MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- March 24, 2016

PAYABLES AND PAYROLL			
2/1/2016	McKesson Drugs	$ 1,366.62	
2/2/2016	Payroll Liabilities	96,924.07	
2/3/2016	Weekly Payables	77,145.40	
2/4/2016	Weekly Payables	3,557.00	
2/5/2016	Weekly Payables	62,000.00	
2/8/2016	McKesson Drugs	1,298.87	
2/9/2016	Payroll	261,392.95	
2/10/2016	Weekly Payables	139,933.48	
2/15/2016	Broadmoor- Patient Misapplied Payment	4,646.97	
2/15/2016	McKesson Drugs	1,413.93	
2/16/2016	TCDRS	115,772.00	
2/16/2016	Payroll Liabilities	96,611.50	
2/17/2016	Weekly Payables	245,996.86	
2/22/2016	McKesson Drugs	2,720.37	
2/23/2016	Payroll	254,766.81	
2/24/2016	Patient Refunds	2,211.24	
2/24/2016	Weekly Payables	246,613.65	
2/25/2016	Credit Card Invoice	2,348.71	
2/26/2016	Returned Check	152.61	
2/29/2016	McKesson Drugs	1,775.03	
2/29/2016	Payroll Liabilities	95,100.60	
2/29/2016	Monthly Electronic Transfers for Payroll Expenses(not incl above)	724.62	
2/29/2016	Monthly Electronic Transfers for Operating Expenses	6,296.03	
	Total Payables and Payroll		**$ 1,720,769.32**
INTER-GOVERNMENT TRANSFERS			
	Inter-Government Transfers for February 2016	534,976.35	
	Total Inter-Government Transfers		**$ 534,976.35**
INTRA-ACCOUNT TRANSFERS			
	Total Intra-Account Transfers		**$ -**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS			**$ 2,255,745.67**
INDIGENT HEALTHCARE FUND EXPENSES			**$ 37,840.57**
NURSING HOME UPL EXPENSES FOR February 2016			**$ 1,167,235.02**
IGT March - May 2016 MPAP NH Program			**$ 1,199,607.62**
MMC Construction			**$ 143,791.42**
GRAND TOTAL DISBURSEMENTS APPROVED 3/24/2016			**$ 4,804,220.30**

APPROVED
MAR 24 2016
CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- March 24, 2016

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Clinical Pathology Labs		30.28
Michelle M. Cummins MD		75.38
HEB Pharmacy		1,362.07
Refund from HEB Pharmacy - Credit on Bill	1,299.69	
MMCenter (In-patient $6969.33 / Out-patient $22,199.26 / ER $2,465.69)		31,634.28
Memorial Medical Clinic		0.00
Port Lavaca Clinic		942.72
Victoria Anesthesiology Assoc		127.56
Victoria Heart & Vascular Center		80.23
SUBTOTAL		**34,252.52**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,075.76
Less: Co-Pays collected in February 2016		**(487.71)**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**37,840.57**

800 03242016 01 CALHOUN COUNTY, TEXAS

DATE: 3/24/2016

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			$37,840.57
	approved by Commissioners Court on 03/24/2016			
1000-001-46010	February Interest $0.00			$0.00
				$37,840.57

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON MAR 23 2016 BY CALHOUN COUNTY AUDITOR

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

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

BY: _____ 3/24/16

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----February 25, 2016

Nursing Home UPL

	Weekly Cantex Transfer		ACH Deposits	ACH Transfers
IN	**OUT**			
1/26/16-1/29/16	2/2/2016	Ashford-4553		$ 193,022.27
2/1/16-2/5/16	2/10/2016	Ashford-4553	$ 138,839.03	
2/8/16-2/12/16	2/17/2016	Ashford-4553	121,123.08	
2/17/16-2/19/16	2/23/2016	Ashford-4553	209,338.04	
2/23/16-2/26/16		Ashford-4553	218,302.10	
2/29/2016		Ashford-4553	28,917.60	
1/25/16-1/29/16	2/2/2016	Broadmoor-4596		$ 370,364.29
2/1/16-2/5/16	2/10/2016	Broadmoor-4596	39,386.23	
2/8/16-2/11/16	2/17/2016	Broadmoor-4596	37,270.31	
2/16/16-2/19/16	2/23/2016	Broadmoor-4596	47,170.23	
2/22/16-2/26/16		Broadmoor-4596	495,273.19	
2/29/2016		Broadmoor-4596	2,313.24	
1/25/16-1/29/16	2/2/2016	Crescent-4588		$ 223,705.79
2/1/16-2/5/16	2/10/2016	Crescent-4588	44,779.25	
2/8/16-2/12/16	2/17/2016	Crescent-4588	87,083.31	
2/17/16-2/19/16	2/23/2016	Crescent-4588	62,341.79	
2/22/16-2/26/16		Crescent-4588	227,464.34	
2/29/2016		Crescent-4588	7,276.29	
1/25/16-1/29/16	2/2/2016	Fort Bend-4618		$ 69,617.74
2/2/16-2/5/16		Fort Bend-4618	46,192.53	
2/8/16-2/11/16		Fort Bend-4618	57,739.89	
2/16/16-2/19/16		Fort Bend-4618	59,454.48	
2/22/16-2/26/16		Fort Bend-4618	198,900.11	
2/29/2016		Fort Bend-4618	884.31	
1/25/16-1/29/16	2/2/2016	Solera-4561		$ 310,524.93
2/2/16-2/5/16		Solera-4561	79,937.42	
2/9/16-2/12/16		Solera-4561	68,482.25	
2/16/16-2/19/16		Solera-4561	40,139.68	
2/22/6-2/25/16		Solera-4561	346,612.86	
2/29/2016		Solera-4561	46,173.07	
SUBTOTAL			2,711,394.63	1,167,235.02

		ACH Transfers
IGT March - May 2016 MPAP NH Program		1,199,607.62
SUBTOTAL	**$ -**	**$ 1,199,607.62**
TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS		**2,366,842.64**

MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

COMMISSIONERS COURT APPROVAL LIST FOR ----March 24, 2016

PAYABLES

2/4/2016	Staples Advantage	$ 133,729.66
2/11/2016	Grimes Grass Company	10,061.76

Total Approved MMC Construction Expenses	**143,791.42**

©IHS
Issued 03/22/16

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 03/15/2016 through 03/15/2016
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	6,754.93	155.61
01-2	Physician Services- Anesthesia	624.00	127.56
02	Prescription Drugs	1,376.31	1,362.07
05	Lab/x-ray	92.25	30.28
08	Rural Health Clinics	1,735.00	942.72
13	Mmc - Inpatient Hospital	12,016.08	6,969.33
14	Mmc - Hospital Outpatient	65,809.03	22,199.26
15	Mmc - Er Bills	7,252.04	2,465.69
	Expenditures	96,959.33	35,552.21
	Reimb/Adjustments	-1,299.69	-1,299.69 HCB
	Grand Total	95,659.64	**34,252.52**

Salary/Expense	4,075.76
Applied Copays	<487.71>
Monthly Total	37,840.57
Fiscal Year Total	45,602.37

APPROVED
ON

MAR 23 2016

BY
CALHOUN COUNTY AUDITOR

Jerry L. Pickett

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	02/01/16	423733	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/01/16	423747	MC		10.00	10.00			00/00/00	PLB		2
50240.000	02/01/16	423753	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/02/16	423762	CA		10.00	10.00			00/00/00	LMV		2
50240.000	02/04/16	424120	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/05/16	424173	CK		77.71	77.71			00/00/00	PLB		2
50240.000	02/05/16	424238	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/08/16	424358	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/08/16	424363	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/08/16	424371	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/08/16	424376	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/09/16	424401	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/09/16	424427	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/10/16	424591	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/10/16	424615	MC		10.00	10.00			00/00/00	PLB		2
50240.000	02/10/16	424636	CA		10.00	10.00			00/00/00	LMV		2
50240.000	02/11/16	424752	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/12/16	424807	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/12/16	424863	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/12/16	424869	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/15/16	424892	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/15/16	424935	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/15/16	424936	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/15/16	424979	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/16/16	425117	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/17/16	425230	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/18/16	425252	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/18/16	425291	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/22/16	425439	CK		10.00	10.00			00/00/00	JC		2
50240.000	02/23/16	425551	VI		10.00	10.00			00/00/00	LMV		2
50240.000	02/23/16	425552	VI		20.00	20.00			00/00/00	LMV		2
50240.000	02/23/16	425575	VI		20.00-	20.00-			00/00/00	PLB		2
50240.000	02/23/16	425576	C		20.00	20.00			00/00/00	PLB		2
50240.000	02/24/16	425774	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/25/16	425837	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/25/16	425857	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/26/16	425996	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/26/16	426020	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/26/16	426021	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	02/26/16	426022	MC		10.00	10.00			00/00/00	PLB		2
50240.000	02/26/16	426024	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/29/16	426045	CA		10.00	10.00			00/00/00	CSG		2
50240.000	02/29/16	426062	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/29/16	426136	CA		10.00	10.00			00/00/00	PLB		2
50240.000	02/29/16	426139	CA		10.00	10.00			00/00/00	PLB		2

TOTAL 50240.000 COUNTY INDIGENT COPAYS 487.71

Calhoun County Indigent Care Patient Caseload

	Approved	Denied	Removed	Active	Pending
January	4	5	3	58	6
February	7	2	8	57	7
March					
April					
May					
June					
July					
August					
September					
October					
November					
December					
YTD	11	7	11	115	13
Monthly Avg	6	4	6	58	7
December 2015 Active		57			

MEMORIAL MEDICAL CENTER
PORT LAVACA, TX
MANUAL JOURNAL ENTRIES
MONTH OF
FEBRUARY 2016

Recorded AM 3/5/16
Reviewed

Acct #	JE #	Description	Check #	Debit Amount	Credit Amount
10255000		Indigent Healthcare		4,075.76	
40450074		Reimbursement - Calhoun Cty			3,136.36
40015074		Benefits - FICA			169.53
40025074		Benefits - FUTA			7.34
40040074		Benefits - Retirement			197.99
60320000		Benefits - Insurance			564.54
40220074		Supplies - General			-
40225074		Supplies - Office			-
40230074		Forms			-
40610074		Continuing Education			-
40510074		Outside Services			-
40215074		Freight			-
40600074		Miscellaneous			-
			TOTALS	4,075.76	4,075.76

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

REVERSING: YES _____ NO _____ POSTED JE # 021638

APPROVED
ON

MAR 2 3 2016

BY
CALHOUN COUNTY AUDITOR

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: 02/01/16					4,221.19
	02/01/16	REVERSE ACCRUAL		PR	19 4801 401	-1,351.40	
	02/04/16	PAY-P.01/22/16 02/04/16		PR	19 4845 43	948.12	
	02/18/16	PAY-P.02/05/16 02/18/16		PR	19 4876 46	1,655.73	
	02/29/16	Accrual--Days= 11		PR	19 4876 400	1,300.97	
		02/29 ACTIVITY/END BALANCE				2,553.42	6,774.61
40005074 SALARIES OVERTIME -CALHO		BEGINNING BALANCE AS OF: 02/01/16					.00
	02/18/16	PAY-P.02/05/16 02/18/16		PR	19 4876 74	21.63	
	02/29/16	Accrual--Days= 11		PR	19 4876 456	17.05	
		02/29 ACTIVITY/END BALANCE				38.68	38.68
40010074 SALARIES PTO/EIB -CALHO		BEGINNING BALANCE AS OF: 02/01/16					3,014.50
	02/01/16	REVERSE ACCRUAL		PR	19 4801 501	-718.10	
	02/04/16	Auto PR Bene Accrual Re		PR	19 4800 87	-766.13	
	02/04/16	Auto PR Bene Accrual		PR	19 4844 89	564.60	
	02/04/16	PAY-P.01/22/16 02/04/16		PR	19 4845 95	395.52	
	02/18/16	Auto PR Bene Accrual Re		PR	19 4844 91	-564.60	
	02/18/16	Auto PR Bene Accrual		PR	19 4875 85	559.06	
	02/18/16	PAY-P.02/05/16 02/18/16		PR	19 4876 100	115.36	
	02/29/16	Accrual--Days= 11		PR	19 4876 508	90.64	
		02/29 ACTIVITY/END BALANCE				-323.65	2,690.85
40015074 FICA -CALHO		BEGINNING BALANCE AS OF: 02/01/16					71.24
	02/01/16	REVERSE ACCRUAL		PR	19 4801 679	-92.80	
	02/01/16	REVERSE ACCRUAL		PR	19 4801 739	-21.70	
	02/04/16	PAY-P.01/22/16 02/04/16		PR	19 4845 374	16.76	
	02/04/16	PAY-P.01/22/16 02/04/16		PR	19 4845 404	71.64	
	02/18/16	PAY-P.02/05/16 02/18/16		PR	19 4876 546	15.38	
	02/18/16	PAY-P.02/05/16 02/18/16		PR	19 4876 576	65.75	
	02/29/16	Accrual--Days= 11		PR	19 4876 686	51.70	
	02/29/16	Accrual--Days= 11		PR	19 4876 746	12.10	
		02/29 ACTIVITY/END BALANCE				118.83	190.07
40025074 FUT -CALHO		BEGINNING BALANCE AS OF: 02/01/16					5.00
	02/01/16	REVERSE ACCRUAL		PR	19 4801 799	-5.00	
	02/04/16	PAY-P.01/22/16 02/04/16		PR	19 4845 434	3.82	
	02/18/16	PAY-P.02/05/16 02/18/16		PR	19 4876 606	3.52	
	02/29/16	Accrual--Days= 11		PR	19 4876 806	2.75	
		02/29 ACTIVITY/END BALANCE				5.09	10.09
40040074 RETIREMENT -CALHO		BEGINNING BALANCE AS OF: 02/01/16					75.98
	02/01/16	REVERSE ACCRUAL		PR	19 4801 857	-127.50	
	02/04/16	PAY-P.01/22/16 02/04/16		PR	19 4845 464	106.35	

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40040074 RETIREMENT		-CALHOUN C					
	02/18/16	PAY-P.02/05/16 02/18/16		PR	19 4876 636	91.64	
	02/29/16	Accrual--Days= 11		PR	19 4876 864	72.05	
		02/29 ACTIVITY/END BALANCE				142.54	218.52
40450074 REIMBURSEMENT		BEGINNING AND ENDING BALANCE:					-5,482.77
		COST CENTER TOTAL:				2,534.91	
		ENDING BALANCE GRAND TOTAL:					4,440.05
		GRAND TOTAL ACTIVITY:					2,534.91

Indigent Healthcare Program
Incurred by MMC
FEBRUARY 2016

Indigent H'care Coordinator Salary	# 40000074	4-Feb	$ 948.12	
	# 40000074	18-Feb	1,655.73	
	# 40000074			
	# 40050074		21.63	
	# 40050074			
	(# 40010074)		510.88	
				3,136.36
Benefits:	#40040074			197.99
FICA	# 40015074	4-Feb	88.40	
	# 40015074	18-Feb	81.13	
	# 40015074			
				169.53
FUTA	# 40025074	4-Feb	3.82	
	# 40025074	18-Feb	3.52	
	# 40025075			
				7.34
Other Benefits (18 %)	# 63200000			564.54
General Supplies	# 40220074			-
Office Supplies	# 40225074			-
Forms	#40230074			-
Continuing Education	#40610074			-
Outside Services	#40510074			-
Freight	#40215074			-
Travel	#40600074			-

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

		MEMORIAL MED CTR ENTER:	
☑	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	[redacted]	
☑	"ENTER YOUR 4-DIGIT PIN"		
☑	"MAKE A PAYMENT, PRESS 1"	1	
☑	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	941	#
☑	"IF FEDERAL TAX DEPOSIT ENTER 1"	1	
☑	"ENTER 2-DIGIT TAX FILING YEAR"	16	
☑	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	03	

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

☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	$ 96,924.07	# will be reported in M
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	$ 45,295.00	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,593.18	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 41,035.89	#
	CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	2/3/2016	
	"1 TO CONFIRM"	1	
☐	ACKNOWLEDGEMENT NUMBER	70631476	

CALLED IN BY:	Atkinson
CALLED IN DATE:	2/2/2016
CALLED IN TIME:	10:34AM

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

MEMORIAL MED CTR

		ENTER:	
☑	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☑	"ENTER YOUR 4-DIGIT PIN"		
☑	"MAKE A PAYMENT, PRESS 1"	1	
☑	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	941	#
☑	"IF FEDERAL TAX DEPOSIT ENTER 1"	1	
☑	"ENTER 2-DIGIT TAX FILING YEAR"	16	
☑	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	3	

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

☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	$ 96,611.50	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	$ 45,411.14	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,620.34	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 40,580.02	#
	CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	2/17/2016	
	"1 TO CONFIRM"	1	
☐	ACKNOWLEDGEMENT NUMBER	94317431	

CALLED IN BY:	Cathman
CALLED IN DATE:	2/16/2016
CALLED IN TIME:	10:32

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	01/22/16					
PAY PERIOD: END	02/04/16					
PAY DATE:	02/11/16					
GROSS PAY:	$ 385,448.03					$ 385,448.03
DEDUCTIONS:						
A/R	$ 897.00					$ 897.00
BOOTS	$ -					$ -
CAFÉ-C	$ 657.39					$ 657.39
CAFÉ-D	$ 1,293.33					$ 1,293.33
CAFÉ-H	$ 14,679.63					$ 14,679.63
CAFÉ-I	$ 168.49					$ 168.49
CAFÉ-L	$ 363.90					$ 363.90
CAFÉ-P	$ 378.60					$ 378.60
CANCER	$ 28.50					$ 28.50
CLINIC	$ 130.00					$ 130.00
COMBIN	$ 1,313.99					$ 1,313.99
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 280.00					$ 280.00
DEP-LF	$ 590.53					$ 590.53
EAT	$ 12.50					$ 12.50
FED TAX	$ 40,580.02					$ 40,580.02
FICA-M	$ 5,310.18					$ 5,310.18
FICA-O	$ 22,705.64					$ 22,705.64
FLEX S	$ 1,687.78					$ 1,687.78
FLX-FE	$ 64.50					$ 64.50
GIFT S	$ 328.52					$ 328.52
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,700.00					$ 2,700.00
MISC	$ -					$ -
OTHER	$ 999.04					$ 999.04
PHI	$ -					$ -
PR FIN	$ 473.33					$ 473.33
REPAY	$ -					$ -
STONE	$ 932.50					$ 932.50
STONE 2	$ 75.00					$ 75.00
STUDEN	$ 269.03					$ 269.03
TSA-R	$ 26,981.42					$ 26,981.42
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 124,055.08	$ -	$ -	$ -	$ -	$ 124,055.08
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 261,392.95	$ -	$ -	$ -	$ -	$ 261,392.95
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	

TOTAL CAFÉ 125 PLAN: $ 19,229.12

Less Exempt:

TAXABLE PAY: $ 366,218.91 $ 366,218.91

Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,310.17		
FICA - MED (EE)	1.45%	$ 5,310.17	$ 5,310.18	$ (0.01)
FICA - SOC SEC (ER)	6.20%	$ 22,705.57		
FICA - SOC SEC (EE)	6.20%	$ 22,705.57	$ 22,705.64	$ (0.07)
FED WITHHOLDING		$ 40,580.02	$ 40,580.02	
TAX DEPOSIT:		$ 96,611.50	$ 96,611.66	$ (0.16)

Employees over FICA-SS Cap: $ -

Jason Anglin

Diane

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: $ -

FICA - MEDICARE	2.90%	$ 10,620.34
FICA - SOCIAL SECURITY	12.40%	$ 45,411.14
FED WITHHOLDING		$ 40,580.02
TOTAL TAX:		$ 96,611.50

PREPARED BY: Clarri Atkinson

PREPARED DATE: 2/16/2016

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

		2/6/2016 ENTER:	
☑	"ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		
☑	"ENTER YOUR 4-DIGIT PIN"		
☑	"MAKE A PAYMENT, PRESS 1"	1	
☑	"ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★ 941	#
☑	"IF FEDERAL TAX DEPOSIT ENTER 1"	1	
☑	"ENTER 2-DIGIT TAX FILING YEAR"	★ 16	
☑	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	★ 3	

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"	★	$ 95,100.60	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 44,388.50	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,381.18	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 40,330.92	#
		CHECK	$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★	3/2/2016	
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER		54635240	

CALLED IN BY:	Catherine
CALLED IN DATE:	~~3/1/2016~~ 2-29-16
CALLED IN TIME:	2:46

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	02/06/16					
PAY PERIOD: END	02/19/16					
PAY DATE:	02/26/16					
GROSS PAY:	$ 377,149.15					$ 377,149.15
DEDUCTIONS:						
A/R	$ 894.37					$ 894.37
BOOTS	$ -					$ -
CAFÉ-C	$ 657.39					$ 657.39
CAFÉ-D	$ 1,297.38					$ 1,297.38
CAFÉ-H	$ 14,724.26					$ 14,724.26
CAFÉ-I	$ 168.49					$ 168.49
CAFÉ-L	$ 363.90					$ 363.90
CAFÉ-P	$ 376.02					$ 376.02
CANCER	$ 17.49					$ 17.49
CLINIC	$ 110.00					$ 110.00
COMBIN	$ 1,296.97					$ 1,296.97
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 280.00					$ 280.00
DEP-LF	$ 590.53					$ 590.53
EAT	$ -					$ -
FED TAX	$ 40,330.92					$ 40,330.92
FICA-M	$ 5,190.59					$ 5,190.59
FICA-O	$ 22,194.35					$ 22,194.35
FLEX S	$ 1,589.95					$ 1,589.95
FLX-FE	$ 62.50					$ 62.50
GIFT S	$ 225.32					$ 225.32
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,700.00					$ 2,700.00
MISC	$ -					$ -
OTHER	$ 1,065.02					$ 1,065.02
PHI	$ -					$ -
PR FIN	$ 448.61					$ 448.61
REPAY	$ -					$ -
STONE	$ 932.50					$ 932.50
STONE 2	$ 75.00					$ 75.00
STUDEN	$ 236.06					$ 236.06
TSA-R	$ 26,400.46					$ 26,400.46
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 122,382.34	$ -	$ -	$ -	$ -	$ 122,382.34
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 254,766.81	$ -	$ -	$ -	$ -	$ 254,766.81
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 19,177.39	Less Exempt:				
TAXABLE PAY:	$ 357,971.76	$ 357,971.76				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,190.59		
FICA - MED (EE)	1.45%	$ 5,190.59	$ 5,190.59	$ -
FICA - SOC SEC (ER)	6.20%	$ 22,194.25		
FICA - SOC SEC (EE)	6.20%	$ 22,194.25	$ 22,194.35	$ (0.10)
FED WITHHOLDING		$ 40,330.92	$ 40,330.92	
TAX DEPOSIT:		$ 95,100.60	$ 95,100.80	$ (0.20)

FICA - MEDICARE	2.90%	$ 10,381.18
FICA - SOCIAL SECURITY	12.40%	$ 44,388.50
FED WITHHOLDING		$ 40,330.92
TOTAL TAX:		$ 95,100.60

Employees over FICA-SS Cap: $ -

Jason Anglin

Diane

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: $ -

PREPARED BY: Clarri Atkinson

PREPARED DATE: 2/29/2016

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9578.75	N		N	N		190869.75
1	REGULAR PAY-S1	1027.00	N		N	N	N	39186.07
1	REGULAR PAY-S1	242.00	Y		N	N		6724.50
2	REGULAR PAY-S2	2621.75	N		N	N		58877.43
2	REGULAR PAY-S2	45.00	Y		N	N		1680.99
3	REGULAR PAY-S3	1698.50	N		N	N		44573.19
3	REGULAR PAY-S3	53.25	Y		N	N		2737.98
C	CALL PAY	2390.00	N	1	N	N		4780.00
E	EXTRA WAGES		N		N	N	N	229.50
E	EXTRA WAGES		N	1	N	N	N	516.25
I	INSERVICE	42.75	N	1	N	N		1094.37
I	INSERVICE	3.25	Y	1	N	N		126.41
K	EXTENDED-ILLNESS-BANK	306.00	N	1	N	N		6086.14
M	MEAL REIMBURSEMENT		N		N	N	N	92.00
P	PAID-TIME-OFF	60.00	N		N	N	N	1307.78
P	PAID-TIME-OFF	829.24	N	1	N	N		17819.79
X	CALL PAY 2	64.00	N		N	N	N	128.00
X	CALL PAY 2	80.00	N	1	N	N		160.00
Y	YMCA/CURVES		N		N	N	N	15.00
Z	CALL PAY 3	48.00	N	1	N	N		144.00

Deductions Summary

Code	Amount				
A/R	894.37	ADVANC		AWARDS	
BOOTS		CAFE H		CAFE-C	657.39
CAFE-D	1297.38	CAFE-F		CAFE-H	14724.26
CAFE-I	168.49	CAFE-L	363.90	CAFE-P	376.02
CANCER	17.49	CLINIC	110.00	COMBIN	1296.97
CREDUN	25.00	DD ADV		DENTAL	280.00
DEP-LF	590.53	EAT		FEDTAX	40330.92
FICA-M	5190.59	FICA-O	22194.35	FLEX S	1589.95
FLX FE	62.50	FORT D		FUTA	
GIFT S	225.32	GRANT		GRP-IN	129.26
GTL		HOSP-I	2700.00	ID TFT	
LEAF		MISC		MISC/	
OTHER	1065.02	PHI		PHI***	
PR FIN	448.61	RELAY		REPAY	
SIGNON		ST-TX		STONE	932.50
STONE2	75.00	STUDEN	236.06	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	26400.46	TUTION		UW/HOS	

Grand Totals: 19089.49 ------- (Gross: 377149.15 Deductions: 122382.34 Net: 254766.81)

Checks Count:- FT 194 PT 10 Other 29 Female 201 Male 32 Credit OverAmt 28 ZeroNet Term Total: 233

FEDTAX 40,330.92
FICA-O 44,388.70
FICA-M 10,381.18
95,100.80

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
2/1/2016

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	85,685.99	193,022.27	-	85,585.99	-	-	193,122.27	193,022.27

Routing Information for Ashford Gardens:
Ashford Health Core 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	67,589.00	310,524.93	-	67,489.00	-	-	310,624.93	310,524.93
Crescent	4588	74,489.46	223,705.79	-	74,389.46	-	-	223,805.79	223,705.79
Broadmoor	4596	22,861.27	370,364.29	-	22,761.27	-	-	370,464.29	370,364.29
Fort Bend	4618	50,760.02	69,617.74	-	50,660.02	-	-	69,717.74	69,617.74
									974,212.75

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
FEB - 1 2016
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 2-1-16

A:\NH Weekly Transfers\NH UPL Transfer Summary 1-25-16.xlsx

IBC Bank Activity
1/4/16 through 1/31/16

Ashford Gardens					Transfer-Out	Transfer-In	
1/26/2016	5025	4553	495	OUTGOING MONEY TRANSFER	85,585.99		ASHFORD HEALTH CARE CENTER LTD
1/26/2016	5025	4553	142	ACH CREDIT RECEIVED		6,232.88	Molina HC of TX Molina HC
1/26/2016	5025	4553	142	ACH CREDIT RECEIVED		6,788.48	NOVITAS SOLUTION HCCLAIMPMT
1/26/2016	5025	4553	142	ACH CREDIT RECEIVED		19,087.59	Molina HC of TX Molina HC
1/27/2016	5025	4553	142	ACH CREDIT RECEIVED		297.23	NOVITAS SOLUTION HCCLAIMPMT
1/27/2016	5025	4553	142	ACH CREDIT RECEIVED		87,137.51	NOVITAS SOLUTION HCCLAIMPMT
1/27/2016	5025	4553	142	ACH CREDIT RECEIVED		2,362.06	AGING DISAB SVCS HCCLAIMPMT
1/28/2016	5025	4553	142	ACH CREDIT RECEIVED		1,847.99	Molina HC of TX Molina HC
1/28/2016	5025	4553	142	ACH CREDIT RECEIVED		2,192.80	Molina HC of TX Molina HC
1/28/2016	5025	4553	142	ACH CREDIT RECEIVED		10,008.03	NOVITAS SOLUTION HCCLAIMPMT
1/28/2016	5025	4553	142	ACH CREDIT RECEIVED		2,274.50	AGING DISAB SVCS HCCLAIMPMT
1/29/2016	5025	4553	142	ACH CREDIT RECEIVED		116.90	AGING DISAB SVCS HCCLAIMPMT
1/29/2016	5025	4553	142	ACH CREDIT RECEIVED		1,102.80	Molina HC of TX Molina HC
1/29/2016	5025	4553	301	COMMERCIAL DEPOSIT		53,573.50	
					85,585.99	193,022.27	

Solera at West Houston					Transfer-Out	Transfer-In	
1/25/2016	5025	4561	142	ACH CREDIT RECEIVED		3,196.53	AMERIGROUP CORPO HCCLAIMPMT
1/25/2016	5025	4561	142	ACH CREDIT RECEIVED		6,196.30	AMERIGROUP CORPO HCCLAIMPMT
1/26/2016	5025	4561	142	ACH CREDIT RECEIVED		225,373.75	NOVITAS SOLUTION HCCLAIMPMT
1/26/2016	5025	4561	142	ACH CREDIT RECEIVED		517.53	AMERIGROUP CORPO HCCLAIMPMT
1/26/2016	5025	4561	495	OUTGOING MONEY TRANSFER	67,489.00		CANTEX HEALTH CARE CENTERS LLC
1/27/2016	5025	4561	142	ACH CREDIT RECEIVED		40,477.64	NOVITAS SOLUTION HCCLAIMPMT
1/28/2016	5025	4561	142	ACH CREDIT RECEIVED		7,664.59	NOVITAS SOLUTION HCCLAIMPMT
1/29/2016	5025	4561	301	COMMERCIAL DEPOSIT		27,098.59	
					67,489.00	310,524.93	

Crescent					Transfer-Out	Transfer-In	
1/25/2016	5025	4588	142	ACH CREDIT RECEIVED		2,273.22	AMERIGROUP CORPO HCCLAIMPMT
1/26/2016	5025	4588	142	ACH CREDIT RECEIVED		2,778.58	AMERIGROUP CORPO HCCLAIMPMT
1/26/2016	5025	4588	495	OUTGOING MONEY TRANSFER	74,389.46		CANTEX HEALTH CARE CENTERS III
1/27/2016	5025	4588	142	ACH CREDIT RECEIVED		163,674.55	NOVITAS SOLUTION HCCLAIMPMT
1/28/2016	5025	4588	142	ACH CREDIT RECEIVED		15,532.12	NOVITAS SOLUTION HCCLAIMPMT
1/29/2016	5025	4588	301	COMMERCIAL DEPOSIT		36,297.32	
1/29/2016	5025	4588	142	ACH CREDIT RECEIVED		3,150.00	AMERIGROUP CORPO HCCLAIMPMT
					74,389.46	223,705.79	

Broadmoor					Transfer-Out	Transfer-In	
1/25/2016	5025	4596	142	ACH CREDIT RECEIVED		11,110.66	AGING DISAB SVCS HCCLAIMPMT
1/26/2016	5025	4596	142	ACH CREDIT RECEIVED		299,445.37	NOVITAS SOLUTION HCCLAIMPMT
1/26/2016	5025	4596	142	ACH CREDIT RECEIVED		1,410.97	Molina HC of TX Molina HC
1/26/2016	5025	4596	142	ACH CREDIT RECEIVED		1,197.61	Molina HC of TX Molina HC
1/26/2016	5025	4596	495	OUTGOING MONEY TRANSFER	22,761.27		CANTEX HEALTH CARE CENTERS III
1/27/2016	5025	4596	142	ACH CREDIT RECEIVED		40,914.06	NOVITAS SOLUTION HCCLAIMPMT
1/27/2016	5025	4596	142	ACH CREDIT RECEIVED		3.09	NOVITAS SOLUTION HCCLAIMPMT
1/28/2016	5025	4596	142	ACH CREDIT RECEIVED		8,157.24	NOVITAS SOLUTION HCCLAIMPMT
1/29/2016	5025	4596	142	ACH CREDIT RECEIVED		23.38	AGING DISAB SVCS HCCLAIMPMT
1/29/2016	5025	4596	301	COMMERCIAL DEPOSIT		8,101.91	
					22,761.27	370,364.29	

Fort Bend					Transfer-Out	Transfer-In	
1/25/2016	5025	4618	142	ACH CREDIT RECEIVED		16,747.14	NOVITAS SOLUTION HCCLAIMPMT
1/26/2016	5025	4618	142	ACH CREDIT RECEIVED		4,050.50	Molina HC of TX Molina HC
1/26/2016	5025	4618	495	OUTGOING MONEY TRANSFER	50,660.02		CANTEX HEALTH CARE CENTERS III
1/27/2016	5025	4618	142	ACH CREDIT RECEIVED		29,059.95	NOVITAS SOLUTION HCCLAIMPMT
1/28/2016	5025	4618	142	ACH CREDIT RECEIVED		9,948.06	NOVITAS SOLUTION HCCLAIMPMT
1/29/2016	5025	4618	142	ACH CREDIT RECEIVED		128.11	AGING DISAB SVCS HCCLAIMPMT
1/29/2016	5025	4618	301	COMMERCIAL DEPOSIT		9,683.98	
					50,660.02	69,617.74	

Account Portfolio as of 02/01/2016 8:50:07 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	$193,122.27	$202,554.17
Memorial Medical Center	4561	$310,624.93	$310,624.93
Memorial Medical Center	4588	$223,805.79	$228,899.63
Memorial Medical Center	4596	$370,464.29	$370,752.56
Memorial Medical Center	4618	$69,717.74	$69,717.74
Memorial Medical Center Operat	0301	$2,212,214.04	$2,205,931.46
County of Calhoun Indigent	1101	$6,481.63	$6,481.63
Totals		**$3,411,500.48**	**$3,420,031.91**

RUN DATE:02/01/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:16 CHECK REGISTER AND Payable List GLCKREG
02/01/16 THRU 02/01/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000723	02/01/16	414.85	MCKESSON
A/P	000724	02/01/16	211.54	MCKESSON
A/P	000725	02/01/16	740.23	MCKESSON
TOTALS:			1,366.62	

340B Prescription Services

APPROVED
ON
FEB 01 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 2-5-16

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/29/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 01/29/2016

Page: 001

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

As of: 01/29/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 01/29/2016

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	
01/25/2016	02/02/2016	7727945742	1000754838	115Invoice	0.41	20.49		20.08	✓	7727945742	
01/25/2016	02/02/2016	7727945743	1000755908	115Invoice	2.06	103.08		101.02	✓	7727945743	
01/26/2016	02/02/2016	7728161411	1000756306	115Invoice		0.20		0.20	✓	7728161411	
01/27/2016	02/02/2016	7728391382	1000756954	115Invoice	5.28	263.84		258.56	✓	7728391382	
01/27/2016	02/02/2016	7728391383	1000756954	115Invoice	0.03	1.62		1.59	✓	7728391383	
01/28/2016	02/02/2016	7728630184	1000757558	115Invoice	0.68	33.92		33.24	✓	7728630184	
01/29/2016	02/02/2016	7728829867	1000758227	115Invoice		0.16		0.16	✓	7728829867	

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

TOTAL:

Subtotals: 423.31 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 411.94
01/25/2016

If Paid By 02/02/2016,
Pay This Amount: 414.85 USD

If Paid After 02/02/2016,
Pay this Amount: 423.31 USD

Due If Paid On Time:
USD 414.85

Disc lost if paid late:
8.46

Due If Paid Late:
USD 423.31

ck 723

2.1.16

APPROVED
ON
FEB 01 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 01/29/2016 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 01/29/2016

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 01/29/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 01/29/2016

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	
01/27/2016	02/02/2016	7728392029	3454581188	115Invoice	2.10	104.97		102.87	✓	7728392029	
01/28/2016	02/02/2016	7728632331	3454581191	115Invoice	2.22	110.89		108.67	✓	7728632331	

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

TOTAL:

Subtotals: 215.86 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 01/25/2016 94.81

If Paid By 02/02/2016,
Pay This Amount: 211.54 USD

If Paid After 02/02/2016,
Pay this Amount: 215.86 USD

Due If Paid On Time: USD 211.54

Disc lost if paid late: 4.32

Due If Paid Late: USD 215.86

ck 724

2.1.16

APPROVED ON
FEB 01 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 01/29/2016 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 01/29/2016

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

As of: 01/29/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 01/29/2016

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	
01/25/2016	02/02/2016	7727952175	1000754840	115Invoice	0.02	0.96		0.94	✓	7727952175	
01/25/2016	02/02/2016	7727952176	1000755518	115Invoice	12.08	604.19		592.11	✓	7727952176	
01/25/2016	02/02/2016	7727952178	1000755910	115Invoice	0.40	19.77		19.37	✓	7727952178	
01/26/2016	02/02/2016	7728175647	1000756308	115Invoice	0.06	2.92		2.86	✓	7728175647	
01/27/2016	02/02/2016	7728394845	1000756956	115Invoice	0.10	5.04		4.94	✓	7728394845	
01/28/2016	02/02/2016	7728628294	1000757560	115Invoice	1.76	87.92		86.16	✓	7728628294	
01/29/2016	02/02/2016	7728850764	1000758230	115Invoice	0.69	34.54		33.85	✓	7728850764	

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

TOTAL:

Subtotals: 755.34 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 306.09
01/25/2016

If Paid By 02/02/2016,
Pay This Amount: 740.23 USD

If Paid After 02/02/2016,
Pay this Amount: 755.34 USD

Due If Paid On Time:
USD 740.23

Disc lost if paid late:
15.11

Due If Paid Late:
USD 755.34

EH 725

APPROVED ON
FEB 01 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

FEB 03 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/02/2016
16:34

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/08/2016

0
ap_open_invoice.template

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
	9047049168		01/31/20	01/07/20	02/06/20		58.13	0.00	0.00	58.13
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1680	AIRGAS-SOUTHWEST				58.13	0.00	0.00	58.13
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
	772402798		01/29/20	01/29/20	02/05/20		197.20	0.00	0.00	197.20
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1360	AMERISOURCEBERGEN DRUG CORP				197.20	0.00	0.00	197.20
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
	49733162		01/22/20	01/07/20	02/06/20		275.18	0.00	0.00	275.18
		CS INVENTORY								
	49733605		01/22/20	01/07/20	02/06/20		18.42	0.00	0.00	18.42
		SUPPLIES LAB								
	49816140		01/29/20	01/16/20	02/15/20		-114.50	0.00	0.00	-114.50
		CREDIT RECOVERY SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP				179.10	0.00	0.00	179.10
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
	105387814		01/31/20	01/07/20	02/06/20		1,594.61	0.00	0.00	1,594.61
		LAB SUPPLIES								
	105387976		01/31/20	01/07/20	02/06/20		65.00	0.00	0.00	65.00
		LAB SUPPLIES								
	105390153		01/31/20	01/08/20	02/07/20		452.44	0.00	0.00	452.44
		SUPPLIES LAB								
	105389899		01/31/20	01/08/20	02/07/20		950.71	0.00	0.00	950.71
		SUPPLIES LAB								
	105390032		01/31/20	01/08/20	02/07/20		607.84	0.00	0.00	607.84
		LAB SUPPLIES								
	105390021		01/31/20	01/08/20	02/07/20		581.70	0.00	0.00	581.70
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				4,252.30	0.00	0.00	4,252.30
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
	20426068		01/25/20	01/16/20	02/06/20		901.03	0.00	0.00	901.03
		TELEPHONE EXPENSE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	11050	BIRCH COMMUNICATIONS				901.03	0.00	0.00	901.03
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
	BK00540359		01/18/20	01/06/20	02/06/20		2,345.20	0.00	0.00	2,345.20
		AUDITING FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10599	BKD, LLP				2,345.20	0.00	0.00	2,345.20
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
	20669		01/29/20	01/29/20	01/29/20		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				
10381	CAREFUSION 211, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	SC-56888-3		01/25/20	10/21/20	02/06/20		3,938.48	0.00	0.00	3,938.48
		MAINT CONTR CARDIO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10381	CAREFUSION 211, INC				3,938.48	0.00	0.00	3,938.48
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
	BRH8386		01/29/20	01/08/20	02/07/20		222.49	0.00	0.00	222.49
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.				222.49	0.00	0.00	222.49
Vendor#	Vendor Name				Class	Pay Code				
E1270	CENTERPOINT ENERGY ENTEX				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20874		01/29/20	12/31/20	01/15/20		83.76	0.00	0.00	83.76
		ENEGRY BILL FOR CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		E1270	CENTERPOINT ENERGY ENTEX				83.76	0.00	0.00	83.76
Vendor#	Vendor Name				Class	Pay Code				
10105	CHRIS KOVAREK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	32		01/31/20	01/31/20	01/31/20		440.00	0.00	0.00	440.00
		OUTSIDES SRV SOC WORKEF								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10105	CHRIS KOVAREK				440.00	0.00	0.00	440.00
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
	20865		01/29/20	01/06/20	02/05/20		787.29	0.00	0.00	787.29
		WATER & SEWER								
	20684		01/29/20	01/06/20	02/05/20		310.96	0.00	0.00	310.96
		WATER & SEWER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1730	CITY OF PORT LAVACA				1,098.25	0.00	0.00	1,098.25

Vendor#	Vendor Name				Class	Pay Code				
11154	DAYNA LAMPLEY ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20688		01/31/20	01/29/20	01/29/20		23.50	0.00	0.00	23.50
		CONT EDUCATION OB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11154	DAYNA LAMPLEY				23.50	0.00	0.00	23.50 ✓
Vendor#	Vendor Name				Class	Pay Code				
D1200	DETAR HOSPITAL ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	072715		01/29/20	01/18/20	02/05/20		17.61	0.00	0.00	17.61
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1200	DETAR HOSPITAL				17.61	0.00	0.00	17.61 ✓
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
	461133-0 ✓		01/18/20	01/07/20	02/06/20		86.38	0.00	0.00	86.38 ✓
		SUPPLIES XRAY								
	461112-0 ✓		01/18/20	01/07/20	02/06/20		90.02	0.00	0.00	90.02 ✓
		OFFICE SUPPLIES LAB								
	461262-0 ✓		01/18/20	01/08/20	02/07/20		62.90	0.00	0.00	62.90 ✓
		OFFICE SUPPLIES LAB								
	461271-0 ✓		01/18/20	01/08/20	02/07/20		147.28	0.00	0.00	147.28 ✓
		OFFICE SUPPLIES ADMIN								
	461354-0 ✓		01/18/20	01/08/20	02/07/20		16.91	0.00	0.00	16.91 ✓
		SUPPLIES INFUSION CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				403.49	0.00	0.00	403.49
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
	8485 ✓		01/14/20	01/07/20	02/06/20		79.95	0.00	0.00	79.95 ✓
		BUS OFFICE FORMS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1752	DLE PAPER & PACKAGING				79.95	0.00	0.00	79.95
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
	20672 ✓		01/29/20	12/29/20	01/28/20		28.00	0.00	0.00	28.00 ✓
		OUTSIDE SRV HOUSEKEEPIN								
	20673 ✓		01/29/20	01/07/20	02/05/20		35.00	0.00	0.00	35.00 ✓
		OUTSIDE SRV HOUSEKEEPIN								
	20674 ✓		01/29/20	01/21/20	02/05/20		17.50	0.00	0.00	17.50 ✓
		OUTSIDE SRV HOUSEKEEPIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1710	DOWNTOWN CLEANERS				80.50	0.00	0.00	80.50
Vendor#	Vendor Name				Class	Pay Code				
11096	DR JEWEL LINCOLN ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20675		01/29/20	01/26/20	01/26/20		500.00	0.00	0.00	500.00 ✓

PROF FEES OB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11096	DR JEWEL LINCOLN	500.00	0.00	0.00	500.00

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A1601061378		01/18/20	01/06/20	02/06/20			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
11082	EXECUTIVE COUNCIL OF PHYSICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20675		01/29/20	01/26/20	01/26/20			220.00	0.00	0.00	220.00

FACILITY RENEWAL OT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11082	EXECUTIVE COUNCIL OF PHYSICAL	220.00	0.00	0.00	220.00

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
20666		01/29/20	01/29/20	01/29/20			75.00	0.00	0.00	75.00

EMPLOYEE PERSONAL INVES

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

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0272910		01/31/20	01/05/20	02/04/20			254.63	0.00	0.00	254.63

LAB SUPPLIES

0482005		01/31/20	01/06/20	02/06/20			113.56	0.00	0.00	113.56

LAB SUPPLIES

0482004		01/31/20	01/06/20	02/06/20			266.56	0.00	0.00	266.56

LAB SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	634.75	0.00	0.00	634.75

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
72736		01/31/20	01/22/20	02/06/20			2,992.50	0.00	0.00	2,992.50

PROF FEES PT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	2,992.50	0.00	0.00	2,992.50

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
030336985		01/31/20	01/08/20	02/07/20			805.27	0.00	0.00	805.27

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

9934539314	01/29/20 01/08/20 02/07/20			362.25	0.00	0.00	362.25
SUPPLIES LAB							
9933675002	01/31/20 01/07/20 02/06/20			30.51	0.00	0.00	30.51
SUPPLIES CLINIC							
9933139371	01/31/20 01/07/20 02/06/20			352.08	0.00	0.00	352.08
SUPPLIES CLINIC							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	W1300	GRAINGER		744.84	0.00	0.00	744.84

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
20676		01/29/20	01/28/20	01/28/20			75.00	0.00	0.00	75.00
	OUTSIDE SRV LAB & CARDIO									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY					75.00	0.00	0.00	75.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
98376		01/18/20	01/07/20	02/06/20			29.48	0.00	0.00	29.48
	SUPPLIES PLANT OPS									
98386		01/18/20	01/08/20	02/07/20			22.00	0.00	0.00	22.00
	SUPPLIES CLINIC									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE					51.48	0.00	0.00	51.48

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
CM6051		01/29/20	11/19/20	12/09/20			-54.03	0.00	0.00	-54.03
	FOOD SUPPLY CREDIT									
089243		01/29/20	01/03/20	01/23/20			41.72	0.00	0.00	41.72
	FOOD SUPPLIES DIETARY									
090386		01/29/20	01/03/20	01/23/20			18.80	0.00	0.00	18.80
	FOOD SUPPLIES DIETARY									
093762		01/29/20	01/05/20	01/25/20			41.56	0.00	0.00	41.56
	FOOD SUPPLIES DIETARY									
024389		01/29/20	01/18/20	02/05/20			17.37	0.00	0.00	17.37
	FOOD SUPPLIES DIETARY									
042616		01/29/20	01/26/20	02/05/20			61.22	0.00	0.00	61.22
	FOOD SUPPLIES DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY					126.64	0.00	0.00	126.64

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
INV667446		01/14/20	01/08/20	02/07/20			176.23	0.00	0.00	176.23
	SUPPLIES SURGERY									
INV666713		01/18/20	01/06/20	02/06/20			34.79	0.00	0.00	34.79
	SUPPLIES CLINIC									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	H1226	HEALTHMARK INDUSTRIES CO INC					211.02	0.00	0.00	211.02

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
38411087		01/22/20	01/06/20	02/06/20			25.43	0.00	0.00	25.43
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL	25.43	0.00	0.00	25.43

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
915847039		01/22/20	01/08/20	02/07/20			121.45	0.00	0.00	121.45
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	121.45	0.00	0.00	121.45

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
20677		01/29/20	01/13/20	01/13/20			148.26	0.00	0.00	148.26
	FOOD SUPPLIES DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11098	JERI DAVIS	148.26	0.00	0.00	148.26

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
20655		01/29/20	01/29/20	01/29/20			957.50	0.00	0.00	957.50
	EMPLOYEE PERSONAL INVES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	957.50	0.00	0.00	957.50

Vendor# Vendor Name Class Pay Code

11153 MARK HAMILTON

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
556174		01/29/20	01/14/20	01/14/20			1,400.00	0.00	0.00	1,400.00
	GRASS FOR CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11153	MARK HAMILTON	1,400.00	0.00	0.00	1,400.00

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
M0021295		01/29/20	01/07/20	02/06/20			175.93	0.00	0.00	175.93
	SUPPLIES LAB									
WCM0021080		01/29/20	01/07/20	02/06/20			-33.00	0.00	0.00	-33.00
	CREDIT CLINIC SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	142.93	0.00	0.00	142.93

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
INV001481300		01/18/20	01/07/20	02/06/20			138.90	0.00	0.00	138.90
	SUPPLIES PLANT OPS									
INV001481420		01/18/20	01/07/20	02/06/20			344.23	0.00	0.00	344.23
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1500	MARKS PLUMBING PARTS	483.13	0.00	0.00	483.13

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
	20667		01/29/20	01/29/20	01/29/20		100.00	0.00	0.00	100.00
		CO PAYS CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				100.00	0.00	0.00	100.00
Vendor#	Vendor Name				Class	Pay Code				
M2621	MMC AUXILIARY GIFT SHOP				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20678		01/29/20	01/28/20	01/28/20		150.39	0.00	0.00	150.39
		EMPLOYEE GIFT SHOP PURC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				150.39	0.00	0.00	150.39
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
	8406316		01/29/20	01/26/20	01/27/20		64.55	0.00	0.00	64.55
		PHARMACY DRUGS								
	7343		01/29/20	01/26/20	01/27/20		-1,124.05	0.00	0.00	-1,124.05
		PHARMACY CREDIT								
	8406317		01/29/20	01/26/20	01/27/20		1,510.54	0.00	0.00	1,510.54
		PHARMACY DRUGS								
	8406318		01/29/20	01/26/20	01/27/20		302.00	0.00	0.00	302.00
		PHARMACY DRUGS								
	8409744		01/29/20	01/27/20	01/28/20		302.41	0.00	0.00	302.41
		PHARMACY DRUGS								
	8415675		01/29/20	01/28/20	01/29/20		811.45	0.00	0.00	811.45
		PHARMACY DRUGS								
	8415677		01/29/20	01/28/20	01/29/20		5,795.92	0.00	0.00	5,795.92
		PHARMACY DRUGS								
	8415676		01/29/20	01/28/20	01/29/20		16.60	0.00	0.00	16.60
		PHARMACY DRUGS								
	8415678		01/29/20	01/28/20	01/29/20		129.45	0.00	0.00	129.45
		PHARMACY DRUGS								
	7732		01/31/20	01/28/20	01/29/20		-0.71	0.00	0.00	-0.71
		PHARMACY CREDIT								
	CM95109		01/31/20	01/29/20	01/30/20		-680.19	0.00	0.00	-680.19
		PHARMACY DRUGS CREDIT								
	8417983		01/31/20	01/29/20	01/30/20		419.15	0.00	0.00	419.15
		PHARMACY DRUGS								
	8419038		01/31/20	01/29/20	01/30/20		35.80	0.00	0.00	35.80
		PHARMACY DRUGS								
	CM95110		01/31/20	01/29/20	01/30/20		-10.38	0.00	0.00	-10.38
		PHARMACY CREDIT								
	8419035		01/31/20	01/29/20	01/30/20		2.77	0.00	0.00	2.77
		PHARMACY DRUGS								
	8419037		01/31/20	01/29/20	01/30/20		277.24	0.00	0.00	277.24
		PHARMACY DRUGS								
	8419036		01/31/20	01/29/20	01/30/20		25.15	0.00	0.00	25.15
		PHARMACY DRUGS								

8158		02/02/20	02/01/20	02/02/20		-9.80	0.00	0.00	-9.80
	PHARMACY CREDIT								
8428128		02/02/20	02/01/20	02/02/20		48.49	0.00	0.00	48.49
	PHARMACY DRUGS								
8428127		02/02/20	02/01/20	02/02/20		1,059.48	0.00	0.00	1,059.48
	PHARMACY CREDIT								
8428126		02/02/20	02/01/20	02/02/20		72.90	0.00	0.00	72.90
	PHARMACY DRUGS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC				9,048.77	0.00	0.00	9,048.77

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
20679		01/29/20	01/26/20	01/26/20		229.12	0.00	0.00	229.12
	TRAVEL EXPENSE INFECTION								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER				229.12	0.00	0.00	229.12

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
816655543001		01/22/20	01/08/20	02/07/20		61.74	0.00	0.00	61.74
	OFFICE SUPPLIES BUS OFFIC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT				61.74	0.00	0.00	61.74

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
211767		01/31/20	01/17/20	02/05/20		200.00	0.00	0.00	200.00
	OUTSIDE SRV CLINIC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10777	OSCAR TORRES				200.00	0.00	0.00	200.00

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
2012498468		01/13/20	12/10/20	02/06/20		3,793.83	0.00	0.00	3,793.83
	CS INVENTORY								
2013317531		01/14/20	01/07/20	02/06/20		29.72	0.00	0.00	29.72
	CS INVENTORY								
2013318792		01/14/20	01/07/20	02/06/20		28.63	0.00	0.00	28.63
	CS INVENTORY								
2013316796		01/14/20	01/07/20	02/06/20		18.58	0.00	0.00	18.58
	SUPPLIES SURGERY								
2013316331		01/14/20	01/07/20	02/06/20		67.94	0.00	0.00	67.94
	SUPPLIES SURGERY								
2013316415		01/14/20	01/07/20	02/06/20		298.57	0.00	0.00	298.57
	SUPPLIES PT & SURGERY								
2013316145		01/14/20	01/07/20	02/06/20		73.88	0.00	0.00	73.88
	SUPPLIES LAB								
2013323361		01/26/20	01/07/20	02/06/20		1,666.70	0.00	0.00	1,666.70
	SUPPLIES VARIOUS DEPTS								
2013034425		01/27/20	12/29/20	02/06/20		2,800.36	0.00	0.00	2,800.36
	CS INVENTORY								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR				8,778.21	0.00	0.00	8,778.21

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
	3241994		01/22/20	01/07/20	02/06/20		146.97	0.00	0.00	146.97
		SUPPLIES CS								
	3241232		01/22/20	01/07/20	02/06/20		46.09	0.00	0.00	46.09
		CS INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	193.06	0.00	0.00	193.06

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
	20680		01/29/20	10/30/20	11/29/20		835.00	0.00	0.00	835.00
		READ FEES XRAY								
	20681		01/29/20	12/31/20	01/30/20		30.00	0.00	0.00	30.00
		READ FEES XRAY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1268	RADIOLOGY UNLIMITED, PA	865.00	0.00	0.00	865.00

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-08499		01/29/20	12/01/20	12/31/20		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				
10625	SARA SEGURA Rubio								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20682		01/29/20	01/26/20	01/26/20		229.12	0.00	0.00	229.12
		TRAVEL EXPENSE ER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA SEGURA	229.12	0.00	0.00	229.12

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
	20690		01/31/20	01/31/20	01/31/20		1,560.10	0.00	0.00	1,560.10
		OUTSIDE SRV TRANSCRIPTIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	1,560.10	0.00	0.00	1,560.10

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
	221821		01/18/20	01/07/20	02/06/20		340.00	0.00	0.00	340.00
		OUTSIDE SRV DIETARY								

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

Vendor#	Vendor Name			Class	Pay Code				
10808	TEXAS PRESCRIPTION PROGRAM								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

20683		01/29/20	01/26/20	01/26/20		45.00	0.00	0.00	45.00
SUPPLIES CLINIC									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10808	TEXAS PRESCRIPTION PROGRAM				45.00	0.00	0.00	45.00
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
20671		01/29/20	01/29/20	01/29/20		141.65	0.00	0.00	141.65
GARNISHMENT FOR STUDEN									
20670		01/29/20	01/29/20	01/29/20		83.95	0.00	0.00	83.95
GARNISHMENT FOR STUDEN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2303	TG				225.60	0.00	0.00	225.60
Vendor#	Vendor Name				Class	Pay Code			
T4400	TORCH				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
016.119		01/26/20	01/01/20	02/06/20		4,450.00	0.00	0.00	4,450.00
DUES & SUBCRIPTIONS ADMI									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T4400	TORCH				4,450.00	0.00	0.00	4,450.00
Vendor#	Vendor Name				Class	Pay Code			
U1064	UNIFIRST HOLDINGS INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8400211159		01/31/20	01/08/20	02/07/20		799.48	0.00	0.00	799.48
LAUNDRY HOUSEKEEPING									
8400211117		01/31/20	01/08/20	02/07/20		370.62	0.00	0.00	370.62
LAUNDRY SURGERY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				1,170.10	0.00	0.00	1,170.10
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
6640504		01/13/20	01/08/20	02/07/20		151.98	0.00	0.00	151.98
EMPLOYEE UNIFORMS									
6640501		01/13/20	01/08/20	02/07/20		134.99	0.00	0.00	134.99
EMPLOYEE UNIFORMS									
6640505		01/18/20	01/08/20	02/07/20		118.92	0.00	0.00	118.92
EMPLOYEE UNIFORMS									
6640502		01/18/20	01/08/20	02/07/20		221.93	0.00	0.00	221.93
EMPLOYEE UNIFORMS									
6640500		01/18/20	01/08/20	02/07/20		100.93	0.00	0.00	100.93
EMPLOYEE UNIFORMS									
6640503		01/18/20	01/08/20	02/07/20		123.93	0.00	0.00	123.93
EMPLOYEE UNIFORMS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE				852.68	0.00	0.00	852.68
Vendor#	Vendor Name				Class	Pay Code			
U2000	US POSTAL SERVICE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20687		01/31/20	01/28/20	01/28/20		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			
V0554	VCS SECURITY SYSTEMS			W				
	Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	97786	01/31/20	12/22/20	01/21/20		999.00	0.00	0.00	999.00
	OUTSIDE SRV MAINT								
	97819	01/31/20	12/22/20	01/21/20		495.00	0.00	0.00	495.00
	OUTSIDE SRV MAINT								
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net
	V0554 VCS SECURITY SYSTEMS					1,494.00	0.00	0.00	1,494.00
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
	1977697011916	01/31/20	01/19/20	02/05/20		60.57	0.00	0.00	60.57
	TELEPHONE EXPENSE					60.67			60.67
	5521567011916	01/31/20	01/19/20	02/05/20		52.00	0.00	0.00	52.00
	TELEPHONE EXPENSE								
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net
	V0555 VERIZON SOUTHWEST					112.57	0.00	0.00	112.57
Vendor#	Vendor Name			Class	Pay Code	112.67			112.67
V0559	VERIZON WIRELESS								
	Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9758975525	01/29/20	01/16/20	02/05/20		238.70	0.00	0.00	238.70
	TELEPHONE EXPENSE								
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net
	V0559 VERIZON WIRELESS					238.70	0.00	0.00	238.70
Vendor#	Vendor Name			Class	Pay Code				
10915	WAGEWORKS								
	Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20668	01/29/20	01/29/20	01/29/20		1,666.95	0.00	0.00	1,666.95
	FLEX SPENDING FUNDING								
	Vendor Totals Number Name					Gross	Discount	No-Pay	Net
	10915 WAGEWORKS					1,666.95	0.00	0.00	1,666.95

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	77,145.30	0.00	0.00	77,145.30

Pg 11 correction

{ <60.57>
{ + 60.67

$77,145.40

APPROVED ON
FEB 03 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 164856 to #164916

Michael J. Pfeifer
Calhoun County Judge
Date: 2-5-16

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	164856	02/03/16	440.00	CHRIS KOVAREK
A/P	164857	02/03/16	403.49	DEWITT POTH & SON
A/P	164858	02/03/16	193.06	PRECISION DYNAMICS CORP (PDC)
A/P	164859	02/03/16	3,938.48	CAREFUSION 211, INC
A/P	164860	02/03/16	805.27	GE HEALTHCARE IITS USA CORP
A/P	164861	02/03/16	.00	VOIDED
A/P	164862	02/03/16	9,048.77	MORRIS & DICKSON CO, LLC
A/P	164863	02/03/16	2,345.20	BKD, LLP
A/P	164864	02/03/16	229.12	SARA SEGURA
A/P	164865	02/03/16	200.00	OSCAR TORRES
A/P	164866	02/03/16	45.00	TEXAS PRESCRIPTION PROGRAM
A/P	164867	02/03/16	1,666.95	WAGEWORKS
A/P	164868	02/03/16	100.00	MEMORIAL MEDICAL CLINIC
A/P	164869	02/03/16	957.50	M G TRUST
A/P	164870	02/03/16	4,050.00	RECONDO
A/P	164871	02/03/16	75.00	FIRST CLEARING
A/P	164872	02/03/16	901.03	BIRCH COMMUNICATIONS
A/P	164873	02/03/16	2,992.50	FUSION MEDICAL STAFFING, LLC
A/P	164874	02/03/16	220.00	EXECUTIVE COUNCIL OF PHYSICAL
A/P	164875	02/03/16	500.00	DR JEWEL LINCOLN
A/P	164876	02/03/16	148.26	JERI DAVIS
A/P	164877	02/03/16	1,400.00	MARK HAMILTON
A/P	164878	02/03/16	23.50	DAYNA LAMPLEY
A/P	164879	02/03/16	51.48	GULF COAST HARDWARE / ACE
A/P	164880	02/03/16	197.20	AMERISOURCEBERGEN DRUG CORP
A/P	164881	02/03/16	58.13	AIRGAS-SOUTHWEST
A/P	164882	02/03/16	229.12	NADINE GARNER
A/P	164883	02/03/16	179.10	BAXTER HEALTHCARE CORP
A/P	164884	02/03/16	4,252.30	BECKMAN COULTER INC
A/P	164885	02/03/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	164886	02/03/16	1,098.25	CITY OF PORT LAVACA
A/P	164887	02/03/16	222.49	CDW GOVERNMENT, INC.
A/P	164888	02/03/16	16,023.00	EVIDENT
A/P	164889	02/03/16	17.61	DETAR HOSPITAL
A/P	164890	02/03/16	80.50	DOWNTOWN CLEANERS
A/P	164891	02/03/16	79.95	DLE PAPER & PACKAGING
A/P	164892	02/03/16	83.76	CENTERPOINT ENERGY ENTEX
A/P	164893	02/03/16	634.75	FISHER HEALTHCARE
A/P	164894	02/03/16	75.00	GULF COAST DELIVERY
A/P	164895	02/03/16	126.64	H E BUTT GROCERY
A/P	164896	02/03/16	211.02	HEALTHMARK INDUSTRIES CO INC
A/P	164897	02/03/16	25.43	INDEPENDENCE MEDICAL
A/P	164898	02/03/16	121.45	J & J HEALTH CARE SYSTEMS, INC
A/P	164899	02/03/16	1,560.10	SHIRLEY KARNEI
A/P	164900	02/03/16	483.13	MARKS PLUMBING PARTS
A/P	164901	02/03/16	142.93	MARKETLAB, INC
A/P	164902	02/03/16	150.39	MMC AUXILIARY GIFT SHOP
A/P	164903	02/03/16	61.74	OFFICE DEPOT
A/P	164904	02/03/16	.00	VOIDED
A/P	164905	02/03/16	8,778.21	OWENS & MINOR

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164906	02/03/16	865.00	RADIOLOGY UNLIMITED, PA
A/P	164907	02/03/16	340.00	STANFORD VACUUM SERVICE
A/P	164908	02/03/16	225.60	TG
A/P	164909	02/03/16	4,450.00	TORCH
A/P	164910	02/03/16	852.68	UNIFORM ADVANTAGE
A/P	164911	02/03/16	1,170.10	UNIFIRST HOLDINGS INC
A/P	164912	02/03/16	1,000.00	US POSTAL SERVICE
A/P	164913	02/03/16	1,494.00	VCS SECURITY SYSTEMS
A/P	164914	02/03/16	112.67	VERIZON SOUTHWEST
A/P	164915	02/03/16	238.70	VERIZON WIRELESS
A/P	164916	02/03/16	744.84	GRAINGER
TOTALS:			77,145.40	

RUN DATE:02/04/16 MEMORIAL MEDICAL CENTER CRT#019 PAGE 1
TIME:13:54 EDIT LIST FOR BATCH 019 4838 TRANSACTION SEQUENCE GLEDIT

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION	
1	10000000		02/04/16	CD	3,557.00CR	11150	A/PC164917	ADELIA WALTERSCHEID	OPERATING	-CASH
	20000000		02/04/16	CD	3,557.00	11150	A/PC164917	ADELIA WALTERSCHEID	ACCOUNTS PAYABLE	-A/P
	30000000					22300		329834		

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

JOURNAL	YRMO	COUNT	DEBIT	CREDIT
CD	1602	2	3,557.00	3,557.00
	TOTAL	2	3,557.00	3,557.00

Swingbed Program

ACCOUNT TOTAL RECAP ON NEXT PAGE

APPROVED
ON

FEB 04 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 164917

Michael J. Pfeifer
Calhoun County Judge
Date 2-25-16

RUN DATE:02/04/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:56 CHECK REGISTER GLCKREG
02/04/16 THRU 02/04/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164917	02/04/16	3,557.00	ADELIA WALTERSCHEID
TOTALS:			3,557.00	

Memorial Medical Center
Payables List
2-4-16
Furniture-NewClinic

APPROVED ON FEB 04 2016

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 2-25-16

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

113

DATE 2/5/2016 88-502/1131

PAY TO THE ORDER OF Staples Advantage $ 133,729.66/xx

One Hundred Thirty Three Thousand Seven Hundred Twenty Nine & 66/xx DOLLARS

Security Features Included. Details on Back.

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

Calhoun County Auditor Cindy Mueller

FOR Clinic Furniture

Calhoun County Treasurer MP

⑈ 025⑈ ⑆154⑆

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

VOID 112

DATE 2/4/2016 88-502/1131

PAY TO THE ORDER OF Staples Advantage $ 133,729.66/xx

One Hundred Thirty Three Seven Hundred Twenty Nine & 66/xx DOLLARS

Security Features Included. Details on Back.

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

Calhoun County Auditor Cindy Mueller

FOR Clinic Furniture

Calhoun County Treasurer Rhonda S. Kuykendall MP

50251 ⑆154⑆

Ø

RUN DATE:02/05/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:12 CHECK REGISTER GLCKREG
02/04/16 THRU 02/05/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
C/C	000112	02/04/16	.00	STAPLES ADVANTAGE
C/C	000113	02/05/16	133,729.66	STAPLES ADVANTAGE
TOTALS:			133,729.66	

CK# 112 was voided

and CK # 113 was issued

RUN DATE:02/05/16 MEMORIAL MEDICAL CENTER CRT#019 PAGE 1
TIME:08:56 EDIT LIST FOR BATCH 019 4839 TRANSACTION SEQUENCE GLEDIT

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION
1	20000000		02/05/16	PJ	62,000.00CR	11112	MMC0006	VICTORIA PROFESSIONAL	INV DT=02/04/16 DUE=020416
2	40530026		02/05/16	PJ	62,000.00	11112	MMC0006	VICTORIA PROFESSIONAL	PROF FEES -HOSPITA
	60530026					22224		12	

Hospitalist Coverage
January 2016

-R E C A P-

JOURNAL	YRMO	COUNT	DEBIT	CREDIT		
PJ	1602	2	62,000.00	62,000.00		
	TOTAL	2	62,000.00	62,000.00	A/P TOTAL	62,000.00

ACCOUNT TOTAL RECAP ON NEXT PAGE

Michael J. Pfeifer
Calhoun County Judge
Date: 2-25-16

APPROVED
ON
FEB 05 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK # 164918

RUN DATE:02/05/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:59 CHECK REGISTER GLCKREG
02/05/16 THRU 02/05/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164918	02/05/16	62,000.00	VICTORIA PROFESSIONAL
TOTALS:			62,000.00	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
2/8/2016

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	193,122.27	138,839.03	-	193,022.27	-	-	138,939.03	138,839.03

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Accor 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	310,624.93	79,937.42	-	310,524.93	-	-	80,037.42	79,937.42
Crescent	4588	223,805.79	44,779.25	-	223,705.79	-	-	44,879.25	44,779.25
Broadmoor	4596	370,464.29	39,386.23	-	370,364.29	-	-	39,486.23	39,386.23
Fort Bend	4618	69,717.74	46,192.53	-	69,617.74	-	-	46,292.53	46,192.53
									210,295.43

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

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 2-25-16

APPROVED
FEB - 8 2016
COUNTY AUDITOR

A:\NH Weekly Transfers\NH UPL Transfer Summary 2-8-16.xlsx

IBC Bank Activity
2/1/16 through 2/7/16

Ashford Gardens				Transfer-Out	Transfer-In			
2/1/2016	113105025	4553	142 ACH CREDIT RECEIVED		9,431.90	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/2/2016	113105025	4553	142 ACH CREDIT RECEIVED		4,404.36	PN1326436189		Molina HC of TX Molina HC
2/2/2016	113105025	4553	495 OUTGOING MONEY TRANSFER	193,022.27				ASHFORD HEALTH CARE CENTER LTD
2/3/2016	113105025	4553	142 ACH CREDIT RECEIVED		623.44	PN1326436189		Molina HC of TX Molina HC
2/3/2016	113105025	4553	142 ACH CREDIT RECEIVED		188.84	675423		NOVITAS SOLUTION HCCLAIMPMT
2/4/2016	113105025	4553	142 ACH CREDIT RECEIVED		85.49	PN1326436189		Molina HC of TX Molina HC
2/4/2016	113105025	4553	142 ACH CREDIT RECEIVED		73.37	675423		NOVITAS SOLUTION HCCLAIMPMT
2/5/2016	113105025	4553	142 ACH CREDIT RECEIVED		739.70	PN1326436189		Molina HC of TX Molina HC
2/5/2016	113105025	4553	301 COMMERCIAL DEPOSIT		123,291.93	0	14044025	
				193,022.27	138,839.03			

Solera at West Houston				Transfer-Out	Transfer-In			
2/2/2016	113105025	4561	495 OUTGOING MONEY TRANSFER	310,524.93				CANTEX HEALTH CARE CENTERS LLC
2/2/2016	113105025	4561	142 ACH CREDIT RECEIVED		8,977.50	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/2/2016	113105025	4561	301 COMMERCIAL DEPOSIT		17,772.07	0	14002787	
2/4/2016	113105025	4561	142 ACH CREDIT RECEIVED		498.99	676310		NOVITAS SOLUTION HCCLAIMPMT
2/5/2016	113105025	4561	301 COMMERCIAL DEPOSIT		52,688.86	0	14044102	
				310,524.93	79,937.42			

Crescent				Transfer-Out	Transfer-In			
2/1/2016	113105025	4588	142 ACH CREDIT RECEIVED		4,422.18	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/1/2016	113105025	4588	142 ACH CREDIT RECEIVED		671.66	676323		NOVITAS SOLUTION HCCLAIMPMT
2/2/2016	113105025	4588	142 ACH CREDIT RECEIVED		390.53	676323		NOVITAS SOLUTION HCCLAIMPMT
2/2/2016	113105025	4588	495 OUTGOING MONEY TRANSFER	223,705.79				CANTEX HEALTH CARE CENTERS III
2/2/2016	113105025	4588	301 COMMERCIAL DEPOSIT		12,410.00	0	14002791	
2/2/2016	113105025	4588	142 ACH CREDIT RECEIVED		1,732.50	1.60129E+13		AMERIGROUP CORPO HCCLAIMPMT
2/4/2016	113105025	4588	142 ACH CREDIT RECEIVED		971.93	676323		NOVITAS SOLUTION HCCLAIMPMT
2/5/2016	113105025	4588	301 COMMERCIAL DEPOSIT		24,180.45	0	14044094	
				223,705.79	44,779.25			

Broadmoor				Transfer-Out	Transfer-In			
2/1/2016	113105025	4596	142 ACH CREDIT RECEIVED		288.27	676357		NOVITAS SOLUTION HCCLAIMPMT
2/2/2016	113105025	4596	301 COMMERCIAL DEPOSIT		13,136.00	0	14002794	
2/2/2016	113105025	4596	495 OUTGOING MONEY TRANSFER	370,364.29				CANTEX HEALTH CARE CENTERS III
2/5/2016	113105025	4596	142 ACH CREDIT RECEIVED		128.03	676357		NOVITAS SOLUTION HCCLAIMPMT
2/5/2016	113105025	4596	301 COMMERCIAL DEPOSIT		25,833.93	0	14044110	
				370,364.29	39,386.23			

Fort Bend				Transfer-Out	Transfer-In			
2/2/2016	113105025	4618	301 COMMERCIAL DEPOSIT		5,152.05	0	14002803	
2/2/2016	113105025	4618	142 ACH CREDIT RECEIVED		2,492.90	675663		NOVITAS SOLUTION HCCLAIMPMT
2/2/2016	113105025	4618	495 OUTGOING MONEY TRANSFER	69,617.74				CANTEX HEALTH CARE CENTERS III
2/2/2016	113105025	4618	142 ACH CREDIT RECEIVED		7,945.20	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/5/2016	113105025	4618	301 COMMERCIAL DEPOSIT		30,602.38	0	14044098	
				69,617.74	46,192.53			

Account Portfolio as of 02/08/2016 9:08:35 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	$138,939.03	$180,607.14
Memorial Medical Center	4561	$80,037.42	$80,037.42
Memorial Medical Center	4588	$44,879.25	$47,280.93
Memorial Medical Center	4596	$39,486.23	$45,930.15
Memorial Medical Center	4618	$46,292.53	$68,934.26
Memorial Medical Center Operat	0301	$1,869,131.96	$1,863,406.37
County of Calhoun Indigent	1101	$6,481.63	$6,481.63
Totals		**$2,250,317.84**	**$2,317,747.69**

RUN DATE:02/08/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:45 CHECK REGISTER and Payable List GLCKREG
02/08/16 THRU 02/08/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000726	02/08/16	949.81	MCKESSON
A/P	000727	02/08/16	52.64	MCKESSON
A/P	000728	02/08/16	296.42	MCKESSON
TOTALS:			1,298.87	

340 B Prescription Services

Michael J. Pfeifer
Calhoun County Judge
2-25-16

APPROVED ON
FEB 08 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/05/2016 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 02/05/2016

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

As of: 02/05/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 02/05/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/01/2016	02/09/2016	7729138025	1000759500	115Invoice	2.21	110.49		108.28	✓✓	7729138025	
12/01/2016	02/09/2016	7729138026	1000759904	115Invoice	1.76	88.16		86.40	✓✓	7729138026	
12/02/2016	02/09/2016	7729365183	1000760307	115Invoice	2.49	124.62		122.13	✓✓	7729365183	
12/03/2016	02/09/2016	7729599750	1000760960	115Invoice	6.11	305.52		299.41	✓✓	7729599750	
12/04/2016	02/09/2016	7729893812	1000761561	115Invoice	4.68	234.24		229.56	✓✓	7729893812	
12/05/2016	02/09/2016	7729983870	1000762252	115Invoice	2.12	106.15		104.03	✓✓	7729983870	

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

TOTAL:

Subtotals: 969.18 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 414.85
12/01/2016

If Paid By 02/09/2016,
Pay This Amount: 949.81 USD

If Paid After 02/09/2016,
Pay this Amount: 969.18 USD

Due If Paid On Time:
USD 949.81

Disc lost if paid late:
19.37

Due If Paid Late:
USD 969.18

ck # 726

APPROVED
ON

FEB 08 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 02/05/2016

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 02/05/2016

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 02/05/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 02/05/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/01/2016	02/09/2016	7729123121	3454581201	115Invoice	0.01	0.32		0.31 ✓		7729123121	
12/02/2016	02/09/2016	7729366168	3454581204	115Invoice	0.02	0.95		0.93 ✓		7729366168	
12/02/2016	02/09/2016	7729366171	1088015	115Invoice	0.12	5.92		5.80 ✓		7729366171	
12/04/2016	02/09/2016	7729892719	3454581210	115Invoice	0.93	46.53		45.60 ✓		7729892719	

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

TOTAL:

Subtotals: 53.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 211.54
12/01/2016

If Paid By 02/09/2016,
Pay This Amount: 52.64 USD

If Paid After 02/09/2016,
Pay this Amount: 53.72 USD

ck#727

Due If Paid On Time:
USD 52.64

Disc lost if paid late:
1.08

Due If Paid Late:
USD 53.72

APPROVED
ON
FEB 08 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

As of: 02/05/2016 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 02/05/2016

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

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

As of: 02/05/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 02/05/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
12/01/2016	02/09/2016	7729129677	1000758838	115Invoice	0.21	10.49		10.28 ✓✓		7729129677	
12/01/2016	02/09/2016	7729129679	1000759502	115Invoice	0.90	44.86		43.96 ✓✓		7729129679	
12/01/2016	02/09/2016	7729129680	1000759906	115Invoice	0.08	4.08		4.00 ✓✓		7729129680	
12/02/2016	02/09/2016	7729348603	1000760309	115Invoice	2.08	104.11		102.03 ✓✓		7729348603	
12/03/2016	02/09/2016	7729597009	1000760963	115Invoice	0.46	23.04		22.58 ✓✓		7729597009	
12/04/2016	02/09/2016	7729890008	1000761563	115Invoice	0.19	9.45		9.26 ✓✓		7729890008	
12/05/2016	02/09/2016	7729987001	1000762254	115Invoice	0.02	0.86		0.84 ✓✓		7729987001	
12/05/2016	02/09/2016	7729987003	1000762254	115Invoice	2.11	105.58		103.47 ✓✓		7729987003	

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

TOTAL:

Subtotals: 302.47 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 740.23
12/01/2016

If Paid By 02/09/2016,
Pay This Amount: 296.42 USD

If Paid After 02/09/2016,
Pay this Amount: 302.47 USD

Due If Paid On Time:
USD 296.42

Disc lost if paid late:
6.05

Due If Paid Late:
USD 302.47

ck # 728

APPROVED ON
FEB 08 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

FEB 10 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/10/2016
10:28

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 02/09/2016

0
ap_open_invoice.template

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
371388		02/09/20	02/04/20	02/08/20			30,915.06	0.00	0.00	30,915.06
	EMPLOYEE INS PREMIUMS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	30,915.06	0.00	0.00	30,915.06 ✓

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
49500945 ✓		01/31/20	12/14/20	02/09/20			114.50	0.00	0.00	114.50 ✓
	SUPPLIES RECOVERY									
49602609 ✓		01/31/20	12/24/20	02/09/20			756.97	0.00	0.00	756.97 ✓
	CS INVENTORY & RECOVERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	871.47	0.00	0.00	871.47

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
105391137		01/31/20	01/10/20	02/09/20			9,664.79	0.00	0.00	9,664.79 ✓
	LAB SUPPLIES									
105391231 ✓		01/31/20	01/10/20	02/09/20			168.71	0.00	0.00	168.71 ✓
	SUPPLIES LAB									
105392644 ✓		01/31/20	01/11/20	02/09/20			2,152.11	0.00	0.00	2,152.11 ✓
	SUPPLIES LAB									
105402090 ✓		01/31/20	01/14/20	02/09/20			89.52	0.00	0.00	89.52 ✓
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	12,075.13	0.00	0.00	12,075.13

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
20698		02/09/20	02/08/20	02/08/20			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
10850	CALHOUN CO CLERKS OFFICE ✓	I/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20493		02/09/20	02/08/20	02/08/20			140.00	0.00	0.00	140.00
	ASSUMED NAME DOCUMENT:									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10850	CALHOUN CO CLERKS OFFICE	140.00	0.00	0.00	140.00 ✓

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
448755		01/31/20	01/30/20	02/09/20			51.00	0.00	0.00	51.00
	OUTSIDE SRV GROUNDS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1203	CALHOUN COUNTY WASTE MGMT	51.00	0.00	0.00	51.00 ✓

Vendor#	Vendor Name	Class	Pay Code
E1270	CENTERPOINT ENERGY ENTEX ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20699	FUEL PLANT OPS	02/09/20	01/29/20	02/08/20			49.54 45.76	0.00	0.00	49.54 45.76

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY ENTEX	49.54 45.76	0.00	0.00	49.54 45.76

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
2172544 ✓	SUPPLIES DIETARY	02/09/20	01/08/20	01/18/20			283.50	0.00	0.00	283.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1410	CERTIFIED LABORATORIES	283.50	0.00	0.00	283.50 ✓

Vendor#	Vendor Name	Class	Pay Code
11065	CIRRUS HOLDINGS USA, LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0060730	PROF FEES OB	02/09/20	06/12/20	07/12/20			2,052.00	0.00	0.00	2,052.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11065	CIRRUS HOLDINGS USA, LLC	2,052.00	0.00	0.00	2,052.00 ✓

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
20696	EMPLOYEE PERSONAL INS	02/09/20	02/01/20	02/01/20			2,680.82	0.00	0.00	2,680.82

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE CO	2,680.82	0.00	0.00	2,680.82 ✓

Vendor#	Vendor Name	Class	Pay Code
11107	COURTNE THURLKILL ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20694	OUTSIDE SRV CLINIC	02/09/20	02/02/20	02/02/20			528.00	0.00	0.00	528.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11107	COURTNE THURLKILL	528.00	0.00	0.00	528.00 ✓

Vendor#	Vendor Name	Class	Pay Code
10646	COVIDIEN ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22448243 ✓	QUART PAY MAINT CONTR VE	02/09/20	01/07/20	02/06/20			1,050.58	0.00	0.00	1,050.58

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
10556	CPP WOUND CARE #28,LLC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
18746 ✓	OUTSIDE SRV WOUND CARE	01/13/20	01/10/20	02/09/20			24,150.00	0.00	0.00	24,150.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10556	CPP WOUND CARE #28,LLC	24,150.00	0.00	0.00	24,150.00 ✓

Vendor#	Vendor Name	Class	Pay Code

11082 EXECUTIVE COUNCIL OF PHYSICAL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20689		01/31/20	01/26/20	02/09/20		220.00	0.00	0.00	220.00
	FACILTY RENEWAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11082	EXECUTIVE COUNCIL OF PHYSICAL	220.00	0.00	0.00	220.00

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
5-301-68625		02/09/20	01/28/20	02/08/20		26.67	0.00	0.00	26.67
	FREIGHT EXP ER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	26.67	0.00	0.00	26.67

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
5172		02/09/20	01/20/20	02/01/20		200.00	0.00	0.00	200.00
	BOND POLICY RENEWAL								
5171		02/09/20	01/20/20	02/01/20		200.00	0.00	0.00	200.00
	BOND POLICY RENEWAL								
5173		02/09/20	01/20/20	02/01/20		250.00	0.00	0.00	250.00
	BOND POLICY RENEWAL								
5174		02/09/20	01/20/20	02/01/20		1,000.00	0.00	0.00	1,000.00
	BOND POLICY RENEWAL								
5170		02/09/20	01/20/20	02/01/20		200.00	0.00	0.00	200.00
	BOND POLICY RENEWAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1227	HEALTHSURE INSURANCE SERVICES	1,850.00	0.00	0.00	1,850.00

Vendor# Vendor Name — Class — Pay Code

11159 MEMORIAL MEDICAL CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20703		02/10/20	02/08/20	02/08/20		100.00	0.00	0.00	100.00
	TO OPEN NH BANK ACCT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11159	MEMORIAL MEDICAL CENTER	100.00	0.00	0.00	100.00

Vendor# Vendor Name — Class — Pay Code

11160 MEMORIAL MEDICAL CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20704		02/10/20	02/08/20	02/08/20		100.00	0.00	0.00	100.00
	TO OPEN NH BANK ACCT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11160	MEMORIAL MEDICAL CENTER	100.00	0.00	0.00	100.00

Vendor# Vendor Name — Class — Pay Code

11157 MEMORIAL MEDICAL CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20701		02/10/20	02/08/20	02/08/20		100.00	0.00	0.00	100.00
	TO OPEN NH BANK ACCT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11157	MEMORIAL MEDICAL CENTER	100.00	0.00	0.00	100.00

Vendor# Vendor Name — Class — Pay Code

11156 MEMORIAL MEDICAL CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20700		02/10/20	02/08/20	02/08/20		100.00	0.00	0.00	100.00
	TO OPEN NH BANK ACCT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11156	MEMORIAL MEDICAL CENTER				100.00	0.00	0.00	100.00

Vendor# Vendor Name — Class — Pay Code

11158 MEMORIAL MEDICAL CENTER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20702		02/10/20	02/08/20	02/08/20		100.00	0.00	0.00	100.00
	TO OPEN NH BANK ACCT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11158	MEMORIAL MEDICAL CENTER				100.00	0.00	0.00	100.00

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
FEBRUARY12012		02/09/20	02/01/20	02/01/20		4,917.59	0.00	0.00	4,917.59
	EMPLOYEE HEALTH CLAIMS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN				4,917.59	0.00	0.00	4,917.59

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
671216		02/09/20	02/01/20	02/01/20		106.85	0.00	0.00	106.85
	CREDIT CARD MACHINE FEE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS				106.85	0.00	0.00	106.85

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
8433930		02/09/20	02/02/20	02/03/20		1,192.64	0.00	0.00	1,192.64
	PHARMACY DRUGS								
8433933		02/09/20	02/02/20	02/03/20		479.15	0.00	0.00	479.15
	PHARMACY DRUGS								
8433932		02/09/20	02/02/20	02/03/20		147.45	0.00	0.00	147.45
	PHARMACY DRUGS								
8824		02/09/20	02/02/20	02/03/20		-109.70	0.00	0.00	-109.70
	PHARMACY CREDIT								
8433931		02/09/20	02/02/20	02/03/20		152.18	0.00	0.00	152.18
	PHARMACY DRUGS								
8454		02/09/20	02/02/20	02/03/20		-5.00	0.00	0.00	-5.00
	PHARMACY CREDIT								
8433929		02/09/20	02/02/20	02/03/20		911.58	0.00	0.00	911.58
	PHARMACY DRUGS								
8439058		02/09/20	02/03/20	02/04/20		749.98	0.00	0.00	749.98
	PHARMACY DRUGS								
8439403		02/09/20	02/03/20	02/04/20		48.68	0.00	0.00	48.68
	PHARMACY DRUGS								
8439402		02/09/20	02/03/20	02/04/20		41.03	0.00	0.00	41.03
	PHARMACY DRUGS								
8439060		02/09/20	02/03/20	02/04/20		8.00	0.00	0.00	8.00
	PHARMACY DRUGS								
8439059		02/09/20	02/03/20	02/04/20		1,460.97	0.00	0.00	1,460.97

	PHARMACY DRUGS								
8437273 ✓		02/09/20	02/03/20	02/04/20		189.20	0.00	0.00	189.20 ✓
	PHARMACY DRUGS								
8442571 ✓		02/09/20	02/04/20	02/05/20		622.41	0.00	0.00	622.41 ✓
	PHARMACY DRUGS								
8443374 ✓		02/09/20	02/04/20	02/05/20		197.03	0.00	0.00	197.03 ✓
	PHARMACY DRUGS								
8442572 ✓		02/09/20	02/04/20	02/05/20		248.81	0.00	0.00	248.81 ✓
	PHARMACY DRUGS								
8442570 ✓		02/09/20	02/04/20	02/05/20		173.06	0.00	0.00	173.06 ✓
	PHARMACY DRUGS								
8446912 ✓		02/09/20	02/05/20	02/06/20		5,842.49	0.00	0.00	5,842.49 ✓
	PHARMACY DRUGS								
8446333 ✓		02/09/20	02/05/20	02/06/20		19.79	0.00	0.00	19.79 ✓
	PHARMACY DRUGS								
8446334 ✓		02/09/20	02/05/20	02/06/20		86.03	0.00	0.00	86.03 ✓
	PHARMACY DRUGS								
8447028 ✓		02/09/20	02/05/20	02/06/20		222.34	0.00	0.00	222.34 ✓
	PHARMACY DRUGS								
8446667 ✓		02/09/20	02/05/20	02/06/20		231.25	0.00	0.00	231.25 ✓
	PHARMACY DRUGS								
8446911 ✓		02/09/20	02/05/20	02/06/20		94.99	0.00	0.00	94.99 ✓
	PHARMACY DRUGS								
8456271 ✓		02/09/20	02/08/20	02/08/20		5.46	0.00	0.00	5.46 ✓
	PHARMACY DRUGS								
8452369 ✓		02/09/20	02/08/20	02/08/20		172.06	0.00	0.00	172.06 ✓
	PHARMACY DRUGS								
8456272 ✓		02/09/20	02/08/20	02/08/20		8.43	0.00	0.00	8.43 ✓
	PHARMACY DRUGS								
8456268 ✓		02/09/20	02/08/20	02/08/20		401.14	0.00	0.00	401.14 ✓
	PHARMACY DRUGS								
8456269 ✓		02/09/20	02/08/20	02/08/20		3,398.99	0.00	0.00	3,398.99 ✓
	PHARMACY DRUGS								
8456270 ✓		02/09/20	02/08/20	02/08/20		143.47	0.00	0.00	143.47 ✓
	PHARMACY DRUGS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC				17,133.91	0.00	0.00	17,133.91

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
	20995		02/09/20	02/03/20	02/03/20		31.32	0.00	0.00	31.32
		TRAVEL EXP INFECT CONTRC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2252	NADINE GARNER				31.32	0.00	0.00	31.32 ✓

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
	330005251665 ✓		02/09/20	02/02/20	02/08/20		30,493.68	0.00	0.00	30,493.68
		ELECTRICITY PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10601	NOBLE AMERICAS ENERGY				30,493.68	0.00	0.00	30,493.68 ✓

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
	2007237479		02/09/20	06/23/20	07/23/20		6.48	0.00	0.00	6.48
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR				6.48	0.00	0.00	6.48
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
	20691		01/31/20	02/01/20	02/09/20		1,335.00	0.00	0.00	1,335.00
		OUTSIDE SRV CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11069	PABLO GARZA				1,335.00	0.00	0.00	1,335.00
Vendor#	Vendor Name				Class	Pay Code				
11155	PARA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1060		02/09/20	01/04/20	02/03/20		2,000.00	0.00	0.00	2,000.00
		REV INTEGRITY PROGRAM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11155	PARA				2,000.00	0.00	0.00	2,000.00
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
	20692		01/31/20	12/31/20	02/09/20		135.00	0.00	0.00	135.00
		READ FEES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1268	RADIOLOGY UNLIMITED, PA				135.00	0.00	0.00	135.00
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
	20696		02/09/20	02/01/20	02/01/20		81.97	0.00	0.00	81.97
		TRAVEL EXPENSE ADMIN								
	10927		02/09/20	02/03/20	02/03/20		312.83	0.00	0.00	312.83
		TRAVEL EXP ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10927	ROSHANDA GRAY				394.80	0.00	0.00	394.80
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
	505293492		02/09/20	05/29/20	06/18/20		73.87	0.00	0.00	73.87
		SUPPLIES DIETARY								
	506162010		02/09/20	06/16/20	07/06/20		47.41	0.00	0.00	47.41
		SUPPLIES DIETARY								
	506231871		02/09/20	06/23/20	07/23/20		17.49	0.00	0.00	17.49
		FOOD SUPPLIES DIETARY								
	509303183		02/09/20	09/30/20	10/20/20		35.64	0.00	0.00	35.64
		FOOD SUPPLIES DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2951	SYSCO FOOD SERVICES OF				174.41	0.00	0.00	174.41
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
0019556		01/31/20	01/24/20	02/09/20		24.80	0.00	0.00	24.80
	DUES & SUBCRIPTIONS ADMI								
20697		02/09/20	04/05/20	05/05/20		24.80	0.00	0.00	24.80
	DUES & SUBCRIPTIONS ADMI								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE				49.60	0.00	0.00	49.60

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
8400209768		02/09/20	12/18/20	01/17/20		1,073.05	0.00	0.00	1,073.05
	LAUNDRY HOUSEKEEPING								
8400209725		02/09/20	12/18/20	01/17/20		519.55	0.00	0.00	519.55
	LAUNDRY SURGERY								
8400210827		02/09/20	01/05/20	02/04/20		150.60	0.00	0.00	150.60
	LAUNDRY HOUSEKEEPING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				1,743.20	0.00	0.00	1,743.20

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
4785325		02/09/20	01/12/20	02/01/20		65.56	0.00	0.00	65.56
	SUPPLIES DIETARY								
4855832		02/09/20	01/15/20	02/04/20		67.88	0.00	0.00	67.88
	SUPPLIES DIETARY								
4867735		02/09/20	01/18/20	02/07/20		1,928.21	0.00	0.00	1,928.21
	FOOD SUPPLIES DIETARY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE				2,061.65	0.00	0.00	2,061.65

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
16010221		02/09/20	01/31/20	02/01/20		300.00	0.00	0.00	300.00
	ADVERTISING ADMIN								
16010220		02/09/20	01/31/20	02/01/20		210.00	0.00	0.00	210.00
	ADVERTISING ADMIN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD				510.00	0.00	0.00	510.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	139,937.26	0.00	0.00	139,937.26

pg 2 correction { -(49.54) / 45.74

$139,933.48

APPROVED ON

FEB 10 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 164919 to # 164955

Michael J. Pfeifer
Calhoun County Judge
Date: 2-25-16

RUN DATE:02/10/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:41 CHECK REGISTER GLCKREG
02/10/16 THRU 02/10/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164919	02/10/16	2,061.65	US FOOD SERVICE
A/P	164920	02/10/16	.00	VOIDED
A/P	164921	02/10/16	17,133.91	MORRIS & DICKSON CO, LLC
A/P	164922	02/10/16	24,150.00	CPP WOUND CARE #28,LLC
A/P	164923	02/10/16	30,493.68	NOBLE AMERICAS ENERGY
A/P	164924	02/10/16	1,050.58	COVIDIEN
A/P	164925	02/10/16	4,917.59	MMC EMPLOYEE BENEFIT PLAN
A/P	164926	02/10/16	30,915.06	ALLIED BENEFIT SYSTEMS
A/P	164927	02/10/16	140.00	CALHOUN CO CLERKS OFFICE
A/P	164928	02/10/16	394.80	ROSHANDA GRAY
A/P	164929	02/10/16	2,680.82	COMBINED INSURANCE CO
A/P	164930	02/10/16	2,052.00	CIRRUS HOLDINGS USA, LLC
A/P	164931	02/10/16	1,335.00	PABLO GARZA
A/P	164932	02/10/16	220.00	EXECUTIVE COUNCIL OF PHYSICAL
A/P	164933	02/10/16	528.00	COURTNE THURLKILL
A/P	164934	02/10/16	2,000.00	PARA
A/P	164935	02/10/16	100.00	MEMORIAL MEDICAL CENTER
A/P	164936	02/10/16	100.00	MEMORIAL MEDICAL CENTER
A/P	164937	02/10/16	100.00	MEMORIAL MEDICAL CENTER
A/P	164938	02/10/16	100.00	MEMORIAL MEDICAL CENTER
A/P	164939	02/10/16	100.00	MEMORIAL MEDICAL CENTER
A/P	164940	02/10/16	31.32	NADINE GARNER
A/P	164941	02/10/16	871.47	BAXTER HEALTHCARE CORP
A/P	164942	02/10/16	12,075.13	BECKMAN COULTER INC
A/P	164943	02/10/16	1,400.00	CABLE ONE
A/P	164944	02/10/16	51.00	CALHOUN COUNTY WASTE MGMT
A/P	164945	02/10/16	283.50	CERTIFIED LABORATORIES
A/P	164946	02/10/16	45.76	CENTERPOINT ENERGY ENTEX
A/P	164947	02/10/16	26.67	FEDERAL EXPRESS CORP.
A/P	164948	02/10/16	1,850.00	HEALTHSURE INSURANCE SERVICES
A/P	164949	02/10/16	106.85	MMC VOLUNTEERS
A/P	164950	02/10/16	6.48	OWENS & MINOR
A/P	164951	02/10/16	135.00	RADIOLOGY UNLIMITED, PA
A/P	164952	02/10/16	174.41	SYSCO FOOD SERVICES OF
A/P	164953	02/10/16	1,743.20	UNIFIRST HOLDINGS INC
A/P	164954	02/10/16	49.60	THE VICTORIA ADVOCATE
A/P	164955	02/10/16	510.00	VICTORIA RADIOWORKS, LTD
TOTALS:			139,933.48	

Ref: --

Invoice

1106 HWY 6 SOUTH
HOUSTON, TX 77077
PH. (281) 493-5505
FAX (281) 493-0502
www.grimesgrass.com

Date	Invoice #
2/5/2016	128699

Bill To

Memorial Medical Center
815 North Virginia
P.O. Box 25
Port Lavaca, Tx 77979

Ship To

815 North Virginia
New Clinic Work

Sales Receipt #	P.O. Number	Terms	Due Date	Ordered By
		Due on Receipt	2/5/2016	

Item Code	Description	Quantity	Rate	Amount
6001-V Flora	St Aug- Floratam sq ft Grass + Installation	31,443	0.32	10,061.76

APPROVED ON
FEB 11 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Grass-New Clinic

0 • C *
31,443 • ×
0 • 32 =
10,061 • 76 *

GRIMES GRASS COMPANY

Sales Tax	$0.00
Total	$10,061.76

Received By: _____

Grass is a perishable product and all sales are final.
We accept all Major Credit Cards.
Thank you for your business.

Phone #	Fax #
281-493-5505	281-493-0502

Michael J. Pfeifer
Calhoun County Judge
Date: 2-25-16

RUN DATE:02/11/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:05 CHECK REGISTER GLCKREG
02/11/16 THRU 02/11/16

Clinic Construction Account

BANK	CHECK	DATE	AMOUNT	PAYEE
C/C	003625	02/11/16	10,061.76	GRIMES GRASS COMPANY
TOTALS:			10,061.76	

RUN DATE:02/15/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:40 CHECK REGISTER and Payables List GLCKREG
02/15/16 THRU 02/15/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000729	02/15/16	97.82	MCKESSON
A/P	000730	02/15/16	435.89	MCKESSON
A/P	000731	02/15/16	880.22	MCKESSON
TOTALS:			1,413.93	

340 B Presciption Services

APPROVED
ON
FEB 15 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date 2-25-16

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/12/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 02/12/2016

Page: 001

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

As of: 02/12/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 02/12/2016

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	
02/08/2016	02/16/2016	7730234512	1000762747	115Invoice	0.71	35.28		34.57 J ✓		7730234512	
02/12/2016	02/16/2016	7731151328	1000766302	115Invoice	1.29	64.54		63.25 ✓		7731151328	

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

TOTAL:

Subtotals: 99.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 949.81
02/08/2016

If Paid By 02/16/2016,
Pay This Amount: 97.82 USD

If Paid After 02/16/2016,
Pay this Amount: 99.82 USD

Due If Paid On Time:
USD 97.82

Disc lost if paid late:
2.00

Due If Paid Late:
USD 99.82

2.15.16

Ck# 729

APPROVED ON
FEB 15 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 02/12/2016

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 02/12/2016

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 02/12/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 02/12/2016

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	
02/08/2016	02/16/2016	7730248852	3454581217	115Invoice	7.58	378.96		371.38 ✓		7730248852	
02/10/2016	02/16/2016	7730700185	3454581223	115Invoice	1.32	65.83		64.51 ✓		7730700185	

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

TOTAL:

Subtotals: 444.79 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 52.64
02/08/2016

If Paid By 02/16/2016,
Pay This Amount: ✓ 435.89 USD

If Paid After 02/16/2016,
Pay this Amount: 444.79 USD

Due If Paid On Time:
USD 435.89

Disc lost if paid late:
8.90

Due If Paid Late:
USD 444.79

2.15.16

ck# 730

APPROVED
ON
FEB 15 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/12/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 02/12/2016

Page: 001

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

As of: 02/12/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 02/12/2016

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	
02/08/2016	02/16/2016	7730265422	1000762749	115Invoice	3.28	163.89		160.61	✓	7730265422	
02/08/2016	02/16/2016	7730265423	1000763466	115Invoice	3.00	149.81		146.81	✓	7730265423	
02/08/2016	02/16/2016	7730265424	1000763892	115Invoice	0.99	49.45		48.46	✓	7730265424	
02/09/2016	02/16/2016	7730508201	1000764296	115Invoice	2.03	101.64		99.61	✓	7730508201	
02/10/2016	02/16/2016	7730709256	1000764958	115Invoice	4.75	237.47		232.72	✓	7730709256	
02/11/2016	02/16/2016	7730916215	1000765699	115Invoice	0.02	0.92		0.90	✓	7730916215	
02/11/2016	02/16/2016	7730916216	1000765699	115Invoice	1.16	57.90		56.74	✓	7730916216	
02/12/2016	02/16/2016	7731152861	1000766304	115Invoice	2.74	137.11		134.37	✓	7731152861	

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

TOTAL:

Subtotals: 898.19 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 296.42
02/08/2016

If Paid By 02/16/2016,
Pay This Amount: 880.22 USD

If Paid After 02/16/2016,
Pay this Amount: 898.19 USD

Due If Paid On Time:
USD 880.22

Disc lost if paid late:
17.97

Due If Paid Late:
USD 898.19

Ck# 231

2.15.16

APPROVED
ON
FEB 15 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 02/11/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 15:30 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
MIS100	01 THE BROADMOOR OF CREEKSIDE	012813	4646.97	2		REFUND FOR MISSAPLIED PAYMENT	

CK# 164956

ARID=0001 TOTAL 4646.97

TOTAL 4646.97

APPROVED
ON

FEB 15 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 2-25-16

RUN DATE:02/11/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:37 CHECK REGISTER GLCKREG
02/11/16 THRU 02/11/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P *	164516	02/11/16	17,392.03CR	THE BROADMOOR CREEKSIDE
A/P	164956	02/11/16	4,646.97	THE BROADMOOR OF CREEKS
TOTALS:			12,745.06CR	

CK# 164516 was voided and Reissued on 2/11/16 for correct Amount - CK# 164956, $4,646.97

CK# 164956 was dated 2/11/16 But Not approved by Co. Auditor until 2/15/16

Peggy

APPROVED
ON

FEB 15 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

✓

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
2/15/2016

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	138,939.03	121,123.08	-	138,839.03	-	-	121,223.08	**121,123.08**

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	80,037.42	68,482.25	-	79,937.42	-	-	68,582.25	**68,482.25**
Crescent	4588	44,879.25	87,083.31	-	44,779.25	-	-	87,183.31	**87,083.31**
Broadmoor	4596	39,486.23	37,270.31	-	39,386.23	-	-	37,370.31	**37,270.31**
Fort Bend	4618	46,292.53	57,739.89	-	46,192.53	-	-	57,839.89	**57,739.89**
									250,575.76

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
FEB 16 2016
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 2-25-16

A:\NH Weekly Transfers\NH UPL Transfer Summary 2-15-16.xlsx

I8C Bank Activity
2/8/16 through 2/14/16

Ashford Gardens					Transfer-Out	Transfer-In			
2/8/2016	113105025	4553	142	ACH CREDIT RECEIVED		14,818.83	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/8/2016	113105025	4553	142	ACH CREDIT RECEIVED		19,024.26	PN1326436189		Molina HC of TX Molina HC
2/8/2016	113105025	4553	142	ACH CREDIT RECEIVED		7,825.02	PN1326436189		Molina HC of TX Molina HC
2/9/2016	113105025	4553	142	ACH CREDIT RECEIVED		2,418.06	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/10/2016	113105025	4553	495	OUTGOING MONEY TRANSFER	138,839.03				ASHFORD HEALTH CARE CENTER LTD
2/11/2016	113105025	4553	142	ACH CREDIT RECEIVED		1,550.78	PN1326436189		Molina HC of TX Molina HC
2/11/2016	113105025	4553	142	ACH CREDIT RECEIVED		227.85	675423		NOVITAS SOLUTION HCCLAIMPMT
2/11/2016	113105025	4553	142	ACH CREDIT RECEIVED		33,485.33	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/11/2016	113105025	4553	301	COMMERCIAL DEPOSIT		39,530.28	0	14061176	
2/12/2016	113105025	4553	142	ACH CREDIT RECEIVED		98.49	PN1326436189		Molina HC of TX Molina HC
2/12/2016	113105025	4553	142	ACH CREDIT RECEIVED		2,144.18	PN1326436189		Molina HC of TX Molina HC
					138,839.03	121,123.08			

Solera at West Houston					Transfer-Out	Transfer-In			
2/9/2016	113105025	4561	142	ACH CREDIT RECEIVED		3,284.96	1.60205E+13		AMERIGROUP CORPO HCCLAIMPMT
2/10/2016	113105025	4561	495	OUTGOING MONEY TRANSFER	79,937.42				CANTEX HEALTH CARE CENTERS LLC
2/11/2016	113105025	4561	142	ACH CREDIT RECEIVED		7,818.29	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/11/2016	113105025	4561	142	ACH CREDIT RECEIVED		8,462.43	1.60209E+13		AMERIGROUP CORPO HCCLAIMPMT
2/11/2016	113105025	4561	301	COMMERCIAL DEPOSIT		42,819.55	0	14061189	
2/12/2016	113105025	4561	142	ACH CREDIT RECEIVED		163.82	676310		NOVITAS SOLUTION HCCLAIMPMT
2/12/2016	113105025	4561	142	ACH CREDIT RECEIVED		5,933.20	1.6021E+13		AMERIGROUP CORPO HCCLAIMPMT
					79,937.42	68,482.25			

Crescent					Transfer-Out	Transfer-In			
2/8/2016	113105025	4588	142	ACH CREDIT RECEIVED		2,401.68	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/9/2016	113105025	4588	142	ACH CREDIT RECEIVED		16,732.49	1.60205E+13		AMERIGROUP CORPO HCCLAIMPMT
2/9/2016	113105025	4588	142	ACH CREDIT RECEIVED		1,801.26	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/10/2016	113105025	4588	142	ACH CREDIT RECEIVED		1,417.50	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/10/2016	113105025	4588	495	OUTGOING MONEY TRANSFER	44,779.25				CANTEX HEALTH CARE CENTERS III
2/11/2016	113105025	4588	142	ACH CREDIT RECEIVED		1,890.00	1.60209E+13		AMERIGROUP CORPO HCCLAIMPMT
2/11/2016	113105025	4588	142	ACH CREDIT RECEIVED		3,756.45	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/11/2016	113105025	4588	301	COMMERCIAL DEPOSIT		56,295.20	0	14061153	
2/12/2016	113105025	4588	142	ACH CREDIT RECEIVED		2,788.73	1.6021E+13		AMERIGROUP CORPO HCCLAIMPMT
					44,779.25	87,083.31			

Broadmoor					Transfer-Out	Transfer-In			
2/8/2016	113105025	4596	142	ACH CREDIT RECEIVED		1,482.64	PN1669860433		Molina HC of TX Molina HC
2/8/2016	113105025	4596	142	ACH CREDIT RECEIVED		3,219.56	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/8/2016	113105025	4596	142	ACH CREDIT RECEIVED		1,741.72	PN1669860433		Molina HC of TX Molina HC
2/9/2016	113105025	4596	142	ACH CREDIT RECEIVED		211.58	676357		NOVITAS SOLUTION HCCLAIMPMT
2/10/2016	113105025	4596	142	ACH CREDIT RECEIVED		7,910.74	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/10/2016	113105025	4596	495	OUTGOING MONEY TRANSFER	39,386.23				CANTEX HEALTH CARE CENTERS III
2/11/2016	113105025	4596	301	COMMERCIAL DEPOSIT		21,242.87	0	14061145	
2/11/2016	113105025	4596	142	ACH CREDIT RECEIVED		1,461.20	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
					39,386.23	37,270.31			

Fort Bend					Transfer-Out	Transfer-In			
2/8/2016	113105025	4618	142	ACH CREDIT RECEIVED		20,901.62	PN1730577503		Molina HC of TX Molina HC
2/8/2016	113105025	4618	142	ACH CREDIT RECEIVED		1,740.11	1.746E+13		AGING DISA8 5VCS HCCLAIMPMT
2/9/2016	113105025	4618	142	ACH CREDIT RECEIVED		7,651.05	1.60205E+13		AMERIGROUP CORPO HCCLAIMPMT
2/10/2016	113105025	4618	495	OUTGOING MONEY TRANSFER	46,192.53				CANTEX HEALTH CARE CENTERS III
2/11/2016	113105025	4618	301	COMMERCIAL DEPOSIT		27,447.11	0	14061164	
					46,192.53	57,739.89			

Account Portfolio as of 02/15/2016 8:57:47 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	$121,223.08	$121,223.08
Memorial Medical Center	4561	$68,582.25	$68,582.25
Memorial Medical Center	4588	$87,183.31	$87,183.31
Memorial Medical Center	4596	$37,370.31	$37,370.31
Memorial Medical Center	4618	$57,839.89	$59,885.02
Memorial Medical Center Operat	0301	$869,805.95	$881,239.83
County of Calhoun Indigent	1101	$3,881.18	$3,881.18
Totals		**$1,270,955.76**	**$1,284,434.77**

APPROVED ON FEB 17 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

02/16/2016 MEMORIAL MEDICAL CENTER 0
16:05 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 02/25/2016

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
605273434 ✓		01/13/20	01/12/20	02/25/20		38.32	0.00	0.00	38.32
	SUPPLIES ER								

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
10950	ACUTE CARE INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22232 ✓		01/29/20	01/20/20	02/19/20		1,400.00	0.00	0.00	1,400.00 ✓
	OUTSIDE SRV ER								
22167 ✓		02/12/20	12/20/20	01/20/20		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	2,800.00	0.00	0.00	2,800.00

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
2629787-IN ✓		01/29/20	01/13/20	02/12/20		206.94	0.00	0.00	206.94 ✓
	REPAIRS TO AUX WHEELCHA								
2630560-IN ✓		01/31/20	01/19/20	02/18/20		56.47	0.00	0.00	56.47 ✓
	WHEELCHAIR REPAIRS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1715	ALCO SALES & SERVICE CO	263.41	0.00	0.00	263.41

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
20541657 ✓		01/31/20	01/19/20	02/18/20		1,564.50	0.00	0.00	1,564.50
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORTORIES INC	1,564.50	0.00	0.00	1,564.50 ✓

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
RPSV02086556 ✓		01/31/20	01/26/20	02/25/20		570.35	0.00	0.00	570.35
	SUPPLIES PT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1705	ALIMED INC.	570.35	0.00	0.00	570.35 ✓

Vendor#	Vendor Name	Class	Pay Code
A1748	AMERICAN CATHETER CORPORATION ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
38504 ✓		01/31/20	01/18/20	02/17/20		624.71	0.00	0.00	624.71
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1748	AMERICAN CATHETER CORPORATION	624.71	0.00	0.00	624.71 ✓

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
772539559	PHARMACY DRUGS	02/12/20	02/01/20	02/25/20		101.54	0.00	0.00	101.54
772835406	PHARMACY DRUGS	02/12/20	02/05/20	02/25/20		34.02	0.00	0.00	34.02
773052657	PHARMACY DRUGS	02/12/20	02/09/20	02/25/20		100.16	0.00	0.00	100.16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	235.72	0.00	0.00	235.72

Vendor# A0777 Vendor Name: ANDERSON CONSULTATION SERVICES Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC12/15/	COLLECTION FEES BUS OFFI	02/12/20	12/15/20	01/15/20		967.96	0.00	0.00	967.96

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A0777	ANDERSON CONSULTATION SERVICES	967.96	0.00	0.00	967.96

Vendor# A2150 Vendor Name: ANNOUNCEMENTS PLUS TOO AGAIN Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
563	SUPPLIES ADMIN	02/12/20	02/04/20	02/04/20		158.00	0.00	0.00	158.00
564	SUPPLIES PLANT OPS	02/12/20	02/04/20	02/04/20		12.00	0.00	0.00	12.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	170.00	0.00	0.00	170.00

Vendor# B0435 Vendor Name: BARD PERIPHERAL VASCULAR Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
75076547	CS INVENTORY	01/26/20	01/18/20	02/17/20		54.66	0.00	0.00	54.66

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	54.66	0.00	0.00	54.66

Vendor# B1075 Vendor Name: BAXTER HEALTHCARE CORP Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
49762625	CS INVENTORY	01/22/20	01/11/20	02/10/20		298.66	0.00	0.00	298.66
49825009	CS INVENTORY & RECOVERY	01/26/20	01/18/20	02/17/20		387.47	0.00	0.00	387.47
49856863	CS INVENTORY	01/31/20	01/21/20	02/20/20		275.18	0.00	0.00	275.18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	961.31	0.00	0.00	961.31

Vendor# M2485 Vendor Name: BAYER HEALTHCARE Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6003613496	SUPPLIES CT SCAN	01/31/20	01/14/20	02/13/20		258.36	0.00	0.00	258.36
6003644277	SUPPLIES CT SCAN	01/31/20	01/22/20	02/21/20		1,033.44	0.00	0.00	1,033.44

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	1,291.80	0.00	0.00	1,291.80

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
	105391123		01/31/20	01/10/20	02/10/20		7,820.50	0.00	0.00	7,820.50
		LAB SUPPLIES								
	5344934		01/31/20	01/12/20	02/11/20		3,933.48	0.00	0.00	3,933.48
		LEASE & MAINT CONTR LAB								
	5344945		01/31/20	01/12/20	02/11/20		4,233.46	0.00	0.00	4,233.46
		LEASE & MAINT CONTR LAB								
	105418336		01/31/20	01/23/20	02/22/20		1,266.38	0.00	0.00	1,266.38
		LAB SUPPLIES								
	4267609		01/31/20	01/25/20	02/24/20		825.69	0.00	0.00	825.69
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC				18,079.51	0.00	0.00	18,079.51
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
	82028944		01/26/20	01/18/20	02/17/20		181.68	0.00	0.00	181.68
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1680	BOUND TREE MEDICAL, LLC				181.68	0.00	0.00	181.68
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
	23378135		01/22/20	01/11/20	02/10/20		171.30	0.00	0.00	171.30
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1040	C R BARD, INC				171.30	0.00	0.00	171.30
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
	20702		02/12/20	02/04/20	02/04/20		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
	20707		02/12/20	01/24/20	02/01/20		114.50	0.00	0.00	114.50
		TRANSPORTATION FUEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY				114.50	0.00	0.00	114.50
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
	20710		02/12/20	01/31/20	02/01/20		1,182.50	0.00	0.00	1,182.50
		OUTSIDE SRV OCC THERAPY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		Z0850	CARMEN C. ZAPATA-ARROYO				1,182.50	0.00	0.00	1,182.50
Vendor#	Vendor Name				Class	Pay Code				

C1992 CDW GOVERNMENT, INC. ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
BSN7093 ✓		01/31/20	01/14/20	02/13/20			376.88	0.00	0.00	376.88 ✓
	COMPUTER LAB									
BSN8170 ✓		01/31/20	01/14/20	02/13/20			183.92	0.00	0.00	183.92 ✓
	CLINIC COMPUTERS									
BTK7704 ✓		01/31/20	01/19/20	02/18/20			122.22	0.00	0.00	122.22 ✓
	COMPUTERS CLINIC									
BTZ5907 ✓		01/31/20	01/21/20	02/20/20			438.75	0.00	0.00	438.75 ✓
	COMPUTERS CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	1,121.77	0.00	0.00	1,121.77

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
91931666 ✓		01/22/20	01/11/20	02/10/20			545.72	0.00	0.00	545.72 ✓
	CS INVENTORY									
91933763 ✓		01/22/20	01/13/20	02/12/20			306.68	0.00	0.00	306.68 ✓
	CS INVENTORY									
91936640 ✓		01/22/20	01/18/20	02/17/20			1,058.12	0.00	0.00	1,058.12 ✓
	CS INVENTORY & RECOVERY									
91937534 ✓		01/26/20	01/19/20	02/18/20			56.07	0.00	0.00	56.07 ✓
	CS INVENTORY									
91941337 ✓		01/31/20	01/25/20	02/24/20			801.00	0.00	0.00	801.00 ✓
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	2,767.59	0.00	0.00	2,767.59

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
4545178 ✓		01/26/20	01/18/20	02/17/20			711.37	0.00	0.00	711.37 ✓
	SUPPLIES SURGERY									
139049 ✓		01/31/20	01/25/20	02/24/20			87.50	0.00	0.00	87.50 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	798.87	0.00	0.00	798.87

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
461428-0 ✓		01/14/20	01/11/20	02/10/20			280.07	0.00	0.00	280.07 ✓
	CS INVENTORY									
461853-0 ✓		01/14/20	01/13/20	02/12/20			180.91	0.00	0.00	180.91 ✓
	CS INVENTORY									
462127-0 ✓		01/14/20	01/18/20	02/17/20			180.75	0.00	0.00	180.75 ✓
	CS INVENTORY									
461421-0 ✓		01/18/20	01/11/20	02/10/20			12.08	0.00	0.00	12.08 ✓
	SUPPLIES SURGERY									
461718-0 ✓		01/18/20	01/12/20	02/11/20			192.64	0.00	0.00	192.64 ✓
	OFFICE SUPPLIES CLINIC									
461492-0 ✓		01/18/20	01/12/20	02/11/20			82.13	0.00	0.00	82.13 ✓
	SUPPLIES XRAY									
462513-0 ✓		01/26/20	01/20/20	02/19/20			160.29	0.00	0.00	160.29 ✓

	CS INVENTORY							
461492-1		01/31/20	01/12/20	02/11/20	20.07	0.00	0.00	20.07
	SUPPLIES XRAY							
461852-0		01/31/20	01/13/20	02/12/20	454.17	0.00	0.00	454.17
	OFFICE SUPPLIES ACCOUNTI							
461844-0		01/31/20	01/13/20	02/12/20	2.99	0.00	0.00	2.99
	OFFICE SUPPLIES CARDIO							
461271-1		01/31/20	01/14/20	02/13/20	32.94	0.00	0.00	32.94
	SUPPLIES ADMIN							
462028-0		01/31/20	01/15/20	02/14/20	191.85	0.00	0.00	191.85
	OFFICE SUPPLIE BEHAVE HE/							
462030-0		01/31/20	01/15/20	02/14/20	19.90	0.00	0.00	19.90
	SUPPLIES PT							
462958-0		01/31/20	01/25/20	02/24/20	336.63	0.00	0.00	336.63
	OFFICE SUPPLIES ER & SURC							
462959-0		01/31/20	01/25/20	02/24/20	361.24	0.00	0.00	361.24
	CS INVENTORY							
463048-0		01/31/20	01/26/20	02/25/20	276.64	0.00	0.00	276.64
	OFFICE SUPPLIES ER							
462164-0		02/16/20	01/18/20	02/17/20	40.87	0.00	0.00	40.87
	SUPPLIES NURSING							
462163-0		02/16/20	01/18/20	02/17/20	41.69	0.00	0.00	41.69
	OFFICE SUPPLIES ACCOUTIN							
462200-0		02/16/20	01/19/20	02/18/20	99.42	0.00	0.00	99.42
	OFFICE SUPPLIES ADMIN							
462213-0		02/16/20	01/19/20	02/18/20	64.03	0.00	0.00	64.03
	SUPPLIES CLINIC							
462530-0		02/16/20	01/20/20	02/19/20	9.35	0.00	0.00	9.35
	OFFICE SUPPLIES SURGICAL							
462532-0		02/16/20	01/20/20	02/19/20	40.43	0.00	0.00	40.43
	SUPPLIES WOUND CARE							
462164-1		02/16/20	01/20/20	02/19/20	13.42	0.00	0.00	13.42
	SUPPLIES NURSING							
462200-1		02/16/20	01/20/20	02/19/20	77.48	0.00	0.00	77.48
	OFFICE SUPPLIES ADMIN							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON			3,171.99	0.00	0.00	3,171.99

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
8497		01/22/20	01/19/20	02/18/20			155.80	0.00	0.00	155.80
	CS FORM STOCK									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	D1752	DLE PAPER & PACKAGING					155.80	0.00	0.00	155.80

Vendor#	Vendor Name	Class	Pay Code
10026	DONN STRINGO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20706		02/12/20	02/10/20	02/10/20			83.38	0.00	0.00	83.38
	SUPPLIES OB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10026	DONN STRINGO					83.38	0.00	0.00	83.38

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
	856913		01/22/20	01/14/20	02/13/20		25.80	0.00	0.00	25.80
		SUPPLIES PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1785	DYNATRONICS CORPORATION				25.80	0.00	0.00	25.80
Vendor#	Vendor Name				Class	Pay Code				
10977	ECOLAB EQUIPMENT CARE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	94111286		01/29/20	01/13/20	02/12/20		85.48	0.00	0.00	85.48
		SUPPLIES DIETARY								
	94116443		01/31/20	01/18/20	02/17/20		251.63	0.00	0.00	251.63
		SUPPLIES DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10977	ECOLAB EQUIPMENT CARE				337.11	0.00	0.00	337.11
Vendor#	Vendor Name				Class	Pay Code				
E3400	EMERGENCY MEDICAL PRODUCTS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1794127		01/22/20	01/11/20	02/10/20		44.40	0.00	0.00	44.40
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		E3400	EMERGENCY MEDICAL PRODUCTS				44.40	0.00	0.00	44.40
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
	915598		01/29/20	01/13/20	02/12/20		575.00	0.00	0.00	575.00
		OFFICE SUPPLIES ACCOUNTI								
	T16011D1378		01/31/20	01/11/20	02/10/20		2,650.00	0.00	0.00	2,650.00
		OUTSIDE SERVICE HIM								
	T16011C1378		01/31/20	01/11/20	02/10/20		2,650.00	0.00	0.00	2,650.00
		OUTSIDE SRV HIM								
	T1601111378		01/31/20	01/11/20	02/10/20		12,567.86	0.00	0.00	12,567.86
		OUTSIDE SRV BUS OFFICE &								
	T16011B1378		01/31/20	01/11/20	02/10/20		2,650.00	0.00	0.00	2,650.00
		OUTSIDE SRV HIM								
	915678		01/31/20	01/14/20	02/13/20		3,390.00	0.00	0.00	3,390.00
		SOFTWARE EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2510	EVIDENT				24,482.86	0.00	0.00	24,482.86
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
	902483974		01/31/20	01/21/20	02/20/20		153.18	0.00	0.00	153.18
		MAINT CONTR LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S0501	EVOQUA WATER TECHNOLOGIES LLC				153.18	0.00	0.00	153.18
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
	5-309-09558		02/12/20	02/04/20	02/19/20		60.72	0.00	0.00	60.72
		FREIGHT EXP ADMIN & LAB								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.				60.72	0.00	0.00	60.72

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
	86999		01/31/20	01/15/20	02/14/20		351.23	0.00	0.00	351.23
		SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	351.23	0.00	0.00	351.23

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
	20704		02/12/20	02/04/20	02/04/20		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				
F1400	FISHER HEALTHCARE			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	0847453		01/31/20	01/12/20	02/11/20		1,026.09	0.00	0.00	1,026.09
		LAB SUPPLIES								
	0902748		01/31/20	01/13/20	02/12/20		170.98	0.00	0.00	170.98
		LAB SUPPLIES								
	092747		01/31/20	01/13/20	02/12/20		16.07	0.00	0.00	16.07
		LAB SUPPLIES								
	0957633		01/31/20	01/14/20	02/13/20		328.12	0.00	0.00	328.12
		LAB SUPPLIES								
	0957632		01/31/20	01/14/20	02/13/20		379.81	0.00	0.00	379.81
		LAB SUPPLIES								
	1116009		01/31/20	01/19/20	02/18/20		63.10	0.00	0.00	63.10
		LAB SUPPLIES								
	1116010		01/31/20	01/19/20	02/18/20		97.53	0.00	0.00	97.53
		LAB SUPPLIES								
	1172586		01/31/20	01/20/20	02/19/20		457.19	0.00	0.00	457.19
		LAB SUPPLIES								
	1172601		01/31/20	01/20/20	02/19/20		948.91	0.00	0.00	948.91
		LAB SUPPLIES								
	1235649		01/31/20	01/21/20	02/20/20		635.21	0.00	0.00	635.21
		LAB SUPPLIES								
	1306264		01/31/20	01/22/20	02/21/20		106.30	0.00	0.00	106.30
		LAB SUPPLIES								
	1455293		01/31/20	01/26/20	02/25/20		57.00	0.00	0.00	57.00
		LAB SUPPLIES								
	1455294		01/31/20	01/26/20	02/25/20		1,428.42	0.00	0.00	1,428.42
		LAB SUPPLIES								
	1455292		01/31/20	01/26/20	02/25/20		-1,269.94	0.00	0.00	-1,269.94
		LAB SUPPLIES CREDIT								
	6011952		02/12/20	10/26/20	11/25/20		-74.00	0.00	0.00	-74.00
		CREDIT SUPPLIES CLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	4,370.79	0.00	0.00	4,370.79

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
	45432		01/31/20	01/26/20	02/25/20		181.91	0.00	0.00	181.91
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10901	GENESIS DIAGNOSTICS				181.91	0.00	0.00	181.91
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
	9003447795		01/31/20	01/20/20	02/19/20		132.97	0.00	0.00	132.97
		SUPPLIES PLANT OPS								
	9003447787		01/31/20	01/20/20	02/19/20		294.08	0.00	0.00	294.08
		SUPPLIES CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				427.05	0.00	0.00	427.05
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
	98550		01/31/20	01/14/20	02/13/20		18.85	0.00	0.00	18.85
		SUPPLIES PLANT OPS								
	98589		01/31/20	01/15/20	02/14/20		3.98	0.00	0.00	3.98
		SUPPLIES CLINIC								
	98668		01/31/20	01/18/20	02/17/20		29.98	0.00	0.00	29.98
		SUPPLIES XRAY								
	99010		01/31/20	01/28/20	02/25/20		9.99	0.00	0.00	9.99
		SUPPLIES CLINIC								
	99013		01/31/20	01/28/20	02/25/20		11.94	0.00	0.00	11.94
		SUPPLIES CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1292	GULF COAST HARDWARE / ACE				74.74	0.00	0.00	74.74
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
	1071593		01/14/20	01/12/20	02/11/20		428.43	0.00	0.00	428.43
		SUPPLIES HOUSEKEEPING								
	1067822		01/18/20	01/12/20	02/11/20		-317.05	0.00	0.00	-317.05
		NEW CLINIC RETURN								
	1075357		01/22/20	01/19/20	02/18/20		207.73	0.00	0.00	207.73
		SUPPLIES HOUSEKEEPING								
	1071583		01/29/20	01/12/20	02/11/20		44.92	0.00	0.00	44.92
		SUPPLIES HOUSEKEEPING								
	1071590		01/31/20	01/12/20	02/11/20		508.20	0.00	0.00	508.20
		SUPPLIES CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				872.23	0.00	0.00	872.23
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
	044637		02/16/20	01/27/20	02/16/20		9.10	0.00	0.00	9.10
		FOOD SUPPLIES DIETARY								
	053953		02/16/20	01/31/20	02/20/20		8.49	0.00	0.00	8.49

		FOOD SUPPLIES DIETARY							
	057959		02/16/20	02/02/20	02/22/20	53.29	0.00	0.00	53.29
		FOOD SUPPLIES DIETARY							
	067239		02/16/20	02/06/20	02/20/20	9.40	0.00	0.00	9.40
		FOOD SUPPLIES DIETARY							
	077093		02/16/20	02/10/20	02/20/20	60.89	0.00	0.00	60.89
		FOOD SUPPLIES DIETARY							
	087673		02/16/20	02/14/20	02/20/20	52.25	0.00	0.00	52.25
		FOOD SUPPLIES DIETARY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		H0030	H E BUTT GROCERY			193.42	0.00	0.00	193.42
Vendor#	Vendor Name				Class	Pay Code			
H1100	HAYES ELECTRIC SERVICE				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	A2160112-03		02/12/20	01/12/20	02/11/20		276.80	0.00	0.00	276.80
		OUTSIDE SRV PLANT OPS							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1100	HAYES ELECTRIC SERVICE				276.80	0.00	0.00	276.80
Vendor#	Vendor Name				Class	Pay Code				
10334	HEALTH CARE LOGISTICS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	5743961		01/31/20	01/20/20	02/19/20		31.20	0.00	0.00	31.20
		SUPPLIES MED SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10334	HEALTH CARE LOGISTICS INC				31.20	0.00	0.00	31.20
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
	INV671065		01/22/20	01/20/20	02/19/20		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				
10298	HITACHI MEDICAL SYSTEMS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	PJIN0082038		02/12/20	09/21/20	10/25/20		8,333.33	0.00	0.00	8,333.33
		MAINT CONT 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				
I0415	INDEPENDENCE MEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	38520896		01/22/20	01/13/20	02/12/20		32.40	0.00	0.00	32.40
		SUPPLIES OB								
	38581570		01/26/20	01/18/20	02/17/20		55.68	0.00	0.00	55.68
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I0415	INDEPENDENCE MEDICAL				88.08	0.00	0.00	88.08
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

1234073	01/31/20	01/20/20	02/19/20	52.50	0.00	0.00	52.50
REPAIRS SURGERY							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	I1127	INTEGRATED MEDICAL SYSTEMS		52.50	0.00	0.00	52.50

Vendor#	Vendor Name	Class	Pay Code
10442	INTERSTATE ALL BATTERY CENTER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1901104002248		01/31/20	01/19/20	02/18/20			27.97	0.00	0.00	27.97
SUPPLIES IT										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10442	INTERSTATE ALL BATTERY CENTER	27.97	0.00	0.00	27.97

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
915855672		01/22/20	01/11/20	02/10/20			1,240.16	0.00	0.00	1,240.16
SUPPLIES ER & OB										
915863422		01/22/20	01/12/20	02/11/20			737.32	0.00	0.00	737.32
SUPPLIES SURGERY										
915869639		01/31/20	01/13/20	02/12/20			866.57	0.00	0.00	866.57
SUPPLIES BLOOD BANK										
915890459		01/31/20	01/18/20	02/17/20			459.73	0.00	0.00	459.73
SUPPLIES SURGERY										
915904805		01/31/20	01/20/20	02/19/20			827.78	0.00	0.00	827.78
SUPPLIES SURGERY										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	4,131.56	0.00	0.00	4,131.56

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
42724		02/11/20	01/26/20	02/09/20			67.39	0.00	0.00	67.39
SUPPLIES PLANT OPS 109.03 Less <41.64> Refund of Interest										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CENTERS INC	67.39	0.00	0.00	67.39

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
INV0534950		01/18/20	01/04/20	02/19/20			3,545.82	0.00	0.00	3,545.82
FUEL EXP PLANT OPS										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC	3,545.82	0.00	0.00	3,545.82

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
20703		02/12/20	02/04/20				932.50	0.00	0.00	932.50
EMPLOYEE PERSONAL INVES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	932.50	0.00	0.00	932.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
M0025996		01/31/20	01/20/20	02/19/20			137.54	0.00	0.00	137.54
SUPPLIES LAB										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	137.54	0.00	0.00	137.54

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
59923560	LAB SUPPLIES	01/13/20	01/05/20	02/15/20			4,161.77	0.00	0.00	4,161.77
59681148	LAB SUPPLIES	01/13/20	01/06/20	02/15/20			483.40	0.00	0.00	483.40
71122931	LAB SUPPLIES	01/31/20	01/07/20	02/15/20			201.25	0.00	0.00	201.25
71394454	LAB SUPPLIES	01/31/20	01/12/20	02/15/20			553.50	0.00	0.00	553.50
71795935	SUPPLIES LAB	01/31/20	01/19/20	02/18/20			2,415.00	0.00	0.00	2,415.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	7,814.92	0.00	0.00	7,814.92

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
2218585	SUPPLIES SURGERY	02/16/20	11/30/20	12/30/20			245.20	0.00	0.00	245.20
2246469	SUPPLIES SURGERY	02/16/20	01/05/20	02/05/20			245.20	0.00	0.00	245.20
2257925	SUPPLIES SURGERY	02/16/20	01/19/20	02/19/20			105.07	0.00	0.00	105.07

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	595.47	0.00	0.00	595.47

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
1093383445	SUPPLIES CLINIC	01/31/20	01/19/20	02/18/20			291.92	0.00	0.00	291.92
1093498010	SUPPLIES CLINIC	01/31/20	01/21/20	02/20/20			190.13	0.00	0.00	190.13

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	482.05	0.00	0.00	482.05

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
20705	EMPLOYEE CO PAYS CLINIC	02/12/20	02/04/20	02/04/20			130.00	0.00	0.00	130.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	130.00	0.00	0.00	130.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7008294819	PHARMACY DRUGS	01/29/20	01/11/20	02/10/20			807.43	0.00	0.00	807.43

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP	807.43	0.00	0.00	807.43

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
	30094179945 ✓		01/22/20	01/13/20	02/12/20		1,162.29	0.00	0.00	1,162.29 ✓
		SUPPLIES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA ✓				1,162.29	0.00	0.00	1,162.29
Vendor#	Vendor Name				Class	Pay Code				
M2685	MICROTEK MEDICAL INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3774530 ✓		01/14/20	01/05/20	02/10/20		266.39	0.00	0.00	266.39 ✓
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2685	MICROTEK MEDICAL INC ✓				266.39	0.00	0.00	266.39
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
	644927 ✓		01/29/20	01/15/20	02/14/20		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
	FEBRUARY82016		02/16/20	02/08/20	02/08/20		51,600.95	0.00	0.00	51,600.95 ✓
		EMPLOYEE MEDICAL CLAIMS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN ✓				51,600.95	0.00	0.00	51,600.95
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
	20708		02/12/20	02/09/20	02/09/20		140.40	0.00	0.00	140.40 ✓
		TRAVEL EXP OB 2/9/16 Milelage Reimb								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1279	MONICA CARR				140.40	0.00	0.00	140.40
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
	8451690 ✓		02/12/20	02/08/20	02/09/20		1,500.00	0.00	0.00	1,500.00 ✓
		OUTSIDE SRV PHARMACY								
	9560 ✓		02/12/20	02/08/20	02/09/20		-9.84	0.00	0.00	-9.84 ✓
		PHARMACY DRUGS								
	8461824 ✓		02/12/20	02/09/20	02/10/20		1,287.01	0.00	0.00	1,287.01 ✓
		PHARMACY DRUGS								
	8461823 ✓		02/12/20	02/09/20	02/10/20		2,199.03	0.00	0.00	2,199.03 ✓
		PHARMACY DRUGS								
	8458809 ✓		02/12/20	02/09/20	02/10/20		25.65	0.00	0.00	25.65 ✓
		PHARMACY DRUGS								
	8461822 ✓		02/12/20	02/09/20	02/10/20		1,141.75	0.00	0.00	1,141.75 ✓
		PHARMACY DRUGS								
	8466653 ✓		02/12/20	02/10/20	02/11/20		551.00	0.00	0.00	551.00 ✓
		PHARMACY DRUGS								

8466651	02/12/20 02/10/20 02/11/20	344.13	0.00	0.00	344.13	
	PHARMACY DRUGS					
8463208	02/12/20 02/10/20 02/11/20	21.80	0.00	0.00	21.80	
	PHARMACY DRUGS					
8466654	02/12/20 02/10/20 02/11/20	164.39	0.00	0.00	164.39	
	PHARMACY DRUGS					
8466652	02/12/20 02/10/20 02/11/20	2,522.81	0.00	0.00	2,522.81	
	PHARMACY DRUGS					
8468045	02/12/20 02/11/20 02/12/20	130.03	0.00	0.00	130.03	
	PHARMACY DRUGS					
CM99791	02/12/20 02/11/20 02/12/20	-174.34	0.00	0.00	-174.34	
	PHARMACY DRUGS					
8470957	02/12/20 02/11/20 02/12/20	404.72	0.00	0.00	404.72	
	PHARMACY DRUGS					
CM99792	02/12/20 02/11/20 02/12/20	-17.97	0.00	0.00	-17.97	
	PHARMACY CREDIT					
8470958	02/12/20 02/11/20 02/12/20	152.93	0.00	0.00	152.93	
	PHARMACY DRUGS					
CM99790	02/12/20 02/11/20 02/12/20	-29.76	0.00	0.00	-29.76	
	PHARMACY CREDIT					
CM10210	02/16/20 02/12/20 02/13/20	-443.39	0.00	0.00	-443.39	
	PHARMACY CREDIT					
8473666	02/16/20 02/12/20 02/13/20	326.97	0.00	0.00	326.97	
	PHARMACY DRUGS					
8475598	02/16/20 02/12/20 02/13/20	70.06	0.00	0.00	70.06	
	PHARMACY DRUGS					
8475600	02/16/20 02/12/20 02/13/20	282.36	0.00	0.00	282.36	
	PHARMACY DRUGS					
8475599	02/16/20 02/12/20 02/13/20	1,323.71	0.00	0.00	1,323.71	
	PHARMACY DRUGS					
CM10209	02/16/20 02/12/20 02/13/20	-523.84	0.00	0.00	-523.84	
	PHARMACY CREDIT					
8481317	02/16/20 02/15/20 02/16/20	19.29	0.00	0.00	19.29	
	PHARMACY DRUGS					
8484138	02/16/20 02/15/20 02/16/20	22.20	0.00	0.00	22.20	
	PHARMACY DRUGS					
8484137	02/16/20 02/15/20 02/16/20	66.60	0.00	0.00	66.60	
	PHARMACY DRUGS					
8483103	02/16/20 02/15/20 02/16/20	662.35	0.00	0.00	662.35	
	PHARMACY DRUGS					
8483105	02/16/20 02/15/20 02/16/20	8.66	0.00	0.00	8.66	
	PHARMACY DRUGS					
CM10720	02/16/20 02/15/20 02/16/20	-107.31	0.00	0.00	-107.31	
	PHARMACY CREDIT					
8481316	02/16/20 02/15/20 02/16/20	17.78	0.00	0.00	17.78	
	PHARMACY DRUGS					
8483104	02/16/20 02/15/20 02/16/20	3,748.51	0.00	0.00	3,748.51	
	PHARMACY DRUGS					
Vendor Totals	Number Name	Gross	Discount	No-Pay	Net	
	10536 MORRIS & DICKSON CO, LLC	15,687.29	0.00	0.00	15,687.29	

Vendor# Vendor Name Class Pay Code

N0460 NATIONAL BUSINESS FURNITURE M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
CV860963-TDQ		01/31/20	01/21/20	02/20/20			188.10	0.00	0.00	188.10
	SUPPLIES ER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	N0460	NATIONAL BUSINESS FURNITURE	188.10	0.00	0.00	188.10

Vendor# Vendor Name Class Pay Code

10188 NATUS MEDICAL INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1040320861		01/31/20	01/21/20	02/20/20			837.59	0.00	0.00	837.59
	SUPPLIES NURSERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10188	NATUS MEDICAL INC	837.59	0.00	0.00	837.59

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
90172333		02/16/20	09/10/20	10/10/20			82.44	0.00	0.00	82.44
	LAB SUPPLIES									
90179428		02/16/20	10/01/20	11/01/20			4,748.01	0.00	0.00	4,748.01
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL	4,830.45	0.00	0.00	4,830.45

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
820609835001		02/10/20	01/28/20	02/17/20			149.14	0.00	0.00	149.14
	OFFICE SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT	149.14	0.00	0.00	149.14

Vendor# Vendor Name Class Pay Code

10777 OSCAR TORRES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
211907		02/12/20	02/06/20	02/06/20			45.00	0.00	0.00	45.00
	OUTSIDE SRV PLANT OPS									
211906		02/12/20	02/06/20	02/06/20			250.00	0.00	0.00	250.00
	OUTSIDE SRV PLANT OPS									
212071		02/12/20	02/21/20	02/21/20			200.00	0.00	0.00	200.00
	OUTSIDE SRV PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10777	OSCAR TORRES	495.00	0.00	0.00	495.00

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
2013431069		01/22/20	01/12/20	02/11/20			4.05	0.00	0.00	4.05
	CS INVENTORY									
2013429342		01/22/20	01/12/20	02/11/20			19.36	0.00	0.00	19.36
	CS INVENTORY									
2013434044		01/22/20	01/12/20	02/11/20			1,534.39	0.00	0.00	1,534.39
	SUPPLIES SURGERY									
2013436840		01/22/20	01/12/20	02/11/20			2,217.36	0.00	0.00	2,217.36
	CS INVENTORY									
2013434882		01/22/20	01/12/20	02/11/20			928.48	0.00	0.00	928.48

	SUPPLIES VARIOUS DEPTS					
2013431755	01/22/20 01/12/20 02/11/20	47.10	0.00	0.00	47.10	
	CS INVENTORY					
2013518259	01/22/20 01/14/20 02/13/20	4.03	0.00	0.00	4.03	
	CS INVENTORY					
2013523644	01/22/20 01/14/20 02/13/20	1,107.94	0.00	0.00	1,107.94	
	SUPPLIES VARIOUS DEPTS					
2013516600	01/22/20 01/14/20 02/13/20	17.64	0.00	0.00	17.64	
	CS INVENTORY					
2013518832	01/26/20 01/14/20 02/13/20	47.94	0.00	0.00	47.94	
	SUPPLIES CLINIC					
2013676435	01/26/20 01/19/20 02/18/20	3,212.92	0.00	0.00	3,212.92	
	CS INVENTORY & LAB SUPPLI					
2013670426	01/26/20 01/19/20 02/18/20	106.89	0.00	0.00	106.89	
	CS INVENTORY					
2013670674	01/26/20 01/19/20 02/18/20	17.63	0.00	0.00	17.63	
	CS INVENTORY					
2013678552	01/26/20 01/19/20 02/18/20	4.41	0.00	0.00	4.41	
	CS INVENTORY					
2013670436	01/26/20 01/19/20 02/18/20	53.39	0.00	0.00	53.39	
	CS INVENTORY					
2013675472	01/26/20 01/19/20 02/18/20	1,450.86	0.00	0.00	1,450.86	
	SUPPLIES VARIOUS DEPTS					
2013742890	01/26/20 01/21/20 02/20/20	90.26	0.00	0.00	90.26	
	SUPPLIES PT					
2013737925	01/26/20 01/21/20 02/20/20	29.12	0.00	0.00	29.12	
	CS INVENTORY					
2013736888	01/26/20 01/21/20 02/20/20	114.88	0.00	0.00	114.88	
	CS INVENTORY					
2013737774	01/26/20 01/21/20 02/20/20	47.79	0.00	0.00	47.79	
	SUPPLIES DIETARY					
2013736268	01/26/20 01/21/20 02/20/20	206.87	0.00	0.00	206.87	
	SUPPLIES OB & SURGERY					
2013735960	01/26/20 01/21/20 02/20/20	88.50	0.00	0.00	88.50	
	SUPPLIES RESPIRATORY					
2013736878	01/26/20 01/21/20 02/20/20	57.07	0.00	0.00	57.07	
	CS INVENTORY					
2013742783	01/26/20 01/21/20 02/20/20	62.16	0.00	0.00	62.16	
	SUPPLIES DIETARY					
2013742962	01/26/20 01/21/20 02/20/20	1,632.73	0.00	0.00	1,632.73	
	CS INVENTORY					
2013743322	01/26/20 01/21/20 02/20/20	144.70	0.00	0.00	144.70	
	SUPPLIES SURGERY & SURG					
2013428869	01/29/20 01/12/20 02/11/20	3,922.50	0.00	0.00	3,922.50	
	CLINIC EQUIPMENT					
2013429023	01/29/20 01/12/20 02/11/20	3,775.32	0.00	0.00	3,775.32	
	CLINIC EQUIPMENT					
2012758085	01/31/20 12/18/20 02/10/20	-980.74	0.00	0.00	-980.74	
	CREDIT CS INVENTORY					
2013518825	02/10/20 01/14/20 02/13/20	17.64	0.00	0.00	17.64	
	CS INVENTORY					

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR				19,983.19	0.00	0.00	19,983.19

Vendor#	Vendor Name	Class	Pay Code
11142	PAETEC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
59118225	TELEPHONE EXPENSE	01/31/20	01/22/20	02/10/20			7,938.81	0.00	0.00	7,938.81

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11142	PAETEC	7,938.81	0.00	0.00	7,938.81

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
A1512897	PHARMACY DRUGS	01/31/20	01/15/20	02/14/20			384.60	0.00	0.00	384.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	384.60	0.00	0.00	384.60

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
043629	CS INVENTORY & LAB SUPPL	01/26/20	01/11/20	02/10/20			1,054.15	0.00	0.00	1,054.15
043892	SUPPLIES LAB	01/26/20	01/13/20	02/12/20			168.43	0.00	0.00	168.43
044350	SUPPLIES LAB	01/26/20	01/19/20	02/18/20			106.79	0.00	0.00	106.79
045052	SUPPLIES ER & LAB	01/31/20	01/20/20	02/19/20			461.71	0.00	0.00	461.71

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE	1,791.08	0.00	0.00	1,791.08

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
1060941	LAB SUPPLIES	02/16/20	12/14/20	01/14/20			125.26	0.00	0.00	125.26

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

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER ELECTRIC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A17714	SUPPLIES CLINIC	01/13/20	01/14/20	02/13/20			21.38	0.00	0.00	21.38

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC	21.38	0.00	0.00	21.38

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
3256662	CS INVENTORY	01/13/20	01/20/20	02/19/20			105.52	0.00	0.00	105.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	105.52	0.00	0.00	105.52

Vendor#	Vendor Name	Class	Pay Code
10896	QIAGEN INC		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	97298240 ✓		01/31/20	01/19/20	02/18/20			453.13	0.00	0.00	453.13 ✓
		LAB SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10896	QIAGEN INC ✓					453.13	0.00	0.00	453.13
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
	4586076112 ✓		02/12/20	01/23/20	02/22/20			374.90	0.00	0.00	374.90 ✓
		OUTSIDE SRV ADMIN									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10844	RECALL SECURE DESTRUCTION SRV ✓					374.90	0.00	0.00	374.90
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
	SM222559 ✓		01/31/20	01/12/20	02/11/20			725.00	0.00	0.00	725.00 ✓
		OUTSIDE SRV PLANT OPS									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		R1200	RED HAWK ✓					725.00	0.00	0.00	725.00
Vendor#	Vendor Name				Class	Pay Code					
S1001	SANOFI PASTEUR INC				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	905810970 ✓		01/31/20	01/11/20	02/11/20			3,368.30	0.00	0.00	3,368.30 ✓
		PHARMACY DRUGS ✓									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		S1001	SANOFI PASTEUR INC ✓					3,368.30	0.00	0.00	3,368.30
Vendor#	Vendor Name				Class	Pay Code					
10625	SARA RUBIO										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	20709		02/12/20	02/10/20	02/10/20			210.00	0.00	0.00	210.00 ✓
		TRAVEL EXP ER 2/8-9/2016 Mileage, Meal, Dues									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10625	SARA RUBIO					210.00	0.00	0.00	210.00
Vendor#	Vendor Name				Class	Pay Code					
S1800	SHERWIN WILLIAMS				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	5191-2 ✓		01/31/20	01/19/20	02/18/20			66.66	0.00	0.00	66.66 ✓
		SUPPLIES PLANT OPS									
	5296-9 ✓		01/31/20	01/22/20	02/21/20			36.98	0.00	0.00	36.98 ✓
		SUPPLIES PLANT OPS									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS ✓					103.64	0.00	0.00	103.64
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
	20710		02/16/20	02/14/20	02/14/20			1,596.20	0.00	0.00	1,596.20 ✓
		OUTSIDE SRV TRANSCRIPTIC 2/1/2016 to 2/14/2016									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		K0536	SHIRLEY KARNEI ✓					1,596.20	0.00	0.00	1,596.20
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
198497		02/12/20	02/01/20	02/10/20			390.00	0.00	0.00	390.00
	ADVERTISING									
198434		02/12/20	02/01/20	02/10/20			385.00	0.00	0.00	385.00
	ADVERTISING									
198433		02/12/20	02/01/20	02/10/20			875.00	0.00	0.00	875.00
	ADVERTISING									

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

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
92758686		01/26/20	01/18/20	02/17/20			493.43	0.00	0.00	493.43
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	493.43	0.00	0.00	493.43

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
598240A		01/22/20	01/12/20	02/11/20			408.71	0.00	0.00	408.71
	SUPPLIES SURGERY									
618398A		01/26/20	01/19/20	02/18/20			94.80	0.00	0.00	94.80
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP	503.51	0.00	0.00	503.51

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
601212777		02/11/20	01/21/20	02/10/20			1,416.26	0.00	0.00	1,416.26
	FOOD SUPPLIES DIETARY									
601282736		02/11/20	01/28/20	02/17/20			717.79	0.00	0.00	717.79
	FOOD SUPPLIES DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	2,134.05	0.00	0.00	2,134.05

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
A862512		02/12/20	02/01/20	02/01/20			63.95	0.00	0.00	63.95
	OUTSIDE SRV ADMIN									
A862513		02/12/20	02/01/20	02/01/20			73.95	0.00	0.00	73.95
	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
60700		02/12/20	02/04/20	02/04/20			127.38	0.00	0.00	127.38
	STUDENT LOAN GARNISHMEI									
60701		02/12/20	02/04/20	02/04/20			141.65	0.00	0.00	141.65
	STUDENT LOAN GARNISHMEI									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2303	TG	269.03	0.00	0.00	269.03

Vendor#	Vendor Name				Class	Pay Code				
10959	TRUVEN HEALTH ANALYTICS INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	207-208-209		02/12/20	01/01/20	02/01/20		1,978.75	0.00	0.00	1,978.75
		OUTSIDE SRV ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10959	TRUVEN HEALTH ANALYTICS INC				1,978.75	0.00	0.00	1,978.75
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
	8150717716		01/13/20	01/12/20	02/11/20		28.50	0.00	0.00	28.50
		OUTSIDE SRV BIO MED								
	8150717614		01/31/20	01/12/20	02/11/20		46.60	0.00	0.00	46.60
		OUTSIDE SRV MAINT								
	8150718341		01/31/20	01/19/20	02/18/20		46.60	0.00	0.00	46.60
		OUTSIDE SRV MAINT								
	8150718442		01/31/20	01/19/20	02/18/20		28.50	0.00	0.00	28.50
		OUTSIDE SRV BIO MED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1054	UNIFIRST HOLDINGS				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
	8400211609		01/13/20	01/15/20	02/14/20		391.22	0.00	0.00	391.22
		LAUNDRY SURGERY								
	8400211652		01/13/20	01/15/20	02/14/20		989.91	0.00	0.00	989.91
		LAUNDRY HOUSEKEEPING								
	8400211773		01/29/20	01/19/20	02/18/20		152.79	0.00	0.00	152.79
		LAUNDRY HOUSEKEEPING								
	8400211774		01/29/20	01/19/20	02/18/20		104.21	0.00	0.00	104.21
		LAUNDRY OB								
	8400211772		01/29/20	01/19/20	02/18/20		202.73	0.00	0.00	202.73
		LAUNDRY HOUSEKEEPING								
	8400211775		01/29/20	01/19/20	02/18/20		100.76	0.00	0.00	100.76
		LAUNDRY HOUSEKEEPING								
	8400211771		01/29/20	01/19/20	02/18/20		295.87	0.00	0.00	295.87
		LAUNDRY HOUSEKEEPING								
	8400211822		01/29/20	01/19/20	02/18/20		1,121.06	0.00	0.00	1,121.06
		LAUNDRY HOUSEKEEPING								
	8400211288		01/31/20	01/12/20	02/11/20		100.76	0.00	0.00	100.76
		LAUNDRY HOUSEKEEPING								
	8400211285		01/31/20	01/12/20	02/11/20		157.49	0.00	0.00	157.49
		LAUNDRY HOUSEKEEPING								
	8400211284		01/31/20	01/12/20	02/11/20		295.87	0.00	0.00	295.87
		LAUNDRY HOUSEKEEPING								
	8400211286		01/31/20	01/12/20	02/11/20		152.79	0.00	0.00	152.79
		LAUNDRY HOUSEKEEPING								
	8400211287		01/31/20	01/12/20	02/11/20		104.21	0.00	0.00	104.21
		LAUNDRY OB								
	8400211339		01/31/20	01/12/20	02/11/20		1,110.02	0.00	0.00	1,110.02
		LAUNDRY HOUSEKEEPING								

8400212109 ✓		01/31/20	01/22/20	02/21/20	391.22	0.00	0.00	391.22 ✓
	LAUNDRY SURGERY							
8400212150 ✓		01/31/20	01/22/20	02/21/20	996.18	0.00	0.00	996.18 ✓
	LAUNDRY HOUSEKEEPING							
8400211326 ✓		02/11/20	01/12/20	02/11/20	~~174.00~~	0.00	0.00	~~174.00~~ 173.70
	LAUNDRY DIETARY							
~~8400212312~~ correct 8400211811 ✓		02/11/20	01/19/20	02/18/20	150.60	0.00	0.00	150.60 ✓
	LAUNDRY DIETARY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC ✓			~~6,991.69~~	0.00	0.00	~~6,991.69~~ 6,991.39

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
4932844 ✓		02/11/20	01/21/20	02/10/20			1,917.34	0.00	0.00	1,917.34 ✓
	FOOD SUPPLIES DIETARY									
4993119 ✓		02/11/20	01/25/20	02/14/20			2,638.40	0.00	0.00	2,638.40 ✓
	FOOD SUPPLIES DIETARY									
5059586 ✓		02/11/20	01/28/20	02/17/20			2,134.37	0.00	0.00	2,134.37 ✓
	FOOD SUPPLIES DIETARY									
5119772 ✓		02/16/20	02/01/20	02/21/20			2,270.24	0.00	0.00	2,270.24 ✓
	FOOD SUPPLIES DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE ✓					8,960.35	0.00	0.00	8,960.35

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
10588169 ✓		01/31/20	01/18/20	02/17/20			172.00	0.00	0.00	172.00 ✓
	LEGAL SERVICES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS ✓					172.00	0.00	0.00	172.00

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
9110269581 ✓		01/31/20	01/15/20	02/14/20			400.00	0.00	0.00	400.00 ✓
	LAB SUPPLIES									
9110268857 ✓		01/31/20	01/15/20	02/14/20			1,571.67	0.00	0.00	1,571.67 ✓
	LEASE & RENTAL LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					1,971.67	0.00	0.00	1,971.67

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	~~241,284.16~~	~~0.00~~	0.00	241,284.16

Michael J. Pfeifer
Calhoun County Judge
Date: 2-25-16

pg 20 correction { (174.00) 173.70

+4,713.00

245,996.86

CK#164957 APPROVED ON FEB 17 2016 TO #165057

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Audit Period 1/1/2016 - 1/31/2016

Texas Mutual Ins. Co.
Doc ID 5988759
Effective Date 1/1/2016 - 1/1/2017

Finished 2/18/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	164957	02/18/16	351.23	FILTER TECHNOLOGY CO, INC
A/P	164958	02/18/16	83.38	DONN STRINGO
A/P	164959	02/18/16	8,960.35	US FOOD SERVICE
A/P	164960	02/18/16	837.59	NATUS MEDICAL INC
A/P	164961	02/18/16	384.60	PHARMEDIUM SERVICES LLC
A/P	164962	02/18/16	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	164963	02/18/16	31.20	HEALTH CARE LOGISTICS INC
A/P	164964	02/18/16	2,767.59	CENTURION MEDICAL PRODUCTS
A/P	164965	02/18/16	.00	VOIDED
A/P	164966	02/18/16	.00	VOIDED
A/P	164967	02/18/16	3,171.99	DEWITT POTH & SON
A/P	164968	02/18/16	105.52	PRECISION DYNAMICS CORP (PDC)
A/P	164969	02/18/16	27.97	INTERSTATE ALL BATTERY CENTER
A/P	164970	02/18/16	.00	VOIDED
A/P	164971	02/18/16	.00	VOIDED
A/P	164972	02/18/16	15,687.29	MORRIS & DICKSON CO, LLC
A/P	164973	02/18/16	1,791.08	PLATINUM CODE
A/P	164974	02/18/16	3,545.82	LUMINANT ENERGY COMPANY LLC
A/P	164975	02/18/16	210.00	SARA RUBIO
A/P	164976	02/18/16	1,650.00	SIGN AD, LTD.
A/P	164977	02/18/16	495.00	OSCAR TORRES
A/P	164978	02/18/16	51,600.95	MMC EMPLOYEE BENEFIT PLAN
A/P	164979	02/18/16	374.90	RECALL SECURE DESTRUCTION SRV
A/P	164980	02/18/16	4,830.45	NOVA BIOMEDICAL
A/P	164981	02/18/16	453.13	QIAGEN INC
A/P	164982	02/18/16	181.91	GENESIS DIAGNOSTICS
A/P	164983	02/18/16	807.43	MERCK SHARP & DOHME CORP
A/P	164984	02/18/16	172.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	164985	02/18/16	2,800.00	ACUTE CARE INC
A/P	164986	02/18/16	1,978.75	TRUVEN HEALTH ANALYTICS INC
A/P	164987	02/18/16	130.00	MEMORIAL MEDICAL CLINIC
A/P	164988	02/18/16	932.50	M G TRUST
A/P	164989	02/18/16	337.11	ECOLAB EQUIPMENT CARE
A/P	164990	02/18/16	75.00	FIRST CLEARING
A/P	164991	02/18/16	6,655.11	MINDRAY CAPITAL
A/P	164992	02/18/16	7,938.81	PAETEC
A/P	164993	02/18/16	38.32	ABBOTT NUTRITION
A/P	164994	02/18/16	967.96	ANDERSON CONSULTATION SERVICES
A/P	164995	02/18/16	74.74	GULF COAST HARDWARE / ACE
A/P	164996	02/18/16	235.72	AMERISOURCEBERGEN DRUG CORP
A/P	164997	02/18/16	1,564.50	ALCON LABORTORIES INC
A/P	164998	02/18/16	570.35	ALIMED INC.
A/P	164999	02/18/16	263.41	ALCO SALES & SERVICE CO
A/P	165000	02/18/16	624.71	AMERICAN CATHETER CORPORATION
A/P	165001	02/18/16	170.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	165002	02/18/16	54.66	BARD PERIPHERAL VASCULAR
A/P	165003	02/18/16	961.31	BAXTER HEALTHCARE CORP
A/P	165004	02/18/16	18,079.51	BECKMAN COULTER INC
A/P	165005	02/18/16	181.68	BOUND TREE MEDICAL, LLC
A/P	165006	02/18/16	25.00	CAL COM FEDERAL CREDIT UNION

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	165007	02/18/16	114.50	CALHOUN COUNTY
A/P	165008	02/18/16	140.40	MONICA CARR
A/P	165009	02/18/16	798.87	CONMED CORPORATION
A/P	165010	02/18/16	1,121.77	CDW GOVERNMENT, INC.
A/P	165011	02/18/16	24,482.86	EVIDENT
A/P	165012	02/18/16	171.30	C R BARD, INC
A/P	165013	02/18/16	155.80	DLE PAPER & PACKAGING
A/P	165014	02/18/16	25.80	DYNATRONICS CORPORATION
A/P	165015	02/18/16	44.40	EMERGENCY MEDICAL PRODUCTS
A/P	165016	02/18/16	60.72	FEDERAL EXPRESS CORP.
A/P	165017	02/18/16	4,370.79	FISHER HEALTHCARE
A/P	165018	02/18/16	872.23	GULF COAST PAPER COMPANY
A/P	165019	02/18/16	193.42	H E BUTT GROCERY
A/P	165020	02/18/16	276.80	HAYES ELECTRIC SERVICE
A/P	165021	02/18/16	176.23	HEALTHMARK INDUSTRIES CO INC
A/P	165022	02/18/16	88.08	INDEPENDENCE MEDICAL
A/P	165023	02/18/16	1,971.67	WERFEN USA LLC
A/P	165024	02/18/16	52.50	INTEGRATED MEDICAL SYSTEMS
A/P	165025	02/18/16	4,131.56	J & J HEALTH CARE SYSTEMS, INC
A/P	165026	02/18/16	1,596.20	SHIRLEY KARNEI
A/P	165027	02/18/16	67.39	LOWE'S HOME CENTERS INC
A/P	165028	02/18/16	137.54	MARKETLAB, INC
A/P	165029	02/18/16	7,814.92	MCKESSON MEDICAL SURGICAL INC
A/P	165030	02/18/16	482.05	MEDLINE INDUSTRIES INC
A/P	165031	02/18/16	1,291.80	BAYER HEALTHCARE
A/P	165032	02/18/16	1,162.29	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	165033	02/18/16	266.39	MICROTEK MEDICAL INC
A/P	165034	02/18/16	595.47	MEDIVATORS
A/P	165035	02/18/16	188.10	NATIONAL BUSINESS FURNITURE
A/P	165036	02/18/16	149.14	OFFICE DEPOT
A/P	165037	02/18/16	.00	VOIDED
A/P	165038	02/18/16	.00	VOIDED
A/P	165039	02/18/16	.00	VOIDED
A/P	165040	02/18/16	19,983.19	OWENS & MINOR
A/P	165041	02/18/16	125.26	POLYMEDCO INC.
A/P	165042	02/18/16	21.38	POWER ELECTRIC
A/P	165043	02/18/16	725.00	RED HAWK
A/P	165044	02/18/16	153.18	EVOQUA WATER TECHNOLOGIES LLC
A/P	165045	02/18/16	3,368.30	SANOFI PASTEUR INC
A/P	165046	02/18/16	103.64	SHERWIN WILLIAMS
A/P	165047	02/18/16	493.43	SMITH & NEPHEW
A/P	165048	02/18/16	503.51	STRYKER SALES CORP
A/P	165049	02/18/16	2,134.05	SYSCO FOOD SERVICES OF
A/P	165050	02/18/16	4,713.00	TEXAS MUTUAL INSURANCE CO
A/P	165051	02/18/16	137.90	TEXAS WIRED MUSIC INC
A/P	165052	02/18/16	269.03	TG
A/P	165053	02/18/16	150.20	UNIFIRST HOLDINGS
A/P	165054	02/18/16	.00	VOIDED
A/P	165055	02/18/16	6,991.39	UNIFIRST HOLDINGS INC
A/P	165056	02/18/16	427.05	GRAINGER
A/P	165057	02/18/16	1,182.50	CARMEN C. ZAPATA-ARROYO
TOTALS:			245,996.86	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
2/22/2016

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	121,223.08	209,338.04	-	121,123.08	-	-	209,438.04	209,338.04

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	68,582.25	40,139.68	-	68,482.25	-	-	40,239.68	40,139.68
Crescent	4588	87,183.31	62,341.79	-	87,083.31	-	-	62,441.79	62,341.79
Broadmoor	4596	37,370.31	47,170.23	-	37,270.31	-	-	47,270.23	47,170.23
Fort Bend	4618	57,839.89	59,454.48	-	57,739.89	-	-	59,554.48	59,454.48
									209,106.18

Routing Information for Crescent / Solera ot West Houston / Fort Bend / Broodmoor:
Contex Health Core 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 bose balance of $100 thot MMC deposited to open account.

Michael J. Pfeifer
Calhoun County Judge
Date: 2-25-16

APPROVED
FEB 2 2 2016
COUNTY AUDITOR

A:\NH Weekly Transfers\NH UPL Transfer Summary 2-22-16.xlsx

I8C Bank Activity
2/15/16 through 2/21/16

Ashford Gardens					Transfer-Out	Transfer-In			
2/17/2016	113105025	4553	495	OUTGOING MONEY TRANSFER	121,123.08				ASHFORD HEALTH CARE CENTER LTD
2/18/2016	113105025	4553	142	ACH CREDIT RECEIVED		4,887.04	PN1326436189		Molina HC of TX Molina HC
2/18/2016	113105025	4553	142	ACH CREDIT RECEIVED		13,836.87	1.746E+13		AGING DISA8 SVCS HCCLAIMPMT
2/18/2016	113105025	4553	142	ACH CREDIT RECEIVED		12,235.20	PN1326436189		Molina HC of TX Molina HC
2/19/2016	113105025	4553	142	ACH CREDIT RECEIVED		843.46	PN1326436189		Molina HC of TX Molina HC
2/19/2016	113105025	4553	301	COMMERCIAL DEPOSIT		172,331.41	0	14000914	
2/19/2016	113105025	4553	142	ACH CREDIT RECEIVED		5,204.06	1.746E+13		AGING DISA8 SVCS HCCLAIMPMT
					121,123.08	209,338.04			

Solera at West Houston					Transfer-Out	Transfer-In			
2/16/2016	113105025	4561	142	ACH CREDIT RECEIVED		786.81	PN1497143259		Molina HC of TX Molina HC
2/16/2016	113105025	4561	142	ACH CREDIT RECEIVED		6,381.38	676310		NOVITAS SOLUTION HCCLAIMPMT
2/17/2016	113105025	4561	142	ACH CREDIT RECEIVED		2,241.24	1.60213E+13		AMERIGROUP CORPO HCCLAIMPMT
2/17/2016	113105025	4561	495	OUTGOING MONEY TRANSFER	68,482.25				CANTEX HEALTH CARE CENTERS LLC
2/19/2016	113105025	4561	301	COMMERCIAL DEPOSIT		25,920.45	0	14000901	
2/19/2016	113105025	4561	142	ACH CREDIT RECEIVED		4,809.80	1.60217E+13		AMERIGROUP CORPO HCCLAIMPMT
					68,482.25	40,139.68			

Crescent					Transfer-Out	Transfer-In			
2/17/2016	113105025	4588	142	ACH CREDIT RECEIVED		101.18	1.60212E+13		AMERIGROUP CORPO HCCLAIMPMT
2/17/2016	113105025	4588	142	ACH CREDIT RECEIVED		157.69	676323		NOVITAS SOLUTION HCCLAIMPMT
2/17/2016	113105025	4588	142	ACH CREDIT RECEIVED		694.70	1.60213E+13		AMERIGROUP CORPO HCCLAIMPMT
2/17/2016	113105025	4588	495	OUTGOING MONEY TRANSFER	87,083.31				CANTEX HEALTH CARE CENTERS III
2/19/2016	113105025	4588	142	ACH CREDIT RECEIVED		3,534.23	676323		NOVITAS SOLUTION HCCLAIMPMT
2/19/2016	113105025	4588	142	ACH CREDIT RECEIVED		400.28	1.746E+13		AGING DISA8 SVCS HCCLAIMPMT
2/19/2016	113105025	4588	301	COMMERCIAL DEPOSIT		47,059.32	0	14000908	
2/19/2016	113105025	4588	142	ACH CREDIT RECEIVED		10,394.39	1.60217E+13		AMERIGROUP CORPO HCCLAIMPMT
					87,083.31	62,341.79			

Broadmoor					Transfer-Out	Transfer-In			
2/16/2016	113105025	4596	142	ACH CREDIT RECEIVED		23.38	PN1669860433		Molina HC of TX Molina HC
2/16/2016	113105025	4596	142	ACH CREDIT RECEIVED		23.38	PN1669860433		Molina HC of TX Molina HC
2/17/2016	113105025	4596	142	ACH CREDIT RECEIVED		1,010.91	676357		NOVITAS SOLUTION HCCLAIMPMT
2/17/2016	113105025	4596	495	OUTGOING MONEY TRANSFER	37,270.31				CANTEX HEALTH CARE CENTERS III
2/18/2016	113105025	4596	142	ACH CREDIT RECEIVED		940.57	PN1669860433		Molina HC of TX Molina HC
2/19/2016	113105025	4596	142	ACH CREDIT RECEIVED		1,592.80	1.746E+13		AGING DISA8 SVCS HCCLAIMPMT
2/19/2016	113105025	4596	301	COMMERCIAL DEPOSIT		43,579.19	0	14000930	
					37,270.31	47,170.23			

Fort Bend					Transfer-Out	Transfer-In			
2/16/2016	113105025	4618	142	ACH CREDIT RECEIVED		2,045.13	1.60211E+13		AMERIGROUP CORPO HCCLAIMPMT
2/16/2016	113105025	4618	142	ACH CREDIT RECEIVED		2,635.21	1.746E+13		AGING DISA8 SVCS HCCLAIMPMT
2/16/2016	113105025	4618	142	ACH CREDIT RECEIVED		4,116.08	PN1730577503		Molina HC of TX Molina HC
2/17/2016	113105025	4618	142	ACH CREDIT RECEIVED		3,754.04	1.60212E+13		AMERIGROUP CORPO HCCLAIMPMT
2/17/2016	113105025	4618	495	OUTGOING MONEY TRANSFER	57,739.89				CANTEX HEALTH CARE CENTERS III
2/18/2016	113105025	4618	142	ACH CREDIT RECEIVED		13,513.96	PN1730577503		Molina HC of TX Molina HC
2/18/2016	113105025	4618	142	ACH CREDIT RECEIVED		4,618.53	1.60216E+13		AMERIGROUP CORPO HCCLAIMPMT
2/19/2016	113105025	4618	301	COMMERCIAL DEPOSIT		28,771.53	0	14000896	
					57,739.89	59,454.48			

Account Portfolio as of 02/22/2016 8:46:45 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$25,069.79	$25,069.79
Memorial Medical Center	4553	$209,438.04	$209,438.04
Memorial Medical Center	4561	$40,239.68	$306,995.33
Memorial Medical Center	4588	$62,441.79	$182,555.48
Memorial Medical Center	4596	$47,270.23	$389,818.23
Memorial Medical Center	4618	$59,554.48	$64,521.45
Memorial Medical Center Operat	0301	$911,504.99	$1,746,087.85
County of Calhoun Indigent	1101	$2,627.35	$2,627.35
Totals		**$1,358,146.35**	**$2,927,113.52**

RUN DATE:02/22/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:23 CHECK REGISTER and Payable List GLCKREG
02/22/16 THRU 02/22/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000732	02/22/16	754.93	MCKESSON
A/P	000733	02/22/16	553.11	MCKESSON
A/P	000734	02/22/16	1,412.33	MCKESSON
TOTALS:			2,720.37	

340 B Prescription Services

Michael J. Pfeifer
Calhoun County Judge
Date: 2-25-16

APPROVED
ON

FEB 22 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/19/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 02/19/2016

Page: 001

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

As of: 02/19/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 02/19/2016

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	
02/15/2016	02/23/2016	7731420209 ✓	1000766964	115Invoice	4.91	245.67		240.76 ✓		7731420209	
02/15/2016	02/23/2016	7731420210 ✓	1000767576	115Invoice	0.96	47.93		46.97 ✓		7731420210	
02/15/2016	02/23/2016	7731420211 ✓	1000767999	115Invoice	1.72	85.84		84.12 ✓		7731420211	
02/16/2016	02/23/2016	7731618954 ✓	1000768405	115Invoice	0.32	16.14		15.82 ✓		7731618954	
02/17/2016	02/23/2016	7731879517 ✓	1000769047	115Invoice	1.22	61.11		59.89 ✓		7731879517	
02/18/2016	02/23/2016	7732081914 ✓	1000769639	115Invoice	0.35	17.72		17.37 ✓		7732081914	
02/19/2016	02/23/2016	7732302252 ✓	1000770237	115Invoice	4.46	222.98		218.52 ✓		7732302252	
02/19/2016	02/23/2016	7732302253 ✓	1000770237	115Invoice	1.46	72.94		71.48 ✓		7732302253	

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

TOTAL:

Subtotals: 770.33 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 97.82
02/16/2016

If Paid By 02/23/2016,
Pay This Amount: 754.93 USD

If Paid After 02/23/2016,
Pay this Amount: 770.33 USD

Due If Paid On Time:
USD 754.93

Disc lost if paid late:
15.40

Due If Paid Late:
USD 770.33

ck# 732

APPROVED
ON
FEB 22 2016
BY CT
CALHOUN COUNTY AUDITOR

McKESSON

STATEMENT

Company: 8000

As of: 02/19/2016

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 02/19/2016

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 02/19/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 02/19/2016

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	
02/15/2016	02/23/2016	7731414648 ✓	1088294	115Invoice	2.04	101.96		99.92 ✓		7731414648	
02/15/2016	02/23/2016	7731414650 ✓	1088318	115Invoice	2.04	101.96		99.92 ✓		7731414650	
02/17/2016	02/23/2016	7731869360 ✓	3454581239	115Invoice	0.92	45.82		44.90 ✓		7731869360	
02/18/2016	02/23/2016	7732074581 ✓	3454581242	115Invoice	5.37	268.68		263.31 ✓		7732074581	
02/18/2016	02/23/2016	7732074583 ✓	1088411	115Invoice		0.16		0.16 ✓		7732074583	
02/19/2016	02/23/2016	7732303532 ✓	3454581245	115Invoice	0.92	45.82		44.90 ✓		7732303532	

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

TOTAL:

Subtotals: 564.40 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 435.89
02/16/2016

If Paid By 02/23/2016,
Pay This Amount: 553.11 USD

If Paid After 02/23/2016,
Pay this Amount: 564.40 USD

Due If Paid On Time:
USD 553.11

Disc lost if paid late:
11.29

Due If Paid Late:
USD 564.40

CK# 733

APPROVED
ON
FEB 22 2016
BY CT
CALHOUN COUNTY AUDITOR

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: 02/19/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 02/19/2016

Page: 001

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

As of: 02/19/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 02/19/2016

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	
02/15/2016	02/23/2016	7731425675 ✓	1000766966	115Invoice	0.27	13.31		13.04 ✓		7731425675	
02/15/2016	02/23/2016	7731425677 ✓	1000767578	115Invoice	3.91	195.40		191.49 ✓		7731425677	
02/15/2016	02/23/2016	7731425678 ✓	1000768001	115Invoice	11.06	553.07		542.01 ✓		7731425678	
02/16/2016	02/23/2016	7731647111 ✓	1000768407	115Invoice	0.14	7.12		6.98 ✓		7731647111	
02/17/2016	02/23/2016	7731883138 ✓	1000769049	115Invoice	0.30	14.87		14.57 ✓		7731883138	
02/18/2016	02/23/2016	7732104048 ✓	1000769641	115Invoice	6.90	344.86		337.96 ✓		7732104048	
02/19/2016	02/23/2016	7732329571 ✓	1000770239	115Invoice	6.25	312.53		306.28 ✓		7732329571	

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

TOTAL:

Subtotals: 1,441.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 880.22
02/16/2016

If Paid By 02/23/2016,
Pay This Amount: 1,412.33 USD

If Paid After 02/23/2016,
Pay this Amount: 1,441.16 USD

Due If Paid On Time:
USD 1,412.33

Disc lost if paid late:
26.83

Due If Paid Late:
USD 1,441.16

clr# 734

2.22.16

APPROVED
ON
FEB 22 2016
BY CT
CALHOUN COUNTY AUDITOR

APPROVED
ON

FEB 24 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

02/23/2016
15:16

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 03/04/2016

0
ap_open_invoice.template

Vendor#	Vendor Name				Class	Pay Code				
T2900	3M COMPANY ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	SC39790 ✓		02/22/20	01/27/20	02/26/20		3,046.12	0.00	0.00	3,046.12
		6 mo MED RECORDS COTRAC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2900	3M COMPANY				3,046.12	0.00	0.00	3,046.12 ✓
Vendor#	Vendor Name				Class	Pay Code				
10574	ACCORD FINANCIAL, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	150091 ✓		01/31/20	01/27/20	02/26/20		307.51	0.00	0.00	307.51
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10574	ACCORD FINANCIAL, INC				307.51	0.00	0.00	307.51 ✓
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
	109264 ✓		02/23/20	12/11/20	01/01/20		3,365.97	0.00	0.00	3,365.97 ✓
		EMPLOYEE PERSONAL INS								
	586569 ✓		02/23/20	01/12/20	02/01/20		3,340.10	0.00	0.00	3,340.10 ✓
		EMPLOYEE PERSONAL INS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1790	AFLAC				6,706.07	0.00	0.00	6,706.07
Vendor#	Vendor Name				Class	Pay Code				
11062	AIRESPRING INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20729		02/23/20	02/15/20	03/01/20		2,419.09	0.00	0.00	2,419.09
		TELEPHONE EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11062	AIRESPRING INC				2,419.09	0.00	0.00	2,419.09 ✓
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
	9047795961 ✓		02/19/20	01/29/20	02/28/20		47.22	0.00	0.00	47.22 ✓
		SUPPLIES PLANT OPS								
	9047826185 ✓		02/19/20	01/31/20	03/01/20		1,864.97	0.00	0.00	1,864.97 ✓
		OXYGEN RESP CARE								
	9933302771 ✓		02/19/20	01/31/20	03/01/20		431.46	0.00	0.00	431.46 ✓
		SUPPLIES PLANT OPS								
	9933302770 ✓		02/19/20	01/31/20	03/01/20		401.43	0.00	0.00	401.43 ✓
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1680	AIRGAS-SOUTHWEST				2,745.08	0.00	0.00	2,745.08
Vendor#	Vendor Name				Class	Pay Code				
10533	ALERE NORTH AMERICA INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	90875505 ✓		02/19/20	01/27/20	02/26/20		131.82	0.00	0.00	131.82
		LAB SUPPLIES								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10533	ALERE NORTH AMERICA INC				131.82	0.00	0.00	131.82

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
	773164777		02/22/20	02/11/20	02/25/20		3.94	0.00	0.00	3.94
		PHARMACY DRUGS								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP				3.94	0.00	0.00	3.94

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
	20719		02/22/20	02/05/20	02/05/20		881.16	0.00	0.00	881.16
		SUBCRIPTIONS & TRAVEL EX								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11027	ANGELA DOBBINS				881.16	0.00	0.00	881.16

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
	680827		02/22/20	01/31/20	03/01/20		35.84	0.00	0.00	35.84
		LAB SUPPLIES								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY				35.84	0.00	0.00	35.84

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
	3757061		02/22/20	02/10/20	03/01/20		6,145.37	0.00	0.00	6,145.37
		LEASE & RENTAL PHARMACY								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10938	BANK OF THE WEST				6,145.37	0.00	0.00	6,145.37

Vendor#	Vendor Name			Class	Pay Code				
B1075	BAXTER HEALTHCARE CORP			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	44917674		01/31/20	01/28/20	02/27/20		-46.57	0.00	0.00	-46.57
		CREDIT RECOVERY SUPPLIES								
	49920848		01/31/20	01/28/20	02/27/20		619.48	0.00	0.00	619.48
		CS INVENTORY								
	49919382		01/31/20	01/28/20	02/27/20		114.50	0.00	0.00	114.50
		CS INVENTORY								
	49944803		02/11/20	02/01/20	03/02/20		2,767.00	0.00	0.00	2,767.00
		RENTAL ON IV PUMPS								
	49946893		02/11/20	02/01/20	03/02/20		190.50	0.00	0.00	190.50
		RENTAL ON IV PUMPS								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP				3,644.91	0.00	0.00	3,644.91

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
	105435093		02/22/20	02/01/20	03/02/20		106.60	0.00	0.00	106.60
		LAB SUPPLIES								
	105440644		02/22/20	02/02/20	03/03/20		124.53	0.00	0.00	124.53
		LAB SUPPLIES								

105440461	02/22/20	02/02/20	03/03/20		4,408.27	0.00	0.00	4,408.27
LAB SUPPLIES								
105440302	02/22/20	02/02/20	03/03/20		10,310.57	0.00	0.00	10,310.57
LAB SUPPLIES								
105440299	02/22/20	02/02/20	03/03/20		1,673.26	0.00	0.00	1,673.26
SUPPLIES LAB								
105441059	02/22/20	02/03/20	03/04/20		196.40	0.00	0.00	196.40
LAB SUPPLIES								
105441678	02/22/20	02/03/20	03/04/20		24.55	0.00	0.00	24.55
LAB SUPPLIES								
105441416	02/22/20	02/03/20	03/04/20		4,092.88	0.00	0.00	4,092.88
LAB SUPPLIES								
105441316	02/22/20	02/03/20	03/04/20		136.26	0.00	0.00	136.26
LAB SUPPLIES								
105440945	02/22/20	02/03/20	03/04/20		1,275.52	0.00	0.00	1,275.52
LAB SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC			22,348.84	0.00	0.00	22,348.84

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
948299428		01/31/20	01/25/20	02/26/20			457.00	0.00	0.00	457.00
SUPPLIES SURGERY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION					457.00	0.00	0.00	457.00

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
20730		02/23/20	02/22/20	03/01/20			85.48	0.00	0.00	85.48
OUTSIDE SRV IT										
20731		02/23/20	02/22/20	03/01/20			635.35	0.00	0.00	635.35
OUTSIDE SRV IT										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1010	CABLE ONE					720.83	0.00	0.00	720.83

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
20723		02/23/20	02/19/20	02/19/20			630.00	0.00	0.00	630.00
INDIGENT CO PAYS										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11041	CALHOUN CO INDIGENT ACCT					630.00	0.00	0.00	630.00

Vendor#	Vendor Name	Class	Pay Code
A1730	CAREFUSION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9106391308		02/10/20	01/27/20	02/26/20			50.94	0.00	0.00	50.94
SUPPLIES SURGERY										
9106399592		02/11/20	01/29/20	02/28/20			246.32	0.00	0.00	246.32
SUPPLIES SURGERY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1730	CAREFUSION					297.26	0.00	0.00	297.26

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
BVN6043 ✓		01/31/20	01/25/20	02/26/20		2,280.51	0.00	0.00	2,280.51 ✓
	COMPUTERS CLINIC								
BVW9237 ✓		02/11/20	01/26/20	01/26/20		248.51	0.00	0.00	248.51 ✓
	SUPPLIES ADMIN								
BWH0648 ✓		02/11/20	01/27/20	02/26/20		363.79	0.00	0.00	363.79 ✓
	SUPPLIES ADMIN								
BWP7917 ✓		02/11/20	01/29/20	02/28/20		658.63	0.00	0.00	658.63 ✓
	SUPPLIES ADMIN								
BWG9100 ✓		02/12/20	01/27/20	02/26/20		1,329.79	0.00	0.00	1,329.79 ✓
	SUPPLIES LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	4,881.23	0.00	0.00	4,881.23

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
20724		02/23/20	01/31/20	03/01/20		362.00	0.00	0.00	362.00
	PHARMACY DRUGS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1390	CENTRAL DRUGS	362.00	0.00	0.00	362.00 ✓

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
91943420 ✓		01/31/20	01/27/20	02/26/20		338.98	0.00	0.00	338.98 ✓
	CS INVENTORY & XRAY SUPF								
91944159 ✓		01/31/20	01/28/20	02/27/20		434.00	0.00	0.00	434.00 ✓
	SUPPLIES RECOVERY & ER								
91945475 ✓		02/10/20	02/01/20	03/02/20		428.19	0.00	0.00	428.19 ✓
	CS INVENTORY								
91945476 ✓		02/10/20	02/01/20	03/02/20		148.50	0.00	0.00	148.50 ✓
	SUPPLIES XRAY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,349.67	0.00	0.00	1,349.67

Vendor# Vendor Name Class Pay Code

10661 CENTURYLINK ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1365596244 ✓		02/22/20	02/03/20	03/04/20		6.54	0.00	0.00	6.54
	TELEPHONE EXPENSE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10661	CENTURYLINK	6.54	0.00	0.00	6.54 ✓

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
20718		02/22/20	01/31/20	03/01/20		7,375.00	0.00	0.00	7,375.00
	OUTSIDE SRV LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10786	CLINICAL PATHOLOGY	7,375.00	0.00	0.00	7,375.00 ✓

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
2185350 ✓		01/31/20	01/25/20	02/26/20		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
11004	CSI LEASING INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
RT00117956		02/18/20	01/22/20	03/01/20			7,682.67	0.00	0.00	7,682.67

LEASE MED SURG & CLINIC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11004	CSI LEASING INC	7,682.67	0.00	0.00	7,682.67

Vendor#	Vendor Name	Class	Pay Code
R1050	CULLIGAN OF VICTORIA	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
555X01747906		02/18/20	01/31/20	02/22/20			317.10	0.00	0.00	317.10

SUPPLIES PLANT OPS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA	317.10	0.00	0.00	317.10

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
203073		02/10/20	01/27/20	02/26/20			294.82	0.00	0.00	294.82

SUPPLIES CT SCAN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	294.82	0.00	0.00	294.82

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
463263-0		01/31/20	01/27/20	02/26/20			85.76	0.00	0.00	85.76

CS INVENTORY & XRAY SUPP

463342-0		01/31/20	01/28/20	02/27/20			44.63	0.00	0.00	44.63

OFFICE SUPPLIES LAB

463324-0		01/31/20	01/28/20	02/27/20			54.17	0.00	0.00	54.17

OFFICE SUPPLIES BUS OFFIC

463362-0		01/31/20	01/28/20	02/27/20			132.75	0.00	0.00	132.75

OFFICE SUPPLIES HIM

463337-0		01/31/20	01/28/20	02/27/20			39.15	0.00	0.00	39.15

SUPPLIES CLINIC

463577-0		02/10/20	02/01/20	03/02/20			234.08	0.00	0.00	234.08

CS INVENTORY

463342-1		02/12/20	02/01/20	03/02/20			19.29	0.00	0.00	19.29

OFFICE SUPPLIES LAB

463337-1		02/12/20	02/01/20	03/02/20			69.48	0.00	0.00	69.48

OFFICE SUPPLIES CLINIC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	679.31	0.00	0.00	679.31

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
26391		02/11/20	02/02/20	03/03/20			184.10	0.00	0.00	184.10

SUPPLIES CLINIC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	D1608	DIVERSIFIED BUSINESS SYSTEMS				184.10	0.00	0.00	184.10

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
8511	FORM STOCK CS	01/31/20	01/28/20	02/27/20			185.60	0.00	0.00	185.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1752	DLE PAPER & PACKAGING	185.60	0.00	0.00	185.60

Vendor# Vendor Name — Class — Pay Code

11162 DR. THAO MINH TRUONG

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20720	CONT EDUCATION CLINIC	02/22/20	02/03/20	02/03/20			199.00	0.00	0.00	199.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11162	DR. THAO MINH TRUONG	199.00	0.00	0.00	199.00

Vendor# Vendor Name — Class — Pay Code

D1785 DYNATRONICS CORPORATION

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
861116	SUPPLIES PT	02/17/20	02/05/20	03/04/20			150.50	0.00	0.00	150.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	150.50	0.00	0.00	150.50

Vendor# Vendor Name — Class — Pay Code

E1090 EDWARDS LIFESCIENCES — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4536065	CS INVENTORY	02/17/20	01/27/20	02/26/20			164.70	0.00	0.00	164.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1090	EDWARDS LIFESCIENCES	164.70	0.00	0.00	164.70

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
357974	SUPPLIES SURGERY	02/10/20	02/01/20	03/02/20			153.00	0.00	0.00	153.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	153.00	0.00	0.00	153.00

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
902496610	LAB SUPPLIES	02/19/20	01/29/20	02/28/20			424.22	0.00	0.00	424.22
902500562	MAINT CONTR LAB	02/22/20	02/01/20	03/02/20			153.18	0.00	0.00	153.18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	577.40	0.00	0.00	577.40

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
02A16mmc	OUTSIDE SERV ADMIN	02/11/20	02/01/20	03/02/20			495.00	0.00	0.00	495.00

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				
F1400	FISHER HEALTHCARE				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1455291		01/31/20	01/26/20	02/26/20		987.74	0.00	0.00	987.74
		LAB SUPPLIES								
	1548372		02/22/20	01/27/20	02/26/20		260.79	0.00	0.00	260.79
		LAAB SUPPLIES								
	1548371		02/22/20	01/27/20	02/26/20		2,067.34	0.00	0.00	2,067.34
		LAB SUPPLIES								
	2726754		02/22/20	02/03/20	03/04/20		1,247.19	0.00	0.00	1,247.19
		LAB SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				4,563.06	0.00	0.00	4,563.06
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
	0200863-IN		02/18/20	02/01/20	03/02/20		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				
G0370	GARDENLAND NURSERY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	24858		02/19/20	02/29/20	02/29/20		979.98	0.00	0.00	979.98
		GRASS SEED FOR CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G0370	GARDENLAND NURSERY				979.98	0.00	0.00	979.98
Vendor#	Vendor Name				Class	Pay Code				
G1001	GETINGE USA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	6013973		02/10/20	02/02/20	03/01/20		111.72	0.00	0.00	111.72
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1001	GETINGE USA				111.72	0.00	0.00	111.72
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
	98998		01/31/20	01/27/20	02/26/20		16.99	0.00	0.00	16.99
		SUPPLIES PT								
	99053		01/31/20	01/29/20	02/28/20		5.78	0.00	0.00	5.78
		SUPPLIES PLANT OPS								
	99118		02/11/20	02/01/20	03/02/20		12.53	0.00	0.00	12.53
		SUPPLIES PLANT OPS								
	99152		02/11/20	02/02/20	03/03/20		2.80	0.00	0.00	2.80
		SUPPLIES PLANT OPS								
	99168		02/11/20	02/02/20	03/03/20		23.99	0.00	0.00	23.99
		SUPPLIES PLANT OPS								
	99212		02/11/20	02/03/20	03/04/20		3.49	0.00	0.00	3.49
		SUPPLIES PLANT OPS								
	99215		02/11/20	02/03/20	03/04/20		47.97	0.00	0.00	47.97
		SUPPLIES PLANT OPS								

99191		02/11/20	02/03/20	03/04/20	19.21	0.00	0.00	19.21
	SUPPLIES PLANT OPS							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE			132.76	0.00	0.00	132.76

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
1079298		01/31/20	01/26/20	02/26/20			116.94	0.00	0.00	116.94
	SUPPLIES HOUSEKEEPING									
1083181		02/10/20	02/02/20	03/03/20			324.18	0.00	0.00	324.18
	SUPPLIES HOUSEKEEPING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	441.12	0.00	0.00	441.12

Vendor#	Vendor Name	Class	Pay Code
H0020	H & H DOORS & HARDWARE, LTD.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
140851		01/31/20	01/25/20	02/26/20			28.00	0.00	0.00	28.00
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0020	H & H DOORS & HARDWARE, LTD.	28.00	0.00	0.00	28.00

Vendor#	Vendor Name	Class	Pay Code
10334	HEALTH CARE LOGISTICS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5749824		02/12/20	01/26/20	02/26/20			118.03	0.00	0.00	118.03
	SUPPLIES CLINIC									
5755493		02/12/20	01/29/20	03/01/20			31.20	0.00	0.00	31.20
	SUPPLIES NURSING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	149.23	0.00	0.00	149.23

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
167212		02/12/20	01/28/20	02/29/20			216.76	0.00	0.00	216.76
	REPAIRS ICU									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC	216.76	0.00	0.00	216.76

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
PJIN0086012		02/12/20	01/15/20	02/26/20			8,333.33	0.00	0.00	8,333.33
	MAINT CONTR MRI									

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

Vendor#	Vendor Name	Class	Pay Code
H0416	HOLOGIC INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
7749484		02/10/20	01/28/20	02/29/20			663.62	0.00	0.00	663.62
	SUPPLIES MAMMOR									
7753752		02/10/20	02/02/20	03/01/20			3,302.86	0.00	0.00	3,302.86
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0416	HOLOGIC INC	3,966.48	0.00	0.00	3,966.48

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
	1479 ✓		02/18/20	01/31/20	03/01/20		14,180.26	0.00	0.00	14,180.26
		OUTSIDE SRV PHARMACY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES				14,180.26	0.00	0.00	14,180.26 ✓
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
	38669732 ✓		01/31/20	01/25/20	02/26/20		39.13	0.00	0.00	39.13 ✓
		CS INVENTORY								
	38804406 ✓		02/10/20	02/03/20	03/04/20		71.77	0.00	0.00	71.77 ✓
		CS INVENTORY								
	38756513 ✓		02/17/20	02/01/20	03/02/20		97.42	0.00	0.00	97.42 ✓
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I0415	INDEPENDENCE MEDICAL				208.32	0.00	0.00	208.32
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
	915959859 ✓		02/10/20	01/29/20	02/28/20		1,410.00	0.00	0.00	1,410.00 ✓
		SUPPLIES SURGERY								
	915967021 ✓		02/11/20	02/01/20	03/02/20		352.82	0.00	0.00	352.82 ✓
		SUPPLIES SURGERY								
	915967022 ✓		02/11/20	02/01/20	03/02/20		459.73	0.00	0.00	459.73 ✓
		SUPPLIES SURGERY								
	915918940 ✓		02/19/20	01/24/20	02/23/20		113.00	0.00	0.00	113.00 ✓
		SUPPLIES BLOOD BANK								
	915932141 ✓		02/19/20	01/27/20	02/26/20		506.39	0.00	0.00	506.39 ✓
		SUPPLIES BLOOD BANK								
	915839080 ✓		02/23/20	01/07/20	02/06/20		760.93	0.00	0.00	760.93 ✓
		SUPPLIES BLOOD BANK								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				3,602.87	0.00	0.00	3,602.87
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
	20725		02/23/20	02/23/20	02/23/20		750.00	0.00	0.00	750.00
		RENT FOR STORAGE BLG								
	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				
J1620	JURGAN DEVELOPMENT & MFG.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	138383 ✓		02/10/20	01/27/20	02/26/20		47.00	0.00	0.00	47.00
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J1620	JURGAN DEVELOPMENT & MFG.				47.00	0.00	0.00	47.00 ✓
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
50652566		02/19/20	01/30/20	02/29/20		13.80	0.00	0.00	13.80
	OUTSIDE SRV LAB								
50519063		02/22/20	01/30/20	02/29/20		90.00	0.00	0.00	90.00
	OUTSIDE SRV LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS				103.80	0.00	0.00	103.80

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
3756145		02/19/20	01/31/20	03/01/20		22.50	0.00	0.00	22.50
	OUTSIDE SRV ADMIN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES				22.50	0.00	0.00	22.50

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
13890986		02/22/20	02/12/20	03/04/20		662.27	0.00	0.00	662.27
	LEASE 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
M2178	MCKESSON MEDICAL SURGICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
72415833		02/19/20	01/29/20	02/15/20		78.05	0.00	0.00	78.05
	SUPPLIES LAB								
72190617		02/22/20	01/26/20	02/15/20		1,271.31	0.00	0.00	1,271.31
	LAB SUPPLIES								
72246164		02/22/20	01/27/20	02/15/20		22.59	0.00	0.00	22.59
	LAB SUPPLIES								
72261109		02/22/20	01/27/20	02/15/20		184.71	0.00	0.00	184.71
	LAB SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				1,556.66	0.00	0.00	1,556.66

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
96650		02/18/20	01/31/20	03/01/20		537.82	0.00	0.00	537.82
	COLLECTION FEES BUS OFFI								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.				537.82	0.00	0.00	537.82

Vendor#	Vendor Name	Class	Pay Code
M2449	MEDISAFE AMERICA LLC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
51979		02/18/20	01/31/20	03/01/20		80.63	0.00	0.00	80.63
	REPAIRS SURGERY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2449	MEDISAFE AMERICA LLC				80.63	0.00	0.00	80.63

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
1093873440		02/12/20	01/30/20	03/01/20		272.15	0.00	0.00	272.15

SUPPLIES CLINIC & BIO MED

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	272.15	0.00	0.00	272.15

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
2523388792		02/10/20	01/27/20	02/26/20		155.00	0.00	0.00	155.00

SUPPLIES SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2499	MEDTRONIC USA, INC.	155.00	0.00	0.00	155.00

Vendor#	Vendor Name	Class	Pay Code
10182	MERCEDES MEDICAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1803906		01/31/20	01/26/20	02/26/20		93.69	0.00	0.00	93.69

SUPPLIES LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL	93.69	0.00	0.00	93.69

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
30094193093		02/10/20	02/04/20	03/03/20		123.53	0.00	0.00	123.53

SUPPLIES ULTRASOUND

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
30094190390		02/11/20	02/01/20	03/02/20		156.31	0.00	0.00	156.31

SUPPLIES SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	279.84	0.00	0.00	279.84

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
647772		02/22/20	02/12/20	03/04/20		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
20714		02/22/20	02/17/20	02/17/20		157.18	0.00	0.00	157.18

EMPLOYEE GIFT SHOP

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	157.18	0.00	0.00	157.18

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
FEBRUARY152016		02/19/20	02/15/20	02/15/20		20,326.47	0.00	0.00	20,326.47

EMPLOYEE MEDICAL CLAIMS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	20,326.47	0.00	0.00	20,326.47

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
8489525		02/22/20	02/16/20	02/17/20		147.45	0.00	0.00	147.45

	PHARMACY DRUGS							
CM11097 ✓		02/22/20	02/16/20	02/17/20	-48.08	0.00	0.00	-48.08 ✓
	PHARMACY CREDIT							
CM11096 ✓		02/22/20	02/16/20	02/17/20	-983.48	0.00	0.00	-983.48 ✓
	PHARMACY CREDIT							
8489523 ✓		02/22/20	02/16/20	02/17/20	250.32	0.00	0.00	250.32 ✓
	PHARMACY DRUGS							
8489524 ✓		02/22/20	02/16/20	02/17/20	268.66	0.00	0.00	268.66 ✓
	PHARMACY DRUGS							
8492063 ✓		02/22/20	02/17/20	02/18/20	147.45	0.00	0.00	147.45 ✓
	PHARMACY DRUGS							
8491168 ✓		02/22/20	02/17/20	02/18/20	637.09	0.00	0.00	637.09 ✓
	PHARMACY DRUGS							
8492059 ✓		02/22/20	02/17/20	02/18/20	1,369.02	0.00	0.00	1,369.02 ✓
	PHARMACY DRUGS							
8499705 ✓		02/22/20	02/17/20	02/18/20	41.78	0.00	0.00	41.78 ✓
	PHARMACY DRUGS							
8492061 ✓		02/22/20	02/17/20	02/18/20	8.66	0.00	0.00	8.66 ✓
	PHARMACY DRUGS							
1543 ✓		02/22/20	02/17/20	02/18/20	-5.00	0.00	0.00	-5.00 ✓
	PHARMACY CREDIT							
8492062 ✓		02/22/20	02/17/20	02/18/20	212.55	0.00	0.00	212.55 ✓
	PHARMACY DRUGS							
8499707 ✓		02/22/20	02/18/20	02/19/20	494.11	0.00	0.00	494.11 ✓
	PHARMACY DRUGS							
8499708 ✓		02/22/20	02/18/20	02/19/20	51.63	0.00	0.00	51.63 ✓
	PHARMACY DRUGS							
8499706 ✓		02/22/20	02/18/20	02/19/20	230.82	0.00	0.00	230.82 ✓
	PHARMACY DRUGS							
8509590 ✓		02/23/20	02/22/20	02/23/20	242.64	0.00	0.00	242.64 ✓
	PHARMACY DRUGS							
8510072 ✓		02/23/20	02/22/20	02/23/20	61.04	0.00	0.00	61.04 ✓
	PHARMACY DRUGS							
8509588 ✓		02/23/20	02/22/20	02/23/20	199.98	0.00	0.00	199.98 ✓
	PHARMACY DRUGS							
8509589 ✓		02/23/20	02/22/20	02/23/20	5,784.06	0.00	0.00	5,784.06 ✓
	PHARMACY DRUGS							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			9,110.70	0.00	0.00	9,110.70

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
20726		02/23/20	02/24/20	02/24/20		3,000.00	0.00	0.00	3,000.00
	DIETITIAN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	N1225	NUTRITION OPTIONS				3,000.00	0.00	0.00	3,000.00 ✓

Vendor#	Vendor Name			Class	Pay Code			
O0920	OFFICE DEPOT ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
821349132001 ✓		02/17/20	02/01/20	03/01/20		61.74	0.00	0.00	61.74
	OFFICE SUPPLIES XRAY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	O0920	OFFICE DEPOT					61.74	0.00	0.00	61.74
Vendor#	Vendor Name				Class	Pay Code				
O1500	OLYMPUS AMERICA INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross		Discount	No-Pay	Net
	16464674 RI		02/22/20	11/27/20	12/27/20		3,088.92		0.00	0.00	3,088.92
		MINOR EQUIPMENT LAB									
	Vendor Totals	Number	Name				Gross		Discount	No-Pay	Net
		O1500	OLYMPUS AMERICA INC				3,088.92		0.00	0.00	3,088.92
Vendor#	Vendor Name				Class	Pay Code				
I0955	OPTUM360				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross		Discount	No-Pay	Net
	80011839446		02/12/20	01/25/20	02/26/20		614.74		0.00	0.00	614.74
		SUPPLIES HIM									
	Vendor Totals	Number	Name				Gross		Discount	No-Pay	Net
		I0955	OPTUM360				614.74		0.00	0.00	614.74
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
	2013893345		01/31/20	01/26/20	02/26/20		160.50		0.00	0.00	160.50
		SUPPLIES VARIOUS DEPTS									
	2013894310		01/31/20	01/26/20	02/26/20		112.10		0.00	0.00	112.10
		CS INVENTORY									
	2013892920		01/31/20	01/26/20	02/26/20		18.27		0.00	0.00	18.27
		SUPPLIES ICU									
	2013892933		01/31/20	01/26/20	02/26/20		24.37		0.00	0.00	24.37
		CS INVENTORY									
	2013897219		01/31/20	01/26/20	02/26/20		1,295.88		0.00	0.00	1,295.88
		SUPPLIES VARIOUS DEPTS									
	2013898346		01/31/20	01/26/20	02/26/20		1,084.05		0.00	0.00	1,084.05
		CS INVENTORY									
	2013893593		01/31/20	01/26/20	02/26/20		10.24		0.00	0.00	10.24
		CS INVENTORY									
	2013960281		01/31/20	01/28/20	02/27/20		1,240.31		0.00	0.00	1,240.31
		CS INVENTORY & LAB SUPPL									
	2013961665		01/31/20	01/28/20	02/27/20		431.70		0.00	0.00	431.70
		SURGERY & PT SUPPLIES									
	2013956205		01/31/20	01/28/20	02/27/20		19.86		0.00	0.00	19.86
		PT SUPPLIES									
	2013957235		01/31/20	01/28/20	02/27/20		14.62		0.00	0.00	14.62
		SURGERY SUPPLIES									
	2013953872		01/31/20	01/28/20	02/27/20		268.27		0.00	0.00	268.27
		SERGERY SUPPLIES									
	2013953695		02/10/20	01/28/20	02/27/20		268.27		0.00	0.00	268.27
		SURGERY SUPPLIES									
	2014092133		02/10/20	02/02/20	03/03/20		212.30		0.00	0.00	212.30
		CS INVENTORY									
	2014090886		02/10/20	02/02/20	03/03/20		6.99		0.00	0.00	6.99
		CS INVENTORY									
	2014091163		02/10/20	02/02/20	03/03/20		13.98		0.00	0.00	13.98
		SUPPLIES CLINIC									
	2014092705		02/10/20	02/02/20	03/03/20		11.42		0.00	0.00	11.42

	CS INVENTORY								
2014096328		02/10/20	02/02/20	03/03/20		1,095.78	0.00	0.00	1,095.78
	SUPPLIES VARIOUS DEPTS								
2014097071		02/10/20	02/02/20	03/03/20		1,670.02	0.00	0.00	1,670.02
	CS INVENTORY								
2014091761		02/10/20	02/02/20	03/03/20		83.05	0.00	0.00	83.05
	SUPPLIES SURGERY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR				8,041.98	0.00	0.00	8,041.98
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
20715		02/22/20	02/15/20	02/15/20		1,980.00	0.00	0.00	1,980.00
	OUTSIDE SRV CLINIC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11069	PABLO GARZA				1,980.00	0.00	0.00	1,980.00
Vendor#	Vendor Name				Class	Pay Code			
11155	PARA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1243		02/12/20	02/01/20	03/02/20		2,000.00	0.00	0.00	2,000.00
	REV INTEGRITY PROGRAM								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11155	PARA				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
A1521471		02/12/20	01/26/20	02/27/20		142.00	0.00	0.00	142.00
	PHARMACY DRUGS								
A1525138		02/23/20	01/29/20	02/28/20		264.90	0.00	0.00	264.90
	PHARMACY DRUGS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC				406.90	0.00	0.00	406.90
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
932332010		02/18/20	02/01/20	03/02/20		212.28	0.00	0.00	212.28
	SUPPLIES MED SURG								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE				212.28	0.00	0.00	212.28
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
045362		02/17/20	01/27/20	02/26/20		466.90	0.00	0.00	466.90
	CS INVENTORY								
045710		02/17/20	02/01/20	03/02/20		560.28	0.00	0.00	560.28
	CS INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE				1,027.18	0.00	0.00	1,027.18
Vendor#	Vendor Name				Class	Pay Code			
P1960	PORT LAVACA CLINIC ASSOC				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0000001		02/22/20	02/04/20	02/04/20		2,958.90	0.00	0.00	2,958.90

E-EDS LICENSE DIAZ

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1960	PORT LAVACA CLINIC ASSOC	2,958.90	0.00	0.00	2,958.90

Vendor# 11125 Vendor Name: PORT LAVACA RETAIL GROUP LLC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20727		02/23/20	02/23/20	02/23/20		11,001.20	0.00	0.00	11,001.20

PT & BEHAVE HEALTH RENT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11125	PORT LAVACA RETAIL GROUP LLC	11,001.20	0.00	0.00	11,001.20

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3269463		02/11/20	01/29/20	02/28/20		65.00	0.00	0.00	65.00
	SUPPLIES XRAY								
3274079		02/17/20	02/03/20	03/04/20		59.35	0.00	0.00	59.35
	CS INVENTORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	124.35	0.00	0.00	124.35

Vendor# 10326 Vendor Name: PRINCIPAL LIFE — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20728		02/23/20	02/17/20	03/01/20		1,870.32	0.00	0.00	1,870.32

EMPLOYEE PERSONAL INS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE	1,870.32	0.00	0.00	1,870.32

Vendor# 11009 Vendor Name: RECONDO — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV-08794		02/18/20	02/01/20	03/02/20		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# R1200 Vendor Name: RED HAWK — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
224571		02/18/20	02/01/20	03/02/20		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# R1471 Vendor Name: RESPIRONICS, INC. — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
929241486		01/31/20	01/27/20	02/26/20		89.94	0.00	0.00	89.94

LEASE & RENTAL RESP CARE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1471	RESPIRONICS, INC.	89.94	0.00	0.00	89.94

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MLVAC-9518		02/11/20	01/31/20	03/01/20		2,041.40	0.00	0.00	2,041.40

MAINT CONTR HIM

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	2,041.40	0.00	0.00	2,041.40

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
96247292		02/23/20	01/31/20	02/19/20		5,909.84	0.00	0.00	5,909.84

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0520	RICOH USA, INC.	5,909.84	0.00	0.00	5,909.84

Vendor#	Vendor Name	Class	Pay Code
10625	SARA RUBIO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20716		02/22/20	02/17/20	02/17/20		30.78	0.00	0.00	30.78

TRAVEL EXP ER

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	30.78	0.00	0.00	30.78

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9330331986		02/22/20	02/03/20	02/13/20		175.76	0.00	0.00	175.76
	SUPPLIES BIO MED								
9330078619		02/22/20	02/08/20	02/18/20		171.64	0.00	0.00	171.64
	SUPPLIES BIO MED								
9330131204		02/22/20	02/11/20	02/21/20		160.00	0.00	0.00	160.00
	SUPPLIES BIO MED								
9330121081		02/22/20	02/11/20	02/21/20		160.00	0.00	0.00	160.00
	SUPPLIES BIO MED								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1600	SETON IDENTIFICATION PRODUCTS	667.40	0.00	0.00	667.40

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
5412-2		01/31/20	01/27/20	02/26/20		55.88	0.00	0.00	55.88
	SUPPLIES PLANT OPS								
5528-5		01/31/20	01/29/20	02/28/20		37.16	0.00	0.00	37.16
	SUPPLIES PLANT OPS								
5609-3		02/11/20	02/01/20	03/02/20		60.29	0.00	0.00	60.29
	SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	153.33	0.00	0.00	153.33

Vendor#	Vendor Name	Class	Pay Code
10995	SHIFTHOUND		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1610609		02/18/20	01/31/20	03/01/20		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
10936	SIEMENS FINANCIAL SERVICES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4537549		02/22/20	02/06/20	02/24/20		1,333.33	0.00	0.00	1,333.33

LEASE & RENTAL LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES	1,333.33	0.00	0.00	1,333.33

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
197439		02/22/20	01/01/20	01/10/20			390.00	0.00	0.00	390.00

ADVERTISING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.	390.00	0.00	0.00	390.00

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
92788062		02/10/20	02/01/20	03/02/20			521.11	0.00	0.00	521.11

SUPPLIES SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	521.11	0.00	0.00	521.11

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
90017207		12/31/20	12/31/20	03/01/20			-2,025.00	0.00	0.00	-2,025.00
	BLOOD BANK CREDIT									
90017273		01/19/20	12/31/20	03/01/20			5,715.00	0.00	0.00	5,715.00
	BLOOD BANK SUPPLIES									
90017585		01/31/20	01/20/20	03/04/20			4,950.00	0.00	0.00	4,950.00
	BLOOD BANK SUPPLIES									
90017508		01/31/20	01/20/20	03/04/20			-3,150.00	0.00	0.00	-3,150.00
	BLOOD BANK CREDIT									
90017774		02/22/20	01/31/20	03/01/20			-2,250.00	0.00	0.00	-2,250.00
	BLOOD BANK CREDIT									
90017843		02/22/20	01/31/20	03/01/20			5,910.00	0.00	0.00	5,910.00
	BLOOD BANK SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2400	SO TEX BLOOD & TISSUE CENTER	9,150.00	0.00	0.00	9,150.00

3,435.00

Vendor#	Vendor Name	Class	Pay Code
S2345	SOUTHEAST TEXAS HEALTH SYS	W	

New check was still dated 3/25/16 but to Auditor office to sign.

3/1/16 Vicky brought

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
25607		02/18/20	02/01/20	03/02/20			1,000.00	0.00	0.00	1,000.00

DUES & SUBCRIPTIONS ADMI

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS HEALTH SYS	1,000.00	0.00	0.00	1,000.00

Vendor#	Vendor Name	Class	Pay Code
S3960	STERICYCLE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4006111650		02/18/20	01/31/20	03/01/20			879.08	0.00	0.00	879.08

OUTSIDE SRV HOUSEKEEPIN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	879.08	0.00	0.00	879.08

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

Vicky took off

INV-6879		02/22/20	02/01/20	03/02/20		270.00	0.00	0.00	270.00
OUSTIDE SRV ADMIN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11083	STRATUS VIDEO INTERPRETING				270.00	0.00	0.00	270.00

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
643309A		01/31/20	01/26/20	02/26/20			361.31	0.00	0.00	361.31
SUPPLIES PT										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP					361.31	0.00	0.00	361.31

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
2666224		02/10/20	02/01/20	03/01/20			328.60	0.00	0.00	328.60
SUPPLIES SURGERY										
2666025		02/10/20	02/01/20	03/01/20			166.60	0.00	0.00	166.60
SUPPLIES SURGERY										
2655645		02/19/20	01/19/20	02/18/20			-42.50	0.00	0.00	-42.50
SURGERY SUPPLY CREDIT										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY					452.70	0.00	0.00	452.70

Vendor#	Vendor Name	Class	Pay Code
11070	SUSAN SMALLEY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20713		02/19/20	02/09/20	02/09/20			140.40	0.00	0.00	140.40
TRAVEL EXPENSE OB										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11070	SUSAN SMALLEY					140.40	0.00	0.00	140.40

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
602042716		02/16/20	02/04/20	02/26/20			384.17	0.00	0.00	384.17
FOOD SUPPLIES DIETARY										
602112382		02/22/20	02/11/20	03/02/20			672.88	0.00	0.00	672.88
FOOD SUPPLIES DIETARY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF					1,057.05	0.00	0.00	1,057.05

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-8820		02/12/20	01/31/20	03/01/20			4,555.00	0.00	0.00	4,555.00
MAINT CONTR ER										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC					4,555.00	0.00	0.00	4,555.00

Vendor#	Vendor Name	Class	Pay Code
10611	TELE-PHYSICIANS, P.A. (TX)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TX0001411		02/18/20	01/31/20	03/01/20			600.00	0.00	0.00	600.00
PROF FEES ER										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10611	TELE-PHYSICIANS, P.A. (TX)					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
	012694		02/22/20	12/05/20	01/04/20		1,368.00	0.00	0.00	1,368.00
		CONTRACT NURSING								
	012784		02/22/20	12/12/20	01/11/20		2,736.00	0.00	0.00	2,736.00
		CONTRACT NURSING								
	013046		02/22/20	01/02/20	02/01/20		4,859.25	0.00	0.00	4,859.25
		CONTRACT NURSING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10954	TEXAS PRN				8,963.25	0.00	0.00	8,963.25
Vendor#	Vendor Name				Class	Pay Code				
10985	THE COMPLIANCE TEAM, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	SIN038880		02/12/20	02/03/20	03/04/20		995.00	0.00	0.00	995.00
		CHANGE OF LOCATION FEE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10985	THE COMPLIANCE TEAM, INC				995.00	0.00	0.00	995.00
Vendor#	Vendor Name				Class	Pay Code				
V1050	THE VICTORIA ADVOCATE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20712		02/18/20	01/31/20	03/01/20		874.03	0.00	0.00	874.03
		ADVERTISING								
	20722		02/22/20	02/07/20	02/07/20		24.80	0.00	0.00	24.80
		DUES & SUBCRIPTION ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1050	THE VICTORIA ADVOCATE				898.83	0.00	0.00	898.83
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
	138570604-301		01/18/20	12/28/20	02/27/20		1,426.88	0.00	0.00	1,426.88
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10732	THERACOM, LLC				1,426.88	0.00	0.00	1,426.88
Vendor#	Vendor Name				Class	Pay Code				
T2250	THYSSENKRUPP ELEVATOR CORP				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3002369142		02/11/20	02/01/20	03/02/20		1,150.65	0.00	0.00	1,150.65
		MAINT CONT PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2250	THYSSENKRUPP ELEVATOR CORP				1,150.65	0.00	0.00	1,150.65
Vendor#	Vendor Name				Class	Pay Code				
S1801	TRACI SHEFCIK				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20721		02/22/20	02/08/20	02/08/20		395.00	0.00	0.00	395.00
		DUES & SUBCRIPTONS CLINI(								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1801	TRACI SHEFCIK				395.00	0.00	0.00	395.00
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

62120460		01/31/20	01/27/20	02/26/20		285.82	0.00	0.00	285.82
CS INVENTORY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T3130	TRI-ANIM HEALTH SERVICES INC				285.82	0.00	0.00	285.82
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
3A3S021600		02/11/20	02/01/20	03/02/20		99.00	0.00	0.00	99.00
OUTSIDE SRV CLINIC									
35FK021600		02/22/20	02/01/20	03/02/20		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			
T3400	TRUFORM OPTICS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0466947		02/17/20	01/19/20	02/26/20		11.60	0.00	0.00	11.60
CS INVENTORY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T3400	TRUFORM OPTICS				11.60	0.00	0.00	11.60
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
8150719151		01/31/20	01/26/20	02/26/20		28.50	0.00	0.00	28.50
OUTSIDE SRV BIO MED									
8150719053		01/31/20	01/26/20	02/26/20		46.60	0.00	0.00	46.60
OUTSIDE SRV MAINT									
8150719871		02/12/20	02/02/20	03/03/20		28.50	0.00	0.00	28.50
OUTSIDE SRV BIO MED									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS				103.60	0.00	0.00	103.60
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
8400212273		01/31/20	01/26/20	02/26/20		298.87	0.00	0.00	298.87
LAUNDRY HOUSEKEEPING									
8400212276		01/31/20	01/26/20	02/26/20		104.21	0.00	0.00	104.21
LAUNDRY OB									
840212274		01/31/20	01/26/20	02/26/20		221.08	0.00	0.00	221.08
LAUNDRY HOUSEKEEPING									
8400212277		01/31/20	01/26/20	02/26/20		100.76	0.00	0.00	100.76
LAUNDRY HOUSEKEEPING									
8400212325		01/31/20	01/26/20	02/26/20		1,253.21	0.00	0.00	1,253.21
LAUNDRY HOUSEKEEPING									
8400212630		01/31/20	01/29/20	02/28/20		1,081.23	0.00	0.00	1,081.23
LAUNDRY HOUSEKEEPING									
8400212590		01/31/20	01/29/20	02/28/20		370.62	0.00	0.00	370.62
LAUNDRY SURGERY									
8400212312		02/11/20	01/26/20	02/26/20		150.60	0.00	0.00	150.60
LAUNDRY DIETARY									
8400212753		02/18/20	02/02/20	03/03/20		152.79	0.00	0.00	152.79
LAUNDRY DIETARY									

8400212755	02/18/20	02/02/20	03/03/20		95.96	0.00	0.00	95.96
LAUNDRY HOUSEKEEPING								
8400212752	02/18/20	02/02/20	03/03/20		209.87	0.00	0.00	209.87
LAUNDRY HOUSEKEEPING								
8400212751	02/18/20	02/02/20	03/03/20		295.87	0.00	0.00	295.87
LAUNDRY HOUSEKEEPING								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			4,335.07	0.00	0.00	4,335.07

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
6692429		02/12/20	02/01/20	03/02/20		170.93	0.00	0.00	170.93
	EMPLOYEE UNIFORMS								
6692430		02/12/20	02/01/20	03/02/20		71.96	0.00	0.00	71.96
	EMPLOYEE UNIFORMS								
6692428		02/12/20	02/01/20	03/02/20		223.93	0.00	0.00	223.93
	EMPLOYEE UNIFORMS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE				466.82	0.00	0.00	466.82

Vendor#	Vendor Name	Class	Pay Code
10172	US FOOD SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5188993		02/16/20	02/04/20	02/26/20		1,654.15	0.00	0.00	1,654.15
	FOOD SUPPLIES DIETARY								
5253299		02/22/20	02/08/20	02/28/20		2,211.62	0.00	0.00	2,211.62
	FOOD SUPPLIES DIETARY								
5318237		02/22/20	02/11/20	03/02/20		1,489.43	0.00	0.00	1,489.43
	FOOD SUPPLIES DIETARY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE				5,355.20	0.00	0.00	5,355.20

Vendor#	Vendor Name	Class	Pay Code
U2000	US POSTAL SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20717		02/22/20	02/15/20	02/15/20		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
10793	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
125AI0444543		01/31/20	01/27/20	02/26/20		125.00	0.00	0.00	125.00
	FLEX SPENDS 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
W1005	WALMART COMMUNITY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
014386		02/23/20	01/14/20	02/13/20		13.71	0.00	0.00	13.71
	SUPPLIES LAB								
019103		02/23/20	01/19/20	02/18/20		835.96	0.00	0.00	835.96
	SUPPLIES CLINIC								

019340 ✓		02/23/20 01/19/20 02/18/20	5.45	0.00	0.00	5.45 ✓
	DIETARY SUPPLIES					
020708 ✓		02/23/20 01/20/20 02/19/20	2.00	0.00	0.00	2.00 ✓
	SUPPLIES CLINIC					
020387 ✓		02/23/20 01/20/20 02/19/20	73.00	0.00	0.00	73.00 ✓
	SUPPLIES MED SURG					
027922 ✓		02/23/20 01/27/20 02/26/20	21.57	0.00	0.00	21.57 ✓
	SUPPLIES XRAY & SURG CLI					
028301 ✓		02/23/20 01/28/20 02/27/20	32.82	0.00	0.00	32.82 ✓
	SUPPLIES NURSING					
01/28REFUND ✓		02/23/20 01/28/20 02/27/20	-39.96	0.00	0.00	-39.96 ✓
	REFUND SUPPLIES CLINIC					
Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY	944.55	0.00	0.00	944.55

Vendor#	Vendor Name	Class	Pay Code
W1063	WELCH ALLYN INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
93380297		02/12/20	01/28/20	02/27/20			438.00	0.00	0.00	438.00
	✓REPAIRS CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1063	WELCH ALLYN INC	438.00	0.00	0.00	438.00 ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	252,110.42	0.00	0.00	252,110.42

Martin Printing Inv 68189 1/29/16 Clinic Expenses ← { + 218.23

252,328.65

Pg 17 Correction { < 9,150.00 > + 3,435.00

246,613.65

Michael J Pfeil
2-26-14

APPROVED ON
FEB 24 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #165058 to #165178

CK# 165163 - South Tx Blood & Tissue Center Was Voided and Reissued CK #165188 for $3,435.00

RUN DATE: 02/23/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME: 15:31 EDIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	072715	38.79	[redacted]			
		022316	910.00				
		022316	26.44				
		022316	89.00				
		022316	56.29				
		022316	26.49				+
		022316	908.72				
		022316	85.00				
		022316	70.51				
	ARID=0001 TOTAL		2211.24				
TOTAL			2211.24				

APPROVED
ON

FEB 24 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 165179
to
165187

2-26-16

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	165058	02/25/16	294.82	CUSTOM MEDICAL SPECIALTIES
A/P	165059	02/25/16	212.28	PHILIPS HEALTHCARE
A/P	165060	02/25/16	153.00	ERBE USA INC SURGICAL SYSTEMS
A/P	165061	02/25/16	5,355.20	US FOOD SERVICE
A/P	165062	02/25/16	93.69	MERCEDES MEDICAL
A/P	165063	02/25/16	406.90	PHARMEDIUM SERVICES LLC
A/P	165064	02/25/16	750.00	JAMES A DANIEL
A/P	165065	02/25/16	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	165066	02/25/16	1,870.32	PRINCIPAL LIFE
A/P	165067	02/25/16	149.23	HEALTH CARE LOGISTICS INC
A/P	165068	02/25/16	1,349.67	CENTURION MEDICAL PRODUCTS
A/P	165069	02/25/16	679.31	DEWITT POTH & SON
A/P	165070	02/25/16	124.35	PRECISION DYNAMICS CORP (PDC)
A/P	165071	02/25/16	131.82	ALERE NORTH AMERICA INC
A/P	165072	02/25/16	.00	VOIDED
A/P	165073	02/25/16	9,110.70	MORRIS & DICKSON CO, LLC
A/P	165074	02/25/16	1,027.18	PLATINUM CODE
A/P	165075	02/25/16	307.51	ACCORD FINANCIAL, INC
A/P	165076	02/25/16	600.00	TELE-PHYSICIANS, P.A. (TX)
A/P	165077	02/25/16	30.78	SARA RUBIO
A/P	165078	02/25/16	6.54	CENTURYLINK
A/P	165079	02/25/16	495.00	FASTHEALTH CORPORATION
A/P	165080	02/25/16	390.00	SIGN AD, LTD.
A/P	165081	02/25/16	1,426.88	THERACOM, LLC
A/P	165082	02/25/16	452.70	STRYKER SUSTAINABILITY
A/P	165083	02/25/16	7,375.00	CLINICAL PATHOLOGY
A/P	165084	02/25/16	125.00	WAGEWORKS
A/P	165085	02/25/16	20,326.47	MMC EMPLOYEE BENEFIT PLAN
A/P	165086	02/25/16	14,180.26	HUNTER PHARMACY SERVICES
A/P	165087	02/25/16	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	165088	02/25/16	6,145.37	BANK OF THE WEST
A/P	165089	02/25/16	8,963.25	TEXAS PRN
A/P	165090	02/25/16	995.00	THE COMPLIANCE TEAM, INC
A/P	165091	02/25/16	2,041.40	REVCYCLE+, INC.
A/P	165092	02/25/16	425.00	SHIFTHOUND
A/P	165093	02/25/16	7,682.67	CSI LEASING INC
A/P	165094	02/25/16	4,050.00	RECONDO
A/P	165095	02/25/16	881.16	ANGELA DOBBINS
A/P	165096	02/25/16	630.00	CALHOUN CO INDIGENT ACCT
A/P	165097	02/25/16	2,419.09	AIRESPRING INC
A/P	165098	02/25/16	594.00	TRIZETTO PROVIDER SOLUTIONS
A/P	165099	02/25/16	1,980.00	PABLO GARZA
A/P	165100	02/25/16	140.40	SUSAN SMALLEY
A/P	165101	02/25/16	270.00	STRATUS VIDEO INTERPRETING
A/P	165102	02/25/16	662.27	MARLIN BUSINESS BANK
A/P	165103	02/25/16	6,655.11	MINDRAY CAPITAL
A/P	165104	02/25/16	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	165105	02/25/16	537.82	MEDICAL DATA SYSTEMS, INC.
A/P	165106	02/25/16	2,000.00	PARA
A/P	165107	02/25/16	199.00	DR. THAO MINH TRUONG

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	165108	02/25/16	132.76	GULF COAST HARDWARE / ACE
A/P	165109	02/25/16	3.94	AMERISOURCEBERGEN DRUG CORP
A/P	165110	02/25/16	2,745.08	AIRGAS-SOUTHWEST
A/P	165111	02/25/16	297.26	CAREFUSION
A/P	165112	02/25/16	6,706.07	AFLAC
A/P	165113	02/25/16	35.84	AQUA BEVERAGE COMPANY
A/P	165114	02/25/16	3,644.91	BAXTER HEALTHCARE CORP
A/P	165115	02/25/16	22,348.84	BECKMAN COULTER INC
A/P	165116	02/25/16	457.00	BOSTON SCIENTIFIC CORPORATION
A/P	165117	02/25/16	720.83	CABLE ONE
A/P	165118	02/25/16	362.00	CENTRAL DRUGS
A/P	165119	02/25/16	4,881.23	CDW GOVERNMENT, INC.
A/P	165120	02/25/16	184.10	DIVERSIFIED BUSINESS SYSTEMS
A/P	165121	02/25/16	185.60	DLE PAPER & PACKAGING
A/P	165122	02/25/16	150.50	DYNATRONICS CORPORATION
A/P	165123	02/25/16	164.70	EDWARDS LIFESCIENCES
A/P	165124	02/25/16	4,563.06	FISHER HEALTHCARE
A/P	165125	02/25/16	530.00	FORT BEND SERVICES, INC
A/P	165126	02/25/16	979.98	GARDENLAND NURSERY
A/P	165127	02/25/16	111.72	GETINGE USA
A/P	165128	02/25/16	441.12	GULF COAST PAPER COMPANY
A/P	165129	02/25/16	28.00	H & H DOORS & HARDWARE, LTD.
A/P	165130	02/25/16	3,966.48	HOLOGIC INC
A/P	165131	02/25/16	216.76	HILL-ROM COMPANY, INC
A/P	165132	02/25/16	208.32	INDEPENDENCE MEDICAL
A/P	165133	02/25/16	5,909.84	RICOH USA, INC.
A/P	165134	02/25/16	614.74	OPTUM360
A/P	165135	02/25/16	3,602.87	J & J HEALTH CARE SYSTEMS, INC
A/P	165136	02/25/16	47.00	JURGAN DEVELOPMENT & MFG.
A/P	165137	02/25/16	103.80	LABCORP OF AMERICA HOLDINGS
A/P	165138	02/25/16	22.50	LANGUAGE LINE SERVICES
A/P	165139	02/25/16	284.28	CONMED LINVATEC
A/P	165140	02/25/16	218.23	MARTIN PRINTING CO
A/P	165141	02/25/16	1,556.66	MCKESSON MEDICAL SURGICAL INC
A/P	165142	02/25/16	80.63	MEDISAFE AMERICA LLC
A/P	165143	02/25/16	272.15	MEDLINE INDUSTRIES INC
A/P	165144	02/25/16	155.00	MEDTRONIC USA, INC.
A/P	165145	02/25/16	157.18	MMC AUXILIARY GIFT SHOP
A/P	165146	02/25/16	279.84	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	165147	02/25/16	3,000.00	NUTRITION OPTIONS
A/P	165148	02/25/16	61.74	OFFICE DEPOT
A/P	165149	02/25/16	3,088.92	OLYMPUS AMERICA INC
A/P	165150	02/25/16	.00	VOIDED
A/P	165151	02/25/16	.00	VOIDED
A/P	165152	02/25/16	8,041.98	OWENS & MINOR
A/P	165153	02/25/16	2,958.90	PORT LAVACA CLINIC ASSOC
A/P	165154	02/25/16	317.10	CULLIGAN OF VICTORIA
A/P	165155	02/25/16	37.50	RED HAWK
A/P	165156	02/25/16	89.94	RESPIRONICS, INC.
A/P	165157	02/25/16	577.40	EVOQUA WATER TECHNOLOGIES LLC
A/P	165158	02/25/16	667.40	SETON IDENTIFICATION PRODUCTS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	165159	02/25/16	153.33	SHERWIN WILLIAMS
A/P	165160	02/25/16	395.00	TRACI SHEFCIK
A/P	165161	02/25/16	1,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	165162	02/25/16	521.11	SMITH & NEPHEW
A/P*	165163	02/25/16	.00	SO TEX BLOOD & TISSUE CENTER
A/P	165164	02/25/16	361.31	STRYKER SALES CORP
A/P	165165	02/25/16	1,057.05	SYSCO FOOD SERVICES OF
A/P	165166	02/25/16	879.08	STERICYCLE, INC
A/P	165167	02/25/16	1,150.65	THYSSENKRUPP ELEVATOR CORP
A/P	165168	02/25/16	4,555.00	T-SYSTEM, INC
A/P	165169	02/25/16	3,046.12	3M COMPANY
A/P	165170	02/25/16	285.82	TRI-ANIM HEALTH SERVICES INC
A/P	165171	02/25/16	11.60	TRUFORM OPTICS
A/P	165172	02/25/16	103.60	UNIFIRST HOLDINGS
A/P	165173	02/25/16	466.82	UNIFORM ADVANTAGE
A/P	165174	02/25/16	4,335.07	UNIFIRST HOLDINGS INC
A/P	165175	02/25/16	1,000.00	US POSTAL SERVICE
A/P	165176	02/25/16	898.83	THE VICTORIA ADVOCATE
A/P	165177	02/25/16	944.55	WALMART COMMUNITY
A/P	165178	02/25/16	438.00	WELCH ALLYN INC
A/P	165179	02/25/16	38.79	[redacted]
A/P	165180	02/25/16	910.00	
A/P	165181	02/25/16	26.44	
A/P	165182	02/25/16	89.00	
A/P	165183	02/25/16	56.29	
A/P	165184	02/25/16	26.49	
A/P	165185	02/25/16	908.72	P
A/P	165186	02/25/16	85.00	
A/P	165187	02/25/16	70.51	
A/P*	165188	02/25/16	3,435.00	SO TEX BLOOD & TISSUE CENTER
TOTALS:			248,824.89	

* CK# 165163 was voided and reissued CK# 165188
PH

IBC BANK
We Do More

February 2016 Statement
Open Date: 01/07/2016 Closing Date: 02/03/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN (

Cardmember Service (
BUS 30 ELN 3 6 8 3

New Balance	**$2,348.71**
Minimum Payment Due	**$24.00**
Payment Due Date	**03/01/2016**

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	+	$2,340.81
Payments	-	$2,340.81CR
Other Credits		$0.00
Purchases	+	$2,348.71
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$2,348.71**
Past Due		**$0.00**
Minimum Payment Due		**$24.00**
Credit Line		$10,000.00
Available Credit		$7,651.29
Days in Billing Period		28

Michael J Pfeifer
2-26-16

Approved $2,348.71

MMC
Will Call
In

APPROVED
ON
FEB 25 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:
Mail payment coupon with a check
Pay online at myaccountaccess.com
Pay by phone (

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

IBC BANK
We Do More

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	3/01/2016
New Balance	$2,348.71
Minimum Payment Due	$24.00

Amount Enclosed $_____

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

IBC BANK
We Do More

February 2016 Statement 01/07/2016 - 02/03/2016

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.

Count on added security with your new chip-enabled card. Receive enhanced fraud protection whenever you use your card at a chip-enabled terminal. See enclosed insert to learn how to use this new technology. No chip-enabled terminal? No problem. Simply swipe your card to pay. For more information, visit myaccountaccess.com/chipcard.

Pay taxes instantly with your credit card. It s a fast, easy and secure way to pay your federal and state taxes. You will receive an electronic receipt so you will know your payment was received on time. See the enclosed insert for more details.

Visa Payment Controls allows you to customize each of your employee's business credit cards to control where, when, and how your employees use them. Easily set controls that limit card use by time of day or day of week, dollar amount, transaction types or geographical locations. Visit myaccountaccess.com/vpc to set up customized controls on your employees' business credit cards today.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
01/26	01/23	0131	PAYMENT THANK YOU	$2,340.81CR	
			TOTAL THIS PERIOD	**$2,340.81CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
01/07	01/06	9275	NPDB NPDB.HRSA.GOV 800-767-6732 VA Physicians Expense	$6.00	
01/07	01/06	9358	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$18.00	
01/07	01/06	9432	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$3.00	
01/07	01/06	9507	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$3.00	
01/07	01/07	9900	AMA*CREDENTIALING 800-621-8335 IL	$84.00	
01/08	01/07	0031	THE SOUTHWELL COMPANY 210-223-1831 TX 50% Dep.	$675.00	
01/11	01/08	5966	NPDB NPDB.HRSA.GOV 800-767-6732 VA Phys. Exp.	$3.00	
01/11	01/09	1865	AMA*CREDENTIALING 800-621-8335 IL Phys. Exp	$20.00	
01/14	01/13	9979	FREDPRYOR CAREERTRACK 800-5563012 KS Webinar	$99.00	
01/15	01/14	0036	N.A.R.H.C. 231-924-0788 MI Registration	$400.00	
01/20	01/19	7060	PAYPAL *TETAF 402-935-7733 CA Registration	$250.00	
01/20	01/19	1390	EB TEXAS TRAUMA COORI 801-413-7200 CA Reg. Exp	$50.00	
01/25	01/23	5129	SHERATON DALLAS DALLAS TX Hotel Exp. 01/23/16 FOLIO: 1607202	$737.71	
			TOTAL THIS PERIOD	**$2,348.71**	

Continued on Next Page

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: 2/12/16

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	—		NPDB X 2 Physicians	3		6.00 ✓
2	—		NPDB x 6 Physicians	3		18.00 ✓
3	—		NPDB x 1 Physician	3		3.00 ✓
4	—		NPDB x 1 Physician			3.00 ✓
5	—		AMA Credentialing - Initial			84.00 ✓
6			+ Cont. monitoring X 2 Phys			
7	—		The Southwell Co. - plaque	1348.00 50% → Deposit Bal. 675.00		675.00 ✓
8			for MMC clinic 1 Plaque 4 Rosettes			
9	—		NPDB X 1 Physician			3.00 ✓
10	—		AMA Credentialing - Reappt + cont. monitoring X 1 Phys			20.00 ✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST 812.00

NOTES:

Charges made to Mr. Anglin's VISA

APPROVED ON FEB 25 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____ ✓

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 Service

Date: 2/12/16

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	–		Fred Pryor Career Track –			99.00 ✓
2			Webinar – 60 min Outlooks (JA)			
3	–		NARHC – Registration fee for			400.00 ✓
4			Danette Bethany			
5	–		PayPal TETAF – Registration			~~250.00~~ 250.00 ✓
6			fee for Sara Rubio, Trauma Coor			
7	–		~~PayPal~~ EB Texas Trauma			50.00 ✓
8			Coori – Sara Rubio			
9	–		Sheraton Dallas – Hotel for	APPROVED ON		737.71 ✓
10			Jason Anglin – THA Conf.	FEB 25 2016		

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1536.71

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

NOTES:

Charges made to Jason Anglin's credit card (VISA)

812.00 +
1,536.71 +
2,348.71 =

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
2/29/2016

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	209,438.04	218,302.10	-	209,338.04	-	-	218,402.10	218,302.10

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	40,239.68	346,612.86	-	40,139.68	-	-	346,712.86	346,612.86
Crescent	4588	62,441.79	227,464.34	-	62,341.79	-	-	227,564.34	227,464.34
Broadmoor	4596	47,270.23	495,273.19	-	47,170.23	-	-	495,373.19	495,273.19
Fort Bend	4618	59,554.48	198,900.11	-	59,454.48	-	-	199,000.11	198,900.11
									1,268,250.50

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
FEB 29 2016
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 3-4-16

I:\NH Weekly Transfers\NH UPL Transfer Summary 2-29-16.xlsx

IBC Bank Activity
2/22/16 through 2/28/16

Ashford Gardens

					Transfer-Out	Transfer-In			
2/23/2016	113105025	[redacted]	4553	142	ACH CREDIT RECEIVED		56,957.84	675423	NOVITAS SOLUTION HCCLAIMPMT
2/23/2016	113105025		4553	495	OUTGOING MONEY TRANSFER	209,338.04			ASHFORD HEALTH CARE CENTER LTD
2/24/2016	113105025		4553	142	ACH CREDIT RECEIVED		5,971.44	PN1326436189	Molina HC of TX Molina HC
2/24/2016	113105025		4553	142	ACH CREDIT RECEIVED		2,831.08	PN1326436189	Molina HC of TX Molina HC
2/24/2016	113105025		4553	142	ACH CREDIT RECEIVED		2,146.43	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
2/24/2016	113105025		4553	142	ACH CREDIT RECEIVED		17,790.09	675423	NOVITAS SOLUTION HCCLAIMPMT
2/25/2016	113105025		4553	142	ACH CREDIT RECEIVED		4,591.12	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
2/25/2016	113105025		4553	142	ACH CREDIT RECEIVED		300.00	675423	NOVITAS SOLUTION HCCLAIMPMT
2/25/2016	113105025		4553	301	COMMERCIAL DEPOSIT		119,781.10	0	14029973
2/26/2016	113105025		4553	142	ACH CREDIT RECEIVED		7,933.00	PN1326436189	Molina HC of TX Molina HC
						209,338.04	218,302.10		

Solera at West Houston

					Transfer-Out	Transfer-In			
2/22/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		263,057.34	676310	NOVITAS SOLUTION HCCLAIMPMT
2/22/2016	113105025		4561	142	ACH CREDIT RECEIVED		3,698.31	1.60218E+13	AMERIGROUP CORPO HCCLAIMPMT
2/23/2016	113105025		4561	142	ACH CREDIT RECEIVED		28,611.96	676310	NOVITAS SOLUTION HCCLAIMPMT
2/23/2016	113105025		4561	142	ACH CREDIT RECEIVED		3,105.33	1.6022E+13	AMERIGROUP CORPO HCCLAIMPMT
2/23/2016	113105025		4561	495	OUTGOING MONEY TRANSFER	40,139.68			CANTEX HEALTH CARE CENTERS LLC
2/24/2016	113105025		4561	142	ACH CREDIT RECEIVED		9,737.25	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
2/25/2016	113105025		4561	301	COMMERCIAL DEPOSIT		38,402.67	0	14030021
						40,139.68	346,612.86		

Crescent

					Transfer-Out	Transfer-In			
2/22/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		639.10	PN1669860425	Molina HC of TX Molina HC
2/22/2016	113105025		4588	142	ACH CREDIT RECEIVED		1,779.15	1.60218E+13	AMERIGROUP CORPO HCCLAIMPMT
2/22/2016	113105025		4588	142	ACH CREDIT RECEIVED		14,801.54	1.60218E+13	AMERIGROUP CORPO HCCLAIMPMT
2/22/2016	113105025		4588	142	ACH CREDIT RECEIVED		99,142.73	676323	NOVITAS SOLUTION HCCLAIMPMT
2/22/2016	113105025		4588	142	ACH CREDIT RECEIVED		3,751.17	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
2/23/2016	113105025		4588	142	ACH CREDIT RECEIVED		12,610.50	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
2/23/2016	113105025		4588	142	ACH CREDIT RECEIVED		5,935.80	1.60219E+13	AMERIGROUP CORPO HCCLAIMPMT
2/23/2016	113105025		4588	142	ACH CREDIT RECEIVED		755.33	676323	NOVITAS SOLUTION HCCLAIMPMT
2/23/2016	113105025		4588	142	ACH CREDIT RECEIVED		4,694.25	1.6022E+13	AMERIGROUP CORPO HCCLAIMPMT
2/23/2016	113105025		4588	495	OUTGOING MONEY TRANSFER	62,341.79			CANTEX HEALTH CARE CENTERS III
2/24/2016	113105025		4588	142	ACH CREDIT RECEIVED		1,503.15	PN1669860425	Molina HC of TX Molina HC
2/24/2016	113105025		4588	142	ACH CREDIT RECEIVED		28,665.79	676323	NOVITAS SOLUTION HCCLAIMPMT
2/25/2016	113105025		4588	301	COMMERCIAL DEPOSIT		43,798.31	0	14029992
2/26/2016	113105025		4588	142	ACH CREDIT RECEIVED		808.70	1.60224E+13	AMERIGROUP CORPO HCCLAIMPMT
2/26/2016	113105025		4588	142	ACH CREDIT RECEIVED		1,200.84	1.60224E+13	AMERIGROUP CORPO HCCLAIMPMT
2/26/2016	113105025		4588	142	ACH CREDIT RECEIVED		7,377.98	676323	NOVITAS SOLUTION HCCLAIMPMT
						62,341.79	227,464.34		

Broadmoor

					Transfer-Out	Transfer-In			
2/22/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		342,548.00	676357	NOVITAS SOLUTION HCCLAIMPMT
2/23/2016	113105025		4596	495	OUTGOING MONEY TRANSFER	47,170.23			CANTEX HEALTH CARE CENTERS III
2/23/2016	113105025		4596	142	ACH CREDIT RECEIVED		371.37	676357	NOVITAS SOLUTION HCCLAIMPMT
2/23/2016	113105025		4596	142	ACH CREDIT RECEIVED		15,854.85	676357	NOVITAS SOLUTION HCCLAIMPMT
2/24/2016	113105025		4596	142	ACH CREDIT RECEIVED		13,811.03	676357	NOVITAS SOLUTION HCCLAIMPMT
2/24/2016	113105025		4596	142	ACH CREDIT RECEIVED		868.80	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
2/24/2016	113105025		4596	142	ACH CREDIT RECEIVED		610.79	PN1669860433	Molina HC of TX Molina HC
2/24/2016	113105025		4596	142	ACH CREDIT RECEIVED		513.04	PN1669860433	Molina HC of TX Molina HC
2/25/2016	113105025		4596	142	ACH CREDIT RECEIVED		1,119.78	PN1669860433	Molina HC of TX Molina HC
2/25/2016	113105025		4596	301	COMMERCIAL DEPOSIT		37,182.90	0	14030008
2/26/2016	113105025		4596	142	ACH CREDIT RECEIVED		82,392.63	676357	NOVITAS SOLUTION HCCLAIMPMT
						47,170.23	495,273.19		

Fort Bend

					Transfer-Out	Transfer-In			
2/22/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		4,966.97	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
2/23/2016	113105025		4618	495	OUTGOING MONEY TRANSFER	59,454.48			CANTEX HEALTH CARE CENTERS III
2/23/2016	113105025		4618	142	ACH CREDIT RECEIVED		2,519.19	1.6022E+13	AMERIGROUP CORPO HCCLAIMPMT
2/24/2016	113105025		4618	142	ACH CREDIT RECEIVED		33,449.86	675663	NOVITAS SOLUTION HCCLAIMPMT
2/24/2016	113105025		4618	142	ACH CREDIT RECEIVED		7,316.79	PN1730577503	Molina HC of TX Molina HC
2/25/2016	113105025		4618	142	ACH CREDIT RECEIVED		18,164.39	675663	NOVITAS SOLUTION HCCLAIMPMT
2/25/2016	113105025		4618	301	COMMERCIAL DEPOSIT		119,905.74	0	14030039
2/26/2016	113105025		4618	142	ACH CREDIT RECEIVED		12,577.17	675663	NOVITAS SOLUTION HCCLAIMPMT
						59,454.48	198,900.11		

Account Portfolio as of 02/29/2016 8:58:43 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	[redacted]3387	$25,069.79	$25,069.79
Memorial Medical Center	[redacted]4553	$218,402.10	$247,319.70
Memorial Medical Center	[redacted]4561	$346,712.86	$392,885.93
Memorial Medical Center	[redacted]4588	$227,564.34	$234,840.63
Memorial Medical Center	[redacted]4596	$495,373.19	$497,686.43
Memorial Medical Center	[redacted]4618	$199,000.11	$199,884.42
Memorial Medical Center Operat	[redacted]0301	$1,651,301.90	$1,650,733.93
County of Calhoun Indigent	[redacted]1101	$2,627.35	$2,627.35
Totals		**$3,166,051.64**	**$3,251,048.18**

RUN DATE:02/29/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:21 CHECK REGISTER and Payable List GLCKREG
02/29/16 THRU 02/29/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000735	02/29/16	393.74	MCKESSON
A/P	000736	02/29/16	204.47	MCKESSON
A/P	000737	02/29/16	1,176.82	MCKESSON
TOTALS:			1,775.03	

340 B Prescription Services

APPROVED
ON
FEB 29 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 3-4-16

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/26/2016 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 02/26/2016

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

As of: 02/26/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 02/26/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
02/22/2016	03/01/2016	7732592529	1000770894	115Invoice	1.05	52.61		51.56 ✓		7732592529	
02/22/2016	03/01/2016	7732592530	1000771502	115Invoice	1.47	73.72		72.25 ✓		7732592530	
02/22/2016	03/01/2016	7732592531	1000771932	115Invoice	1.26	63.02		61.76 ✓		7732592531	
02/23/2016	03/01/2016	7732823976	1000772336	115Invoice	4.25	212.26		208.01 ✓		7732823976	
02/24/2016	03/01/2016	7733035325	1000773018	115Invoice		0.16		0.16 ✓		7733035325	

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

TOTAL:

Subtotals: 401.77 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 754.93
02/22/2016

If Paid By 03/01/2016,
Pay This Amount: 393.74 USD ✓

If Paid After 03/01/2016,
Pay this Amount: 401.77 USD

Due If Paid On Time:
USD 393.74

Disc lost if paid late:
8.03

Due If Paid Late:
USD 401.77

2-29-16

Ck # 735

APPROVED
ON
FEB 29 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/26/2016

DC: 8115

Territory: 400

Customer: 256342
Date: 02/26/2016

Page: 001

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

As of: 02/26/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 02/26/2016

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	
02/23/2016	03/01/2016	7732800418	3454581252	115Invoice		0.16		0.16 ✓✓		7732800418	
02/24/2016	03/01/2016	7733036203	3454581255	115Invoice	1.20	60.01		58.81 ✓✓		7733036203	
02/25/2016	03/01/2016	7733295196	3454581258	115Invoice	2.10	104.97		102.87 ✓✓		7733295196	
02/26/2016	03/01/2016	7733520981	3454581261	115Invoice	0.87	43.50		42.63 ✓✓		7733520981	

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

TOTAL:

Subtotals: 208.64 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 553.11
02/22/2016

If Paid By 03/01/2016,
Pay This Amount: 204.47 USD

If Paid After 03/01/2016,
Pay this Amount: 208.64 USD

Due If Paid On Time:
USD 204.47

Disc lost if paid late:
4.17

Due If Paid Late:
USD 208.64

CC #736

2.29.16

APPROVED
ON
FEB 29 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 02/26/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 02/26/2016

Page: 001

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

As of: 02/26/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 02/26/2016

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	
02/22/2016	03/01/2016	7732613484	1000770896	115Invoice	10.84	541.80		530.96 ✓		7732613484	
02/22/2016	03/01/2016	7732613485	1000771505	115Invoice	0.55	27.41		26.86 ✓		7732613485	
02/22/2016	03/01/2016	7732613489	1000771935	115Invoice	4.06	202.80		198.74 ✓		7732613489	
02/23/2016	03/01/2016	7732822155	1000772339	115Invoice	1.68	84.12		82.44 ✓		7732822155	
02/24/2016	03/01/2016	7733035532	1000773021	115Invoice	0.08	3.84		3.76 ✓		7733035532	
02/25/2016	03/01/2016	7733304371	1000773685	115Invoice	2.01	100.36		98.35 ✓		7733304371	
02/26/2016	03/01/2016	7733530158	1000774305	115Invoice	4.81	240.52		235.71 ✓		7733530158	

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

TOTAL:

Subtotals: 1,200.85 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,412.33
02/22/2016

If Paid By 03/01/2016,
Pay This Amount: 1,176.82 USD

If Paid After 03/01/2016,
Pay this Amount: 1,200.85 USD

Due If Paid On Time:
USD 1,176.82

Disc lost if paid late:
24.03

Due If Paid Late:
USD 1,200.85

ck#737

APPROVED
ON
FEB 29 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- MARCH 2016

Monthly Electronic Transfers for Operating Expenses

2/2/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
2/2/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
2/2/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	211.54
2/2/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	414.85
2/2/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	740.23
2/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	4.51
2/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	36.69
2/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	48.54
2/3/2016	IBC Merch Bank Deposit	- Credit Card Processing Fee	49.00
2/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	62.22
2/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	85.52
2/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	90.69
2/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	150.95
2/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	159.22
2/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	162.65
2/3/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	176.21
2/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	282.84
2/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	428.68
2/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	558.74
2/3/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	655.70
2/3/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	1,675.05
2/3/2016	IRS USATAXPYMT	- Payroll Taxes	96,924.07
2/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
2/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
2/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
2/5/2016	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
2/5/2016	State Comptrlr Texnet	- IGT DY4 UC	534,976.35
2/8/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
2/9/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	52.64
2/9/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	296.42
2/9/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	949.81
2/10/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
2/11/2016	ACS SLS Expertpay	- Child Support	362.31
2/11/2016	Memorial Medical Payroll	- Payroll	261,392.95
2/12/2016	Webfile Tax Portal	- Sales Tax	1,053.10
2/12/2016	State Comptrlr Texnet	- IGT March-May 2016 MPAP Nursing Home Program	1,199,607.62
2/16/2016	Texas County DRS	- Retirement Funding	115,772.00
2/17/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	97.82
2/17/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	435.89
2/17/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	880.22
2/17/2016	IRS USATAXPYMT	- Payroll Taxes	96,611.50
2/19/2016	Telecheck	- Credit Card Processing Fee	5.00
2/22/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	196.60
2/23/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	553.11
2/23/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	754.93
2/23/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,412.33
2/25/2016	ACS SLS Expertpay	- Child Support	362.31
2/25/2016	Memorial Medical Payroll	- Payroll	254,766.81
2/26/2016	Dep Item Returned	- Returned Check	152.61
2/26/2016	Cardmember Service	- IBC Credit Card Invoice	2,348.71
			$ 2,576,373.06

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

IBC

BANK

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

CUSTOMER

8/NE/131/019/1614
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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02/01/2016 to 02/29/2016

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.

02/26	Electronic Deposit	HCBS TEXAS HCCLAIMPMT C16055E51453240	10,119.36
02/26	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	2,766.37
02/26	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	1,624.38
02/26	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	952.67
02/26	Electronic Deposit	AETNA B09 HCCLAIMPMT 1689630865	741.18
02/26	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	700.35
02/26	Electronic Deposit	MEMORIAL MEDICAL PAYROLL	658.13
02/26	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	391.02
02/26	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	206.94
02/26	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1497153589	42.04
02/26	Electronic Deposit	ASSIST REHAB SVC INV-PAYMTS 17460034113000	36.00
02/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	11,656.70
02/29	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16056E51560430	8,892.57
02/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	5,095.10
02/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	2,187.39
02/29	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	1,175.28
02/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	1,082.51
02/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	961.67
02/29	Electronic Deposit	IHC MERCH BNKCD DEPOSIT 971160915882	721.00
02/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	610.43
02/29	Electronic Deposit	AETNA B09 HCCLAIMPMT 1689630865	267.28
02/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	265.02
02/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	244.55
02/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	115.71
02/29	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589	76.85
02/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	56.88
02/29	Electronic Deposit	ASSIST REHAB SVC INV-PAYMTS 17460034113000	36.00
02/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	25.00
02/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	17.49

Debits

02/02	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
02/02	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95
02/02	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02725939	211.54
02/02	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02725874	414.85
02/02	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02725948	740.23
02/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160912889	4.51
02/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885	36.69
02/03	Electronic Payment	IBC MERCH BNKCD FEE 971160914885	48.54
02/03	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160915882	49.00
02/03	Electronic Payment	IBC MERCH BNKCD FEE 971160911881	62.22
02/03	Electronic Payment	IBC MERCH BNKCD FEE 971160912889	85.52
02/03	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	90.69
02/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160912889	150.95
02/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887	159.22
02/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885	162.65
02/03	Electronic Payment	IBC MERCH BNKCD FEE 971160913887	176.21
02/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881	282.84
02/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887	428.68

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

CUSTOMER

8/NE/131/019/1615
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 371

CUSTOMER NO.	PAGE NO.
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02/01/2016 to 02/29/2016
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.

02/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881	558.74
02/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883	655.70
02/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883	1,675.05
02/03	Electronic Payment	IRS USATAXPYMT 220643470631476	96,924.07
02/05	Electronic Payment	FDGL LEASE PYMT	59.25
02/05	Electronic Payment	FDGL LEASE PYMT	59.25
02/05	Electronic Payment	FDGL LEASE PYMT	86.30
02/05	Electronic Payment	VIVONET ACQUISIT PAYMENT 508574	99.00
02/05	Electronic Payment	STATE COMPTRLR TEXNET 23071860/60204	534,976.35
02/08	Electronic Payment	FDGL LEASE PYMT	30.25
02/09	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02729406	52.64
02/09	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02729419	296.42
02/09	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02729312	949.81
02/10	Electronic Payment	FDGL LEASE PYMT	30.17
02/11	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	362.31
02/11	Electronic Payment	MEMORIAL MEDICAL PAYROLL	261,392.95
02/12	Electronic Payment	WEBFILE TAX PYMT DD 902/23127636	1,053.10
02/12	Electronic Payment	STATE COMPTRLR TEXNET 23097883/60211	1,199,607.62
02/16	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	115,772.00
02/17	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02738513	97.82
02/17	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02738631	435.89
02/17	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02738646	880.22
02/17	Electronic Payment	IRS USATAXPYMT 220644894317431	96,611.50
02/19	Electronic Payment	Telecheck INV022016D xxxxx9736	5.00
02/22	Electronic Payment	FDGL LEASE PYMT	196.60
02/23	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02741788	553.11
02/23	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02741716	754.93
02/23	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02741801	1,412.33
02/25	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	362.31
02/25	Electronic Payment	MEMORIAL MEDICAL PAYROLL	254,766.81
02/26	Dep Item Returned	(Tracer# 17000096)	152.61
02/26	Electronic Payment	CARDMEMBER SERV ELECT PYMT	2,348.71

Daily Ending Balance

02/01	2,274,881.01	02/10	2,099,536.89	02/22	1,824,361.79
02/02	2,205,460.79	02/11	1,933,237.46	02/23	1,834,356.44
02/03	2,157,492.45	02/12	869,805.95	02/24	1,768,281.47
02/04	2,286,347.20	02/16	858,760.17	02/25	1,569,286.52
02/05	1,869,131.96	02/17	837,811.30	02/26	1,651,301.90
02/08	1,988,294.48	02/18	898,889.17	02/29	1,754,634.18
02/09	2,098,717.58	02/19	911,504.99		

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

CUSTOMER

8/NE/131/019/1616

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

STATEMENT

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CUSTOMER NO.	PAGE NO.
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02/01/2016 to 02/29/2016
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
6,481.63	0	0.00	7	3,854.28	2,627.35

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
02/10	11788	1,418.51	02/11	11791	502.27	02/09	11795	139.58
02/10	11789	139.28	02/18 *	11794	1,253.83	02/10	11796	285.53
02/09	11790	115.28						

* Indicates a skip in check number sequence

Daily Ending Balance

02/09	6,226.77	02/11	3,881.18	02/18	2,627.35
02/10	4,383.45				

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

STATEMENT

2

CUSTOMER

8/NE/131/019/1477
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

CUSTOMER NO.	PAGE NO.
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02/01/2016 to 02/29/2016
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
797,148.26	0	0.00	2	143,791.42	653,356.84

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount
02/12	113	133,729.66	02/16 *	3625	10,061.76

* Indicates a skip in check number sequence

Daily Ending Balance

02/12	663,418.60	02/16	653,356.84

IBC

BANK

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

CUSTOMER

8/NE/131/019/1509
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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02/01/2016 to 02/29/2016
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.

02/23	Outgoing Wire	0055 ASHFORD HEALTH CARE CENTER LTD	✓209,338.04

Daily Ending Balance

02/01	202,554.17	02/09	183,025.20	02/19	209,438.04
02/02	13,936.26	02/10	44,186.17	02/23	57,057.84
02/03	14,748.54	02/11	118,980.41	02/24	85,796.88
02/04	14,907.40	02/12	121,223.08	02/25	210,469.10
02/05	138,939.03	02/17	100.00	02/26	218,402.10
02/08	180,607.14	02/18	31,059.11	02/29	247,319.70

IBC

BANK

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

CUSTOMER

8/NE/131/019/1513
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.	PAGE NO.
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02/01/2016 to 02/29/2016
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
370,464.29	28	621,413.20	4	494,191.06	497,686.43

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
02/02		13,136.00	02/11		21,242.87	02/25		37,182.90
02/05		25,833.93	02/19		43,579.19			

Electronic Activity

Credits

02/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		288.27
02/05	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		128.03
02/08	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		3,219.56
02/08	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		1,741.72
02/08	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		1,482.64
02/09	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		211.58
02/10	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		7,910.74
02/11	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		1,461.20
02/16	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		23.38
02/16	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		23.38
02/17	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		1,010.91
02/18	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		940.57
02/19	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		1,592.80
02/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		342,548.00
02/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		15,854.85
02/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		371.37
02/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		13,811.03
02/24	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004	495,273.19	868.80
02/24	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		610.79
02/24	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		513.04
02/25	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		1,119.78
02/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		82,392.63
02/29	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004	Non Lists	2,313.24

Debits

02/02	Outgoing Wire	0009 CANTEX HEALTH CARE CENTERS III	1/25/16 - 1/29/16	370,364.29
02/10	Outgoing Wire	0004 CANTEX HEALTH CARE CENTERS III		39,386.23
02/17	Outgoing Wire	0169 CANTEX HEALTH CARE CENTERS III		37,270.31
02/23	Outgoing Wire	0058 CANTEX HEALTH CARE CENTERS III		47,170.23

Daily Ending Balance

02/01	370,752.56	02/10	14,666.24	02/19	47,270.23
02/02	13,524.27	02/11	37,370.31	02/22	389,818.23
02/05	39,486.23	02/16	37,417.07	02/23	358,874.22
02/08	45,930.15	02/17	1,157.67	02/24	374,677.88
02/09	46,141.73	02/18	2,098.24	02/25	412,980.56

IBC

BANK

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

CUSTOMER

8/NE/131/019/1511
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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02/01/2016 to 02/29/2016
STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
223,805.79	40	428,944.98	4	417,910.14	234,840.63

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
02/02		12,410.00	02/11		56,295.20	02/25		43,798.31
02/05		24,180.45	02/19		47,059.32			

Electronic Activity

	Credits			
02/01	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		4,422.18
02/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		671.66
02/02	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16012914800123		1,732.50
02/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		390.53
02/04	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		971.93
02/08	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		2,401.68
02/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16020511900113		16,732.49
02/09	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		1,801.26
02/10	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		1,417.50
02/11	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		3,756.45
02/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16020913400006		1,890.00
02/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16021014100758		2,788.73
02/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16021318800558		694.70
02/17	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		157.69
02/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16021217200065		101.18
02/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16021711300172		10,394.39
02/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		3,534.23
02/19	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		400.28
02/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		99,142.73
02/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16021814000543		14,801.54
02/22	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		3,751.17
02/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16021816900291		1,779.15
02/22	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		639.10
02/23	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		12,610.50
02/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16021914700048		5,935.80
02/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16022016402341	527,464.34	4,694.25
02/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		755.33
02/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		28,665.79
02/24	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		1,503.15
02/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		7,377.98
02/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16022418900142		1,200.84
02/26	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16022415200211		808.70
02/29	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		5,580.77
02/29	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		1,499.27
02/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		196.25

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CUSTOMER

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PORT LAVACA TX 77979

STATEMENT

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02/01/2016 to 02/29/2016
STATEMENT PERIOD

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	Debits			
02/02	Outgoing Wire	0008 CANTEX HEALTH CARE CENTERS III	1/25/16 - 1/29/16	223,705.79
02/10	Outgoing Wire	0003 CANTEX HEALTH CARE CENTERS III		44,779.25
02/17	Outgoing Wire	0168 CANTEX HEALTH CARE CENTERS III		87,083.31
02/23	Outgoing Wire	0057 CANTEX HEALTH CARE CENTERS III		62,341.79

Daily Ending Balance

02/01	228,899.63	02/10	22,452.93	02/23	144,209.57
02/02	19,726.87	02/11	84,394.58	02/24	174,378.51
02/04	20,698.80	02/12	87,183.31	02/25	218,176.82
02/05	44,879.25	02/17	1,053.57	02/26	227,564.34
02/08	47,280.93	02/19	62,441.79	02/29	234,840.63
02/09	65,814.68	02/22	182,555.48		

International Bank of Commerce
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CUSTOMER

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STATEMENT

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
69,717.74	23	363,171.32	4	233,004.64	199,884.42

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
02/02		5,152.05	02/11		27,447.11	02/25		119,905.74
02/05		30,602.38	02/19		28,771.53			

Electronic Activity

Credits

02/02	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006		7,945.20
02/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663		2,492.90
02/08	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		20,901.62
02/08	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006		1,740.11
02/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16020511900114		7,651.05
02/16	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		4,116.08
02/16	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006		2,635.21
02/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16021115000160		2,045.13
02/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16021210300004		3,754.04
02/18	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		13,513.96
02/18	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16021614400290		4,618.53
02/22	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006		4,966.97
02/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16022016402342		2,519.19
02/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663		33,449.86
02/24	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	198,900.11	7,316.79
02/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663		18,164.39
02/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663		12,577.17
02/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663		884.31

Debits

02/02	Outgoing Wire	0010 CANTEX HEALTH CARE CENTERS III 1/25/16-1/29/16		69,617.74
02/10	Outgoing Wire	0005 CANTEX HEALTH CARE CENTERS III		46,192.53
02/17	Outgoing Wire	0170 CANTEX HEALTH CARE CENTERS III		57,739.89
02/23	Outgoing Wire	0059 CANTEX HEALTH CARE CENTERS III		59,454.48

Daily Ending Balance

02/02	15,690.15	02/16	66,636.31	02/23	7,586.16
02/05	46,292.53	02/17	12,650.46	02/24	48,352.81
02/08	68,934.26	02/18	30,782.95	02/25	186,422.94
02/09	76,585.31	02/19	59,554.48	02/26	199,000.11
02/10	30,392.78	02/22	64,521.45	02/29	199,884.42
02/11	57,839.89				

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
310,624.93	25	581,345.28	4	499,084.28	392,885.93

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
02/02		17,772.07	02/11		42,819.55	02/25		38,402.67
02/05		52,688.86	02/19		25,920.45			

Electronic Activity

Credits

02/02	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	8,977.50
02/04	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	498.99
02/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16020511900118	3,284.96
02/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16020913400009	8,462.43
02/11	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	7,818.29
02/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16021014100762	5,933.20
02/12	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	163.82
02/16	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	6,381.38
02/16	Electronic Deposit	Molina HC of TX Molina HC PN1497143259	786.81
02/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16021318800560	2,241.24
02/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16021711300175	4,809.80
02/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	263,057.34
02/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16021816900295	3,698.31
02/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	28,611.96
02/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16022016402347	3,105.33
02/24	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	9,737.25
02/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	30,391.78
02/29	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	12,202.35
02/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16022511700800	2,015.10
02/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16022510600699	1,563.84

346,612.86

Debits

02/02	Outgoing Wire	0007 CANTEX HEALTH CARE CENTERS LLC 1/25/16 - 1/29/16	310,524.93
02/10	Outgoing Wire	0002 CANTEX HEALTH CARE CENTERS LLC	79,937.42
02/17	Outgoing Wire	0167 CANTEX HEALTH CARE CENTERS LLC	68,482.25
02/23	Outgoing Wire	0056 CANTEX HEALTH CARE CENTERS LLC	40,139.68

Daily Ending Balance

02/02	26,849.57	02/11	62,485.23	02/22	306,995.33
02/04	27,348.56	02/12	68,582.25	02/23	298,572.94
02/05	80,037.42	02/16	75,750.44	02/24	308,310.19
02/09	83,322.38	02/17	9,509.43	02/25	346,712.86
02/10	3,384.96	02/19	40,239.68	02/29	392,885.93