	-	186,935.36	186,835.36
									1,227,902.90

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

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 11-13-15

APPROVED
NOV 10 2015
COUNTY AUDITOR

A:\NH Weekly Transfers\NH UPL Transfer Summary 11-9-15.xlsx

IBC Bank Activity
11/2/15 through 11/8/15

Ashford Gardens					**Transfer-Out**	**Transfer-In**	
11/4/2015	5025	4553	301	COMMERCIAL DEPOSIT		15,883.72	
11/4/2015	5025	4553	195	INCOMING MONEY TRANSFER		314,704.83	CANTEX HEALTH CARE CENTERS LLC
11/5/2015	5025	4553	301	COMMERCIAL DEPOSIT		191,118.27	
11/5/2015	5025	4553	495	OUTGOING MONEY TRANSFER	366,953.67		ASHFORD HEALTH CARE CENTER LTD
11/6/2015	5025	4553	142	ACH CREDIT RECEIVED		359.09	Molina HC of TX Molina HC
11/6/2015	5025	4553	142	ACH CREDIT RECEIVED		402.09	Molina HC of TX Molina HC
					366,953.67	**522,468.00**	

Solera at West Houston					**Transfer-Out**	**Transfer-In**	
11/4/2015	5025	4561	301	COMMERCIAL DEPOSIT		8,569.29	
11/5/2015	5025	4561	495	OUTGOING MONEY TRANSFER	57,409.26		CANTEX HEALTH CARE CENTERS LLC
11/5/2015	5025	4561	142	ACH CREDIT RECEIVED		19,140.18	AGING DISAB SVCS HCCLAIMPMT
11/5/2015	5025	4561	301	COMMERCIAL DEPOSIT		28,829.13	
					57,409.26	**56,538.60**	

Crescent					**Transfer-Out**	**Transfer-In**	
11/4/2015	5025	4588	301	COMMERCIAL DEPOSIT		14,610.68	
11/5/2015	5025	4588	301	COMMERCIAL DEPOSIT		15,269.67	
11/5/2015	5025	4588	495	OUTGOING MONEY TRANSFER	27,356.96		CANTEX HEALTH CARE CENTERS III
					27,356.96	**29,880.35**	

Broadmoor					**Transfer-Out**	**Transfer-In**	
11/4/2015	5025	4596	195	INCOMING MONEY TRANSFER		917,116.26	CANTEX HEALTH CARE CENTERS III
11/4/2015	5025	4596	301	COMMERCIAL DEPOSIT		18,503.54	
11/5/2015	5025	4596	301	COMMERCIAL DEPOSIT		18,797.46	
11/5/2015	5025	4596	495	OUTGOING MONEY TRANSFER	35,953.32		CANTEX HEALTH CARE CENTERS III
11/6/2015	5025	4596	142	ACH CREDIT RECEIVED		231.33	AGING DISAB SVCS HCCLAIMPMT
					35,953.32	**954,648.59**	

Fort Bend					**Transfer-Out**	**Transfer-In**	
11/4/2015	5025	4618	301	COMMERCIAL DEPOSIT		23,535.57	
11/4/2015	5025	4618	195	INCOMING MONEY TRANSFER		163,120.66	CANTEX HEALTH CARE CENTERS III
11/5/2015	5025	4618	495	OUTGOING MONEY TRANSFER	6,464.09		CANTEX HEALTH CARE CENTERS III
11/6/2015	5025	4618	142	ACH CREDIT RECEIVED		179.13	Molina HC of TX Molina HC
					6,464.09	**186,835.36**	

Account Portfolio as of 11/09/2015 9:31:15 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	$25,069.79	$25,069.79
Memorial Medical Center	4553	$522,568.00 ✓	$522,568.00
Memorial Medical Center	4561	$56,638.60 ✓	$56,638.60
Memorial Medical Center	4588	$29,980.35 ✓	$29,980.35
Memorial Medical Center	4596	$954,748.59 ✓	$954,748.59
Memorial Medical Center	4618	$186,935.36 ✓	$186,935.36
Memorial Medical Center Operat	0301	$1,114,222.44	$1,083,085.07
County of Calhoun Indigent	1101	$10,357.66	$9,654.84
Totals		**$2,900,520.79**	**$2,868,680.60**

11/11/2015
13:24

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/10/2015

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10814	ALLIED BENEFIT SYSTEMS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
11152015	EMPLOYEE MEDICAL INS PRE	11/10/20	10/19/20	11/10/20		29,169.36	0.00	0.00	29,169.36

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	29,169.36	0.00	0.00	29,169.36 ✓

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
448750	OUTSIDE SRV GROUNDS	10/31/20	11/04/20	11/04/20		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
Z0850	CARMEN C. ZAPATA-ARROYO ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20458	PROF FEES SPEECH THERAP	10/31/20	10/31/20	10/31/20		701.25	0.00	0.00	701.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z0850	CARMEN C. ZAPATA-ARROYO	701.25	0.00	0.00	701.25 ✓

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
29	OUTSIDE SRV SOC WORKER	10/31/20	11/03/20	11/03/20		400.00	0.00	0.00	400.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	400.00	0.00	0.00	400.00 ✓

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
605151	FOOD SUPPLIES DIETARY	10/31/20	10/15/20	11/04/20		54.03	0.00	0.00	54.03

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY	54.03	0.00	0.00	54.03 ✓

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
OCTOBER262015	EMPLOYEE MEDICAL CLAIMS	10/31/20	10/26/20	11/10/20		37,610.89	0.00	0.00	37,610.89

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	37,610.89	0.00	0.00	37,610.89 ✓

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
671211	MERCHANT FEES AUX	11/10/20	11/01/20	11/01/20		136.37	0.00	0.00	136.37

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	M2662 MMC VOLUNTEERS					136.37	0.00	0.00	136.37

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
9618		06/18/20	06/16/20	11/10/20	11/11/20	P	-250.97	0.00	0.00	-250.97
	PHARMACY CREDIT									
2799		11/10/20	11/02/20	11/10/20			-3.13	0.00	0.00	-3.13
	PHARMACY CREDIT									
8090447		11/10/20	11/03/20	11/10/20			82.68	0.00	0.00	82.68
	PHARMACY DRUGS									
8090449		11/10/20	11/03/20	11/10/20			214.30	0.00	0.00	214.30
	PHARMACY DRUGS									
8090917		11/10/20	11/03/20	11/10/20			17.56	0.00	0.00	17.56
	PHARMACY DRUGS									
8089426		11/10/20	11/03/20	11/10/20			774.66	0.00	0.00	774.66
	PHARMACY DRUGS									
8089427		11/10/20	11/03/20	11/10/20			1,795.71	0.00	0.00	1,795.71
	PHARMACY DRUGS									
8090918		11/10/20	11/03/20	11/10/20			8.68	0.00	0.00	8.68
	PHARAMACY DRUGS									
8089428		11/10/20	11/03/20	11/10/20			31.36	0.00	0.00	31.36
	PHARMACY DRUGS									
8090916		11/10/20	11/03/20	11/10/20			21.33	0.00	0.00	21.33
	PHARMACY DRUGS									
8090448		11/10/20	11/03/20	11/10/20			934.34	0.00	0.00	934.34
	PHARMACY DRUGS									
8091639		11/10/20	11/03/20	11/10/20			980.73	0.00	0.00	980.73
	PHARMACY DRUGS									
8097968		11/10/20	11/04/20	11/10/20			653.56	0.00	0.00	653.56
	PHARMACY DRUGS									
8097967		11/10/20	11/04/20	11/10/20			304.27	0.00	0.00	304.27
	PHARMACY DRUGS									
8094888		11/10/20	11/04/20	11/10/20			61.16	0.00	0.00	61.16
	PHARMACY DRUGS									
8097966		11/10/20	11/04/20	11/10/20			346.78	0.00	0.00	346.78
	PHARMACY DRUGS									
8102193		11/10/20	11/05/20	11/10/20			413.34	0.00	0.00	413.34
	PHARMACY DRUGS									
8102192		11/10/20	11/05/20	11/10/20			537.31	0.00	0.00	537.31
	PHARMACY DRUGS									
8101086		11/10/20	11/05/20	11/10/20			1,500.00	0.00	0.00	1,500.00
	OUTSIDE SRV PHARMACY									
8102191		11/10/20	11/05/20	11/10/20			1,311.22	0.00	0.00	1,311.22
	PHARMACY DRUGS									
8107144		11/10/20	11/06/20	11/10/20			413.24	0.00	0.00	413.24
	PHARMACY DRUGS									
8107145		11/10/20	11/06/20	11/10/20			160.25	0.00	0.00	160.25
	PHARMACY DRUGS									
8107143		11/10/20	11/06/20	11/10/20			1.69	0.00	0.00	1.69
	PHARMACY DRUGS									
8112023		11/10/20	11/09/20	11/10/20			8.66	0.00	0.00	8.66
	PHARMACY DRUGS									

8113257		11/10/20	11/09/20	11/10/20		3.74	0.00	0.00	3.74
PHARMACY DRUGS									
8112022		11/10/20	11/09/20	11/10/20		4,667.42	0.00	0.00	4,667.42
PHARMACY DRUGS									
8112021		11/10/20	11/09/20	11/10/20		67.59	0.00	0.00	67.59
PHARMACY DRUGS									
CM9618		11/11/20	06/16/20	11/10/20	11/11/20 P	250.97	0.00	0.00	~~250.97~~
PHARMACY CREDIT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC				15,308.45	0.00	0.00	15,308.45

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
2008318356		11/06/20	07/28/20	08/27/20		7.31	0.00	0.00	7.31
CS INVENTORY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR				7.31	0.00	0.00	7.31

Vendor#	Vendor Name			Class	Pay Code				
M1245	PANACEA HEALTHCARE SOLUTIONS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3008477		10/31/20	06/30/20	07/30/20		197.00	0.00	0.00	197.00
DUES & SUBCRIPTIONS LAB									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M1245	PANACEA HEALTHCARE SOLUTIONS				197.00	0.00	0.00	197.00

Vendor#	Vendor Name			Class	Pay Code				
10752	PHI CARES MEMBERSHIP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20467		11/10/20	11/10/20	11/10/20		40.00	0.00	0.00	40.00
EMPLOYEE INS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10752	PHI CARES MEMBERSHIP				40.00	0.00	0.00	40.00

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
96928766		10/31/20	07/10/20	08/10/20		160.93	0.00	0.00	160.93
LAB SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10896	QIAGEN INC				160.93	0.00	0.00	160.93

Vendor#	Vendor Name			Class	Pay Code				
R1045	R & D BATTERIES INC			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1210141		11/10/20	08/31/20	09/30/20		482.55	0.00	0.00	482.55
REPAIRS CARDIO									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1045	R & D BATTERIES INC				482.55	0.00	0.00	482.55

Vendor#	Vendor Name			Class	Pay Code				
R1268	RADIOLOGY UNLIMITED, PA			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
092915		10/31/20	09/29/20	10/29/20		300.00	0.00	0.00	300.00
READ FEES XRAY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

R1268 RADIOLOGY UNLIMITED, PA 300.00 0.00 0.00 300.00

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
20465		11/10/20	11/09/20	11/09/20		1,470.30	0.00	0.00	1,470.30
	OUTSIDE SRV TRANSCRIPTIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	1,470.30	0.00	0.00	1,470.30

Vendor# Vendor Name Class Pay Code

11136 SUSAN DOUGLASS, MSN, RN, CEN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20469		11/11/20	11/11/20	11/10/20		720.00	0.00	0.00	720.00
	CONT EDUCATION ER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11136	SUSAN DOUGLASS, MSN, RN, CEN	720.00	0.00	0.00	720.00

Vendor# Vendor Name Class Pay Code

T1890 TEXAS DEPARTMENT OF W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10032817		11/10/20	10/30/20	11/10/20		315.00	0.00	0.00	315.00
	INSPECTIONS TO BOILERS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1890	TEXAS DEPARTMENT OF	315.00	0.00	0.00	315.00

Vendor# Vendor Name Class Pay Code

T1831 TEXAS DEPT OF STATE HEALTH SRV W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20468		11/10/20	11/04/20	11/04/20		995.00	0.00	0.00	995.00
	HOSP LICENSE RENEWAL FEI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1831	TEXAS DEPT OF STATE HEALTH SRV	995.00	0.00	0.00	995.00

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
20459		10/31/20	04/19/20	05/19/20		18.40	0.00	0.00	18.40
	DUES & SUBCRIPTIONS								
20460		10/31/20	04/20/20	05/20/20		6.40	0.00	0.00	6.40
	DUES & SUBCRIPTIONS								
20461		10/31/20	05/03/20	06/02/20		24.80	0.00	0.00	24.80
	DUES & SUBCRIPTIONS ADMI								
20462		10/31/20	05/17/20	06/16/20		24.80	0.00	0.00	24.80
	DUES & SUBCRIPTIONS								
20463		10/31/20	07/26/20	08/25/20		24.80	0.00	0.00	24.80
	DUES & SUBCRIPTIONS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE	99.20	0.00	0.00	99.20

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
20466		11/10/20	11/09/20	11/09/20		1,200.00	0.00	0.00	1,200.00
	POSTAGE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE	1,200.00	0.00	0.00	1,200.00

Vendor# Vendor Name Class Pay Code

V0559	VERIZON WIRELESS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9752410928	TELEPHONE EXP	11/10/20	09/16/20	10/15/20		398.77	0.00	0.00	398.77
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V0559	VERIZON WIRELESS				398.77	0.00	0.00	398.77

Report Summary

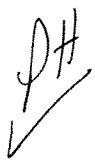
Grand Totals:	Gross	Discount	No-Pay	Net
	89,776.41	0.00	0.00	89,776.41

Michael J. Pfeiffer
Calhoun County Judge
Date: 11-13-15

APPROVED
ON
NOV 12 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:11/12/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:53 CHECK REGISTER GLCKREG
11/12/15 THRU 11/12/15

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	163780	11/12/15	400.00	CHRIS KOVAREK
A/P	163781	11/12/15	.00	VOIDED
A/P	163782	11/12/15	15,308.45	MORRIS & DICKSON CO, LLC
A/P	163783	11/12/15	40.00	PHI CARES MEMBERSHIP
A/P	163784	11/12/15	37,610.89	MMC EMPLOYEE BENEFIT PLAN
A/P	163785	11/12/15	29,169.36	ALLIED BENEFIT SYSTEMS
A/P	163786	11/12/15	160.93	QIAGEN INC
A/P	163787	11/12/15	720.00	SUSAN DOUGLASS, MSN, RN, CEN
A/P	163788	11/12/15	10.00	CALHOUN COUNTY WASTE MGMT
A/P	163789	11/12/15	54.03	H E BUTT GROCERY
A/P	163790	11/12/15	1,470.30	SHIRLEY KARNEI
A/P	163791	11/12/15	197.00	PANACEA HEALTHCARE SOLUTIONS
A/P	163792	11/12/15	136.37	MMC VOLUNTEERS
A/P	163793	11/12/15	7.31	OWENS & MINOR
A/P	163794	11/12/15	482.55	R & D BATTERIES INC
A/P	163795	11/12/15	300.00	RADIOLOGY UNLIMITED, PA
A/P	163796	11/12/15	995.00	TEXAS DEPT OF STATE HEALTH SRV
A/P	163797	11/12/15	315.00	TEXAS DEPARTMENT OF
A/P	163798	11/12/15	1,200.00	US POSTAL SERVICE
A/P	163799	11/12/15	398.77	VERIZON WIRELESS
A/P	163800	11/12/15	99.20	THE VICTORIA ADVOCATE
A/P	163801	11/12/15	701.25	CARMEN C. ZAPATA-ARROYO
TOTALS:			89,776.41	



Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
11/16/2015

Nursing Home	IBC Account Number	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	522,568.00	93,768.54	-	522,468.00	-	-	93,868.54	**93,768.54**

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

Nursing Home	IBC Account Number	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	56,638.60	51,409.09	-	56,538.60	-	-	51,509.09	**51,409.09**
Crescent	4588	29,980.35	587,582.63	-	29,880.35	-	-	587,682.63	**587,582.63**
Broadmoor	4596	954,748.59	726,211.39	-	954,648.59	-	-	726,311.39	**726,211.39**
Fort Bend	4618	186,935.36	68,509.20	-	186,835.36	-	-	68,609.20	**68,509.20**
									1,433,712.31

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

Approved:

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

12-4-15

APPROVED
NOV 16 2015
COUNTY AUDITOR

APPROVED
NOV 16 2015
COUNTY AUDITOR

A:\NH Weekly Transfers\NH UPL Transfer Summary 11-16-15.xlsx

IBC Bank Activity
11/9/15 through 11/15/15

Ashford Gardens					Transfer-Out	Transfer-In	
11/10/2015	5025	4553	142	ACH CREDIT RECEIVED		5,973.14	Molina HC of TX Molina HC
11/12/2015	5025	4553	142	ACH CREDIT RECEIVED		6,996.23	Molina HC of TX Molina HC
11/12/2015	5025	4553	142	ACH CREDIT RECEIVED		21,235.38	Molina HC of TX Molina HC
11/12/2015	5025	4553	142	ACH CREDIT RECEIVED		8,160.79	AGING DISAB SVCS HCCLAIMPMT
11/12/2015	5025	4553	495	OUTGOING MONEY TRANSFER	522,468.00		ASHFORD HEALTH CARE CENTER LTD
11/13/2015	5025	4553	142	ACH CREDIT RECEIVED		9,147.05	Molina HC of TX Molina HC
11/13/2015	5025	4553	301	COMMERCIAL DEPOSIT		24,655.55	
11/13/2015	5025	4553	142	ACH CREDIT RECEIVED		17,600.40	Molina HC of TX Molina HC
					522,468.00	**93,768.54**	

Solera at West Houston					Transfer-Out	Transfer-In	
11/12/2015	5025	4561	142	ACH CREDIT RECEIVED		2,460.06	Molina HC of TX Molina HC
11/12/2015	5025	4561	495	OUTGOING MONEY TRANSFER	56,538.60		CANTEX HEALTH CARE CENTERS LLC
11/12/2015	5025	4561	142	ACH CREDIT RECEIVED		1,634.57	Molina HC of TX Molina HC
11/13/2015	5025	4561	301	COMMERCIAL DEPOSIT		47,314.46	
					56,538.60	**51,409.09**	

Crescent					Transfer-Out	Transfer-In	
11/12/2015	5025	4588	142	ACH CREDIT RECEIVED		1,200.84	AGING DISAB SVCS HCCLAIMPMT
11/12/2015	5025	4588	495	OUTGOING MONEY TRANSFER	29,880.35		CANTEX HEALTH CARE CENTERS III
11/12/2015	5025	4588	195	INCOMING MONEY TRANSFER		557,758.03	CANTEX HEALTH CARE CENTERS III
11/12/2015	5025	4588	142	ACH CREDIT RECEIVED		7,551.06	Molina HC of TX Molina HC
11/13/2015	5025	4588	301	COMMERCIAL DEPOSIT		21,072.70	
					29,880.35	**587,582.63**	

Broadmoor					Transfer-Out	Transfer-In	
11/12/2015	5025	4596	495	OUTGOING MONEY TRANSFER	954,648.59		CANTEX HEALTH CARE CENTERS III
11/12/2015	5025	4596	195	INCOMING MONEY TRANSFER		700,000.00	CANTEX HEALTH CARE CENTERS III
11/12/2015	5025	4596	142	ACH CREDIT RECEIVED		2,798.19	AGING DISAB SVCS HCCLAIMPMT
11/13/2015	5025	4596	301	COMMERCIAL DEPOSIT		23,413.20	
					954,648.59	**726,211.39**	

Fort Bend					Transfer-Out	Transfer-In	
11/10/2015	5025	4618	142	ACH CREDIT RECEIVED		2,879.26	AGING DISAB SVCS HCCLAIMPMT
11/10/2015	5025	4618	142	ACH CREDIT RECEIVED		20,633.98	Molina HC of TX Molina HC
11/12/2015	5025	4618	495	OUTGOING MONEY TRANSFER	186,835.36		CANTEX HEALTH CARE CENTERS III
11/13/2015	5025	4618	301	COMMERCIAL DEPOSIT		2,696.19	
11/13/2015	5025	4618	142	ACH CREDIT RECEIVED		42,299.77	AGING DISAB SVCS HCCLAIMPMT
					186,835.36	**68,509.20**	

Account Portfolio as of 11/16/2015 9:26:28 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	$25,069.79	$25,069.79
Memorial Medical Center	4553	$93,868.54 ✓	$97,172.37
Memorial Medical Center	4561	$51,509.09 ✓	$56,852.18
Memorial Medical Center	4588	$587,682.63 ✓	$587,682.63
Memorial Medical Center	4596	$726,311.39 ✓	$726,311.39
Memorial Medical Center	4618	$68,609.20 ✓	$68,609.20
Memorial Medical Center Operat	0301	$1,364,780.61	$1,225,615.76
County of Calhoun Indigent	1101	$4,731.97	$4,731.97
Totals		**$2,922,563.22**	**$2,792,045.29**

RUN DATE:11/16/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:03 CHECK REGISTER and Payable list GLCKREG
11/16/15 THRU 11/16/15

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000694	11/16/15	436.41	MCKESSON - HEB Pharmacy
A/P	000695	11/16/15	360.62	MCKESSON - Walmart Pharmacy
A/P	000696	11/16/15	682.42	MCKESSON - CVS Pharmacy
TOTALS:			1,479.45	

Prescription B Expenses

Michael J Pfeil
12-4-15

APPROVED
ON
NOV 16 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 11/13/2015

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 11/13/2015

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 11/13/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 11/13/2015

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/09/2015	11/17/2015	7715554825	1000712107	115Invoice	0.01	0.32		0.31 ✓	✓	7715554825	
11/09/2015	11/17/2015	7715554826	1000712863	115Invoice	0.81	40.63		39.82 ✓	✓	7715554826	
11/11/2015	11/17/2015	7716019748	1000714437	115Invoice	0.29	14.28		13.99 ✓	✓	7716019748	
11/12/2015	11/17/2015	7716246256	1000715037	115Invoice	5.17	258.52		253.35 ✓	✓	7716246256	
11/13/2015	11/17/2015	7716442578	1000715759	115Invoice	2.63	131.57		128.94 ✓	✓	7716442578	

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

TOTAL:

Subtotals: 445.32 USD

CK#694

Future Due:	0.00	If Paid By 11/17/2015,			Due If Paid On Time: USD 436.41
Past Due:	0.00	Pay This Amount:	436.41	USD	Disc lost if paid late: 8.91
Last Payment 11/09/2015	830.92	If Paid After 11/17/2015, Pay this Amount:	445.32	USD	Due If Paid Late: USD 445.32

APPROVED
ON
NOV 16 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 11/13/2015

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 11/13/2015

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 11/13/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 11/13/2015

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/09/2015	11/17/2015	7715535031	5753359815	115Invoice	0.32	15.91		15.59	✓	7715535031	
11/11/2015	11/17/2015	7716038573	Generics	115Invoice	4.95	247.35		242.40	✓	7716038573	
11/11/2015	11/17/2015	7716038574	Generics	115Invoice	0.37	18.40		18.03	✓	7716038574	
11/11/2015	11/17/2015	7716038575	3454580992	115Invoice		0.16		0.16	✓	7716038575	
11/13/2015	11/17/2015	7716450568	Generics	115Invoice	1.72	86.16		84.44	✓	7716450568	

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

TOTAL:

Subtotals: 367.98 USD

CK#695

Future Due: 0.00

If Paid By 11/17/2015, Pay This Amount: 360.62 USD

Due If Paid On Time: USD 360.62

Disc lost if paid late: 7.36

Past Due: 0.00

Last Payment 11/09/2015 101.77

If Paid After 11/17/2015, Pay this Amount: 367.98 USD

Due If Paid Late: USD 367.98

APPROVED

NOV 16 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/13/2015 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 11/13/2015

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

As of: 11/13/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 11/13/2015

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/09/2015	11/17/2015	7715577096	1000712110	115Invoice	0.55	27.72		27.17	✓/	7715577096	
11/09/2015	11/17/2015	7715577097	1000712865	115Invoice	0.96	48.06		47.10	✓/	7715577097	
11/09/2015	11/17/2015	7715577098	1000713293	115Invoice	6.56	328.06		321.50	✓/	7715577098	
11/12/2015	11/17/2015	7716237099	1000715039	115Invoice	0.02	0.95		0.93	✓/	7716237099	
11/13/2015	11/17/2015	7716443376	1000715761	115Invoice	5.83	291.55		285.72	✓/	7716443376	

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

TOTAL:

Subtotals: 696.34 USD

Future Due: 0.00

If Paid By 11/17/2015, Pay This Amount: 682.42 USD

CK#6496

Due If Paid On Time: USD 682.42

Past Due: 0.00

Disc lost if paid late: 13.92

Last Payment 11/09/2015 883.99

If Paid After 11/17/2015, Pay this Amount: 696.34 USD

Due If Paid Late: USD 696.34

11.16.15

APPROVED ON NOV 16 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/18/2015 MEMORIAL MEDICAL CENTER 0
13:25 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/20/2015

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
508	SUPPLIES ADMIN	10/31/20	10/15/20	11/14/20		32.00	0.00	0.00	32.00
509	SUPPLIES PLANT OPS	10/31/20	10/15/20	11/14/20		530.00	0.00	0.00	530.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	562.00	0.00	0.00	562.00

Vendor#	Vendor Name	Class	Pay Code
A2600	AUTO PARTS & MACHINE CO.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
774384	SUPPLIES PLANT OPS	10/22/20	10/12/20	11/11/20		13.98	0.00	0.00	13.98

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	13.98	0.00	0.00	13.98

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
20479	OUTSIDE SRV IT	11/12/20	11/10/20	11/15/20		1,400.00	0.00	0.00	1,400.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1010	CABLE ONE	1,400.00	0.00	0.00	1,400.00

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
20470	EMPLOYEE CREDIT UNION	11/12/20	10/29/20	11/11/20		25.00	0.00	0.00	25.00

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
C1048	CALHOUN COUNTY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20485	TRANSPORTATION FUEL	11/17/20	10/24/20	10/24/20		134.52	0.00	0.00	134.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	134.52	0.00	0.00	134.52

Vendor#	Vendor Name	Class	Pay Code
10472	CARDMEMBER SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4378-OCT/15	VISA CARD CHARGES	11/16/20	11/04/20	11/15/20		1,001.59	0.00	0.00	1,001.59

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10472	CARDMEMBER SERVICES	1,001.59	0.00	0.00	1,001.59

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
103115		11/10/20	10/31/20	11/15/20		495.00	0.00	0.00	495.00

PHARMACY DRUGS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUGS ✓	495.00	0.00	0.00	495.00

Vendor#	Vendor Name	Class	Pay Code
11029	COASTAL REFRIGERATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5113117		11/10/20	10/12/20	11/11/20		171.00	0.00	0.00	171.00 ✓

OUTSIDE SRV LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11029	COASTAL REFRIGERATION ✓	171.00	0.00	0.00	171.00

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
555X01611904		11/16/20	10/31/20	11/15/20		725.10	0.00	0.00	725.10 ✓

SUPPLIES PLANT OPS Salt & Rental

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA ✓	725.10	0.00	0.00	725.10

Vendor#	Vendor Name	Class	Pay Code
11131	DELTA MANAGEMENT ASSO., INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20476		11/12/20	11/05/20	11/11/20		215.34	0.00	0.00	215.34 ✓

STUDENT LOAN GARNISHMEI

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11131	DELTA MANAGEMENT ASSO., INC. ✓	215.34	0.00	0.00	215.34

Vendor#	Vendor Name	Class	Pay Code
E0500	EAGLE FIRE & SAFETY INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
57594 ✓		10/22/20	10/14/20	11/13/20		280.00	0.00	0.00	280.00 ✓

OUTSIDE SRV PLANT OPS

57339 ✓		10/31/20	10/05/20	11/04/20		127.75	0.00	0.00	127.75 ✓

SUPPLIES DIETARY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC ✓	407.75	0.00	0.00	407.75

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
20480		11/16/20	11/16/20	11/16/20		1,600.00	0.00	0.00	1,600.00 ✓

EMPLOYEE PAYROLL DEDUC - T Shirts

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10558	EMPLOYEE ACTIVITIES TEAM ✓	1,600.00	0.00	0.00	1,600.00

Vendor#	Vendor Name	Class	Pay Code
11138	EUGENE LOPEZ		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20481		11/16/20	11/05/20	11/05/20		200.00	0.00	0.00	200.00 ✓

SUPPLIES PT PT Stairs

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11138	EUGENE LOPEZ ✓	200.00	0.00	0.00	200.00

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
A1510061378 ✓		10/21/20	10/06/20	11/11/20		15,430.00	0.00	0.00	15,430.00 ✓

SOFTWARE MAINT IT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	15,430.00	0.00	0.00	15,430.00

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
5-206-75247	FREIGHT XRAY	11/12/20	10/29/20	11/13/20			30.15	0.00	0.00	30.15

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	30.15	0.00	0.00	30.15

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
20472	EMPLOYEES PERSONAL INVE	11/12/20	11/15/20	11/15/20			75.00	0.00	0.00	75.00

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
A1292	GULF COAST HARDWARE / ACE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
96064	SUPPLIES PLANT OPS	10/21/20	10/16/20	11/15/20			9.99	0.00	0.00	9.99
96106	SUPPLIES DIETARY	10/31/20	10/19/20	11/18/20			9.99	0.00	0.00	9.99
96120	SUPPLIES LAB	10/31/20	10/19/20	11/18/20			20.48	0.00	0.00	20.48
96226	SUPPLIES PLANT OPS	10/31/20	10/22/20	11/20/20			22.96	0.00	0.00	22.96

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE	63.42	0.00	0.00	63.42

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
1026740	SUPPLIES HOUSEKEEPING	10/21/20	10/13/20	11/12/20			212.44	0.00	0.00	212.44
1030854	SUPPLIES HOUSEKEEPING	10/27/20	10/20/20	11/19/20			296.27	0.00	0.00	296.27

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	508.71	0.00	0.00	508.71

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
OC-33581	MISC DIETARY CHARGE F/Chg	11/12/20	09/28/20	11/11/20			0.76	0.00	0.00	0.76
OC-33887	MISC. DIETARY CHARGE F/Chg	11/12/20	10/28/20	11/17/20			0.38	0.00	0.00	0.38

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY	1.14	0.00	0.00	1.14

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
34729471		11/16/20	03/04/20	04/03/20			10.67	0.00	0.00	10.67

	CS INVENTORY								
36048365		11/16/20	06/26/20	07/26/20		11.87	0.00	0.00	11.87
	CS INVENTORY								
36803885		11/16/20	09/02/20	10/02/20		72.65	0.00	0.00	72.65
	CS INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL				95.19	0.00	0.00	95.19
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
	3698499		11/16/20	10/31/20	10/15/20		25.20	0.00	0.00	25.20
		OUTSIDE SRV ADMIN								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES					25.20	0.00	0.00	25.20
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
	3628359		11/12/20	11/01/20	11/20/20		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				
10578	LUMINANT ENERGY COMPANY LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV0533548		10/09/20	10/01/20	11/16/20		2,289.65	0.00	0.00	2,289.65
		FUEL EXPENSE PLANT OPS								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC					2,289.65	0.00	0.00	2,289.65
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
	20471		11/12/20	10/29/20	11/11/20		1,457.50	0.00	0.00	1,457.50
		EMPLOYEE PERSONAL INVES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10972	M G TRUST					1,457.50	0.00	0.00	1,457.50
Vendor#	Vendor Name				Class	Pay Code				
M1511	MARKETLAB, INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	M039173		11/16/20	09/17/20	10/17/20		189.60	0.00	0.00	189.60
		SUPPLIES CLINIC								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC					189.60	0.00	0.00	189.60
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
	20473		11/12/20	10/29/20	11/11/20		60.00	0.00	0.00	60.00
		CLINIC CO PAYS								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC					60.00	0.00	0.00	60.00
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

20479		11/16/20	11/16/20	11/16/20		182.66	0.00	0.00	182.66
	EMPLOYEE GIFT SHOP PURC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP				182.66	0.00	0.00	182.66
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
NOVEMBER22015		11/12/20	11/02/20	11/11/20		32,809.01	0.00	0.00	32,809.01
	EMPLOYEE MEDICAL CLAIMS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN				32,809.01	0.00	0.00	32,809.01
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
0001679		11/16/20	10/26/20	10/27/20		-2,758.63	0.00	0.00	-2,758.63
	PHARMACY CREDIT								
0002799		11/16/20	11/02/20	11/03/20		-3.13	0.00	0.00	-3.13
	PHARMACY CREDIT								
8119938		11/16/20	11/10/20	11/11/20		485.56	0.00	0.00	485.56
	PHARMACY DRUGS								
8119940		11/16/20	11/10/20	11/11/20		189.91	0.00	0.00	189.91
	PHARMACY DRUGS								
8119941		11/16/20	11/10/20	11/11/20		14.66	0.00	0.00	14.66
	PHARMACY DRUGS								
8120639		11/16/20	11/10/20	11/11/20		723.75	0.00	0.00	723.75
	PHARMACY DRUGS								
8119939		11/16/20	11/10/20	11/11/20		506.77	0.00	0.00	506.77
	PHARMACY DRUGS								
8126623		11/16/20	11/11/20	11/12/20		2.86	0.00	0.00	2.86
	PHARMACY DRUGS								
82126625		11/16/20	11/11/20	11/12/20		247.48	0.00	0.00	247.48
	PHARMACY DRUGS								
8126624		11/16/20	11/11/20	11/12/20		7,631.84	0.00	0.00	7,631.84
	PHARMACY DRUGS								
8129311		11/16/20	11/12/20	11/13/20		2,643.06	0.00	0.00	2,643.06
	PHARMACY DRUGS								
CM65240		11/16/20	11/12/20	11/13/20		-27.02	0.00	0.00	-27.02
	PHARMACY CREDIT								
8129310		11/16/20	11/12/20	11/13/20		1.63	0.00	0.00	1.63
	PHARMACY DRUG								
0005308		11/16/20	11/13/20	11/14/20		-38.73	0.00	0.00	-38.73
	PHARMACY CREDIT								
8134296		11/16/20	11/13/20	11/14/20		221.27	0.00	0.00	221.27
	PHARMACY DRUGS								
8134162		11/16/20	11/13/20	11/14/20		88.78	0.00	0.00	88.78
	PHARMACY DRUGS								
8134294		11/16/20	11/13/20	11/14/20		70.02	0.00	0.00	70.02
	PHARMACY DRUGS								
0005310		11/16/20	11/13/20	11/14/20		-27.17	0.00	0.00	-27.17
	PHARMACY CREDIT								
0005309		11/16/20	11/13/20	11/14/20		-68.83	0.00	0.00	-68.83

	PHARMACY CREDIT								
8134297		11/16/20	11/13/20	11/14/20		30.88	0.00	0.00	30.88
	PHARMACY DRUGS								
8134295		11/16/20	11/13/20	11/14/20		679.65	0.00	0.00	679.65
	PHARMACY DRUGS								
0005311		11/16/20	11/13/20	11/14/20		-226.97	0.00	0.00	-226.97
	PHARMACY CREDIT								
0005312		11/16/20	11/13/20	11/14/20		-9.87	0.00	0.00	-9.87
	PHARMACY CREDIT								
8140929		11/17/20	11/16/20	11/17/20		4.05	0.00	0.00	4.05
	PHARMACY DRUGS								
8138937		11/17/20	11/16/20	11/17/20		19.25	0.00	0.00	19.25
	PHARMACY DRUGS								
8138936		11/17/20	11/16/20	11/17/20		20.32	0.00	0.00	20.32
	PHARMACY DRUGS								
8140926		11/17/20	11/16/20	11/17/20		16.70	0.00	0.00	16.70
	PHARMACY DRUGS								
8140927		11/17/20	11/16/20	11/17/20		2,323.36	0.00	0.00	2,323.36
	PHARMACY DRUGS								
8140928		11/17/20	11/16/20	11/17/20		82.59	0.00	0.00	82.59
	PHARMACY DRUGS								
8138938		11/17/20	11/16/20	11/17/20		115.41	0.00	0.00	115.41
	PHARMACY DRUGS								
8138935		11/17/20	11/16/20	11/17/20		24.11	0.00	0.00	24.11
	PHARMACY DRUGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	12,983.56	0.00	0.00	12,983.56

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-192336		09/24/20	09/12/20	11/11/20			1,944.00	0.00	0.00	1,944.00
	CONTRACT NURSING 9/4 - 9/10/15									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10862	NIGHTINGALE NURSES, LLC	1,944.00	0.00	0.00	1,944.00

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
20482		11/16/20	11/12/20	11/12/20			3,000.00	0.00	0.00	3,000.00
	NN 2015									

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
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2009194573		11/06/20	08/25/20	11/11/20			326.94	0.00	0.00	326.94
	CS INVENTORY									
2009884887		11/06/20	09/16/20	11/11/20			3,397.19	0.00	0.00	3,397.19
	CS INVENTORY & LAB SUPPL									
2009917765		11/06/20	09/17/20	11/11/20			16.17	0.00	0.00	16.17
	SUPPLIES PT									
2010052815		11/06/20	09/22/20	11/11/20			39.28	0.00	0.00	39.28
	SUPPLIES LAB									

	2010277144CR		11/10/20	09/29/20	11/11/20	-1,593.36	0.00	0.00	-1,593.36
		CREDIT CS INVENTORY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR			2,186.22	0.00	0.00	2,186.22
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
	20486		11/17/20	11/15/20	11/15/20	1,612.50	0.00	0.00	1,612.50
		OUTSIDE SRV CLINIC 11/1 - 11/14/15							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11069	PABLO GARZA			1,612.50	0.00	0.00	1,612.50
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
	B16398		10/26/20	10/12/20	11/11/20	5.29	0.00	0.00	5.29
		SUPPLIES BIO MED							
	B16576		10/31/20	10/19/20	11/18/20	8.48	0.00	0.00	8.48
		SUPPLIES PLANT OPS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		P2200	POWER ELECTRIC			13.77	0.00	0.00	13.77
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
	54-2		11/12/20	11/03/20	11/20/20	4,500.00	0.00	0.00	4,500.00
		PROF FEES CARDIO							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		P1725	PREMIER SLEEP DISORDERS CENTER			4,500.00	0.00	0.00	4,500.00
Vendor#	Vendor Name				Class	Pay Code			
R1250	RANDY'S FLOOR COMPANY				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	09928-NT		10/31/20	10/05/20	11/11/20	274.93	0.00	0.00	274.93
		REPAIR FLOOR XRAY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		R1250	RANDY'S FLOOR COMPANY			274.93	0.00	0.00	274.93
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
	41		10/31/20	10/20/20	11/19/20	3,025.00	0.00	0.00	3,025.00
		LEGAL FEES							
	143		10/31/20	10/20/20	11/19/20	1,925.00	0.00	0.00	1,925.00
		LEGAL FEES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		G0425	ROBERTS, ROBERTS & ODEFEY, LLP			4,950.00	0.00	0.00	4,950.00
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
	2138-6		10/22/20	10/13/20	11/12/20	23.42	0.00	0.00	23.42
		SUPPLIES PLANT OPS							
	2256-6		10/22/20	10/15/20	11/14/20	8.74	0.00	0.00	8.74
		SUPPLIES PLANT OPS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net

	S1800	SHERWIN WILLIAMS				32.16	0.00	0.00	32.16
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
	510152580		10/31/20	10/15/20	11/11/20		1,264.56	0.00	0.00	1,264.56
		FOOD SUPPLIES DIETARY								
	510222503		10/31/20	10/22/20	11/11/20		734.37	0.00	0.00	734.37
		FOOD SUPPLIES DIETARY								
	510292870		10/31/20	10/29/20	11/18/20		715.51	0.00	0.00	715.51
		FOOD SUPPLIES DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2951	SYSCO FOOD SERVICES OF				2,714.44	0.00	0.00	2,714.44
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-3496		11/12/20	08/31/20	11/11/20		495.00	0.00	0.00	495.00
		MAINT CONTR ER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC				495.00	0.00	0.00	495.00
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
	011313		11/16/20	08/15/20	09/14/20		2,052.00	0.00	0.00	2,052.00
		CONTRACT NURSING 8/9, 8/10, 8/15/15								
	011395		11/16/20	08/22/20	09/21/20		1,428.00	0.00	0.00	1,428.00
		CONTRACT NURSING 8/16 oncall; 8/17, 8/22/15								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10954	TEXAS PRN				3,480.00	0.00	0.00	3,480.00
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
	20475		11/12/20	11/05/20	11/11/20		132.06	0.00	0.00	132.06
		STUDENT LOAN GARNISHMEI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2303	TG				132.06	0.00	0.00	132.06
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
	40212163		11/16/20	08/14/20	09/14/20		1,050.00	0.00	0.00	1,050.00
		REPAIRS INSTRUMENT CT SC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T1724	TOSHIBA AMERICA MEDICAL SYST.				1,050.00	0.00	0.00	1,050.00
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
	8150707838		10/21/20	10/13/20	11/12/20		28.50	0.00	0.00	28.50
		OUTSIDE SRV BIO MED								
	8150707737		10/21/20	10/13/20	11/12/20		50.40	0.00	0.00	50.40
		OUTSIDE SRV MAINT								
	8150708594		10/21/20	10/20/20	11/19/20		28.50	0.00	0.00	28.50
		OUTSIDE SRV BIO MED								
	8150708489		10/21/20	10/20/20	11/19/20		46.60	0.00	0.00	46.60

OUTSIDE SRV MAINT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	154.00	0.00	0.00	154.00

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400204923	LAUNDRY HOUSEKEEPING	10/21/20	10/13/20	11/12/20			204.18	0.00	0.00	204.18
8400204980	LAUNDRY HOUSEKEEPING	10/21/20	10/13/20	11/12/20			1,238.00	0.00	0.00	1,238.00
8400204926	LAUNDRY OB	10/21/20	10/13/20	11/12/20			104.21	0.00	0.00	104.21
8400204927	LAUNDRY HOUSEKEEPING	10/21/20	10/13/20	11/12/20			109.01	0.00	0.00	109.01
8400204924	LAUNDRY HOUSEKEEPING	10/21/20	10/13/20	11/12/20			178.49	0.00	0.00	178.49
8400204925	LAUNDRY DIETARY	10/21/20	10/13/20	11/12/20			166.13	0.00	0.00	166.13
8400205262	LAUNDRY SURGERY	10/21/20	10/16/20	11/15/20			836.00	0.00	0.00	836.00
8400205302	LAUNDRY HOUSEKEEPING	10/21/20	10/16/20	11/15/20			1,038.70	0.00	0.00	1,038.70
8400205429	LAUNDRY HOUSEKEEPING	10/21/20	10/20/20	11/19/20			204.18	0.00	0.00	204.18
8400205433	LAUNDRY HOUSEKEEPING	10/21/20	10/20/20	11/19/20			109.01	0.00	0.00	109.01
8400205487	LAUNDRY HOUSEKEEPING	10/21/20	10/20/20	11/19/20			984.74	0.00	0.00	984.74
8400205431	LAUNDRY DIETARY	10/21/20	10/20/20	11/19/20			166.13	0.00	0.00	166.13
8400205432	LAUNDRY OB	10/21/20	10/20/20	11/19/20			104.21	0.00	0.00	104.21
8400205430	LAUNDRY HOUSEKEEPING	10/21/20	10/20/20	11/19/20			195.47	0.00	0.00	195.47
8400203972	LAUNDRY DIETARY	10/31/20	09/29/20	11/11/20			130.49	0.00	0.00	130.49
84002304480	LAUNDRY DIETARY	10/31/20	10/06/20	11/11/20			210.04	0.00	0.00	210.04
8400204968	LAUNDRY DIETARY	10/31/20	10/13/20	11/12/20			150.45	0.00	0.00	150.45
8400205474	LAUNDRY DIETARY	10/31/20	10/20/20	11/19/20			146.34	0.00	0.00	146.34

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	6,275.78	0.00	0.00	6,275.78

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
3204306	FOOD SUPPLIES DIETARY	10/31/20	10/15/20	11/11/20			2,249.75	0.00	0.00	2,249.75
3264832	FOOD SUPPLIES DIETARY	10/31/20	10/19/20	11/11/20			2,732.70	0.00	0.00	2,732.70

3334933		10/31/20	10/22/20	11/11/20	2,577.31	0.00	0.00	2,577.31
FOOD SUPPLIES DIETARY								
3396788		10/31/20	10/26/20	11/15/20	2,432.16	0.00	0.00	2,432.16
FOOD SUPPLIES DIETARY								
3467595		10/31/20	10/29/20	11/18/20	2,795.79	0.00	0.00	2,795.79
FOOD SUPPLIES DIETARY								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE			12,787.71	0.00	0.00	12,787.71

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
20476		11/12/20	10/20/20	11/11/20			225.00	0.00	0.00	225.00
	POSTAGE EXPENSE BRM Permit									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE					225.00	0.00	0.00	225.00

Vendor#	Vendor Name	Class	Pay Code
10924	VICTORIA PROFESSIONAL MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
04		11/16/20	11/03/20	11/03/20			15,000.00	0.00	0.00	15,000.00
	PROF FEES ER October 2015 Stipend for management of MMC ED									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10924	VICTORIA PROFESSIONAL MEDICAL					15,000.00	0.00	0.00	15,000.00

Vendor#	Vendor Name	Class	Pay Code
10793	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
125AI0427175		10/21/20	10/19/20	11/18/20			125.00	0.00	0.00	125.00
	FLEX SPENDING ADMIN FEE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10793	WAGEWORKS					125.00	0.00	0.00	125.00

Vendor#	Vendor Name	Class	Pay Code
10915	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20474		11/12/20	11/05/20	11/11/20			1,725.28	0.00	0.00	1,725.28
	MONEY TO FUND FLEX SPEN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10915	WAGEWORKS					1,725.28	0.00	0.00	1,725.28

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	137,802.92	0.00	0.00	137,802.92

APPROVED
ON
NOV 18 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J Rabb
12-4-15

CKS # 163802
to
163854

RUN DATE: 11/17/15
TIME: 14:44

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	072715	25.00			[redacted]	
		111715	44.12				
		102615	44.40				
		102615	41.07				
		111715	61.41				
		111715	70.81				
		102615	123.08				
		012813	2211.63				
	ARID=0001 TOTAL		2621.52				
TOTAL			2621.52				

APPROVED
ON
NOV 18 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 163855
to
163862

12-4-15

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	163802	11/19/15	12,787.71	US FOOD SERVICE
A/P	163803	11/19/15	1,001.59	CARDMEMBER SERVICES
A/P	163804	11/19/15	.00	VOIDED
A/P	163805	11/19/15	.00	VOIDED
A/P	163806	11/19/15	12,983.56	MORRIS & DICKSON CO, LLC
A/P	163807	11/19/15	1,600.00	EMPLOYEE ACTIVITIES TEAM
A/P	163808	11/19/15	2,289.65	LUMINANT ENERGY COMPANY LLC
A/P	163809	11/19/15	1,973.00	LCA BANK CORPORATION
A/P	163810	11/19/15	125.00	WAGEWORKS
A/P	163811	11/19/15	32,809.01	MMC EMPLOYEE BENEFIT PLAN
A/P	163812	11/19/15	1,944.00	NIGHTINGALE NURSES, LLC
A/P	163813	11/19/15	1,725.28	WAGEWORKS
A/P	163814	11/19/15	15,000.00	VICTORIA PROFESSIONAL MEDICAL
A/P	163815	11/19/15	3,480.00	TEXAS PRN
A/P	163816	11/19/15	60.00	MEMORIAL MEDICAL CLINIC
A/P	163817	11/19/15	1,457.50	M G TRUST
A/P	163818	11/19/15	171.00	COASTAL REFRIGERATION
A/P	163819	11/19/15	75.00	FIRST CLEARING
A/P	163820	11/19/15	1,612.50	PABLO GARZA
A/P	163821	11/19/15	215.34	DELTA MANAGEMENT ASSO., INC.
A/P	163822	11/19/15	200.00	EUGENE LOPEZ
A/P	163823	11/19/15	63.42	GULF COAST HARDWARE / ACE
A/P	163824	11/19/15	562.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	163825	11/19/15	13.98	AUTO PARTS & MACHINE CO.
A/P	163826	11/19/15	1,400.00	CABLE ONE
A/P	163827	11/19/15	25.00	CAL COM FEDERAL CREDIT UNION
A/P	163828	11/19/15	134.52	CALHOUN COUNTY
A/P	163829	11/19/15	495.00	CENTRAL DRUGS
A/P	163830	11/19/15	15,430.00	EVIDENT
A/P	163831	11/19/15	407.75	EAGLE FIRE & SAFETY INC
A/P	163832	11/19/15	30.15	FEDERAL EXPRESS CORP.
A/P	163833	11/19/15	4,950.00	ROBERTS, ROBERTS & ODEFEY, LLP
A/P	163834	11/19/15	508.71	GULF COAST PAPER COMPANY
A/P	163835	11/19/15	1.14	H E BUTT GROCERY
A/P	163836	11/19/15	95.19	INDEPENDENCE MEDICAL
A/P	163837	11/19/15	25.20	LANGUAGE LINE SERVICES
A/P	163838	11/19/15	189.60	MARKETLAB, INC
A/P	163839	11/19/15	182.66	MMC AUXILIARY GIFT SHOP
A/P	163840	11/19/15	3,000.00	NUTRITION OPTIONS
A/P	163841	11/19/15	2,186.22	OWENS & MINOR
A/P	163842	11/19/15	4,500.00	PREMIER SLEEP DISORDERS CENTER
A/P	163843	11/19/15	13.77	POWER ELECTRIC
A/P	163844	11/19/15	725.10	CULLIGAN OF VICTORIA
A/P	163845	11/19/15	274.93	RANDY'S FLOOR COMPANY
A/P	163846	11/19/15	32.16	SHERWIN WILLIAMS
A/P	163847	11/19/15	2,714.44	SYSCO FOOD SERVICES OF
A/P	163848	11/19/15	1,050.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	163849	11/19/15	132.06	TG
A/P	163850	11/19/15	495.00	T-SYSTEM, INC
A/P	163851	11/19/15	154.00	UNIFIRST HOLDINGS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	163852	11/19/15	.00	VOIDED
A/P	163853	11/19/15	6,275.78	UNIFIRST HOLDINGS INC
A/P	163854	11/19/15	225.00	US POSTAL SERVICE
A/P	163855	11/19/15	25.00	
A/P	163856	11/19/15	44.12	
A/P	163857	11/19/15	44.40	
A/P	163858	11/19/15	41.07	
A/P	163859	11/19/15	61.41	
A/P	163860	11/19/15	70.81	
A/P	163861	11/19/15	123.08	
A/P	163862	11/19/15	2,211.63	
TOTALS:			140,424.44	

RUN DATE:11/20/15 MEMORIAL MEDICAL CENTER CRT#019 PAGE 1
TIME:10:42 EDIT LIST FOR BATCH 019 4664 TRANSACTION SEQUENCE GLEDIT

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION	
1	10000000		11/20/15	CD	8,931.90CR	10954	A/PC163863	TEXAS PRN	OPERATING	-CASH
	20000000		11/20/15	CD	8,931.90	10954	A/PC163863	TEXAS PRN	ACCOUNTS PAYABLE	-A/P
	30000000					21908	327726			

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

JOURNAL	YRMO	COUNT	DEBIT	CREDIT
CD	1511	2	8,931.90	8,931.90
	TOTAL	2	8,931.90	8,931.90

ACCOUNT TOTAL RECAP ON NEXT PAGE

Contract Nursing
8/31, 9/1, 9/2, 9/5/15 = 2736.00
8/23, 8/24/15 = 1,365.15
9/6, 9/7, 9/14-16, 9/19/15 = 4830.75

APPROVED
ON
NOV 20 2015
BY
CALHOUN COUNTY AUDITOR
CK# 163863

Michael J Hall
12-4-15

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	163863	11/20/15	8,931.90	TEXAS PRN
TOTALS:			8,931.90	

RUN DATE:11/23/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:36 CHECK REGISTER and Payable List GLCKREG
11/23/15 THRU 11/23/15

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000697	11/23/15	322.95	MCKESSON - H E B Pharmacy
A/P	000698	11/23/15	159.57	MCKESSON - Walmart Pharmacy
A/P	000699	11/23/15	1,257.01	MCKESSON - CVS Pharmacy
TOTALS:			1,739.53	

340 B Presciption Expenses

APPROVED
ON

NOV 23 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

12-1-15

McKESSON

STATEMENT

Company: 8000

As of: 11/20/2015 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 11/20/2015

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 11/20/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 11/20/2015

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/16/2015	11/24/2015	7716716051	1000716208	115Invoice	1.01	50.45		49.44 ✓		7716716051	
11/16/2015	11/24/2015	7716716053	1000716860	115Invoice	4.04	202.20		198.16 ✓		7716716053	
11/17/2015	11/24/2015	7716951184	1000717682	115Invoice	1.53	76.72		75.19 ✓		7716951184	
11/20/2015	11/24/2015	7717612247	1000719663	115Invoice		0.16		0.16 ✓		7717612247	

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

TOTAL:

Subtotals: 329.53 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 436.41
11/16/2015

If Paid By 11/24/2015,
Pay This Amount: 322.95 USD

If Paid After 11/24/2015,
Pay this Amount: 329.53 USD

Due If Paid On Time:
USD 322.95

Disc lost if paid late: 6.58

Due If Paid Late:
USD 329.53

APPROVED
ON
NOV 23 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 11/20/2015

Page: 001

DC: 8115

Territory: 400

Customer: 256342

Date: 11/20/2015

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 11/20/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 11/20/2015

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/16/2015	11/24/2015	7716707391	1086192	115Invoice	0.01	0.32		0.31 ✓		7716707391	
11/16/2015	11/24/2015	7716707392	3454580998	115Invoice	0.45	22.56		22.11 ✓		7716707392	
11/16/2015	11/24/2015	7716707393	3454581002	115Invoice		0.10		0.10 ✓		7716707393	
11/18/2015	11/24/2015	7717161521	Generics	115Invoice	2.36	118.22		115.86 ✓		7717161521	
11/20/2015	11/24/2015	7717618232	Generics	115Invoice	0.15	7.53		7.38 ✓		7717618232	
11/20/2015	11/24/2015	7717618233	3454581014	115Invoice	0.28	14.09		13.81 ✓		7717618233	

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

TOTAL:

Subtotals: 162.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 360.62
11/16/2015

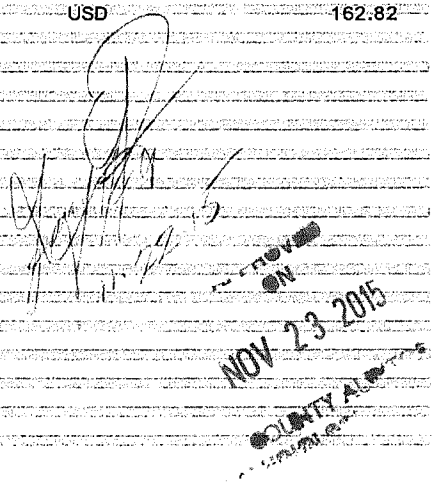
If Paid By 11/24/2015,
Pay This Amount: 159.57 USD

If Paid After 11/24/2015,
Pay this Amount: 162.82 USD

Due If Paid On Time:
USD 159.57

Disc lost if paid late: 3.25

Due If Paid Late:
USD 162.82



McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/20/2015

DC: 8115

Territory: 400

Customer: 262252
Date: 11/20/2015

Page: 001

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

As of: 11/20/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 11/20/2015

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/16/2015	11/24/2015	7716718010	1000716211	115Invoice	3.89	194.51		190.62 ✓		7716718010	
11/16/2015	11/24/2015	7716718014	1000716862	115Invoice	0.49	24.40		23.91 ✓		7716718014	
11/16/2015	11/24/2015	7716718016	1000717288	115Invoice	2.16	108.04		105.88 ✓		7716718016	
11/17/2015	11/24/2015	7716949871	1000717684	115Invoice	0.30	14.94		14.64 ✓		7716949871	
11/18/2015	11/24/2015	7717159041	1000718463	115Invoice	5.15	257.53		252.38 ✓		7717159041	
11/19/2015	11/24/2015	7717405456	1000719035	115Invoice	9.14	457.13		447.99 ✓		7717405456	
11/19/2015	11/24/2015	7717405457	1000719035	115Invoice	0.29	14.51		14.22 ✓		7717405457	
11/20/2015	11/24/2015	7717629981	1000719665	115Invoice	4.23	211.60		207.37 ✓		7717629981	

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

TOTAL:

Subtotals: 1,282.66 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 682.42
11/16/2015

If Paid By 11/24/2015,
Pay This Amount: 1,257.01 USD

If Paid After 11/24/2015,
Pay this Amount: 1,282.66 USD

Due If Paid On Time:
USD 1,257.01

Disc lost if paid late: 25.65

Due If Paid Late:
USD 1,282.66

RECEIVED
NOV 23 2015
COUNTY AUDITOR
CALHOUN COUNTY

11/23/2015
13:38

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/30/2015

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10250	4IMPRINT ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4274034 ✓		10/31/20	10/28/20	11/27/20		445.83	0.00	0.00	445.83
	SUPPLIES BUS DEVELOPMEN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10250	4IMPRINT	445.83	0.00	0.00	445.83 ✓

Vendor#	Vendor Name	Class	Pay Code
A1100	ABBOTT LABORATORIES ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
604879039 ✓		10/26/20	10/13/20	11/21/20		38.32	0.00	0.00	38.32
	SUPPLIES DIETARY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1100	ABBOTT LABORATORIES	38.32	0.00	0.00	38.32 ✓

Vendor#	Vendor Name	Class	Pay Code
A1350	ACTION LUMBER ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
006795 ✓		11/12/20	10/29/20	11/25/20		32.95	0.00	0.00	32.95
	SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1350	ACTION LUMBER	32.95	0.00	0.00	32.95 ✓

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22048 ✓		10/21/20	10/20/20	11/21/20		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
A1680	AIRGAS-SOUTHWEST ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9044844630 ✓		11/12/20	10/23/20	11/22/20		567.75	0.00	0.00	567.75 ✓
	SUPPLIES PLANT OPS								
9044844631 ✓		11/12/20	10/26/20	11/25/20		48.18	0.00	0.00	48.18 ✓
	SUPPLIES PLANT OPS								
9044957679 ✓		11/18/20	10/29/20	11/28/20		38.24	0.00	0.00	38.24 ✓
	SUPPLIES PLANT OPS								
9931147442 ✓		11/18/20	10/31/20	11/30/20		390.54	0.00	0.00	390.54 ✓
	SUPPLIES PLANT OPS								
9931147441 ✓		11/18/20	10/31/20	11/30/20		380.97	0.00	0.00	380.97 ✓
	SUPPLIES PLANT OPS								
9045037028 ✓		11/18/20	10/31/20	11/30/20		1,864.97	0.00	0.00	1,864.97 ✓
	OXGYEN CARDIO								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS-SOUTHWEST	3,290.65	0.00	0.00	3,290.65

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

20041076 ✓		10/26/20	10/14/20	11/21/20		1,564.50	0.00	0.00	1,564.50 ✓
SUPPLIES SURGERY									
20119417 ✓		11/12/20	10/28/20	11/27/20		636.00	0.00	0.00	636.00 ✓
INTRA OCULAR LENSES									
20124662 ✓		11/12/20	10/29/20	11/28/20		30.00	0.00	0.00	30.00 ✓
SUPPLIES SURGERY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A1690	ALCON LABORTORIES INC				2,230.50	0.00	0.00	2,230.50
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
RPSV01987017 ✓		10/21/20	10/12/20	11/21/20		196.20	0.00	0.00	196.20 ✓
SUPPLIES PT									
RPSV01990863 ✓		10/22/20	10/15/20	11/21/20		88.75	0.00	0.00	88.75 ✓
SUPPLIES PT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.				284.95	0.00	0.00	284.95
Vendor#	Vendor Name				Class	Pay Code			
A1746	ALPHA TEC SYSTEMS INC ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV-00036033 ✓		10/26/20	10/12/20	11/21/20		619.62	0.00	0.00	619.62
LAB SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC				619.62	0.00	0.00	619.62 ✓
Vendor#	Vendor Name				Class	Pay Code			
A2050	AMTEC MEDICAL INC ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
63314 ✓		10/31/20	10/26/20	11/25/20		121.03	0.00	0.00	121.03
SUPPLIES NUC MED									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A2050	AMTEC MEDICAL INC				121.03	0.00	0.00	121.03 ✓
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
662888 ✓		11/23/20	10/23/20	11/23/20		19.34	0.00	0.00	19.34
SUPPLIES LAB									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY				19.34	0.00	0.00	19.34 ✓
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
93441820 ✓		10/31/20	10/27/20	11/26/20		522.30	0.00	0.00	522.30
CS INVENTORY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A2260	ARROW INTERNATIONAL INC				522.30	0.00	0.00	522.30 ✓
Vendor#	Vendor Name				Class	Pay Code			
A2600	AUTO PARTS & MACHINE CO. ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
775791 ✓		10/31/20	10/26/20	11/25/20		44.28	0.00	0.00	44.28
SUPPLIES PLANT OPS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.				44.28	0.00	0.00	44.28 ✓

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
	3674520 ✓		11/23/20	11/12/20	11/25/20		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
	74804192 ✓		10/14/20	10/14/20	11/21/20		475.00	0.00	0.00	475.00
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B0435	BARD PERIPHERAL VASCULAR				475.00	0.00	0.00	475.00 ✓
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
	48891114 ✓		10/14/20	10/12/20	11/21/20		337.21	0.00	0.00	337.21 ✓
		CS INVENTORY								
	48904368 ✓		10/26/20	10/13/20	11/21/20		62.52	0.00	0.00	62.52 ✓
		PHARMACY DRUGS								
	48930736 ✓		10/26/20	10/15/20	11/21/20		275.18	0.00	0.00	275.18 ✓
		CS INVENTORY								
	48930244 ✓		10/26/20	10/15/20	11/21/20		637.19	0.00	0.00	637.19 ✓
		PHARMACY DRUGS								
	49015092 ✓		10/31/20	10/26/20	11/25/20		564.11	0.00	0.00	564.11 ✓
		CS INVENTORY & RECOVERY								
	49012514 ✓		10/31/20	10/26/20	11/25/20		273.11	0.00	0.00	273.11 ✓
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP				2,149.32	0.00	0.00	2,149.32
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
	6003320645 ✓		10/31/20	10/22/20	11/21/20		265.56	0.00	0.00	265.56
		SUPPLIES CT SCAN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE				265.56	0.00	0.00	265.56 ✓
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
	5340373 ✓		10/26/20	10/12/20	11/21/20		3,933.48	0.00	0.00	3,933.48 ✓
		LEASE & MAINT CONTR LAB								
	5340382 ✓		10/26/20	10/12/20	11/21/20		4,233.46	0.00	0.00	4,233.46 ✓
		LEASE & MAINT CONTR LAB								
	105239833 ✓		10/31/20	10/27/20	11/26/20		1,128.79	0.00	0.00	1,128.79 ✓
		LAB SUPPLIES								
	105245413 ✓		10/31/20	10/28/20	11/27/20		893.49	0.00	0.00	893.49 ✓
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				10,189.22	0.00	0.00	10,189.22

Vendor#	Vendor Name				Class	Pay Code				
10024	BECTON, DICKINSON & CO (BD) ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9101724940 ✓		10/31/20	10/21/20	11/21/20		1,137.22	0.00	0.00	1,137.22
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10024	BECTON, DICKINSON & CO (BD)				1,137.22	0.00	0.00	1,137.22 ✓
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
	7546		11/23/20	11/16/20	11/25/20		~~901.22~~	0.00	0.00	~~901.22~~ 900.84
		TELEPHONE EXPENSE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11050	BIRCH COMMUNICATIONS				~~901.22~~	0.00	0.00	~~901.22~~ 900.84
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
	BK00499191		09/14/20	09/03/20	11/21/20		7,280.00	0.00	0.00	7,280.00
		AUDITING FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10599	BKD, LLP				7,280.00	0.00	0.00	7,280.00 ✓
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
	8149770 RI ✓		10/22/20	10/15/20	11/21/20		141.82	0.00	0.00	141.82
		SUPPLIES ICU								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1800	BRIGGS HEALTHCARE				141.82	0.00	0.00	141.82 ✓
Vendor#	Vendor Name				Class	Pay Code				
B1835	BUCKEYE CLEANING CENTER ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	921872 ✓		10/27/20	10/16/20	11/21/20		1,081.48	0.00	0.00	1,081.48
		SUPPLIES HOUSEKEEPING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1835	BUCKEYE CLEANING CENTER				1,081.48	0.00	0.00	1,081.48 ✓
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
	23303924 ✓		10/14/20	10/12/20	11/21/20		211.60	0.00	0.00	211.60
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1040	C R BARD, INC				211.60	0.00	0.00	211.60 ✓
Vendor#	Vendor Name				Class	Pay Code				
C1033	CAD SOLUTIONS, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	201997 ✓		11/12/20	09/30/20	11/21/20		360.00	0.00	0.00	360.00
		OUTSIDE SRV MAMMO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1033	CAD SOLUTIONS, INC				360.00	0.00	0.00	360.00 ✓
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

	20487		11/18/20	11/19/20	11/21/20		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				
11041	CALHOUN CO INDIGENT ACCT ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20500		11/23/20	11/17/20	11/17/20		580.00	0.00	0.00	580.00
		CO FEES COLLECTED FOR IN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11041	CALHOUN CO INDIGENT ACCT				580.00	0.00	0.00	580.00 ✓
Vendor#	Vendor Name				Class	Pay Code				
A1825	CARDINAL HEALTH 414,LLC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8000836858 ✓		11/12/20	09/19/20	11/21/20		520.60	0.00	0.00	520.60 ✓
		SUPPLIES NUC MED								
	8000848010 ✓		11/12/20	09/30/20	11/21/20		1,014.67	0.00	0.00	1,014.67 ✓
		SUPPLIES NUC MED								
	8000854550 ✓		11/12/20	10/10/20	11/21/20		218.27	0.00	0.00	218.27 ✓
		SUPPLIES NUC MED								
	8000856438 ✓		11/12/20	10/17/20	11/21/20		498.22	0.00	0.00	498.22 ✓
		SUPPLIES NUC MED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1825	CARDINAL HEALTH 414,LLC				2,251.76	0.00	0.00	2,251.76
Vendor#	Vendor Name				Class	Pay Code				
A1730	CAREFUSION ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9106106817 ✓		10/22/20	10/14/20	11/21/20		128.50	0.00	0.00	128.50 ✓
		SUPPLIES SURGERY								
	9106121977 ✓		10/29/20	10/20/20	11/21/20		34.03	0.00	0.00	34.03 ✓
		SUPPLIES SURGERY								
	9106118090 ✓		10/31/20	10/19/20	11/21/20		234.67	0.00	0.00	234.67 ✓
		SUPPLIES OB								
	9106147297 ✓		11/12/20	10/29/20	11/28/20		244.05	0.00	0.00	244.05 ✓
		SUPPLIES SURGERY								
	9106059623 ✓		11/16/20	09/28/20	11/21/20		56.39	0.00	0.00	56.39 ✓
		SURGERY SUPPLIES								
	9106160895 ✓		11/16/20	11/03/20	11/25/20		-64.42	0.00	0.00	-64.42 ✓
		SURGERY SUPPLIES CREDIT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1730	CAREFUSION				633.22	0.00	0.00	633.22
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
	ZR81300 ✓		10/21/20	10/15/20	11/21/20		2,457.42	0.00	0.00	2,457.42 ✓
		OFFICE EQUIPMENT CLINIC								
	ZV71075 ✓		10/31/20	10/22/20	11/21/20		451.73	0.00	0.00	451.73 ✓
		SUPPLIES CLINIC & ER								
	ZX04807 ✓		10/31/20	10/26/20	11/25/20		272.16	0.00	0.00	272.16 ✓
		SUPPLIES HOSPITALIST								
	ZQ70905 ✓		11/16/20	10/17/20	11/21/20		125.00	0.00	0.00	125.00 ✓

	SUPPLIES IT							
ZX78476 ✓		11/16/20	10/27/20	11/26/20	5,959.80	0.00	0.00	5,959.80 ✓
	CLINIC PC'S							
ZX53882 ✓		11/16/20	10/27/20	11/26/20	5,099.99	0.00	0.00	5,099.99 ✓
	CLINIC SCANNERS							
ZX78493 ✓		11/16/20	10/27/20	11/26/20	976.16	0.00	0.00	976.16 ✓
	CLINIC PRINITER							
ZZ43803 ✓		11/18/20	10/28/20	11/27/20	3,396.40	0.00	0.00	3,396.40 ✓
	SUPPLIES CLINIC & IT							
ZZ54732 ✓		11/18/20	10/29/20	11/28/20	106.25	0.00	0.00	106.25 ✓
	SUPPLIES IT							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.			18,844.91	0.00	0.00	18,844.91

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
91872529 ✓		10/21/20	10/12/20	11/21/20			521.84	0.00	0.00	521.84 ✓
	CS INVENTORY									
91874638 ✓		10/21/20	10/14/20	11/21/20			243.84	0.00	0.00	243.84 ✓
	CS INVENTORY									
91879407 ✓		10/27/20	10/21/20	11/21/20			515.52	0.00	0.00	515.52 ✓
	CS INVENTORY & XRAY SUPF									
91877378 ✓		10/29/20	10/19/20	11/21/20			416.50	0.00	0.00	416.50 ✓
	CS INVENTORY & RECOVERY									
91882156 ✓		10/31/20	10/26/20	11/25/20			715.78	0.00	0.00	715.78 ✓
	SUPPLIES VARIOUS DEPTS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS					2,413.48	0.00	0.00	2,413.48

Vendor#	Vendor Name	Class	Pay Code
10661	CENTURYLINK ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1356817588		11/18/20	11/03/20	11/30/20			290.74	0.00	0.00	290.74
	TELEPHONE EXPENSE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10661	CENTURYLINK					290.74	0.00	0.00	290.74 ✓

Vendor#	Vendor Name	Class	Pay Code
C1870	COLLEGE OF AMERICAN PATHOLOGIS ✓		W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2061277 ✓		10/31/20	10/24/20	11/23/20			305.02	0.00	0.00	305.02
	DUES & SUBCRIPTIONS LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1870	COLLEGE OF AMERICAN PATHOLOGIS					305.02	0.00	0.00	305.02 ✓

Vendor#	Vendor Name	Class	Pay Code
C2150	COOK MEDICAL INCORPORATED ✓		M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
V13295386 ✓		10/31/20	10/28/20	11/27/20			173.82	0.00	0.00	173.82
	CS INVENTORY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C2150	COOK MEDICAL INCORPORATED					173.82	0.00	0.00	173.82 ✓

Vendor#	Vendor Name	Class	Pay Code
10006	CUSTOM MEDICAL SPECIALTIES ✓		

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

199024 ✓		10/27/20	10/23/20	11/22/20	155.19	0.00	0.00	155.19
	SUPPLIES XRAY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES			155.19	0.00	0.00	155.19 ✓

Vendor#	Vendor Name	Class	Pay Code
H0900	D HARRIS CONSULTING LLC ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9976 ✓		11/16/20	09/30/20	11/21/20			700.00	0.00	0.00	700.00
	OUTSIDE SRV NUC MED									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H0900	D HARRIS CONSULTING LLC					700.00	0.00	0.00	700.00 ✓

Vendor#	Vendor Name	Class	Pay Code
11131	DELTA MANAGEMENT ASSO., INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20488		11/18/20	11/18/20	11/21/20			273.26	0.00	0.00	273.26
	STUDENT LOAN GARNISHME!									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11131	DELTA MANAGEMENT ASSO., INC.					273.26	0.00	0.00	273.26 ✓

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
453624-0 ✓		10/14/20	10/12/20	11/21/20			39.19	0.00	0.00	39.19 ✓
	SUPPLIES ADMIN									
454053-0 ✓		10/21/20	10/14/20	11/21/20			418.16	0.00	0.00	418.16 ✓
	CS INVENTORY & CLINIC SUP									
454143-0 ✓		10/21/20	10/15/20	11/21/20			283.59	0.00	0.00	283.59 ✓
	SUPPLIES MED SURG									
454241-0 ✓		10/22/20	10/16/20	11/21/20			75.69	0.00	0.00	75.69 ✓
	SUPPLIES HIM									
454260-0 ✓		10/22/20	10/19/20	11/21/20			65.88	0.00	0.00	65.88 ✓
	SUPPLIES ADMIN									
454299-0 ✓		10/27/20	10/19/20	11/21/20			9.60	0.00	0.00	9.60 ✓
	CS INVENTORY									
454586-0 ✓		10/27/20	10/21/20	11/21/20			357.91	0.00	0.00	357.91 ✓
	CS INVENTORY & ER SUPPLY									
454705-0 ✓		10/27/20	10/22/20	11/21/20			207.48	0.00	0.00	207.48 ✓
	SUPPLIES ER									
454943-0 ✓		10/27/20	10/26/20	11/25/20			66.53	0.00	0.00	66.53 ✓
	CS INVENTORY & XRAY SUPF									
455289-0 ✓		10/27/20	10/28/20	11/27/20			341.32	0.00	0.00	341.32 ✓
	CS INVENTORY & CLINIC SUP									
455304-0 ✓		10/31/20	10/28/20	11/27/20			87.99	0.00	0.00	87.99 ✓
	OFFICE SUPPLIES CARDIO									
455390-0 ✓		10/31/20	10/29/20	11/28/20			266.45	0.00	0.00	266.45 ✓
	OFFICE SUPPLIES SECURITY									
455457-0 ✓		11/12/20	10/30/20	11/29/20			41.27	0.00	0.00	41.27 ✓
	OFFICE SUPPLIS ADMIN									
455490-0 ✓		11/12/20	10/30/20	11/29/20			24.39	0.00	0.00	24.39 ✓
	SUPPLIES PHARMACY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					2,285.45	0.00	0.00	2,285.45

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
	26191		10/21/20	10/13/20	11/21/20		308.33	0.00	0.00	308.33
		SUPPLIES ADMIN								
	26200		10/31/20	10/21/20	11/21/20		124.80	0.00	0.00	124.80
		OFFICE SUPPLIES ADMIN & P								
	26199		10/31/20	10/21/20	11/21/20		59.20	0.00	0.00	59.20
		OFFICE SUPPLIES ER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1608	DIVERSIFIED BUSINESS SYSTEMS				492.33	0.00	0.00	492.33
Vendor#	Vendor Name				Class	Pay Code				
D1752	DLE PAPER & PACKAGING				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8395		10/27/20	10/19/20	11/21/20		341.40	0.00	0.00	341.40
		CS FORMS & OB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1752	DLE PAPER & PACKAGING				341.40	0.00	0.00	341.40
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
	1016-03		10/31/20	10/21/20	11/21/20		200.00	0.00	0.00	200.00
		ADVERTISING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1664	DOLPHIN TALK				200.00	0.00	0.00	200.00
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
	20464		10/31/20	10/22/20	11/21/20		9.00	0.00	0.00	9.00
		OUTSIDE SRV HOUSEKEEPIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1710	DOWNTOWN CLEANERS				9.00	0.00	0.00	9.00
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
	841192		10/21/20	10/16/20	11/21/20		168.75	0.00	0.00	168.75
		SUPPLIES PT								
	842563		10/27/20	10/23/20	11/22/20		91.80	0.00	0.00	91.80
		SUPPLIES PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1785	DYNATRONICS CORPORATION				260.55	0.00	0.00	260.55
Vendor#	Vendor Name				Class	Pay Code				
E0763	ECLIPSE TINTING & AUTO GLASS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	30106		10/26/20	10/15/20	11/21/20		45.00	0.00	0.00	45.00
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		E0763	ECLIPSE TINTING & AUTO GLASS				45.00	0.00	0.00	45.00
Vendor#	Vendor Name				Class	Pay Code				
E3550	EMPI				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21473881		10/27/20	10/19/20	11/21/20		57.28	0.00	0.00	57.28

SUPPLIES PT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E3550	EMPI	57.28	0.00	0.00	57.28

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
20499		11/23/20	11/23/20	11/23/20			195.00	0.00	0.00	195.00

PAYROLL DEDUCTS FOR EAT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10558	EMPLOYEE ACTIVITIES TEAM	195.00	0.00	0.00	195.00

Vendor#	Vendor Name	Class	Pay Code
E1275	ENV SERVICES INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
334525		10/31/20	10/16/20	11/21/20			925.00	0.00	0.00	925.00

REPAIRS INSTRUMENTS LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1275	ENV SERVICES INC	925.00	0.00	0.00	925.00

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
345367		10/27/20	10/26/20	11/25/20			152.25	0.00	0.00	152.25

SUPPLIES SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	152.25	0.00	0.00	152.25

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
T1510091378		10/21/20	10/09/20	11/08/20			13,281.36	0.00	0.00	13,281.36
	OUTSIDE SRV BUS OFFICE &									
913037		10/21/20	10/15/20	11/14/20			668.42	0.00	0.00	668.42
	OFFICE SUPPLIES ACCTING									
913400		11/18/20	10/31/20	11/30/20			1,756.94	0.00	0.00	1,756.94
	OUTISIDE SRV MED SURG									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	15,706.72	0.00	0.00	15,706.72

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
5-221-44449		11/20/20	11/12/20	11/21/20			125.61	0.00	0.00	125.61

FREIGHT EXP ADMIN & LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	125.61	0.00	0.00	125.61

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
20489		11/18/20	11/18/20	11/18/20			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
4910985		10/26/20	10/12/20	11/21/20		-58.95	0.00	0.00	-58.95
	CREDIT LAB FREIGHT								
4971162		10/26/20	10/13/20	11/21/20		828.64	0.00	0.00	828.64
	LAB SUPPLIES								
5035155		10/26/20	10/14/20	11/21/20		3,048.66	0.00	0.00	3,048.66
	LAB SUPPLIES								
5035153		10/26/20	10/14/20	11/21/20		204.98	0.00	0.00	204.98
	LAB SUPPLIES								
5035154		10/26/20	10/14/20	11/21/20		522.51	0.00	0.00	522.51
	LAB SUPPLIES								
4630405		10/31/20	10/07/20	11/21/20		96.75	0.00	0.00	96.75
	SUPPLIES CLINIC								
4910986		10/31/20	10/12/20	11/21/20		274.76	0.00	0.00	274.76
	SUPPLIES CLINIC								
5101895		10/31/20	10/15/20	11/21/20		90.29	0.00	0.00	90.29
	LAB SUPPLIES								
5101896		10/31/20	10/15/20	11/21/20		75.36	0.00	0.00	75.36
	LAB SUPPLIES								
5216060		10/31/20	10/19/20	11/21/20		186.30	0.00	0.00	186.30
	LAB SUPPLIES								
5337715		10/31/20	10/20/20	11/21/20		81.40	0.00	0.00	81.40
	LAB SUPPLIES								
5337729		10/31/20	10/20/20	11/21/20		148.30	0.00	0.00	148.30
	LAB SUPPLIES								
5337713		10/31/20	10/20/20	11/21/20		1,307.39	0.00	0.00	1,307.39
	LAB SUPPLIES								
5337737		10/31/20	10/20/20	11/21/20		801.86	0.00	0.00	801.86
	LAB SUPPLIES								
5337716		10/31/20	10/20/20	11/21/20		204.98	0.00	0.00	204.98
	LAB SUPPLIES								
5526034		10/31/20	10/21/20	11/21/20		984.10	0.00	0.00	984.10
	LAB SUPPLIES								
5671247		10/31/20	10/22/20	11/21/20		53.68	0.00	0.00	53.68
	LAB SUPPLIES								
5857080		10/31/20	10/23/20	11/22/20		339.93	0.00	0.00	339.93
	LAB SUPPLIES								
5857082		10/31/20	10/23/20	11/22/20		137.18	0.00	0.00	137.18
	LAB SUPPLIES								
6011944		10/31/20	10/26/20	11/25/20		1,549.75	0.00	0.00	1,549.75
	MINOR EQUIP LAB								
6139688		10/31/20	10/27/20	11/26/20		3.52	0.00	0.00	3.52
	LAB SUPPLIES								
6139689		10/31/20	10/27/20	11/26/20		12.90	0.00	0.00	12.90
	LAB SUPPLIES								
6139693		10/31/20	10/27/20	11/26/20		70.23	0.00	0.00	70.23
	LAB SUPPLIES								
6139690		10/31/20	10/27/20	11/26/20		-409.96	0.00	0.00	-409.96
	LAB SUPPLIES CREDIT								
6139695		10/31/20	10/27/20	11/26/20		2,006.16	0.00	0.00	2,006.16
	LAB SUPPLIES								
6139691		10/31/20	10/27/20	11/26/20		-409.96	0.00	0.00	-409.96

		LAB SUPPLIES CREDIT							
	6296314 ✓		10/31/20	10/28/20	11/21/20	57.92	0.00	0.00	57.92 ✓
		LAB SUPPLIES							
	6296315 ✓		10/31/20	10/28/20	11/27/20	3,395.97	0.00	0.00	3,395.97 ✓
		LAB SUPPLIES							
	6471257 ✓		11/12/20	10/29/20	11/28/20	19.35	0.00	0.00	19.35 ✓
		LAB SUPPLIES							
	6471256		11/12/20	10/29/20	11/28/20	978.85	0.00	0.00	978.85 ✓
		LAB SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE			16,602.85	0.00	0.00	16,602.85
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
	4152 ✓		10/21/20	10/15/20	11/21/20		243.94	0.00	0.00	243.94 ✓
		REPAIRS SURGERY							
	4182 ✓		11/12/20	10/30/20	11/29/20		211.86	0.00	0.00	211.86 ✓
		SURGERY REPAIRS							
	4151 ✓		11/16/20	10/15/20	11/21/20		95.94	0.00	0.00	95.94 ✓
		SURGERY REPAIRS							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10678	FIVE STAR STERILIZER SERVICES				551.74	0.00	0.00	551.74
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
	6000323267 ✓		11/12/20	10/01/20	11/21/20		416.61	0.00	0.00	416.61 ✓
		MAINT CONTR XRAY							
	6000065253 ✓		11/18/20	11/18/20	11/21/20		4,380.88	0.00	0.00	4,380.88 ✓
		REPAIRS INSTRUMENT PT							
	6000320558 ✓		11/18/20	10/31/20	11/30/20		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				8,231.24	0.00	0.00	8,231.24
Vendor#	Vendor Name				Class	Pay Code				
G1001	GETINGE USA ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	7985155 ✓		10/27/20	10/20/20	11/21/20		71.19	0.00	0.00	71.19
		SUPPLIES SURGERY							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1001	GETINGE USA				71.19	0.00	0.00	71.19 ✓
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
	32697057 ✓		09/24/20	09/14/20	11/21/20		8,109.03	0.00	0.00	8,109.03 ✓
		PHARMACY DRUGS							
	32801501 ✓		10/09/20	09/28/20	11/27/20		8,109.03	0.00	0.00	8,109.03 ✓
		PHARMACY DRUGS							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10642	GLAXOSMITHKLINE PHARMACUETICAL				16,218.06	0.00	0.00	16,218.06
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
96355 ✓		10/31/20	10/27/20	11/26/20			91.96	0.00	0.00	91.96 ✓
	SUPPLIES PLANT OPS									
96426 ✓		10/31/20	10/29/20	11/28/20			51.96	0.00	0.00	51.96 ✓
	SUPPLIE PLANT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE					143.92	0.00	0.00	143.92

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
1034631 ✓		10/27/20	10/27/20	11/21/20			193.53	0.00	0.00	193.53 ✓
	SUPPLIES HOUSEKEEPING									
1034690 ✓		10/31/20	10/27/20	11/21/20			162.66	0.00	0.00	162.66 ✓
	SUPPLIES HOUSEKEEPING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY					356.19	0.00	0.00	356.19

Vendor#	Vendor Name	Class	Pay Code
H0032	H + H SYSTEM, INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
014805 ✓		11/06/20	10/29/20	11/28/20			58.55	0.00	0.00	58.55
	SUPPLIES CS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H0032	H + H SYSTEM, INC.					58.55	0.00	0.00	58.55 ✓

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
09999		11/20/20	11/01/20	11/21/20			56.00	0.00	0.00	56.00 ✓
	FOOD SUPPLIES DIETARY									
002484		11/20/20	11/03/20	11/21/20			114.70	0.00	0.00	114.70 ✓
	FOOD SUPPLIES DIETARY									
004515		11/20/20	11/04/20	11/21/20			49.94	0.00	0.00	49.94 ✓
	FOOD SUPPLIES DIETARY									
018288		11/20/20	11/10/20	11/21/20			41.47	0.00	0.00	41.47 ✓
	FOOD SUPPLIES DIETARY									
020457		11/20/20	11/11/20	11/21/20			23.28	0.00	0.00	23.28 ✓
	FOOD SUPPLIES DIETARY									
029446		11/20/20	11/15/20	11/21/20			21.70	0.00	0.00	21.70 ✓
	FOOD SUPPLIES DIETARY									
032325		11/20/20	11/16/20	11/21/20			82.04	0.00	0.00	82.04 ✓
	FOOD SUPPLIES DIETARY									
036353		11/20/20	11/18/20	11/21/20			29.38	0.00	0.00	29.38 ✓
	FOOD SUPPLIES DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY					418.51	0.00	0.00	418.51

Vendor#	Vendor Name	Class	Pay Code
H1100	HAYES ELECTRIC SERVICE ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A2151027-27 ✓		11/16/20	10/27/20	11/25/20			705.00	0.00	0.00	705.00
	OUTSIDE SRV XRAY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H1100	HAYES ELECTRIC SERVICE					705.00	0.00	0.00	705.00 ✓

Vendor#	Vendor Name	Class	Pay Code

10334 HEALTH CARE LOGISTICS INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5644062		10/21/20	10/12/20	11/21/20		356.91	0.00	0.00	356.91
	SUPPLIES PHARMACY								
5656727		11/12/20	10/23/20	11/22/20		1,320.00	0.00	0.00	1,320.00
	UNDERCOUNTER FREEZER C								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	1,676.91	0.00	0.00	1,676.91

Vendor# Vendor Name — Class — Pay Code

10298 HITACHI MEDICAL SYSTEMS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
PJIN0082909		11/12/20	10/15/20	11/21/20		8,333.33	0.00	0.00	8,333.33
	MAINT CONTR MRI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10298	HITACHI MEDICAL SYSTEMS	8,333.33	0.00	0.00	8,333.33

Vendor# Vendor Name — Class — Pay Code

10922 HUNTER PHARMACY SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1331		11/16/20	10/31/20	11/25/20		14,465.43	0.00	0.00	14,465.43
	PROF FEES PHARMACY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,465.43	0.00	0.00	14,465.43

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
37323916		10/26/20	10/15/20	11/21/20		17.89	0.00	0.00	17.89
	CS INVENTORY								
37348865		10/27/20	10/19/20	11/21/20		105.75	0.00	0.00	105.75
	CS INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL	123.64	0.00	0.00	123.64

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
1187476		10/26/20	10/16/20	11/21/20		59.14	0.00	0.00	59.14
	REPAIRS IN SURGERY INSTRI								
1189411		10/31/20	10/21/20	11/21/20		426.00	0.00	0.00	426.00
	INSTRUMENT REPAIR SURGE								
1193625		11/18/20	10/28/20	11/27/20		112.00	0.00	0.00	112.00
	REPAIRS TO INSTRUMENTS S								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1127	INTEGRATED MEDICAL SYSTEMS	597.14	0.00	0.00	597.14

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
915403412		10/21/20	10/12/20	11/21/20		466.46	0.00	0.00	466.46
	SUPPLIES SURGERY								
915438301		10/27/20	10/19/20	11/21/20		818.71	0.00	0.00	818.71
	SUPPLIES SURGERY								
915453463		10/27/20	10/21/20	11/21/20		101.50	0.00	0.00	101.50
	SUPPLIES ER								

915435217 ✓	10/31/20	10/19/20	11/21/20	866.57	0.00	0.00	866.57 ✓	
BLOOD BANK SUPPLIES								
915450823 ✓	10/31/20	10/21/20	11/21/20	382.44	0.00	0.00	382.44 ✓	
BLOOD BANK SUPPLIES								
915475262 ✓	10/31/20	10/26/20	11/25/20	504.03	0.00	0.00	504.03 ✓	
SUPPLIES SURGERY								
915488927 ✓	11/06/20	10/28/20	11/27/20	42.00	0.00	0.00	42.00 ✓	
SUPPLIES SURGERY								
915359332 ✓	11/16/20	10/02/20	11/21/20	36.51	0.00	0.00	36.51 ✓	
SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	3,218.22	0.00	0.00	3,218.22

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
20495		11/20/20	11/19/20	11/19/20			750.00	0.00	0.00	750.00
	STORAGE RENT									

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
11098	JERI DAVIS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20496		11/23/20	11/18/20	11/18/20			121.27	0.00	0.00	121.27
	FOOD EXPENSE DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11098	JERI DAVIS	121.27	0.00	0.00	121.27 ✓

Vendor#	Vendor Name	Class	Pay Code
K1231	KONICA MINOLTA MEDICAL IMAGING ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
125458 ✓		11/16/20	10/02/20	11/21/20			1,839.88	0.00	0.00	1,839.88
	MINOR EQUIP XRAY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K1231	KONICA MINOLTA MEDICAL IMAGING	1,839.88	0.00	0.00	1,839.88 ✓

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
49718150 ✓		11/12/20	10/31/20	11/30/20			256.50	0.00	0.00	256.50
	OUTSIDE SRV LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	256.50	0.00	0.00	256.50 ✓

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
20490		11/18/20	11/18/20	11/21/20			1,457.50	0.00	0.00	1,457.50
	EMPLOYEE PERSONAL INVES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	1,457.50	0.00	0.00	1,457.50 ✓

Vendor#	Vendor Name	Class	Pay Code
J1350	M.C. JOHNSON COMPANY INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00260317 ✓		10/27/20	10/19/20	11/21/20			104.12	0.00	0.00	104.12
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1350	M.C. JOHNSON COMPANY INC	104.12	0.00	0.00	104.12

Vendor#	Vendor Name	Class	Pay Code
M1511	MARKETLAB, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
M047934	SUPPLIES LAB	10/26/20	10/13/20	11/21/20			39.64	0.00	0.00	39.64

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	39.64	0.00	0.00	39.64

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
67816	SURGERY CLINIC SUPPLIES	10/21/20	10/15/20	11/21/20			39.00	0.00	0.00	39.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	39.00	0.00	0.00	39.00

Vendor#	Vendor Name	Class	Pay Code
M2178	MCKESSON MEDICAL SURGICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
65846993	LAB SUPPLIES	10/26/20	10/08/20	11/21/20			3,744.00	0.00	0.00	3,744.00
65990813	LAB SUPPLIES	10/26/20	10/09/20	11/21/20			1,226.58	0.00	0.00	1,226.58
66970328	HEALTHFAIR EXPENSE	10/31/20	10/27/20	11/21/20			39.34	0.00	0.00	39.34
67118974	HEALTHFAIR EXPENSE	10/31/20	10/29/20	11/21/20			205.25	0.00	0.00	205.25
66091838	SUPPLIES SURGERY	11/23/20	10/13/20	11/15/20			16.86	0.00	0.00	16.86
67197527	SUPPLIES LAB	11/23/20	10/30/20	11/15/20			25.60	0.00	0.00	25.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	5,257.63	0.00	0.00	5,257.63

Vendor#	Vendor Name	Class	Pay Code
M2320	MEDIBADGE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
686028	SUPPLIES LAB	10/31/20	10/23/20	11/22/20			117.95	0.00	0.00	117.95
686706	SUPPLIES ER	11/12/20	10/29/20	11/28/20			66.20	0.00	0.00	66.20

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2320	MEDIBADGE	184.15	0.00	0.00	184.15

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
108953228	SUPPLIES SURGERY	10/21/20	10/14/20	11/21/20			113.64	0.00	0.00	113.64
1089252165	SUPPLIES NURSERY	10/31/20	09/28/20	11/21/20			27.94	0.00	0.00	27.94

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	141.58	0.00	0.00	141.58

Vendor#	Vendor Name				Class	Pay Code				
M2499	MEDTRONIC USA, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	251775396		10/27/20	10/19/20	11/21/20		147.25	0.00	0.00	147.25
		SUPPLIES SURGERY								
	2521883835		10/27/20	10/26/20	11/25/20		147.25	0.00	0.00	147.25
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2499	MEDTRONIC USA, INC.				294.50	0.00	0.00	294.50
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
	20491		11/18/20	11/18/20	11/21/20		180.00	0.00	0.00	180.00
		EMPLOYEE CO PAYS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				180.00	0.00	0.00	180.00
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
	1778574		10/26/20	10/13/20	11/21/20		75.43	0.00	0.00	75.43
		LAB SUPPLIES								
	1780016		10/31/20	10/19/20	11/21/20		270.91	0.00	0.00	270.91
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10182	MERCEDES MEDICAL				346.34	0.00	0.00	346.34
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
	7007816478		10/09/20	09/15/20	11/21/20		678.77	0.00	0.00	678.77
		PHARMACY DRUGS								
	7007818859		10/09/20	09/15/20	11/21/20		1,570.52	0.00	0.00	1,570.52
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10904	MERCK SHARP & DOHME CORP				2,249.29	0.00	0.00	2,249.29
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
	30094135290		10/27/20	10/19/20	11/21/20		158.84	0.00	0.00	158.84
		SUPPLIES SURGERY								
	30094136883		10/27/20	10/21/20	11/21/20		784.66	0.00	0.00	784.66
		SUPPLIES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				943.50	0.00	0.00	943.50
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
	NOVEMBER92015		11/12/20	11/09/20	11/09/20		26,792.46	0.00	0.00	26,792.46
		EMPLOYEE MEDICAL CLAIMS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				26,792.46	0.00	0.00	26,792.46
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
CM66426		11/18/20	11/17/20	11/21/20			-911.72	0.00	0.00	-911.72
	PHARMACY CREDIT									
8147398		11/18/20	11/17/20	11/21/20			36.75	0.00	0.00	36.75
	PHARMACY DRUGS									
8147399		11/18/20	11/17/20	11/21/20			487.08	0.00	0.00	487.08
	PHARMACY DRUGS									
8147400		11/18/20	11/17/20	11/21/20			150.74	0.00	0.00	150.74
	PHARMACY DRUGS									
8149509		11/20/20	11/18/20	11/19/20			178.16	0.00	0.00	178.16
	PHARMACY DRUGS									
8149272		11/20/20	11/18/20	11/19/20			370.45	0.00	0.00	370.45
	PHARMACY DRUGS									
8149510		11/20/20	11/18/20	11/19/20			376.35	0.00	0.00	376.35
	PHARMACY DRUGS									
8149508		11/20/20	11/18/20	11/19/20			110.98	0.00	0.00	110.98
	FOOD SUPPLIES DIETARY									
8156908		11/23/20	11/19/20	11/20/20			6.42	0.00	0.00	6.42
	PHARMACY DRUGS									
8156911		11/23/20	11/19/20	11/20/20			35.32	0.00	0.00	35.32
	PHARMACY DRUGS									
8156909		11/23/20	11/19/20	11/20/20			29.69	0.00	0.00	29.69
	PHARMACY DRUGS									
8156910		11/23/20	11/19/20	11/20/20			462.20	0.00	0.00	462.20
	PHARMACY DRUGS									
8160929		11/23/20	11/20/20	11/21/20			1,260.23	0.00	0.00	1,260.23
	PHARMACY DRUGS									
8160930		11/23/20	11/20/20	11/21/20			78.41	0.00	0.00	78.41
	PHARMACY DRUGS									
8160928		11/23/20	11/20/20	11/21/20			901.09	0.00	0.00	901.09
	PHARMACY DRUGS									
8161760		11/23/20	11/20/20	11/21/20			8.53	0.00	0.00	8.53
	PHARMACY DRUGS									
8159706		11/23/20	11/20/20	11/21/20			2.27	0.00	0.00	2.27
	PHARMACY DRUGS									
8161761		11/23/20	11/20/20	11/21/20			77.51	0.00	0.00	77.51
	PHARMACY DRUGS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	3,660.46	0.00	0.00	3,660.46

Vendor#	Vendor Name	Class	Pay Code
M4250	MORTAN INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
259119		10/27/20	10/21/20	11/21/20			80.38	0.00	0.00	80.38
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M4250	MORTAN INC	80.38	0.00	0.00	80.38

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-192337		09/24/20	09/12/20	11/21/20			1,944.00	0.00	0.00	1,944.00
	CONTRACT NURSING									

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10862	NIGHTINGALE NURSES, LLC				1,944.00	0.00	0.00	1,944.00

Vendor#	Vendor Name	Class	Pay Code
10868	NOVA BIOMEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
90183336	FREIGHT EXP LAB	11/16/20	10/15/20	11/21/20			11.99	0.00	0.00	11.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL	11.99	0.00	0.00	11.99

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
799578007001	SUPPLIES MEDICAL RECORD	10/26/20	10/14/20	11/21/20			61.74	0.00	0.00	61.74
799589272001	OFFICE SUPPLIES LAB	10/26/20	10/14/20	11/21/20			86.92	0.00	0.00	86.92
802501110001	OFFICE SUPPLIES XRAY	11/06/20	10/28/20	11/27/20			61.74	0.00	0.00	61.74
802499268001	OFFICE SUPPLIES XRAY	11/06/20	10/28/20	11/27/20			61.74	0.00	0.00	61.74
802758022001	SUPPLIES CLINIC	11/23/20	10/29/20	11/28/20			185.22	0.00	0.00	185.22

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT	457.36	0.00	0.00	457.36

Vendor#	Vendor Name	Class	Pay Code
O1410	ON-SITE TESTING SPECIALISTS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21112	SUPPLIES LAB	10/26/20	10/13/20	11/21/20			355.00	0.00	0.00	355.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1410	ON-SITE TESTING SPECIALISTS	355.00	0.00	0.00	355.00

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
210637	OUTSIDE SRV PLANT OPS	11/12/20	11/07/20	11/25/20			45.00	0.00	0.00	45.00
210636	outside srv.						250.00			250.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10777	OSCAR TORRES	~~45.00~~	0.00	0.00	~~45.00~~ 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
2010722330	SUPPLIES PT & SURGERY	10/21/20	10/13/20	11/21/20			530.03	0.00	0.00	530.03
2010718083	SUPPLIES CARDIO & OB	10/21/20	10/13/20	11/21/20			279.58	0.00	0.00	279.58
2010726010	CS INVENTORY	10/21/20	10/13/20	11/21/20			1,798.41	0.00	0.00	1,798.41
2010718379	CS INVENTORY	10/21/20	10/13/20	11/21/20			48.20	0.00	0.00	48.20
2010718626	CS INVENTORY	10/21/20	10/13/20	11/21/20			253.85	0.00	0.00	253.85
2010720569		10/21/20	10/13/20	11/21/20			98.78	0.00	0.00	98.78

	SUPPLIES MED SURG					
2010799121 ✓	10/21/20 10/15/20 11/21/20	3.45	0.00	0.00	3.45 ✓	
	SUPPLIES DIETARY					
2010804952 ✓	10/21/20 10/15/20 11/21/20	1,516.40	0.00	0.00	1,516.40 ✓	
	SUPPLIES VARIOUS DEPTS					
2010799140 ✓	10/21/20 10/15/20 11/21/20	22.04	0.00	0.00	22.04 ✓	
	SUPPLIES PT					
2010722320 ✓	10/21/20 10/21/20 11/21/20	1,029.65	0.00	0.00	1,029.65 ✓	
	SUPPLIES VARIOUS DEPTS					
2010795193 ✓	10/27/20 10/15/20 11/21/20	54.93	0.00	0.00	54.93 ✓	
	SUPPLIES CLINIC					
2010932368 ✓	10/27/20 10/20/20 11/21/20	2,131.85	0.00	0.00	2,131.85 ✓	
	SUPPLIES VARIOUS DEPTS					
2010925755 ✓	10/27/20 10/20/20 11/21/20	12.44	0.00	0.00	12.44 ✓	
	CS INVENTORY					
2010927038 ✓	10/27/20 10/20/20 11/21/20	5.05	0.00	0.00	5.05 ✓	
	CS INVENTORY					
2010926796 ✓	10/27/20 10/20/20 11/21/20	21.25	0.00	0.00	21.25 ✓	
	SUPPLIES DIETARY					
2010925220 ✓	10/27/20 10/20/20 11/21/20	51.35	0.00	0.00	51.35 ✓	
	CS INVENTORY					
2010933407 ✓	10/27/20 10/20/20 11/21/20	1,343.64	0.00	0.00	1,343.64 ✓	
	CS INVENTORY					
2010925722 ✓	10/27/20 10/20/20 11/21/20	312.90	0.00	0.00	312.90 ✓	
	SUPPLIES SURGERY					
2011026904 ✓	10/27/20 10/22/20 11/21/20	53.91	0.00	0.00	53.91 ✓	
	SUPPLIES SURGERY					
2011032085 ✓	10/27/20 10/22/20 11/21/20	1,935.43	0.00	0.00	1,935.43 ✓	
	CS INVENTORY					
2011023730 ✓	10/27/20 10/22/20 11/21/20	62.50	0.00	0.00	62.50 ✓	
	SUPPLIES MED SURG					
2011031509 ✓	10/27/20 10/22/20 11/21/20	501.22	0.00	0.00	501.22 ✓	
	SUPPLIES VARIOUS DEPTS					
2011150728 ✓	10/31/20 10/27/20 11/26/20	1,508.51	0.00	0.00	1,508.51 ✓	
	CS INVENTORY					
2011143621 ✓	10/31/20 10/27/20 11/26/20	76.82	0.00	0.00	76.82 ✓	
	SUPPLIES SURGERY					
2011145638 ✓	10/31/20 10/27/20 11/26/20	26.96	0.00	0.00	26.96 ✓	
	CS INVENTORY					
2011144359 ✓	10/31/20 10/27/20 11/26/20	57.07	0.00	0.00	57.07 ✓	
	CS INVENTORY					
2011145120 ✓	10/31/20 10/27/20 11/26/20	127.90	0.00	0.00	127.90 ✓	
	CS INVENTORY					
2011143824 ✓	10/31/20 10/27/20 11/26/20	44.98	0.00	0.00	44.98 ✓	
	CS INVENTORY					
2011150272 ✓	10/31/20 10/27/20 11/26/20	1,501.19	0.00	0.00	1,501.19 ✓	
	SUPPLIES VARIOUS DEPTS					
2011143299 ✓	10/31/20 10/27/20 11/26/20	7.00	0.00	0.00	7.00 ✓	
	CS INVENTORY					
2011234630 ✓	10/31/20 10/29/20 11/28/20	753.09	0.00	0.00	753.09 ✓	
	SURGERY & XRAY SUPPLIES					

2011229443 ✓	10/31/20	10/29/20	11/28/20		227.83	0.00	0.00	227.83 ✓
SUPPLIES SURGERY								
2011230862 ✓	10/31/20	10/29/20	11/28/20		32.04	0.00	0.00	32.04 ✓
SUPPLIES SURGERY								
2011228001 ✓	10/31/20	10/29/20	11/28/20		121.64	0.00	0.00	121.64 ✓
CS INVENTORY & SURGERY S								
2011235003 ✓	10/31/20	10/29/20	11/28/20		1,232.88	0.00	0.00	1,232.88 ✓
CS INVENTORY & INFECT COI								
2011227574 ✓	10/31/20	10/29/20	11/28/20		54.93	0.00	0.00	54.93 ✓
SUPPLIES MED SURG								
2010529677 ✓	11/06/20	10/06/20	11/21/20		225.10	0.00	0.00	225.10 ✓
CS INVENTORY								
2010530077 ✓	11/06/20	10/06/20	11/21/20		317.40	0.00	0.00	317.40 ✓
SUPPLIES SURGERY								
2010797079 ✓	11/06/20	10/15/20	11/21/20		17.25	0.00	0.00	17.25 ✓
SUPPLIES DIETARY								
2011227419 ✓	11/06/20	10/29/20	11/28/20		154.11	0.00	0.00	154.11 ✓
SUPPLIES OB & MED SURG								
8000044801 ✓	11/20/20	09/30/20	11/21/20		4.43	0.00	0.00	4.43 ✓
FINANCE CHARGE								
Vendor Totals Number Name					Gross	Discount	No-Pay	Net
OM425 OWENS & MINOR					18,557.99	0.00	0.00	18,557.99

Vendor#	Vendor Name	Class	Pay Code
10606	PENLON, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
OP/0005305 ✓		10/22/20	10/15/20	11/21/20			198.00	0.00	0.00	198.00
REPAIRS SURGERY										

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10606	PENLON, INC	198.00	0.00	0.00	198.00 ✓

Vendor#	Vendor Name	Class	Pay Code
P1260	PENTAX MEDICAL COMPANY ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
92050314 ✓		10/21/20	10/12/20	11/21/20			153.31	0.00	0.00	153.31
SUPPLIES SURGERY										

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
P1260	PENTAX MEDICAL COMPANY	153.31	0.00	0.00	153.31 ✓

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
A1435291 ✓		10/21/20	10/15/20	11/21/20			307.00	0.00	0.00	307.00
PHARMACY DRUGS										

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10204	PHARMEDIUM SERVICES LLC	307.00	0.00	0.00	307.00 ✓

Vendor#	Vendor Name	Class	Pay Code
10032	PHILIPS HEALTHCARE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
931854626 ✓		11/12/20	10/29/20	11/28/20			2,626.58	0.00	0.00	2,626.58 ✓
MAINT CONT NUC MED										
931687065 ✓		11/16/20	09/28/20	11/21/20			2,626.58	0.00	0.00	2,626.58 ✓
MAINT CONTR NUC MED										

Vendor Totals Number	Name	Gross	Discount	No-Pay	Net
10032	PHILIPS HEALTHCARE	5,253.16	0.00	0.00	5,253.16

Vendor#	Vendor Name				Class	Pay Code				
11135	PIONEER PRODUCTS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	SI-84121		10/31/20	09/24/20	10/24/20		308.88	0.00	0.00	308.88
		SUPPLIES DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11135	PIONEER PRODUCTS, INC				308.88	0.00	0.00	308.88
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
	035134		10/29/20	10/13/20	11/21/20		173.79	0.00	0.00	173.79
		OFFICE SUPPLIES LAB								
	CREDT000305		10/31/20	10/27/20	11/26/20		-44.05	0.00	0.00	-44.05
		CREDIT CS INVENTORY								
	036884		11/10/20	10/29/20	11/28/20		1,312.61	0.00	0.00	1,312.61
		CS INVENTORY & LAB SUPPL								
	036059		11/16/20	10/21/20	11/21/20		434.45	0.00	0.00	434.45
		CS INVENTORY & XRAY SUPF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10541	PLATINUM CODE				1,876.80	0.00	0.00	1,876.80
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
	1058843		10/31/20	10/19/20	11/21/20		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				
10114	~~PORT LAVACA CHAMBER OF COMMERC~~									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	~~1001~~		11/20/20	01/01/20	11/21/20		~~375.00~~	~~0.00~~	~~0.00~~	~~375.00~~
		~~LEADERSHIP TUITION~~						TOOK OFF PER VICKI		
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		~~10114 PORT LAVACA CHAMBER OF COMMERC~~					~~375.00~~	~~0.00~~	~~0.00~~	~~375.00~~
Vendor#	Vendor Name				Class	Pay Code				
11125	PORT LAVACA RETAIL GROUP LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20497		11/20/20	11/19/20	11/19/20		11,001.20	0.00	0.00	11,001.20
		RENTAL PT & BEHAVE HEALT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11125	PORT LAVACA RETAIL GROUP LLC				11,001.20	0.00	0.00	11,001.20
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
	20478		11/12/20	10/31/20	11/30/20		2,685.29	0.00	0.00	2,685.29
		ADVERTISING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE				2,685.29	0.00	0.00	2,685.29
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

B16843	10/31/20	10/29/20	11/28/20		11.20	0.00	0.00	11.20
SUPPLIES PLANT OPS								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC			11.20	0.00	0.00	11.20
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
3145847		10/21/20	10/13/20	11/21/20		46.01	0.00	0.00	46.01
	CS INVENTORY								
3153382		10/29/20	10/20/20	11/21/20		59.24	0.00	0.00	59.24
	CS INVENTORY								
3156480		10/29/20	10/21/20	11/21/20		287.04	0.00	0.00	287.04
	SUPPLIES MAMMO								
3161761		10/31/20	10/27/20	11/26/20		275.58	0.00	0.00	275.58
	CS INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)				667.87	0.00	0.00	667.87
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
120115		11/23/20	11/17/20	11/17/20		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				
10889	PROCESSOR & CHEMICAL SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
34391		11/12/20	10/14/20	11/21/20		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				
10896	QIAGEN INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
97172725		10/31/20	10/14/20	11/21/20		247.13	0.00	0.00	247.13
	LAB SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10896	QIAGEN INC				247.13	0.00	0.00	247.13
Vendor#	Vendor Name			Class	Pay Code				
11137	REALITY MEDICAL IMAGING OF TX								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
1174		11/20/20	01/01/20	01/01/20		2,817.50	0.00	0.00	2,817.50
	MAINT CONTR XRAY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11137	REALITY MEDICAL IMAGING OF TX				2,817.50	0.00	0.00	2,817.50
Vendor#	Vendor Name			Class	Pay Code				
10844	RECALL SECURE DESTRUCTION SRV								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4586000452		11/12/20	10/24/20	11/23/20		190.95	0.00	0.00	190.95
	OUTISIDE SRV ADMIN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10844	RECALL SECURE DESTRUCTION SRV				190.95	0.00	0.00	190.95

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
	20494		11/18/20	10/31/20	11/30/20		69.50	0.00	0.00	69.50
		COLLECTION EXP BUS OFFIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1321	RECEIVABLE MANAGEMENT, INC				69.50	0.00	0.00	69.50
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
	928137631		10/31/20	10/27/20	11/26/20		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-6443		11/12/20	10/31/20	11/30/20		2,144.65	0.00	0.00	2,144.65
		MAINT CONTR HIM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10987	REVCYCLE+, INC.				2,144.65	0.00	0.00	2,144.65
Vendor#	Vendor Name				Class	Pay Code				
I0520	RICOH USA, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	95732611		11/12/20	10/31/20	11/21/20		5,425.00	0.00	0.00	5,425.00
		COPIER LEASE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I0520	RICOH USA, INC.				5,425.00	0.00	0.00	5,425.00
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
	905104074		09/24/20	09/15/20	11/21/20		649.68	0.00	0.00	649.68
		PHARMACY DRUGS								
	905221474		10/21/20	09/24/20	11/23/20		204.23	0.00	0.00	204.23
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1001	SANOFI PASTEUR INC				853.91	0.00	0.00	853.91
Vendor#	Vendor Name				Class	Pay Code				
S1103	SCIENTIFIC DEVICE LABS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	36816-C12141		10/31/20	10/23/20	11/22/20		63.37	0.00	0.00	63.37
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1103	SCIENTIFIC DEVICE LABS				63.37	0.00	0.00	63.37
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
	2555-1		10/31/20	10/23/20	11/22/20		184.06	0.00	0.00	184.06
		SUPPLIES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS				184.06	0.00	0.00	184.06

Vendor#	Vendor Name				Class	Pay Code				
10995	SHIFTHOUND ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1510088		10/31/20	10/31/20	11/30/20		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				
K0536	SHIRLEY KARNEI									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20501		11/23/20	11/22/20	11/22/20		1,151.80	0.00	0.00	1,151.80 ✓
		OUTSIDE SRV TRANSCRIPTIC 11/9 - 11/22/15								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		K0536	SHIRLEY KARNEI ✓				1,151.80	0.00	0.00	1,151.80
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
	4522438 ✓		11/23/20	11/06/20	11/24/20		1,350.66	0.00	0.00	1,350.66 ✓
		LEASE & RENTAL LAB and Late Fee								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES ✓				1,350.66	0.00	0.00	1,350.66
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
	115220383 ✓		11/12/20	10/30/20	11/29/20		633.33	0.00	0.00	633.33 ✓
		MAINT CONTR MAMMO								
	115207872 ✓		11/16/20	09/29/20	11/21/20		633.33	0.00	0.00	633.33 ✓
		MAINT CONT MAMMO								
	115217224 ✓		11/16/20	10/19/20	11/21/20		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 ✓				2,098.91	0.00	0.00	2,098.91
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
	195331 ✓		11/12/20	11/01/20	11/21/20		390.00	0.00	0.00	390.00 ✓
		ADVERTISING								
	195271 ✓		11/12/20	11/01/20	11/21/20		1,260.00	0.00	0.00	1,260.00 ✓
		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
	92529539 ✓		10/21/20	10/12/20	11/21/20		507.19	0.00	0.00	507.19 ✓
		SUPPLIES SURGERY								
	92560881 ✓		10/31/20	10/26/20	11/25/20		990.00	0.00	0.00	990.00 ✓
		SURGERY SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW ✓				1,497.19	0.00	0.00	1,497.19
Vendor#	Vendor Name				Class	Pay Code				
S2353	SMITHS MEDICAL ASD INC									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
14294498		10/31/20	10/27/20	11/26/20			16.71	0.00	0.00	16.71
	ER REPAIRS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC					16.71	0.00	0.00	16.71

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
90016005		10/31/20	10/19/20	11/21/20			-2,700.00	0.00	0.00	-2,700.00
	BLOOD BANK CREDIT									
90016068		10/31/20	10/19/20	11/21/20			7,370.00	0.00	0.00	7,370.00
	BLOOD BANK SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2400	SO TEX BLOOD & TISSUE CENTER					4,670.00	0.00	0.00	4,670.00

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
855131		10/31/20	10/12/20	11/21/20			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
2586955		10/27/20	10/20/20	11/21/20			5,163.74	0.00	0.00	5,163.74
	SUPPLIES SURGERY									
2590118		10/31/20	10/23/20	11/22/20			166.42	0.00	0.00	166.42
	SUPPLIES SURGERY									
2590985		11/12/20	10/24/20	11/23/20			-66.00	0.00	0.00	-66.00
	CREDIT SURGERY SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY					5,264.16	0.00	0.00	5,264.16

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
511052930		11/18/20	11/05/20	11/25/20			1,015.74	0.00	0.00	1,015.74
	FOOD SUPPLIES DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF					1,015.74	0.00	0.00	1,015.74

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-5724		11/12/20	10/31/20	11/30/20			4,555.00	0.00	0.00	4,555.00
	MAINT 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
10611	TELE-PHYSICIANS, P.A. (TX)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TX0001213		11/20/20	10/30/20	10/30/20			1,200.00	0.00	0.00	1,200.00
	PROF FEES ER									

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10611	TELE-PHYSICIANS, P.A. (TX) ✓				1,200.00	0.00	0.00	1,200.00

Vendor#	Vendor Name	Class	Pay Code
T1885	TEXAS DEPARTMENT OF PUBLIC SAF	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20498		11/20/20	11/17/20	11/17/20		~~298.25~~	0.00	0.00	~~298.25~~ 297.00
	OUTSIDE SRV HR Background Checks 3 x 99								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1885	TEXAS DEPARTMENT OF PUBLIC SAF	~~298.25~~	0.00	0.00	~~298.25~~ 297.00

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
~~012192~~		10/31/20	10/17/20	11/21/20		2,109.00	0.00	0.00	2,109.00 ✓
	CONTRACT NURSING 10/13, 14, 15, 17/2015								
012195		10/31/20	10/24/20	11/23/20		1,521.50	0.00	0.00	1,521.50
	CONTRACT NURSING								TAKE OFF PER VICKI

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10954	TEXAS PRN	3,630.50	0.00	0.00	~~3,630.50~~ 2,109.00

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
20492		11/18/20	11/18/20	11/21/20		123.52	0.00	0.00	123.52
	STUDENT LOAN GARANISHMI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2303	TG	123.52	0.00	0.00	123.52 ✓

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
340360522 ✓		11/18/20	11/13/20	11/21/20		1,060.36	0.00	0.00	1,060.36
	OUTSIDE SRV PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,060.36	0.00	0.00	1,060.36 ✓

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
20483		11/16/20	10/31/20	11/25/20		168.86	0.00	0.00	168.86 ✓
	ADVERTISING								
20484		11/16/20	11/01/20	11/21/20		24.80	0.00	0.00	24.80 ✓
	DUES & SUBCRIPTIONS ADMI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE	193.66	0.00	0.00	193.66

Vendor#	Vendor Name	Class	Pay Code
10732	THERACOM, LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
131933239-301 ✓		10/31/20	09/19/20	11/21/20		1,274.00	0.00	0.00	1,274.00
	PHARMACY DRUGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC	1,274.00	0.00	0.00	1,274.00 ✓

Vendor#	Vendor Name	Class	Pay Code
T2250	THYSSENKRUPP ELEVATOR CORP ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3002183270 ✓		11/12/20	11/01/20	11/25/20		1,112.28	0.00	0.00	1,112.28 ✓

MAINT CONTR 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
15073		10/31/20	10/26/20	11/25/20			995.13	0.00	0.00	995.13
	CONTRACT NURSING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING	995.13	0.00	0.00	995.13

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
10184099		11/16/20	10/04/20	11/21/20			9,000.00	0.00	0.00	9,000.00
	MAINT CONTR CT SCAN									
10130948		11/18/20	10/21/20	11/21/20			9,874.50	0.00	0.00	9,874.50
	MAINT CONTR CT SCAN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1724	TOSHIBA AMERICA MEDICAL SYST.	18,874.50	0.00	0.00	18,874.50

Vendor#	Vendor Name	Class	Pay Code
T3334	TRINITY PHYSICS CONSULTING LLC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
03-2868		11/16/20	09/24/20	11/21/20			3,400.00	0.00	0.00	3,400.00
	OUTSIDE SRV XRAY DEPT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T3334	TRINITY PHYSICS CONSULTING LLC	3,400.00	0.00	0.00	3,400.00

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
35FK111500		11/18/20	11/01/20	11/25/20			695.00	0.00	0.00	695.00
	OUTSIDE SRV CLINIC									
3A3X111500		11/18/20	11/01/20	11/25/20			104.00	0.00	0.00	104.00
	OUTSIDE SRV CLIINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	799.00	0.00	0.00	799.00

Vendor#	Vendor Name	Class	Pay Code
U2035	U S DIARY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5089777		11/12/20	10/28/20	11/27/20			124.49	0.00	0.00	124.49
	OFFICE SUPPLIES ADMIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U2035	U S DIARY	124.49	0.00	0.00	124.49

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
8150709266		10/31/20	10/27/20	11/26/20			46.60	0.00	0.00	46.60
	OUTSIDE SRV MAINT									
8150709369		10/31/20	10/27/20	11/26/20			28.50	0.00	0.00	28.50
	OUTSIDE SRV BIO MED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	75.10	0.00	0.00	75.10

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
	8400205752		10/31/20	10/23/20	11/22/20		487.11	0.00	0.00	487.11
		LAUNDRY SURGERY								
	8400205794		10/31/20	10/23/20	11/22/20		987.40	0.00	0.00	987.40
		LAUNDRY HOUSEKEEPING								
	8400205919		10/31/20	10/27/20	11/26/20		175.14	0.00	0.00	175.14
		LAUNDRY DIETARY								
	8400205918		10/31/20	10/27/20	11/26/20		213.73	0.00	0.00	213.73
		LAUNDRY HOUSEKEEPING								
	8400205921		10/31/20	10/27/20	11/26/20		120.41	0.00	0.00	120.41
		LAUNDRY HOUSEKEEPING								
	8400205920		10/31/20	10/27/20	11/26/20		104.21	0.00	0.00	104.21
		LAUNDRY OB								
	8400205917		10/31/20	10/27/20	11/26/20		204.18	0.00	0.00	204.18
		LAUNDRY HOUSEKEEPING								
	8400205972		10/31/20	10/27/20	11/26/20		1,169.72	0.00	0.00	1,169.72
		LAUNDRY HOUSEKEEPING								
	8400205960		10/31/20	10/27/20	11/26/20		154.10	0.00	0.00	154.10
		LAUNDRY DIETARY								
	8400206300		10/31/20	10/30/20	11/29/20		922.30	0.00	0.00	922.30
		LAUNDRY HOUSEKEEPING								
	8400206259		10/31/20	10/30/20	11/29/20		510.73	0.00	0.00	510.73
		LAUNDRY SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC				5,049.03	0.00	0.00	5,049.03
Vendor#	Vendor Name				Class	Pay Code				
10450	UNIT DRUG CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	19913		10/27/20	10/21/20	11/21/20		42.95	0.00	0.00	42.95
		SUPPLIES NURSERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10450	UNIT DRUG CO, LLC				42.95	0.00	0.00	42.95
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
	897396083		10/31/20	10/19/20	11/21/20		65.61	0.00	0.00	65.61
		SUPPLIES DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1200	UNITED AD LABEL CO INC				65.61	0.00	0.00	65.61
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
	12/1/2015		11/20/20	11/11/20	11/30/20		5,694.46	0.00	0.00	5,694.46
		LG TERM DISABILITY INS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U0414	UNUM LIFE INS CO OF AMERICA				5,694.46	0.00	0.00	5,694.46
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
	3254549		11/18/20	10/16/20	11/21/20		100.07	0.00	0.00	100.07

	SUPPLIES DIETARY								
3648264		11/18/20	11/01/20	11/21/20		57.16	0.00	0.00	57.16
	FOOD SUPPLIES DIETARY								
3525244		11/18/20	11/02/20	11/23/20		2,566.25	0.00	0.00	2,566.25
	FOOD SUPPLIES DIETARY								
3613297		11/18/20	11/05/20	11/25/20		104.11	0.00	0.00	104.11
	SUPPLIES DIETARY								
3590408		11/18/20	11/05/20	11/25/20		2,435.31	0.00	0.00	2,435.31
	FOOD SUPPLIES DIETARY								
3653612		11/18/20	11/09/20	11/29/20		2,905.71	0.00	0.00	2,905.71
	FOOD SUPPLIES DIETARY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE				8,168.61	0.00	0.00	8,168.61
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
	552671311/15		11/16/20	11/07/20	11/30/20		1,437.17	0.00	0.00	1,437.17
	TELEPHONE EXPENSE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	V0555	VERIZON SOUTHWEST				1,437.17	0.00	0.00	1,437.17
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
	15100284		11/12/20	10/31/20	11/30/20		160.00	0.00	0.00	160.00
	ADVERTISING									
	15100281		11/12/20	10/31/20	11/30/20		260.00	0.00	0.00	260.00
	ADVERTISING									
	15100282		11/12/20	10/31/20	11/30/20		260.00	0.00	0.00	260.00
	ADVERTISING									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD				680.00	0.00	0.00	680.00
Vendor#	Vendor Name				Class	Pay Code			
10915	WAGEWORKS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20493		11/18/20	11/18/20	11/21/20		1,725.28	0.00	0.00	1,725.28
	FUNDING FOR FLEX SPENDIN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10915	WAGEWORKS				1,725.28	0.00	0.00	1,725.28
Vendor#	Vendor Name				Class	Pay Code			
10943	WALLER,LANSDEN, DORTCH & DAVIS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	10580660		11/12/20	10/31/20	11/30/20		3,501.02	0.00	0.00	3,501.02
	LEGAL SERVICES ADMIN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS				3,501.02	0.00	0.00	3,501.02
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
	107473		10/31/20	10/26/20	11/25/20		34.00	0.00	0.00	34.00
	SUPPLIES SURGICAL CLINIC									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	W1040	WATERMARK GRAPHICS INC				34.00	0.00	0.00	34.00

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
79-3968492		10/21/20	10/13/20	11/21/20			198.90	0.00	0.00	198.90
	SUPPLIES PLANT OPS									
0079-5168273		11/16/20	09/30/20	11/21/20			62.90	0.00	0.00	62.90
	FREIGHT EXP XRAY									
79-3945164		11/18/20	10/01/20	11/21/20			68.31	0.00	0.00	68.31
	SUPPLIES PLANT OPS									
79-3956290		11/18/20	10/23/20	11/22/20			2.86	0.00	0.00	2.86
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10325	WHOLESALE ELECTRIC SUPPLY	332.97	0.00	0.00	332.97

Vendor#	Vendor Name	Class	Pay Code
W1270	WISCONSIN STATE LABORATORY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
437596		11/12/20	10/31/20	11/30/20			613.00	0.00	0.00	613.00
	DUES & SUBSCRIPTIONS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1270	WISCONSIN STATE LABORATORY	613.00	0.00	0.00	613.00

Vendor#	Vendor Name	Class	Pay Code
Y1000	YOUNG PLUMBING CO	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
149734		11/18/20	10/28/20	11/25/20			556.50	0.00	0.00	556.50
	REPAIRS MAINT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Y1000	YOUNG PLUMBING CO	556.50	0.00	0.00	556.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	~~347,189.87~~	0.00	0.00	347,189.87

pg 4 correction < .38>
pg 18 correction + 250.00
pg 21 correction <375.00>
pg 26 correction <1521.50>
pg 26 correction < 1.25>

345,541.74

12-4-15

CKS # 163864
+o
164024

APPROVED ON
NOV 23 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:11/24/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:29 CHECK REGISTER GLCKREG
11/24/15 THRU 11/24/15

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
	A/P	163864	11/24/15	155.19	CUSTOM MEDICAL SPECIALTIES
	A/P	163865	11/24/15	1,137.22	BECTON, DICKINSON & CO (BD)
	A/P	163866	11/24/15	5,253.16	PHILIPS HEALTHCARE
	A/P	163867	11/24/15	152.25	ERBE USA INC SURGICAL SYSTEMS
	A/P	163868	11/24/15	8,168.61	US FOOD SERVICE
	A/P	163869	11/24/15	346.34	MERCEDES MEDICAL
	A/P	163870	11/24/15	307.00	PHARMEDIUM SERVICES LLC
	A/P	163871	11/24/15	445.83	4IMPRINT
	A/P	163872	11/24/15	8,231.24	GE HEALTHCARE
	A/P	163873	11/24/15	750.00	JAMES A DANIEL
	A/P	163874	11/24/15	8,333.33	HITACHI MEDICAL SYSTEMS
	A/P	163875	11/24/15	332.97	WHOLESALE ELECTRIC SUPPLY
	A/P	163876	11/24/15	2,073.36	PRINCIPAL LIFE
	A/P	163877	11/24/15	1,676.91	HEALTH CARE LOGISTICS INC
	A/P	163878	11/24/15	2,413.48	CENTURION MEDICAL PRODUCTS
	A/P	163879	11/24/15	.00	VOIDED
	A/P	163880	11/24/15	2,285.45	DEWITT POTH & SON
	A/P	163881	11/24/15	667.87	PRECISION DYNAMICS CORP (PDC)
	A/P	163882	11/24/15	42.95	UNIT DRUG CO, LLC
	A/P	163883	11/24/15	.00	VOIDED
	A/P	163884	11/24/15	3,660.46	MORRIS & DICKSON CO, LLC
	A/P	163885	11/24/15	1,876.80	PLATINUM CODE
	A/P	163886	11/24/15	195.00	EMPLOYEE ACTIVITIES TEAM
	A/P	163887	11/24/15	7,280.00	BKD, LLP
	A/P	163888	11/24/15	198.00	PENLON, INC
	A/P	163889	11/24/15	1,200.00	TELE-PHYSICIANS, P.A. (TX)
	A/P	163890	11/24/15	16,218.06	GLAXOSMITHKLINE PHARMACUETICAL
	A/P	163891	11/24/15	290.74	CENTURYLINK
	A/P	163892	11/24/15	551.74	FIVE STAR STERILIZER SERVICES
	A/P	163893	11/24/15	1,650.00	SIGN AD, LTD.
	A/P	163894	11/24/15	1,274.00	THERACOM, LLC
	A/P	163895	11/24/15	5,264.16	STRYKER SUSTAINABILITY
	A/P	163896	11/24/15	295.00	OSCAR TORRES
	A/P	163897	11/24/15	26,792.46	MMC EMPLOYEE BENEFIT PLAN
	A/P	163898	11/24/15	190.95	RECALL SECURE DESTRUCTION SRV
	A/P	163899	11/24/15	1,944.00	NIGHTINGALE NURSES, LLC
	A/P	163900	11/24/15	11.99	NOVA BIOMEDICAL
	A/P	163901	11/24/15	95.00	PROCESSOR & CHEMICAL SERVICES
	A/P	163902	11/24/15	247.13	QIAGEN INC
	A/P	163903	11/24/15	2,249.29	MERCK SHARP & DOHME CORP
	A/P	163904	11/24/15	1,725.28	WAGEWORKS
	A/P	163905	11/24/15	14,465.43	HUNTER PHARMACY SERVICES
	A/P	163906	11/24/15	1,350.66	SIEMENS FINANCIAL SERVICES
	A/P	163907	11/24/15	6,145.37	BANK OF THE WEST
	A/P	163908	11/24/15	3,501.02	WALLER,LANSDEN, DORTCH & DAVIS
	A/P	163909	11/24/15	1,400.00	ACUTE CARE INC
	A/P	163910	11/24/15	2,109.00	TEXAS PRN
	A/P	163911	11/24/15	180.00	MEMORIAL MEDICAL CLINIC
	A/P	163912	11/24/15	1,457.50	M G TRUST
	A/P	163913	11/24/15	2,144.65	REVCYCLE+, INC.

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	163914	11/24/15	425.00	SHIFTHOUND
A/P	163915	11/24/15	75.00	FIRST CLEARING
A/P	163916	11/24/15	580.00	CALHOUN CO INDIGENT ACCT
A/P	163917	11/24/15	900.84	BIRCH COMMUNICATIONS
A/P	163918	11/24/15	799.00	TRIZETTO PROVIDER SOLUTIONS
A/P	163919	11/24/15	121.27	JERI DAVIS
A/P	163920	11/24/15	1,060.36	THE US CONSULTING GROUP
A/P	163921	11/24/15	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	163922	11/24/15	273.26	DELTA MANAGEMENT ASSO., INC.
A/P	163923	11/24/15	308.88	PIONEER PRODUCTS, INC
A/P	163924	11/24/15	2,817.50	REALITY MEDICAL IMAGING OF TX
A/P	163925	11/24/15	38.32	ABBOTT LABORATORIES
A/P	163926	11/24/15	143.92	GULF COAST HARDWARE / ACE
A/P	163927	11/24/15	32.95	ACTION LUMBER
A/P	163928	11/24/15	3,290.65	AIRGAS-SOUTHWEST
A/P	163929	11/24/15	2,230.50	ALCON LABORTORIES INC
A/P	163930	11/24/15	284.95	ALIMED INC.
A/P	163931	11/24/15	633.22	CAREFUSION
A/P	163932	11/24/15	619.62	ALPHA TEC SYSTEMS INC
A/P	163933	11/24/15	2,251.76	CARDINAL HEALTH 414,LLC
A/P	163934	11/24/15	121.03	AMTEC MEDICAL INC
A/P	163935	11/24/15	19.34	AQUA BEVERAGE COMPANY
A/P	163936	11/24/15	522.30	ARROW INTERNATIONAL INC
A/P	163937	11/24/15	44.28	AUTO PARTS & MACHINE CO.
A/P	163938	11/24/15	475.00	BARD PERIPHERAL VASCULAR
A/P	163939	11/24/15	2,149.32	BAXTER HEALTHCARE CORP
A/P	163940	11/24/15	10,189.22	BECKMAN COULTER INC
A/P	163941	11/24/15	141.82	BRIGGS HEALTHCARE
A/P	163942	11/24/15	1,081.48	BUCKEYE CLEANING CENTER
A/P	163943	11/24/15	25.00	CAL COM FEDERAL CREDIT UNION
A/P	163944	11/24/15	360.00	CAD SOLUTIONS, INC
A/P	163945	11/24/15	305.02	COLLEGE OF AMERICAN PATHOLOGIS
A/P	163946	11/24/15	18,844.91	CDW GOVERNMENT, INC.
A/P	163947	11/24/15	173.82	COOK MEDICAL INCORPORATED
A/P	163948	11/24/15	15,706.72	EVIDENT
A/P	163949	11/24/15	211.60	C R BARD, INC
A/P	163950	11/24/15	492.33	DIVERSIFIED BUSINESS SYSTEMS
A/P	163951	11/24/15	200.00	DOLPHIN TALK
A/P	163952	11/24/15	9.00	DOWNTOWN CLEANERS
A/P	163953	11/24/15	341.40	DLE PAPER & PACKAGING
A/P	163954	11/24/15	260.55	DYNATRONICS CORPORATION
A/P	163955	11/24/15	45.00	ECLIPSE TINTING & AUTO GLASS
A/P	163956	11/24/15	925.00	ENV SERVICES INC
A/P	163957	11/24/15	57.28	EMPI
A/P	163958	11/24/15	125.61	FEDERAL EXPRESS CORP.
A/P	163959	11/24/15	.00	VOIDED
A/P	163960	11/24/15	16,602.85	FISHER HEALTHCARE
A/P	163961	11/24/15	71.19	GETINGE USA
A/P	163962	11/24/15	356.19	GULF COAST PAPER COMPANY
A/P	163963	11/24/15	418.51	H E BUTT GROCERY
A/P	163964	11/24/15	58.55	H + H SYSTEM, INC.

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	163965	11/24/15	700.00	D HARRIS CONSULTING LLC
A/P	163966	11/24/15	705.00	HAYES ELECTRIC SERVICE
A/P	163967	11/24/15	123.64	INDEPENDENCE MEDICAL
A/P	163968	11/24/15	5,425.00	RICOH USA, INC.
A/P	163969	11/24/15	597.14	INTEGRATED MEDICAL SYSTEMS
A/P	163970	11/24/15	3,218.22	J & J HEALTH CARE SYSTEMS, INC
A/P	163971	11/24/15	104.12	M.C. JOHNSON COMPANY INC
A/P	163972	11/24/15	1,151.80	SHIRLEY KARNEI
A/P	163973	11/24/15	1,839.88	KONICA MINOLTA MEDICAL IMAGING
A/P	163974	11/24/15	256.50	LABCORP OF AMERICA HOLDINGS
A/P	163975	11/24/15	39.64	MARKETLAB, INC
A/P	163976	11/24/15	39.00	MARTIN PRINTING CO
A/P	163977	11/24/15	5,257.63	MCKESSON MEDICAL SURGICAL INC
A/P	163978	11/24/15	184.15	MEDIBADGE
A/P	163979	11/24/15	141.58	MEDLINE INDUSTRIES INC
A/P	163980	11/24/15	265.56	BAYER HEALTHCARE
A/P	163981	11/24/15	294.50	MEDTRONIC USA, INC.
A/P	163982	11/24/15	943.50	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	163983	11/24/15	80.38	MORTAN INC
A/P	163984	11/24/15	457.36	OFFICE DEPOT
A/P	163985	11/24/15	355.00	ON-SITE TESTING SPECIALISTS
A/P	163986	11/24/15	.00	VOIDED
A/P	163987	11/24/15	.00	VOIDED
A/P	163988	11/24/15	.00	VOIDED
A/P	163989	11/24/15	.00	VOIDED
A/P	163990	11/24/15	.00	VOIDED
A/P	163991	11/24/15	18,557.99	OWENS & MINOR
A/P	163992	11/24/15	153.31	PENTAX MEDICAL COMPANY
A/P	163993	11/24/15	125.26	POLYMEDCO INC.
A/P	163994	11/24/15	2,685.29	PORT LAVACA WAVE
A/P	163995	11/24/15	11.20	POWER ELECTRIC
A/P	163996	11/24/15	69.50	RECEIVABLE MANAGEMENT, INC
A/P	163997	11/24/15	179.88	RESPIRONICS, INC.
A/P	163998	11/24/15	853.91	SANOFI PASTEUR INC
A/P	163999	11/24/15	63.37	SCIENTIFIC DEVICE LABS
A/P	164000	11/24/15	184.06	SHERWIN WILLIAMS
A/P	164001	11/24/15	2,098.91	SIEMENS MEDICAL SOLUTIONS INC
A/P	164002	11/24/15	16.71	SMITHS MEDICAL ASD INC
A/P	164003	11/24/15	1,497.19	SMITH & NEPHEW
A/P	164004	11/24/15	4,670.00	SO TEX BLOOD & TISSUE CENTER
A/P	164005	11/24/15	340.00	STANFORD VACUUM SERVICE
A/P	164006	11/24/15	1,015.74	SYSCO FOOD SERVICES OF
A/P	164007	11/24/15	995.13	TLC STAFFING
A/P	164008	11/24/15	18,874.50	TOSHIBA AMERICA MEDICAL SYST.
A/P	164009	11/24/15	297.00	TEXAS DEPARTMENT OF PUBLIC SAF
A/P	164010	11/24/15	1,112.28	THYSSENKRUPP ELEVATOR CORP
A/P	164011	11/24/15	123.52	TG
A/P	164012	11/24/15	4,555.00	T-SYSTEM, INC
A/P	164013	11/24/15	3,400.00	TRINITY PHYSICS CONSULTING LLC
A/P	164014	11/24/15	5,694.46	UNUM LIFE INS CO OF AMERICA
A/P	164015	11/24/15	75.10	UNIFIRST HOLDINGS

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164016	11/24/15	5,049.03	UNIFIRST HOLDINGS INC
A/P	164017	11/24/15	65.61	UNITED AD LABEL CO INC
A/P	164018	11/24/15	124.49	U S DIARY
A/P	164019	11/24/15	1,437.17	VERIZON SOUTHWEST
A/P	164020	11/24/15	193.66	THE VICTORIA ADVOCATE
A/P	164021	11/24/15	680.00	VICTORIA RADIOWORKS, LTD
A/P	164022	11/24/15	34.00	WATERMARK GRAPHICS INC
A/P	164023	11/24/15	613.00	WISCONSIN STATE LABORATORY
A/P	164024	11/24/15	556.50	YOUNG PLUMBING CO
TOTALS:			345,541.74	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
11/23/2015

Nursing Home	IBC Account Number	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	93,868.54	266,538.63	-	93,768.54	-	-	266,638.63	266,538.63

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

Nursing Home	IBC Account Number	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	51,509.09	755,404.06	-	51,409.09	-	-	755,504.06	755,404.06
Crescent	4588	587,682.63	604,499.09	-	587,582.63	-	-	604,599.09	604,499.09
Broadmoor	4596	726,311.39	270,991.44	-	726,211.39	-	-	271,091.44	270,991.44
Fort Bend	4618	68,609.20	202,092.94	-	68,509.20	-	-	202,192.94	202,092.94
									1,832,987.53

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

Approved:

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

APPROVED
NOV 25 2015
COUNTY AUDITOR

12-4-15

A:\NH Weekly Transfers\NH UPL Transfer Summary 11-23-15.xlsx

IBC Bank Activity
11/16/15 through 11/22/15

Ashford Gardens					Transfer-Out	Transfer-In	
11/16/2015	)5025	4553	142	ACH CREDIT RECEIVED		3,303.83	AGING DISAB SVCS HCCLAIMPMT
11/17/2015	!5025	4553	142	ACH CREDIT RECEIVED		11,106.50	Molina HC of TX Molina HC
11/17/2015	5025	4553	142	ACH CREDIT RECEIVED		9,185.87	Molina HC of TX Molina HC
11/17/2015	3025	4553	495	OUTGOING MONEY TRANSFER	93,768.54		ASHFORD HEALTH CARE CENTER LTD
11/17/2015	,3025	4553	142	ACH CREDIT RECEIVED		28,374.66	AGING DISAB SVCS HCCLAIMPMT
11/18/2015	3025	4553	142	ACH CREDIT RECEIVED		18,191.58	AGING DISAB SVCS HCCLAIMPMT
11/19/2015	3025	4553	142	ACH CREDIT RECEIVED		13,961.54	AGING DISAB SVCS HCCLAIMPMT
11/19/2015	!5025	4553	301	COMMERCIAL DEPOSIT		87,109.41	
11/19/2015	)5025	4553	142	ACH CREDIT RECEIVED		608.63	Molina HC of TX Molina HC
11/19/2015	!5025	4553	142	ACH CREDIT RECEIVED		751.20	Molina HC of TX Molina HC
11/20/2015	5025	4553	142	ACH CREDIT RECEIVED		93,640.61	NOVITAS SOLUTION HCCLAIMPMT
11/20/2015	5025	4553	142	ACH CREDIT RECEIVED		304.80	AGING DISAB SVCS HCCLAIMPMT
					93,768.54	**266,538.63**	

Solera at West Houston					Transfer-Out	Transfer-In	
11/16/201!	5025	4561	142	ACH CREDIT RECEIVED		5,343.09	AGING DISAB SVCS HCCLAIMPMT
11/17/201!	5025	4561	142	ACH CREDIT RECEIVED		613.75	Molina HC of TX Molina HC
11/17/201!	5025	4561	495	OUTGOING MONEY TRANSFER	51,409.09		CANTEX HEALTH CARE CENTERS LLC
11/17/201!	5025	4561	142	ACH CREDIT RECEIVED		2,865.35	AGING DISAB SVCS HCCLAIMPMT
11/17/201!	5025	4561	142	ACH CREDIT RECEIVED		959.02	Molina HC of TX Molina HC
11/18/201!	5025	4561	195	INCOMING MONEY TRANSFER		663,255.91	CANTEX HEALTH CARE CENTERS III
11/19/201!	5025	4561	301	COMMERCIAL DEPOSIT		82,208.52	
11/19/201!	5025	4561	142	ACH CREDIT RECEIVED		49.21	Molina HC of TX Molina HC
11/19/201!	)5025	4561	142	ACH CREDIT RECEIVED		109.21	Molina HC of TX Molina HC
					51,409.09	**755,404.06**	

Crescent					Transfer-Out	Transfer-In	
11/17/2015	5025	4588	495	OUTGOING MONEY TRANSFER	587,582.63		CANTEX HEALTH CARE CENTERS III
11/19/2015	5025	4588	301	COMMERCIAL DEPOSIT		19,306.07	
11/20/2015	5025	4588	142	ACH CREDIT RECEIVED		4,695.85	Molina HC of TX Molina HC
11/20/2015	5025	4588	195	INCOMING MONEY TRANSFER		580,497.17	CANTEX HEALTH CARE CENTERS III
					587,582.63	**604,499.09**	

Broadmoor					Transfer-Out	Transfer-In	
11/17/2015	5025	4596	495	OUTGOING MONEY TRANSFER	726,211.39		CANTEX HEALTH CARE CENTERS III
11/18/2015	)5025	4596	195	INCOMING MONEY TRANSFER		243,365.85	CANTEX HEALTH CARE CENTERS III
11/19/2015	)502!	4596	301	COMMERCIAL DEPOSIT		27,548.79	
11/20/2015	)502!	4596	142	ACH CREDIT RECEIVED		76.80	AGING DISAB SVCS HCCLAIMPMT
					726,211.39	**270,991.44**	

Fort Bend					Transfer-Out	Transfer-In	
11/17/2015	5025	4618	142	ACH CREDIT RECEIVED		191.10	AGING DISAB SVCS HCCLAIMPMT
11/17/2015	5025	4618	495	OUTGOING MONEY TRANSFER	68,509.20		CANTEX HEALTH CARE CENTERS III
11/17/2015	5025	4618	142	ACH CREDIT RECEIVED		12,016.46	Molina HC of TX Molina HC
11/18/2015	5025	4618	195	INCOMING MONEY TRANSFER		168,611.55	CANTEX HEALTH CARE CENTERS III
11/19/2015	)5025	4618	301	COMMERCIAL DEPOSIT		21,273.83	
					68,509.20	**202,092.94**	

Account Portfolio as of 11/23/2015 9:06:38 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	$25,069.79	$25,069.79
Memorial Medical Center	4553	$266,638.63	$274,399.54
Memorial Medical Center	4561	$755,504.06	$755,504.06
Memorial Medical Center	4588	$604,599.09	$604,599.09
Memorial Medical Center	4596	$271,091.44	$271,091.44
Memorial Medical Center	4618	$202,192.94	$220,067.77
Memorial Medical Center Operat	0301	$1,323,123.19	$1,326,678.96
County of Calhoun Indigent	1101	$2,789.39	$2,789.39
Totals		**$3,451,008.53**	**$3,480,200.04**

RUN DATE:11/30/15 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:31 CHECK REGISTER and payable list GLCKREG
11/30/15 THRU 11/30/15

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000700	11/30/15	334.67	MCKESSON - HEB Pharmacy
A/P	000701	11/30/15	699.82	MCKESSON - Walmart Pharmacy
A/P	000702	11/30/15	804.70	MCKESSON - CVS Pharmacy
TOTALS:			1,839.19	

Prescription B Expenses

APPROVED
ON

NOV 30 2015

BY CT
CALHOUN COUNTY AUDITOR

Michael J Rose

12-4-15

McKESSON

Company: 8000

STATEMENT

As of: 11/27/2015

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 11/27/2015

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 11/27/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 11/27/2015

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/23/2015	12/01/2015	7717913035	1000720224	115Invoice	0.55	27.31		26.76		7717913035	
11/23/2015	12/01/2015	7717913036	1000720887	115Invoice	1.28	63.83		62.55		7717913036	
11/23/2015	12/01/2015	7717913037	1000720887	115Invoice	0.02	0.89		0.87		7717913037	
11/23/2015	12/01/2015	7717913038	1000721298	115Invoice	4.99	249.48		244.49		7717913038	

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

TOTAL:

Subtotals: 341.51 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 322.95
11/23/2015

If Paid By 12/01/2015,
Pay This Amount: 334.67 USD

If Paid After 12/01/2015,
Pay this Amount: 341.51 USD

Due If Paid On Time:
USD 334.67

Disc lost if paid late:
6.84

Due If Paid Late:
USD 341.51

ck# 700

1.30.15

APPROVED
ON
NOV 30 2015
BY CT
CALHOUN COUNTY AUDITOR

McKESSON

STATEMENT

Company: 8000

As of: 11/27/2015 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 11/27/2015

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 11/27/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 11/27/2015

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/23/2015	12/01/2015	7717903655	3454581018	115Invoice	0.96	47.85		46.89		7717903655	
11/23/2015	12/01/2015	7717903657	5753359937	115Invoice	0.32	15.91		15.59		7717903657	
11/24/2015	12/01/2015	7718131049	3454581021	115Invoice	1.93	96.67		94.74		7718131049	
11/25/2015	12/01/2015	7718371205	Generics	115Invoice	0.61	30.48		29.87		7718371205	
11/25/2015	12/01/2015	7718371206	Generics	115Invoice	10.46	522.87		512.41		7718371206	
11/25/2015	12/01/2015	7718371209	3454581024	115Invoice	0.01	0.33		0.32		7718371209	

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

TOTAL:

Subtotals: 714.11 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 11/23/2015 159.57

If Paid By 12/01/2015,
Pay This Amount: 699.82 USD

If Paid After 12/01/2015,
Pay this Amount: 714.11 USD

Due If Paid On Time:
USD 699.82

Disc lost if paid late:
14.29

Due If Paid Late:
USD 714.11

ck# 701

11-30-15

APPROVED
ON
NOV 30 2015
BY CT
CALHOUN COUNTY AUDITOR

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 11/27/2015

DC: 8115

Territory: 400

Customer: 262252
Date: 11/27/2015

Page: 001

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

As of: 11/27/2015 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 11/27/2015

PLEASE CHECK ANY ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
11/23/2015	12/01/2015	7717919346	1000720226	115Invoice	3.32	165.95		162.63		7717919346	
11/23/2015	12/01/2015	7717919348	1000721300	115Invoice	0.49	24.42		23.93		7717919348	
11/25/2015	12/01/2015	7718352094	1000722336	115Invoice	0.31	15.61		15.30		7718352094	
11/27/2015	12/01/2015	7718551099	1000722905	115Invoice	12.09	604.32		592.23		7718551099	
11/27/2015	12/01/2015	7718551100	1000722905	115Invoice	0.22	10.83		10.61		7718551100	

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

TOTAL:

Subtotals: 821.13 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,257.01
11/23/2015

If Paid By 12/01/2015,
Pay This Amount: 804.70 USD

If Paid After 12/01/2015,
Pay this Amount: 821.13 USD

Due If Paid On Time:
USD 804.70

Disc lost if paid late: 16.43

Due If Paid Late:
USD 821.13

ck #702

11.30.15

APPROVED
ON
NOV 30 2015
BY CT
CALHOUN COUNTY AUDITOR

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"	★	12

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"	★	$ 97,460.07 #
	"1 TO CONFIRM"		1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"		$ 44,183.28 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,743.48 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 42,533.31 #
	CHECK		$ 12 -
☑	"6-DIGIT SETTLEMENT DATE"	★	11/11/2015
	"1 TO CONFIRM"		1
☐	ACKNOWLEDGEMENT NUMBER		52164308

CALLED IN BY:	Catherman
CALLED IN DATE:	11/10/2015
CALLED IN TIME:	10:35AM

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	10/16/15					
PAY PERIOD: END	10/29/15					
PAY DATE:	11/05/15					
GROSS PAY:	$ 386,679.98					$ 386,679.98
DEDUCTIONS:						
A/R	$ 1,077.00					$ 1,077.00
BOOTS	$ -					$ -
CAFÉ-C	$ 717.41					$ 717.41
CAFÉ-D	$ 1,192.57					$ 1,192.57
CAFÉ-H	$ 11,647.04					$ 11,647.04
CAFÉ-I	$ 168.49					$ 168.49
CAFÉ-L	$ 363.32					$ 363.32
CAFÉ-P	$ 400.88					$ 400.88
CANCER	$ 28.50					$ 28.50
CLINIC	$ 60.00					$ 60.00
COMBIN	$ 1,343.76					$ 1,343.76
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 285.00					$ 285.00
DEP-LF	$ 501.87					$ 501.87
EAT	$ -					$ -
FED TAX	$ 42,533.31					$ 42,533.31
FICA-M	$ 5,371.74					$ 5,371.74
FICA-O	$ 22,091.74					$ 22,091.74
FLEX S	$ 1,725.28					$ 1,725.28
FLX-FE	$ 69.50					$ 69.50
GIFT S	$ 73.78					$ 73.78
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,310.00					$ 2,310.00
MISC	$ -					$ -
OTHER	$ 1,408.70					$ 1,408.70
PHI	$ -					$ -
PR FIN	$ 461.45					$ 461.45
RELAY	$ -					$ -
REPAY	$ -					$ -
STONE	$ 1,457.50					$ 1,457.50
STONE2	$ 75.00					$ 75.00
STUDEN	$ 347.40					$ 347.40
TSA-R	$ 27,067.72					$ 27,067.72
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 122,933.22	$ -	$ -	$ -	$ -	$ 122,933.22
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**
NET PAY: (Includes 457.80 199.05)	$ 263,746.76	$ -	$ -	$ -	$ -	$ 263,746.76
		SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**
TOTAL CAFÉ 125 PLAN:	$ 16,214.99					
TAXABLE PAY:	$ 370,464.99	**Less Exempt:** $ 356,316.74				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,371.74		
FICA - MED (EE)	1.45%	$ 5,371.74	$ 5,371.74	$ -
FICA - SOC SEC (ER)	6.20%	$ 22,091.64		
FICA - SOC SEC (EE)	6.20%	$ 22,091.64	$ 22,091.74	$ (0.10)
FED WITHHOLDING		$ 42,533.31	$ 42,533.31	
TAX DEPOSIT:		$ 97,460.07	$ 97,460.27	$ (0.20)
FICA - MEDICARE	2.90%	$ 10,743.48		
FICA - SOCIAL SECURITY	12.40%	$ 44,183.28		
FED WITHHOLDING		$ 42,533.31		
TOTAL TAX:		$ 97,460.07 ✓		

Exempt Amt:	
Employees over FICA-SS Cap:	$ -
Jason Anglin	$ 14,148.25
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ 14,148.25

PREPARED BY: Clarri Atkinson

PREPARED DATE: 12/11/2015

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"	★	12
	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"	★	$ 97,191.69 # ✓
	"1 TO CONFIRM"		1
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"		$ 45,182.90 #
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,764.12 #
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 41,244.67 #
		CHECK	$ -
☐	"6-DIGIT SETTLEMENT DATE"	★	11/25/2015
	"1 TO CONFIRM"		1
☐	ACKNOWLEDGEMENT NUMBER		

WIRE

~~CALLED~~ IN BY: RK
~~CALLED~~ IN DATE: 11/25/2015
~~CALLED~~ IN TIME: 9:36 A.M.

Confirmation # 677171

Electronic Funds Transfer # 230532900000197

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	10/30/15					
PAY PERIOD: END	11/12/15					
PAY DATE:	11/19/15					
GROSS PAY:	$ 383,635.67			$ 3,815.20		$ 387,450.87
DEDUCTIONS:						
[illegible]	$ 942.00					$ 942.00
BOOTS	$ 17.50					$ 17.50
CAFÉ-C	$ 717.41					$ 717.41
CAFÉ-D	$ 1,196.69					$ 1,196.69
CAFÉ-H	$ 11,704.90					$ 11,704.90
CAFÉ-I	$ 168.49					$ 168.49
CAFÉ-L	$ 363.32					$ 363.32
CAFÉ-P	$ 398.30					$ 398.30
CANCER	$ 28.50					$ 28.50
CLINIC	$ 180.00					$ 180.00
COMBIN	$ 1,343.76					$ 1,343.76
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 277.50					$ 277.50
DEP-LF	$ 501.87					$ 501.87
EAT	$ 1,026.25					$ 1,026.25
FED TAX	$ 40,840.81			$ 403.86		$ 41,244.67
FICA-M	$ 5,326.68			$ 55.32		$ 5,382.00
FICA-O	$ 22,354.90			$ 236.54		$ 22,591.44
FLEX S	$ 1,725.28					$ 1,725.28
FLX-FE	$ 69.50					$ 69.50
GIFT S	$ 86.95					$ 86.95
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,240.00					$ 2,240.00
MISC	$ -					$ -
OTHER	$ 1,074.36					$ 1,074.36
PHI	$ -					$ -
PR FIN	$ 456.33					$ 456.33
RELAY	$ -					$ -
REPAY	$ -					$ -
STONE	$ 1,457.50					$ 1,457.50
STONE2	$ 75.00					$ 75.00
[illegible]DEN	$ 396.78					$ 396.78
[illegible]R	$ 26,854.55			$ 267.06		$ 27,121.61
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 121,979.39	$ -	$ -	$ 962.78	$ -	$ 122,942.17
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY: Includes 295.90	$ 261,656.28	$ -	$ -	$ 2,852.42	$ -	$ 264,508.70 ✓
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 16,274.39	Less Exempt:				
TAXABLE PAY:	$ 371,176.48	$ 364,378.23				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,382.06		
FICA - MED (EE)	1.45%	$ 5,382.06	$ 5,382.00	$ 0.06
FICA - SOC SEC (ER)	6.20%	$ 22,591.45		
FICA - SOC SEC (EE)	6.20%	$ 22,591.45	$ 22,591.44	$ 0.01
FED WITHHOLDING		$ 41,244.67	$ 41,244.67	
TAX DEPOSIT:		$ 97,191.69	$ 97,191.55	$ 0.14
FICA - MEDICARE	2.90%	$ 10,764.12		
FICA - SOCIAL SECURITY	12.40%	$ 45,182.90		
FED WITHHOLDING		$ 41,244.67		
TOTAL TAX:		$ 97,191.69 ✓		

Employees over FICA-SS Cap: $ -

Jason Anglin $ 6,798.25

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: $ 6,798.25

PREPARED BY: Clarri Atkinson

PREPARED DATE: 11/25/2015

Department 050
Dept. Sequence

Num/Type/Name/Pay/Exempt	PayCd	Dept	Hrs	OT	SH	WE	HO	CB	Rate	Gross	Code	Amount	Code	Amount	Code	Amount
50306 FT Hrly: 47.6900	1	050	40.00	N	N	N	N		47.6900	1907.60	FEDTAX	403.86	FICA-M	55.32	FICA-O	236.54
EUGENE M LOPEZ	1	050	40.00	N	N	N	N		47.6900	1907.60	TSA-R	267.06				
Fed-Ex: M-02 St-Ex: 0-00																
Total:			80.00	*w*	High Net Pay (	Gross:	3815.20		Deductions:	962.78		Net:	2852.42)			

Department Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1		80.00	N	N	N	N		3815.20

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	403.86	FICA-M	55.32	FICA-O	236.54
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	267.06	TUTION	
UW/HOS					

Department Totals:	80.00	Gross:	3815.20	Deductions:	962.78	Net:	2852.42)
Checks Count:- FT	1 PT	Other	Female	Male	1 Credit	OverAmt	1 ZeroNet	Term	Total: 1

CK # 61778

Original

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- DECEMBER 2015

Monthly Electronic Transfers for Operating Expenses

11/2/2015	Cardmember Service	- IBC Credit Card Invoice	57.11
11/3/2015	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
11/3/2015	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
11/3/2015	IBC Merch Bank Deposit	- Credit Card Processing Fee	34.76
11/3/2015	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
11/3/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	179.80
11/3/2015	IBC Merch Bank Deposit	- Credit Card Processing Fee	241.37
11/3/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	264.74
11/3/2015	IBC Merch Bank Deposit	- Credit Card Processing Fee	760.90
11/5/2015	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
11/5/2015	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
11/5/2015	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
11/5/2015	Memorial Medical Payroll	- Payroll	262,889.31 + 657.80 -
11/6/2015	ACS SLS Expertpay	- Child Support	362.31 199.6
11/6/2015	State Comptrlr Texnet	- IGT 2015 Advance DSH Payment	21,758.73
11/10/2015	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
11/10/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	101.77
11/10/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	830.92
11/10/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	883.99
11/10/2015	State Comptrlr Texnet	- IGT Nursing Home UPL IGT	953,379.45
11/12/2015	IRS USATAXPYMT	- Payroll Taxes	97,460.07
11/16/2015	Dep Item Returned	- Returned Check	1,675.20
11/16/2015	Webfile Tax Portal	- Sales Tax	1,331.13
11/16/2015	Texas County DRS	- Retirement Funding	115,457.03
11/17/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	360.62
11/17/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	436.41
11/17/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	682.42
11/19/2015	Telecheck	- Credit Card Processing Fee	5.00
11/19/2015	ACS SLS Expertpay	- Child Support	362.31
11/19/2015	Memorial Medical Payroll	- Payroll	261,360.38 + 295.90
11/20/2015	Dep Item Returned	- Returned Check	39.00 + 2852.47
11/24/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	159.57
11/24/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	322.95
11/24/2015	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,257.01
11/25/2015	IRS USATAXPYMT	- Payroll Taxes	97,191.69
			$ 1,820,229.82

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/131/019/1300
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 297

CUSTOMER NO.	PAGE NO.
[redacted]	7 of 8

11/01/2015 to 11/30/2015
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.

11/25	Electronic Deposit	TEXAS COMPTROLLR INV-PAYMTS 17460034113000	86.60
11/25	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160912889	25.00
11/27	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	13,125.00
11/27	Electronic Deposit	TMHP HCCLAIMPMT xxxxx9111	10,293.19
11/27	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	10,028.15
11/27	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C15328E44767490	9,624.55
11/27	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	2,069.36
11/27	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	990.08
11/27	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C15328E03499980	750.40
11/27	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	598.62
11/27	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	572.48
11/27	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	374.30
11/27	Electronic Deposit	DRISCOLL CHP Claim Pmt MEMORIAL MEDICA	260.97
11/27	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	247.84
11/27	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	224.93
11/27	Electronic Deposit	DRISCOLL CHP Claim Pmt MEMORIAL MEDICA	190.64
11/27	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	122.76
11/27	Electronic Deposit	TEXAS COMPTROLLR INV-PAYMTS 17460034113000	122.60
11/27	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589	92.25
11/27	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160912889	90.00
11/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	15.10
11/27	Electronic Deposit	TMHP HCCLAIMPMT xxxxx7901	2.51
11/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	71,588.48
11/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C15329E44879900	14,939.34
11/30	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	10,104.56
11/30	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	7,775.26
11/30	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1497153589	1,804.32
11/30	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	268.97
11/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	250.00
11/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	221.28
11/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	170.00
11/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C15329E03542870	97.46
11/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	78.00
11/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	76.35
11/30	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	66.35
11/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	50.00
11/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	40.14
11/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	38.12
11/30	Electronic Deposit	TEXAS COMPTROLLR INV-PAYMTS 17460034113000	36.00

Debits

11/02	Electronic Payment	CARDMEMBER SERV ELECT PYMT	57.11
11/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
11/03	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95
11/03	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160913887	34.76
11/03	Electronic Payment	VIVONET ACQUISIT PAYMENT 508574	99.00
11/03	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02649648	179.80
11/03	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160914885	241.37
11/03	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02649735	264.74

IBC

BANK

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

CUSTOMER

8/NE/131/019/1301
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

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11/01/2015 to 11/30/2015
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.

11/03	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160911881	760.90
11/05	Electronic Payment	FDGL LEASE PYMT	59.25
11/05	Electronic Payment	FDGL LEASE PYMT	59.25
11/05	Electronic Payment	FDGL LEASE PYMT	86.30
11/05	Electronic Payment	MEMORIAL MEDICAL PAYROLL	262,889.31
11/06	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	362.31
11/06	Electronic Payment	STATE COMPTRLR TEXNET 22312444/51105	21,758.73
11/10	Electronic Payment	FDGL LEASE PYMT	30.17
11/10	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02654845	101.77
11/10	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02654262	830.92
11/10	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02654894	883.99
11/10	Electronic Payment	STATE COMPTRLR TEXNET 22332090/51109	53,379.45
11/12	Electronic Payment	IRS USATAXPYMT 220571652164308	97,460.07
11/16	Dep Item Returned	(Tracer# 17000186)	1,675.20
11/16	Electronic Payment	WEBFILE TAX PYMT DD 902/22379129	1,331.13
11/16	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	115,457.03
11/17	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02662087	360.62
11/17	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02662023	436.41
11/17	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02662096	682.42
11/19	Electronic Payment	Telecheck INV112015D xxxxx9736	5.00
11/19	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	362.31
11/19	Electronic Payment	MEMORIAL MEDICAL PAYROLL	261,360.38
11/20	Dep Item Returned	(Tracer# 17000096)	39.00
11/24	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02665334	159.57
11/24	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02665267	322.95
11/24	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02665344	1,257.01
11/25	Outgoing Wire	0131 US TREAS SINGLE TX	97,191.69

Daily Ending Balance

11/02	1,126,871.86	11/12	259,046.61	11/20	1,323,123.19
11/03	1,099,378.44	11/13	1,364,780.61	11/23	1,413,581.91
11/04	1,063,380.72	11/16	1,271,330.45	11/24	1,405,047.01
11/05	1,120,459.22	11/17	1,319,800.16	11/25	1,312,231.95
11/06	1,114,222.44	11/18	1,358,111.05	11/27	1,405,801.03
11/09	1,144,605.76	11/19	1,283,477.23	11/30	1,493,884.21
11/10	250,868.60				

IBC

BANK

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

CUSTOMER

8/NE/131/019/1145
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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11/01/2015 to 11/30/2015
STATEMENT PERIOD

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	1	300,000.00	25,069.79

Checks (Debits)

Date	Check #	Amount
11/05		300,000.00

Daily Ending Balance

11/05	25,069.79

IBC

BANK

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

CUSTOMER

8/NE/131/019/1182
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

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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
1,291,074.06	0	0.00	0	0.00	1,291,074.06

IBC

BANK

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

CUSTOMER

8/NE/131/019/1302

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

STATEMENT

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
10,357.66	1	580.00	9	7,568.27	3,369.39

Deposits (Credits)

Date	Deposit#	Amount
11/25		580.00

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
11/20	11749	1,942.58	11/13	11752	46.73	11/09	11757	519.85
11/12	11750	1,253.12	11/10 *	11755	1,742.85	11/13	11758	118.66
11/12	11751	1,102.41	11/09	11756	702.82	11/10	11759	139.25

* Indicates a skip in check number sequence

Daily Ending Balance

11/09	9,134.99	11/12	4,897.36	11/20	2,789.39
11/10	7,252.89	11/13	4,731.97	11/25	3,369.39

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

CUSTOMER

8/NE/131/019/1213
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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11/01/2015 to 11/30/2015
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
367,053.67	28	1,225,043.41	4	1,249,728.84	342,368.24

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
11/04		15,883.72	11/13		24,655.55	11/19		87,109.41
11/05		191,118.27						

Electronic Activity

Last Month's Deposit 366,953.67

	Credits		
11/04	Incoming Wire	0231 CANTEX HEALTH CARE CENTERS LLC	314,704.83
11/06	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	402.09
11/06	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	359.09
11/10	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	5,973.14
11/12	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	21,235.38
11/12	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	8,160.79
11/12	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	6,996.23
11/13	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	17,600.40
11/13	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	9,147.05
11/16	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	3,303.83
11/17	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	28,374.66
11/17	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	11,106.50
11/17	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	9,185.87
11/18	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	18,191.58
11/19	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	13,961.54
11/19	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	751.20
11/19	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	608.63
11/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	93,640.61
11/20	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	304.80
11/23	Incoming Wire	0739 CANTEX HEALTH CARE CENTERS LLC	318,126.33
11/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	3,914.98
11/23	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005	3,845.93
11/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	6,399.52
11/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	9,981.48
	Debits		
11/05	Outgoing Wire	0065 ASHFORD HEALTH CARE CENTER LTD	366,953.67
11/12	Outgoing Wire	0686 ASHFORD HEALTH CARE CENTER LTD	522,468.00
11/17	Outgoing Wire	0026 ASHFORD HEALTH CARE CENTER LTD	93,768.54
11/25	Outgoing Wire	0556 ASHFORD HEALTH CARE CENTER LTD	266,538.63

Daily Ending Balance

11/04	697,642.22	11/12	42,465.54	11/18	70,262.44
11/05	521,806.82	11/13	93,868.54	11/19	172,693.22
11/06	522,568.00	11/16	97,172.37	11/20	266,638.63
11/10	528,541.14	11/17	52,070.86	11/23	592,525.87

IBC

BANK

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

CUSTOMER

8/NE/131/019/1214
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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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.

11/24	598,925.39	11/25	342,368.24

IBC

BANK

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

CUSTOMER

8/NE/131/019/1217
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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11/01/2015 to 11/30/2015
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
36,053.32	15	2,401,334.74	4	1,987,804.74	449,583.32

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
11/04		18,503.54	11/13		23,413.20	11/19		27,548.79
11/05		18,797.46						

Electronic Activity

Last Month's Deposit 35,953.32

	Credits		
11/04	Incoming Wire	0228 CANTEX HEALTH CARE CENTERS III	917,116.26
11/06	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004	231.33
11/12	Incoming Wire	0765 CANTEX HEALTH CARE CENTERS III	700,000.00
11/12	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004	2,798.19
11/18	Incoming Wire	0186 CANTEX HEALTH CARE CENTERS III	243,365.85
11/20	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004	76.80
11/24	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004	11,576.42
11/24	Electronic Deposit	TEXAS COMPTROLLR INV-PAYMTS 17460034113004	744.58
11/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	427,367.09
11/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	5,351.87
11/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	4,443.36
	Debits		
11/05	Outgoing Wire	0068 CANTEX HEALTH CARE CENTERS III	35,953.32
11/12	Outgoing Wire	0689 CANTEX HEALTH CARE CENTERS III	954,648.59
11/17	Outgoing Wire	0029 CANTEX HEALTH CARE CENTERS III	726,211.39
11/25	Outgoing Wire	0559 CANTEX HEALTH CARE CENTERS III	270,991.44

Daily Ending Balance

11/04	971,673.12	11/17	100.00	11/24	283,412.44
11/05	954,517.26	11/18	243,465.85	11/25	439,788.09
11/06	954,748.59	11/19	271,014.64	11/27	445,139.96
11/12	702,898.19	11/20	271,091.44	11/30	449,583.32
11/13	726,311.39				

IBC

BANK

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

CUSTOMER

8/NE/131/019/1216
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
27,456.96	10	1,226,627.39	4	1,249,319.03	4,765.32

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
11/04		14,610.68	11/13		21,072.70	11/19		19,306.07
11/05		15,269.67						

Electronic Activity

Last Months Deposit
27,356.96

	Credits		
11/12	Incoming Wire	0766 CANTEX HEALTH CARE CENTERS III	557,758.03
11/12	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	7,551.06
11/12	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008	1,200.84
11/20	Incoming Wire	0297 CANTEX HEALTH CARE CENTERS III	580,497.17
11/20	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	4,695.85
11/25	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008	4,665.32
	Debits		
11/05	Outgoing Wire	0067 CANTEX HEALTH CARE CENTERS III	27,356.96
11/12	Outgoing Wire	0688 CANTEX HEALTH CARE CENTERS III	29,880.35
11/17	Outgoing Wire	0028 CANTEX HEALTH CARE CENTERS III	587,582.63
11/25	Outgoing Wire	0558 CANTEX HEALTH CARE CENTERS III	604,499.09

Daily Ending Balance

11/04	42,067.64	11/13	587,682.63	11/20	604,599.09
11/05	29,980.35	11/17	100.00	11/25	4,765.32
11/12	566,609.93	11/19	19,406.07		

IBC

BANK

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

CUSTOMER

8/NE/131/019/1218
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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11/01/2015 to 11/30/2015
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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
6,564.09	13	649,605.92	4	463,901.59	192,268.42

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
11/04		23,535.57	11/13		2,696.19	11/19		21,273.83

Electronic Activity

Last Months Deposit
6464.09

	Credits		
11/04	Incoming Wire	0230 CANTEX HEALTH CARE CENTERS III	163,120.66
11/06	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	179.13
11/10	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	20,633.98
11/10	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006	2,879.26
11/13	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006	42,299.77
11/17	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	12,016.46
11/17	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006	191.10
11/18	Incoming Wire	0188 CANTEX HEALTH CARE CENTERS III	168,611.55
11/23	Incoming Wire	0737 CANTEX HEALTH CARE CENTERS III	174,293.59
11/23	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006	17,874.83
	Debits		
11/05	Outgoing Wire	0069 CANTEX HEALTH CARE CENTERS III	6,464.09
11/12	Outgoing Wire	0691 CANTEX HEALTH CARE CENTERS III	186,835.36
11/17	Outgoing Wire	0030 CANTEX HEALTH CARE CENTERS III	68,509.20
11/25	Outgoing Wire	0560 CANTEX HEALTH CARE CENTERS III	202,092.94

Daily Ending Balance

11/04	193,220.32	11/12	23,613.24	11/19	202,192.94
11/05	186,756.23	11/13	68,609.20	11/23	394,361.36
11/06	186,935.36	11/17	12,307.56	11/25	192,268.42
11/10	210,448.60	11/18	180,919.11		

IBC

BANK

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

CUSTOMER

8/NE/131/019/1215
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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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
57,509.26	15	1,578,165.84	4	920,761.01	714,914.09

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
11/04		8,569.29	11/13		47,314.46	11/19		82,208.52
11/05		28,829.13						

Electronic Activity

Last Month's Deposit 57,509.26

Credits			
11/05	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	19,140.18
11/12	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	2,460.06
11/12	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	1,634.57
11/16	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	5,343.09
11/17	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	2,865.35
11/17	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	959.02
11/17	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	613.75
11/18	Incoming Wire	0187 CANTEX HEALTH CARE CENTERS III	663,255.91
11/19	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	109.21
11/19	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	49.21
11/23	Incoming Wire	0738 CANTEX HEALTH CARE CENTERS III	714,814.09
Debits			
11/05	Outgoing Wire	0066 CANTEX HEALTH CARE CENTERS LLC	57,409.26
11/12	Outgoing Wire	0687 CANTEX HEALTH CARE CENTERS LLC	56,538.60
11/17	Outgoing Wire	0027 CANTEX HEALTH CARE CENTERS LLC	51,409.09
11/25	Outgoing Wire	0557 CANTEX HEALTH CARE CENTERS LLC	755,404.06

Daily Ending Balance

11/04	66,078.55	11/16	56,852.18	11/19	755,504.06
11/05	56,638.60	11/17	9,881.21	11/23	1,470,318.15
11/12	4,194.63	11/18	673,137.12	11/25	714,914.09
11/13	51,509.09				