

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- January 28, 2016

APPROVED
JAN 28 2016
CALHOUN COUNTY
COMMISSIONERS COURT

PAYABLES AND PAYROLL

12/1/2015 Credit Card Invoice	\$ 1,054.19
12/1/2015 Payroll	256,431.71
12/2/2015 Weekly Payables	308,103.64
12/2/2015 Patient Refunds-Broadmoor NH	16,574.47
12/3/2015 Payroll	180.72
12/7/2015 McKesson	2,461.58
12/7/2015 Payroll Taxes	94,976.32
12/9/2015 Patient Refunds	8,471.83
12/9/2015 Patient Refunds	2,042.80
12/9/2015 Weekly Payables	227,215.10
12/14/2015 McKesson	2,580.90
12/15/2015 TCDRS	116,274.62
12/15/2015 Weekly Payables	116,551.38
12/15/2015 Payroll	250,662.23
12/17/2015 Payroll	268.82
12/21/2015 McKesson	1,652.25
12/22/2015 Patient Refunds	823.09
12/22/2015 Weekly Payables	212,247.73
12/23/2015 Payroll Taxes	91,164.47
12/28/2015 McKesson	1,027.77
12/29/2015 Payroll	259,154.06
12/30/2015 Credit Card Invoice	3,076.23
12/30/2015 Weekly Payables	155,230.51
12/30/2015 Credit Card Invoice	1,068.30

12/31/2015 Monthly Electronic Transfers for Payroll Expenses(not incl above)	1,086.93
12/31/2015 Monthly Electronic Transfers for Operating Expenses	5,026.19

Total Payables and Payroll	\$ 2,135,407.84
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INTER-GOVERNMENT TRANSFERS

Inter-Government Transfer for December 2015	276,444.72
Total Inter-Government Transfers	\$ 276,444.72

INTRA-ACCOUNT TRANSFERS

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

SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS	\$ 2,411,852.56
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NURSING HOME UPL EXPENSES	\$ 3,129,217.68
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NURSING HOME INTER-GOVERNMENT TRANSFER FOR December 2015	\$ -
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INDIGENT HEALTHCARE FUND EXPENSES	\$ 21,384.24
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MMC CONSTRUCTION EXPENSE	\$ 493,925.80
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GRAND TOTAL DISBURSEMENTS APPROVED CC January 28, 2016	\$ 6,056,380.28
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MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---January 28, 2016

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic	139.58
Community Pathology Associates	
HEB Pharmacy (MedImpact Healthcare Systems, Inc)	
Mau-Shong Lin MD	
Memorial Medical Center (Phys Fees \$0.00, IP \$9506.78/ OP \$3774.67/ ER \$943.84)	14,225.29
Memorial Medical Clinic	1,253.83
Port Lavaca Anesthesia Group	
Port Lavaca Clinic Assoc	1,418.51
Radiology Unlimited PA	139.28
Regional Employee Assistance	115.28
Victoria Anesthesiology Assoc	
Victoria Eye Center	502.27
Victoria Professional Medical	285.53
Victoria Heart & Vascular Center	
SUBTOTAL	18,079.57
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	3,664.67
SUBTOTAL	21,744.24
Less: Co-Pays collected in December 2015	(360.00)
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	21,384.24

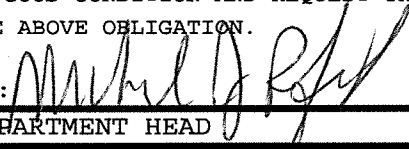
800 01282016 01 CALHOUN COUNTY, TEXAS

DATE: 1/28/2016

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 approved by Commissioners Court on 01/28/2016			\$21,384.24
	Total Indigent Expenses		\$21,744.24	
	Applied Co-pays		(\$360.00)	
1000-001-46010	November Interest		\$0.00	
				\$21,384.24

COUNTY AUDITOR APPROVAL ONLY JAN 25 2016 CALHOUN COUNTY AUDITOR	THE ITEMS OR SERVICES SHOWN ABOVE ARE NEEDED IN THE DISCHARGE OF MY OFFICIAL DUTIES AND I CERTIFY THAT FUNDS ARE AVAILABLE TO PAY THIS OBLIGATION. I CERTIFY THAT THE ABOVE ITEMS OR SERVICES WERE RECEIVED BY ME IN GOOD CONDITION AND REQUEST THE COUNTY TREASURER TO PAY THE ABOVE OBLIGATION. BY: 	1/28/16
	DEPARTMENT HEAD	DATE

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- January 28, 2016

Nursing Home UPL

IN	Weekly Cantex Transfer OUT	ACH Deposits	ACH Transfers
	12/1/2015 Ashford-4553		\$ 342,268.24
12/1/15-12/4/15	12/9/2015 Ashford-4553	\$ 236,445.51	236,445.51
12/10/15-12/11/15	12/16/2015 Ashford-4553	20,722.08	20,772.08
12/14/15-12/24/15	12/29/2015 Ashford-4553	186,745.84	186,695.84
12/28/15-12/29/15	Ashford-4553	11,767.56	
	12/1/2015 Broadmoor-4596		\$ 445,039.96
12/1/15-12/3/15	12/9/2015 Broadmoor-4596	46,727.13	46,727.13
12/10/15-12/11/15	12/16/2015 Broadmoor-4596	46,205.02	46,205.02
12/17/15-12/24/15	12/29/2015 Broadmoor-4596	144,847.17	144,847.17
12/28/15-12/31/15	Broadmoor-4596	422,181.65	
	12/9/2015 Crescent-4588		\$ 4,665.32
12/1/15-12/03/15	12/9/2015 Crescent-4588	91,307.03	91,307.03
12/10/15-12/11/15	12/16/2015 Crescent-4588	54,038.89	54,038.89
12/14/15-12/24/15	12/29/2015 Crescent-4588	167,891.65	167,891.65
12/28/15-12/31/15	Crescent-4588	21,963.45	
	12/1/2015 Fort Bend-4618		\$ 192,168.42
12/1/15-12/3/15	12/9/2015 Fort Bend-4618	43,883.76	43,883.76
12/10/15-12/11/15	12/16/2015 Fort Bend-4618	34,103.64	34,103.64
12/14/15-12/21/15	12/29/2015 Fort Bend-4618	21,097.12	21,097.12
12/28/15-12/31/15	Fort Bend-4618	22,417.32	
	12/1/2015 Solera-4561		\$ 714,814.09
12/1/15-12/3/15	12/9/2015 Solera-4561	57,168.85	57,168.85
12/10/15-12/11/15	12/16/2015 Solera-4561	39,311.09	39,311.09
12/14/15-12/24/15	12/29/2015 Solera-4561	239,766.57	239,766.57
12/28/15-12/31/15		120,381.83	
SUBTOTAL		2,028,973.46	3,129,217.68

	NH to MMC Oper Acct	ACH Transfers
NH Ashford UPL IGT		
NH Ashford UPL IGT		
NH Broadmoor UPL IGT		
NH Broadmoor UPL IGT		
NH Crescent UPL IGT		
NH Crescent UPL IGT		
NH Fort Bend UPL IGT		
NH Fort Bend UPL IGT		
NH Solera UPL IGT		
NH Solera UPL IGT		
SUBTOTAL	\$	- \$ -

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	3,129,217.68
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MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

COMMISSIONERS COURT APPROVAL LIST FOR ----January 28, 2016

PAYABLES

12/4/2015 K & T Construction	\$ 176,542.01
12/18/2015 Rad Source	37,700.00
12/28/2015 K & T Construction	279,683.79

Total Approved MMC Construction Expenses	493,925.80
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		Interest	Total Expense	Payroll	Operating
2014	December	0	39,243.45	6,225.89	33,017.56
2015	January	0.00	48,897.50	5,103.54	43,793.96
2015	February	0.00	16,659.92	4,984.42	11,675.50
2015	March	0.00	16,518.08	4,491.33	12,026.75
2015	April	0.00	36,948.41	6,927.98	30,020.43
2015	May	0.00	29,109.23	4,529.30	24,579.93
2015	June	0.00	32,797.13	5,356.99	27,440.14
2015	July	0.00	31,340.26	5,312.41	26,027.85
2015	Aug	0.00	42,956.11	6,653.77	36,302.34
2015	Sep	0.00	47,009.87	5,472.61	41,537.26
2015	Oct	0.00	71,151.80	8,979.51	62,172.29
2015	Nov	0.00	66,113.07	7,914.95	58,198.12
2015	Dec	0.00	21,384.24	3,664.67	17,719.57
			460,885.62	Grand Total	
			189,114.38	Remaining Budget	

Calhoun County Indigent Care Patient Caseload

	Approved	Denied	Removed	Active	Pending
January	5	10	4	54	34
February	0	14	7	56	32
March	3	6	6	53	30
April	1	4	2	53	32
May	6	13	3	56	24
June	5	0	0	61	22
July	2	14	2	58	36
August	6	9	5	59	32
September	6	6	8	57	26
October	3	12	3	57	13
November	3	8	6	54	22
December	6	8	2	58	20
YTD	46	104	48	676	323
Monthly Avg	4	9	4	56	27

RUN DATE: 01/06/16
TIME: 10:17

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 12/01/15 TO 12/31/15

PAGE 90
RCMREP

G/L NUMBER	RECEIPT PAY DATE	NUMBER TYPE PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER NAME	DISC DATE	COLL GL CASH INIT CODE ACCOUNT
50240.000	12/18/15	420403 MC	10.00	10.00			DJR 2
50240.000	12/04/15	419429 CA	10.00	10.00			JC 2
50240.000	12/07/15	419608 CA	10.00	10.00			LMV 2
50240.000	12/08/15	419636 CA	10.00	10.00			LMV 2
50240.000	12/08/15	419637 CA	10.00	10.00			LMV 2
50240.000	12/10/15	419866 CA	10.00	10.00			LMV 2
50240.000	12/16/15	420234 CA	10.00	10.00			LMV 2
50240.000	12/22/15	420576 CA	10.00	10.00			LMV 2
50240.000	12/22/15	420621 CA	10.00	10.00			LMV 2
50240.000	12/16/15	420207 CA	10.00	10.00			MRP 2
50240.000	12/01/15	419085 CA	10.00	10.00			PLB 2
50240.000	12/01/15	419118 CA	10.00	10.00			PLB 2
50240.000	12/01/15	419149 CA	10.00	10.00			PLB 2
50240.000	12/01/15	419198 CA	10.00	10.00			PLB 2
50240.000	12/02/15	419276 CA	10.00	10.00			PLB 2
50240.000	12/03/15	419352 CA	10.00	10.00			PLB 2
50240.000	12/03/15	419378 CA	10.00	10.00			PLB 2
50240.000	12/04/15	419430 CA	10.00	10.00			PLB 2
50240.000	12/04/15	419472 MC	10.00	10.00			PLB 2
50240.000	12/07/15	419515 VI	10.00	10.00			PLB 2
50240.000	12/08/15	419700 CA	10.00	10.00			PLB 2
50240.000	12/10/15	419913 CA	10.00	10.00			PLB 2
50240.000	12/11/15	420001 CA	10.00	10.00			PLB 2
50240.000	12/17/15	420292 CA	10.00	10.00			PLB 2
50240.000	12/17/15	420302 CA	10.00	10.00			PLB 2
50240.000	12/22/15	420698 CA	10.00	10.00			PLB 2
50240.000	12/22/15	420706 CA	10.00	10.00			PLB 2
50240.000	12/23/15	420769 CA	10.00	10.00			PLB 2
50240.000	12/23/15	420784 CA	10.00	10.00			PLB 2
50240.000	12/28/15	420914 CA	10.00	10.00			PLB 2
50240.000	12/28/15	420943 CA	10.00	10.00			PLB 2
50240.000	12/29/15	421048 CA	10.00	10.00			PLB 2
50240.000	12/30/15	421121 CA	10.00	10.00			PLB 2
50240.000	12/30/15	421138 CA	10.00	10.00			PLB 2
50240.000	12/31/15	421175 CA	10.00	10.00			PLB 2
50240.000	12/31/15	421241 VI	10.00	10.00			PLB 2
50240.000	12/31/15	421247 CA	10.00	10.00			PLB 2
50240.000	12/31/15	421248 CA	10.00	10.00			PLB 2

TOTAL 50240.000 COUNTY INDIGENT COPAYS

360.00

©IHS
Issued 01/22/16

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 01/01/2016 through 01/31/2016
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	11,037.40	2,533.21
08	Rural Health Clinics	2,186.00	1,321.07
13	Mmc - Inpatient Hospital	16,391.00	9,506.78
14	Mmc - Hospital Outpatient	11,060.00	3,774.67
15	Mmc - Er Bills	2,776.00	943.84
	Expenditures	43,450.40	18,079.57
	Reimb/Adjustments	0.00	0.00
	Grand Total	43,450.40	18,079.57

Payroll/Expenses 3,664.67

Applied CoPays (360.00)

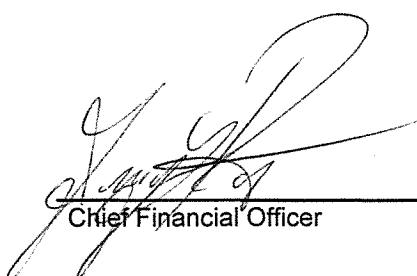
Monthly Total \$21,384.24

Fiscal Year \$434,769.80

APPROVED
ON

JAN 25 2016

BY
CALHOUN COUNTY AUDITOR


Chief Financial Officer

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
11/29/2015

Nursing Home	IBC Account Number	Previous Beginning 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	266,638.63	342,268.24	-	266,538.63	-	-	342,368.24	342,268.24

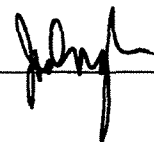
Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Account # 4257

Nursing Home	IBC Account Number	Previous Beginning 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	755,504.06	714,814.09	-	755,404.06	-	-	714,914.09	714,814.09
Crescent	4588	604,599.09	4,665.32	-	604,499.09	-	-	4,765.32	-
Broadmoor	4596	271,091.44	445,039.96	-	270,991.44	-	-	445,139.96	445,039.96
Fort Bend	4618	202,192.94	192,168.42	-	202,092.94	-	-	192,268.42	192,168.42
									1,352,022.47

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
DEC - 1 2015
COUNTY AUDITOR


12-4-15

IBC Bank Activity
11/23/15 through 11/29/15

Ashford Gardens

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
11/23/2015	5025	4553 142 ACH CREDIT RECEIVED		3,914.98	NOVITAS SOLUTION HCCLAIMPMT
11/23/2015	5025	4553 195 INCOMING MONEY TRANSFER		318,126.33	CANTEX HEALTH CARE CENTERS LLC
11/23/2015	5025	4553 142 ACH CREDIT RECEIVED		3,845.93	AGING DISAB SVCS HCCLAIMPMT
11/24/2015	5025	4553 142 ACH CREDIT RECEIVED		6,399.52	NOVITAS SOLUTION HCCLAIMPMT
11/25/2015	5025	4553 495 OUTGOING MONEY TRANSFER	266,538.63		ASHFORD HEALTH CARE CENTER LTD
11/25/2015	5025	4553 142 ACH CREDIT RECEIVED		9,981.48	NOVITAS SOLUTION HCCLAIMPMT
			266,538.63	342,268.24	

Solera at West Houston

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
11/23/2015	5025	4561 195 INCOMING MONEY TRANSFER		714,814.09	CANTEX HEALTH CARE CENTERS III
11/25/2015	5025	4561 495 OUTGOING MONEY TRANSFER	755,404.06		CANTEX HEALTH CARE CENTERS LLC
			755,404.06	714,814.09	

Crescent

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
11/25/2015	5025	4588 495 OUTGOING MONEY TRANSFER	604,499.09		CANTEX HEALTH CARE CENTERS III
11/25/2015	5025	4588 142 ACH CREDIT RECEIVED		4,665.32	AGING DISAB SVCS HCCLAIMPMT
			604,499.09	4,665.32	

No transfer this time

Broadmoor

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
11/24/2015	5025	4596 142 ACH CREDIT RECEIVED		11,576.42	AGING DISAB SVCS HCCLAIMPMT
11/24/2015	5025	4596 142 ACH CREDIT RECEIVED		744.58	TEXAS COMPTROLLER INV-PAYMTS
11/25/2015	5025	4596 142 ACH CREDIT RECEIVED		427,367.09	NOVITAS SOLUTION HCCLAIMPMT
11/25/2015	5025	4596 495 OUTGOING MONEY TRANSFER	270,991.44		CANTEX HEALTH CARE CENTERS III
11/27/2015	5025	4596 142 ACH CREDIT RECEIVED		5,351.87	NOVITAS SOLUTION HCCLAIMPMT
			270,991.44	445,039.96	

Fort Bend

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
11/23/2015	5025	4618 142 ACH CREDIT RECEIVED		17,874.83	AGING DISAB SVCS HCCLAIMPMT
11/23/2015	5025	4618 195 INCOMING MONEY TRANSFER		174,293.59	CANTEX HEALTH CARE CENTERS III
11/25/2015	5025	4618 495 OUTGOING MONEY TRANSFER	202,092.94		CANTEX HEALTH CARE CENTERS III
			202,092.94	192,168.42	

Account Portfolio as of 11/30/2015 9:41:46 AM

Account Display
☒ Display By Account Type
☐ Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
<u>Memorial Medical Center</u>	3387	\$25,069.79	\$25,069.79
<u>Memorial Medical Center</u>	4553	\$342,368.24	\$342,368.24
<u>Memorial Medical Center</u>	4561	\$714,914.09	\$714,914.09
<u>Memorial Medical Center</u>	4588	\$4,765.32	\$4,765.32
<u>Memorial Medical Center</u>	4596	\$445,139.96	\$449,583.32
<u>Memorial Medical Center</u>	4618	\$192,268.42	\$192,268.42
<u>Memorial Medical Center Operat</u>	0301	\$1,405,801.03	\$1,444,857.47
<u>County of Calhoun Indigent</u>	1101	\$3,369.39	\$3,369.39
Totals		\$3,133,696.24	\$3,177,196.04

Transfer
Next time
if bal >
\$5000



10472

November 2015 Statement



Open Date: 10/06/2015 Closing Date: 11/04/2015

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service ☎ 1-866-552-8855
BUS 30 ELN 8 3

New Balance \$1,054.19
Minimum Payment Due \$11.00
Payment Due Date 12/01/2015

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

Activity Summary

Previous Balance	+	\$57.11
Payments	-	\$57.11CR
Other Credits		\$0.00
Purchases	+	\$1,054.19
Balance Transfers		\$0.00
Advances		\$0.00
Other Debits		\$0.00
Fees Charged		\$0.00
Interest Charged		\$0.00

New Balance = **\$1,054.19**
Past Due \$0.00
Minimum Payment Due \$11.00
Credit Line \$10,000.00
Available Credit \$8,945.81
Days in Billing Period 30

M. J. P.
12-4-15

1,054.19 ✓

APPROVED
ON

DEC 01 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:



Mail payment coupon
with a



Pay online at



☎ by phone

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



24-Hour Cardmember Service:

- ☎ to pay by phone
- ☎ to change your address

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

Account Number	
Payment Due Date	12/01/2015
New Balance	\$1,054.19
Minimum Payment Due	\$11.00

Amount Enclosed \$ _____

Cardmember Service

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



November 2015 Statement 10/06/2015 - 11/04/2015



MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service (

Important Messages

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

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

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
10/30	10/30		PAYMENT THANK YOU	\$57.11CR	
TOTAL THIS PERIOD				\$57.11CR	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
10/19	10/17	1313	AIRESPRING INC. 800-825-1055 CA <i>Communications Phone</i>	\$1,054.19	
TOTAL THIS PERIOD				\$1,054.19	

2015 Totals Year-to-Date

Total Fees Charged in 2015	\$0.00
Total Interest Charged in 2015	\$0.00

Company Approval

(This area for use by your company)

Signature/Approval: _____

Accounting Code: _____

APPROVED
ON12/02/2015
09:52

DEC 02 2015

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Due Dates Through: 12/14/2015

COUNTY AUDITOR
HARRIS COUNTY, TEXAS

Vendor# Vendor Name Class Pay Code

A0401 ABBOTT NUTRITION ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
604993647	✓	11/17/20	11/10/20	12/10/20		38.32	0.00	0.00	38.32

SUPPLIES DIETARY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A0401	ABBOTT NUTRITION	38.32	0.00	0.00	38.32	✓

Vendor# Vendor Name Class Pay Code

A1715 ALCO SALES & SERVICE CO ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2621482-IN	✓	11/12/20	11/04/20	12/04/20		36.20	0.00	0.00	36.20

REPAIRS SURGERY

261777-IN	✓	11/18/20	11/05/20	12/05/20		401.75	0.00	0.00	401.75
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NEW WHEELCHAIR ER

2622321-IN	✓	11/18/20	11/10/20	12/10/20		36.20	0.00	0.00	36.20
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REPAIRS IN SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1715	ALCO SALES & SERVICE CO	474.15	0.00	0.00	474.15	

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
20192784	✓	11/24/20	11/10/20	12/10/20		1,564.50	0.00	0.00	1,564.50

SUPPLIES SURGERY

20192785	✓	11/24/20	11/11/20	12/11/20		1,549.50	0.00	0.00	1,549.50
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SUPPLIES SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1690	ALCON LABORTORIES INC	3,114.00	0.00	0.00	3,114.00	

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
RPSV02008399	✓	11/18/20	11/05/20	12/05/20		182.70	0.00	0.00	182.70

SUPPLIES PT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1705	ALIMED INC.	182.70	0.00	0.00	182.70	✓

Vendor# Vendor Name Class Pay Code

B0436 BARD ACCESS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
44534792	✓	11/18/20	11/09/20	12/09/20		216.75	0.00	0.00	216.75

CS INVENTORY

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

Vendor# Vendor Name Class Pay Code

B0435 BARD PERIPHERAL VASCULAR ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
74855813	✓	11/10/20	11/02/20	12/02/20		54.38	0.00	0.00	54.38

CS INVENTORY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
B0435	BARD PERIPHERAL VASCULAR	54.38	0.00	0.00	54.38	✓

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		
49073796 ✓		11/10/20	11/02/20	12/02/20		395.19	0.00	0.00	395.19	✓	
	CS INVENTORY										
49076147 ✓		11/12/20	11/02/20	12/02/20		2,767.00	0.00	0.00	2,767.00	✓	
	IV PUMP LEASE										
49077637 ✓		11/12/20	11/02/20	12/02/20		190.50	0.00	0.00	190.50	✓	
	IV PUMP LEASE										
49215790 ✓		11/24/20	11/13/20	12/13/20		563.87	0.00	0.00	563.87	✓	
	CS INVENTORY & RECOVERY										
49146803 ✓		11/30/20	11/05/20	12/05/20		1,679.32	0.00	0.00	1,679.32	✓	
	PROPERTY TAXES FOR LAB										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						B1075	BAXTER HEALTHCARE CORP	5,595.88	0.00	0.00	5,595.88
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		
6003371800 ✓		11/17/20	11/04/20	12/04/20		796.68	0.00	0.00	796.68		
	SUPPLIES CT SCAN										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2485	BAYER HEALTHCARE	796.68	0.00	0.00	796.68 ✓
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		
105254796 ✓		11/25/20	11/03/20	12/03/20		308.54	0.00	0.00	308.54	✓	
	LAB SUPPLIES										
105257803 ✓		11/25/20	11/03/20	12/03/20		5,933.95	0.00	0.00	5,933.95	✓	
	LAB SUPPLIES										
105258020 ✓		11/25/20	11/03/20	12/03/20		697.36	0.00	0.00	697.36	✓	
	LAB SUPPLIES										
105254969 ✓		11/25/20	11/03/20	12/03/20		1,929.49	0.00	0.00	1,929.49	✓	
	LAB SUPPLIES										
105260448 ✓		11/25/20	11/04/20	12/04/20		2,389.08	0.00	0.00	2,389.08	✓	
	LAB SUPPLIES										
105259780 ✓		11/25/20	11/04/20	12/04/20		220.00	0.00	0.00	220.00	✓	
	LAB SUPPLIES										
105263365 ✓		11/25/20	11/05/20	12/05/20		2,182.05	0.00	0.00	2,182.05	✓	
	SUPPLIES LAB										
105264991 ✓		11/25/20	11/06/20	12/06/20		566.70	0.00	0.00	566.70	✓	
	SUPPLIES LAB										
105267131 ✓		11/25/20	11/09/20	12/09/20		79.20	0.00	0.00	79.20	✓	
	LAB SUPPLIES										
105273443 ✓		11/25/20	11/11/20	12/11/20		525.00	0.00	0.00	525.00	✓	
	LAB SUPPLIES										
5342161 ✓		11/25/20	11/12/20	12/12/20		4,233.46	0.00	0.00	4,233.46	✓	
	LEASE & MAINT CONTR LAB										
5342151 ✓		11/25/20	11/12/20	12/12/20		3,933.48	0.00	0.00	3,933.48	✓	
	LEASE & MAINT CONTR LAB										
105254024 ✓		11/30/20	11/02/20	12/02/20		65.00	0.00	0.00	65.00	✓	
	LAB SUPPLIES										
105257755 ✓		11/30/20	11/03/20	12/03/20		2,258.74	0.00	0.00	2,258.74	✓	

LAB SUPPLIES										
105255349 ✓			11/30/20	11/03/20	12/03/20		211.64	0.00	0.00	211.64 ✓
LAB SUPPLIES										
105266652 ✓			11/30/20	11/09/20	12/09/20		-339.28	0.00	0.00	-339.28 ✓
CREDIT LAB FREIGHT										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC					25,194.41	0.00	0.00	25,194.41
Vendor#	Vendor Name				Class	Pay Code				
B1655	BOSTON SCIENTIFIC CORPORATION ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
947316187 ✓		11/13/20	11/04/20	12/03/20			309.00	0.00	0.00	309.00
SUPPLIES SURGERY										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION					309.00	0.00	0.00	309.00 ✓
Vendor#	Vendor Name				Class	Pay Code				
B1680	BOUND TREE MEDICAL, LLC ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
81960180 ✓		11/10/20	11/04/20	12/04/20			166.54	0.00	0.00	166.54
CS INVENTORY										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	B1680	BOUND TREE MEDICAL, LLC					166.54	0.00	0.00	166.54 ✓
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
20522		11/25/20	11/23/20	11/30/20			635.35	0.00	0.00	635.35
OUTSIDE SRV IT										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	C1010	CABLE ONE					635.35	0.00	0.00	635.35 ✓
Vendor#	Vendor Name				Class	Pay Code				
A1825	CARDINAL HEALTH 414,LLC ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8000862081 ✓		11/30/20	10/24/20	11/28/20			138.82	0.00	0.00	138.82 ✓
SUPPLIES NUC MED										
8000867412 ✓		11/30/20	10/31/20	11/30/20			513.14	0.00	0.00	513.14 ✓
SUPPLIES NUC MED										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC					651.96	0.00	0.00	651.96
Vendor#	Vendor Name				Class	Pay Code				
A1730	CAREFUSION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9106168754 ✓		11/18/20	11/05/20	12/05/20			141.83	0.00	0.00	141.83 ✓
SUPPLIES ER										
9106192918 ✓		11/24/20	11/13/20	12/13/20			421.39	0.00	0.00	421.39 ✓
SUPPLIES OB										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
	A1730	CAREFUSION					563.22	0.00	0.00	563.22
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
BBV5160 ✓		11/18/20	11/03/20	12/03/20			937.79	0.00	0.00	937.79 ✓
COMPUTERS FOR NEW CLINI										

BCV9160 ✓		11/18/20	11/07/20	12/07/20			1,175.22	0.00	0.00	1,175.22 ✓
NEW CLINIC SONICWALL LICE										
Vendor#	Vendor Name	Class	Pay Code				Gross	Discount	No-Pay	Net
	C1992 CDW GOVERNMENT, INC.						2,113.01	0.00	0.00	2,113.01
10350	CENTURION MEDICAL PRODUCTS ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
91886833 ✓		11/10/20	11/02/20	12/02/20			191.84	0.00	0.00	191.84 ✓
CS INVENTORY										
91888864 ✓		11/10/20	11/04/20	12/04/20			392.34	0.00	0.00	392.34 ✓
CS INVENTORY										
91891615 ✓		11/17/20	11/09/20	12/09/20			870.05	0.00	0.00	870.05 ✓
CS INVENTORY & RECOVERY										
Vendor#	Vendor Name	Class	Pay Code				Gross	Discount	No-Pay	Net
	10350 CENTURION MEDICAL PRODUCTS						1,454.23	0.00	0.00	1,454.23
Vendor#	Vendor Name	Class	Pay Code							
C1410	CERTIFIED LABORATORIES ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2097588 ✓		11/25/20	10/28/20	11/07/20			283.50	0.00	0.00	283.50 ✓
SUPPLIES DIETARY										
2114229 ✓		11/30/20	11/12/20	12/12/20			283.50	0.00	0.00	283.50 ✓
SUPPLIES DIETARY										
Vendor#	Vendor Name	Class	Pay Code				Gross	Discount	No-Pay	Net
	C1410 CERTIFIED LABORATORIES						567.00	0.00	0.00	567.00
Vendor#	Vendor Name	Class	Pay Code							
C1730	CITY OF PORT LAVACA ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20527		11/30/20	11/17/20	12/04/20			482.37	0.00	0.00	482.37 ✓
WATER & SEWER PLANT OPS										
20528		11/30/20	11/17/20	12/04/20			333.80	0.00	0.00	333.80 ✓
WATER & SEWER PLANT OPS										
Vendor#	Vendor Name	Class	Pay Code				Gross	Discount	No-Pay	Net
	C1730 CITY OF PORT LAVACA						816.17	0.00	0.00	816.17
Vendor#	Vendor Name	Class	Pay Code							
10786	CLINICAL PATHOLOGY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20477		11/12/20	10/31/20	12/01/20			8,477.62	0.00	0.00	8,477.62
OUTSIDE SRV LAB										
Vendor#	Vendor Name	Class	Pay Code				Gross	Discount	No-Pay	Net
	10786 CLINICAL PATHOLOGY						8,477.62	0.00	0.00	8,477.62 ✓
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
20530		11/30/20	12/01/20	12/01/20			2,758.08	0.00	0.00	2,758.08
EMPLOYEE PERSONAL INS										
Vendor#	Vendor Name	Class	Pay Code				Gross	Discount	No-Pay	Net
	11030 COMBINED INSURANCE CO						2,758.08	0.00	0.00	2,758.08 ✓
Vendor#	Vendor Name	Class	Pay Code							
C1970	CONMED CORPORATION ✓	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
999245 ✓		11/06/20	11/02/20	12/02/20			711.37	0.00	0.00	711.37 ✓
SUPPLIES SURGERY										

103153	✓	11/18/20	11/10/20	12/10/20		119.76	0.00	0.00	119.76	✓
SUPPLIES SURGERY										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
C1970 CONMED CORPORATION						831.13	0.00	0.00	831.13	
Vendor#	Vendor Name				Class	Pay Code				
L1430	CONMED LINVATEC ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2125239	✓	11/17/20	11/11/20	12/11/20		284.28	0.00	0.00	284.28	
SUPPLIES SURGERY										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
L1430 CONMED LINVATEC						284.28	0.00	0.00	284.28 ✓	
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	
V13321288	✓	11/10/20	11/04/20	12/04/20		483.99	0.00	0.00	483.99	
CS INVENTORY										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
C2150 COOK MEDICAL INCORPORATED						483.99	0.00	0.00	483.99 ✓	
Vendor#	Vendor Name				Class	Pay Code				
10556	CPP WOUND CARE #28,LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
18551	✓	11/25/20	11/10/20	11/30/20		20,000.00	0.00	0.00	20,000.00	
PROF FEES WOUND CARE										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
10556 CPP WOUND CARE #28,LLC						20,000.00	0.00	0.00	20,000.00 ✓	
Vendor#	Vendor Name				Class	Pay Code				
11004	CSI LEASING INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
RT00109902	✓	11/12/20	10/24/20	12/01/20		7,682.67	0.00	0.00	7,682.67	
LEASE & RENTAL MED SURG										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
11004 CSI LEASING INC						7,682.67	0.00	0.00	7,682.67 ✓	
Vendor#	Vendor Name				Class	Pay Code				
C1443	CYGNUS MEDICAL LLC ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
180381	✓	11/17/20	11/05/20	12/05/20		872.00	0.00	0.00	872.00	
SUPPLIES SURGERY										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
C1443 CYGNUS MEDICAL LLC						872.00	0.00	0.00	872.00 ✓	
Vendor#	Vendor Name				Class	Pay Code				
10509	DA&E ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
20523		11/25/20	11/16/20	11/30/20		1,045.00	0.00	0.00	1,045.00	
PROF FEES ACCOUNTING										
Vendor Totals Number Name						Gross	Discount	No-Pay	Net	
10509 DA&E						1,045.00	0.00	0.00	1,045.00 ✓	
Vendor#	Vendor Name				Class	Pay Code				
S2896	DANETTE BETHANY ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
20515		11/25/20	11/24/20	11/24/20		321.55	0.00	0.00	321.55	
TRAVEL EXPENSE CLINIC										

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		S2896	DANETTE BETHANY			321.55	0.00	0.00	321.55 ✓
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
455553-0 ✓		11/06/20	11/02/20	12/02/20		186.29	0.00	0.00	186.29 ✓
CS INVENTORY & XRAY SUPP									
455990-0 ✓		11/06/20	11/04/20	12/04/20		210.21	0.00	0.00	210.21 ✓
CS INVENTORY									
456212-0 ✓		11/10/20	11/09/20	12/09/20		235.54	0.00	0.00	235.54 ✓
SUPPLIES ER & CLINIC									
456236-0 ✓		11/10/20	11/09/20	12/09/20		43.96	0.00	0.00	43.96 ✓
CS INVENTORY									
455573-0 ✓		11/12/20	11/02/20	12/02/20		46.69	0.00	0.00	46.69 ✓
SUPPLIES OB									
455695-0 ✓		11/12/20	11/03/20	12/03/20		5.82	0.00	0.00	5.82 ✓
OFFICE SUPPLIES BEHAVE HI									
455991-0 ✓		11/12/20	11/04/20	12/04/20		62.28	0.00	0.00	62.28 ✓
SUPPLIES ER									
455790-0 ✓		11/12/20	11/04/20	12/04/20		15.93	0.00	0.00	15.93 ✓
SUPPLIES CARDIO									
456158-0 ✓		11/12/20	11/06/20	12/06/20		36.77	0.00	0.00	36.77 ✓
SUPPLIES SURGERY									
456108-0 ✓		11/12/20	11/06/20	12/06/20		1.80	0.00	0.00	1.80 ✓
SUPPLIES ER									
456107-0 ✓		11/12/20	11/06/20	12/06/20		33.60	0.00	0.00	33.60 ✓
OFFICE SUPPLIES LAB									
456577-0 ✓		11/17/20	11/11/20	12/11/20		219.46	0.00	0.00	219.46 ✓
CS INVENTORY									
456648-0 ✓		11/17/20	11/12/20	12/12/20		56.99	0.00	0.00	56.99 ✓
OFFICE SUPPLIES SURGERY									
456224-0 ✓		11/18/20	11/09/20	12/09/20		35.92	0.00	0.00	35.92 ✓
OFFICE SUPPLIES INDIGENT									
456699-0 ✓		11/18/20	11/12/20	12/12/20		9.78	0.00	0.00	9.78 ✓
OFFICE SUPPLIES SPEC CLIN									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON			1,201.04	0.00	0.00	1,201.04
Vendor#	Vendor Name			Class	Pay Code				
11139	DIANNE ATKINSON ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20516		11/25/20	11/24/20	11/24/20		136.21	0.00	0.00	136.21
TRAVEL EXP CLINIC									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11139	DIANNE ATKINSON			136.21	0.00	0.00	136.21 ✓
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
26217 ✓		10/31/20	11/02/20	12/02/20		362.85	0.00	0.00	362.85 ✓
CS INVENTORY									
26216 ✓		11/12/20	11/02/20	12/02/20		108.90	0.00	0.00	108.90 ✓
OFFICE SUPPLIES CLINIC									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net

	D1608	DIVERSIFIED BUSINESS SYSTEMS				471.75	0.00	0.00	471.75
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
	8417 ✓		11/06/20	11/02/20	12/02/20	79.95	0.00	0.00	79.95 ✓
		BUS OFFICE FORMS							
	8431 ✓		11/18/20	11/12/20	12/12/20	185.60	0.00	0.00	185.60 ✓
		CS FORMS							
	8430 ✓		11/18/20	11/12/20	12/12/20	79.98	0.00	0.00	79.98 ✓
		SUPPLIES CLINIC							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		D1752 DLE PAPER & PACKAGING				345.53	0.00	0.00	345.53
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
	20534		11/30/20	10/30/20	10/30/20	17.50	0.00	0.00	17.50 ✓
		OUTSIDE SRV HOUSEKEEPIN							
	20532		11/30/20	11/12/20	11/12/20	35.00	0.00	0.00	35.00 ✓
		OUTSIDE SRV HOUSEKEEPIN							
	20533		11/30/20	11/25/20	11/25/20	35.00	0.00	0.00	35.00 ✓
		OUTSIDE SRV HOUSEKEEPIN							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		D1710 DOWNTOWN CLEANERS				87.50	0.00	0.00	87.50
Vendor#	Vendor Name			Class	Pay Code				
11046	E-MDS, INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	75549 ✓		11/30/20	11/06/20	12/06/20	21,159.00	0.00	0.00	21,159.00
		OUTSIDE SRV CLINIC							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		11046 E-MDS, INC				21,159.00	0.00	0.00	21,159.00 ✓
Vendor#	Vendor Name			Class	Pay Code				
E1238	ELECTRONIC DIAGNOSTIC & REPAIR ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	7179 ✓		11/18/20	11/06/20	12/06/20	115.90	0.00	0.00	115.90
		REPAIRS INSTRUMENT SURG							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		E1238 ELECTRONIC DIAGNOSTIC & REPAIR				115.90	0.00	0.00	115.90 ✓
Vendor#	Vendor Name			Class	Pay Code				
11049	ELITECH GROUP INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	525189 ✓		11/25/20	11/02/20	12/02/20	219.06	0.00	0.00	219.06
		LAB SUPPLIES							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		11049 ELITECH GROUP INC				219.06	0.00	0.00	219.06 ✓
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
	A1511041378		11/12/20	11/04/20	12/04/20	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					
S0501	EVOQUA WATER TECHNOLOGIES LLC	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
902392504	✓	11/25/20	11/01/20	10/30/20		148.72	0.00	0.00	148.72	✓	
SUPPLIES LAB											
902400945	✓	11/30/20	11/10/20	12/10/20		220.15	0.00	0.00	220.15	✓	
SUPPLIES LAB											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						S0501	EVOQUA WATER TECHNOLOGIES LLC	368.87	0.00	0.00	368.87
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		
6803572	✓	11/30/20	11/03/20	12/03/20		115.50	0.00	0.00	115.50	✓	
LAB SUPPLIES											
6803574	✓	11/30/20	11/03/20	12/03/20		497.63	0.00	0.00	497.63	✓	
LAB SUPPLIES											
6803573	✓	11/30/20	11/03/20	12/03/20		102.49	0.00	0.00	102.49	✓	
SUPPLIES LAB											
6892700	✓	11/30/20	11/04/20	12/04/20		128.56	0.00	0.00	128.56	✓	
LAB SUPPLIES											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						F1400	FISHER HEALTHCARE	844.18	0.00	0.00	844.18
Vendor#	Vendor Name				Class	Pay Code					
F1653	FORT BEND SERVICES, INC	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
0199340-IN	✓	11/18/20	11/02/20	12/02/20		530.00	0.00	0.00	530.00		
MAINT CONTR PLANT OPS											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						F1653	FORT BEND SERVICES, INC	530.00	0.00	0.00	530.00
Vendor#	Vendor Name				Class	Pay Code					
10283	GE HEALTHCARE	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6000346942	✓	11/30/20	11/01/20	12/01/20		416.61	0.00	0.00	416.61	✓	
MAINT CONTR XRAY											
6000344261	✓	11/30/20	11/01/20	12/01/20		3,433.75	0.00	0.00	3,433.75	✓	
MAINT CONTR XRAY											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						10283	GE HEALTHCARE	3,850.36	0.00	0.00	3,850.36
Vendor#	Vendor Name				Class	Pay Code					
10488	GE HEALTHCARE IITS USA CORP	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
030319420	✓	11/25/20	11/06/20	12/06/20		805.27	0.00	0.00	805.27		
DUES & SUBCRIPTIONS OB											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						10488	GE HEALTHCARE IITS USA CORP	805.27	0.00	0.00	805.27
Vendor#	Vendor Name				Class	Pay Code					
W1300	GRAINGER	✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
9887971845	✓	11/18/20	11/06/20	12/06/20		21.31	0.00	0.00	21.31	✓	
SUPPLIES DIETARY											
9888845238	✓	11/18/20	11/09/20	12/09/20		21.31	0.00	0.00	21.31	✓	
SUPPLIES DIETARY											

9891367311 ✓	11/18/20	11/11/20	12/11/20	44.20	0.00	0.00	44.20 ✓		
SUPPLIES PLANT OPS									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
				W1300	GRAINGER	86.82	0.00	0.00	86.82
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
20529		11/30/20	11/20/20	11/20/20		150.00	0.00	0.00	150.00
OUTSIDE SRV CARDIO & XRA									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
				G0401	GULF COAST DELIVERY	150.00	0.00	0.00	150.00 ✓
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
96589 ✓		11/18/20	11/04/20	12/04/20		35.96	0.00	0.00	35.96 ✓
SUPPLIES XRAY									
96650 ✓		11/18/20	11/05/20	12/05/20		20.97	0.00	0.00	20.97 ✓
SUPPLIES XRAY									
96776 ✓		11/25/20	11/09/20	12/09/20		3.98	0.00	0.00	3.98 ✓
SUPPLIES PLANT OPS									
96822 ✓		11/25/20	11/10/20	12/10/20		29.99	0.00	0.00	29.99 ✓
SUPPLIES BUS OFFICE									
96842 ✓		11/25/20	11/11/20	12/11/20		13.77	0.00	0.00	13.77 ✓
SUPPLIES PLANT LAB									
96964 ✓		11/25/20	11/16/20	12/14/20		14.32	0.00	0.00	14.32 ✓
SUPPLIES PLANT OPS									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
				A1292	GULF COAST HARDWARE / ACE	118.99	0.00	0.00	118.99
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
1038551 ✓		11/06/20	11/03/20	12/03/20		157.03	0.00	0.00	157.03 ✓
SUPPLIES HOUSEKEEPING									
1042817 ✓		11/10/20	11/10/20	12/10/20		271.27	0.00	0.00	271.27 ✓
SUPPLIES HOUSEKEEPING									
1042806 ✓		11/18/20	11/10/20	12/10/20		209.14	0.00	0.00	209.14 ✓
SUPPLIES HOUSEKEEPING									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
				G1210	GULF COAST PAPER COMPANY	637.44	0.00	0.00	637.44
Vendor#	Vendor Name				Class	Pay Code			
11095	GULF COAST SCIENTIFIC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
71926 ✓		11/25/20	10/30/20	11/30/20		268.00	0.00	0.00	268.00
LAB SUPPLIES									
Vendor Totals				Number	Name	Gross	Discount	No-Pay	Net
				11095	GULF COAST SCIENTIFIC	268.00	0.00	0.00	268.00 ✓
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
051124		11/30/20	11/24/20	12/01/20		16.15	0.00	0.00	16.15 ✓
FOOD SUPPLIES DIETARY									

055870	✓	11/30/20	11/25/20	12/01/20		5.18	0.00	0.00	5.18	✓		
FOOD SUPPLIES DIETARY												
062390		11/30/20	11/29/20	12/01/20		35.70	0.00	0.00	35.70	✓		
FOOD SUPPLIES DIETARY												
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net	
						H0030	H E BUTT GROCERY	57.03	0.00	0.00	57.03	
Vendor#	Vendor Name				Class	Pay Code						
H0416	HOLOGIC INC				✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
7669698	✓	11/17/20	11/06/20	12/06/20			257.94	0.00	0.00	257.94		
SUPPLIES MAMMO												
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net	
						H0416	HOLOGIC INC	257.94	0.00	0.00	257.94	✓
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		
37600068	✓	11/17/20	11/06/20	12/06/20			52.30	0.00	0.00	52.30	✓	
CS INVENTORY												
37544204	✓	11/18/20	11/03/20	12/03/20			33.89	0.00	0.00	33.89	✓	
CS INVENTORY												
37567167	✓	11/18/20	11/04/20	12/04/20			68.41	0.00	0.00	68.41	✓	
CS INVENTORY												
37618414	✓	11/18/20	11/09/20	12/09/20			66.26	0.00	0.00	66.26	✓	
CS INVENTORY & PT SUPPLY												
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net	
						I0415	INDEPENDENCE MEDICAL	220.86	0.00	0.00	220.86	
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		
915509826	✓	11/10/20	11/02/20	12/02/20			1,389.34	0.00	0.00	1,389.34	✓	
SUPPLIES SURGERY												
915522196	✓	11/10/20	11/04/20	12/04/20			732.62	0.00	0.00	732.62	✓	
SUPPLIES SURGERY												
915525573	✓	11/17/20	11/04/20	12/04/20			42.00	0.00	0.00	42.00	✓	
SUPPLIES SURGERY												
915546590	✓	11/18/20	11/09/20	12/09/20			862.78	0.00	0.00	862.78	✓	
SUPPLIES SURGERY												
915546589	✓	11/18/20	11/09/20	12/09/20			1,396.70	0.00	0.00	1,396.70	✓	
SUPPLIES SURGERY												
915492182	✓	11/25/20	10/29/20	11/28/20			113.00	0.00	0.00	113.00	✓	
SUPPLIES BLOOD BANK												
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net	
						J0150	J & J HEALTH CARE SYSTEMS, INC	4,536.44	0.00	0.00	4,536.44	
Vendor#	Vendor Name				Class	Pay Code						
K1070	KEY SURGICAL INC				✓	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
747013	✓	11/10/20	11/04/20	12/04/20			40.00	0.00	0.00	40.00		
SUPPLIES SURGERY												
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net	
						K1070	KEY SURGICAL INC	40.00	0.00	0.00	40.00	✓
Vendor#	Vendor Name				Class	Pay Code						
11099	MARLIN BUSINESS BANK				✓							

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
13682965	✓	11/25/20	11/14/20	11/30/20		662.27	0.00	0.00	662.27		
LEASE & RENTAL IT											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11099	MARLIN BUSINESS BANK	662.27	0.00	0.00	662.27 ✓
Vendor#	Vendor Name				Class	Pay Code					
M1950	MARTIN PRINTING CO ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
67871	✓	11/30/20	11/02/20	12/02/20		71.19	0.00	0.00	71.19		
SUPPLIES CLINIC											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M1950	MARTIN PRINTING CO	71.19	0.00	0.00	71.19 ✓
Vendor#	Vendor Name				Class	Pay Code					
M2260	MEDI-GARB CO INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
14844	✓	11/18/20	11/12/20	12/12/20		228.36	0.00	0.00	228.36		
CS INVENTORY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2260	MEDI-GARB CO INC	228.36	0.00	0.00	228.36 ✓
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		
2522055334	✓	11/10/20	11/04/20	12/04/20		147.25	0.00	0.00	147.25		
SUPPLIES SURGERY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2499	MEDTRONIC USA, INC.	147.25	0.00	0.00	147.25 ✓
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		
1784251	✓	11/30/20	11/04/20	12/04/20		78.47	0.00	0.00	78.47		
SUPPLIES LAB											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10182	MERCEDES MEDICAL	78.47	0.00	0.00	78.47 ✓
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		
30094143033	✓	11/06/20	11/02/20	12/02/20		158.90	0.00	0.00	158.90 ✓		
SUPPLIES SURGERY											
30094144429	✓	11/10/20	11/04/20	12/04/20		1,554.79	0.00	0.00	1,554.79 ✓		
SUPPLIES XRAY											
30094145290	✓	11/17/20	11/05/20	12/05/20		520.62	0.00	0.00	520.62 ✓		
SUPPLIES CT SCAN											
30094145986	✓	11/17/20	11/06/20	12/06/20		181.26	0.00	0.00	181.26 ✓		
SUPPLIES MAMMO											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M2659	MERRY X-RAY/SOURCEONE HEALTHCA	2,415.57	0.00	0.00	2,415.57
Vendor#	Vendor Name				Class	Pay Code					
M2650	METLIFE ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
120115		11/25/20	11/23/20	12/01/20		258.52	0.00	0.00	258.52 ✓		
EMPLOYEE PERSONAL INS											

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		M2650	METLIFE				258.52	0.00	0.00	258.52
Vendor#	Vendor Name			Class	Pay Code					
11109	MINDRAY CAPITAL ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	639144		11/25/20	11/13/20	12/13/20		6,655.11	0.00	0.00	6,655.11 ✓
	LEASE & RENTAL ER									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11109	MINDRAY CAPITAL				6,655.11	0.00	0.00	6,655.11
Vendor#	Vendor Name			Class	Pay Code					
10810	MMC EMPLOYEE BENEFIT PLAN ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	NOVEMBER162015		11/18/20	11/16/20	11/16/20		18,766.38	0.00	0.00	18,766.38
	EMPLOYEE MEDICAL CLAIMS									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				18,766.38	0.00	0.00	18,766.38 ✓
Vendor#	Vendor Name			Class	Pay Code					
C1279	MONICA CARR ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20524		11/30/20	10/19/20	10/19/20		287.45	0.00	0.00	287.45
	TRAVEL EXPENSE OB									
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		C1279	MONICA CARR				287.45	0.00	0.00	287.45 ✓
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
	6846 ✓		11/25/20	11/19/20	11/20/20		-318.83	0.00	0.00	-318.83 ✓
	PHARMACY CREDIT									
	8167055 ✓		11/25/20	11/23/20	11/24/20		19.11	0.00	0.00	19.11 ✓
	PHARMACY DRUGS									
	8167235 ✓		11/25/20	11/23/20	11/24/20		63.15	0.00	0.00	63.15 ✓
	PHARMACY DRUGS									
	8167234 ✓		11/25/20	11/23/20	11/24/20		3,148.15	0.00	0.00	3,148.15 ✓
	PHARMACY DRUGS									
	8167233 ✓		11/25/20	11/23/20	11/24/20		666.69	0.00	0.00	666.69 ✓
	PHARMACY DRUGS									
	SC0455 ✓		11/25/20	11/24/20	11/25/20		37.55	0.00	0.00	37.55 ✓
	SERVICE CHARGE PHARMAC									
	8173327 ✓		11/25/20	11/24/20	11/25/20		92.58	0.00	0.00	92.58 ✓
	PHARMACY DRUGS									
	8173329 ✓		11/25/20	11/24/20	11/25/20		384.22	0.00	0.00	384.22 ✓
	PHARMACY DRUGS									
	8173330 ✓		11/25/20	11/24/20	11/25/20		11.39	0.00	0.00	11.39 ✓
	PHARMACY DRUGS									
	7337 ✓		11/30/20	11/24/20	11/25/20		-106.82	0.00	0.00	-106.82 ✓
	PHARMACY CREDIT									
	CM69528 ✓		11/30/20	11/25/20	11/26/20		-1,297.71	0.00	0.00	-1,297.71 ✓
	PHARMACY CREDIT									
	8190725 ✓		11/30/20	11/30/20	12/01/20		3.74	0.00	0.00	3.74 ✓
	PHARMACY DRUGS									
	8190723 ✓		11/30/20	11/30/20	12/01/20		6.42	0.00	0.00	6.42 ✓
	PHARMACY DRUGS									

8190512	✓	11/30/20	11/30/20	12/01/20			2,517.06	0.00	0.00	2,517.06	✓		
PHARMACY DRUGS													
8190724	✓	11/30/20	11/30/20	12/01/20			41.25	0.00	0.00	41.25	✓		
PHARMACY DRUGS													
8190511	✓	11/30/20	11/30/20	12/01/20			2,743.81	0.00	0.00	2,743.81	✓		
PHARMACY DRUGS													
8190513	✓	11/30/20	11/30/20	12/01/20			17.45	0.00	0.00	17.45	✓		
PHARMACY DRUGS													
8190514	✓	11/30/20	11/30/20	12/01/20			18.34	0.00	0.00	18.34	✓		
PHARMACY DRUGS													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							10536	MORRIS & DICKSON CO, LLC	8,047.55	0.00	0.00	8,047.55	
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			
90190152		11/30/20	11/04/20	12/04/20			61.33	0.00	0.00	61.33			
LAB SUPPLIES													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							10868	NOVA BIOMEDICAL	61.33	0.00	0.00	61.33	✓
Vendor#	Vendor Name				Class	Pay Code							
00920	OFFICE DEPOT				✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
803841862001	✓	11/18/20	11/04/20	12/04/20			149.14	0.00	0.00	149.14			
SUPPLIES LAB													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							00920	OFFICE DEPOT	149.14	0.00	0.00	149.14	✓
Vendor#	Vendor Name				Class	Pay Code							
01500	OLYMPUS AMERICA INC				✓	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
91595779	✓	10/31/20	10/28/20	12/12/20			473.48	0.00	0.00	473.48			
SUPPLIES SURGERY													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							01500	OLYMPUS AMERICA INC	473.48	0.00	0.00	473.48	✓
Vendor#	Vendor Name				Class	Pay Code							
OM425	OWENS & MINOR				✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
2011365548	✓	11/06/20	11/03/20	12/03/20			1,064.45	0.00	0.00	1,064.45	✓		
SUPPLIES VARIOUS DEPTS													
2011360051	✓	11/06/20	11/03/20	12/03/20			3.89	0.00	0.00	3.89	✓		
CS INVENTORY													
2011360461	✓	11/06/20	11/03/20	12/03/20			45.64	0.00	0.00	45.64	✓		
SUPPLIES EKG													
2011360487	✓	11/06/20	11/03/20	12/03/20			48.62	0.00	0.00	48.62	✓		
CS INVENTORY													
2011365985	✓	11/06/20	11/03/20	12/03/20			1,250.07	0.00	0.00	1,250.07	✓		
CS INVENTORY & LAB SUPPL													
2011361739	✓	11/06/20	11/03/20	12/03/20			10.32	0.00	0.00	10.32	✓		
CS INVENTORY													
2011360993	✓	11/10/20	11/03/20	12/03/20			8.87	0.00	0.00	8.87	✓		
CS INVENTORY													
2011450759	✓	11/10/20	11/05/20	12/05/20			1,196.49	0.00	0.00	1,196.49	✓		

SUPPLIES SURGERY												
2011444845	✓		11/10/20	11/05/20	12/05/20		62.50	0.00	0.00	62.50 ✓		
SUPPLIES CLINIC												
2011451671	✓		11/10/20	11/05/20	12/05/20		1,273.27	0.00	0.00	1,273.27 ✓		
CS INVENTORY												
2011370460	✓		11/12/20	11/03/20	12/03/20		45.89	0.00	0.00	45.89 ✓		
SUPPLIES OB												
2011575708	✓		11/17/20	11/10/20	12/10/20		40.23	0.00	0.00	40.23 ✓		
CS INVENTORY												
2011577416	✓		11/17/20	11/10/20	12/10/20		51.24	0.00	0.00	51.24 ✓		
SUPPLIES DIETARY												
2011584040	✓		11/17/20	11/10/20	12/10/20		1,839.90	0.00	0.00	1,839.90 ✓		
SUPPLIES VARIOUS DEPTS												
2011576496	✓		11/17/20	11/10/20	12/10/20		91.29	0.00	0.00	91.29 ✓		
CS INVENTORY												
2011581057	✓		11/17/20	11/10/20	12/10/20		824.92	0.00	0.00	824.92 ✓		
SUPPLIES VARIOUS DEPTS												
2011578165	✓		11/17/20	11/10/20	12/10/20		4.05	0.00	0.00	4.05 ✓		
CS INVENTORY												
2011576011	✓		11/17/20	11/10/20	12/10/20		44.98	0.00	0.00	44.98 ✓		
CS INVENTORY												
2011576457	✓		11/17/20	11/10/20	12/10/20		196.68	0.00	0.00	196.68 ✓		
SUPPLIES VARIOUS DEPTS												
2011662967	✓		11/17/20	11/12/20	12/12/20		3.66	0.00	0.00	3.66 ✓		
CS INVENTORY												
2011667365	✓		11/17/20	11/12/20	12/12/20		159.76	0.00	0.00	159.76 ✓		
SUPPLIES PT												
2011666364	✓		11/17/20	11/12/20	12/12/20		1,043.04	0.00	0.00	1,043.04 ✓		
CS INVENTORY & OB SUPPLIE												
2011660037	✓		11/17/20	11/12/20	12/12/20		54.93	0.00	0.00	54.93 ✓		
SUPPLIES MED SURG												
2011668480	✓		11/17/20	11/12/20	12/12/20		371.88	0.00	0.00	371.88 ✓		
SUPPLIES SURGERY												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							OM425	OWENS & MINOR	9,736.57	0.00	0.00	9,736.57
Vendor#	Vendor Name					Class	Pay Code					
P1038	PAM PARRISH ✓					W						
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
20525			11/30/20	10/19/20	10/19/20			100.00	0.00	0.00	100.00	
TRAVEL EXPENSE OB												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							P1038	PAM PARRISH	100.00	0.00	0.00	100.00
Vendor#	Vendor Name					Class	Pay Code					
11129	PETER A. RIPPER & ASSOCIATES, ✓											
Invoice#		Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
21025 ✓			11/12/20	11/01/20	12/01/20			2,000.00	0.00	0.00	2,000.00	
OUTISE SRV ADMIN												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11129	PETER A. RIPPER & ASSOCIATES,	2,000.00	0.00	0.00	2,000.00 ✓
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	

037576 ✓		11/10/20	11/06/20	12/06/20		836.73	0.00	0.00	836.73 ✓
	CS INVENTORY								
038389 ✓		11/18/20	11/13/20	12/13/20		308.48	0.00	0.00	308.48 ✓
	CS INVENTORY								
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE				1,145.21	0.00	0.00	1,145.21
Vendor#	Vendor Name				Class	Pay Code			
10114	PORT LAVACA CHAMBER OF COMMERCE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1001		11/20/20	01/01/20	12/01/20		375.00	0.00	0.00	375.00
	LEADERSHIP TUITION								
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
	10114	PORT LAVACA CHAMBER OF COMMERCE				375.00	0.00	0.00	375.00
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
A15730		11/18/20	11/03/20	12/03/20		7.99	0.00	0.00	7.99
	SUPPLIES PLANT OPS								
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC				7.99	0.00	0.00	7.99 ✓
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
20517		11/25/20	08/31/20	09/30/20		730.00	0.00	0.00	730.00 ✓
	READ FEES XRAY								
20518		11/25/20	10/30/20	11/29/20		10.00	0.00	0.00	10.00 ✓
	READ FEES XRAY								
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
	R1268	RADIOLOGY UNLIMITED, PA				740.00	0.00	0.00	740.00
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
1175 ✓		11/30/20	04/01/20	05/01/20		2,817.50	0.00	0.00	2,817.50
	2ND QRT PAY MAINT CONTR :								
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			
11009	RECONDO ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV-08324		11/18/20	11/01/20	12/01/20		4,050.00	0.00	0.00	4,050.00
	OUTSIDE SRV BUS OFFICE								
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
	11009	RECONDO				4,050.00	0.00	0.00	4,050.00 ✓
Vendor#	Vendor Name				Class	Pay Code			
R1200	RED HAWK ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SM214210 ✓		11/12/20	11/01/20	12/01/20		37.50	0.00	0.00	37.50
	OUTSIDE SRV PLANT OPS								
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
	R1200	RED HAWK				37.50	0.00	0.00	37.50 ✓
Vendor#	Vendor Name				Class	Pay Code			

10927 ROSHANDA GRAY

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20519		11/25/20	11/25/20	11/25/20		232.36	0.00	0.00	232.36
	TRAVEL EXP ADMIN					219.34			219.34
20521		11/25/20	11/25/20	11/25/20		31.51	0.00	0.00	31.51
	TRAVEL EXP ADMIN								
20520		11/25/20	11/25/20	11/25/20		177.10	0.00	0.00	177.10
	TRAVEL EXP ADMIN								
Vendor Totals						Gross	Discount	No-Pay	Net
10927 ROSHANDA GRAY						440.97	0.00	0.00	440.97
						427.97			427.97

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
905312157	✓	10/21/20	10/03/20	12/01/20		204.23	0.00	0.00	204.23
	PHARMACY DRUGS								
905565684	✓	11/25/20	11/02/20	12/01/20		1,684.15	0.00	0.00	1,684.15
	PHARMACY DRUGS								
Vendor Totals						Gross	Discount	No-Pay	Net
S1001 SANOFI PASTEUR INC						1,888.38	0.00	0.00	1,888.38

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
196330		11/30/20	12/01/20	12/01/20		1,260.00	0.00	0.00	1,260.00
	ADVERTISING								
196391		11/30/20	12/01/20	12/01/20		390.00	0.00	0.00	390.00
	ADVERTISING								
Vendor Totals						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
92578832	✓	11/10/20	11/02/20	12/02/20		474.01	0.00	0.00	474.01
	SUPPLIES SURGERY								
92626501		11/30/20	11/21/20	12/01/20		761.03	0.00	0.00	761.03
	SUPPLIES SURGERY								
Vendor Totals						Gross	Discount	No-Pay	Net
S2362 SMITH & NEPHEW						474.01	0.00	0.00	474.01
						4235.04			4235.04

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
90016207	✓	11/25/20	10/31/20	11/30/20		-3,280.00	0.00	0.00	-3,280.00
	BLOOD BANK CREDIT								
90016268	✓	11/25/20	10/31/20	11/30/20		5,625.00	0.00	0.00	5,625.00
	BLOOD BANK SUPPLIES								
Vendor Totals						Gross	Discount	No-Pay	Net
S2400 SO TEX BLOOD & TISSUE CENTER						2,345.00	0.00	0.00	2,345.00

Vendor# Vendor Name

Class

Pay Code

11083 STRATUS VIDEO INTERPRETING ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV-5493	✓	11/18/20	11/01/20	12/01/20		502.50	0.00	0.00	502.50
	OUTSIDE SRV ADMIN								
Vendor Totals						Gross	Discount	No-Pay	Net

	11083	STRATUS VIDEO INTERPRETING				502.50	0.00	0.00	502.50
Vendor#	Vendor Name		Class	Pay Code					
S2830	STRYKER SALES CORP ✓		M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	405399A ✓		11/24/20	11/10/20	12/10/20	62.64	0.00	0.00	62.64
	SUPPLIES SURGERY								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		S2830	STRYKER SALES CORP			62.64	0.00	0.00	62.64 ✓
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
	511122500		11/18/20	11/12/20	12/02/20	962.88	0.00	0.00	962.88 ✓
	FOOD SUPPLIES DIETARY								
	511192807		11/30/20	11/19/20	12/09/20	533.17	0.00	0.00	533.17 ✓
	FOOD SUPPLIES DIETARY								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		S2951	SYSCO FOOD SERVICES OF			1,496.05	0.00	0.00	1,496.05
Vendor#	Vendor Name		Class	Pay Code					
11106	TELEVOX ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	INV001535827 ✓		11/25/20	09/30/20	10/30/20	306.68	0.00	0.00	306.68 ✓
	OUTSIDE SRV CLINIC								
	INV001551477 ✓		11/25/20	10/31/20	11/30/20	306.44	0.00	0.00	306.44 ✓
	OUTSIDE SRV CLINIC								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11106	TELEVOX			613.12	0.00	0.00	613.12
Vendor#	Vendor Name		Class	Pay Code					
11140	TEXAS ADVANTAGE COMMUNITY BANK								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	20531		11/30/20	11/20/20	12/01/20	3,690.52	0.00	0.00	3,690.52
	LEASE & RENTAL XRAY								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11140	TEXAS ADVANTAGE COMMUNITY BANK			3,690.52	0.00	0.00	3,690.52
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
	57039936		11/25/20	11/24/20	11/30/20	6,264.00	0.00	0.00	6,264.00
	WORK COMP INS								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO			6,264.00	0.00	0.00	6,264.00 ✓
Vendor#	Vendor Name		Class	Pay Code					
T2235	TEXAS SOCIAL SECURITY PROGRAM ✓		W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	20475		11/12/20	11/04/20	12/14/20	35.00	0.00	0.00	35.00
	DUES & SUBCRIPTIONS ADMI								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		T2235	TEXAS SOCIAL SECURITY PROGRAM			35.00	0.00	0.00	35.00 ✓
Vendor#	Vendor Name		Class	Pay Code					
T2230	TEXAS WIRED MUSIC INC ✓		W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	A844660		11/18/20	11/01/20	12/01/20	73.95	0.00	0.00	73.95 ✓

OUTSIDE SRV ADMIN															
A844659	11/18/20 11/01/20 12/01/20					63.95	0.00	0.00	63.95	✓					
OUTSIDE SRV ADMIN															
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net				
						T2230	TEXAS WIRED MUSIC INC	137.90	0.00	0.00	137.90				
Vendor#	Vendor Name					Class	Pay Code								
T1724	TOSHIBA AMERICA MEDICAL SYST. ✓														
Invoice#						Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
10188135							12/01/20	11/03/20	12/03/20		9,000.00	0.00	0.00	9,000.00	
MAINTCONTR CT SCAN															
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net				
						T1724	TOSHIBA AMERICA MEDICAL SYST.	9,000.00	0.00	0.00	9,000.00	✓			
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	
8150710037						✓	11/12/20	11/03/20	12/03/20		46.60	0.00	0.00	46.60	✓
OUTSIDE SRV MAINT															
8150710141						✓	11/12/20	11/03/20	12/03/20		28.50	0.00	0.00	28.50	✓
OUTSIDE SRV BIOMED															
8150710931						✓	11/18/20	11/10/20	12/10/20		28.50	0.00	0.00	28.50	✓
OUTSIDE SRV BIO MED															
8150710831						✓	11/18/20	11/10/20	12/10/20		46.60	0.00	0.00	46.60	✓
OUTSIDE SRV MAINT															
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net				
						U1054	UNIFIRST HOLDINGS	150.20	0.00	0.00	150.20				
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	
8400206486						✓	11/12/20	11/03/20	12/03/20		1,047.84	0.00	0.00	1,047.84	✓
LAUNDRY HOUSEKEEPING															
8400206435						✓	11/12/20	11/03/20	12/03/20		146.21	0.00	0.00	146.21	✓
LAUNDRY HOUSEKEEPING															
8400206434						✓	11/12/20	11/03/20	12/03/20		104.21	0.00	0.00	104.21	✓
LAUNDRY OB															
8400206431						✓	11/12/20	11/03/20	12/03/20		204.18	0.00	0.00	204.18	✓
LAUNDRY HOUSEKEEPING															
8400206433						✓	11/12/20	11/03/20	12/03/20		175.14	0.00	0.00	175.14	✓
LAUNDRY DIETARY															
8400206432						✓	11/12/20	11/03/20	12/03/20		193.11	0.00	0.00	193.11	✓
LAUNDRY HOUSEKEEPING															
8400206754						✓	11/12/20	11/06/20	12/06/20		510.73	0.00	0.00	510.73	✓
LAUNDRY SURGERY															
8400206798						✓	11/12/20	11/06/20	12/06/20		1,015.49	0.00	0.00	1,015.49	✓
LAUNDRY HOUSEKEEPING															
8400206473						✓	11/18/20	11/03/20	12/03/20		138.35	0.00	0.00	138.35	✓
LAUNDRY DIETARY															
8400206966						✓	11/18/20	11/10/20	12/10/20		138.35	0.00	0.00	138.35	✓
LAUNDRY DIETARY															
8400206921						✓	11/18/20	11/10/20	12/10/20		198.52	0.00	0.00	198.52	✓
LAUNDRY HOUSEKEEPING															
8400260925						✓	11/18/20	11/10/20	12/10/20		109.01	0.00	0.00	109.01	✓
LAUNDRY HOUSEKEEPING															

8400206922	✓	11/18/20 11/10/20 12/10/20	220.80	0.00	0.00	220.80	✓
LAUNDRY HOUSEKEEPING							
8400206977	✓	11/18/20 11/10/20 12/10/20	888.04	0.00	0.00	888.04	✓
LAUNDRY HOUSEKEEPING							
8400206923	✓	11/18/20 11/10/20 12/10/20	175.14	0.00	0.00	175.14	✓
LAUNDRY DIETARY							
8400206924	✓	11/18/20 11/10/20 12/10/20	104.21	0.00	0.00	104.21	✓
LAUNDRY OB							
8400207305	✓	11/18/20 11/13/20 12/13/20	1,045.84	0.00	0.00	1,045.84	✓
LAUNDRY HOUSEKEEPING'							
8400207263	✓	11/18/20 11/13/20 12/13/20	551.93	0.00	0.00	551.93	✓
LAUNDRY SURGERY							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	6,967.10	0.00	0.00	6,967.10

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	
3721504 ✓		11/18/20	11/12/20	12/02/20		2,716.02	0.00	0.00	2,716.02	✓
	FOOD SUPPLIES DIETARY									
3783214 ✓		11/18/20	11/16/20	12/06/20		2,165.48	0.00	0.00	2,165.48	✓
	FOOD SUPPLIES DIETARY									
5685712 ✓		11/25/20	09/13/20	10/03/20		49.20	0.00	0.00	49.20	✓
	FOOD EXPENSE DIETARY									
3049391 ✓		11/25/20	10/04/20	10/24/20		94.83	0.00	0.00	94.83	✓
	SUPPLIES DIETARY									
3180801 ✓		11/25/20	10/11/20	10/31/20		11.90	0.00	0.00	11.90	✓
	SUPPLIES DIETARY									
3828730 ✓		11/30/20	11/17/20	12/07/20		47.76	0.00	0.00	47.76	✓
	FOOD EXPENSE DIETARY									
3852981 ✓		11/30/20	11/19/20	12/09/20		2,537.88	0.00	0.00	2,537.88	✓
	FOOD SUPPLIES DIETARY									
3915545		11/30/20	11/23/20	12/13/20		3,144.04	0.00	0.00	3,144.04	✓
	FOOD SUPPLIES DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	10,767.11	0.00	0.00	10,767.11

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	
20526		11/30/20	11/23/20	11/23/20		1,000.00	0.00	0.00	1,000.00	
POSTAGE EXPENSE										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE	1,000.00	0.00	0.00	1,000.00

Vendor# Vendor Name Class Pay Code

V0559	VERIZON WIRELESS	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9755698592		11/30/20	11/16/20	11/16/20		95.93	0.00	0.00	95.93	
TELEPHONE EXPENSE										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V0559	VERIZON WIRELESS	95.93	0.00	0.00	95.93

Vendor# Vendor Name Class Pay Code

11112	VICTORIA PROFESSIONAL	✓								
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Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
MMC0004	✓	11/30/20	12/01/20	12/01/20		60,000.00	0.00	0.00	60,000.00		
PROF FEES HOSPITALIST 12/1/15											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						11112	VICTORIA PROFESSIONAL	60,000.00	0.00	0.00	60,000.00 ✓
Vendor#	Vendor Name					Class	Pay Code				
10793	WAGEWORKS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
125AI0429575	✓	11/25/20	11/12/20	12/12/20		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				
10943	WALLER,LANSDEN, DORTCH & DAVIS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10581412		11/30/20	11/10/20			564.23	0.00	0.00	564.23		
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						10943	WALLER,LANSDEN, DORTCH & DAVIS	564.23	0.00	0.00	564.23 ✓
Vendor#	Vendor Name					Class	Pay Code				
W1005	WALMART COMMUNITY ✓					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
015791	✓	11/25/20	10/15/20	10/30/20		30.64	0.00	0.00	30.64 ✓		
SUPPLIES PLANT OPS											
019406	✓	11/25/20	10/19/20	11/30/20		33.34	0.00	0.00	33.34 ✓		
SUPPLIES XRAY											
020149	✓	11/25/20	10/20/20	11/30/20		58.81	0.00	0.00	58.81 ✓		
FOOD SUPPLIES DIETARY											
021836	✓	11/25/20	10/21/20	11/30/20		48.74	0.00	0.00	48.74 ✓		
SUPPLIES PT											
023737	✓	11/25/20	10/23/20	11/30/20		34.27	0.00	0.00	34.27 ✓		
FOOD SUPPLIES DIETARY											
025752	✓	11/25/20	10/25/20	11/30/20		134.09	0.00	0.00	134.09 ✓		
FOOD SUPPLIES DIETARY											
026607	✓	11/25/20	10/26/20	11/30/20		3.52	0.00	0.00	3.52 ✓		
SUPPLIES SURGERY											
029593	✓	11/25/20	10/29/20	11/30/20		79.68	0.00	0.00	79.68 ✓		
FOOD SUPPLIES DIETARY											
005364	✓	11/25/20	11/05/20	11/30/20		22.85	0.00	0.00	22.85 ✓		
SUPPLIES LAB											
011653	✓	11/25/20	11/11/20	11/30/20		1.76	0.00	0.00	1.76 ✓		
CS INVENTORY											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						W1005	WALMART COMMUNITY	447.70	0.00	0.00	447.70
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		
107799	✓	11/25/20	11/13/20	12/13/20		912.97	0.00	0.00	912.97 ✓		
CLINIC EMPLOYEES SHIRTS											
107798	✓	11/25/20	11/13/20	12/13/20		1,319.01	0.00	0.00	1,319.01 ✓		
CLINIC EMPLOYEE SHIRTS											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net

W1040 WATERMARK GRAPHICS INC		2,231.98	0.00	0.00	2,231.98
Vendor#	Vendor Name	Class	Pay Code		
I1110	WERFEN USA LLC ✓				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross
9110250138 ✓		11/25/20	11/05/20	12/05/20	125.00
	LAB SUPPLIES				
9110250288 ✓		11/25/20	11/06/20	12/06/20	181.00
	LAB SUPPLIES				
Vendor Totals:		Number	Name	Gross	Discount
		I1110	WERFEN USA LLC	306.00	0.00
				No-Pay	Net
				0.00	306.00
Vendor#	Vendor Name	Class	Pay Code		
10325	WHOLESALE ELECTRIC SUPPLY ✓				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross
79-3997207 ✓		11/18/20	11/10/20	12/10/20	286.20
	SUPPLIES PLANT OPS				
Vendor Totals:		Number	Name	Gross	Discount
		10325	WHOLESALE ELECTRIC SUPPLY	286.20	0.00
				No-Pay	Net
				0.00	286.20 ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	309,252.67	0.00	0.00	309,252.67

correction pg 16 { <440.97>
+ 427.97

correction pg 16 <761.03>

correction pg 15 <375.00>

308,103.64

Mud IPT
12-4-15

APPROVED
ON

DEC 02 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #164025
+0
164131

RUN DATE: 12/02/15
TIME: 09:58

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

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APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
MIS100	01 THE BROADMOOR AT CREEKSIDE	012813	16574.47	2		REFUND FOR MISSAPPLIED PAYMENT	
ARID=0001 TOTAL			16574.47				
TOTAL			16574.47				

APPROVED
ON

DEC 02 2015

CK# 164132

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Muel JPL
12-4-15

8

RUN DATE:12/03/15
TIME:16:07

MEMORIAL MEDICAL CENTER
CHECK REGISTER
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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164025	12/03/15	10,767.11	US FOOD SERVICE
A/P	164026	12/03/15	78.47	MERCEDES MEDICAL
A/P	164027	12/03/15	3,850.36	GE HEALTHCARE
A/P	164028	12/03/15	286.20	WHOLESALE ELECTRIC SUPPLY
A/P	164029	12/03/15	1,454.23	CENTURION MEDICAL PRODUCTS
A/P	164030	12/03/15	.00	VOIDED
A/P	164031	12/03/15	1,201.04	DEWITT POTH & SON
A/P	164032	12/03/15	805.27	GE HEALTHCARE IITS USA CORP
A/P	164033	12/03/15	1,045.00	DA&E
A/P	164034	12/03/15	.00	VOIDED
A/P	164035	12/03/15	8,047.55	MORRIS & DICKSON CO, LLC
A/P	164036	12/03/15	1,145.21	PLATINUM CODE
A/P	164037	12/03/15	20,000.00	CPP WOUND CARE #28,LLC
A/P	164038	12/03/15	1,650.00	SIGN AD, LTD.
A/P	164039	12/03/15	8,477.62	CLINICAL PATHOLOGY
A/P	164040	12/03/15	125.00	WAGEWORKS
A/P	164041	12/03/15	18,766.38	MMC EMPLOYEE BENEFIT PLAN
A/P	164042	12/03/15	61.33	NOVA BIOMEDICAL
A/P	164043	12/03/15	427.97	ROSHANDA GRAY
A/P	164044	12/03/15	564.23	WALLER, LANSDEN, DORTCH & DAVIS
A/P	164045	12/03/15	7,682.67	CSI LEASING INC
A/P	164046	12/03/15	4,050.00	RECONDO
A/P	164047	12/03/15	2,758.08	COMBINED INSURANCE CO
A/P	164048	12/03/15	21,159.00	E-MDS, INC
A/P	164049	12/03/15	219.06	ELITECH GROUP INC
A/P	164050	12/03/15	502.50	STRATUS VIDEO INTERPRETING
A/P	164051	12/03/15	268.00	GULF COAST SCIENTIFIC
A/P	164052	12/03/15	662.27	MARLIN BUSINESS BANK
A/P	164053	12/03/15	613.12	TELEVOX
A/P	164054	12/03/15	6,655.11	MINDRAY CAPITAL
A/P	164055	12/03/15	60,000.00	VICTORIA PROFESSIONAL
A/P	164056	12/03/15	2,000.00	PETER A. RIPPER & ASSOCIATES,
A/P	164057	12/03/15	2,817.50	REALITY MEDICAL IMAGING OF TX
A/P	164058	12/03/15	136.21	DIANNE ATKINSON
A/P	164059	12/03/15	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	164060	12/03/15	38.32	ABBOTT NUTRITION
A/P	164061	12/03/15	118.99	GULF COAST HARDWARE / ACE
A/P	164062	12/03/15	3,114.00	ALCON LABORATORIES INC
A/P	164063	12/03/15	182.70	ALIMED INC.
A/P	164064	12/03/15	474.15	ALCO SALES & SERVICE CO
A/P	164065	12/03/15	563.22	CAREFUSION
A/P	164066	12/03/15	651.96	CARDINAL HEALTH 414, LLC
A/P	164067	12/03/15	54.38	BARD PERIPHERAL VASCULAR
A/P	164068	12/03/15	216.75	BARD ACCESS
A/P	164069	12/03/15	5,595.88	BAXTER HEALTHCARE CORP
A/P	164070	12/03/15	.00	VOIDED
A/P	164071	12/03/15	25,194.41	BECKMAN COULTER INC
A/P	164072	12/03/15	309.00	BOSTON SCIENTIFIC CORPORATION
A/P	164073	12/03/15	166.54	BOUND TREE MEDICAL, LLC
A/P	164074	12/03/15	635.35	CABLE ONE

RUN DATE:12/03/15
TIME:16:07

MEMORIAL MEDICAL CENTER
CHECK REGISTER
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BANK--CHECK-----				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164075	12/03/15	287.45	MONICA CARR
A/P	164076	12/03/15	567.00	CERTIFIED LABORATORIES
A/P	164077	12/03/15	872.00	CYGNUS MEDICAL LLC
A/P	164078	12/03/15	816.17	CITY OF PORT LAVACA
A/P	164079	12/03/15	831.13	CONMED CORPORATION
A/P	164080	12/03/15	2,113.01	CDW GOVERNMENT, INC.
A/P	164081	12/03/15	483.99	COOK MEDICAL INCORPORATED
A/P	164082	12/03/15	15,430.00	EVIDENT
A/P	164083	12/03/15	471.75	DIVERSIFIED BUSINESS SYSTEMS
A/P	164084	12/03/15	87.50	DOWNTOWN CLEANERS
A/P	164085	12/03/15	345.53	DLE PAPER & PACKAGING
A/P	164086	12/03/15	115.90	ELECTRONIC DIAGNOSTIC & REPAIR
A/P	164087	12/03/15	844.18	FISHER HEALTHCARE
A/P	164088	12/03/15	530.00	FORT BEND SERVICES, INC
A/P	164089	12/03/15	150.00	GULF COAST DELIVERY
A/P	164090	12/03/15	637.44	GULF COAST PAPER COMPANY
A/P	164091	12/03/15	57.03	H E BUTT GROCERY
A/P	164092	12/03/15	257.94	HOLOGIC INC
A/P	164093	12/03/15	220.86	INDEPENDENCE MEDICAL
A/P	164094	12/03/15	306.00	WERFEN USA LLC
A/P	164095	12/03/15	4,536.44	J & J HEALTH CARE SYSTEMS, INC
A/P	164096	12/03/15	40.00	KEY SURGICAL INC
A/P	164097	12/03/15	284.28	CONMED LINVATEC
A/P	164098	12/03/15	71.19	MARTIN PRINTING CO
A/P	164099	12/03/15	228.36	MEDI-GARF CO INC
A/P	164100	12/03/15	796.68	BAYER HEALTHCARE
A/P	164101	12/03/15	147.25	MEDTRONIC USA, INC.
A/P	164102	12/03/15	258.52	METLIFE
A/P	164103	12/03/15	2,415.57	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	164104	12/03/15	149.14	OFFICE DEPOT
A/P	164105	12/03/15	473.48	OLYMPUS AMERICA INC
A/P	164106	12/03/15	.00	VOIDED
A/P	164107	12/03/15	.00	VOIDED
A/P	164108	12/03/15	9,736.57	OWENS & MINOR
A/P	164109	12/03/15	100.00	PAM PARRISH
A/P	164110	12/03/15	7.99	POWER ELECTRIC
A/P	164111	12/03/15	37.50	RED HAWK
A/P	164112	12/03/15	740.00	RADIOLOGY UNLIMITED, PA
A/P	164113	12/03/15	368.87	EVOQUA WATER TECHNOLOGIES LLC
A/P	164114	12/03/15	1,888.38	SANOFI PASTEUR INC
A/P	164115	12/03/15	474.01	SMITH & NEPHEW
A/P	164116	12/03/15	2,345.00	SO TEX BLOOD & TISSUE CENTER
A/P	164117	12/03/15	62.64	STRYKER SALES CORP
A/P	164118	12/03/15	321.55	DANETTE BETHANY
A/P	164119	12/03/15	1,496.05	SYSCO FOOD SERVICES OF
A/P	164120	12/03/15	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	164121	12/03/15	6,264.00	TEXAS MUTUAL INSURANCE CO
A/P	164122	12/03/15	137.90	TEXAS WIRED MUSIC INC
A/P	164123	12/03/15	35.00	TEXAS SOCIAL SECURITY PROGRAM
A/P	164124	12/03/15	150.20	UNIFIRST HOLDINGS
A/P	164125	12/03/15	.00	VOIDED

RUN DATE:12/03/15
TIME:16:07

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/03/15 THRU 12/03/15

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164126	12/03/15	6,967.10	UNIFIRST HOLDINGS INC
A/P	164127	12/03/15	1,000.00	US POSTAL SERVICE
A/P	164128	12/03/15	95.93	VERIZON WIRELESS
A/P	164129	12/03/15	447.70	WALMART COMMUNITY
A/P	164130	12/03/15	2,231.98	WATERMARK GRAPHICS INC
A/P	164131	12/03/15	86.82	GRAINGER
A/P	164132	12/03/15	16,574.47	THE BROADMOOR AT CREEKS
TOTALS:			324,678.11	

PH

Memorial Medical Center Construction
202 S Ann Ste A
Port Lavaca, TX 77979

108

DATE 12/3/2015

88-502/1131

PAY TO THE ORDER OF K&T Construction

\$ 176,542.01

One Hundred Seventy Six Five Hundred Forty Two & 01/100

DOLLARS



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

FOR Pay App 12

0251

415411

Beggs Hall
Hondra S. Koveva
Calhoun County Auditor

Mikel JRL
1-18-16

APPROVED

DEC 04 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPLICATION AND CERTIFICATION FOR PAYMENT

TO OWNER:	Memorial Medical Center	PROJECT:	Memorial Medical Clinic 1016 N Virginia	APPLICATION NO : 12	Distribution to: ☐ OWNER ☐ ARCHITECT ☐ CONTRACTOR
	815 N. Virginia Port Lavaca TX 77979		Port Lavaca TX 77979	PERIOD TO : 10/25/15	
FROM CONTRACTOR:	K & T Construction 903 N. John Stockbauer Dr Victoria TX 77901	VIA ARCHITECT:	ACI Boland 1421 E. 104th Street Kansas City MI 6413-4521	PROJECT NO : 630-14	
				CONTRACT DATE : 08/11/14	

CONTRACT FOR: Memorial Medical Clinic

CONTRACTORS APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet(s) with contract detail breakout is(are) attached.

1. ORIGINAL CONTRACT SUM:	<u>\$3,261,301.00</u>
2. NET CHANGE BY CHANGE ORDERS:	<u>\$43,106.40</u>
3. CONTRACT SUM TO DATE (Line 1+2):	<u>\$3,304,407.40</u>
4. TOTAL COMPLETED & STORED TO DATE:	<u>\$2,746,748.80</u>
(Column G on Continuation Sheet(s))	
5. RETAINAGE:	
a. 5.0 % of Completed Work	<u>\$137,337.46</u>
(Column D+E on Continuation Sheet(s))	
b. 5.0 % of Stored Material	<u>\$0.00</u>
(Column F on Continuation Sheet(s))	
Total Retainage (Lines 5a+5b or	<u>\$137,337.46</u>
Total in Column I on Continuation Sheet(s))	
6. TOTAL EARNED LESS RETAINAGE:	<u>\$2,609,411.34</u>
(Line 4 less Line 5 Total)	
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT:	<u>\$2,432,869.33</u>
(Line 6 from prior Certificate)	
8. CURRENT PAYMENT DUE:	<u>\$176,542.01</u>
9. BALANCE TO FINISH, INCLUDING RETAINAGE:	<u>\$694,996.06</u>
(Line 3 less line 6)	

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$14,031.40	
Total Approved this Month	\$29,075.00	
TOTALS	\$43,106.40	\$0.00
NET CHANGES by Change Order	\$43,106.40	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

By: W. E. Garza Date: 11/10/2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

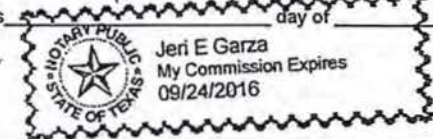
State of: TEXAS

County of: VICTORIA

Subscribed and sworn to before me this

Notary Public: Jeri E Garza

My Commission expires: 09/24/2012



ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architects's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED:..... \$: 176,542.01

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conformed to the amount certified.)

ARCHITECT: [Signature] Date: 11-19-2015

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

RUN DATE:12/07/15
TIME:14:10

MEMORIAL MEDICAL CENTER
CHECK REGISTER *AND Payable List*
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BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P	000703	12/07/15	469.55	MCKESSON
A/P	000704	12/07/15	542.78	MCKESSON
A/P	000705	12/07/15	1,449.25	MCKESSON
TOTALS:			2,461.58	

3408 Prescription Expenses

APPROVED
ON

DEC 07 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. [Signature]
12-21-15

McKESSON

STATEMENT

As of: 12/04/2015

Page: 001

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

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

DC: 8115

Territory: 400

Customer: 190813
Date: 12/04/2015

As of: 12/04/2015
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 12/04/2015 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
1/30/2015	12/08/2015	7718856612	1000723546	115Invoice	5.21	260.60		255.39 ✓	✓	7718856612
1/30/2015	12/08/2015	7718856613	1000724508	115Invoice	1.27	63.42		62.15 ✓	✓	7718856613
2/01/2015	12/08/2015	7719077320	1000725333	115Invoice	0.20	9.77		9.57 ✓	✓	7719077320
2/02/2015	12/08/2015	7719274544	1000726019	115Invoice	0.83	41.50		40.67 ✓	✓	7719274544
2/03/2015	12/08/2015	7719510140	1000726574	115Invoice	0.09	4.55		4.46 ✓	✓	7719510140
2/04/2015	12/08/2015	7719753045	1000727003	115Invoice	1.99	99.30		97.31 ✓	✓	7719753045

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

TOTAL:

Subtotals: 479.14 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 334.67
1/30/2015

If Paid By 12/08/2015,
Pay This Amount:

469.55 USD

If Paid After 12/08/2015,
Pay this Amount:

479.14 USD

Due If Paid On Time:

USD 469.55

Disc lost if paid late:

9.59

Due If Paid Late:

USD 479.14

CK# 703

APPROVED
ON

DEC 07 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

[Signature]
12.7.15

MCKESSON

STATEMENT

Company: 8000

As of: 12/04/2015

Page: 001

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

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

DC: 8115

Territory: 400

Customer: 256342
Date: 12/04/2015

As of: 12/04/2015
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 12/04/2015

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	
1/30/2015	12/08/2015	7718847936	5753359982	115Invoice	2.51	125.54		123.03	✓✓	7718847936	
2/02/2015	12/08/2015	7719317284	Generics	115Invoice	0.77	38.31		37.54	✓✓	7719317284	
2/02/2015	12/08/2015	7719317285	Generics	115Invoice	1.19	59.43		58.24	✓✓	7719317285	
2/03/2015	12/08/2015	7719507153	3454581063	115Invoice		0.16		0.16	✓✓	7719507153	
2/04/2015	12/08/2015	7719784234	Generics	115Invoice	0.35	17.58		17.23	✓✓	7719784234	
2/04/2015	12/08/2015	7719784235	Generics	115Invoice	6.25	312.67		306.42	✓✓	7719784235	
2/04/2015	12/08/2015	7719784236	3454581066	115Invoice		0.16		0.16	✓✓	7719784236	

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

TOTAL:

Subtotals: 553.85 USD

Future Due: 0.00

If Paid By 12/08/2015,
Pay This Amount:

542.78 USD

Due If Paid On Time:

USD 542.78

Past Due: 0.00

Disc lost if paid late:

11.07

Last Payment 699.82
1/30/2015

If Paid After 12/08/2015,
Pay this Amount:

553.85 USD

Due If Paid Late:

USD 553.85

CK# 704

APPROVED
ON

DEC 07 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

[Handwritten Signature]
12-7-15

McKESSON

STATEMENT

As of: 12/04/2015

Page: 001

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

DC: 8115

Territory: 400

Customer: 262252
Date: 12/04/2015

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

As of: 12/04/2015
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 12/04/2015

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
1/30/2015	12/08/2015	7718859932	1000723548	115Invoice	17.43	871.66		854.23 ✓✓		7718859932
1/30/2015	12/08/2015	7718859933	1000724083	115Invoice	3.88	193.97		190.09 ✓✓		7718859933
1/30/2015	12/08/2015	7718859934	1000724511	115Invoice	0.30	15.18		14.88 ✓✓		7718859934
1/30/2015	12/08/2015	7718859935	1000724944	115Invoice	3.86	193.09		189.23 ✓✓		7718859935
2/01/2015	12/08/2015	7719087106	1000725335	115Invoice	0.61	30.68		30.07 ✓✓		7719087106
2/02/2015	12/08/2015	7719299791	1000726021	115Invoice	2.89	144.54		141.65 ✓✓		7719299791
2/03/2015	12/08/2015	7719525034	1000726576	115Invoice	0.41	20.66		20.25 ✓✓		7719525034
2/04/2015	12/08/2015	7719764722	1000727005	115Invoice	0.18	9.03		8.85 ✓✓		7719764722

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

TOTAL:

Subtotals: 1,478.81 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 804.70
1/30/2015

If Paid By 12/08/2015,
Pay This Amount:

1,449.25 USD

If Paid After 12/08/2015,
Pay this Amount:

1,478.81 USD

Due If Paid On Time:

USD 1,449.25

Disc lost if paid late:

29.56

Due If Paid Late:

USD 1,478.81

ck # 705
12-15-15

APPROVED
ON
DEC 07 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
12/7/2015

Nursing Home	IBC Account Number	Previous Beginning 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	342,368.24	236,445.51	-	342,268.24	-	-	236,545.51	236,445.51

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 Beginning 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	714,914.09	57,168.85	-	714,814.09	-	-	57,268.85	57,168.85
Crescent	4588	4,765.32	91,307.03	-	-	-	-	96,072.35	95,972.35
Broadmoor	4596	445,139.96	46,727.13	-	445,039.96	-	-	46,827.13	46,727.13
Fort Bend	4618	192,268.42	43,883.76	-	192,168.42	-	-	43,983.76	43,883.76
									243,752.09

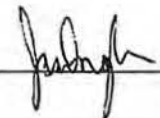
Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:

Cantex Health Care Centers III LLC

JP Morgan Chase Bank

ABA 10614

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
DEC - 8 2015
COUNTY AUDITOR


12-21-15

IBC Bank Activity
11/30/15 through 12/6/15

Ashford Gardens

			<u>Transfer-Out</u>	<u>Transfer-In</u>
12/1/2015	5025	4553 142 ACH CREDIT RECEIVED		439.02
12/1/2015	5025	4553 495 OUTGOING MONEY TRANSFER	342,268.24	
12/1/2015	5025	4553 301 COMMERCIAL DEPOSIT		164,379.52
12/3/2015	5025	4553 301 COMMERCIAL DEPOSIT		71,580.64
12/4/2015	5025	4553 142 ACH CREDIT RECEIVED		46.33
			<u>342,268.24</u>	<u>236,445.51</u>

AGING DISAB SVCS HCCLAIMPMT
ASHFORD HEALTH CARE CENTER LTD

Molina HC of TX Molina HC

Solera at West Houston

			<u>Transfer-Out</u>	<u>Transfer-In</u>
12/1/2015	5025	4561 301 COMMERCIAL DEPOSIT		26,552.05
12/1/2015	5025	4561 495 OUTGOING MONEY TRANSFER	714,814.09	
12/3/2015	5025	4561 301 COMMERCIAL DEPOSIT		30,616.80
			<u>714,814.09</u>	<u>57,168.85</u>

CANTEX HEALTH CARE CENTERS LLC

Crescent

			<u>Transfer-Out</u>	<u>Transfer-In</u>
12/1/2015	5025	4588 301 COMMERCIAL DEPOSIT		63,774.50
12/3/2015	5025	4588 301 COMMERCIAL DEPOSIT		27,532.53
			<u>0.00</u>	<u>91,307.03</u>

Broadmoor

			<u>Transfer-Out</u>	<u>Transfer-In</u>
11/30/2015	5025	4596 142 ACH CREDIT RECEIVED		4,443.36
12/1/2015	5025	4596 142 ACH CREDIT RECEIVED		7,764.94
12/1/2015	5025	4596 301 COMMERCIAL DEPOSIT		6,333.63
12/1/2015	5025	4596 495 OUTGOING MONEY TRANSFER	445,039.96	
12/3/2015	5025	4596 301 COMMERCIAL DEPOSIT		28,185.20
			<u>445,039.96</u>	<u>46,727.13</u>

NOVITAS SOLUTION HCCLAIMPMT
NOVITAS SOLUTION HCCLAIMPMT

CANTEX HEALTH CARE CENTERS III

Fort Bend

			<u>Transfer-Out</u>	<u>Transfer-In</u>
12/1/2015	5025	4618 495 OUTGOING MONEY TRANSFER	192,168.42	
12/1/2015	5025	4618 301 COMMERCIAL DEPOSIT		22,374.83
12/3/2015	5025	4618 301 COMMERCIAL DEPOSIT		21,508.93
			<u>192,168.42</u>	<u>43,883.76</u>

CANTEX HEALTH CARE CENTERS III

Account Portfolio as of 12/07/2015 9:28:14 AM

Account Display
☒ Display By Account Type
☐ Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
<u>Memorial Medical Center</u>	3387	\$25,069.79	\$25,069.79
<u>Memorial Medical Center</u>	4553	\$236,545.51	\$236,545.51
<u>Memorial Medical Center</u>	4561	\$57,268.85	\$57,268.85
<u>Memorial Medical Center</u>	4588	\$96,072.35	\$96,072.35
<u>Memorial Medical Center</u>	4596	\$46,827.13	\$46,827.13
<u>Memorial Medical Center</u>	4618	\$43,983.76	\$43,983.76
<u>Memorial Medical Center Operat</u>	0301	\$1,254,194.98	\$1,199,261.19
<u>County of Calhoun Indigent</u>	1101	\$10,540.00	\$10,540.00
Totals		\$1,770,502.37	\$1,715,568.58

APPROVED
ON

DEC 09 2015

12/08/2015
16:59COUNTY AUDITOR
GALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 12/31/2015

0
ap_open_invoice.template

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	
22106 ✓		11/25/20	11/20/20	12/20/20		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	
9045718279 ✓		12/08/20	11/20/20	12/20/20		161.28	0.00	0.00	161.28	✓
SUPPLIES PLANT OPS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A1680	AIRGAS-SOUTHWEST ✓				161.28	0.00	0.00	161.28	
Vendor#	Vendor Name	Class	Pay Code							
10668	ALLIED FIRE PROTECTION SA, LP									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
SI142001 ✓		11/30/20	11/11/20	12/15/20		300.00	0.00	0.00	300.00	✓
OUTSIDE SRV PLANT OPS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10668	ALLIED FIRE PROTECTION SA, LP ✓				300.00	0.00	0.00	300.00	
Vendor#	Vendor Name	Class	Pay Code							
A1360	AMERISOURCEBERGEN DRUG CORP	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
769236061 ✓		12/08/20	12/07/20	12/25/20		162.51	0.00	0.00	162.51	✓
PHARMACY DRUGS										
769236062 ✓		12/08/20	12/07/20	12/25/20		117.21	0.00	0.00	117.21	✓
PHARMACY DRUGS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A1360	AMERISOURCEBERGEN DRUG CORP ✓				279.72	0.00	0.00	279.72	
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	
49231182 ✓		11/24/20	11/16/20	12/16/20		303.87	0.00	0.00	303.87	✓
SUPPLIES VARIOUS DEPTS										
49214180 ✓		11/30/20	11/13/20	12/15/20		159.26	0.00	0.00	159.26	✓
PHARMACY DRUGS										
49296574 ✓		11/30/20	11/23/20	12/23/20		592.73	0.00	0.00	592.73	✓
CS INVENTORY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	B1075	BAXTER HEALTHCARE CORP ✓				1,055.86	0.00	0.00	1,055.86	
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	
6003425485 ✓		11/30/20	11/18/20	12/18/20		1,062.77	0.00	0.00	1,062.77	✓
SUPPLIES CT SCAN										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	M2485	BAYER HEALTHCARE				1,062.77	0.00	0.00	1,062.77	

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	
105295187 ✓		11/30/20	11/22/20	12/22/20		83.91	0.00	0.00	83.91 ✓	
	LAB SUPPLIES									
105298226 ✓		11/30/20	11/23/20	12/23/20		326.73	0.00	0.00	326.73 ✓	
	LAB SUPPLIES									
105298327 ✓		11/30/20	11/23/20	12/23/20		63.34	0.00	0.00	63.34 ✓	
	LAB SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	B1220	BECKMAN COULTER INC				473.98	0.00	0.00	473.98	
Vendor#	Vendor Name				Class	Pay Code				
10522	BIOMET INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
18-841638 ✓		11/30/20	11/13/20	12/15/20		2,546.00	0.00	0.00	2,546.00 ✓	
	SUPPLIES SURGERY									
04-935817 ✓		11/30/20	11/13/20	12/15/20		100.00	0.00	0.00	100.00 ✓	
	FREIGHT CHARGES SURGERY									
04-935818 ✓		11/30/20	11/13/20	12/15/20		50.00	0.00	0.00	50.00 ✓	
	FREIGHT CHARGE SURGERY									
18-841639 ✓		11/30/20	11/13/20	12/15/20		829.00	0.00	0.00	829.00 ✓	
	SUPPLIES SURGERY									
08-341570 ✓		11/30/20	11/13/20	12/15/20		480.00	0.00	0.00	480.00 ✓	
	SURGERY SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10522	BIOMET INC ✓				4,005.00	0.00	0.00	4,005.00	
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	
BK00529504 ✓		11/30/20	11/29/20	12/29/20		21,711.05	0.00	0.00	21,711.05 ✓	
	ACCOUNTING FEES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10599	BKD, LLP ✓				21,711.05	0.00	0.00	21,711.05	
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	
23339594 ✓		11/30/20	11/23/20	12/23/20		111.80	0.00	0.00	111.80 ✓	
	SUPPLIES SURGERY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	D1040	C R BARD, INC /				111.80	0.00	0.00	111.80	
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	
20538		12/08/20	12/07/20	12/15/20		1,400.00	0.00	0.00	1,400.00 ✓	
	OUTSIDE SRV IT									
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				
C1203	CALHOUN COUNTY WASTE MGMT									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
448752 ✓		11/30/20	12/01/20	12/01/20		8.00	0.00	0.00	8.00 ✓	
	OUTSIDE SRV GROUNDS									

Vendor#	Vendor Name	Class	Pay Code								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
		C1203	CALHOUN COUNTY WASTE MGMT			8.00	0.00	0.00	8.00		
A1825	CARDINAL HEALTH 414,LLC	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
	8000874914		11/30/20	11/07/20	12/15/20		335.67	0.00	0.00	335.67	✓
		SUPPLIES NUC MED									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
		A1825	CARDINAL HEALTH 414,LLC	✓		335.67	0.00	0.00	335.67		
A1730	CAREFUSION										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
	9106208876	✓	11/30/20	11/19/20	12/19/20		87.21	0.00	0.00	87.21	✓
		SUPPLIES SURGERY									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
		A1730	CAREFUSION	✓		87.21	0.00	0.00	87.21		
C1992	CDW GOVERNMENT, INC.	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
	BFL6062	✓	11/30/20	11/16/20	12/16/20		51.96	0.00	0.00	51.96	✓
		SUPPLIES IT									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
		C1992	CDW GOVERNMENT, INC.	✓		51.96	0.00	0.00	51.96		
10350	CENTURION MEDICAL PRODUCTS										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
	91895785	✓	11/24/20	11/16/20	12/16/20		296.82	0.00	0.00	296.82	✓
	91898334	CS INVENTORY	11/30/20	11/18/20	12/18/20		247.16	0.00	0.00	247.16	✓
		CS INVENTORY									
	91899678	✓	11/30/20	11/20/20	12/20/20		1,368.20	0.00	0.00	1,368.20	✓
		CS INVENTORY									
	91900967	✓	11/30/20	11/23/20	12/23/20		128.75	0.00	0.00	128.75	✓
		CS INVENTORY									
	91900966	✓	11/30/20	11/23/20	12/23/20		342.00	0.00	0.00	342.00	✓
		SUPPLIES PT & RECOVERY									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
		10350	CENTURION MEDICAL PRODUCTS			2,382.93	0.00	0.00	2,382.93		
10105	CHRIS KOVAREK										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
	30	✓	12/07/20	12/03/20	12/03/20		370.00	0.00	0.00	370.00	✓
		OUTSIDE SRV SOCIAL WORK									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
		10105	CHRIS KOVAREK			370.00	0.00	0.00	370.00		
C1970	CONMED CORPORATION	M									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
	109696	✓	11/30/20	11/23/20	12/23/20		591.61	0.00	0.00	591.61	✓
		SUPPLIES SURGERY									
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		

	C1970	CONMED CORPORATION				591.61	0.00	0.00	591.61	
Vendor#	Vendor Name		Class		Pay Code					
C0399	CORPUS CHRISTI PROSTHETICS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net	
	10458 ✓		11/24/20	11/16/20	12/16/20	220.00	0.00	0.00	220.00 ✓	
	SUPPLIES SURGERY									
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		C0399	CORPUS CHRISTI PROSTHETICS ✓				220.00	0.00	0.00	220.00
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	
	200230 ✓		11/24/20	11/18/20	12/18/20	880.92	0.00	0.00	880.92 ✓	
	SUPPLIES CT SCAN									
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		10006	CUSTOM MEDICAL SPECIALTIES ✓				880.92	0.00	0.00	880.92
Vendor#	Vendor Name		Class		Pay Code					
D0356	D'S OUTDOOR POWER EQUIP INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net	
	367339 ✓		11/18/20	11/16/20	12/16/20	63.69	0.00	0.00	63.69 ✓	
	REPAIRS TO MOWER									
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		D0356	D'S OUTDOOR POWER EQUIP INC ✓				63.69	0.00	0.00	63.69
Vendor#	Vendor Name		Class		Pay Code					
D1150	DATEX OHMEDA, INC.		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net	
	62379028 ✓		11/30/20	11/20/20	12/20/20	164.56	0.00	0.00	164.56 ✓	
	SUPPLIES ANESTHESA									
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		D1150	DATEX OHMEDA, INC. ✓				164.56	0.00	0.00	164.56
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	
	456871-0 ✓		11/18/20	11/16/20	12/16/20	479.92	0.00	0.00	479.92 ✓	
	CS INVENTORY & XRAY SUPP									
	456860-0 ✓		11/25/20	11/16/20	12/16/20	33.97	0.00	0.00	33.97 ✓	
	OFFICE SUPPLIES CS									
	457249-0 ✓		11/30/20	11/18/20	12/18/20	233.36	0.00	0.00	233.36 ✓	
	OFFICE SUPPLIES INDIGENT									
	457716-0 ✓		11/30/20	11/23/20	12/23/20	181.72	0.00	0.00	181.72 ✓	
	CS INVENTORY									
	457808-0 ✓		11/30/20	11/24/20	12/24/20	174.48	0.00	0.00	174.48 ✓	
	OFFICE SUPPLIES ACCTING &									
	457845-0 ✓		11/30/20	11/25/20	12/25/20	41.27	0.00	0.00	41.27 ✓	
	OFFICE SUPPLIES LAB									
	456158-1 ✓		11/30/20	11/25/20	12/25/20	206.06	0.00	0.00	206.06 ✓	
	SUPPLIES SURGERY									
	Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				1,350.78	0.00	0.00	1,350.78
Vendor#	Vendor Name		Class		Pay Code					
11049	ELITECH GROUP INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net	
	526374 ✓		11/30/20	11/12/20	12/12/20	60.52	0.00	0.00	60.52 ✓	

LAB SUPPLIES

Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				11049	ELITECH GROUP INC		60.52	0.00	0.00	60.52
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
348491 ✓		11/24/20	11/18/20	12/18/20			151.96	0.00	0.00	151.96 ✓
SUPPLIES SURGERY										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				10042	ERBE USA INC SURGICAL SYSTEMS ✓		151.96	0.00	0.00	151.96
Vendor#	Vendor Name			Class	Pay Code					
T0383	ERIN CLEVINGER			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20537		12/07/20	12/04/20	12/04/20			220.40	0.00	0.00	220.40 ✓
TRAVEL EXPENSE NURSE AD "1/30, 1/11, 1/2/15										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				T0383	ERIN CLEVINGER		220.40	0.00	0.00	220.40
Vendor#	Vendor Name			Class	Pay Code					
C2510	EVIDENT			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
T1511091378		11/18/20	11/09/20	12/15/20			12,304.93	0.00	0.00	12,304.93 ✓
OUTSIDE SRV BUS OFFICE &										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				C2510	EVIDENT /		12,304.93	0.00	0.00	12,304.93
Vendor#	Vendor Name			Class	Pay Code					
10689	FASTHEALTH CORPORATION									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
11A15mmc ✓		12/08/20	11/01/20	12/01/20			495.00	0.00	0.00	495.00 ✓
OUTSIDE SRV ADMIN										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				10689	FASTHEALTH CORPORATION ✓		495.00	0.00	0.00	495.00
Vendor#	Vendor Name			Class	Pay Code					
F1100	FEDERAL EXPRESS CORP.			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5-236-73237 ✓		12/08/20	11/26/20	12/11/20			10.86	0.00	0.00	10.86 ✓
FREIGHT EXP LAB										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				F1100	FEDERAL EXPRESS CORP. ✓		10.86	0.00	0.00	10.86
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
7211198 ✓		11/30/20	11/10/20	12/10/20			1,483.88	0.00	0.00	1,483.88 ✓
LAB SUPPLIES										
7312310 ✓		11/30/20	11/11/20	12/11/20			75.02	0.00	0.00	75.02 ✓
LAB SUPPLIES										
7608026 ✓		11/30/20	11/17/20	12/17/20			63.41	0.00	0.00	63.41 ✓
LAB SUPPLIES										
7673412 ✓		11/30/20	11/18/20	12/18/20			120.86	0.00	0.00	120.86 ✓
LAB SUPPLIES										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				F1400	FISHER HEALTHCARE		1,743.17	0.00	0.00	1,743.17

Vendor#	Vendor Name	Class	Pay Code							
10466	FLUKE ELECTRONICS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
31632693		11/30/20	11/17/20	12/17/20		127.06	0.00	0.00	127.06	
SUPPLIES BIO MED										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	10466	FLUKE ELECTRONICS			127.06	0.00	0.00	127.06		
Vendor#	Vendor Name	Class	Pay Code							
11078	FUSION MEDICAL STAFFING, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
56258		12/08/20	07/17/20	07/30/20	7/13-17/15	2,520.00	0.00	0.00	2,520.00	
PROF FEES PT										
57353		12/08/20	08/07/20	08/30/20	8/3-7/15	1,102.50	0.00	0.00	1,102.50	
PROF FEE PT										
59402		12/08/20	08/28/20	08/30/20	8/24-8/28/15	2,520.00	0.00	0.00	2,520.00	
PROF FEES PT										
60793		12/08/20	09/18/20	09/30/20	9/14-18/15	2,520.00	0.00	0.00	2,520.00	
PROF FEES PT										
61950		12/08/20	10/02/20	10/30/20	9/28-10/2/15	2,520.00	0.00	0.00	2,520.00	
PROF FEE PT										
62561		12/08/20	10/09/20	10/30/20	10/5-9/15	2,520.00	0.00	0.00	2,520.00	
PROF FEES PT										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	11078	FUSION MEDICAL STAFFING, LLC			13,702.50	0.00	0.00	13,702.50		
Vendor#	Vendor Name	Class	Pay Code							
G0321	GALLS, LLC		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
004462699		12/08/20	11/25/20	12/25/20		46.40	0.00	0.00	46.40	
EMPLOYEE UNIFORMS										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	G0321	GALLS, LLC			46.40	0.00	0.00	46.40		
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	
97201		11/30/20	11/23/20	12/23/20		8.99	0.00	0.00	8.99	
SUPPLIES PLANT OPS										
97257		11/30/20	11/25/20	12/25/20		11.97	0.00	0.00	11.97	
SUPPLIES PLANT OPS										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	A1292	GULF COAST HARDWARE / ACE			20.96	0.00	0.00	20.96		
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	
1046670		11/18/20	11/17/20	12/17/20		258.02	0.00	0.00	258.02	
SUPPLIES HOUSEKEEPING										
1050490		11/30/20	11/24/20	12/24/20		56.78	0.00	0.00	56.78	
SUPPLIES HOUSEKEEPING										
1050485		11/30/20	11/24/20	12/24/20		621.55	0.00	0.00	621.55	
SUPPLIES HOUSEKEEPING										
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net		
	G1210	GULF COAST PAPER COMPANY			936.35	0.00	0.00	936.35		
Vendor#	Vendor Name	Class	Pay Code							

11017 HENRY TROEMNER, LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00770617 ✓		11/30/20	11/13/20	12/15/20			195.00	0.00	0.00	195.00 ✓

REPAIRS INSTRUMENT LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11017	HENRY TROEMNER, LLC ✓		195.00	0.00	0.00	195.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
127819 ✓		11/30/20	11/17/20	12/17/20			383.90	0.00	0.00	383.90 ✓

REPAIRS TO EQUIP OB

131057 ✓		11/30/20	11/23/20	12/23/20			5,672.84	0.00	0.00	5,672.84 ✓
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NEW MATTRESSES MED SUR ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
H1399	HILL-ROM COMPANY, INC		6,056.74	0.00	0.00	6,056.74

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
PJIN0083938 ✓		11/30/20	11/15/20	12/15/20			8,333.33	0.00	0.00	8,333.33 ✓

MANT 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
H0416	HOLOGIC INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7678517 ✓		11/24/20	11/17/20	12/17/20			395.00	0.00	0.00	395.00 ✓

SUPPLIES MAMMO

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
H0416	HOLOGIC INC		395.00	0.00	0.00	395.00

Vendor#	Vendor Name	Class	Pay Code
11114	HOSPITALPORTAL.NET		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
13638 ✓		11/30/20	11/16/20	12/16/20			3,750.00	0.00	0.00	3,750.00 ✓

ONSITE TRAINING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11114	HOSPITALPORTAL.NET ✓		3,750.00	0.00	0.00	3,750.00

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
37704645 ✓		11/30/20	11/16/20	12/16/20			108.27	0.00	0.00	108.27 ✓

CS INVENTORY

37791282 ✓		11/30/20	11/23/20	12/23/20			69.94	0.00	0.00	69.94 ✓
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CS INVENTORY & SURG CLINI

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
I0415	INDEPENDENCE MEDICAL ✓		178.21	0.00	0.00	178.21

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
1203963 ✓		11/30/20	11/17/20	12/17/20			68.00	0.00	0.00	68.00 ✓

REPAIRS SURGERY

1208676 ✓		11/30/20	11/25/20	12/25/20			49.68	0.00	0.00	49.68 ✓
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REPAIRS INSTRUMENTS SUR

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		I1127	INTEGRATED MEDICAL SYSTEMS ✓				117.68	0.00	0.00	117.68
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	
915583004 ✓		11/24/20	11/16/20	12/16/20		396.00	0.00	0.00	396.00	✓
SUPPLIES SURGERY										
915587673 ✓		11/30/20	11/17/20	12/17/20		866.57	0.00	0.00	866.57	✓
BLOOD BANK SUPPLIES										
915596056 ✓		11/30/20	11/18/20	12/18/20		1,249.21	0.00	0.00	1,249.21	✓
BLOOD BANK SUPPLIES										
915623226 ✓		11/30/20	11/24/20	12/24/20		239.81	0.00	0.00	239.81	✓
CS INVENTORY & SURGERY										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC ✓				2,751.59	0.00	0.00	2,751.59
Vendor#	Vendor Name			Class	Pay Code					
K0506	K-MED INC			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
7807 /		11/30/20	11/19/20	12/19/20		828.11	0.00	0.00	828.11	✓
EQUIP. REPAIRS MED SURG ✓										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		K0506	K-MED INC				828.11	0.00	0.00	828.11
Vendor#	Vendor Name			Class	Pay Code					
L1001	LANDAUER INC			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
100338336 ✓		11/30/20	11/24/20	12/24/20		722.15	0.00	0.00	722.15	✓
OUTSIDE SRV XRAY										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		L1001	LANDAUER INC ✓				722.15	0.00	0.00	722.15
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	
INV0533803 ✓		11/12/20	11/02/20	12/18/20		2,646.51	0.00	0.00	2,646.51	✓
FUEL EXP PLANT OPS										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10578	LUMINANT ENERGY COMPANY LLC ✓				2,646.51	0.00	0.00	2,646.51
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	
67246551 ✓		11/30/20	11/02/20	12/15/20		2,808.00	0.00	0.00	2,808.00	✓
SUPPLIES LAB										
67330402 ✓		11/30/20	11/02/20	12/15/20		1,750.00	0.00	0.00	1,750.00	✓
LAB SUPPLIES										
67408351 ✓		11/30/20	11/03/20	12/15/20		123.14	0.00	0.00	123.14	✓
LAB SUPPLIES										
67408081 ✓		11/30/20	11/03/20	12/15/20		1,689.57	0.00	0.00	1,689.57	✓
MINOR EQUIP LAB										
67492676 ✓		11/30/20	11/04/20	12/15/20		3,136.19	0.00	0.00	3,136.19	✓
MINOR EQUIP LAB										
67481995 ✓		11/30/20	11/04/20	12/15/20		61.57	0.00	0.00	61.57	✓
LAB SUPPLIES										

67832273 ✓		11/30/20	11/11/20	12/15/20			176.58	0.00	0.00	176.58 ✓		
	LAB SUPPLIES											
68095525 ✓		11/30/20	11/16/20	12/15/20			-1,750.00	0.00	0.00	-1,750.00 ✓		
	LAB SUPPLIES CREDIT											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC					7,995.05	0.00	0.00		7,995.05	
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		
689409 ✓		11/30/20	11/23/20	12/23/20			136.10	0.00	0.00	136.10 ✓		
	SUPPLIES LAB											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	M2320	MEDIBADGE ✓					136.10	0.00	0.00	136.10		
Vendor#	Vendor Name		Class		Pay Code							
M2827	MEDIVATORS		M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
2212196 ✓		11/30/20	11/19/20	12/19/20			26.07	0.00	0.00	26.07 ✓		
	SUPPLIES SURGERY											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS ✓					26.07	0.00	0.00	26.07		
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		
1785707 ✓		11/30/20	11/10/20	12/10/20			370.91	0.00	0.00	370.91 ✓		
	LAB SUPPLIES											
1787695 ✓		11/30/20	11/17/20	12/17/20			92.43	0.00	0.00	92.43 ✓		
	LAB SUPPLIES											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL ✓					463.34	0.00	0.00	463.34		
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		
30094151251 ✓		11/24/20	11/17/20	12/17/20			77.75	0.00	0.00	77.75 ✓		
	SUPPLIES XRAY											
30094154451 ✓		11/30/20	11/23/20	12/23/20			102.20	0.00	0.00	102.20 ✓		
	SUPPLIES XRAY											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA ✓					179.95	0.00	0.00	179.95		
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		
20539		12/08/20	12/03/20	12/03/20			445.47	0.00	0.00	445.47	445.46	
	EMPLOYEE GIFT SHOP PURC											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP					445.47	0.00	0.00	445.47	445.46	
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		
NOVEMBER232015		11/30/20	11/23/20	11/23/20			15,313.43	0.00	0.00	15,313.43 ✓		
	EMPLOYEE MEDICAL CLAIMS											
NOVEMBER302015		11/30/20	11/30/20	11/30/20			7,331.48	0.00	0.00	7,331.48 ✓		

EMPLOYEE MEDICAL CLAIMS

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN ✓			22,644.91	0.00	0.00	22,644.91
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
671213 ✓		11/30/20	12/01/20	12/15/20		95.95	0.00	0.00	95.95 ✓
CREDIT CARD FEES ADMIN ✓									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		M2662	MMC VOLUNTEERS			95.95	0.00	0.00	95.95
Vendor#	Vendor Name			Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
8193839 ✓		12/07/20	12/01/20	12/02/20		3.81	0.00	0.00	3.81 ✓
PHARMACY DRUGS									
8193837 ✓		12/07/20	12/01/20	12/02/20		260.31	0.00	0.00	260.31 ✓
PHARMACY DRUGS									
8193691 ✓		12/07/20	12/01/20	12/02/20		294.81	0.00	0.00	294.81 ✓
PHARMACY DRUGS									
8193690 ✓		12/07/20	12/01/20	12/02/20		18.34	0.00	0.00	18.34 ✓
PHARMACY DRUGS									
8193838 ✓		12/07/20	12/01/20	12/02/20		260.41	0.00	0.00	260.41 ✓
8193689 ✓		12/07/20	12/01/20	12/02/20		6.42	0.00	0.00	6.42 ✓
PHARMACY DRUGS									
8644 ✓		12/07/20	12/02/20	12/03/20		-283.19	0.00	0.00	-283.19 ✓
PHARMACY CREDIT									
8201258 ✓		12/07/20	12/02/20	12/03/20		119.66	0.00	0.00	119.66 ✓
PHARMACY DRUGS									
8198513 ✓		12/07/20	12/02/20	12/03/20		18.34	0.00	0.00	18.34 ✓
PHARMACY DRUGS									
8201885 ✓		12/07/20	12/02/20	12/03/20		22.92	0.00	0.00	22.92 ✓
PHARMACY DRUGS									
8201259 ✓		12/07/20	12/02/20	12/03/20		5,031.25	0.00	0.00	5,031.25 ✓
PHARMACY DRUGS									
8201257 ✓		12/07/20	12/02/20	12/03/20		40.56	0.00	0.00	40.56 ✓
PHARMACY DRUGS									
8201260 ✓		12/07/20	12/02/20	12/03/20		38.51	0.00	0.00	38.51 ✓
PHARMACY DRUGS									
8206779 ✓		12/07/20	12/03/20	12/04/20		507.43	0.00	0.00	507.43 ✓
PHARMACY DRUGS									
8206652 ✓		12/07/20	12/03/20	12/04/20		6.42	0.00	0.00	6.42 ✓
PHARMACY DRUGS									
8206778 ✓		12/07/20	12/03/20	12/04/20		51.59	0.00	0.00	51.59 ✓
PHARMACY DRUGS									
8206653 ✓		12/07/20	12/03/20	12/04/20		18.34	0.00	0.00	18.34 ✓
PHARMACY DRUGS									
8210905 ✓		12/07/20	12/04/20	12/05/20		1,370.48	0.00	0.00	1,370.48 ✓
PHARMACY DRUGS									
8210904 ✓		12/07/20	12/04/20	12/05/20		53.21	0.00	0.00	53.21 ✓
PHARMACY DRUGS									
8210907 ✓		12/07/20	12/04/20	12/05/20		44.39	0.00	0.00	44.39 ✓

PHARMACY DRUGS															
8219336	✓			12/08/20	12/07/20	12/08/20		2,195.56	0.00	0.00	2,195.56	✓			
PHARMACY DRUGS															
8219338	✓			12/08/20	12/07/20	12/08/20		7.24	0.00	0.00	7.24	✓			
PHARMACY DRUGS															
8218554	✓			12/08/20	12/07/20	12/08/20		520.17	0.00	0.00	520.17	✓			
PHARMACY DRUGS															
8219335	✓			12/08/20	12/07/20	12/08/20		51.58	0.00	0.00	51.58	✓			
PHARMACY DRUGS															
8219337	✓			12/08/20	12/07/20	12/08/20		90.20	0.00	0.00	90.20	✓			
PHARMACY DRUGS															
8218556	✓			12/08/20	12/07/20	12/08/20		18.34	0.00	0.00	18.34	✓			
PHARMACY DRUGS															
8218555	✓			12/08/20	12/07/20	12/08/20		21.23	0.00	0.00	21.23	✓			
PHARMACY DRUGS															
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net		
								10536	MORRIS & DICKSON CO, LLC	✓	10,788.33	0.00	0.00	10,788.33	
Vendor#	Vendor Name						Class	Pay Code							
A2252	NADINE GARNER						W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net					
20538		12/07/20	12/04/20	12/04/20			64.00	0.00	0.00	64.00					
TRAVEL EXPENSE INFEC COM 11/3-12/2/15															
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net		
								A2252	NADINE GARNER	✓	64.00	0.00	0.00	64.00	✓
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-191357	✓	11/30/20	08/29/20	10/28/20			1,944.00	0.00	0.00	1,944.00	✓				
CONTRACT NURSING 8/25-27/15															
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							
10601	NOBLE AMERICAS ENERGY														
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net					
153370005068210		12/08/20	12/03/20	12/14/20			30,770.79	0.00	0.00	30,770.79	✓				
ELECTRICITY															
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net		
								10601	NOBLE AMERICAS ENERGY	✓	30,770.79	0.00	0.00	30,770.79	
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					
805578122001	✓	11/30/20	11/11/20	12/15/20			149.14	0.00	0.00	149.14	✓				
OFFICE SUPPLIES LAB															
807973603001	✓	11/30/20	11/20/20	12/20/20			61.74	0.00	0.00	61.74	✓				
SUPPLIES XRAY															
Vendor Totals								Number	Name	Gross	Discount	No-Pay	Net		
								O0920	OFFICE DEPOT	✓	210.88	0.00	0.00	210.88	
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					
2011799668	✓	11/24/20	11/17/20	12/17/20			217.79	0.00	0.00	217.79	✓				

	SUPPLIES VARIOUS DEPTS				
2011795958 ✓	11/24/20 11/17/20 12/17/20	175.41	0.00	0.00	175.41 ✓
	SUPPLIES VARIOUS DEPTS				
2011795170 ✓	11/24/20 11/17/20 12/17/20	3.89	0.00	0.00	3.89 ✓
	CS INVENTORY				
2011799824 ✓	11/24/20 11/17/20 12/17/20	1,833.05	0.00	0.00	1,833.05 ✓
	CS INVENTORY & RECOVER				
2011796862 ✓	11/24/20 11/17/20 12/17/20	18.05	0.00	0.00	18.05 ✓
	CS INVENTORY				
2011798610 ✓	11/24/20 11/17/20 12/17/20	442.11	0.00	0.00	442.11 ✓
	SUPPLIES VARIOUS DEPTS				
2011796321 ✓	11/24/20 11/17/20 12/17/20	131.39	0.00	0.00	131.39 ✓
	SUPPLIES SURGERY				
2011899203 ✓	11/24/20 11/19/20 12/19/20	20.48	0.00	0.00	20.48 ✓
	CS INVENTORY				
2011901123 ✓	11/24/20 11/19/20 12/19/20	54.93	0.00	0.00	54.93 ✓
	SUPPLIES CLINIC				
2011898991 ✓	11/24/20 11/19/20 12/19/20	73.20	0.00	0.00	73.20 ✓
	SUPPLIES MED SURG & ICU				
2011905474 ✓	11/24/20 11/19/20 12/19/20	1,366.34	0.00	0.00	1,366.34 ✓
	SUPPLIES VARIOUS DEPTS				
2011899071 ✓	11/24/20 11/19/20 12/19/20	54.93	0.00	0.00	54.93 ✓
	SUPPLIES MED SURG				
2011899923 ✓	11/24/20 11/19/20 12/19/20	21.25	0.00	0.00	21.25 ✓
	SUPPLIES DIETARY				
2011900564 ✓	11/24/20 11/19/20 12/19/20	37.64	0.00	0.00	37.64 ✓
	SUPPLIES SURGERY				
2011904250 ✓	11/24/20 11/19/20 12/19/20	1,545.45	0.00	0.00	1,545.45 ✓
	CS INVENTORY				
2011836315 ✓	11/30/20 11/18/20 12/18/20	-5.91	0.00	0.00	-5.91 ✓
	CREDIT CS INVENTORY				
2012014891 ✓	11/30/20 11/24/20 12/24/20	37.90	0.00	0.00	37.90 ✓
	CS INVENTORY				
2012014672 ✓	11/30/20 11/24/20 12/24/20	276.12	0.00	0.00	276.12 ✓
	DIETARY & HOUSEKEEPING				
2012025279 ✓	11/30/20 11/24/20 12/24/20	469.01	0.00	0.00	469.01 ✓
	SUPPLIES VARIOUS DEPTS				
2012014435 ✓	11/30/20 11/24/20 12/24/20	67.94	0.00	0.00	67.94 ✓
	SUPPLIES SURGERY				
2012025292 ✓	11/30/20 11/24/20 12/24/20	2,177.88	0.00	0.00	2,177.88 ✓
	CS INVENTORY & LAB SUPPLI				
2012118734 ✓	11/30/20 11/30/20 12/30/20	231.00	0.00	0.00	231.00 ✓
	CS INVENTORY				
2012119448 ✓	11/30/20 11/30/20 12/30/20	2.94	0.00	0.00	2.94 ✓
	CS INVENTORY				
2012121521 ✓	11/30/20 11/30/20 12/30/20	67.97	0.00	0.00	67.97 ✓
	CS INVENTORY				
2012118256 ✓	11/30/20 11/30/20 12/30/20	44.25	0.00	0.00	44.25 ✓
	SUPPLIES CARDIO				
2012121580 ✓	11/30/20 11/30/20 12/30/20	136.45	0.00	0.00	136.45 ✓
	SUPPLIES DIETARY				
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net

	OM425	OWENS & MINOR ✓					9,501.46	0.00	0.00	9,501.46
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
	20536		11/30/20	12/01/20	12/01/20		585.00	0.00	0.00	585.00
	OUTSIDE SRV CLINIC 11/16 - 12/1/15									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11069	PABLO GARZA				585.00	0.00	0.00	585.00
Vendor#	Vendor Name		Class	Pay Code						
11142	PAETEC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	58944910 ✓		12/08/20	11/22/20	12/11/20		535.28	0.00	0.00	535.28 ✓
	TELEPHONE EXPENSE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11142	PAETEC ✓				535.28	0.00	0.00	535.28
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
	931923231 ✓		11/30/20	11/12/20	12/15/20		2,156.00	0.00	0.00	2,156.00 ✓
	MINOR EQUIP ICU									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10032	PHILIPS HEALTHCARE ✓				2,156.00	0.00	0.00	2,156.00
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
	039506 ✓		11/30/20	11/24/20	12/24/20		511.51	0.00	0.00	511.51 ✓
	CS INVENTORY & LAB									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10541	PLATINUM CODE ✓				511.51	0.00	0.00	511.51
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	12/15/20		375.00	0.00	0.00	375.00 ✓
	LEADERSHIP TUITION - Adrianna Galvan									
	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						
P2200	POWER ELECTRIC		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	A16217 ✓		11/30/20	11/19/20	12/19/20		19.40	0.00	0.00	19.40 ✓
	SUPPLIES BIO MED									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2200	POWER ELECTRIC ✓				19.40	0.00	0.00	19.40
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
	3186425 ✓		11/24/20	11/16/20	12/16/20		105.52	0.00	0.00	105.52 ✓
	CS INVENTORY									
	3187142 ✓		11/24/20	11/17/20	12/17/20		551.24	0.00	0.00	551.24 ✓
	CS INVENTORY									
	3186994 ✓		11/30/20	11/17/20	12/17/20		116.34	0.00	0.00	116.34 ✓

SUPPLIES MED SURG

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC) ✓				773.10	0.00	0.00	773.10
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	
34608 ✓		11/30/20	11/13/20	12/15/20		600.00	0.00	0.00	600.00	✓
	OUTSIDE SRV MAMMO									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10889	PROCESSOR & CHEMICAL SERVICES				600.00	0.00	0.00	600.00
Vendor#	Vendor Name		Class	Pay Code						
11028	PROFESSIONAL SERVICE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
00401913 ✓		12/08/20	10/31/20	11/30/20		668.60	0.00	0.00	668.60	✓
	NEW CLINIC EXPENSE									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11028	PROFESSIONAL SERVICE ✓				668.60	0.00	0.00	668.60
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	
20535		11/30/20	12/01/20	12/15/20		4,440.00	0.00	0.00	4,440.00	✓
	READ FEES XRAY <i>111-mammo special cash price reading fee</i>									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		R1268	RADIOLOGY UNLIMITED, PA				4,440.00	0.00	0.00	4,440.00
Vendor#	Vendor Name		Class	Pay Code						
R1321	RECEIVABLE MANAGEMENT, INC			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
20540		12/08/20	11/30/20	12/15/20		31.73	0.00	0.00	31.73	✓
	COLLECTION EXPENSE <i>November</i>									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		R1321	RECEIVABLE MANAGEMENT, INC				31.73	0.00	0.00	31.73
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	
95904563 ✓		12/08/20	11/30/20	12/15/20		5,696.32	0.00	0.00	5,696.32	✓
	<i>10/19/15 - 11/18/15 = 5,425.00 Late fee 271.32</i>									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		I0520	RICOH USA, INC. ✓				5,696.32	0.00	0.00	5,696.32
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	
905565685 ✓		11/25/20	11/02/20	12/31/20		133.44	0.00	0.00	133.44	✓
	PHARMACY DRUGS									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		S1001	SANOFI PASTEUR INC ✓				133.44	0.00	0.00	133.44
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	
3472-8 ✓		11/30/20	11/18/20	12/18/20		54.76	0.00	0.00	54.76	✓
	SUPPLIES PLANT OPS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
3720-0 ✓		11/30/20	11/25/20	12/25/20		6.00	0.00	0.00	6.00	✓
	SUPPLIES OUT PAT. CLINIC									

20541		12/08/20	12/02/20	12/02/20			90.00	0.00	0.00	90.00 ✓
	SUPPLIES CLINIC									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10808	TEXAS PRESCRIPTION PROGRAM ✓				90.00	0.00	0.00	90.00
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
	132933771-301 ✓		10/21/20	10/05/20	12/15/20		1,783.60	0.00	0.00	1,783.60 ✓
	PHARMACY DRUGS									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10732	THERACOM, LLC				1,783.60	0.00	0.00	1,783.60
Vendor#	Vendor Name			Class	Pay Code					
T3050	TRANE U. S. INC.			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	11460331R1 ✓		12/08/20	10/16/20	11/16/20		449.57	0.00	0.00	449.57 ✓
	SUPPLIES OB									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		T3050	TRANE U. S. INC.				449.57	0.00	0.00	449.57
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
	8150712459 ✓		11/30/20	11/24/20	12/24/20		28.50	0.00	0.00	28.50 ✓
	OUTSIDE SRV BIO MED									
	8150712357 ✓		11/30/20	11/24/20	12/24/20		52.30	0.00	0.00	52.30 ✓
	OUTSIDE SRV MAINT									
	8150711698 ✓		12/08/20	11/17/20	12/17/20		28.50	0.00	0.00	28.50 ✓
	OUTSIDE SRV BIO MED									
	8150711595 ✓		12/08/20	11/17/20	12/17/20		46.60	0.00	0.00	46.60 ✓
	OUTSIDE SRV MAINT									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		U1054	UNIFIRST HOLDINGS ✓				155.90	0.00	0.00	155.90
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
	8400207441 ✓		11/18/20	11/17/20	12/17/20		104.21	0.00	0.00	104.21 ✓
	LAUNDRY OB									
	8400207438 ✓		11/18/20	11/17/20	12/17/20		198.52	0.00	0.00	198.52 ✓
	LAUNDRY HOUSEKEEPING									
	8400207442 ✓		11/18/20	11/17/20	12/17/20		107.91	0.00	0.00	107.91 ✓
	LAUNDRY HOUSEKEEPING									
	8400207440 ✓		11/18/20	11/17/20	12/17/20		152.79	0.00	0.00	152.79 ✓
	LAUNDRY DIETARY									
	8400207495 ✓		11/18/20	11/17/20	12/17/20		1,096.94	0.00	0.00	1,096.94 ✓
	LAUNDRY HOUSEKEEPING									
	8400207439 ✓		11/18/20	11/17/20	12/17/20		241.54	0.00	0.00	241.54 ✓
	LAUNDRY HOUSEKEEPING									
	8400207482 ✓		11/30/20	11/17/20	12/17/20		134.57	0.00	0.00	134.57 ✓
	LAUNDRY DIETARY									
	8400207762 ✓		11/30/20	11/20/20	12/20/20		551.93	0.00	0.00	551.93 ✓
	LAUNDRY OB									
	8400207806 ✓		11/30/20	11/20/20	12/20/20		1,092.32	0.00	0.00	1,092.32 ✓
	LAUNDRY HOUSEKEEPING									

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS /				60.76	0.00	0.00	60.76
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	
20542		12/08/20	12/07/20	12/07/20		1,113.60	0.00	0.00	1,113.60	✓
	OUTSIDE SRV TRANSCRIPTIC 11/23 - 12/7/15									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		K0536	SHIRLEY KARNEI /			1,113.60	0.00	0.00	1,113.60	
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	
115229299	✓	11/30/20	11/19/20	12/19/20		832.25	0.00	0.00	832.25	✓
	MAINT CONT ULTRASOUND									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		S2001	SIEMENS MEDICAL SOLUTIONS INC ✓			832.25	0.00	0.00	832.25	
Vendor#	Vendor Name		Class	Pay Code						
S2362	SMITH & NEPHEW									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
92619045	✓	11/24/20	11/18/20	12/18/20		251.27	0.00	0.00	251.27	✓
	SUPPLIES SURGERY									
92626501	✓	11/30/20	11/21/20	12/21/20		761.03	0.00	0.00	761.03	✓
	SUPPLIES SURGERY									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		S2362	SMITH & NEPHEW /			1,012.30	0.00	0.00	1,012.30	
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	
90016543		11/30/20	11/17/20	12/17/20		6,354.00	0.00	0.00	6,354.00	✓
	BLOOD BANK SUPPLIES									
90016446		11/30/20	11/17/20	12/17/20		-2,025.00	0.00	0.00	-2,025.00	✓
	BLOOD BANK CREDIT									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		S2400	SO TEX BLOOD & TISSUE CENTER			4,329.00	0.00	0.00	4,329.00	
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	
822993	✓	11/18/20	11/16/20	12/16/20		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						
S2951	SYSCO FOOD SERVICES OF		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
511272633	✓	11/30/20	11/27/20	12/17/20		1,037.49	0.00	0.00	1,037.49	✓
	FOOD SUPPLIES DIETARY									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
		S2951	SYSCO FOOD SERVICES OF			1,037.49	0.00	0.00	1,037.49	
Vendor#	Vendor Name		Class	Pay Code						
10808	TEXAS PRESCRIPTION PROGRAM									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	

8400207930 ✓	11/30/20 11/24/20 12/24/20	152.79	0.00	0.00	152.79 ✓				
LAUNDRY DIETARY									
8400207929 ✓	11/30/20 11/24/20 12/24/20	226.69	0.00	0.00	226.69 ✓				
LAUNDRY HOUSEKEEPING									
8400207931 ✓	11/30/20 11/24/20 12/24/20	104.21	0.00	0.00	104.21 ✓				
LAUNDRY OB									
8400207971 ✓	11/30/20 11/24/20 12/24/20	184.32	0.00	0.00	184.32 ✓				
LAUNDRY DIETARY									
8400207932 ✓	11/30/20 11/24/20 12/24/20	183.56	0.00	0.00	183.56 ✓				
LAUNDRY HOUSEKEEPING									
8400207928 ✓	11/30/20 11/24/20 12/24/20	198.52	0.00	0.00	198.52 ✓				
LAUNDRY HOUSEKEEPING									
8400208016 ✓	11/30/20 11/24/20 12/24/20	1,061.56	0.00	0.00	1,061.56 ✓				
LAUNDRY HOUSEKEEPING									
8400208273 ✓	11/30/20 11/27/20 12/27/20	866.91	0.00	0.00	866.91 ✓				
LAUNDRY HOUSEKEEPING									
8400208240 ✓	11/30/20 11/27/20 12/27/20	521.03	0.00	0.00	521.03 ✓				
LAUNDRY SURGERY									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		U1064	UNIFIRST HOLDINGS INC ✓	7,180.32	0.00	0.00	7,180.32		
Vendor#	Vendor Name	Class		Pay Code					
U1056	UNIFORM ADVANTAGE	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6565317 ✓		11/30/20	11/25/20	12/25/20		177.89	0.00	0.00	177.89 ✓
EMPLOYEE UNIFORMS									
6567580 ✓		12/08/20	11/27/20	12/27/20		20.99	0.00	0.00	20.99 ✓
EMPLOYEE UNIFORMS									
6567581 ✓		12/08/20	11/27/20	12/27/20		124.99	0.00	0.00	124.99 ✓
EMPLOYEE UNIFORMS									
6574767 ✓		12/08/20	11/30/20	11/30/20		72.96	0.00	0.00	72.96 ✓
EMPLOYEE UNIFORMS									
6574766 ✓		12/08/20	11/30/20	12/30/20		209.86	0.00	0.00	209.86 ✓
EMPLOYEE UNIFORMS									
6574765 ✓		12/08/20	11/30/20	12/30/20		166.98	0.00	0.00	166.98 ✓
EMPLOYEE UNIFORMS									
6574769 ✓		12/08/20	11/30/20	12/30/20		152.90	0.00	0.00	152.90 ✓
EMPLOYEE UNIFORMS									
6574768 ✓		12/08/20	11/30/20	12/30/20		107.93	0.00	0.00	107.93 ✓
EMPLOYEE UNIFORMS									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		U1056	UNIFORM ADVANTAGE ✓	1,034.50	0.00	0.00	1,034.50		
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
778941475 ✓		11/30/20	11/21/20	12/02/20		1,492.08	0.00	0.00	1,492.08 ✓
FREIGHT EXP VARIOUS DEPT									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		U1350	UPS ✓	1,492.08	0.00	0.00	1,492.08		
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

3990308	11/30/20	11/27/20	12/17/20	1,179.74	0.00	0.00	1,179.74	✓	
FOOD SUPPLIES DIETARY									
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net		
	10172	US FOOD SERVICE	✓	1,179.74	0.00	0.00	1,179.74		
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
197769711/2015		12/08/20	11/19/20	12/14/20		60.67	0.00	0.00	60.67 ✓
TELEPHONE EXPENSE 55.67 + 5.00 late fee									
552156711/2015		12/08/20	11/19/20	12/14/20		52.00	0.00	0.00	52.00 ✓
TELEPHONE EXPENSE									
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net		
	V0555	VERIZON SOUTHWEST	✓	112.67	0.00	0.00	112.67		
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
15110286	✓	12/08/20	11/30/20	11/30/20		260.00	0.00	0.00	260.00 ✓
ADVERTISING EXPENSE 104.7 KVIC									
15110289	✓	12/08/20	11/30/20	11/30/20		80.00	0.00	0.00	80.00 ✓
ADVERTISING EXPENSE 93.3 The Wolf									
15110287	✓	12/08/20	11/30/20	11/30/20		260.00	0.00	0.00	260.00 ✓
ADVERTISING EXPENSE 97.5 KITE									
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net		
	V1471	VICTORIA RADIOWORKS, LTD	✓	600.00	0.00	0.00	600.00		
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
9110251098	✓	11/30/20	11/10/20	12/10/20		322.00	0.00	0.00	322.00 ✓
LAB SUPPLIES									
9110251289	✓	11/30/20	11/10/20	12/10/20		3,814.60	0.00	0.00	3,814.60 ✓
LAB SUPPLIES									
9110252308	✓	11/30/20	11/16/20	12/16/20		1,571.67	0.00	0.00	1,571.67 ✓
MAINT CONT LAB									
9110253545	✓	11/30/20	11/17/20	12/17/20		37.00	0.00	0.00	37.00 ✓
LAB SUPPLIES									
9110253909	✓	11/30/20	11/18/20	12/18/20		2,585.00	0.00	0.00	2,585.00 ✓
LAB SUPPLIES									
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net		
	I1110	WERFEN USA LLC	✓	8,330.27	0.00	0.00	8,330.27		
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
79-4001001	✓	11/30/20	11/18/20	12/18/20		26.16	0.00	0.00	26.16 ✓
SUPPLIES PLANT OPS									
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net		
	10325	WHOLESALE ELECTRIC SUPPLY	✓	26.16	0.00	0.00	26.16		

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
APPROVED ON	227,215.11	0.00	0.00	227,215.11
DEC 09 2015	CKS*164/33 to		pgg correction { 445.47 + 445.46 227,215.10	

RUN DATE: 12/08/15
TIME: 16:56

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
		112414	4575.48	✓			
		77979 120815	461.76	✓			
		77979 120815	1350.00	✓			
		77979 120815	652.61	✓			
		77979 120815	290.24	✓			
		79706 120815	23.40	✓			
		77979 120815	30.32	✓			
		77979 120815	53.29	✓			
		77979 120815	808.83	✓			
		77437 120815	22.94	✓			
		77478 120815	100.00	✓			
		77979 012813	102.96	✓			
ARID=0001 TOTAL			8471.83				
TOTAL			8471.83				

APPROVED
ON
DEC 09 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 164230
+0
164241

Mural JRFH
12-21-15

Payable: ST-Patient Refund

MEMORIAL MEDICAL CENTER
REQUEST FOR REFUND

PATIENT NAME

REFUND TO

REQUESTED BY

ADDRESS

AUTHORIZED BY

EXPLANATION

patient over paid; no oth

APPROVED
ON

DEC 10 2015

COUNTY AUDITOR

	PATIENT NUMBER	DATE	G/L NUMBER	AMOUNT
DEBIT		12-10-15	99000	\$ 2042.80

DATE COMPLETED

CHECK NUMBER

BY



APPROVED
ON
09 pm
DEC 10 2015



COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

CK# 164.242

Muel J Rfk
12-21-15

8

RUN DATE:12/10/15
TIME:13:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/10/15 THRU 12/10/15

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GLCKREG

BANK--CHECK--

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164133	12/10/15	880.92	CUSTOM MEDICAL SPECIALTIES
A/P	164134	12/10/15	2,156.00	PHILIPS HEALTHCARE
A/P	164135	12/10/15	151.96	ERBE USA INC SURGICAL SYSTEMS
A/P	164136	12/10/15	370.00	CHRIS KOVAREK
A/P	164137	12/10/15	375.00	PORT LAVACA CHAMBER OF COMMERCE
A/P	164138	12/10/15	1,179.74	US FOOD SERVICE
A/P	164139	12/10/15	463.34	MERCEDES MEDICAL
A/P	164140	12/10/15	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	164141	12/10/15	26.16	WHOLESALE ELECTRIC SUPPLY
A/P	164142	12/10/15	2,382.93	CENTURION MEDICAL PRODUCTS
A/P	164143	12/10/15	1,350.78	DEWITT POTH & SON
A/P	164144	12/10/15	773.10	PRECISION DYNAMICS CORP (PDC)
A/P	164145	12/10/15	127.06	FLUKE ELECTRONICS
A/P	164146	12/10/15	4,005.00	BIOMET INC
A/P	164147	12/10/15	.00	VOIDED
A/P	164148	12/10/15	10,788.33	MORRIS & DICKSON CO, LLC
A/P	164149	12/10/15	511.51	PLATINUM CODE
A/P	164150	12/10/15	2,646.51	LUMINANT ENERGY COMPANY LLC
A/P	164151	12/10/15	21,711.05	BKD, LLP
A/P	164152	12/10/15	30,770.79	NOBLE AMERICAS ENERGY
A/P	164153	12/10/15	300.00	ALLIED FIRE PROTECTION SA, LP
A/P	164154	12/10/15	495.00	FASTHEALTH CORPORATION
A/P	164155	12/10/15	1,783.60	THERACOM, LLC
A/P	164156	12/10/15	90.00	TEXAS PRESCRIPTION PROGRAM
A/P	164157	12/10/15	22,644.91	MMC EMPLOYEE BENEFIT PLAN
A/P	164158	12/10/15	1,944.00	NIGHTINGALE NURSES, LLC
A/P	164159	12/10/15	600.00	PROCESSOR & CHEMICAL SERVICES
A/P	164160	12/10/15	1,400.00	ACUTE CARE INC
A/P	164161	12/10/15	195.00	HENRY TROEMNER, LLC
A/P	164162	12/10/15	668.60	PROFESSIONAL SERVICE
A/P	164163	12/10/15	60.52	ELITECH GROUP INC
A/P	164164	12/10/15	585.00	PABLO GARZA
A/P	164165	12/10/15	13,702.50	FUSION MEDICAL STAFFING, LLC
A/P	164166	12/10/15	3,750.00	HOSPITALPORTAL.NET
A/P	164167	12/10/15	535.28	PAETEC
A/P	164168	12/10/15	20.96	GULF COAST HARDWARE / ACE
A/P	164169	12/10/15	279.72	AMERISOURCEBERGEN DRUG CORP
A/P	164170	12/10/15	161.28	AIRGAS-SOUTHWEST
A/P	164171	12/10/15	87.21	CAREFUSION
A/P	164172	12/10/15	335.67	CARDINAL HEALTH 414, LLC
A/P	164173	12/10/15	64.00	NADINE GARNER
A/P	164174	12/10/15	1,055.86	BAXTER HEALTHCARE CORP
A/P	164175	12/10/15	473.98	BECKMAN COULTER INC
A/P	164176	12/10/15	220.00	CORPUS CHRISTI PROSTHETICS
A/P	164177	12/10/15	1,400.00	CABLE ONE
A/P	164178	12/10/15	8.00	CALHOUN COUNTY WASTE MGMT
A/P	164179	12/10/15	591.61	CONMED CORPORATION
A/P	164180	12/10/15	51.96	CDW GOVERNMENT, INC.
A/P	164181	12/10/15	12,304.93	EVIDENT
A/P	164182	12/10/15	63.69	D'S OUTDOOR POWER EQUIP INC

RUN DATE:12/10/15
TIME:13:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/10/15 THRU 12/10/15

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GLCKREG

BANK--CHECK--

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164183	12/10/15	111.80	C R BARD, INC
A/P	164184	12/10/15	164.56	DATX OHMEDA, INC.
A/P	164185	12/10/15	10.86	FEDERAL EXPRESS CORP.
A/P	164186	12/10/15	1,743.17	FISHER HEALTHCARE
A/P	164187	12/10/15	46.40	GALLS,LLC
A/P	164188	12/10/15	936.35	GULF COAST PAPER COMPANY
A/P	164189	12/10/15	395.00	HOLOGIC INC
A/P	164190	12/10/15	6,056.74	HILL-ROM COMPANY, INC
A/P	164191	12/10/15	178.21	INDEPENDENCE MEDICAL
A/P	164192	12/10/15	5,696.32	RICOH USA, INC.
A/P	164193	12/10/15	8,330.27	WERFEN USA LLC
A/P	164194	12/10/15	117.68	INTEGRATED MEDICAL SYSTEMS
A/P	164195	12/10/15	2,751.59	J & J HEALTH CARE SYSTEMS, INC
A/P	164196	12/10/15	828.11	K-MED INC
A/P	164197	12/10/15	1,113.60	SHIRLEY KARNEI
A/P	164198	12/10/15	722.15	LANDAUER INC
A/P	164199	12/10/15	7,995.05	MCKESSON MEDICAL SURGICAL INC
A/P	164200	12/10/15	136.10	MEDIBADGE
A/P	164201	12/10/15	1,062.77	BAYER HEALTHCARE
A/P	164202	12/10/15	445.46	MMC AUXILIARY GIFT SHOP
A/P	164203	12/10/15	179.95	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	164204	12/10/15	95.95	MMC VOLUNTEERS
A/P	164205	12/10/15	26.07	MEDIVATORS
A/P	164206	12/10/15	210.88	OFFICE DEPOT
A/P	164207	12/10/15	.00	VOIDED
A/P	164208	12/10/15	.00	VOIDED
A/P	164209	12/10/15	.00	VOIDED
A/P	164210	12/10/15	9,501.46	OWENS & MINOR
A/P	164211	12/10/15	19.40	POWER ELECTRIC
A/P	164212	12/10/15	4,440.00	RADIOLOGY UNLIMITED, PA
A/P	164213	12/10/15	31.73	RECEIVABLE MANAGEMENT, INC
A/P	164214	12/10/15	133.44	SANOPI PASTEUR INC
A/P	164215	12/10/15	60.76	SHERWIN WILLIAMS
A/P	164216	12/10/15	832.25	SIEMENS MEDICAL SOLUTIONS INC
A/P	164217	12/10/15	1,012.30	SMITH & NEPHEW
A/P	164218	12/10/15	4,329.00	SO TEX BLOOD & TISSUE CENTER
A/P	164219	12/10/15	340.00	STANFORD VACUUM SERVICE
A/P	164220	12/10/15	1,037.49	SYSCO FOOD SERVICES OF
A/P	164221	12/10/15	220.40	ERIN CLEVINGER
A/P	164222	12/10/15	449.57	TRANE U. S. INC.
A/P	164223	12/10/15	155.90	UNIFIRST HOLDINGS
A/P	164224	12/10/15	1,034.50	UNIFORM ADVANTAGE
A/P	164225	12/10/15	.00	VOIDED
A/P	164226	12/10/15	7,180.32	UNIFIRST HOLDINGS INC
A/P	164227	12/10/15	1,492.08	UPS
A/P	164228	12/10/15	112.67	VERIZON SOUTHWEST
A/P	164229	12/10/15	600.00	VICTORIA RADIONWORKS, LTD
A/P	164230	12/10/15	4,575.48	
A/P	164231	12/10/15	461.76	
A/P	164232	12/10/15	1,350.00	
A/P	164233	12/10/15	652.61	

RUN DATE:12/10/15
TIME:13:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/10/15 THRU 12/10/15

PAGE 3
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164234	12/10/15	290.24	
A/P	164235	12/10/15	23.40	
A/P	164236	12/10/15	30.32	
A/P	164237	12/10/15	53.29	
A/P	164238	12/10/15	808.83	
A/P	164239	12/10/15	22.94	
A/P	164240	12/10/15	100.00	
A/P	164241	12/10/15	102.96	
A/P	164242	12/10/15	2,042.80	
TOTALS:			237,729.73	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
12/14/2015

Nursing Home	IBC Account Number	Previous Beginning 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	236,545.51	20,722.08	-	236,445.51	-	-	20,822.08	20,722.08

Routing Information for Ashford Gardens:

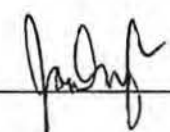
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 10614
Account # 4257

Nursing Home	IBC Account Number	Previous Beginning 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	57,268.85	39,311.09	-	57,168.85	-	-	39,411.09	39,311.09
Crescent	4588	96,072.35	54,038.89	-	95,972.35	-	-	54,138.89	54,038.89
Broadmoor	4596	46,827.13	46,205.02	-	46,727.13	-	-	46,305.02	46,205.02
Fort Bend	4618	43,983.76	34,103.64	-	43,883.76	-	-	34,203.64	34,103.64
									173,658.64

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:

Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 10614
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.

*Manual J [Signature]
12-21-15*

APPROVED
DEC 14 2015
COUNTY AUDITOR

IBC Bank Activity
12/7/15 through 12/13/15

Ashford Gardens

			<u>Transfer-Out</u>	<u>Transfer-In</u>
12/9/2015	5025	4553 495 OUTGOING MONEY TRANSFER	236,445.51	
12/10/2015	5025	4553 142 ACH CREDIT RECEIVED		233.58
12/11/2015	5025	4553 301 COMMERCIAL DEPOSIT		20,488.50
			<u>236,445.51</u>	<u>20,722.08</u>

ASHFORD HEALTH CARE CENTER LTD
NOVITAS SOLUTION HCCLAIMPMT

Solera at West Houston

			<u>Transfer-Out</u>	<u>Transfer-In</u>
12/9/2015	5025	4561 495 OUTGOING MONEY TRANSFER	57,168.85	
12/10/2015	5025	4561 142 ACH CREDIT RECEIVED		1,831.44
12/10/2015	5025	4561 142 ACH CREDIT RECEIVED		3,092.73
12/10/2015	5025	4561 142 ACH CREDIT RECEIVED		560.76
12/11/2015	5025	4561 301 COMMERCIAL DEPOSIT		33,826.16
			<u>57,168.85</u>	<u>39,311.09</u>

CANTEX HEALTH CARE CENTERS LLC
Molina HC of TX Molina HC
Molina HC of TX Molina HC
AGING DISAB SVCS HCCLAIMPMT

Crescent

			<u>Transfer-Out</u>	<u>Transfer-In</u>
12/9/2015	5025	4588 495 OUTGOING MONEY TRANSFER	95,972.35	
12/10/2015	5025	4588 142 ACH CREDIT RECEIVED		4,002.80
12/11/2015	5025	4588 301 COMMERCIAL DEPOSIT		37,912.29
12/11/2015	5025	4588 142 ACH CREDIT RECEIVED		12,123.80
			<u>95,972.35</u>	<u>54,038.89</u>

CANTEX HEALTH CARE CENTERS III
AGING DISAB SVCS HCCLAIMPMT
AGING DISAB SVCS HCCLAIMPMT

Broadmoor

			<u>Transfer-Out</u>	<u>Transfer-In</u>
12/9/2015	5025	4596 495 OUTGOING MONEY TRANSFER	46,727.13	
12/10/2015	5025	4596 142 ACH CREDIT RECEIVED		4,009.72
12/11/2015	5025	4596 399 MISCELLANEOUS CREDIT		27.00
12/11/2015	5025	4596 301 COMMERCIAL DEPOSIT		42,168.30
			<u>46,727.13</u>	<u>46,205.02</u>

CANTEX HEALTH CARE CENTERS III
AGING DISAB SVCS HCCLAIMPMT
Deposit Adj - Credit

Fort Bend

			<u>Transfer-Out</u>	<u>Transfer-In</u>
12/9/2015	5025	4618 495 OUTGOING MONEY TRANSFER	43,883.76	
12/10/2015	5025	4618 142 ACH CREDIT RECEIVED		354.46
12/11/2015	5025	4618 142 ACH CREDIT RECEIVED		24,074.81
12/11/2015	5025	4618 301 COMMERCIAL DEPOSIT		9,674.37
			<u>43,883.76</u>	<u>34,103.64</u>

CANTEX HEALTH CARE CENTERS III
Molina HC of TX Molina HC
Molina HC of TX Molina HC

Account Portfolio as of 12/14/2015 8:33:19 AM

Account Display
☒ Display By Account Type
☐ Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
<u>Memorial Medical Center</u>	13387	\$25,069.79	\$25,069.79
<u>Memorial Medical Center</u>	4553	\$20,822.08	\$42,098.06
<u>Memorial Medical Center</u>	14561	\$39,411.09	\$39,683.77
<u>Memorial Medical Center</u>	4588	\$54,138.89	\$67,608.32
<u>Memorial Medical Center</u>	14596	\$46,305.02	\$46,305.02
<u>Memorial Medical Center</u>	4618	\$34,203.64	\$34,953.48
<u>Memorial Medical Center Operat</u>	10301	\$1,495,295.65	\$1,507,931.41
<u>County of Calhoun Indigent</u>	1101	\$7,050.78	\$7,050.78
Totals		\$1,722,296.94	\$1,770,700.63

RUN DATE:12/14/15
TIME:17:01

MEMORIAL MEDICAL CENTER
CHECK REGISTER *and Payable List*
12/14/15 THRU 12/14/15

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P	000706	12/14/15	557.93	MCKESSON
A/P	000707	12/14/15	763.73	MCKESSON
A/P	000708	12/14/15	1,259.24	MCKESSON
TOTALS:			2,580.90	

340 B Prescription Expenses

APPROVED
SM

DEC 14 2015

COUNTY AUDITOR
SALHOUN COUNTY, TEXAS

Michael J. Ruhl
12-21-15

McKESSON**STATEMENT**

As of: 12/11/2015

Page: 001

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

DC: 8115

Territory: 400

Customer: 190813

Date: 12/11/2015

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

As of: 12/11/2015
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 12/11/2015

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	
12/07/2015	12/15/2015	7720022470	1000727795	115Invoice	5.34	267.09		261.75	✓✓	7720022470	
12/07/2015	12/15/2015	7720022471	1000728485	115Invoice	0.77	38.40		37.63	✓✓	7720022471	
12/10/2015	12/15/2015	7720674383	1000730513	115Invoice	0.10	5.22		5.12	✓✓	7720674383	
12/11/2015	12/15/2015	7720924658	1000731130	115Invoice	5.17	258.60		253.43	✓✓	7720924658	

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

TOTAL:**Subtotals:****569.31 USD****Future Due: 0.00****Past Due: 0.00****Last Payment 469.55
12/07/2015****If Paid By 12/15/2015,
Pay This Amount:****557.93 USD****If Paid After 12/15/2015,
Pay this Amount:****569.31 USD****Due If Paid On Time:****USD 557.93****Disc lost if paid late:****11.38****Due If Paid Late:****USD 569.31****ck# 706****12.14.15****APPROVED
ON****DEC 14 2015****COUNTY AUDITOR
SALHOUN COUNTY, TEXAS**

McKESSON

STATEMENT

As of: 12/11/2015

Page: 001

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

DC: 8115

Territory: 400

Customer: 256342
Date: 12/11/2015

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

As of: 12/11/2015
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 12/11/2015 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
12/07/2015	12/15/2015	7720000178	1086691	115Invoice		0.10	✓	0.10	✓	7720000178
12/08/2015	12/15/2015	7720261160	3454581073	115Invoice	0.28	14.09		13.81	✓	7720261160
12/10/2015	12/15/2015	7720699990	3454581079	115Invoice	0.29	14.41		14.12	✓	7720699990
12/11/2015	12/15/2015	7720946217	Generics	115Invoice	14.63	731.38		716.75	✓	7720946217
12/11/2015	12/15/2015	7720946223	3454581082	115Invoice	0.39	19.34		18.95	✓	7720946223

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

TOTAL:

Subtotals: 779.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 542.78
12/07/2015

If Paid By 12/15/2015,
Pay This Amount:

763.73 USD

If Paid After 12/15/2015,
Pay this Amount:

779.32 USD

Due If Paid On Time:

USD 763.73

Disc lost if paid late:

15.59

Due If Paid Late:

USD 779.32

ck# 707

[Signature]
12.14.15

APPROVED
ON

DEC 14 2015

COUNTY AUDITOR
BALHOUN 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: 12/11/2015

Page: 001

DC: 8115

Territory: 400

Customer: 262252

Date: 12/11/2015

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

As of: 12/11/2015
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 12/11/2015 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
12/07/2015	12/15/2015	7720038268	1000727797	115Invoice	0.43	21.59		21.16✓		7720038268
12/07/2015	12/15/2015	7720038269	1000728487	115Invoice	20.10	1,004.88		984.78✓		7720038269
12/07/2015	12/15/2015	7720038270	1000728889	115Invoice	0.49	24.31		23.82✓		7720038270
12/08/2015	12/15/2015	7720273535	1000729280	115Invoice	1.19	59.37		58.18✓		7720273535
12/09/2015	12/15/2015	7720469580	1000729924	115Invoice	0.01	0.32		0.31✓		7720469580
12/10/2015	12/15/2015	7720703529	1000730515	115Invoice	3.39	169.70		166.31✓		7720703529
12/11/2015	12/15/2015	7720922694	1000731132	115Invoice	0.10	4.78		4.68✓		7720922694

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

TOTAL:

Subtotals: 1,284.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 12/07/2015 1,449.25

If Paid By 12/15/2015,
Pay This Amount:

1,259.24 USD

If Paid After 12/15/2015,
Pay this Amount:

1,284.95 USD

Due If Paid On Time:
USD 1,259.24

Disc lost if paid late:
25.71

Due If Paid Late:
USD 1,284.95

CK# 708

APPROVED
ON
DEC 14 2015
COUNTY AUDITOR
BALHOUN COUNTY, TEXAS

APPROVED
ON

DEC 15 2015

12/15/2015

C14:36TY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

0

AP Open Invoice List

ap_open_invoice.template

Due Dates Through: 01/01/2016

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	
✓9045890571		12/11/20	11/30/20	12/30/20		1,864.97	0.00	0.00	1,864.97	
OXYGEN CARDIO										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A1680	AIRGAS-SOUTHWEST				1,864.97	0.00	0.00	1,864.97	✓
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	
0000367181 ✓		12/14/20	11/12/20	12/15/20		28,831.78	0.00	0.00	28,831.78	
EMPLOYEE INS PREMIUM										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10814	ALLIED BENEFIT SYSTEMS				28,831.78	0.00	0.00	28,831.78	✓
Vendor#	Vendor Name	Class	Pay Code							
A1360	AMERISOURCEBERGEN DRUG CORP .	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
769584563 ✓		12/14/20	12/11/20	12/25/20		116.60	0.00	0.00	116.60	
PHARMACY DRUGS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A1360	AMERISOURCEBERGEN DRUG CORP				116.60	0.00	0.00	116.60	✓
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	
49353995 ✓		12/11/20	12/01/20	12/31/20		2,767.00	0.00	0.00	2,767.00	✓
IV PUMPS RENTAL										
49355659 ✓		12/11/20	12/01/20	12/31/20		190.50	0.00	0.00	190.50	✓
IV PUMP RENTAL										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	B1075	BAXTER HEALTHCARE CORP				2,957.50	0.00	0.00	2,957.50	
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	
20550		12/14/20	12/04/20	12/04/20		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							
C1048	CALHOUN COUNTY ✓	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
20544		12/11/20	11/24/20	12/24/20		121.75	0.00	0.00	121.75	
TRANSPORTATION FUEL										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1048	CALHOUN COUNTY				121.75	0.00	0.00	121.75	✓
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	
20548		12/14/20	11/30/20	12/30/20		685.00	0.00	0.00	685.00	

PHARMACY DRUGS

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		C1390	CENTRAL DRUGS				685.00	0.00	0.00	685.00
Vendor#	Vendor Name			Class	Pay Code					
10661	CENTURYLINK									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
1359757394		12/15/20	12/03/20	12/31/20		284.84	0.00	0.00	284.84	
TELEPHONE EXPENSE										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10661	CENTURYLINK				284.84	0.00	0.00	284.84
Vendor#	Vendor Name			Class	Pay Code					
C1970	CONMED CORPORATION			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
114349		12/09/20	12/02/20	01/01/20		119.76	0.00	0.00	119.76	
SUPPLIES SURGERY										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		C1970	CONMED CORPORATION				119.76	0.00	0.00	119.76
Vendor#	Vendor Name			Class	Pay Code					
11004	CSI LEASING INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
RT00112718		12/11/20	11/19/20	01/01/20		7,682.67	0.00	0.00	7,682.67	
LEASE & RENTAL CLINIC & ME										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11004	CSI LEASING INC				7,682.67	0.00	0.00	7,682.67
Vendor#	Vendor Name			Class	Pay Code					
10368	DEWITT POTH & SON									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
458067-0		12/11/20	12/01/20	12/31/20		104.19	0.00	0.00	104.19	
OFFICE SUPPLIES BEHAVE HI										
456158-2		12/11/20	12/01/20	12/31/20		103.03	0.00	0.00	103.03	
SUPPLIES SURGERY										
458058-0		12/11/20	12/01/20	12/31/20		9.99	0.00	0.00	9.99	
SUPPLIES LAB										
458142-0		12/11/20	12/02/20	01/01/20		59.47	0.00	0.00	59.47	
SUPPLIES PT										
458198-0		12/11/20	12/02/20	01/01/20		226.76	0.00	0.00	226.76	
SUPPLIES ER										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				503.44	0.00	0.00	503.44
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	
849342		12/09/20	11/30/20	01/01/20		243.25	0.00	0.00	243.25	
SUPPLIES PT										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		D1785	DYNATRONICS CORPORATION				243.25	0.00	0.00	243.25
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	
911943		12/15/20	09/10/20	10/10/20		4,474.64	0.00	0.00	4,474.64	
LAB EQUIPMENT										
913785		12/15/20	11/10/20	12/10/20		1,880.80	0.00	0.00	1,880.80	

OUTSIDE SRV ER											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C2510	EVIDENT	6,355.44	0.00	0.00	6,355.44
Vendor#	Vendor Name					Class	Pay Code				
10689	FASTHEALTH CORPORATION ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
12A15mmc ✓		12/14/20	12/01/20	12/31/20		495.00	0.00	0.00	495.00		
OUTSIDE SRV ADMIN											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10689	FASTHEALTH CORPORATION	495.00	0.00	0.00	495.00 ✓
Vendor#	Vendor Name					Class	Pay Code				
11037	FIRST CLEARING ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
20553		12/14/20	12/04/20	12/04/20		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				
F1653	FORT BEND SERVICES, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
0199834-IN ✓		12/11/20	12/01/20	12/31/20		530.00	0.00	0.00	530.00		
MAINT CONT PLANT OPS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						F1653	FORT BEND SERVICES, INC	530.00	0.00	0.00	530.00 ✓
Vendor#	Vendor Name					Class	Pay Code				
G0930	GRAPHIC CONTROLS LLC ✓					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
MB9565 ✓		12/09/20	11/24/20	01/01/20		54.51	0.00	0.00	54.51		
CS INVENTORY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						G0930	GRAPHIC CONTROLS LLC	54.51	0.00	0.00	54.51 ✓
Vendor#	Vendor Name					Class	Pay Code				
11143	HERMAN & HERMAN ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net		
20543		12/11/20	12/08/20	12/08/20		40.06	0.00	0.00	40.06		
REFUND MED RECORD FEE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11143	HERMAN & HERMAN	40.06	0.00	0.00	40.06 ✓
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		
1111588 ✓		12/15/20	06/12/20	07/12/20		113.47	0.00	0.00	113.47		
INSTRUMENT REPAIRS SURG											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						I1127	INTEGRATED MEDICAL SYSTEMS	113.47	0.00	0.00	113.47 ✓
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		
915649077 ✓		12/09/20	11/30/20	01/01/20		796.57	0.00	0.00	796.57		
SUPPLIES SURGERY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net

	J0150	J & J HEALTH CARE SYSTEMS, INC					796.57	0.00	0.00	796.57	✓
Vendor#	Vendor Name				Class	Pay Code					
L1640	LOWE'S HOME CENTERS INC				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
	13539		12/11/20	11/16/20	12/28/20		16.12	0.00	0.00	16.12	✓
	SUPPLIES PT										
	13238		12/11/20	11/24/20	12/28/20		37.98	0.00	0.00	37.98	✓
	SUPPLIES LAB										
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
	L1640	LOWE'S HOME CENTERS INC					54.10	0.00	0.00	54.10	
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	
	20552		12/14/20	12/04/20	12/04/20		1,457.50	0.00	0.00	1,457.50	
	EMPLOYEE PERSONAL INVEN										
	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					
11141	MEDICAL DATA SYSTEMS, INC. ✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
	94728 ✓		12/08/20	11/30/20	01/01/20		217.49	0.00	0.00	217.49	
	COLLECTION EXP BUS OFFIC										
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
	11141	MEDICAL DATA SYSTEMS, INC.					217.49	0.00	0.00	217.49	✓
Vendor#	Vendor Name				Class	Pay Code					
M2827	MEDIVATORS ✓				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
	2186305 ✓		12/14/20	10/19/20	11/19/20		245.04	0.00	0.00	245.04	
	SUPPLIES SURGERY										
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
	M2827	MEDIVATORS					245.04	0.00	0.00	245.04	✓
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	
	20549		12/14/20	12/04/20	12/04/20		60.00	0.00	0.00	60.00	
	EMPLOYEE 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					
M2659	MERRY X-RAY/SOURCEONE HEALTHCA ✓				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
	30094158921 ✓		12/09/20	12/02/20	01/01/20		658.90	0.00	0.00	658.90	✓
	SUPPLIES XRAY										
	30094152258 ✓		12/15/20	11/18/20	12/18/20		1,707.06	0.00	0.00	1,707.06	✓
	SUPPLIES XRAY										
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net	
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA					2,365.96	0.00	0.00	2,365.96	
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	
	20545		12/11/20	12/10/20	12/10/20		258.72	0.00	0.00	258.72	
	EMPLOYEE GIFT SHOP CHAR										

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				258.72	0.00	0.00	258.72 ✓
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
DECEMBER72015		12/14/20	12/07/20	12/07/20			24,373.80	0.00	0.00	24,373.80
EMPLOYEE INS CLAIMS										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				24,373.80	0.00	0.00	24,373.80 ✓
Vendor#	Vendor Name		Class	Pay Code						
10536	MORRIS & DICKSON CO, LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8223249 ✓		12/11/20	12/08/20	12/09/20			173.39	0.00	0.00	173.39 ✓
PHARMACY DRUGS										
8223253 ✓		12/11/20	12/08/20	12/09/20			1,485.34	0.00	0.00	1,485.34 ✓
PHARMACY DRUGS										
8223251 ✓		12/11/20	12/08/20	12/09/20			15.75	0.00	0.00	15.75 ✓
PHARMACY DRUGS										
8223252 ✓		12/11/20	12/08/20	12/09/20			537.31	0.00	0.00	537.31 ✓
PHARMACY DRUGS										
8223250 ✓		12/11/20	12/08/20	12/09/20			42.72	0.00	0.00	42.72 ✓
PHARMACY DRUGS										
9891 ✓		12/11/20	12/09/20	12/10/20			-1,692.22	0.00	0.00	-1,692.22 ✓
PHARMACY CREDIT										
8227775 ✓		12/11/20	12/09/20	12/10/20			23.88	0.00	0.00	23.88 ✓
PHARMACY DRUGS										
9890 ✓		12/11/20	12/09/20	12/10/20			-406.99	0.00	0.00	-406.99 ✓
PHARMACY CREDIT										
8227776 ✓		12/11/20	12/09/20	12/10/20			1,767.17	0.00	0.00	1,767.17 ✓
PHARMACY DRUGS										
8227777 ✓		12/11/20	12/09/20	12/10/20			350.11	0.00	0.00	350.11 ✓
PHARMACY DRUGS										
0193 ✓		12/11/20	12/09/20	12/10/20			-324.89	0.00	0.00	-324.89 ✓
PHARMACY CREDIT										
8233375 ✓		12/14/20	12/10/20	12/11/20			27.19	0.00	0.00	27.19 ✓
PHARMACY DRUGS										
8233372 ✓		12/14/20	12/10/20	12/11/20			41.11	0.00	0.00	41.11 ✓
PHARMACY DRUGS										
8233373 ✓		12/14/20	12/10/20	12/11/20			30.88	0.00	0.00	30.88 ✓
PHARMACY DRUGS										
8233371 ✓		12/14/20	12/10/20	12/11/20			33.20	0.00	0.00	33.20 ✓
PHARMACY DRUGS										
8234353 ✓		12/14/20	12/10/20	12/11/20			40.80	0.00	0.00	40.80 ✓
PHARMACY DRUGS										
8233374 ✓		12/14/20	12/10/20	12/11/20			1,355.38	0.00	0.00	1,355.38 ✓
PHARMACY DRUGS										
8231013 ✓		12/14/20	12/10/20	12/11/20			1,500.00	0.00	0.00	1,500.00 ✓
OUTSIDE SRV PHARMACY										
8237616 ✓		12/14/20	12/11/20	12/12/20			26.11	0.00	0.00	26.11 ✓
PHARMACY DRUGS										
8246183 ✓		12/15/20	12/14/20	12/15/20			442.60	0.00	0.00	442.60 ✓

PHARMACY DRUGS										
8246182	✓		12/15/20	12/14/20	12/15/20		1,168.90	0.00	0.00	1,168.90 ✓
PHARMACY DRUGS										
8246432	✓		12/15/20	12/14/20	12/15/20		149.70	0.00	0.00	149.70 ✓
PHARMACY DRUGS										
Vendor Totals							Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC				6,787.44	0.00	0.00	6,787.44
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
259497 ✓		12/09/20	11/24/20	01/01/20			283.23	0.00	0.00	283.23
CS INVENTORY										
Vendor Totals							Gross	Discount	No-Pay	Net
		M4250	MORTAN INC				283.23	0.00	0.00	283.23 ✓
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
2011798627 ✓		12/09/20	11/17/20	01/01/20			65.63	0.00	0.00	65.63 ✓
SUPPLIES ICU										
2011798619 ✓		12/09/20	11/17/20	01/01/20			765.72	0.00	0.00	765.72 ✓
SUPPLIES SURGERY & ICU										
2012192392 ✓		12/09/20	12/01/20	01/01/20			640.59	0.00	0.00	640.59 ✓
SUPPLIES VARIOUS DEPT										
2012188093 ✓		12/09/20	12/01/20	01/01/20			124.56	0.00	0.00	124.56 ✓
SUPPLIES HOUSEKEEPING										
2012188137 ✓		12/09/20	12/01/20	01/01/20			20.76	0.00	0.00	20.76 ✓
SUPPLIES DIETARY										
2012014559 ✓		12/14/20	11/24/20	12/24/20			37.89	0.00	0.00	37.89 ✓
SUPPLIES CLINIC										
2009292497 ✓		12/15/20	08/27/20	09/26/20			67.68	0.00	0.00	67.68 ✓
CS INVENTORY										
Vendor Totals							Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR				1,722.83	0.00	0.00	1,722.83
Vendor#	Vendor Name				Class	Pay Code				
11129	PETER A. RIPPER & ASSOCIATES, ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21126 ✓		12/11/20	12/01/20	12/31/20			2,000.00	0.00	0.00	2,000.00
OUTSIDE SRV ADMIN										
Vendor Totals							Gross	Discount	No-Pay	Net
		11129	PETER A. RIPPER & ASSOCIATES,				2,000.00	0.00	0.00	2,000.00 ✓
Vendor#	Vendor Name				Class	Pay Code				
10204	PHARMEDIUM SERVICES LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A1476701 ✓		12/14/20	12/03/20	12/31/20			120.20	0.00	0.00	120.20
PHARMACY DRUGS										
Vendor Totals							Gross	Discount	No-Pay	Net
		10204	PHARMEDIUM SERVICES LLC				120.20	0.00	0.00	120.20 ✓
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
040007 ✓		12/09/20	12/02/20	01/01/20			641.94	0.00	0.00	641.94
SUPPLIES VARIOUS DEPTS										

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10541	PLATINUM CODE				641.94	0.00	0.00	641.94 ✓
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
	20555		12/14/20	11/30/20	12/30/20		890.56	0.00	0.00	890.56
	ADVERTISING									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE				890.56	0.00	0.00	890.56 ✓
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
	55		12/11/20	12/02/20			3,425.00	0.00	0.00	3,425.00
	OUTSIDE SRV CARDIO									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		P1725	PREMIER SLEEP DISORDERS CENTER				3,425.00	0.00	0.00	3,425.00 ✓
Vendor#	Vendor Name			Class	Pay Code					
10844	RECALL SECURE DESTRUCTION SRV ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	4586082050 ✓		12/14/20	11/21/20	12/21/20		190.95	0.00	0.00	190.95
	OUTSIDE 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					
R1200	RED HAWK ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	217847 ✓		12/11/20	12/01/20	12/31/20		37.50	0.00	0.00	37.50
	OUTSIDE SRV PLANT OPS									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		R1200	RED HAWK				37.50	0.00	0.00	37.50 ✓
Vendor#	Vendor Name			Class	Pay Code					
11024	REED, CLAYMON, MEEKER & HARGET ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6690 ✓		12/14/20	12/03/20	12/31/20		105.00	0.00	0.00	105.00
	LEGAL FEES									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		11024	REED, CLAYMON, MEEKER & HARGET				105.00	0.00	0.00	105.00 ✓
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-7451 ✓		12/11/20	11/30/20	12/30/20		1,702.15	0.00	0.00	1,702.15
	MAINT CONT HEALTH INFO									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10987	REVCYCLE+, INC.				1,702.15	0.00	0.00	1,702.15 ✓
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
	905695106 ✓		12/14/20	11/30/20	12/30/20		926.14	0.00	0.00	926.14 ✓
	PHARMACY DRUGS									
	905695103 ✓		12/14/20	11/30/20	12/30/20		926.14	0.00	0.00	926.14 ✓
	PHARMACY DRUGS									

905695105	✓	12/14/20	11/30/20	01/01/20		1,684.15	0.00	0.00	1,684.15	✓		
PHARMACY DRUGS												
905695104	✓	12/14/20	11/30/20	01/01/20		1,684.15	0.00	0.00	1,684.15	✓		
PHARMACY DRUGS												
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net	
						S1001	SANOPI PASTEUR INC	5,220.58	0.00	0.00	5,220.58	
Vendor#	Vendor Name				Class	Pay Code						
10995	SHIFTHOUND				✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
1510262	✓	12/11/20	11/30/20	12/30/20			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						
S2362	SMITH & NEPHEW				✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
92643349	✓	12/09/20	11/30/20	01/01/20			472.07	0.00	0.00	472.07	✓	
SUPPLIES SURGERY												
92649957	✓	12/09/20	12/02/20	01/01/20			1,202.28	0.00	0.00	1,202.28	✓	
SUPPLIES SURGERY												
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net	
						S2362	SMITH & NEPHEW	1,674.35	0.00	0.00	1,674.35	
Vendor#	Vendor Name				Class	Pay Code						
S2345	SOUTHEAST TEXAS HEALTH SYS				✓	W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
25572	✓	12/14/20	12/01/20	12/31/20			1,000.00	0.00	0.00	1,000.00	✓	
DUES & SUBCRIPTIONS ADMI												
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net	
						S2345	SOUTHEAST TEXAS HEALTH SYS	1,000.00	0.00	0.00	1,000.00	✓
Vendor#	Vendor Name				Class	Pay Code						
T1809	TARHC				✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
16-68	✓	12/11/20	12/09/20	12/31/20			600.00	0.00	0.00	600.00		
DUES & SUBCRIPTIONS CLINI												
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net	
						T1809	TARHC	600.00	0.00	0.00	600.00	✓
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		
011929	✓	12/15/20	10/03/20	11/02/20			4,161.00	0.00	0.00	4,161.00		
CONTRACT NURSING												
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net	
						10954	TEXAS PRN	4,161.00	0.00	0.00	4,161.00	✓
Vendor#	Vendor Name				Class	Pay Code						
T2230	TEXAS WIRED MUSIC INC				✓	W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
A853556	✓	12/11/20	12/01/20	12/31/20			73.95	0.00	0.00	73.95	✓	
OUTSIDE SRV ADMIN												
A853555	✓	12/11/20	12/01/20	12/31/20			63.95	0.00	0.00	63.95	✓	
OUTSIDE SRV ADMIN												
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net	
						T2230	TEXAS WIRED MUSIC INC	137.90	0.00	0.00	137.90	✓

Vendor#	Vendor Name				Class	Pay Code					
T2303	TG ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
20546		12/11/20	12/08/20			139.47	0.00	0.00	139.47		
	GARNISHMENT FOR STUDEN										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	T2303	TG				139.47	0.00	0.00	139.47	✓	
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		
20547	0015197	12/11/20	11/29/20	12/29/20		24.80	0.00	0.00	24.80	✓	
	SUBSCRIPTION										
20554		12/14/20	11/30/20	12/30/20		58.86	0.00	0.00	58.86	✓	
	ADVERTISING										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	V1050	THE VICTORIA ADVOCATE				83.66	0.00	0.00	83.66		
Vendor#	Vendor Name				Class	Pay Code					
T3130	TRI-ANIM HEALTH SERVICES INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
62059901	✓	12/09/20	12/02/20	01/01/20		145.81	0.00	0.00	145.81	✓	
	SUPPLIES ANESTHESIA										
62059902	✓	12/11/20	12/02/20	01/01/20		110.83	0.00	0.00	110.83	✓	
	SUPPLIES CARDIO										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	T3130	TRI-ANIM HEALTH SERVICES INC				256.64	0.00	0.00	256.64		
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		
3A3X121500	✓	12/11/20	12/01/20	12/31/20		99.00	0.00	0.00	99.00	✓	
	OUTSIDE SRV CLINIC										
35FK121500	✓	12/14/20	12/01/20	12/31/20		495.00	0.00	0.00	495.00	✓	
	OUTSIDE SRV CLINIC										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11067	TRIZETTO PROVIDER SOLUTIONS				594.00	0.00	0.00	594.00		
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		
8150713205	✓	12/14/20	12/01/20	12/31/20		28.50	0.00	0.00	28.50	✓	
	OUTSIDE SRV BIO MED										
8150713104	✓	12/14/20	12/01/20	12/31/20		46.60	0.00	0.00	46.60	✓	
	OUTSIDE SRV MAINT										
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		
8400208395	✓	12/14/20	12/01/20	12/31/20		159.57	0.00	0.00	159.57	✓	
	LAUNDRY HOUSEKEEPING										
8400208449	✓	12/14/20	12/01/20	12/31/20		692.28	0.00	0.00	692.28	✓	
	LAUNDRY HOUSEKEEPING										
8400208396	✓	12/14/20	12/01/20	12/31/20		152.79	0.00	0.00	152.79	✓	

LAUNDRY DIETARY									
8400208394 ✓		12/14/20	12/01/20	12/31/20		198.52	0.00	0.00	198.52 ✓
LAUNDRY HOUSEKEEPING									
8400208397 ✓		12/14/20	12/01/20	12/31/20		104.21	0.00	0.00	104.21 ✓
LAUNDRY OB									
8400208398 ✓		12/14/20	12/01/20	12/31/20		100.76	0.00	0.00	100.76 ✓
LAUNDRY HOUSEKEEPING									
Vendor Totals						Gross	Discount	No-Pay	Net
U1064 UNIFIRST HOLDINGS INC						1,408.13	0.00	0.00	1,408.13
Vendor#	Vendor Name				Class	Pay Code			
11003	VARSITY SPORTS UNLIMITED ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2963 ✓		12/14/20	12/03/20			210.00	0.00	0.00	210.00
ADVERTISING									
Vendor Totals						Gross	Discount	No-Pay	Net
11003 VARSITY SPORTS UNLIMITED						210.00	0.00	0.00	210.00 ✓
Vendor#	Vendor Name				Class	Pay Code			
10915	WAGeworks ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20551		12/14/20	12/04/20	12/04/20		1,725.28	0.00	0.00	1,725.28
MONEY TO FUND FLEX SPENI									
Vendor Totals						Gross	Discount	No-Pay	Net
10915 WAGeworks						1,725.28	0.00	0.00	1,725.28 ✓
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
79-3953039 ✓		12/15/20	11/10/20	12/10/20		4.25	0.00	0.00	4.25
SUPPLIES BIO MED									
Vendor Totals						Gross	Discount	No-Pay	Net
10325 WHOLESALE ELECTRIC SUPPLY						4.25	0.00	0.00	4.25 ✓
Report Summary									
Grand Totals:		Gross		Discount		No-Pay		Net	
		116,551.38		0.00		0.00		116,551.38	

CRS# 164 243

to

#164299

Much J Rhl
12-21-15

APPROVED
ON

DEC 15 2015

COUNTY AUDITOR
JALISCO COUNTY, TEXAS

8

RUN DATE:12/16/15
TIME:08:46

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/16/15 THRU 12/16/15

PAGE 1
GLCKRBG

BANK--CHECK-----			
CODE	NUMBER	DATE	PAYEE
A/P	164243	12/16/15	120.20 PHARMEDIUM SERVICES LLC
A/P	164244	12/16/15	4.25 WHOLESALE ELECTRIC SUPPLY
A/P	164245	12/16/15	503.44 DEWITT POTH & SON
A/P	164246	12/16/15	.00 VOIDED
A/P	164247	12/16/15	6,787.44 MORRIS & DICKSON CO, LLC
A/P	164248	12/16/15	641.94 PLATINUM CODE
A/P	164249	12/16/15	284.84 CENTURYLINK
A/P	164250	12/16/15	495.00 FASTHEALTH CORPORATION
A/P	164251	12/16/15	24,373.80 MMC EMPLOYEE BENEFIT PLAN
A/P	164252	12/16/15	28,831.78 ALLIED BENEFIT SYSTEMS
A/P	164253	12/16/15	190.95 RECALL SECURE DESTRUCTION SRV
A/P	164254	12/16/15	1,725.28 WAGWORKS
A/P	164255	12/16/15	4,161.00 TEXAS PRN
A/P	164256	12/16/15	60.00 MEMORIAL MEDICAL CLINIC
A/P	164257	12/16/15	1,457.50 M G TRUST
A/P	164258	12/16/15	1,702.15 REVCYCLE+, INC.
A/P	164259	12/16/15	425.00 SHIFTHOUND
A/P	164260	12/16/15	210.00 VARSITY SPORTS UNLIMITED
A/P	164261	12/16/15	7,682.67 CSI LEASING INC
A/P	164262	12/16/15	105.00 REED, CLAYMON, MEEKER & HARGET
A/P	164263	12/16/15	75.00 FIRST CLEARING
A/P	164264	12/16/15	594.00 TRIZETTO PROVIDER SOLUTIONS
A/P	164265	12/16/15	2,000.00 PETER A. RIPPER & ASSOCIATES,
A/P	164266	12/16/15	217.49 MEDICAL DATA SYSTEMS, INC.
A/P	164267	12/16/15	40.06 HERMAN & HERMAN
A/P	164268	12/16/15	116.60 AMERISOURCEBERGEN DRUG CORP
A/P	164269	12/16/15	1,864.97 AIRGAS-SOUTHWEST
A/P	164270	12/16/15	2,957.50 BAXTER HEALTHCARE CORP
A/P	164271	12/16/15	25.00 CAL COM FEDERAL CREDIT UNION
A/P	164272	12/16/15	121.75 CALHOUN COUNTY
A/P	164273	12/16/15	685.00 CENTRAL DRUGS
A/P	164274	12/16/15	119.76 CONMED CORPORATION
A/P	164275	12/16/15	6,355.44 EVIDENT
A/P	164276	12/16/15	243.25 DYNATRONICS CORPORATION
A/P	164277	12/16/15	530.00 FORT BEND SERVICES, INC
A/P	164278	12/16/15	54.51 GRAPHIC CONTROLS LLC
A/P	164279	12/16/15	113.47 INTEGRATED MEDICAL SYSTEMS
A/P	164280	12/16/15	796.57 J & J HEALTH CARE SYSTEMS, INC
A/P	164281	12/16/15	54.10 LOWE'S HOME CENTERS INC
A/P	164282	12/16/15	258.72 MMC AUXILIARY GIFT SHOP
A/P	164283	12/16/15	2,365.96 MERRY X-RAY/SOURCEONE HEALTHCA
A/P	164284	12/16/15	245.04 MEDIVATORS
A/P	164285	12/16/15	283.23 MORTAN INC
A/P	164286	12/16/15	1,722.83 OWENS & MINOR
A/P	164287	12/16/15	3,425.00 PREMIER SLEEP DISORDERS CENTER
A/P	164288	12/16/15	890.56 FORT LAVACA WAVE
A/P	164289	12/16/15	37.50 RED HAWK
A/P	164290	12/16/15	5,220.58 SANOFI PASTEUR INC
A/P	164291	12/16/15	1,000.00 SOUTHEAST TEXAS HEALTH SYS
A/P	164292	12/16/15	1,674.35 SMITH & NEPHEW

RUN DATE:12/16/15

TIME:08:46

MEMORIAL MEDICAL CENTER

CHECK REGISTER

12/16/15 THRU 12/16/15

PAGE 2

GLCKREG

BANK--CHECK--

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164293	12/16/15	600.00	TARHC
A/P	164294	12/16/15	137.90	TEXAS WIRED MUSIC INC
A/P	164295	12/16/15	139.47	TG
A/P	164296	12/16/15	256.64	TRI-ANIM HEALTH SERVICES INC
A/P	164297	12/16/15	75.10	UNIFIRST HOLDINGS
A/P	164298	12/16/15	1,408.13	UNIFIRST HOLDINGS INC
A/P	164299	12/16/15	83.66	THE VICTORIA ADVOCATE
TOTALS:			116,551.38	

PH

Memorial Medical Center
Clinic Construction Account

110

DATE 12/16/15 88-502/1131

PAY TO THE ORDER OF RadSource

\$ 37,700.⁰⁰/_{xx}

Thirty Seven Thousand Seven Hundred & ⁰⁰/_{xx}

DOLLARS  Security Features Included. Details on Back.



FOR Clinic X-Ray Machine

50251

415411

Gregg Hall Calhoun County Auditor
Khonda S. Kohn MP
Calhoun County Treasurer

Payable List And
CK Register

APPROVED
BY

DEC 18 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Muel Goff
12-21-15

MEMORIAL MEDICAL CENTER CHECK REQUEST

P RadSource

Date Requested: 12/16/2015

A

Y

E

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APPROVED
DEC 18 2015
COUNTY AUDITOR
HARRIS COUNTY, TEXAS

FOR ACCT. USE ONLY

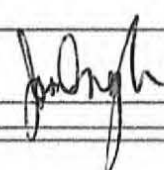
- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$37,700.00

G/L NUMBER: 10860000

EXPLANATION: Payment to RadSource for Clinic x-ray machine.

REQUESTED BY: Adam Machicek

AUTHORIZED BY: 

Trade In 125,400.00 +
50,000.00 -
75,400.00 *

10% Refund 75,400.00 x
0.10 =
7,540.00 *

pd w/ker signed 75,400.00 +
30,160.00 -
45,240.00 *

Bal. 45,240.00 +
10% Ret. 7,540.00 -
This ck 37,700.00 *

10% Ret 7,540.00 +
Freight 1,200.00 +
8,740.00 *

RUN DATE:12/21/15
TIME:15:57

MEMORIAL MEDICAL CENTER
CHECK REGISTER *and Payable List*
12/21/15 THRU 12/21/15

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P 000709 12/21/15 661.87 MCKESSON
A/P 000710 12/21/15 990.38 MCKESSON
TOTALS: 1,652.25

340 B Prescription Expenses

APPROVED
BY

DEC 21 2015

COUNTY CLERK
GALHOUN COUNTY, TEXAS



Michael J. Pfeifer
Galhoun County Judge
Date: 1-11-16

MCKESSON

STATEMENT

As of: 12/18/2015

Page: 001

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

DC: 8115

Territory: 400

Customer: 190813

Date: 12/18/2015

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

As of: 12/18/2015
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 12/18/2015

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
12/14/2015	12/22/2015	7721181163	1000731720	115Invoice	1.33	66.39		65.06 ✓✓		7721181163
12/14/2015	12/22/2015	7721181164	1000732335	115Invoice	0.05	2.66		2.61 ✓✓		7721181164
12/14/2015	12/22/2015	7721181165	1000732335	115Invoice	3.08	153.85		150.77 ✓✓		7721181165
12/14/2015	12/22/2015	7721181166	1000732756	115Invoice		0.10		0.10 ✓✓		7721181166
12/15/2015	12/22/2015	7721425146	1000733138	115Invoice	3.09	154.41		151.32 ✓✓		7721425146
12/16/2015	12/22/2015	7721643675	1000733710	115Invoice	0.86	43.09		42.23 ✓✓		7721643675
12/17/2015	12/22/2015	7721869239	1000734261	115Invoice	2.40	119.93		117.53 ✓✓		7721869239
12/18/2015	12/22/2015	7722100583	1000734907	115Invoice	2.70	134.95		132.25 ✓✓		7722100583

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

TOTAL:

Subtotals: 675.38 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 557.93

12/14/2015

If Paid By 12/22/2015,

Pay This Amount:

661.87 USD

If Paid After 12/22/2015,

Pay this Amount:

675.38 USD

Due If Paid-On Time:

USD 661.87

Disc lost if paid late:

13.51

Due If Paid Late:

USD 675.38

APPROVED
DEC 21 2015
COUNTY AUDITOR
SAL MOON-COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 12/18/2015

Page: 001

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

DC: 8115

Territory: 400

Customer: 262252
Date: 12/18/2015

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

As of: 12/18/2015
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 12/18/2015

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
12/14/2015	12/22/2015	7721209115	1000731722	115Invoice	2.94	146.80		143.86 ✓	✓	7721209115
12/14/2015	12/22/2015	7721209116	1000732337	115Invoice	13.66	683.04		669.38 ✓	✓	7721209116
12/14/2015	12/22/2015	7721213617	1000732758	115Invoice	1.74	86.83		85.09 ✓	✓	7721213617
12/15/2015	12/22/2015	7721415477	1000733140	115Invoice	0.11	5.57		5.46 ✓	✓	7721415477
12/17/2015	12/22/2015	7721869603	1000734264	115Invoice	0.17	8.39		8.22 ✓	✓	7721869603
12/18/2015	12/22/2015	7722078713	1000734909	115Invoice	1.60	79.97		78.37 ✓	✓	7722078713

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

TOTAL:

Subtotals: 1,010.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,259.24
12/14/2015

If Paid By 12/22/2015,

Pay This Amount:

990.38 USD

If Paid After 12/22/2015,

Pay this Amount:

1,010.60 USD

Due If Paid On Time:

USD 990.38

Disc lost if paid late:

20.22

Due If Paid Late:

USD 1,010.60

Handwritten signature and date:
12.20.15

APPROVED
DEC 21 2015
COUNTY CLERK
BAYLOR COUNTY, TEXAS

APPROVED
6/1

DEC 22 2015

12/22/2015
10:32COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 01/08/2016

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

10830 ADAM MACHICEK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20558		12/18/20	12/15/20	12/15/20		37.53	0.00	0.00	37.53 ✓
SUPPLIES ACCOUNTING <i>printer tray, private waiver & nursing home checks</i>									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
10830 ADAM MACHICEK ✓						37.53	0.00	0.00	37.53 ✓

Vendor# Vendor Name

Class Pay Code

A1790 AFLAC

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
676702		12/18/20	12/17/20	12/01/20		3,473.35	0.00	0.00	3,473.35 ✓
EMPLOYEE PERSONAL INS									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
A1790 AFLAC ✓						3,473.35	0.00	0.00	3,473.35 ✓

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
9931845091		12/18/20	11/30/20	12/30/20		384.87	0.00	0.00	384.87 ✓
SUPPLIES PLANT OPS									
9931845090		12/18/20	11/30/20	12/30/20		374.31	0.00	0.00	374.31 ✓
SUPPLIES PLANT OPS									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
A1680 AIRGAS-SOUTHWEST ✓						759.18	0.00	0.00	759.18 ✓

Vendor# Vendor Name

Class Pay Code

10668 ALLIED FIRE PROTECTION SA, LP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SS127921		12/18/20	11/29/20	12/29/20		1,328.00	0.00	0.00	1,328.00 ✓
OUTSIDE SRV XRAY									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
10668 ALLIED FIRE PROTECTION SA, LP ✓						1,328.00	0.00	0.00	1,328.00 ✓

Vendor# Vendor Name

Class Pay Code

10931 AMERICAN APPLIANCE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21651		12/22/20	12/17/20	12/17/20		799.00	0.00	0.00	799.00 ✓
MINOR EQUIPMENT CLINIC <i>Refrigerator</i>									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
10931 AMERICAN APPLIANCE						799.00	0.00	0.00	799.00 ✓

Vendor# Vendor Name

Class Pay Code

A2218 AQUA BEVERAGE COMPANY

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
668750		12/18/20	11/30/20	12/25/20		19.34	0.00	0.00	19.34 ✓
LAB SUPPLIES									
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

B0435 BARD PERIPHERAL VASCULAR

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
74974059		12/17/20	12/09/20	01/08/20		475.00	0.00	0.00	475.00 ✓

Michael J. Pfeifer
Calhoun County Judge
Date: 12-18-15

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
49407640		12/17/20	12/03/20	01/02/20		395.19	0.00	0.00	395.19 ✓
✓ CS INVENTORY & LAB SUPPLI									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP ✓			395.19	0.00	0.00	395.19 ✓
Vendor#	Vendor Name			Class	Pay Code				
B1220	BECKMAN COULTER INC			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4263223		12/18/20	11/25/20	12/25/20		825.69	0.00	0.00	825.69 ✓
✓ MAINT CONTR LAB									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC ✓			825.69	0.00	0.00	825.69 ✓
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
9101816001		12/18/20	12/03/20	01/02/20		1,460.61	0.00	0.00	1,460.61 ✓
✓ LAB SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10024	BECTON, DICKINSON & CO (BD) ✓			1,460.61	0.00	0.00	1,460.61 ✓
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
23350075		12/17/20	12/07/20	01/06/20		129.30	0.00	0.00	129.30 ✓
✓ SURGERY SUPPLIES									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		D1040	C R BARD, INC ✓			129.30	0.00	0.00	129.30 ✓
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
202003 ✓		12/18/20	10/31/20	11/30/20		920.00	0.00	0.00	920.00 ✓
OUTSIDE SRV MAMMO									
202006 ✓		12/18/20	11/30/20	12/30/20		656.00	0.00	0.00	656.00 ✓
OUTSDIES SRV MAMMO									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		C1033	CAD SOLUTIONS, INC ✓			1,576.00	0.00	0.00	1,576.00 ✓
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
8000880257		12/18/20	11/14/20	12/19/20		523.77	0.00	0.00	523.77 ✓
SUPPLIES NUC MED									
8000885422		12/18/20	11/21/20	12/25/20		295.67	0.00	0.00	295.67 ✓
SUPPLIES NUC MED ✓									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		A1825	CARDINAL HEALTH 414,LLC ✓			819.44	0.00	0.00	819.44 ✓
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

20565		12/18/20	11/30/20	12/30/20			2,420.00	0.00	0.00	2,420.00 ✓
OUTSIDE SRV OCC THER No✓										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
Z0850 CARMEN C. ZAPATA-ARROYO ✓							2,420.00	0.00	0.00	2,420.00 ✓
Vendor#	Vendor Name				Class	Pay Code				
C1219	CAROLINA LIQUID CHEMISTRIES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0140228-IN		12/18/20	12/01/20	12/31/20			83.50	0.00	0.00	83.50 ✓
LAB SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
C1219 CAROLINA LIQUID CHEMISTRIES ✓							83.50	0.00	0.00	83.50 ✓
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
91909472		12/17/20	12/07/20	01/06/20			916.41	0.00	0.00	916.41 ✓
CS INVENTORY & RECOVERY										
91911005		12/17/20	12/09/20	01/08/20			317.50	0.00	0.00	317.50 ✓
CS INVENTORY										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
10350 CENTURION MEDICAL PRODUCTS ✓							1,233.91	0.00	0.00	1,233.91 ✓
Vendor#	Vendor Name				Class	Pay Code				
10786	CLINICAL PATHOLOGY									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20564		12/18/20	11/30/20	12/30/20			5,988.90	0.00	0.00	5,988.90 ✓
OUTSIDE SRV LAB										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
10786 CLINICAL PATHOLOGY ✓							5,988.90	0.00	0.00	5,988.90 ✓
Vendor#	Vendor Name				Class	Pay Code				
L1430	CONMED LINVATEC M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2146655 ✓		12/17/20	12/07/20	01/06/20			49.44	0.00	0.00	49.44 ✓
SURGERY SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
L1430 CONMED LINVATEC ✓							49.44	0.00	0.00	49.44 ✓
Vendor#	Vendor Name				Class	Pay Code				
10556	CPP WOUND CARE #28,LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
18684 ✓		12/18/20	12/10/20	01/08/20			19,600.00	0.00	0.00	19,600.00 ✓
OUTSIDE SRV WOUND CARE										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
10556 CPP WOUND CARE #28,LLC ✓							19,600.00	0.00	0.00	19,600.00 ✓
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
555X01656305		12/18/20	11/30/20	12/30/20			623.10	0.00	0.00	623.10 ✓
SUPPLIES PLANT OPS ✓										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
R1050 CULLIGAN OF VICTORIA							623.10	0.00	0.00	623.10 ✓
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

458466-0	✓	CS INVENTORY	12/09/20	12/07/20	01/06/20		160.90	0.00	0.00	160.90	✓		
458486-0	✓	SUPPLIES NURSING	12/11/20	12/07/20	01/06/20		137.25	0.00	0.00	137.25	✓		
458437-0	✓	SUPPLIES PT	12/11/20	12/07/20	01/06/20		60.97	0.00	0.00	60.97	✓		
458487-0	✓	SUPPLIES NURSING	12/11/20	12/07/20	01/06/20		85.55	0.00	0.00	85.55	✓		
458907-0	✓	SUPPLIES LAB	12/11/20	12/08/20	01/07/20		96.38	0.00	0.00	96.38	✓		
458907-1	✓	SUPPLIES LAB	12/11/20	12/09/20	01/08/20		18.78	0.00	0.00	18.78	✓		
458133-0	✓	SUPPLIES VARIOUS DEPTS	12/17/20	12/02/20	01/01/20		391.38	0.00	0.00	391.38	✓		
458940-0	✓	CS INVENTORY	12/17/20	12/03/20	01/02/20		335.56	0.00	0.00	335.56	✓		
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							10368	DEWITT POTH & SON	1,286.77	0.00	0.00	1,286.77	✓
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			
A1512031378		12/11/20	12/03/20	01/02/20			16,023.00	0.00	0.00	16,023.00	✓		
✓ SOFTWARE MAINT IT													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							C2510	EVIDENT	16,023.00	0.00	0.00	16,023.00	✓
Vendor#	Vendor Name		Class		Pay Code								
S0501	EVOQUA WATER TECHNOLOGIES LLC												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
9024133741		12/22/20	11/20/20	12/20/20			833.73	0.00	0.00	833.73	✓		
MAINT CONT LAB													
902413362		12/22/20	11/20/20	12/20/20			1,008.45	0.00	0.00	1,008.45	✓		
MAINT CONTR LAB													
902428295		12/22/20	12/01/20	01/01/20			148.72	0.00	0.00	148.72	✓		
MAINT CONTR LAB													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							S0501	EVOQUA WATER TECHNOLOGIES LLC	1,990.90	0.00	0.00	1,990.90	✓
Vendor#	Vendor Name		Class		Pay Code								
10003	FILTER TECHNOLOGY CO, INC												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net			
86456		12/18/20	12/04/20	01/03/20			1,085.03	0.00	0.00	1,085.03	✓		
✓ SUPPLIES PLANT OPS													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							10003	FILTER TECHNOLOGY CO, INC	1,085.03	0.00	0.00	1,085.03	✓
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			
8811555		12/18/20	12/07/20	01/06/20			1,813.33	0.00	0.00	1,813.33	✓		
✓ SUPPLIES LAB													
8900794		12/18/20	12/08/20	01/07/20			1,269.07	0.00	0.00	1,269.07	✓		
SUPPLIES LAB													
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net	
							F1400	FISHER HEALTHCARE	3,082.40	0.00	0.00	3,082.40	✓

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		
6000368642	✓	12/18/20	12/02/20	01/01/20		416.61	0.00	0.00	416.61	✓	
	MAINT CONT XRAY										
6000366002	✓	12/18/20	12/02/20	01/01/20		3,433.75	0.00	0.00	3,433.75	✓	
	MAINT CONTRACT XRAY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10283	GE HEALTHCARE	✓			3,850.36	0.00	0.00	3,850.36	✓	
Vendor#	Vendor Name	Class	Pay Code								
10488	GE HEALTHCARE IITS USA CORP										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
030326695	✓	12/18/20	12/04/20	01/03/20		805.27	0.00	0.00	805.27	✓	
	DUES & SUBSCRIPTION OB										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10488	GE HEALTHCARE IITS USA CORP	✓			805.27	0.00	0.00	805.27	✓	
Vendor#	Vendor Name	Class	Pay Code								
10901	GENESIS DIAGNOSTICS										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
45188	✓	12/18/20	11/04/20	12/04/20		400.52	0.00	0.00	400.52	✓	
	LAB SUPPLIES										
45197	✓	12/18/20	11/11/20	12/11/20		597.00	0.00	0.00	597.00	✓	
	LAB SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10901	GENESIS DIAGNOSTICS	✓			997.52	0.00	0.00	997.52	✓	
Vendor#	Vendor Name	Class	Pay Code								
10653	GLOBAL EQUIPMENT CO. INC.										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
108870081	✓	12/18/20	12/08/20	01/07/20		239.00	0.00	0.00	239.00	✓	
	SUPPLIES PLANT OPS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10653	GLOBAL EQUIPMENT CO. INC.	✓			239.00	0.00	0.00	239.00	✓	
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		
97365	✓	12/18/20	12/01/20	12/31/20		30.31	0.00	0.00	30.31	✓	
	SUPPLIES PLANT OPS										
97505	✓	12/18/20	12/04/20	01/03/20		73.27	0.00	0.00	73.27	✓	
	SUPPLIES PLANT OPS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	A1292	GULF COAST HARDWARE / ACE	✓			103.58	0.00	0.00	103.58	✓	
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		
1056503	✓	12/11/20	12/08/20	01/07/20		48.90	0.00	0.00	48.90	✓	
	SSUPPLIES HOUSEKEEPING										
1056527	✓	12/11/20	12/08/20	01/07/20		147.00	0.00	0.00	147.00	✓	
	SUPPLIES CLINIC										
1052533	✓	12/17/20	12/01/20	12/31/20		251.35	0.00	0.00	251.35	✓	
	SUPPLIES HOUSEKEEPING										
1056521	✓	12/17/20	12/08/20	01/07/20		318.40	0.00	0.00	318.40	✓	

SUPPLIES HOUSEKEEPING

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY ✓				765.65	0.00	0.00	765.65 ✓
Vendor#	Vendor Name			Class	Pay Code					
H1226	HEALTHMARK INDUSTRIES CO INC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV658145		12/09/20	12/03/20	01/02/20			176.23	0.00	0.00	176.23 ✓
SUPPLIES SURGERY										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		H1226	HEALTHMARK INDUSTRIES CO INC ✓				176.23	0.00	0.00	176.23 ✓
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
1382 ✓		12/18/20	11/30/20				13,648.84	0.00	0.00	13,648.84 ✓
OUTSIDE SRV PHARMACY										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES ✓				13,648.84	0.00	0.00	13,648.84 ✓
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
37911900		12/15/20	12/02/20	01/02/20			15.72	0.00	0.00	15.72 ✓
37976434 ✓		12/15/20	12/07/20	01/06/20			50.99	0.00	0.00	50.99 ✓
CS INVENTORY										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		I0415	INDEPENDENCE MEDICAL ✓				66.71	0.00	0.00	66.71 ✓
Vendor#	Vendor Name			Class	Pay Code					
I1260	INTOXIMETERS INC			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
514546 ✓		12/18/20	11/05/20				169.30	0.00	0.00	169.30 ✓
SUPPLIES LAB										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		I1260	INTOXIMETERS INC ✓				169.30	0.00	0.00	169.30 ✓
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
915525574 ✓		12/15/20	11/04/20	12/04/20			67.23	0.00	0.00	67.23 ✓
SUPPLIES SURGERY										
915663827 ✓		12/15/20	12/02/20	01/01/20			870.78	0.00	0.00	870.78 ✓
SUPPLIES SURGERY										
915686869 ✓		12/15/20	12/07/20	01/06/20			1,731.40	0.00	0.00	1,731.40 ✓
SUPPLIES SURGERY										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC ✓				2,669.41	0.00	0.00	2,669.41 ✓
Vendor#	Vendor Name			Class	Pay Code					
10285	JAMES A DANIEL									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20559		12/18/20	12/18/20	01/01/20			750.00	0.00	0.00	750.00 ✓
STORAGE RENT <i>January 2016</i>										
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					

L0700	LABCORP OF AMERICA HOLDINGS				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	50116888		12/18/20	11/28/20	12/28/20			70.00	0.00	0.00	70.00
	OUTSIDE SRV LAB										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		L0700	LABCORP OF AMERICA HOLDINGS					70.00	0.00	0.00	70.00
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
	3717963		12/18/20	11/30/20	12/30/20			16.20	0.00	0.00	16.20
	OUTSIDE SRV ADMIN										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		L1288	LANGUAGE LINE SERVICES					16.20	0.00	0.00	16.20
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
	M0012306		12/18/20	12/07/20	01/06/20			70.21	0.00	0.00	70.21
	SUPPLIES CLINIC										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		M1511	MARKETLAB, INC					70.21	0.00	0.00	70.21
Vendor#	Vendor Name				Class	Pay Code					
M1500	MARKS PLUMBING PARTS				M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	INV001474362		12/18/20	12/08/20	01/07/20			180.06	0.00	0.00	180.06
	SUPPLIES PLANT OPS										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		M1500	MARKS PLUMBING PARTS					180.06	0.00	0.00	180.06
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
	68040,68041		12/18/20	12/09/20	01/08/20			170.71	0.00	0.00	170.71
	SUPPLIES CLINIC										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		M1950	MARTIN PRINTING CO					170.71	0.00	0.00	170.71
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
	68243699		12/18/20	11/18/20	12/15/20			135.07	0.00	0.00	135.07
	LAB SUPPLIES										
	68245249		12/18/20	11/18/20	12/18/20			36.82	0.00	0.00	36.82
	SUPPLIES BLOOD BANK										
	68488544		12/18/20	11/22/20	12/15/20			700.32	0.00	0.00	700.32
	LAB SUPPLIES										
	68543341		12/18/20	11/23/20	12/15/20			1,226.58	0.00	0.00	1,226.58
	SUPPLIES LAB										
	68745666		12/18/20	11/26/20	12/15/20			12,467.65	0.00	0.00	12,467.65
	ANALYZER LAB										
	69442035		12/18/20	12/08/20	01/07/20			1,872.47	0.00	0.00	1,872.47
	SUPPLIES LAB										
	69525344		12/18/20	12/09/20	01/08/20			68.11	0.00	0.00	68.11
	LAB SUPPLIES										

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC ✓				16,507.02	0.00	0.00	16,507.02 ✓
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
	1091748055		12/18/20	12/04/20	01/03/20		81.06	0.00	0.00	81.06 ✓
	✓	SUPPLIES ANESTHESA								
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC ✓				81.06	0.00	0.00	81.06 ✓
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
	1787452		12/18/20	11/17/20	12/17/20		494.91	0.00	0.00	494.91 ✓
	✓	SUPPLIES LAB								
	1789199		12/18/20	11/23/20	12/23/20		146.91	0.00	0.00	146.91 ✓
	✓	LAB SUPPLIES								
	1792402		12/18/20	12/08/20	01/07/20		146.91	0.00	0.00	146.91 ✓
	✓	LAB SUPPLIES								
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10182	MERCEDES MEDICAL ✓				788.73	0.00	0.00	788.73 ✓
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
	30094161043		12/15/20	12/07/20	01/06/20		158.90	0.00	0.00	158.90 ✓
	✓	SUPPLIES SURGERY								
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA ✓				158.90	0.00	0.00	158.90 ✓
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
	20562		12/22/20	12/17/20	12/17/20		208.92	0.00	0.00	208.92 ✓
	EMPLOYEE GIFT SHOP PURC									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP ✓				208.92	0.00	0.00	208.92 ✓
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
	1372 ✓		12/18/20	12/14/20	12/15/20		-677.27	0.00	0.00	-677.27 ✓
	PHARMACY CREDIT									
	CM75480		12/18/20	12/15/20	12/16/20		-537.31	0.00	0.00	-537.31 ✓
	✓	PHARMACY CREDIT								
	8250902		12/18/20	12/15/20	12/16/20		224.29	0.00	0.00	224.29 ✓
	✓	PHARMACY DRUGS								
	8250903		12/18/20	12/15/20	12/16/20		19.37	0.00	0.00	19.37 ✓
	✓	PHARMACY DRUGS								
	8250901		12/18/20	12/15/20	12/16/20		15.16	0.00	0.00	15.16 ✓
	✓	PHARMACY DRUGS								
	8250673		12/18/20	12/15/20	12/16/20		18.84	0.00	0.00	18.84 ✓
	✓	PHARMACY DRUGS								
	8257360		12/18/20	12/16/20	12/17/20		142.72	0.00	0.00	142.72 ✓
	✓	PHARMACY DRUGS								
	8255327		12/18/20	12/16/20	12/17/20		1,437.83	0.00	0.00	1,437.83 ✓
	✓									

PHARMACY DRUGS											
8255329 ✓		12/18/20	12/16/20	12/17/20		168.82	0.00	0.00	168.82 ✓		
PHARMACY DRUGS											
8257359 ✓		12/18/20	12/16/20	12/17/20		10.82	0.00	0.00	10.82 ✓		
PHARMACY DRUGS											
8255328 ✓		12/18/20	12/16/20	12/17/20		717.94	0.00	0.00	717.94 ✓		
PHARMACY DRUGS											
8255326 ✓		12/18/20	12/16/20	12/17/20		355.79	0.00	0.00	355.79 ✓		
PHARMACY DRUGS											
8260498 ✓		12/18/20	12/17/20	12/18/20		131.12	0.00	0.00	131.12 ✓		
PHARMACY DRUGS											
8260499 ✓		12/18/20	12/17/20	12/18/20		3,340.07	0.00	0.00	3,340.07 ✓		
PHARMACY DRUGS											
8260500 ✓		12/18/20	12/17/20	12/18/20		8.66	0.00	0.00	8.66 ✓		
PHARMACY DRUGS											
8260390 ✓		12/18/20	12/17/20	12/18/20		463.59	0.00	0.00	463.59 ✓		
PHARMACY DRUGS											
8271706 ✓		12/22/20	12/21/20	12/22/20		95.47	0.00	0.00	95.47 ✓		
PHARMACY DRUGS											
CM77314 ✓		12/22/20	12/21/20	12/22/20		-559.77	0.00	0.00	-559.77 ✓		
PHARMACY CREDIT											
8271705 ✓		12/22/20	12/21/20	12/22/20		1,440.65	0.00	0.00	1,440.65 ✓		
PHARMACY DRUGS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10536	MORRIS & DICKSON CO, LLC ✓	6,816.79	0.00	0.00	6,816.79 ✓
Vendor#	Vendor Name				Class	Pay Code					
11144	NAZARIO HERNANDEZ										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
20567		12/22/20	12/22/20	12/22/20			7.00	0.00	0.00	7.00 ✓	
SUPPLIES TRANSPORTATION <i>Reimb inspection fee</i>											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11144	NAZARIO HERNANDEZ ✓	7.00	0.00	0.00	7.00 ✓
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	
20568		12/22/20	12/18/20	12/18/20			3,000.00	0.00	0.00	3,000.00 ✓	
OUTSIDE SRV DIETARY <i>December</i>											
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					
10777	OSCAR TORRES										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
211034 ✓		12/18/20	12/05/20	01/04/20			250.00	0.00	0.00	250.00 ✓	
SUPPLIES PLANT OPS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10777	OSCAR TORRES ✓	250.00	0.00	0.00	250.00 ✓
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	
2012273244 ✓		12/09/20	12/03/20	01/02/20			861.22	0.00	0.00	861.22 ✓	
CS INVENTORY											

2012274312 ✓	12/09/20 12/03/20 01/02/20	582.45	0.00	0.00	582.45 ✓				
SUPPLIES VARIOUS DEPTS									
2012267810 ✓	12/09/20 12/03/20 01/02/20	18.34	0.00	0.00	18.34 ✓				
SUPPLIES PT									
2012266928 ✓	12/09/20 12/03/20 01/02/20	118.56	0.00	0.00	118.56 ✓				
SUPPLIES HOUSEKEEPING									
2012270410 ✓	12/09/20 12/03/20 01/02/20	33.75	0.00	0.00	33.75 ✓				
SUPPLIES SURGERY									
2012269388 ✓	12/09/20 12/03/20 01/02/20	91.00	0.00	0.00	91.00 ✓				
SUPPLIES SURGERY									
2012403878 ✓	12/17/20 12/08/20 01/07/20	14.24	0.00	0.00	14.24 ✓				
SUPPLIES DIETARY									
2012403406 ✓	12/17/20 12/08/20 01/07/20	70.08	0.00	0.00	70.08 ✓				
MED/SURG & SP CLINIC SUPP									
2012409781 ✓	12/17/20 12/08/20 01/07/20	2,775.61	0.00	0.00	2,775.61 ✓				
CS INVENTORY & LAB SUPPL'									
2012403029 ✓	12/17/20 12/08/20 01/07/20	54.93	0.00	0.00	54.93 ✓				
SUPPLIES MED SURG									
2012403844 ✓	12/17/20 12/08/20 01/07/20	100.53	0.00	0.00	100.53 ✓				
CS INVENTORY									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		OM425	OWENS & MINOR ✓	4,720.71	0.00	0.00	4,720.71 ✓		
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
20563		12/18/20	12/17/20	12/17/20		930.00	0.00	0.00	930.00 ✓
OUTSIDE SRV CLINIC 12/2-15/2015									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		11069	PABLO GARZA ✓	930.00	0.00	0.00	930.00 ✓		
Vendor#	Vendor Name			Class	Pay Code				
P1360	PETROLEUM SOLUTIONS, INC.			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
608008 ✓		12/11/20	12/08/20	01/07/20		62.52	0.00	0.00	62.52 ✓
SUPPLIES PLANT OPS									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		P1360	PETROLEUM SOLUTIONS, INC. ✓	62.52	0.00	0.00	62.52 ✓		
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
932005198 ✓		12/18/20	11/28/20	12/28/20		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 ✓	2,626.58	0.00	0.00	2,626.58 ✓		
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
1060443 ✓		12/18/20	12/02/20	01/01/20		811.60	0.00	0.00	811.60 ✓
LAB SUPPLIES									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		P1876	POLYMEDCO INC. ✓	811.60	0.00	0.00	811.60 ✓		
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
20560		12/18/20	12/18/20	12/18/20		11,001.20	0.00	0.00	11,001.20 ✓
LEASE PT & BEHAVE HEALTH									
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
A16567 ✓		12/18/20	12/03/20	01/02/20		37.98	0.00	0.00	37.98 ✓
SUPPLIES PLANT OPS									
Vendor#	Vendor Name	Class	Pay Code						
P2200	POWER ELECTRIC								
10372	PRECISION DYNAMICS CORP (PDC)								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3137824 ✓		12/15/20	10/06/20	11/06/20		38.72	0.00	0.00	38.72 ✓
SUPPLIES ICU									
Vendor#	Vendor Name	Class	Pay Code						
10372	PRECISION DYNAMICS CORP (PDC)								
10889	PROCESSOR & CHEMICAL SERVICES								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
34694 ✓		12/18/20	11/30/20	12/30/20		516.20	0.00	0.00	516.20 ✓
OUTSIDE SRV MAMMO									
Vendor#	Vendor Name	Class	Pay Code						
10889	PROCESSOR & CHEMICAL SERVICES								
11087	PROMETHEUS LABORATORIES, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
18735-201511		12/18/20	11/30/20	12/30/20		350.00	0.00	0.00	350.00
OUTSIDE SRV LAB									
Vendor#	Vendor Name	Class	Pay Code						
11087	PROMETHEUS LABORATORIES, INC								
R1268	RADIOLOGY UNLIMITED, PA	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20561		12/18/20	10/30/20	11/29/20		300.00	0.00	0.00	300.00 ✓
PROF FEES XRAY									
Vendor#	Vendor Name	Class	Pay Code						
R1268	RADIOLOGY UNLIMITED, PA								
G0425	ROBERTS, ROBERTS & ODEFY, LLP	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
42 ✓		12/11/20	12/04/20	01/03/20		2,337.50	0.00	0.00	2,337.50 ✓
LEGAL SERVICES									
144 ✓		12/11/20	12/04/20	01/03/20		4,262.50	0.00	0.00	4,262.50 ✓
LEGAL SERVICES									
Vendor#	Vendor Name	Class	Pay Code						
G0425	ROBERTS, ROBERTS & ODEFY, LLP								
K0536	SHIRLEY KARNEI								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
20566		12/22/20	12/20/20	12/20/20		1,344.60	0.00	0.00	1,344.60 ✓		
OUTSIDE SRV TRANSCRIPTIC 12/8 - 20/2015											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						K0536	SHIRLEY KARNEI ✓	1,344.60	0.00	0.00	1,344.60 ✓
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		
4527380 ✓		12/18/20	12/06/20	12/24/20		1,851.35	0.00	0.00	1,851.35 ✓		
PROPERTY TAX LAB											
4527379 ✓		12/18/20	12/06/20	12/24/20		1,333.33	0.00	0.00	1,333.33 ✓		
LEASE & RENTAL LAB											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10936	SIEMENS FINANCIAL SERVICES ✓	3,184.68	0.00	0.00	3,184.68 ✓
Vendor#	Vendor Name				Class	Pay Code					
D0350	SIEMENS HEALTHCARE DIAGNOSTICS M										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
997172651 ✓		12/18/20	12/03/20	01/02/20		397.80	0.00	0.00	397.80 ✓		
PROPERTY TAX LAB											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						D0350	SIEMENS HEALTHCARE DIAGNOSTICS ✓	397.80	0.00	0.00	397.80 ✓
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		
115232861 ✓		12/18/20	11/30/20	12/30/20		633.33	0.00	0.00	633.33 ✓		
MAINT CONTR MAMMO											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2001	SIEMENS MEDICAL SOLUTIONS INC ✓	633.33	0.00	0.00	633.33 ✓
Vendor#	Vendor Name				Class	Pay Code					
S2833	STRYKER ENDOSCOPY										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
6319443-E ✓		12/18/20	12/08/20	01/07/20		947.39	0.00	0.00	947.39 ✓		
SUPPLIES SURGERY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2833	STRYKER ENDOSCOPY ✓	947.39	0.00	0.00	947.39 ✓
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		
2607731 ✓		12/17/20	11/13/20	12/13/20		188.03	0.00	0.00	188.03 ✓		
SUPPLIES SURGERY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10735	STRYKER SUSTAINABILITY ✓	188.03	0.00	0.00	188.03 ✓
Vendor#	Vendor Name				Class	Pay Code					
11103	STUDER GROUP, LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
068075 ✓		12/11/20	12/09/20	01/08/20		17,500.00	0.00	0.00	17,500.00 ✓		
LEADERSHIP GROUP 10 of 12											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11103	STUDER GROUP, LLC ✓	17,500.00	0.00	0.00	17,500.00 ✓
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-6690	12/18/20	11/30/20	12/30/20	4,555.00	0.00	0.00	4,555.00	✓		
MAINT CONT 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						
T0730	TECHNO-AIDE		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
0000852442		12/11/20	12/03/20	01/02/20		107.29	0.00	0.00	107.29	✓
SUPPLIES XRAY										
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net			
	T0730	TECHNO-AIDE	✓	107.29	0.00	0.00	107.29	✓		
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	
012010		12/18/20	10/10/20	11/09/20		1,368.00	0.00	0.00	1,368.00	✓
CONTRACT NURSING 10/4 + 10/15/15										
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net			
	10954	TEXAS PRN	✓	1,368.00	0.00	0.00	1,368.00	✓		
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	
20556		12/18/20	12/17/20	12/17/20		125.59	0.00	0.00	125.59	✓
STUDENT LOAN GARNISHMEI										
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net			
	T2303	TG	✓	125.59	0.00	0.00	125.59	✓		
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	
135042845-301		11/25/20	11/05/20	01/03/20		2,853.76	0.00	0.00	2,853.76	✓
PHARMACY DRUGS										
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net			
	10732	THERACOM, LLC	✓	2,853.76	0.00	0.00	2,853.76	✓		
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	
10192710		12/18/20	12/04/20	01/03/20		9,000.00	0.00	0.00	9,000.00	✓
MAINT CONTR CT SCAN										
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net			
	T1724	TOSHIBA AMERICA MEDICAL SYST.	✓	9,000.00	0.00	0.00	9,000.00	✓		
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	
8150713969		12/14/20	12/08/20	01/07/20		28.50	0.00	0.00	28.50	✓
OUTSIDE SRV BIO MED										
8150713870		12/14/20	12/08/20	01/07/20		46.60	0.00	0.00	46.60	✓
OUTSIDE SRV MAINT										
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	

8400208770 ✓	12/11/20 12/04/20 01/03/20	809.36	0.00	0.00	809.36 ✓				
LAUNDRY HOUSEKEEPING									
8400208727 ✓	12/11/20 12/04/20 01/03/20	531.33	0.00	0.00	531.33 ✓				
LAUNDRY SURGERY									
8400208949 ✓	12/14/20 12/08/20 01/07/20	798.05	0.00	0.00	798.05 ✓				
LAUNDRY HOUSEKEEPING									
8400208894 ✓	12/14/20 12/08/20 01/07/20	192.34	0.00	0.00	192.34 ✓				
LAUNDRY HOUSEKEEPING									
8400208897 ✓	12/14/20 12/08/20 01/07/20	100.76	0.00	0.00	100.76 ✓				
LAUNDRY HOUSEKEEPING									
8400208895 ✓	12/14/20 12/08/20 01/07/20	357.19	0.00	0.00	357.19 ✓				
LAUNDRY DIETARY									
→ 8400208893	12/14/20 12/08/20 01/07/20	200.27	0.00	0.00	200.27 ✓				
LAUNDRY HOUSEKEEPING									
8400208896 ✓	12/14/20 12/08/20 01/07/20	104.21	0.00	0.00	104.21 ✓				
LAUNDRY OB									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		U1064	UNIFIRST HOLDINGS INC ✓	3,093.51	0.00	0.00	3,093.51 ✓		
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
20557		12/18/20	12/14/20	01/01/20		5,574.37	0.00	0.00	5,574.37 ✓
LONG TERM INS									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		U0414	UNUM LIFE INS CO OF AMERICA ✓	5,574.37	0.00	0.00	5,574.37 ✓		
Vendor#	Vendor Name	Class		Pay Code					
U1500	UROLITHIASIS LABORATORY	W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
15M457811 ✓		12/18/20	11/30/20	12/30/20		30.00	0.00	0.00	30.00 ✓
OUTSIDE SRV LAB									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		U1500	UROLITHIASIS LABORATORY ✓	30.00	0.00	0.00	30.00 ✓		
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
5-2 ✓		12/18/20	12/03/20	12/03/20		15,000.00	0.00	0.00	15,000.00 ✓
PROF FEES ER November 2015									
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					
W1040	WATERMARK GRAPHICS INC	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
108087 ✓		12/11/20	12/04/20	01/03/20		81.72	0.00	0.00	81.72 ✓
EMPLOYEE UNIFORMS									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		W1040	WATERMARK GRAPHICS INC ✓	81.72	0.00	0.00	81.72 ✓		
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
79-4006427 ✓		12/18/20	12/09/20	01/08/20		22.50	0.00	0.00	22.50 ✓
SUPPLIES PLANT OPS									
79-4024055 ✓		12/18/20	12/09/20	01/08/20		37.50	0.00	0.00	37.50 ✓

SUPPLIES PLANT OPS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10325	WHOLESALE ELECTRIC SUPPLY ✓	60.00	0.00	0.00	60.00 /
Report Summary						
Grand Totals:			Gross	Discount	No-Pay	Net
			212,247.73	0.00	0.00	212,247.73

APPROVED
BY

DEC 22 2015

COUNTY AUDITOR
BALCON COUNTY, TEXAS

CK# 164302

+0

164386

approval on pg one

RUN DATE: 12/22/15
TIME: 09:40

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
		120815	329.40				
		122215	493.69				
ARID=0001 TOTAL			823.09				
TOTAL			823.09				


Michael J. Pfeifer
Calhoun County Judge
Date: 1-7-18

APPROVED
BY
DEC 22 2015
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CRs # 164300
+0
#164301

8

RUN DATE:12/22/15
TIME:11:01

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/22/15 THRU 12/22/15

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P 164300 12/22/15 329.40
A/P 164301 12/22/15 493.69
TOTALS: 823.09



✓

8
RUN DATE:12/23/15
TIME:09:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/23/15 THRU 12/23/15

PAGE 1
GLCKREG

BANK--CHECK--

CODE	NUMBER	DATE	AMOUNT	PAYER
A/P	164302	12/23/15	1,085.03	FILTER TECHNOLOGY CO, INC ✓
A/P	164303	12/23/15	1,460.61	BECTON, DICKINSON & CO (BD) ✓
A/P	164304	12/23/15	2,626.58	PHILIPS HEALTHCARE ✓
A/P	164305	12/23/15	788.73	MERCEDES MEDICAL ✓
A/P	164306	12/23/15	3,850.36	GE HEALTHCARE ✓
A/P	164307	12/23/15	750.00	JAMES A DANIEL ✓
A/P	164308	12/23/15	60.00	WHOLESALE ELECTRIC SUPPLY ✓
A/P	164309	12/23/15	1,233.91	CENTURION MEDICAL PRODUCTS ✓
A/P	164310	12/23/15	1,286.77	DEWITT POTH & SON ✓
A/P	164311	12/23/15	38.72	PRECISION DYNAMICS CORP (PDC) ✓
A/P	164312	12/23/15	805.27	GE HEALTHCARE IITS USA CORP ✓
A/P	164313	12/23/15	.00	VOIDED
A/P	164314	12/23/15	6,816.79	MORRIS & DICKSON CO, LLC ✓
A/P	164315	12/23/15	19,600.00	CPP WOUND CARE #28, LLC ✓
A/P	164316	12/23/15	239.00	GLOBAL EQUIPMENT CO. INC. ✓
A/P	164317	12/23/15	1,328.00	ALLIED FIRE PROTECTION SA, LP ✓
A/P	164318	12/23/15	2,853.76	THERACOM, LLC ✓
A/P	164319	12/23/15	188.03	STRYKER SUSTAINABILITY ✓
A/P	164320	12/23/15	250.00	OSCAR TORRES ✓
A/P	164321	12/23/15	5,988.90	CLINICAL PATHOLOGY ✓
A/P	164322	12/23/15	37.53	ADAM MACHICEK ✓
A/P	164323	12/23/15	516.20	PROCESSOR & CHEMICAL SERVICES ✓
A/P	164324	12/23/15	997.52	GENESIS DIAGNOSTICS ✓
A/P	164325	12/23/15	13,648.84	HUNTER PHARMACY SERVICES ✓
A/P	164326	12/23/15	15,000.00	VICTORIA PROFESSIONAL MEDICAL ✓
A/P	164327	12/23/15	799.00	AMERICAN APPLIANCE ✓
A/P	164328	12/23/15	3,184.68	SIEMENS FINANCIAL SERVICES ✓
A/P	164329	12/23/15	1,368.00	TEXAS PRN ✓
A/P	164330	12/23/15	930.00	PABLO GARZA ✓
A/P	164331	12/23/15	350.00	PROMETHEUS LABORATORIES, INC ✓
A/P	164332	12/23/15	17,500.00	STUDER GROUP, LLC ✓
A/P	164333	12/23/15	11,001.20	PORT LAVACA RETAIL GROUP LLC ✓
A/P	164334	12/23/15	7.00	NAZARIO HERNANDEZ ✓
A/P	164335	12/23/15	103.58	GULF COAST HARDWARE / ACE ✓
A/P	164336	12/23/15	759.18	AIRGAS-SOUTHWEST ✓
A/P	164337	12/23/15	3,473.35	AFLAC ✓
A/P	164338	12/23/15	819.44	CARDINAL HEALTH 414, LLC ✓
A/P	164339	12/23/15	19.34	AQUA BEVERAGE COMPANY ✓
A/P	164340	12/23/15	475.00	BARD PERIPHERAL VASCULAR ✓
A/P	164341	12/23/15	395.19	BAXTER HEALTHCARE CORP ✓
A/P	164342	12/23/15	825.69	BECKMAN COULTER INC ✓
A/P	164343	12/23/15	1,576.00	CAD SOLUTIONS, INC ✓
A/P	164344	12/23/15	83.50	CAROLINA LIQUID CHEMISTRIES ✓
A/P	164345	12/23/15	16,023.00	EVIDENT ✓
A/P	164346	12/23/15	397.80	SIEMENS HEALTHCARE DIAGNOSTICS ✓
A/P	164347	12/23/15	129.30	C R BARD, INC ✓
A/P	164348	12/23/15	3,082.40	FISHER HEALTHCARE ✓
A/P	164349	12/23/15	6,600.00	ROBERTS, ROBERTS & ODEFEY, LLP ✓
A/P	164350	12/23/15	765.65	GULF COAST PAPER COMPANY ✓
A/P	164351	12/23/15	176.23	HEALTHMARK INDUSTRIES CO INC ✓

RUN DATE:12/23/15
TIME:09:25

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/23/15 THRU 12/23/15

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164352	12/23/15	66.71	INDEPENDENCE MEDICAL ✓
A/P	164353	12/23/15	169.30	INTOXIMETERS INC ✓
A/P	164354	12/23/15	2,669.41	J & J HEALTH CARE SYSTEMS, INC ✓
A/P	164355	12/23/15	1,344.60	SHIRLEY KARNEI ✓
A/P	164356	12/23/15	70.00	LABCORP OF AMERICA HOLDINGS ✓
A/P	164357	12/23/15	16.20	LANGUAGE LINE SERVICES ✓
A/P	164358	12/23/15	49.44	CONMED LINVATEC ✓
A/P	164359	12/23/15	180.06	MARKS PLUMBING PARTS ✓
A/P	164360	12/23/15	70.21	MARKETLAB, INC ✓
A/P	164361	12/23/15	170.71	MARTIN PRINTING CO ✓
A/P	164362	12/23/15	16,507.02	MCKESSON MEDICAL SURGICAL INC ✓
A/P	164363	12/23/15	81.06	MEDLINE INDUSTRIES INC ✓
A/P	164364	12/23/15	208.92	MMC AUXILIARY GIFT SHOP ✓
A/P	164365	12/23/15	158.90	MERRY X-RAY/SOURCEONE HEALTHCA ✓
A/P	164366	12/23/15	3,000.00	NUTRITION OPTIONS ✓
A/P	164367	12/23/15	.00	VOIDED
A/P	164368	12/23/15	4,720.71	OWENS & MINOR ✓
A/P	164369	12/23/15	62.52	PETROLEUM SOLUTIONS, INC. ✓
A/P	164370	12/23/15	811.60	POLYMEDCO INC. ✓
A/P	164371	12/23/15	37.98	POWER ELECTRIC ✓
A/P	164372	12/23/15	623.10	CULLIGAN OF VICTORIA ✓
A/P	164373	12/23/15	300.00	RADIOLOGY UNLIMITED, PA ✓
A/P	164374	12/23/15	1,990.90	EVOQUA WATER TECHNOLOGIES LLC ✓
A/P	164375	12/23/15	633.33	SIEMENS MEDICAL SOLUTIONS INC ✓
A/P	164376	12/23/15	947.39	STRYKER ENDOSCOPY ✓
A/P	164377	12/23/15	107.29	TECHNO-AIDE ✓
A/P	164378	12/23/15	9,000.00	TOSHIBA AMERICA MEDICAL SYST. ✓
A/P	164379	12/23/15	125.59	TG ✓
A/P	164380	12/23/15	4,555.00	T-SYSTEM, INC ✓
A/P	164381	12/23/15	5,574.37	UNUM LIFE INS CO OF AMERICA ✓
A/P	164382	12/23/15	75.10	UNIFIRST HOLDINGS ✓
A/P	164383	12/23/15	3,093.51	UNIFIRST HOLDINGS INC ✓
A/P	164384	12/23/15	30.00	UROLITHIASIS LABORATORY ✓
A/P	164385	12/23/15	81.72	WATERMARK GRAPHICS INC ✓
A/P	164386	12/23/15	2,420.00	CARMEN C. ZAPATA-ARROYO ✓
TOTALS:			212,247.73	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
12/28/2015

Nursing Home	IBC Account Number	Previous Beginning Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	14553	20,822.08	186,745.84	-	20,772.08	-	-	186,795.84	186,695.84

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 10614
Account # 14257

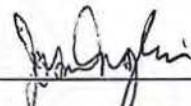
Nursing Home	IBC Account Number	Previous Beginning Balance	ACH Transfer-In	IGT Transfer-In	Transfer-Out	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	14561	39,411.09	239,766.57	-	39,311.09	-	-	239,866.57	239,766.57
Crescent	14588	54,138.89	167,891.95	-	54,038.89	-	-	167,991.95	167,891.95
Broadmoor	14596	46,305.02	144,847.17	-	46,205.02	-	-	144,947.17	144,847.17
Fort Bend	14618	34,203.64	21,097.12	-	34,103.64	-	-	21,197.12	21,097.12
									573,602.81

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:

Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 10614
Account # 12922

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.

Assumes transfer approved
12/21/15 is VOID.

Approved: 

Michael J. Pfeifer
Calhoun County Judge
Date: 1-7-18

APPROVED
DEC 28 2015
COUNTY AUDITOR

IBC Bank Activity
12/14/15 through 12/27/15

Ashford Gardens

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
12/14/2015	5025	4553 142 ACH CREDIT RECEIVED		8,764.12	Molina HC of TX Molina HC
12/14/2015	5025	4553 142 ACH CREDIT RECEIVED		12,511.86	Molina HC of TX Molina HC
12/15/2015	5025	4553 142 ACH CREDIT RECEIVED		0.06	PaySpan PaySpan
12/15/2015	5025	44553 142 ACH CREDIT RECEIVED		333.37	NOVITAS SOLUTION HCCLAIMPMT
12/16/2015	5025	44553 495 OUTGOING MONEY TRANSFER	20,772.08		ASHFORD HEALTH CARE CENTER LTD
12/17/2015	5025	44553 301 COMMERCIAL DEPOSIT		14,650.09	
12/18/2015	5025	4553 142 ACH CREDIT RECEIVED		2,060.79	NOVITAS SOLUTION HCCLAIMPMT
12/21/2015	5025	4553 142 ACH CREDIT RECEIVED		18,649.39	Molina HC of TX Molina HC
12/21/2015	5025	4553 142 ACH CREDIT RECEIVED		37,972.61	Molina HC of TX Molina HC
12/22/2015	5025	4553 142 ACH CREDIT RECEIVED		12,663.24	AGING DISAB SVCS HCCLAIMPMT
12/23/2015	5025	4553 142 ACH CREDIT RECEIVED		46,844.02	NOVITAS SOLUTION HCCLAIMPMT
12/23/2015	5025	4553 142 ACH CREDIT RECEIVED		3,215.19	Molina HC of TX Molina HC
12/24/2015	5025	4553 301 COMMERCIAL DEPOSIT		17,074.27	
12/24/2015	5025	4553 142 ACH CREDIT RECEIVED		12,006.83	Molina HC of TX Molina HC
			<u>20,772.08</u>	<u>186,745.84</u>	

Solera at West Houston

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
12/14/2015	5025	4561 142 ACH CREDIT RECEIVED		272.68	NOVITAS SOLUTION HCCLAIMPMT
12/15/2015	5025	4561 142 ACH CREDIT RECEIVED		0.11	PaySpan PaySpan
12/16/2015	5025	4561 495 OUTGOING MONEY TRANSFER	39,311.09		CANTEX HEALTH CARE CENTERS LLC
12/17/2015	5025	4561 142 ACH CREDIT RECEIVED		868.78	Molina HC of TX Molina HC
12/17/2015	5025	4561 301 COMMERCIAL DEPOSIT		1,254.60	
12/18/2015	5025	4561 142 ACH CREDIT RECEIVED		5,614.91	AGING DISAB SVCS HCCLAIMPMT
12/18/2015	5025	4561 142 ACH CREDIT RECEIVED		1,129.54	Molina HC of TX Molina HC
12/21/2015	5025	4561 142 ACH CREDIT RECEIVED		177,732.16	NOVITAS SOLUTION HCCLAIMPMT
12/24/2015	5025	4561 301 COMMERCIAL DEPOSIT		49,651.36	
12/24/2015	5025	4561 142 ACH CREDIT RECEIVED		2,122.73	AMERIGROUP CORPO HCCLAIMPMT
12/24/2015	5025	4561 142 ACH CREDIT RECEIVED		1,119.70	Molina HC of TX Molina HC
			<u>39,311.09</u>	<u>239,766.57</u>	

Crescent

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
12/14/2015	5025	4588 142 ACH CREDIT RECEIVED		8,408.53	AGING DISAB SVCS HCCLAIMPMT
12/14/2015	5025	4588 142 ACH CREDIT RECEIVED		5,060.90	Molina HC of TX Molina HC
12/15/2015	5025	4588 142 ACH CREDIT RECEIVED		0.18	PaySpan PaySpan
12/16/2015	5025	4588 495 OUTGOING MONEY TRANSFER	54,038.89		CANTEX HEALTH CARE CENTERS III
12/17/2015	5025	4588 142 ACH CREDIT RECEIVED		4,859.49	Molina HC of TX Molina HC
12/17/2015	5025	4588 301 COMMERCIAL DEPOSIT		43,796.59	
12/18/2015	5025	4588 142 ACH CREDIT RECEIVED		3,602.52	AGING DISAB SVCS HCCLAIMPMT
12/21/2015	5025	4588 142 ACH CREDIT RECEIVED		2,601.82	AGING DISAB SVCS HCCLAIMPMT
12/24/2015	5025	4588 142 ACH CREDIT RECEIVED		14,472.91	Molina HC of TX Molina HC
12/24/2015	5025	4588 142 ACH CREDIT RECEIVED		9,692.92	AGING DISAB SVCS HCCLAIMPMT
12/24/2015	5025	4588 301 COMMERCIAL DEPOSIT		75,396.09	
			<u>54,038.89</u>	<u>167,891.95</u>	

Broadmoor

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
12/16/2015	5025	4596 495 OUTGOING MONEY TRANSFER	46,205.02		CANTEX HEALTH CARE CENTERS III
12/17/2015	5025	4596 301 COMMERCIAL DEPOSIT		65,757.04	
12/18/2015	5025	4596 142 ACH CREDIT RECEIVED		14,164.39	NOVITAS SOLUTION HCCLAIMPMT
12/18/2015	5025	4596 142 ACH CREDIT RECEIVED		8,659.83	AGING DISAB SVCS HCCLAIMPMT
12/24/2015	5025	4596 301 COMMERCIAL DEPOSIT		42,665.67	
12/24/2015	5025	4596 142 ACH CREDIT RECEIVED		13,600.24	NOVITAS SOLUTION HCCLAIMPMT
			<u>46,205.02</u>	<u>144,847.17</u>	

Fort Bend

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
12/14/2015	5025	4618 142 ACH CREDIT RECEIVED		749.84	Molina HC of TX Molina HC
12/15/2015	5025	4618 142 ACH CREDIT RECEIVED		0.02	PaySpan PaySpan
12/16/2015	5025	4618 495 OUTGOING MONEY TRANSFER	34,103.64		CANTEX HEALTH CARE CENTERS III
12/17/2015	5025	4618 301 COMMERCIAL DEPOSIT		8,450.05	
12/21/2015	5025	4618 142 ACH CREDIT RECEIVED		11,897.21	Molina HC of TX Molina HC
			<u>34,103.64</u>	<u>21,097.12</u>	

Account Portfolio as of 12/28/2015 9:08:55 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	\$186,795.84	\$192,475.64
Memorial Medical Center	4561	\$239,866.57	\$244,109.46
Memorial Medical Center	4588	\$167,991.95	\$175,083.24
Memorial Medical Center	4596	\$144,947.17	\$340,191.34
Memorial Medical Center	4618	\$21,197.12	\$27,534.06
Memorial Medical Center Operat	0301	\$2,263,504.58	\$2,315,646.00
County of Calhoun Indigent	1101	\$2,976.20	\$2,976.20
Totals		\$3,052,349.22	\$3,323,085.73

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Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
12/21/2015

Nursing Home	IBC Account Number	Previous Beginning 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	20,822.08	38,320.29	-	20,772.08	-	-	38,370.29	38,270.29

Routing Information for Ashford Gardens:

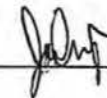
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Account # 4257

Nursing Home	IBC Account Number	Previous Beginning 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	39,411.09	9,140.62	-	39,311.09	-	-	9,240.62	9,140.62
Crescent	4588	54,138.89	65,728.21	-	54,038.89	-	-	65,828.21	65,728.21
Broadmoor	4596	46,305.02	88,581.26	-	46,205.02	-	-	88,681.26	88,581.26
Fort Bend	4618	34,203.64	9,199.91	-	34,103.64	-	-	9,299.91	9,199.91
									172,650.00

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
DEC 21 2015
COUNTY AUDITOR

IBC Bank Activity
12/14/15 through 12/20/15

Ashford Gardens

			<u>Transfer-Out</u>	<u>Transfer-In</u>
12/14/2015	5025	4553 142 ACH CREDIT RECEIVED		8,764.12
12/14/2015	5025	4553 142 ACH CREDIT RECEIVED		12,511.86
12/15/2015	5025	4553 142 ACH CREDIT RECEIVED		333.37
12/15/2015	5025	4553 142 ACH CREDIT RECEIVED		0.06
12/16/2015	5025	4553 495 OUTGOING MONEY TRANSFER	20,772.08	
12/17/2015	5025	4553 301 COMMERCIAL DEPOSIT		14,650.09
12/18/2015	5025	4553 142 ACH CREDIT RECEIVED		2,060.79
			<u>20,772.08</u>	<u>38,320.29</u>

Solera at West Houston

			<u>Transfer-Out</u>	<u>Transfer-In</u>
12/14/2015	5025	4561 142 ACH CREDIT RECEIVED		272.68
12/15/2015	5025	4561 142 ACH CREDIT RECEIVED		0.11
12/16/2015	5025	4561 495 OUTGOING MONEY TRANSFER	39,311.09	
12/17/2015	5025	4561 142 ACH CREDIT RECEIVED		868.78
12/17/2015	5025	4561 301 COMMERCIAL DEPOSIT		1,254.60
12/18/2015	5025	4561 142 ACH CREDIT RECEIVED		1,129.54
12/18/2015	5025	4561 142 ACH CREDIT RECEIVED		5,614.91
			<u>39,311.09</u>	<u>9,140.62</u>

Crescent

			<u>Transfer-Out</u>	<u>Transfer-In</u>
12/14/2015	5025	4588 142 ACH CREDIT RECEIVED		8,408.53
12/14/2015	5025	4588 142 ACH CREDIT RECEIVED		5,060.90
12/15/2015	5025	4588 142 ACH CREDIT RECEIVED		0.18
12/16/2015	5025	4588 495 OUTGOING MONEY TRANSFER	54,038.89	
12/17/2015	5025	4588 142 ACH CREDIT RECEIVED		4,859.49
12/17/2015	5025	4588 301 COMMERCIAL DEPOSIT		43,796.59
12/18/2015	5025	4588 142 ACH CREDIT RECEIVED		3,602.52
			<u>54,038.89</u>	<u>65,728.21</u>

Broadmoor

			<u>Transfer-Out</u>	<u>Transfer-In</u>
12/16/2015	5025	4596 495 OUTGOING MONEY TRANSFER	46,205.02	
12/17/2015	5025	4596 301 COMMERCIAL DEPOSIT		65,757.04
12/18/2015	5025	4596 142 ACH CREDIT RECEIVED		8,659.83
12/18/2015	5025	4596 142 ACH CREDIT RECEIVED		14,164.39
			<u>46,205.02</u>	<u>88,581.26</u>

Fort Bend

			<u>Transfer-Out</u>	<u>Transfer-In</u>
12/14/2015	5025	4618 142 ACH CREDIT RECEIVED		749.84
12/15/2015	5025	4618 142 ACH CREDIT RECEIVED		0.02
12/16/2015	5025	4618 495 OUTGOING MONEY TRANSFER	34,103.64	
12/17/2015	5025	4618 301 COMMERCIAL DEPOSIT		8,450.05
			<u>34,103.64</u>	<u>9,199.91</u>

Molina HC of TX Molina HC
Molina HC of TX Molina HC
NOVITAS SOLUTION HCCLAIMPMT
PaySpan PaySpan
ASHFORD HEALTH CARE CENTER LTD

NOVITAS SOLUTION HCCLAIMPMT

NOVITAS SOLUTION HCCLAIMPMT
PaySpan PaySpan
CANTEX HEALTH CARE CENTERS LLC
Molina HC of TX Molina HC

Molina HC of TX Molina HC
AGING DISAB SVCS HCCLAIMPMT

AGING DISAB SVCS HCCLAIMPMT
Molina HC of TX Molina HC
PaySpan PaySpan
CANTEX HEALTH CARE CENTERS III
Molina HC of TX Molina HC

AGING DISAB SVCS HCCLAIMPMT

CANTEX HEALTH CARE CENTERS III

AGING DISAB SVCS HCCLAIMPMT
NOVITAS SOLUTION HCCLAIMPMT

Molina HC of TX Molina HC
PaySpan PaySpan
CANTEX HEALTH CARE CENTERS III

Account Portfolio as of 12/21/2015 8:38:31 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	\$38,370.29	\$94,992.29
Memorial Medical Center	4561	\$9,240.62	\$186,972.78
Memorial Medical Center	4588	\$65,828.21	\$68,430.03
Memorial Medical Center	4596	\$88,681.26	\$88,681.26
Memorial Medical Center	4618	\$9,299.91	\$21,197.12
Memorial Medical Center Operat	0301	\$1,229,503.54	\$1,242,012.12
County of Calhoun Indigent	1101	\$3,022.93	\$3,022.93
Totals		\$1,469,016.55	\$1,730,378.32

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RUN DATE:12/28/15
TIME:10:44

MEMORIAL MEDICAL CENTER
CHECK REGISTER *and Payables List*
12/28/15 THRU 12/28/15

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P 000711 12/28/15 361.39 MCKESSON
A/P 000712 12/28/15 666.38 MCKESSON
TOTALS: 1,027.77

340 B Prescription Expenses

APPROVED
BY

DEC 28 2015

COUNTY CLERK
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer

Michael J. Pfeifer
Calhoun County Judge
Date: *1-7-16*

McKESSON**STATEMENT**

As of: 12/25/2015

Page: 001

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

DC: 8115

Territory: 400

Customer: 190813

Date: 12/25/2015

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

As of: 12/25/2015
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 12/25/2015

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
12/21/2015	12/29/2015	7722337952	1000735456	115Invoice	1.20	59.76		58.56	✓	7722337952
12/21/2015	12/29/2015	7722337954	1000736451	115Invoice	0.22	11.20		10.98	✓	7722337954
12/22/2015	12/29/2015	7722601844	1000736848	115Invoice	4.11	205.52		201.41	✓	7722601844
12/23/2015	12/29/2015	7722819662	1000737478	115Invoice	1.03	51.64		50.61	✓	7722819662
12/24/2015	12/29/2015	7723065157	1000738047	115Invoice	0.81	40.64		39.83	✓	7723065157

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

TOTAL:**Subtotals:** 368.76 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 661.87
12/21/2015If Paid By 12/29/2015,
Pay This Amount:

361.39 USD

If Paid After 12/29/2015,
Pay this Amount:

368.76 USD

Due If Paid On Time:

USD 361.39

Disc lost if paid late:

7.37

Due If Paid Late:

USD 368.76

CK # 711

APPROVED
BY

DEC 28 2015

COUNTY CLERK
BROWN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 12/25/2015

Page: 001

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

DC: 8115

Territory: 400

Customer: 262252

Date: 12/25/2015

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

As of: 12/25/2015
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 12/25/2015

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
12/21/2015	12/29/2015	7722381315	1000735458	115Invoice	0.61	30.35		29.74 ✓		7722381315
12/21/2015	12/29/2015	7722381316	1000736052	115Invoice	0.35	17.62		17.27 ✓		7722381316
12/21/2015	12/29/2015	7722387917	1000736453	115Invoice	5.60	279.99		274.39 ✓		7722387917
12/22/2015	12/29/2015	7722603166	1000736850	115Invoice	3.80	189.90		186.10 ✓		7722603166
12/23/2015	12/29/2015	7722850803	1000737481	115Invoice	2.88	144.07		141.19 ✓		7722850803
12/24/2015	12/29/2015	7723069919	1000738050	115Invoice	0.14	7.22		7.08 ✓		7723069919
12/24/2015	12/29/2015	7723069921	1000738050	115Invoice	0.22	10.83		10.61 ✓		7723069921

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

TOTAL:

Subtotals: 679.98 USD

Future Due: 0.00

If Paid By 12/29/2015,

Pay This Amount:

666.38 USD

Due If Paid On-Time:

USD 666.38

Disc lost if paid late:

13.60

Past Due: 0.00

Last Payment 990.38

If Paid After 12/29/2015,

Pay this Amount:

679.98 USD

Due If Paid Late:

USD 679.98

12/21/2015

ck #712

12-28-15

APPROVED

DEC 28 2015

COUNTY AUDITOR
GALVESTON COUNTY, TEXAS

MMC Construction
815 N. Virginia
Port Lavaca, TX 77979

111

DATE 12/28/15 88-502/1131

PAY TO THE ORDER OF K&T Construction

\$ 279,683.79

Two Hundred Seventy Nine ~~Six~~ Hundred Eighty Three + ~~79~~

DOLLARS  Security Features
Included.
Details on Back.



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

Reggie Hall

Calhoun County Auditor

FOR Pay App 13

50251

415411

Calhoun County Treasurer

APPROVED
2015

DEC 28 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer

Michael J. Pfeifer
Calhoun County Judge
Date: 1-7-15

APPLICATION AND CERTIFICATION FOR PAYMENT

TO OWNER:	Memorial Medical Center 815 N. Virginia Port Lavaca TX 77979	PROJECT:	Memorial Medical Clinic 1016 N Virginia Port Lavaca TX 77979	APPLICATION NO : 13	Distribution to: ☐ OWNER ☐ ARCHITECT ☐ CONTRACTOR
FROM CONTRACTOR:	K & T Construction 903 N. John Stockbauer Dr Victoria TX 77901	VIA ARCHITECT:	ACI Boland 1421 E. 104th Street Kansas City MI 6413-4521	PERIOD TO : 11/25/15	
				PROJECT NO : 630-14	
				CONTRACT DATE : 08/11/14	
CONTRACT FOR: Memorial Medical Clinic					

CONTRACTORS APPLICATION FOR PAYMENT

Application is made for payment, as shown below, in connection with the Contract.
Continuation Sheet(s) with contract detail breakout is(are) attached.

1. ORIGINAL CONTRACT SUM:	<u>\$3,261,301.00</u>
2. NET CHANGE BY CHANGE ORDERS:	<u>\$43,106.40</u>
3. CONTRACT SUM TO DATE (Line 1+2):	<u>\$3,304,407.40</u>
4. TOTAL COMPLETED & STORED TO DATE:	<u>\$3,041,152.78</u>
(Column G on Continuation Sheet(s))	
5. RETAINAGE:	
a. 5.0 % of Completed Work	<u>\$152,057.65</u>
(Column D+E on Continuation Sheet(s))	
b. 5.0 % of Stored Material	<u>\$0.00</u>
(Column F on Continuation Sheet(s))	
Total Retainage (Lines 5a+5b or	<u>\$152,057.65</u>
Total in Column I on Continuation Sheet(s))	
6. TOTAL EARNED LESS RETAINAGE:	<u>\$2,889,095.13</u>
(Line 4 less Line 5 Total)	
7. LESS PREVIOUS CERTIFICATES FOR PAYMENT:	<u>\$2,609,411.34</u>
(Line 6 from prior Certificate)	
8. CURRENT PAYMENT DUE:	<u>\$279,683.79</u>
9. BALANCE TO FINISH, INCLUDING RETAINAGE:	<u>\$415,312.27</u>
(Line 3 less line 6)	

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$14,031.40	
Total Approved this Month	\$29,075.00	
TOTALS	\$43,106.40	\$0.00
NET CHANGES by Change Order	\$43,106.40	

The undersigned Contractor certifies that to the best of the Contractor's knowledge, information and belief the Work covered by this Application for Payment has been completed in accordance with the Contract Documents, that all amounts have been paid by the Contractor for work for which previous Certificates for Payment were issued and payments received from the Owner, and that current payment shown herein is now due.

By: William E. Garza DEC 28 2015
 Date: 12/07/2015
 COUNTY CLERK
 CALHOUN COUNTY, TEXAS
 State of: TEXAS
 County of: VICTORIA
 Subscribed and sworn to before me this 07 day of Dec. 2015
 Notary Public: Jeri E Garza
 My Commission expires: 09/24/2016

ARCHITECT'S CERTIFICATE FOR PAYMENT

In accordance with the Contract Documents, based on on-site observations and the data comprising the application, the Architect certifies to the Owner that to the best of the Architects's knowledge, information and belief the Work has progressed as indicated, the quality of the Work is in accordance with the Contract Documents, and the Contractor is entitled to payment of the AMOUNT CERTIFIED.

AMOUNT CERTIFIED: 279,683.79

(Attach explanation if amount certified differs from the amount applied. Initial all figures on this Application and on the Continuation Sheet that are changed to conformed to the amount certified.)

ARCHITECT: [Signature] Date: 12-21-2015

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

DEC 30 2015

12/29/2015

17:12

COUNTY AUDITOR
SALMON COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

Due Dates Through: 01/08/2016

ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code							
A1787	AMERICAN COLLEGE OF HEALTHCARE	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
16379818		12/29/20	10/27/20			325.00	0.00	0.00	325.00	✓
	DUES & SUBSCRIPTIONS ADMI									
	J. Anglin									
15734382		12/29/20	12/16/20	12/31/20		325.00	0.00	0.00	325.00	✓
	DUES & SUBSCRIPTIONS ADMI									
	R. Gray									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	A1787 AMERICAN COLLEGE OF HEALTHCARE					650.00	0.00	0.00	650.00	
Vendor#	Vendor Name	Class	Pay Code							
11027	ANGELA DOBBINS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
20571		12/29/20	12/23/20	12/23/20		517.64	0.00	0.00	517.64	✓
	RECERTIFICATION EXAM									
	Seminar Cost, study guide, Review guide Book									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11027 ANGELA DOBBINS					517.64	0.00	0.00	517.64	
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	
3702249	✓	12/29/20	12/15/20	01/01/20		6,145.37	0.00	0.00	6,145.37	✓
	LEASE & RENTAL ACUDOSE									
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							
B1220	BECKMAN COULTER INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
105290514	✓	12/23/20	11/19/20	12/19/20		1,266.38	0.00	0.00	1,266.38	✓
	LAB SUPPLIES									
105315387	✓	12/23/20	12/02/20	01/01/20		58.68	0.00	0.00	58.68	✓
	LAB SUPPLIES									
105313735	✓	12/23/20	12/02/20	01/01/20		1,618.03	0.00	0.00	1,618.03	✓
	LAB SUPPLIES									
105313240	✓	12/23/20	12/02/20	01/01/20		277.68	0.00	0.00	277.68	✓
	LAB SUPPLIES									
105313281	✓	12/23/20	12/02/20	01/01/20		3,114.06	0.00	0.00	3,114.06	✓
	LAB SUPPLIES									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	B1220 BECKMAN COULTER INC					6,334.83	0.00	0.00	6,334.83	
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	
20132064	✓	12/29/20	12/16/20	01/07/20		900.84	0.00	0.00	900.84	✓
	TELEPHONE EXPENSE									
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net	
	11050 BIRCH COMMUNICATIONS					900.84	0.00	0.00	900.84	
Vendor#	Vendor Name	Class	Pay Code							
C1010	CABLE ONE	W								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	

20578		12/29/20	12/28/20	12/30/20		635.35	0.00	0.00	635.35	✓
OUTSIDE SRV IT										
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
C1010 CABLE ONE ✓						635.35	0.00	0.00	635.35	
Vendor#	Vendor Name				Class	Pay Code				
11041	CALHOUN CO INDIGENT ACCT									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20569		12/29/20	12/16/20	12/16/20			340.00	0.00	0.00	340.00 ✓
CO PAYS FOR INDIGENT CAR										
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
11041 CALHOUN CO INDIGENT ACCT ✓						340.00	0.00	0.00	340.00	
Vendor#	Vendor Name				Class	Pay Code				
C1730	CITY OF PORT LAVACA				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20572		12/29/20	12/18/20	01/05/20			384.36	0.00	0.00	384.36 ✓
WATER & SEWER PLANT OPS										
20573		12/29/20	12/18/20	01/05/20			328.09	0.00	0.00	328.09 ✓
WATER & SEWER PLANT OPS										
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
C1730 CITY OF PORT LAVACA ✓						712.45	0.00	0.00	712.45	
Vendor#	Vendor Name				Class	Pay Code				
10646	COVIDIEN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MM100615N		12/29/20	10/06/20	11/01/20			1,050.58	0.00	0.00	1,050.58 ✓
MAINT CONTRA CARDIO Quarterly										
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
10646 COVIDIEN ✓						1,050.58	0.00	0.00	1,050.58	
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
5-250-70312		12/29/20	12/10/20	12/25/20			9.06	0.00	0.00	9.06 ✓
FREIGHT EXP CARDIO										
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
F1100 FEDERAL EXPRESS CORP. ✓						9.06	0.00	0.00	9.06	
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
7733009 ✓		12/29/20	11/19/20	12/19/20			1,024.38	0.00	0.00	1,024.38 ✓
LAB SUPPLIES										
7791327 ✓		12/29/20	11/20/20	12/20/20			538.21	0.00	0.00	538.21 ✓
LAB SUPPLIES										
7848228 ✓		12/29/20	11/23/20	12/23/20			1,698.27	0.00	0.00	1,698.27 ✓
LAB SUPPLIES										
8018294 ✓		12/29/20	11/24/20	12/24/20			844.35	0.00	0.00	844.35 ✓
LAB SUPPLIES										
8018293 ✓		12/29/20	11/24/20	12/24/20			81.40	0.00	0.00	81.40 ✓
LAB SUPPLIES										
8018292 ✓		12/29/20	11/24/20	12/24/20			343.45	0.00	0.00	343.45 ✓
LAB SUPPLIES										
8179253 ✓		12/29/20	11/25/20	12/25/20			208.12	0.00	0.00	208.12 ✓
LAB SUPPLIES										
8315298 ✓		12/29/20	11/30/20	12/30/20			7.06	0.00	0.00	7.06 ✓

LAB SUPPLIES										
8417911 ✓			12/29/20	12/01/20	12/31/20		32.56	0.00	0.00	32.56 ✓
LAB SUPPLIES										
8417910 ✓			12/29/20	12/01/20	12/31/20		362.80	0.00	0.00	362.80 ✓
LAB SUPPLIES										
8417913 ✓			12/29/20	12/01/20	12/31/20		65.12	0.00	0.00	65.12 ✓
LAB SUPPLIES										
8417914 ✓			12/29/20	12/01/20	12/31/20		475.48	0.00	0.00	475.48 ✓
LAB SUPPLIES										
8417916 ✓			12/29/20	12/01/20	12/31/20		4,790.18	0.00	0.00	4,790.18 ✓
LAB SUPPLIES										
8527203 ✓			12/29/20	12/02/20	01/01/20		616.56	0.00	0.00	616.56 ✓
LAB SUPPLIES										
8634497 ✓			12/29/20	12/03/20	01/02/20		843.25	0.00	0.00	843.25 ✓
LAB SUPPLIES										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
F1400 FISHER HEALTHCARE ✓							11,931.19	0.00	0.00	11,931.19
Vendor#	Vendor Name				Class	Pay Code				
G1876	GOLDEN CRESCENT RAC				IMP					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
20581		12/29/20	12/09/20	01/08/20		300.00	0.00	0.00	300.00 ✓	
DUES & SUBSCRIPTIONS 2016 RAC membership dues										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
G1876 GOLDEN CRESCENT RAC ✓							300.00	0.00	0.00	300.00
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	
067813 ✓		12/29/20	12/01/20	12/21/20		3.76	0.00	0.00	3.76 ✓	
FOOD SUPPLIES DIETARY										
066827 ✓		12/29/20	12/01/20	12/21/20		63.86	0.00	0.00	63.86 ✓	
FOOD SUPPLIES DIETARY										
069026 ✓		12/29/20	12/02/20	12/22/20		65.47	0.00	0.00	65.47 ✓	
FOOD SUPPLIES DIETARY										
069130 ✓		12/29/20	12/02/20	12/22/20		22.18	0.00	0.00	22.18 ✓	
FOOD SUPPLIES DIETARY										
075677 ✓		12/29/20	12/05/20	12/25/20		40.62	0.00	0.00	40.62 ✓	
FOOD SUPPLIES DIETARY										
086491 ✓		12/29/20	12/10/20	12/30/20		23.52	0.00	0.00	23.52 ✓	
FOOD SUPPLIES DIETARY										
048947 ✓		12/29/20	12/16/20	01/05/20		78.04	0.00	0.00	78.04 ✓	
FOOD SUPPLIES DIETARY										
054213 ✓		12/29/20	12/18/20	01/07/20		20.95	0.00	0.00	20.95 ✓	
FOOD SUPPLIES DIETARY										
Vendor Totals Number Name							Gross	Discount	No-Pay	Net
H0030 H E BUTT GROCERY ✓							318.40	0.00	0.00	318.40
Vendor#	Vendor Name				Class	Pay Code				
H1227	HEALTHSURE INSURANCE SERVICES									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
5158		01/01/20	12/23/20	01/01/20		23,339.40	0.00	0.00	23,339.40 ✓	
BILLING ERRORS INS										
5157		01/01/20	12/23/20	01/01/20		15,111.00	0.00	0.00	15,111.00	

DIRECTORS & OFFICERS INS

Vendor Totals										Number	Name		Gross	Discount	No-Pay	Net
H1227										HEALTHSURE INSURANCE SERVICES ✓		38,450.40	0.00	0.00	38,450.40	
Vendor#	Vendor Name					Class	Pay Code									
10507	JASON ANGLIN															
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net					
	20574		12/29/20	12/23/20	12/23/20			148.36	0.00	0.00	148.36 ✓					
TRAVEL EXPENSE ADMIN												12/8-9/2015				
Vendor Totals								Number	Name		Gross	Discount	No-Pay	Net		
10507								JASON ANGLIN ✓		148.36	0.00	0.00	148.36			
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					
	20582		12/29/20	12/23/20	12/23/20			97.60	0.00	0.00	97.60 ✓					
FOOD SUPPLIES DIETARY																
Vendor Totals								Number	Name		Gross	Discount	No-Pay	Net		
11098								JERI DAVIS ✓		97.60	0.00	0.00	97.60			
Vendor#	Vendor Name					Class	Pay Code									
11099	MARLIN BUSINESS BANK															
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net					
2506	1465638		12/29/20	12/15/20	01/05/20			756.64	0.00	0.00	756.64 ✓					
LEASE & RENTAL IT																
Vendor Totals								Number	Name		Gross	Discount	No-Pay	Net		
11099								MARLIN BUSINESS BANK		756.64	0.00	0.00	756.64			
Vendor#	Vendor Name					Class	Pay Code									
M2650	METLIFE					W										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net					
	20575		12/29/20	12/28/20	01/01/20			258.52	0.00	0.00	258.52 ✓					
EMPLOYEE PERSONAL INS																
Vendor Totals								Number	Name		Gross	Discount	No-Pay	Net		
M2650								METLIFE ✓		258.52	0.00	0.00	258.52			
Vendor#	Vendor Name					Class	Pay Code									
11031	MIDWEST HEALTH CARE INC															
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net					
	5854-1		12/29/20	06/19/20	12/30/20			1,550.00	0.00	0.00	1,550.00 ✓					
OUTSIDE SRV CLINIC												Certification				
Vendor Totals								Number	Name		Gross	Discount	No-Pay	Net		
11031								MIDWEST HEALTH CARE INC ✓		1,550.00	0.00	0.00	1,550.00			
Vendor#	Vendor Name					Class	Pay Code									
11109	MINDRAY CAPITAL															
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net					
	642021		12/29/20	12/16/20	01/05/20			6,655.11	0.00	0.00	6,655.11 ✓					
LEASE & RENTAL ER																
Vendor Totals								Number	Name		Gross	Discount	No-Pay	Net		
11109								MINDRAY CAPITAL ✓		6,655.11	0.00	0.00	6,655.11			
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					
	20583		12/29/20	12/23/20	12/23/20			130.87	0.00	0.00	130.87 ✓					
EMPLOYEE GIFT SHOP PURC																
	20584		12/29/20	12/23/20	12/23/20			389.50	0.00	0.00	389.50 ✓					
EMPLOYEE GIFT SHOP PURC																

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				520.37	0.00	0.00	520.37
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	
8271707		12/29/20	12/21/20	12/22/20		4.44	0.00	0.00	4.44	
	PHARMACY DRUGS									
8280851		12/29/20	12/22/20	12/23/20		64.30	0.00	0.00	64.30	
	PHARMACY DRUGS									
8280852		12/29/20	12/22/20	12/23/20		1,543.93	0.00	0.00	1,543.93	
	PHARMACY DRUGS									
8280853		12/29/20	12/22/20	12/23/20		203.89	0.00	0.00	203.89	
	PHARMACY DRUGS									
8281880		12/29/20	12/23/20	12/24/20		74.31	0.00	0.00	74.31	
	PHARMACY DRUGS									
8281879		12/29/20	12/23/20	12/24/20		233.94	0.00	0.00	233.94	
	PHARMACY DRUGS									
8281882		12/29/20	12/23/20	12/24/20		2,716.71	0.00	0.00	2,716.71	
	PHARMACY DRUGS									
8281881		12/29/20	12/23/20	12/24/20		5.63	0.00	0.00	5.63	
	PHARMACY DRUGS									
8293596		12/29/20	12/28/20	12/29/20		81.56	0.00	0.00	81.56	
	PHARMACY DRUGS									
8293966		12/29/20	12/28/20	12/29/20		4,911.69	0.00	0.00	4,911.69	
	PHARMACY DRUGS									
8293595		12/29/20	12/28/20	12/29/20		1,604.44	0.00	0.00	1,604.44	
	PHARMACY DRUGS									
8293594		12/29/20	12/28/20	12/29/20		666.48	0.00	0.00	666.48	
	PHARMACY DRUGS									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC				12,111.32	0.00	0.00	12,111.32
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	
211035		12/29/20	12/05/20	01/04/20		45.00	0.00	0.00	45.00	
	OUTSIDE SRV PLANT OPS									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10777	OSCAR TORRES				45.00	0.00	0.00	45.00
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	
20579		12/29/20	12/17/20	01/01/20		2,073.36	0.00	0.00	2,073.36	
	EMPLOYEE PERSONAL INS									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10326	PRINCIPAL LIFE				2,073.36	0.00	0.00	2,073.36
Vendor#	Vendor Name			Class	Pay Code					
S2400	SO TEX BLOOD & TISSUE CENTER			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
90016748		12/29/20	11/30/20	12/30/20		5,430.00	0.00	0.00	5,430.00	
	BLOOD BANK EXPENSE									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net

	S2400	SO TEX BLOOD & TISSUE CENTER	✓	5,430.00	0.00	0.00	5,430.00		
Vendor#	Vendor Name		Class	Pay Code					
11083	STRATUS VIDEO INTERPRETING								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV-5940	✓	12/29/20	12/01/20	12/01/20		820.50	0.00	0.00	820.50
OUTSIDE SRV ADMIN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11083	STRATUS VIDEO INTERPRETING		✓		820.50	0.00	0.00	820.50
Vendor#	Vendor Name		Class	Pay Code					
11145	SUE CLARK								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
20576		12/29/20	12/03/20	12/03/20		14.49	0.00	0.00	14.49
TRAVEL EXPENSE LAB									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11145	SUE CLARK		✓		14.49	0.00	0.00	14.49
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
512032681	✓	12/29/20	12/03/20	12/23/20		1,257.22	0.00	0.00	1,257.22
FOOD EXPENSE DIETARY									
512102563	✓	12/29/20	12/10/20	12/30/20		872.04	0.00	0.00	872.04
FOOD EXPENSE DIETARY									
512172865	✓	12/29/20	12/17/20	01/06/20		289.18	0.00	0.00	289.18
FOOD EXPENSE DIETARY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF		✓		2,418.44	0.00	0.00	2,418.44
Vendor#	Vendor Name		Class	Pay Code					
11106	TELEVOX								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
INV001570106		12/29/20	11/30/20	11/30/20		303.08	0.00	0.00	303.08
OUTSIDE SRV CLINIC									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11106	TELEVOX		✓		303.08	0.00	0.00	303.08
Vendor#	Vendor Name		Class	Pay Code					
11140	TEXAS ADVANTAGE COMMUNITY BANK								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
728832-2		12/29/20	11/30/20			3,690.52	0.00	0.00	3,690.52
LEASE & RENTAL XRAY <i>Loan Payment</i>									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11140	TEXAS ADVANTAGE COMMUNITY BANK				3,690.52	0.00	0.00	3,690.52
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
0001207446		01/01/20	12/09/20	01/01/20		9,318.00	0.00	0.00	9,318.00
WORK COMP INS DEPOSIT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO		✓		9,318.00	0.00	0.00	9,318.00
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
20580		12/29/20	12/13/20	12/13/20		24.80	0.00	0.00	24.80
DUES & SUBSCRIPTIONS 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						
10192	THIE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
20577		01/01/20	12/23/20	01/01/20		26,823.00	0.00	0.00	26,823.00	
GENERAL LIABILITY INS										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
10192 THIE							26,823.00	0.00	0.00	26,823.00
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	
4088746		12/29/20	12/03/20	12/23/20		2,735.24	0.00	0.00	2,735.24	
FOOD SUPPLIES DIETARY										
4152680		12/29/20	12/07/20	12/27/20		2,531.13	0.00	0.00	2,531.13	
FOOD SUPPLIES DIETARY										
4221710		12/29/20	12/10/20	12/30/20		2,341.66	0.00	0.00	2,341.66	
FOOD SUPPLIES DIETARY										
4287416		12/29/20	12/14/20	01/03/20		2,408.79	0.00	0.00	2,408.79	
FOOD SUPPLIES DIETARY										
4352165		12/29/20	12/17/20	01/06/20		1,880.07	0.00	0.00	1,880.07	
FOOD SUPPLIES DIETARY										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
10172 US FOOD SERVICE							11,896.89	0.00	0.00	11,896.89
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	
20570		12/29/20	12/21/20	12/21/20		1,000.00	0.00	0.00	1,000.00	
POSTAGE										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
U2000 US POSTAL SERVICE							1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name		Class	Pay Code						
V0559	VERIZON WIRELESS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9757339880		12/29/20	12/16/20	01/08/20		321.94	0.00	0.00	321.94	
TELEPHONE EXPENSE										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
V0559 VERIZON WIRELESS							321.94	0.00	0.00	321.94
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	
10584579		12/29/20	12/09/20	01/08/20		301.00	0.00	0.00	301.00	
LEGAL SERVICES ADMIN 0.70 hrs/Billing Question										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
10943 WALLER,LANSDEN, DORTCH & DAVIS							301.00	0.00	0.00	301.00
Vendor#	Vendor Name		Class	Pay Code						
W1005	WALMART COMMUNITY		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
016340		12/29/20	11/16/20	01/08/20		50.69	0.00	0.00	50.69	
SUPPLIES PT										
018959		12/29/20	11/18/20	01/08/20		6.96	0.00	0.00	6.96	

	SUPPLIES XRAY					
019509	12/29/20 11/19/20 01/08/20	79.84	0.00	0.00	79.84	✓
	SUPPLIES OB					
001247	12/29/20 12/01/20 01/08/20	7.69	0.00	0.00	7.69	✓
	SUPPLIES CS					
002924	12/29/20 12/02/20 01/08/20	25.14	0.00	0.00	25.14	✓
	SUPPLIES XRAY					
004095	12/29/20 12/04/20 01/08/20	9.96	0.00	0.00	9.96	✓
	SUPPLIES MED SURG					
004776	12/29/20 12/04/20 01/08/20	99.84	0.00	0.00	99.84	✓
	SUPPLIES SURGERY					
008123	12/29/20 12/08/20 01/08/20	75.34	0.00	0.00	75.34	✓
	SUPPLIES PT					
Vendor Totals: Number Name		Gross	Discount	No-Pay	Net	
	W1005 WALMART COMMUNITY ✓	355.46	0.00	0.00	355.46	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	155,230.51	0.00	0.00	155,230.51

APPROVED
BY

DEC 30 2015

COUNTY CLERK FOR
CALHOUN COUNTY, ALA.CKS# 164387
+0
#164424

Michael J. Pfeifer
 Michael J. Pfeifer
 Calhoun County Judge
 Date: 1-7-15

Q

RUN DATE:12/30/15
TIME:08:42

MEMORIAL MEDICAL CENTER
CHECK REGISTER
12/30/15 THRU 12/30/15

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164387	12/30/15	11,896.89	US FOOD SERVICE
A/P	164388	12/30/15	26,823.00	THIS
A/P	164389	12/30/15	2,073.36	PRINCIPAL LIFE
A/P	164390	12/30/15	148.36	JASON ANGLIN
A/P	164391	12/30/15	12,111.32	MORRIS & DICKSON CO, LLC
A/P	164392	12/30/15	1,050.58	COVIDIEN
A/P	164393	12/30/15	45.00	OSCAR TORRES
A/P	164394	12/30/15	6,145.37	BANK OF THE WEST
A/P	164395	12/30/15	301.00	WALLER, LANSDEN, DORTCH & DAVIS
A/P	164396	12/30/15	517.64	ANGELA DOBBINS
A/P	164397	12/30/15	1,550.00	MIDWEST HEALTH CARE INC
A/P	164398	12/30/15	340.00	CALHOUN CO INDIGENT ACCT
A/P	164399	12/30/15	900.84	BIRCH COMMUNICATIONS
A/P	164400	12/30/15	820.50	STRATUS VIDEO INTERPRETING
A/P	164401	12/30/15	97.60	JERI DAVIS
A/P	164402	12/30/15	756.64	MARLIN BUSINESS BANK
A/P	164403	12/30/15	303.08	TELEVOX
A/P	164404	12/30/15	6,655.11	MINDRAY CAPITAL
A/P	164405	12/30/15	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	164406	12/30/15	14.49	SUE CLARK
A/P	164407	12/30/15	650.00	AMERICAN COLLEGE OF HEALTHCARE
A/P	164408	12/30/15	6,334.83	BECKMAN COULTER INC
A/P	164409	12/30/15	635.35	CABLE ONE
A/P	164410	12/30/15	712.45	CITY OF PORT LAVACA
A/P	164411	12/30/15	9.06	FEDERAL EXPRESS CORP.
A/P	164412	12/30/15	11,931.19	FISHER HEALTHCARE
A/P	164413	12/30/15	300.00	GOLDEN CRESCENT RAC
A/P	164414	12/30/15	318.40	H E BUTT GROCERY
A/P	164415	12/30/15	38,450.40	HEALTHSURE INSURANCE SERVICES
A/P	164416	12/30/15	520.37	MMC AUXILIARY GIFT SHOP
A/P	164417	12/30/15	258.52	METLIFE
A/P	164418	12/30/15	5,430.00	SO TEX BLOOD & TISSUE CENTER
A/P	164419	12/30/15	2,418.44	SYSCO FOOD SERVICES OF
A/P	164420	12/30/15	9,318.00	TEXAS MUTUAL INSURANCE CO
A/P	164421	12/30/15	1,000.00	US POSTAL SERVICE
A/P	164422	12/30/15	321.94	VERIZON WIRELESS
A/P	164423	12/30/15	24.80	THE VICTORIA ADVOCATE
A/P	164424	12/30/15	355.46	WALMART COMMUNITY
TOTALS:			155,230.51	

PA



December 2015 Statement

Open Date: 11/05/2015 Closing Date: 12/04/2015

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service
BUS 30 ELN 8 3

New Balance \$3,076.23
Minimum Payment Due \$31.00
Payment Due Date 01/01/2016

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

Activity Summary

Previous Balance	+	\$1,001.59
Payments	-	\$1,001.59 ^{CR}
Other Credits		\$0.00
Purchases	+	\$3,076.23
Balance Transfers		\$0.00
Advances		\$0.00
Other Debits		\$0.00
Fees Charged		\$0.00
Interest Charged		\$0.00

New Balance	=	\$3,076.23
Past Due		\$0.00
Minimum Payment Due		\$31.00
Credit Line		\$10,000.00
Available Credit		\$6,923.77
Days in Billing Period		30

Michael J Pfeifer

Michael J. Pfeifer
Calhoun County Judge
Date: 1-7-16

NMC
Will Pay
By Phone

APPROVED
\$3,076.23

DEC 30 2015

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:



Mail payment coupon
with a check



Pay online at



Pay by phone

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



24-Hour Cardmember Service:

- to pay by phone
- to change your address

MEMORIAL MEDICAL CNT
JASON W ANGLIN
202 S ANN ST # A
PORT LAVACA TX 77979-4204

Payment Due Date	1/01/2016
New Balance	\$3,076.23
Minimum Payment Due	\$31.00

Amount Enclosed \$ _____

Cardmember Service

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



December 2015 Statement 11/05/2015 - 12/04/2015



MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service

Important Messages

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

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

Sign up for Emails to take full advantage of your card benefits! Visit myaccountaccess.com to enroll in Credit Card Account Access. Click "to Enroll" and enter your information. Enter your email address to receive exclusive offers that are only available online, as well as important updates on your account.

A Great way to get great offers from Visa Checkout. Each week through December 2015 Visa Checkout is offering new money-saving deals with various merchants. Watch the NFL games on FOX or learn more at visacheckout.com/gamedaydeals. Merchant offers and campaign details found at visacheckout.com/gamedaydeals. Visa is a proud sponsor of the NFL.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
11/24	11/21	0005	PAYMENT THANK YOU	\$1,001.59CR	
TOTAL THIS PERIOD				\$1,001.59CR	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
11/16	11/14	3526	HAMPTON INNS AUSTIN TX 11/12/15 FOLIO: 00001075	\$236.35	✓
11/16	11/13	0031	TEXAS HOSPITAL ASSOC 5124651000 TX	\$570.00	✓
11/17	11/16	6423	TXDPS CRIME RECS 512-424-2090 TX	\$92.28	✓
11/23	11/21	9832	RENAISSANCE HOTELS 967 AUSTIN TX 11/17/15 FOR 04 NIGHTS FOLIO: 008758	\$755.55	✓
11/23	11/21	0038	RENAISSANCE HOTELS 967 AUSTIN TX 11/17/15 FOR 04 NIGHTS FOLIO: 009360	\$583.05	✓
11/24	11/23	1900	NPDB NPDB.HRSA.GOV 800-767-6732 VA	\$3.00	✓
11/24	11/23	2080	NPDB NPDB.HRSA.GOV 800-767-6732 VA	\$3.00	✓
11/24	11/23	2163	NPDB NPDB.HRSA.GOV 800-767-6732 VA	\$3.00	✓
11/24	11/23	2247	NPDB NPDB.HRSA.GOV 800-767-6732 VA	\$3.00	✓
11/24	11/23	2320	NPDB NPDB.HRSA.GOV 800-767-6732 VA	\$3.00	✓
11/24	11/23	2403	NPDB NPDB.HRSA.GOV 800-767-6732 VA	\$3.00	✓
11/24	11/23	2577	NPDB NPDB.HRSA.GOV 800-767-6732 VA	\$3.00	✓
11/24	11/23	2650	NPDB NPDB.HRSA.GOV 800-767-6732 VA	\$3.00	✓
12/02	12/01	5627	SURVEYMONKEY.COM 971-2445555 CA	\$26.00	✓
12/03	12/01	3622	AMA PROFILES 800-665-2882 IL	\$126.00	✓
12/03	12/01	6559	AMA PROFILES 800-665-2882 IL	\$42.00	✓
12/04	12/03	1661	EMBASSY SUITES SAN MAR SAN MARCOS TX	\$310.50	✓

Continued on Next Page



December 2015 Statement 11/05/2015 - 12/04/2015

MEMORIAL MEDICAL CNT
JASON W ANGLIN (

Cardmember Service (

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
			11/30/15 FOR 03 NIGHTS FOLIO: 0000400627		
12/04	12/03	2172	EMBASSY SUITES SAN MAR SAN MARCOS TX 11/30/15 FOR 03 NIGHTS FOLIO: 0000400628	\$310.50	✓ ✓
TOTAL THIS PERIOD				\$3,076.23	

2015 Totals Year-to-Date

Total Fees Charged in 2015	\$0.00
Total Interest Charged in 2015	\$18.90

Company Approval (This area for use by your company)

Signature/Approval: _____

Accounting Code: _____

Interest Charge Calculation

Your Annual Percentage Rate (APR) is the annual interest rate on your account.

** APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	Interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER	\$0.00	\$0.00	YES	\$0.00	9.99%	
**PURCHASES	\$3,076.23	\$0.00	YES	\$0.00	9.99%	
**ADVANCES	\$0.00	\$0.00	YES	\$0.00	23.99%	

Contact Us

Phone

Voice: 1-866-552-8855
TDD: 1-888-352-6455
Fax: 1-866-807-9053

Questions

Cardmember Service
P.O. Box 6353
 Fargo, ND 58125-6353



Mail payment coupon
with a check

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



Online

myaccountaccess.com

End of Statement

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

①

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

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

Vendor Name: Cardmember Service

Date: 12/10/15

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required	Expense #	Department	Deliver To			
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	-		Hampton Inn - Austin			✓ 236.35
2			Roshanda Gray - Fellow's Mtg			
3	-		Texas Hospital Assoc. - Registration			✓ 570.00
4			for Jason Anglin - THA Annual Conf.			
5	-		TX Crime Records - 30 search			✓ 92.28
6			credits			
7	-		Renaissance Hotels - Austin			✓ 755.55
8			Hotel Expense for Pam Parrish			
9			+ Monica Carr - Immunization Conf.			
10	-		Renaissance Hotels - Austin			✓ 583.05
			Hotel expense for Darlette Bethany +			

Est. Freight _____

Est. Total Cost _____

Dianne Atkinson

TOTAL COST

NOTES:

Charges made to Jason's VISA

APPROVED
 EAT

DEC 23 2015

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

Dept. Director	
Dir. Nursing	
Adm. Dir. Clinical Service	
CFO	
Administrator	<u>[Signature]</u>

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

②

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

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

Vendor Name: Cardmember

Date: 12/10/15

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NFDB - 1 Physician			✓ 3.00
2	—		" "			✓ 3.00
3	—		" "			✓ 3.00
4	—		" "			✓ 3.00
5	—		" "			✓ 3.00
6	—		" "			✓ 3.00
7	—		" "			✓ 3.00
8	—		" "			✓ 3.00
9	—		Survey Monkey - Emp. Survey			✓ 26.00
10	—		AMA Profiles - 3 Initial Phys with continuous monitoring			✓ 126.00

Est. Freight _____

Est. Total Cost _____

TOTAL COST _____

NOTES:

Charges made to Jason's VISA

DEC 30 2015

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

Dept. Director
Dir. Nursing
Adm. Dir. Clinical Service
CFO
Administrator <u>[Signature]</u>

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

③

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

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

Vendor Name: Cardmember Services

Date: 12/10/15

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required	Expense #	Department	Deliver To			
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		AMA Profiles - 1 Initial			✓ 42.00
2			Physician with Cont. Monitoring			
3	—		Embassy Suites - San Marcos			✓ 310.50
4			Erin Coughlin - Pt Safety & Rooms			✓ 310.50
5			CAH ^{auditing} Workshop - THA			
6	—		Embassy Suites - San Marcos			
7						
8						
9						
10						

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

NOTES:

Changes made to Jason's VISA

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

Dept. Director
Dir. Nursing
Adm. Dir. Clinical Service
CFO
Administrator <u>[Signature]</u>



December 2015 Statement

Open Date: 11/05/2015 Closing Date: 12/04/2015

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT

New Balance \$1,068.30
Minimum Payment Due \$11.00
Payment Due Date 01/01/2016

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

Cardmember Service

BUS 30 ELN 8 3

Activity Summary

Previous Balance	+	\$1,054.19
Payments	-	\$1,054.19 ^{CR}
Other Credits		\$0.00
Purchases	+	\$1,068.30
Balance Transfers		\$0.00
Advances		\$0.00
Other Debits		\$0.00
Fees Charged		\$0.00
Interest Charged		\$0.00

New Balance	=	\$1,068.30
Past Due		\$0.00
Minimum Payment Due		\$11.00
Credit Line		\$10,000.00
Available Credit		\$8,931.70
Days in Billing Period		30

Michael J. Pfeifer
Michael J. Pfeifer
Cathlamet County Judge
Date: 1-7-18

MME
will pay
By Phone DEC 30 2015

COUNTY AUDITOR
CATHLAMET COUNTY, WA

Payment Options:



Mail payment coupon
with a check



Pay online at



Pay by phone

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



24-Hour Cardmember Service:

- to pay by phone
- to change your address

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

Payment Due Date	1/01/2016
New Balance	\$1,068.30
Minimum Payment Due	\$11.00

Amount Enclosed \$

Cardmember Service

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



December 2015 Statement 11/05/2015 - 12/04/2015

MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service

Important Messages

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

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

Sign up for Emails to take full advantage of your card benefits! Visit myaccountaccess.com to enroll in Credit Card Account Access. Click "to Enroll" and enter your information. Enter your email address to receive exclusive offers that are only available online, as well as important updates on your account.

A Great way to get great offers from Visa Checkout. Each week through December 2015 Visa Checkout is offering new money-saving deals with various merchants. Watch the NFL games on FOX or learn more at visacheckout.com/gamedaydeals. Merchant offers and campaign details found at visacheckout.com/gamedaydeals. Visa is a proud sponsor of the NFL.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
12/01	12/01		PAYMENT THANK YOU	\$1,054.19CR	
TOTAL THIS PERIOD				\$1,054.19CR	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
12/03	12/02	9994	AIRESPRING INC. 800-825-1055 CA <i>Phone Service</i>	\$1,068.30	
TOTAL THIS PERIOD				\$1,068.30	

2015 Totals Year-to-Date

Total Fees Charged in 2015	\$0.00
Total Interest Charged in 2015	\$0.00

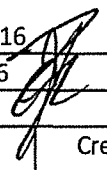
Company Approval

(This area for use by your company)

Signature/Approval: _____

Accounting Code: _____

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

Recorded ARM 1/9/16
Reviewed JP 1/11/16 

Acct #	JE #	Description	Check #	Debit Amount	Credit Amount
10255000		Indigent Healthcare		3,664.67	
40450074		Reimbursement - Calhoun Cty			2,833.61
40015074		Benefits - FICA			144.14
40025074		Benefits - FUTA			-
40040074		Benefits - Retirement			176.87
60320000		Benefits - Insurance			510.05
40220074		Supplies - General			-
40225074		Supplies - Office			-
40230074		Forms			-
40610074		Continuing Education			-
40510074		Outside Services			-
40215074		Freight			-
40600074		Miscellaneous			-
TOTALS				3,664.67	3,664.67

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

REVERSING: YES ☐ NO ☒ APPROVED ON

POSTED

JE # 121530

JAN 15 2016

BY
CALHOUN COUNTY AUDITOR

Indigent Healthcare Program
Incurred by MMC
DECEMBER 2015

Indigent H'care Coordinator Salary	# 40000074	10-Dec	\$ 722.43	
	# 40000074	24-Dec	974.06	
	# 40000074			
	# 40050074			
	# 40050074			
	(# 40010074)		1,137.12	
				2,833.61
Benefits:	#40040074			176.87
FICA	# 40015074	10-Dec	57.69	
	# 40015074	24-Dec	86.45	
	# 40015074			144.14
FUTA	# 40025074	10-Dec	-	
	# 40025074	24-Dec	-	
	# 40025075			-
Other Benefits (18 %)	# 63200000			510.05
General Supplies	# 40220074			-
Office Supplies	# 40225074			-
Forms	#40230074			-
Continuing Education	#40610074			-
Outside Services	#40510074			-
Freight	#40215074			-
Travel	#40600074			-

RUN DATE: 01/09/16
TIME: 10:38

MEMORIAL MEDICAL CENTER
GL DETAIL REPORT - COST CENTER SEQUENCE
FOR: 12/01/15 - 12/31/15

PAGE 1
GLGLDC

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: 12/01/15				40,726.56
	12/01/15	REVERSE ACCRUAL		PR	19 4682 403	-606.08	
	12/10/15	PAY-P.11/27/15 12/10/15		PR	19 4721 44	722.43	
	12/24/15	PAY-P.12/11/15 12/24/15		PR	19 4742 38	974.06	
	12/31/15	Accrual--Days= 7		PR	19 4742 396	487.06	
	12/31	ACTIVITY/END BALANCE				1,577.47	42,304.03
40005074 SALARIES OVERTIM			BEGINNING AND ENDING BALANCE:				81.36
40010074 SALARIES PTO/EIB		-CALHO	BEGINNING BALANCE AS OF: 12/01/15				7,623.06
	12/01/15	REVERSE ACCRUAL		PR	19 4682 499	-321.28	
	12/10/15	Auto PR Bene Accrual Re		PR	19 4681 91	-18.72	
	12/10/15	Auto PR Bene Accrual		PR	19 4720 89	23.24	
	12/10/15	PAY-P.11/27/15 12/10/15		PR	19 4721 90	197.76	
	12/24/15	Auto PR Bene Accrual Re		PR	19 4720 91	-23.24	
	12/24/15	Auto PR Bene Accrual		PR	19 4741 89	125.95	
	12/24/15	PAY-P.12/11/15 12/24/15		PR	19 4742 89	939.36	
	12/31/15	Accrual--Days= 7		PR	19 4742 498	469.70	
	12/31	ACTIVITY/END BALANCE				1,392.77	9,015.83
40015074 FICA		-CALHO	BEGINNING BALANCE AS OF: 12/01/15				4.14
	12/01/15	REVERSE ACCRUAL		PR	19 4682 687	-42.32	
	12/01/15	REVERSE ACCRUAL		PR	19 4682 749	-9.88	
	12/10/15	PAY-P.11/27/15 12/10/15		PR	19 4721 367	10.93	
	12/10/15	PAY-P.11/27/15 12/10/15		PR	19 4721 398	46.76	
	12/24/15	PAY-P.12/11/15 12/24/15		PR	19 4742 535	16.38	
	12/24/15	PAY-P.12/11/15 12/24/15		PR	19 4742 566	70.07	
	12/31/15	Accrual--Days= 7		PR	19 4742 680	35.07	
	12/31/15	Accrual--Days= 7		PR	19 4742 742	8.19	
	12/31	ACTIVITY/END BALANCE				135.20	139.34
40025074 FUT			BEGINNING AND ENDING BALANCE:				-2.10
40040074 RETIREMENT		-CALHO	BEGINNING BALANCE AS OF: 12/01/15				17.60
	12/01/15	REVERSE ACCRUAL		PR	19 4682 875	-60.00	
	12/10/15	PAY-P.11/27/15 12/10/15		PR	19 4721 460	73.80	
	12/24/15	PAY-P.12/11/15 12/24/15		PR	19 4742 628	103.07	
	12/31/15	Accrual--Days= 7		PR	19 4742 864	51.52	
	12/31	ACTIVITY/END BALANCE				168.39	185.99
40450074 REIMBURSEMENT			BEGINNING AND ENDING BALANCE:				-49,054.76
			COST CENTER TOTAL:			3,273.83	

RUN DATE: 01/09/16
TIME: 10:38

MEMORIAL MEDICAL CENTER
GL DETAIL REPORT - COST CENTER SEQUENCE
FOR: 12/01/15 - 12/31/15

PAGE 2
GLGLDC

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
ENDING BALANCE GRAND TOTAL:							2,669.69
GRAND TOTAL ACTIVITY:							3,273.83

APPROVED
ON

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- JANUARY 2016

JAN 15 2016

BY
CALHOUN COUNTY AUDITOR

Monthly Electronic Transfers for Operating Expenses

12/1/2015 Mckesson Drug Auto ACH	- 340B Drug Program Expense
12/1/2015 Mckesson Drug Auto ACH	- 340B Drug Program Expense
12/1/2015 Mckesson Drug Auto ACH	- 340B Drug Program Expense
12/2/2015 IBC Merch Bank Discount	- Credit Card Processing Fee
12/2/2015 IBC Merch Bank Fee	- Credit Card Processing Fee
12/2/2015 Cardmember Service	- IBC Credit Card Invoice
12/3/2015 IBC Merch Bank Interchg	- Credit Card Processing Fee
12/3/2015 IBC Merch Bank Discount	- Credit Card Processing Fee
12/3/2015 IBC Merch Bank Fee	- Credit Card Processing Fee
12/3/2015 IBC Merch Bank Fee	- Credit Card Processing Fee
12/3/2015 IBC Merch Bank Fee	- Credit Card Processing Fee
12/3/2015 IBC Merch Bank Fee	- Credit Card Processing Fee
12/3/2015 IBC Merch Bank Discount	- Credit Card Processing Fee
12/3/2015 IBC Merch Bank Interchg	- Credit Card Processing Fee
12/3/2015 IBC Merch Bank Interchg	- Credit Card Processing Fee
12/3/2015 IBC Merch Bank Fee	- Credit Card Processing Fee
12/3/2015 IBC Merch Bank Discount	- Credit Card Processing Fee
12/3/2015 IBC Merch Bank Interchg	- Credit Card Processing Fee
12/3/2015 ACS SLS Expertpay	- Child Support
12/3/2015 IBC Merch Bank Discount	- Credit Card Processing Fee
12/3/2015 IBC Merch Bank Interchg	- Credit Card Processing Fee
12/3/2015 IBC Merch Bank Discount	- Credit Card Processing Fee
12/3/2015 Memorial Medical Payroll	- Payroll
12/7/2015 FDGL Lease Payment	- Credit Card Machine Lease Expense
12/7/2015 FDGL Lease Payment	- Credit Card Machine Lease Expense
12/7/2015 FDGL Lease Payment	- Credit Card Machine Lease Expense
12/8/2015 Vivonet Acquisit Payment	- Credit Card Machine Lease Expense
12/8/2015 Mckesson Drug Auto ACH	- 340B Drug Program Expense
12/8/2015 Mckesson Drug Auto ACH	- 340B Drug Program Expense
12/8/2015 Mckesson Drug Auto ACH	- 340B Drug Program Expense
12/8/2015 State Comptlr Texnet	- IGT Final 2015 DSH Payment
12/10/2015 FDGL Lease Payment	- Credit Card Machine Lease Expense
12/10/2015 IRS USATAXPYMT	- Payroll Taxes
12/15/2015 Mckesson Drug Auto ACH	- 340B Drug Program Expense
12/15/2015 Mckesson Drug Auto ACH	- 340B Drug Program Expense
12/15/2015 Webfile Tax Portal	- Sales Tax
12/15/2015 Mckesson Drug Auto ACH	- 340B Drug Program Expense
12/15/2015 Texas County DRS	- Retirement Funding
12/17/2015 ACS SLS Expertpay	- Child Support
12/17/2015 Memorial Medical Payroll	- Payroll
12/18/2015 State Comptlr Texnet	- IGT DSH IGT Pass 3
12/21/2015 Telecheck	- Credit Card Processing Fee
12/22/2015 Mckesson Drug Auto ACH	- 340B Drug Program Expense
12/22/2015 Mckesson Drug Auto ACH	- 340B Drug Program Expense
12/23/2015 IRS USATAXPYMT	- Payroll Taxes
12/29/2015 Mckesson Drug Auto ACH	- 340B Drug Program Expense
12/29/2015 Mckesson Drug Auto ACH	- 340B Drug Program Expense
12/31/2015 ACS SLS Expertpay	- Child Support
12/31/2015 Cardmember Service	- IBC Credit Card Invoice
12/31/2015 Cardmember Service	- IBC Credit Card Invoice
12/31/2015 Memorial Medical Payroll	- Payroll

334.67

-699.82

.804.70

+ 19.95

+ 29.95

1,054.19

+ 2.14

+ 14.36

+ 16.51

+ 47.41

+ 60.42

+ 63.59

+ 111.55

+ 124.95

+ 134.36

+ 154.48

+ 212.75

+ 238.52

362.31

+ 382.54

+ 703.40

+ 1,203.79

256,431.71

+ 59.25

+ 59.25

+ 86.30

+ 99.00

469.55

-542.78

-1,449.25

(35,425.82)

+ 30.17

94,976.32

-557.93

-763.73

+ 1,166.55

1,259.24

116,274.62

362.31

250,662.23

(241,018.90)

+ 5.00

-661.87

990.38

91,164.47

-361.39

-666.38

362.31

1,068.30

-3,076.23

259,154.06

\$ 1,365,981.66

already reported

EC

12/1/15 180.72 12/3/15

2461.58

2580.90

12/17/15

+ 268.82 = 250,931.05

1652.25

1927.77

CC

CC

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.

Jan 5, 2016
Payroll Taxes
96,172.86

[Signature]

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED

3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	12/11/15	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	12/24/15					
PAY DATE:	12/31/15					
GROSS PAY:	\$ 379,796.11					\$ 379,796.11
DUCTIONS:						
BOOTS	\$ 804.50					\$ 804.50
CAFÉ-C	\$ -					\$ -
CAFÉ-D	\$ 1,173.96					\$ 1,173.96
CAFÉ-H	\$ 11,477.11					\$ 11,477.11
CAFÉ-I	\$ -					\$ -
CAFÉ-L	\$ -					\$ -
CAFÉ-P	\$ -					\$ -
CANCER	\$ -					\$ -
CLINIC	\$ 90.00					\$ 90.00
COMBIN	\$ -					\$ -
CREDUN	\$ -					\$ -
DENTAL	\$ 270.00					\$ 270.00
DEP-LF	\$ -					\$ -
EAT	\$ 51.25					\$ 51.25
FED TAX	\$ 39,999.68					\$ 39,999.68
FICA-M	\$ 5,323.62					\$ 5,323.62
FICA-O	\$ 22,763.05					\$ 22,763.05
FLEX S	\$ -					\$ -
FLX-FE	\$ -					\$ -
GIFT S	\$ 277.12					\$ 277.12
GRP-IN	\$ -					\$ -
GTL	\$ 6,898.00					\$ 6,898.00
HOSP-I	\$ 2,170.00					\$ 2,170.00
MISC	\$ -					\$ -
OTHER	\$ 1,582.79					\$ 1,582.79
PHI	\$ -					\$ -
PR FIN	\$ -					\$ -
RELAY	\$ -					\$ -
REPAY	\$ -					\$ -
STONE	\$ 1,457.50					\$ 1,457.50
IE2	\$ 75.00					\$ 75.00
SDEN	\$ 125.55					\$ 125.55
TSA-R	\$ 26,102.92					\$ 26,102.92
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 120,642.05	\$ -	\$ -	\$ -	\$ -	\$ 120,642.05
NET PAY:	\$ 259,154.06	\$ -	\$ -	\$ -	\$ -	\$ 259,154.06
TOTAL CAFÉ 125 PLAN:	\$ 12,651.07					
TAXABLE PAY:	\$ 367,145.04	\$ 367,145.04				

	CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45% \$ 5,323.60		
FICA - MED (EE)	1.45% \$ 5,323.60	\$ 5,323.62	\$ (0.02)
FICA - SOC SEC (ER)	6.20% \$ 22,762.99		
FICA - SOC SEC (EE)	6.20% \$ 22,762.99	\$ 22,763.05	\$ (0.06)
FED WITHHOLDING	\$ 39,999.68	\$ 39,999.68	
TAX DEPOSIT:	\$ 96,172.86	\$ 96,173.02	\$ (0.16)
FICA - MEDICARE	2.90% \$ 10,647.20		
FICA - SOCIAL SECURITY	12.40% \$ 45,525.98		
FED WITHHOLDING	\$ 39,999.68		
TOTAL TAX:	\$ 96,172.86		

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

PREPARED BY:	Clarri Atkinson
PREPARED DATE:	12/30/2015

TOLL FREE 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"

☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"

★ #

☐ "IF FEDERAL TAX DEPOSIT ENTER 1"

☐ "ENTER 2-DIGIT TAX FILING YEAR"

★

☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"

★

1ST QTR - 03 (MARCH) - Jan, Feb, Mar

2ND QTR - 06 (JUNE) - Apr, May, June

3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept

4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"
"1 TO CONFIRM"

★

\$ 91,164.47	#
1	

"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"

\$ 42,706.06	#
--------------	---

"ENTER W/CENTS AMOUNT OF MEDICARE"

\$ 10,184.86	#
--------------	---

"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"

\$ 38,273.55	#
--------------	---

CHECK

☐ "6-DIGIT SETTLEMENT DATE"
"1 TO CONFIRM"

★

\$ -
12/23/2015
1

☐ ACKNOWLEDGEMENT NUMBER

CALLED IN BY:

CALLED IN DATE:

CALLED IN TIME:

*Electronic
Funds Transfer*

230535700000396

230535700000396

wire id# 685559

REVISED 3/18/2014

****ENTER VOID CKS AS NEGATIVE NUMBERS****

12/23/2015

Run Date: 12/17/15

Time: 15:12

Department 005

MEMORIAL MEDICAL CENTER

Payroll Register (Bi-Weekly)

Pay Period 11/27/15 - 12/10/15 Run# 2

Dept. Sequence

Page 1

P2REG

```

*-- Employee -----*-- Time -----*-- Deductions -----*
|Num/Type/Name/Pay/Exempt|PayCd Dept Hrs |OT|SH|WE|HO|CB| Rate Gross | Code Amount |
*-----*-----*-----*
05983 FT Hrly: 24.5500 2 005 3.75 N N N N 27.8000 104.25 FEDTAX 22.95 FICA-M 4.96 FICA-O 21.19
XANDRA A ALFORD 3 005 8.25 N N N N 28.8000 237.60 TSA-R 23.93
Fed-Ex: S-00 St-Ex: 0-00
*-----* Total: 12.00 ----- ( Gross: 341.85 Deductions: 73.03 Net: 268.82 )

```

Department Summary

```

*-- Pay Code Summary -----*-- Deductions Summary -----*
| PayCd Description Hrs |OT|SH|WE|HO|CB| Gross | Code Amount |
*-----*-----*-----*
2 REGULAR PAY-S2 3.75 N N N N 104.25 A/R AWARDS BOOTS
3 REGULAR PAY-S3 8.25 N N N N 237.60 CAFE H CAFE-C CAFE-D
CAFE-F CAFE-H CAFE-I
CAFE-L CAFE-P CANCER
CLINIC COMBIN CREDUN
DENTAL DEP-LF BAT
FEDTAX 22.95 FICA-M 4.96 FICA-O 21.19
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 23.93 TUTION
UW/HOS

```

```

*----- Department Totals: 12.00 ----- ( Gross: 341.85 Deductions: 73.03 Net: 268.82 )
| Checks Count:- FT 1 PT Other Female 1 Male Credit OverAmt ZeroNet Term Total: 1 |
*-----*

```


TOLL FREE 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"☒ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"★ # ✓☒ "IF FEDERAL TAX DEPOSIT ENTER 1"☒ "ENTER 2-DIGIT TAX FILING YEAR"★ ✓☒ "ENTER 2-DIGIT TAX FILING ENDING MONTH"★ ✓

1ST QTR - 03 (MARCH) - Jan, Feb, Mar

2ND QTR - 06 (JUNE) - Apr, May, June

3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept

4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☒ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"
"1 TO CONFIRM"★ # ✓

"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"

"ENTER W/CENTS AMOUNT OF MEDICARE"

 #

"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"

 # #☒ "6-DIGIT SETTLEMENT DATE"
"1 TO CONFIRM"

CHECK

★ ✓☒ ACKNOWLEDGEMENT NUMBER**CALLED IN BY:**
CALLED IN DATE:
CALLED IN TIME:

REVISED 3/18/2014

11/13/15
11/26/15
12/03/15

<u>VOIDED CK (1)</u>	<u>VOIDED CK (2)</u>	<u>ADDITIONAL CK (1)</u>	<u>ADDITIONAL CK (1)</u>
----------------------	----------------------	--------------------------	--------------------------

\$ 378,169.95

\$	797.10
\$	17.50
\$	717.41
\$	1,190.07
\$	11,639.91
\$	168.49
\$	363.32
\$	398.30
\$	28.50
\$	60.00
\$	1,343.76
\$	25.00
\$	277.50
\$	501.87
\$	468.75
\$	40,481.74
\$	5,248.55
\$	21,998.81
\$	1,725.28
\$	69.50
\$	136.14
\$	129.26
\$	-
\$	2,240.00
\$	-
\$	810.47
\$	2,120.00
\$	456.33
\$	-
\$	-
\$	1,457.50
\$	75.00
\$	139.47
\$	26,471.99
\$	-

\$ 121,557.52

\$ 256,612.43

Exempt Amt:

Employees over FICA-SS Cap:	\$	-
Jason Anglin	\$	7,148.25

Paycode S - Employee Reimb.:
Roshanda S. Gray
TOTAL: \$ 7,148.25

FICA - MEDICARE	2.90%	\$	10,497.04
FICA - SOCIAL SECURITY	12.40%	\$	43,997.54
FED WITHHOLDING		\$	40,481.74
TOTAL TAX:		\$	94,976.32

PREPARED BY: ~~Glarrri Atkinson~~ Chieka Eoby
PREPARED DATE: 12/7/2015

Run Date: 12/03/15
Time: 08:58
Department 002

MEMORIAL MEDICAL CENTER
Payroll Register (Bi-Weekly)
Pay Period 11/13/15 - 11/26/15 Run# 3
Dept. Sequence

Page 1
P2REG

-- E m p l o y e e ------- T i m e -----*										*-- D e d u c t i o n s -----*						
Num/Type/Name/Pay/Exempt	PayCd	Dept	Hrs	OT	SH	WE	HO	CB	Rate	Gross	Code	Amount				
02064 N Hrly: 17.0000	2	002	4.00	N		N	N	N	18.5000	74.00	FEDTAX	12.17	FICA-M	3.28	FICA-O	14.01
ANNA LAURA GARCIA	3	002	8.00	N		N	N	N	19.0000	152.00	TSA-R	15.82				
Fed-Ex: S-00 St-Ex: -00																
----- Total: 12.00 -----										(Gross: 226.00	Deductions: 45.28	Net: 180.72)				

Department Summary

-- P a y C o d e S u m m a r y -----										*-- D e d u c t i o n s S u m m a r y -----*				
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount				
2	REGULAR PAY-S2	4.00	N		N	N	N	74.00	A/R	AWARDS	BOOTS			
3	REGULAR PAY-S3	8.00	N		N	N	N	152.00	CAFE H	CAFE-C	CAFE-D			
									CAFE-P	CAFE-H	CAFE-I			
									CAFE-L	CAFE-P	CANCER			
									CLINIC	COMBIN	CREDUN			
									DENTAL	DEP-LF	EAT			
									FEDTAX	12.17	FICA-M	3.28	FICA-O	14.01
									FLEX S	FLX FE	FORT D			
									FUTA	GIFT S	GRANT			
									GRP-IN	GTL	HOSP-I			
									ID TFF	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	15.82	TUTION		
									UW/HOS					

*----- Department Totals: 12.00 -----		(Gross: 226.00	Deductions: 45.28	Net: 180.72)					
Checks Count:- FT	PT	Other	1 Female	1 Male	Credit	OverAmt	ZeroNet	Term	Total: 1

Jasun - 7,350.00
+ 201.75 Cofe
7148.25



BANK

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

STATEMENT

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CUSTOMER NO.

PAGE NO.

1 of 2

12/01/2015 to 12/31/2015

STATEMENT PERIOD

8/NE/131/019/2680
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

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		
342,368.24	21	455,680.99	4	786,181.67	11,867.56		
Deposits (Credits)							
Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#
12/01	164,918.54	164,379.52	12/11		20,488.50	12/24	
12/03		71,580.64	12/17		14,650.09		
Electronic Activity							
Credits							
12/01	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005					439.02
12/04	Electronic Deposit	Molina HC of TX Molina HC PN1326436189					46.33
12/10	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423					233.58
12/14	Electronic Deposit	Molina HC of TX Molina HC PN1326436189					12,511.86
12/14	Electronic Deposit	Molina HC of TX Molina HC PN1326436189					8,764.12
12/15	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423					333.37
12/15	Electronic Deposit	PaySpan PaySpan					0.06
12/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423					2,060.79
12/21	Electronic Deposit	Molina HC of TX Molina HC PN1326436189					37,972.61
12/21	Electronic Deposit	Molina HC of TX Molina HC PN1326436189					18,649.39
12/22	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005					12,663.24
12/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423					46,844.02
12/23	Electronic Deposit	Molina HC of TX Molina HC PN1326436189					3,215.19
12/24	Electronic Deposit	Molina HC of TX Molina HC PN1326436189					12,006.83
12/28	Electronic Deposit	Molina HC of TX Molina HC PN1326436189					5,679.80
12/29	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005					6,087.76
						186,745.84	
						Outstanding	
						11,767.56	
Debits							
12/01	Outgoing Wire	0195 ASHFORD HEALTH CARE CENTER LTD					342,268.24
12/09	Outgoing Wire	0054 ASHFORD HEALTH CARE CENTER LTD					236,445.51
12/16	Outgoing Wire	0418 ASHFORD HEALTH CARE CENTER LTD					20,772.08
12/29	Outgoing Wire	0004 ASHFORD HEALTH CARE CENTER LTD					186,695.84
						Over (50)	
						Short (50)	
Daily Ending Balance							
12/01		164,918.54	12/14		42,098.06	12/22	107,655.53
12/03		236,499.18	12/15		42,431.49	12/23	157,714.74
12/04		236,545.51	12/16		21,659.41	12/24	186,795.84
12/09		100.00	12/17		36,309.50	12/28	192,475.64
12/10		333.58	12/18		38,370.29	12/29	11,867.56
12/11		20,822.08	12/21		94,992.29		



BANK

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

STATEMENT

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CUSTOMER NO. PAGE NO.

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12/01/2015 to 12/31/2015

STATEMENT PERIOD

8/NE/131/019/2686
MEMORIAL MEDICAL CENTER COUNTY OF CALHOUN
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

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
449,583.32	15	655,517.61	4	682,819.28	422,281.65
Deposits (Credits)					
Date	Deposit#	Amount	Date	Deposit#	Amount
12/01		6,333.63	12/11		42,168.30
12/03		28,185.20	12/11		27.00
			12/17		65,757.04
			12/24		42,665.67
Electronic Activity					
Credits					
12/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357			7,764.94
12/10	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004			4,009.72
12/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357			14,164.39
12/18	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004			8,659.83
12/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357			13,600.24
12/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357			195,244.17
12/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357			209,220.99
12/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357			15,101.56
12/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357			2,614.93
Debits					
12/01	Outgoing Wire	0197 CANTEX HEALTH CARE CENTERS III			445,039.96
12/09	Outgoing Wire	0057 CANTEX HEALTH CARE CENTERS III			46,727.13
12/16	Outgoing Wire	0421 CANTEX HEALTH CARE CENTERS III			46,205.02
12/29	Outgoing Wire	0009 CANTEX HEALTH CARE CENTERS III			144,847.17
Daily Ending Balance					
12/01		18,641.93	12/16		100.00
12/03		46,827.13	12/17		65,857.04
12/09		100.00	12/18		88,681.26
12/10		4,109.72	12/24		144,947.17
12/11		46,305.02	12/28		340,191.34
			12/29		404,565.16
			12/30		419,666.72
			12/31		422,281.65

OK
422,181.65

(4,413.36) Short
445,039.96
46,727.13
46,205.02
144,847.17



BANK

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

STATEMENT

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CUSTOMER NO. PAGE NO.

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12/01/2015 to 12/31/2015

STATEMENT PERIOD

MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

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
4,765.32	20	335,201.32	3	317,903.19	22,063.45
Deposits (Credits)					
Date	Deposit#	Amount	Date	Deposit#	Amount
12/01		63,774.50	12/11		37,912.29
12/03	91307.03	27,532.53	12/17		43,796.59
Electronic Activity					
Credits					
12/10	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008			4,002.80
12/11	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008			12,123.80
12/14	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008			8,408.53
12/14	Electronic Deposit	Molina HC of TX Molina HC PN1669860425			5,060.90
12/15	Electronic Deposit	PaySpan PaySpan			0.18
12/17	Electronic Deposit	Molina HC of TX Molina HC PN1669860425			4,859.49
12/18	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008			3,602.52
12/21	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008			2,601.82
12/24	Electronic Deposit	Molina HC of TX Molina HC PN1669860425			14,472.91
12/24	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008			9,692.92
12/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 15122314800736			7,091.29
12/29	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008			2,001.40
12/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 15122613900526			952.73
12/30	Electronic Deposit	Molina HC of TX Molina HC PN1669860425			410.08
12/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323			11,507.95
Debits					
12/09	Outgoing Wire	0056 CANTEX HEALTH CARE CENTERS III			95,972.35
12/16	Outgoing Wire	0420 CANTEX HEALTH CARE CENTERS III			54,038.89
12/29	Outgoing Wire	0006 CANTEX HEALTH CARE CENTERS III			167,891.95
Daily Ending Balance					
12/01		68,539.82	12/15		67,608.50
12/03		96,072.35	12/16		13,569.61
12/09		100.00	12/17		62,225.69
12/10		4,102.80	12/18		65,828.21
12/11		54,138.89	12/21		68,430.03
12/14		67,608.32	12/24		167,991.95
			12/28		175,083.24
			12/29		10,145.42
			12/30		10,555.50
			12/31		22,063.45



BANK

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

STATEMENT

CUSTOMER NO.

PAGE NO.

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12/01/2015 to 12/31/2015

STATEMENT PERIOD

8/NE/131/019/2688
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

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
192,268.42	13	121,501.84	4	291,252.94	22,517.32
Deposits (Credits)					
Date	Deposit#	Amount	Date	Deposit#	Amount
12/01		22,374.83	12/11		9,674.37
12/03		21,508.93			
Electronic Activity					
Credits					
12/10	Electronic Deposit	Molina HC of TX Molina HC PN1730577503			354.46
12/11	Electronic Deposit	Molina HC of TX Molina HC PN1730577503			24,074.81
12/14	Electronic Deposit	Molina HC of TX Molina HC PN1730577503			749.84
12/15	Electronic Deposit	PaySpan PaySpan			0.02
12/21	Electronic Deposit	Molina HC of TX Molina HC PN1730577503			11,897.21
12/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 15122314800737			6,336.94
12/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663			1,613.18
12/30	Electronic Deposit	Molina HC of TX Molina HC PN1730577503			12,402.47
12/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 15122912300110			2,064.73
Debits					
12/01	Outgoing Wire	0198 CANTEX HEALTH CARE CENTERS III			192,168.42
12/09	Outgoing Wire	0058 CANTEX HEALTH CARE CENTERS III			43,883.76
12/16	Outgoing Wire	0422 CANTEX HEALTH CARE CENTERS III			34,103.64
12/29	Outgoing Wire	0010 CANTEX HEALTH CARE CENTERS III			21,097.12
Daily Ending Balance					
12/01		22,474.83	12/14		34,953.48
12/03		43,983.76	12/15		34,953.50
12/09		100.00	12/16		849.86
12/10		454.46	12/17		9,299.91
12/11		34,203.64	12/21		21,197.12
			12/28		27,534.06
			12/29		8,050.12
			12/30		20,452.59
			12/31		22,517.32

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

STATEMENT

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CUSTOMER NO. PAGE NO.

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12/01/2015 to 12/31/2015

STATEMENT PERIOD

MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

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 714,914.09	Number of Credits 24 Deposits (Credits) 456,628.34	Number of Debits 4 Withdrawals (Debits) 1,051,060.60
		Closing Balance 120,481.83

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
12/01		26,552.05	12/11		33,826.16	12/24		49,651.36
12/03		30,616.80	12/17		1,254.60			

Electronic Activity

Credits								
12/10	Electronic Deposit	Molina HC of TX Molina HC PN1669860433						3,092.73
12/10	Electronic Deposit	Molina HC of TX Molina HC PN1669860433						1,831.44
12/10	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007						560.76
12/14	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						272.68
12/15	Electronic Deposit	PaySpan PaySpan						0.11
12/17	Electronic Deposit	Molina HC of TX Molina HC PN1669860433						868.78
12/18	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007						5,614.91
12/18	Electronic Deposit	Molina HC of TX Molina HC PN1669860433						1,129.54
12/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						177,732.16
12/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 15122213000313						2,122.73
12/24	Electronic Deposit	Molina HC of TX Molina HC PN1669860433						1,119.70
12/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 15122314800741						3,123.19
12/28	Electronic Deposit	Molina HC of TX Molina HC PN1669860433						1,119.70
12/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						76,645.96
12/29	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007						1,385.55
12/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						11,544.63
12/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						12,184.46
12/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 15122912300114						10,081.39
12/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 15122913100051						4,296.95

O/S
120,381.83

Debits								
12/01	Outgoing Wire	0196 CANTEX HEALTH CARE CENTERS LLC						714,814.09
12/09	Outgoing Wire	0055 CANTEX HEALTH CARE CENTERS LLC						57,168.85
12/16	Outgoing Wire	0419 CANTEX HEALTH CARE CENTERS LLC						39,311.09
12/29	Outgoing Wire	0005 CANTEX HEALTH CARE CENTERS LLC						239,766.57

Daily Ending Balance

12/01	26,652.05	12/15	39,683.88	12/24	239,866.57
12/03	57,268.85	12/16	372.79	12/28	244,109.46
12/09	100.00	12/17	2,496.17	12/29	82,374.40
12/10	5,584.93	12/18	9,240.62	12/30	93,919.03
12/11	39,411.09	12/21	186,972.78	12/31	120,481.83
12/14	39,683.77				

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

STATEMENT

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CUSTOMER NO.**PAGE NO.**

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12/01/2015 to 12/31/2015

STATEMENT PERIOD**C
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8/NE/131/019/2601

MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

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
25,069.79	0	0.00	0	0.00	25,069.79

Notice to Customers: A CTR Reference Guide

Why is my financial institution asking me for identification and personal information?

Federal law requires financial institutions to report currency (cash or coin) transactions over \$10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over \$10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

Can I break up my currency transactions into multiple, smaller amounts to avoid being reported to the government?

No. This is called "structuring." Federal law makes it a crime to break up transactions into smaller amounts for the purpose of evading the CTR reporting requirement and this may lead to a required disclosure from the financial institution to the government. Structuring transactions to prevent a CTR from being reported can result in imprisonment for not more than five years and/or a fine of up to \$250,000. If structuring involves more than \$100,000 in a twelve month period or is performed while violating another law of the United States, the penalty is doubled.



BANK

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

CUSTOMER

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

8/NE/131/019/3203

STATEMENT

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CUSTOMER NO.

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12/01/2015 to 12/31/2015

STATEMENT PERIOD

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

Regular Checking			Account Recap		Account Number -	
Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance	
3,369.39	2	137,604.87	14	134,081.00	6,893.26	
Deposits (Credits)						
Date	Deposit#	Amount	Date	Deposit#	Amount	
12/01		71,151.80	12/30		66,453.07	
Checks (Debits)						
Date	Check #	Amount	Date	Check #	Amount	
12/15	11760	76.72	12/01	11766	8,979.51	12/15 11771 185.02
12/14 *	11762	1,792.58	12/01	11767	55,001.68	12/10 11772 2,314.97
12/16	11763	521.78	12/15	11768	895.30	12/30 * 11780 7,914.95
12/14	11764	430.01	12/24	11769	46.73	12/30 11781 54,621.06
12/15	11765	126.44	12/10	11770	1,174.25	
* Indicates a skip in check number sequence						
Daily Ending Balance						
12/01		10,540.00	12/15		3,544.71	12/24 2,976.20
12/10		7,050.78	12/16		3,022.93	12/30 6,893.26
12/14		4,828.19				

Notice to Customers: A CTR Reference Guide

Why is my financial institution asking me for identification and personal information?

Federal law requires financial institutions to report currency (cash or coin) transactions over \$10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over \$10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

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311 North Virginia
Port Lavaca, Texas 77979

STATEMENT

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COUNTY OF CALHOUN TEXAS
CALHOUN COUNTY OPERATING
MONEY MARKET ACCOUNT
***** HOLD MAIL/PORT LAVACA *****
PORT LAVACA TX 77979

8/NO/131/019/1664

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
446,406.29	16	352,403.79	0	0.00	798,810.08
Electronic Activity					
Credits					
12/01	Electronic Deposit	TEXAS COMPTROLLER INV-PAYMTS 17460019239000			26,050.00
12/01	Electronic Deposit	36 TREAS 310 MISC PAY 746001923360012			431.48
12/02	Electronic Deposit	NOVITAS HCCLAIMPMT 1245338433			6,139.96
12/03	Electronic Deposit	USDA TREAS 310 MISC PAY 746001923124012			1,800.00
12/08	Electronic Deposit	HIC EFFPAYMENT 245288			654.54
12/09	Electronic Deposit	HIC HCCLAIMPMT 245288			107.99
12/11	Electronic Deposit	TEXAS COMPTROLLER INV-PAYMTS 17460019239024			278,116.41
12/14	Electronic Deposit	TEXAS COMPTROLLER INV-PAYMTS 17460019239000			17,959.00
12/17	Electronic Deposit	TEXAS COMPTROLLER INV-PAYMTS 17460019239000			326.54
12/18	Electronic Deposit	NOVITAS HCCLAIMPMT 1245338433			1,024.65
12/21	Electronic Deposit	NOVITAS HCCLAIMPMT 1245338433			12,858.59
12/22	Electronic Deposit	HIC HCCLAIMPMT 245288			138.31
12/28	Electronic Deposit	NOVITAS HCCLAIMPMT 1245338433			2,721.87
12/28	Electronic Deposit	USDA TREAS 310 MISC PAY 746001923124012			138.60
12/29	Electronic Deposit	NOVITAS HCCLAIMPMT 1245338433			3,485.85
12/29	Electronic Deposit	USDA TREAS 310 MISC PAY 746001923124012			450.00
Daily Ending Balance					
12/01	472,887.77	12/11	759,706.67	12/21	791,875.45
12/02	479,027.73	12/14	777,665.67	12/22	792,013.76
12/03	480,827.73	12/17	777,992.21	12/28	794,874.23
12/08	481,482.27	12/18	779,016.86	12/29	798,810.08
12/09	481,590.26				



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

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			
1,493,884.21	303	3,778,685.09	522	2,521,922.60	2,750,646.70			
Deposits (Credits)								
Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
12/01		79,032.76	12/10		22,712.20	12/21		49,122.18
12/01		633.71	12/10		1,308.30	12/21		257.00
12/02		21,161.97	12/11		25,162.38	12/22		979,540.93
12/02		247.38	12/11		293.53	12/22		1,330.30
12/03		17,299.34	12/14		79,970.23	12/23		6,901.51
12/03		1,521.39	12/14		295.33	12/23		2,534.51
12/04		31,099.50	12/15		1,477.44	12/24		3,153.74
12/04		2,462.53	12/15		229.98	12/24		120.00
12/07		58,883.15	12/16		4,168.78	12/28		91,111.63
12/07		225.60	12/16		315.20	12/29		5,501.46
12/07		15.00	12/17		35,145.22	12/29		214.70
12/08		17,513.44	12/17		2,660.35	12/30		77,225.55
12/08		477.00	12/17		1,257.99	12/30		769.33
12/09		13,268.30	12/18		16,845.48	12/31		16,251.56
12/09		2,026.80	12/18		318.80	12/31		1,390.20
Checks (Debits)								
Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
12/07	61782	180.72	12/04	163881	667.87	12/01	163910	2,109.00
12/29	61783	268.82	12/07	163882	42.95	12/02 *	163912	1,457.50
12/02 *	163813	1,725.28	12/01 *	163884	3,660.46	12/02	163913	2,144.65
12/02	163814	15,000.00	12/01	163885	1,876.80	12/14	163914	425.00
12/02 *	163817	1,457.50	12/01	163886	195.00	12/02	163915	75.00
12/01 *	163819	75.00	12/02	163887	7,280.00	12/04 *	163917	900.84
12/04 *	163822	200.00	12/01	163888	198.00	12/03	163918	799.00
12/07 *	163824	562.00	12/01	163889	1,200.00	12/01 *	163920	1,060.36
12/01 *	163829	495.00	12/02	163890	16,218.06	12/02 *	163922	273.26
12/01 *	163854	225.00	12/01	163891	290.74	12/03	163923	308.88
12/01 *	163862	2,211.63	12/01	163892	551.74	12/09	163924	2,817.50
12/01 *	163864	155.19	12/01	163893	1,650.00	12/02	163925	38.32
12/03	163865	1,137.22	12/01 *	163895	5,264.16	12/04	163926	143.92
12/02	163866	5,253.16	12/01	163896	295.00	12/01	163927	32.95
12/02	163867	152.25	12/07 *	163898	190.95	12/07 *	163930	284.95
12/02 *	163869	346.34	12/01	163899	1,944.00	12/02	163931	633.22
12/03	163870	307.00	12/01	163900	11.99	12/01	163932	619.62
12/02	163871	445.83	12/01	163901	95.00	12/02	163933	2,251.76
12/01	163872	8,231.24	12/02	163902	247.13	12/01	163934	121.03
12/15	163873	750.00	12/03	163903	2,249.29	12/01	163935	19.34
12/01	163874	8,333.33	12/07	163904	1,725.28	12/01 *	163937	44.28
12/01	163875	332.97	12/01	163905	14,465.43	12/03 *	163940	10,189.22
12/01	163876	2,073.36	12/03	163906	1,350.66	12/09	163941	141.82
12/02	163877	1,676.91	12/03	163907	6,145.37	12/03 *	163944	360.00
12/01	163878	2,413.48	12/08	163908	3,501.02	12/04	163945	305.02
12/02 *	163880	2,285.45	12/01	163909	1,400.00	12/02	163946	18,844.91

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

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MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

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12/01/2015 to 12/31/2015

STATEMENT PERIOD

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

12/28	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	279.18
12/28	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	269.89
12/28	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	181.69
12/28	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	134.96
12/28	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	125.49
12/28	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1497153589	108.77
12/28	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	100.00
12/28	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	46.12
12/28	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	31.64
12/28	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	5.32
12/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113000	574,538.50
12/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	48,285.02
12/29	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	10,318.63
12/29	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C15358E47001400	8,914.36
12/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	1,472.25
12/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	400.00
12/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	388.70
12/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	275.42
12/29	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C15358E04391670	136.77
12/29	Electronic Deposit	DRISCOLL CHP Claim Pmt MEMORIAL MEDICA	60.21
12/30	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	25,614.38
12/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C15362E47110810	9,878.72
12/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	3,067.34
12/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	2,385.04
12/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	798.00
12/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	430.96
12/30	Electronic Deposit	NOVITAS HCCLAIMPMT 1104203181	253.89
12/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	243.04
12/30	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	53.89
12/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	39,469.84
12/31	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C15363E47218000	13,845.24
12/31	Electronic Deposit	TMHP HCCLAIMPMT xxxxx9111	5,334.89
12/31	Electronic Deposit	NOVITAS HCCLAIMPMT 1689630865	3,598.60
12/31	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	3,596.32
12/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	1,272.95
12/31	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	779.87
12/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	698.83
12/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	324.35
12/31	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	133.47
12/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	108.33
12/31	Electronic Deposit	DRISCOLL CHP Claim Pmt MEMORIAL MEDICA	77.68
12/31	Electronic Deposit	DRISCOLL CHILDRE Claim Pmt MEMORIAL MEDICA	63.21
Debits			
12/01	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02673866	334.67
12/01	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02673950	699.82
12/01	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02673961	804.70
12/02	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
12/02	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95



BANK

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

CASH/DEBIT

8/NE/131/019/3201

MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO. PAGE NO.

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12/01/2015 to 12/31/2015

STATEMENT PERIOD

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

12/02	Electronic Payment	CARDMEMBER SERV ELECT PYMT	1,054.19
12/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160912889	2.14
12/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160912889	14.36
12/03	Electronic Payment	IBC MERCH BNKCD FEE 971160912889	16.51
12/03	Electronic Payment	IBC MERCH BNKCD FEE 971160914885	47.41
12/03	Electronic Payment	IBC MERCH BNKCD FEE 971160911881	60.42
12/03	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	63.59
12/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885	111.55
12/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887	124.95
12/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885	134.36
12/03	Electronic Payment	IBC MERCH BNKCD FEE 971160913887	154.48
12/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887	212.75
12/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881	238.52
12/03	Electronic Payment	ACS SLS EXPERTPAY *****3411	362.31
12/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881	382.54
12/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883	703.40
12/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883	1,203.79
12/03	Electronic Payment	MEMORIAL MEDICAL PAYROLL	256,431.71
12/07	Electronic Payment	FDGL LEASE PYMT	59.25
12/07	Electronic Payment	FDGL LEASE PYMT	59.25
12/07	Electronic Payment	FDGL LEASE PYMT	86.30
12/08	Electronic Payment	VIVONET ACQUISIT PAYMENT 508574	99.00
12/08	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02677284	469.55
12/08	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02677353	542.78
12/08	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02677364	1,449.25
12/08	Electronic Payment	STATE COMPTLR TEXNET 22554962/51207	35,425.82
12/10	Electronic Payment	FDGL LEASE PYMT	30.17
12/10	Electronic Payment	IRS USATAXPYMT 220574453849255	94,976.32
12/15	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02685760	557.93
12/15	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02685936	763.73
12/15	Electronic Payment	WEBFILE TAX PYMT DD 902/22618759	1,166.55
12/15	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02685982	1,259.24
12/15	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	116,274.62
12/17	Electronic Payment	ACS SLS EXPERTPAY *****3411	362.31
12/17	Electronic Payment	MEMORIAL MEDICAL PAYROLL	250,662.23
12/18	Electronic Payment	STATE COMPTLR TEXNET 22591476/51217	241,018.90
12/21	Electronic Payment	Telecheck INV122015D *****9736	5.00
12/22	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02689431	661.87
12/22	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02689539	990.38
12/23	Outgoing Wire	0249 US TREAS SINGLE TX	91,164.47
12/29	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02697746	361.39
12/29	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02697830	666.38
12/31	Electronic Payment	ACS SLS EXPERTPAY *****3411	362.31
12/31	Electronic Payment	CARDMEMBER SERV ELECT PYMT	1,068.30
12/31	Electronic Payment	CARDMEMBER SERV ELECT PYMT	3,076.23
12/31	Electronic Payment	MEMORIAL MEDICAL PAYROLL	259,154.06

Daily Ending Balance

12/01	1,435,075.34	12/03	1,205,842.74	12/07	1,263,899.81
12/02	1,397,618.97	12/04	1,254,194.98	12/08	1,544,313.44



BANK

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

COUNTEE

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MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.

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12/01/2015 to 12/31/2015

STATEMENT PERIOD

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

Regular Checking		Account Recap		Account Number -	
Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
1,291,074.06	0	0.00	3	493,925.80	797,148.26

Checks (Debits)					
Date	Check #	Amount	Date	Check #	Amount
12/30		279,683.79	12/09	108	176,542.01
			12/30 *	110	37,700.00

* Indicates a skip in check number sequence

Daily Ending Balance

12/09	1,114,532.05	12/30	797,148.26
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Notice to Customers: A CTR Reference Guide

Why is my financial institution asking me for identification and personal information?

Federal law requires financial institutions to report currency (cash or coin) transactions over \$10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over \$10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

Can I break up my currency transactions into multiple, smaller amounts to avoid being reported to the government?

No. This is called "structuring." Federal law makes it a crime to break up transactions into smaller amounts for the purpose of evading the CTR reporting requirement and this may lead to a required disclosure from the financial institution to the government. Structuring transactions to prevent a CTR from being reported can result in imprisonment for not more than five years and/or a fine of up to \$250,000. If structuring involves more than \$100,000 in a twelve month period or is performed while violating another law of the United States, the penalty is doubled.