APPROVED

JUN 09 2016

CALHOUN COUNTY
COMMISSIONERS COURT

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- June 9, 2016

PAYABLES AND PAYROLL			
4/4/2016	McKesson Drugs	$ 2,670.95	
4/5/2016	Payroll	261,203.02	
4/5/2016	Payroll by checks	1,551.88	
4/6/2016	Patient Refunds	17,912.46	
4/6/2016	Weekly Payables	181,981.71	
4/7/2016	Weekly Payables	18,535.09	
4/11/2016	McKesson Drugs	2,888.46	
4/12/2016	Returned Check	2,809.00	
4/12/2016	Payroll Liabilities	97,761.91	
4/13/2016	Weekly Payables	28,540.36	
4/15/2016	TDCRS	113,907.44	
4/15/2016	Payroll Taxes Penalty-ending 12/31/15	1,899.53	
4/18/2016	McKesson Drugs	1,661.87	
4/18/2016	Weekly Payables	1,218.90	
4/19/2016	Payroll	262,062.86	
4/19/2016	Payroll by checks	851.57	
4/21/2016	Weekly Payables	177,358.72	
4/22/2016	Credit Card Invoice	6,238.44	
4/25/2016	McKesson Drugs	1,621.33	
4/26/2016	Credit Card Invoice	5,568.82	
4/26/2016	Payroll Taxes	97,140.44	
4/27/2016	Weekly Payables	286,650.08	
4/29/2016	Weekly Payables	7,825.00	
4/30/2016	Monthly Electronic Transfers for Payroll Expenses(not incl above)	1,125.22	
4/30/2016	Monthly Electronic Transfers for Operating Expenses	6,693.37	
	Total Payables and Payroll		**$ 1,587,678.43**
INTER-GOVERNMENT TRANSFERS			
	Inter-Government Transfers for April 2016	781,130.76	
	Total Inter-Government Transfers		**$ 781,130.76**
INTRA-ACCOUNT TRANSFERS			
	Total Intra-Account Transfers		**$ -**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS			**$ 2,368,809.19**
INDIGENT HEALTHCARE FUND EXPENSES			**$ 26,341.12**
NURSING HOME UPL EXPENSES FOR April 2016			**$ 3,390,470.91**
IGT NH Program			**$ -**
MMC Construction			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED June 9, 2016			**$ 5,785,621.22**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- June 9, 2016

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

HEB Pharmacy (Medimpact)	407.52
MMCenter (In-patient $ / Out-patient $12,902.21 / ER $1,299.25)	14,201.46
Memorial Medical Clinic	2,477.40
Port Lavaca Clinic	157.12
Radiology Unlimited PA	81.53
Regional Employee Assistance	158.93
SUBTOTAL	**17,483.96**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	9,227.16
Less: Co-Pays collected in April 2016	**(370.00)**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	**26,341.12**

800 06092016 01 CALHOUN COUNTY, TEXAS

DATE: 6/9/2016

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			$26,341.12
	approved by Commissioners Court on 06/09/2016			
1000-001-46010	April Interest $0.00			$0.00
				$26,341.12

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON JUN - 2 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: Michael J Pfeifer 6/9/16

DEPARTMENT HEAD DATE

Issued 05/31/16

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 05/06/2016 through 05/06/2016
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	3,065.86	450.43
02	Prescription Drugs	424.57	358.57
08	Rural Health Clinics	2,683.62	2,424.55
14	Mmc - Hospital Outpatient	38,427.60	12,902.21
15	Mmc - Er Bills	3,937.12	1,299.25
	Expenditures	48,931.76	17,828.00
	Reimb/Adjustments	-392.99	-392.99
	Grand Total	**48,538.77**	**17,435.01**

Copays	<-370.00>
Expenses	9227.16
RX Processing Fee	48.95
Totals	26,341.12

APPROVED
ON

JUN - 2 2016

BY
CALHOUN COUNTY AUDITOR

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

Recorded ARM 5/10/16
Reviewed

Acct #	JE #	Description	Check #	Debit Amount	Credit Amount
10255000		Indigent Healthcare		9,227.16	
40450074		Reimbursement - Calhoun Cty			5,713.90
40015074		Benefits - FICA			372.75
40025074		Benefits - FUTA			9.41
40040074		Benefits - Retirement			417.94
60320000		Benefits - Insurance			1,028.50
40220074		Supplies - General			1,537.32
40225074		Supplies - Office			147.34
40230074		Forms			-
40610074		Continuing Education			-
40510074		Outside Services			-
40215074		Freight			-
40600074		Miscellaneous			-
			TOTALS	9,227.16	9,227.16

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

REVERSING: YES _____ NO _____ APPROVED ON

JE # 041638

MAY 11 2016

BY
CALHOUN COUNTY AUDITOR

Indigent Healthcare Program
Incurred by MMC
APRIL 2016

Indigent H'care Coordinator Salary	# 40000074	14-Apr	$ 2,438.10	
	# 40000074	28-Apr	3,086.02	
	# 40000074		-	
	# 40050074		56.35	
	# 40050074		133.43	
	(# 40010074)		-	
				5,713.90
Benefits:	#40040074			**417.94**
FICA	# 40015074	14-Apr	183.52	
	# 40015074	28-Apr	189.23	
	# 40015074		-	
				372.75
FUTA	# 40025074	14-Apr	4.95	
	# 40025074	28-Apr	4.46	
	# 40025075		-	
				9.41
Other Benefits (18 %)	# 63200000			**1,028.50**
General Supplies	# 40220074			**1,537.32**
Office Supplies	# 40225074			**147.34**
Forms	#40230074			-
Continuing Education	#40610074			-
Outside Services	#40510074			-
Freight	#40215074			-
Travel	#40600074			-

Copays $370

RUN DATE: 05/10/16
TIME: 13:30

MEMORIAL MEDICAL CENTER
GL DETAIL REPORT - COST CENTER SEQUENCE
FOR: 04/01/16 - 04/30/16

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: 04/01/16					11,701.69
	04/14/16	PAY-P.04/01/16 04/14/16		PR	19 5009 44	2,438.10	
	04/28/16	PAY-P.04/15/16 04/28/16		PR	19 5045 45	3,086.02	
	04/30/16	Accrual--Days= 2		PR	19 5045 415	440.86	
		04/30 ACTIVITY/END BALANCE				5,964.98	17,666.67
40005074 SALARIES OVERTIME -CALHO		BEGINNING BALANCE AS OF: 04/01/16					118.96
	04/14/16	PAY-P.04/01/16 04/14/16		PR	19 5009 67	56.35	
	04/28/16	PAY-P.04/15/16 04/28/16		PR	19 5045 72	133.43	
	04/30/16	Accrual--Days= 2		PR	19 5045 469	19.06	
		04/30 ACTIVITY/END BALANCE				208.84	327.80
40010074 SALARIES PTO/EIB -CALHO		BEGINNING BALANCE AS OF: 04/01/16					2,959.70
	04/14/16	Auto PR Bene Accrual Re		PR	19 4981 87	-803.19	
	04/14/16	Auto PR Bene Accrual		PR	19 5008 85	923.02	
	04/28/16	Auto PR Bene Accrual Re		PR	19 5008 87	-923.02	
	04/28/16	Auto PR Bene Accrual		PR	19 5044 85	1,042.85	
		04/30 ACTIVITY/END BALANCE				239.66	3,199.36
40015074 FICA -CALHO		BEGINNING BALANCE AS OF: 04/01/16					-43.26
	04/14/16	PAY-P.04/01/16 04/14/16		PR	19 5009 382	34.78	
	04/14/16	PAY-P.04/01/16 04/14/16		PR	19 5009 413	148.74	
	04/28/16	PAY-P.04/15/16 04/28/16		PR	19 5045 564	35.87	
	04/28/16	PAY-P.04/15/16 04/28/16		PR	19 5045 595	153.36	
	04/30/16	Accrual--Days= 2		PR	19 5045 709	21.90	
	04/30/16	Accrual--Days= 2		PR	19 5045 771	5.12	
		04/30 ACTIVITY/END BALANCE				399.77	356.51
40025074 FUT -CALHO		BEGINNING BALANCE AS OF: 04/01/16					.00
	04/14/16	PAY-P.04/01/16 04/14/16		PR	19 5009 444	4.95	
	04/28/16	PAY-P.04/15/16 04/28/16		PR	19 5045 626	4.46	
	04/30/16	Accrual--Days= 2		PR	19 5045 837	.64	
		04/30 ACTIVITY/END BALANCE				10.05	10.05
40040074 RETIREMENT -CALHO		BEGINNING BALANCE AS OF: 04/01/16					-51.52
	04/14/16	PAY-P.04/01/16 04/14/16		PR	19 5009 475	206.04	
	04/28/16	PAY-P.04/15/16 04/28/16		PR	19 5045 657	211.90	
	04/30/16	Accrual--Days= 2		PR	19 5045 897	30.28	
		04/30 ACTIVITY/END BALANCE				448.22	396.70
40220074 SUPPLIES GENERAL -CALHO		BEGINNING BALANCE AS OF: 04/01/16					.00
	04/29/16	CDW GOVERNMENT, INC.	CVB4705	PJ	19 5048 6	1,530.90	
	04/30/16	AUTO-TRAN/EXP.REPORT	000000	MM	25 721 25	6.42	

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40220074 SUPPLIES GENERAL -CALHOUN C							
		04/30 ACTIVITY/END BALANCE				1,537.32 ✓	1,537.32
40225074 OFFICE SUPPLIES -CALHO		BEGINNING BALANCE AS OF: 04/01/16					.00
	04/26/16	DEWITT POTH & SON	470593-0	PJ	19 5023 12	58.88	
	04/30/16	AUTO-TRAN/EXP.REPORT	000000	MM	25 721 48	88.46	
		04/30 ACTIVITY/END BALANCE				147.34 ✓	147.34
40450074 REIMBURSEMENT		BEGINNING AND ENDING BALANCE:					-15,059.87
		COST CENTER TOTAL:				8,956.18	

- -

ENDING BALANCE GRAND TOTAL:	8,581.88
GRAND TOTAL ACTIVITY:	8,956.18

Calhoun County Indigent Care Patient Caseload

	Approved	Denied	Removed	Active	Pending
January	4	5	3	58	6
February	7	2	8	57	7
March	2	3	5	51	9
April	5	2	14	46	8
May					
June					
July					
August					
September					
October					
November					
December					
YTD	18	12	30	212	30
Monthly Avg	5	3	8	53	8
December 2015 Active		57			

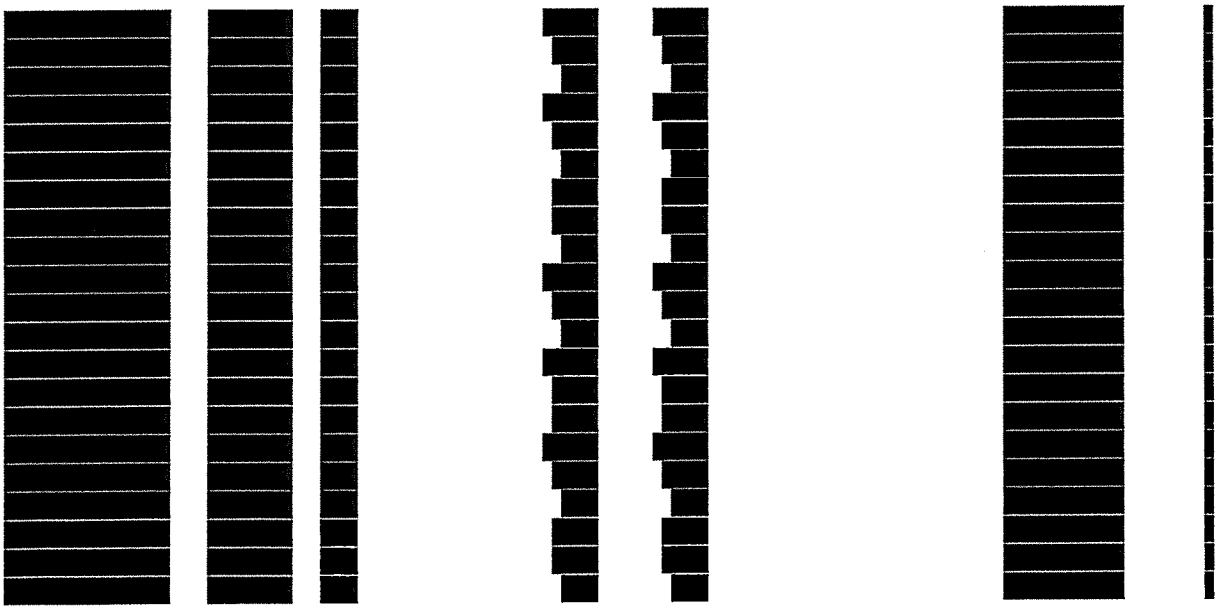
G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
[redacted]												

TOTAL 50200.000 COMMERCIAL INS. -ADJ -266870.26

50240.000	04/13/16	429725	CA		10.00	10.00	00/00/00	JC	2
50240.000	04/18/16	430111	CA		10.00	10.00	00/00/00	JC	2
50240.000	04/20/16	430368	CA		10.00	10.00	00/00/00	JC	2
50240.000	04/12/16	429616	CK		10.00	10.00	00/00/00	LMV	2
50240.000	04/19/16	430207	CA		10.00	10.00	00/00/00	LMV	2
50240.000	04/26/16	430720	MC		10.00	10.00	00/00/00	LMV	2
50240.000	04/01/16	428904	MC		10.00	10.00	00/00/00	PLB	2
50240.000	04/04/16	428986	CA		10.00	10.00	00/00/00	PLB	2
50240.000	04/04/16	429043	CA		10.00	10.00	00/00/00	PLB	2
50240.000	04/05/16	429127	CA		10.00	10.00	00/00/00	PLB	2
50240.000	04/05/16	429132	CA		10.00	10.00	00/00/00	PLB	2
50240.000	04/06/16	429283	CA		10.00	10.00	00/00/00	PLB	2
50240.000	04/06/16	429287	CA		10.00	10.00	00/00/00	PLB	2
50240.000	04/06/16	429317	CA		10.00	10.00	00/00/00	PLB	2
50240.000	04/08/16	429408	CA		10.00	10.00	00/00/00	PLB	2

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	04/08/16	429464	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/12/16	429615	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/12/16	429680	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/12/16	429720	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/13/16	429724	CK		10.00	10.00			00/00/00	PLB		2
50240.000	04/13/16	429785	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/13/16	429793	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/13/16	429815	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/15/16	429980	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/18/16	430071	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/19/16	430125	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/19/16	430146	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/20/16	430322	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/20/16	430324	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/21/16	430442	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/22/16	430523	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/22/16	430524	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	04/25/16	430572	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/26/16	430711	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/26/16	430715	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	04/27/16	430858	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/27/16	430881	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/28/16	430946	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/29/16	430972	VI		10.00	10.00			00/00/00	PLB		2
50240.000	04/29/16	430976	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/29/16	430984	CA		10.00	10.00			00/00/00	PLB		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						370.00						

[redacted]



Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
4/4/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	177,402.71	177,302.71	88,963.99	-	-	-	89,063.99	88,963.99

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	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	301,521.14	301,421.14	168,531.84	-	-	-	168,631.84	168,531.84
Crescent	4588	241,219.68	241,119.68	90,889.67	-	-	-	90,989.67	90,889.67
Broadmoor	4596	1,097,650.81	1,097,550.81	72,539.06	-	-	-	72,639.06	72,539.06
Fort Bend	4618	60,260.19	60,160.19	38,559.65	-	-	-	38,659.65	38,559.65
									370,520.22

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

Approved:

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

4-7-16

APPROVED
APR - 4 2016
COUNTY AUDITOR

G:\NH Weekly Transfers\NH UPL Transfer Summary 4-4-16.xlsx

IBC Bank Activity
3/28/16 through 4/3/16

Ashford Gardens

					Transfer-Out	Transfer-In			
3/28/2016	113105025	[redacted]	4558	142	ACH CREDIT RECEIVED		3,581.32	PN1326436189	Molina HC of TX Molina HC
3/29/2016	113105025	[redacted]	4558	142	ACH CREDIT RECEIVED		1,224.02	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
3/29/2016	113105025	[redacted]	4558	142	ACH CREDIT RECEIVED		1,433.74	675423	NOVITAS SOLUTION HCCLAIMPMT
3/29/2016	113105025	[redacted]	4558	142	ACH CREDIT RECEIVED		1,685.43	PN1326436189	Molina HC of TX Molina HC
3/30/2016	113105025	[redacted]	4558	142	ACH CREDIT RECEIVED		512.60	PN1326436189	Molina HC of TX Molina HC
3/30/2016	113105025	[redacted]	4558	495	OUTGOING MONEY TRANSFER	177,302.71			ASHFORD HEALTH CARE CENTER LTD
3/31/2016	113105025	[redacted]	4558	301	COMMERCIAL DEPOSIT		70,515.76	0	14031214
3/31/2016	113105025	[redacted]	4558	142	ACH CREDIT RECEIVED		86.55	PN1326436189	Molina HC of TX Molina HC
3/31/2016	113105025	[redacted]	4558	142	ACH CREDIT RECEIVED		9,539.71	675423	NOVITAS SOLUTION HCCLAIMPMT
4/1/2016	113105025	[redacted]	4558	142	ACH CREDIT RECEIVED		384.86	PN1326436189	Molina HC of TX Molina HC
						177,302.71	**88,963.99**		

Solera at West Houston

					Transfer-Out	Transfer-In			
3/29/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		4,936.79	1.60325E+13	AMERIGROUP CORPO HCCLAIMPMT
3/29/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		2,326.05	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
3/30/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		103,756.36	676310	NOVITAS SOLUTION HCCLAIMPMT
3/30/2016	113105025	[redacted]	4561	495	OUTGOING MONEY TRANSFER	301,421.14			CANTEX HEALTH CARE CENTERS LLC
3/31/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		1,865.24	1.60329E+13	AMERIGROUP CORPO HCCLAIMPMT
3/31/2016	113105025	[redacted]	4561	301	COMMERCIAL DEPOSIT		41,371.79	0	14031203
3/31/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		13,536.98	676310	NOVITAS SOLUTION HCCLAIMPMT
4/1/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		738.63	1.6033E+13	AMERIGROUP CORPO HCCLAIMPMT
						301,421.14	**168,531.84**		

Crescent

					Transfer-Out	Transfer-In			
3/28/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		1,192.56	PN1669860425	Molina HC of TX Molina HC
3/28/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		293.33	676323	NOVITAS SOLUTION HCCLAIMPMT
3/29/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		2,550.74	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
3/29/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		4,156.63	1.60325E+13	AMERIGROUP CORPO HCCLAIMPMT
3/29/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		5,922.90	1.60325E+13	AMERIGROUP CORPO HCCLAIMPMT
3/29/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		1,151.29	1.60325E+13	AMERIGROUP CORPO HCCLAIMPMT
3/30/2016	113105025	[redacted]	4588	495	OUTGOING MONEY TRANSFER	241,119.68			CANTEX HEALTH CARE CENTERS III
3/30/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		5,218.56	PN1669860425	Molina HC of TX Molina HC
3/31/2016	113105025	[redacted]	4588	301	COMMERCIAL DEPOSIT		46,461.74	0	14031237
3/31/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		4,681.43	676323	NOVITAS SOLUTION HCCLAIMPMT
3/31/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		5,280.54	PN1669860425	Molina HC of TX Molina HC
3/31/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		13,979.95	1.60329E+13	AMERIGROUP CORPO HCCLAIMPMT
						241,119.68	**90,889.67**		

Broadmoor

					Transfer-Out	Transfer-In			
3/29/2016	[redacted]	[redacted]	4596	142	ACH CREDIT RECEIVED		717.18	PN1669860433	Molina HC of TX Molina HC
3/29/2016	[redacted]	[redacted]	4596	142	ACH CREDIT RECEIVED		610.50	PN1669860433	Molina HC of TX Molina HC
3/29/2016	[redacted]	[redacted]	4596	142	ACH CREDIT RECEIVED		1,733.44	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
3/29/2016	[redacted]	[redacted]	4596	142	ACH CREDIT RECEIVED		35,315.81	676357	NOVITAS SOLUTION HCCLAIMPMT
3/30/2016	[redacted]	[redacted]	4596	495	OUTGOING MONEY TRANSFER	1,097,550.81			CANTEX HEALTH CARE CENTERS III
3/30/2016	[redacted]	[redacted]	4596	142	ACH CREDIT RECEIVED		15,619.43	676357	NOVITAS SOLUTION HCCLAIMPMT
3/31/2016	[redacted]	[redacted]	4596	301	COMMERCIAL DEPOSIT		18,542.70	0	14031223
						1,097,550.81	**72,539.06**		

Fort Bend

					Transfer-Out	Transfer-In			
3/28/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		12,362.72	675663	NOVITAS SOLUTION HCCLAIMPMT
3/28/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		831.70	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
3/28/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		2,118.32	1.60324E+13	AMERIGROUP CORPO HCCLAIMPMT
3/30/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		2,888.68	675663	NOVITAS SOLUTION HCCLAIMPMT
3/30/2016	113105025	[redacted]	4618	495	OUTGOING MONEY TRANSFER	60,160.19			CANTEX HEALTH CARE CENTERS III
3/31/2016	113105025	[redacted]	4618	301	COMMERCIAL DEPOSIT		20,358.23	0	14031198
						60,160.19	**38,559.65**		

Account Portfolio as of 04/04/2016 8:14:29 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	$89,063.99	$89,063.99
Memorial Medical Center	[redacted]4561	$168,631.84	$168,631.84
Memorial Medical Center	[redacted]4588	$90,989.67	$91,449.38
Memorial Medical Center	[redacted]4596	$72,639.06	$72,639.06
Memorial Medical Center	[redacted]4618	$38,659.65	$38,659.65
Memorial Medical Center Operat	[redacted]0301	$1,592,225.77	$1,603,995.96
County of Calhoun Indigent	[redacted]1101	$5,127.88	$5,127.88
Totals		**$2,082,407.65**	**$2,094,637.55**

RUN DATE:04/04/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:29 CHECK REGISTER and Payable List GLCKREG
04/04/16 THRU 04/04/16

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000750	04/04/16	906.04	MCKESSON
A/P	000751	04/04/16	296.91	MCKESSON
A/P	000752	04/04/16	1,468.00	MCKESSON
TOTALS:			2,670.95	

340B Prescription Services

APPROVED
ON

APR - 4 2016

BY
CALHOUN COUNTY AUDITOR

Mailed 4 PK
4-7-16

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: 04/01/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 04/01/2016

Page: 001

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

As of: 04/01/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 04/01/2016

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	
03/28/2016	04/05/2016	7738382000	1000790619	115Invoice	11.93	596.66		584.73 ✓		7738382000	
03/28/2016	04/05/2016	7738382001	1000791413	115Invoice	1.72	86.21		84.49 ✓		7738382001	
03/28/2016	04/05/2016	7738382003	1000791825	115Invoice	1.06	53.09		52.03 ✓		7738382003	
03/29/2016	04/05/2016	7738603552	1000792225	115Invoice	1.55	77.63		76.08 ✓		7738603552	
03/30/2016	04/05/2016	7738835922	1000792624	115Invoice	2.22	110.93		108.71 ✓		7738835922	

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

TOTAL:

Subtotals: 924.52 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,046.16
03/28/2016

If Paid By 04/05/2016,
Pay This Amount: 906.04 USD

If Paid After 04/05/2016,
Pay this Amount: 924.52 USD

Due If Paid On Time:
USD 906.04

Disc lost if paid late:
18.48

Due If Paid Late:
USD 924.52

4-4-16

ck# 750

APPROVED
ON
APR - 4 2016
BY CT
CALHOUN COUNTY AUDITOR

McKESSON

Company: 8000

STATEMENT

As of: 04/01/2016

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 04/01/2016

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: 04/01/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 04/01/2016

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	
03/29/2016	04/05/2016	7738609001	3454581332	115Invoice	2.12	106.15		104.03 ✓		7738609001	
03/29/2016	04/05/2016	7738609002	1089343	115Invoice	2.52	126.12		123.60 ✓		7738609002	
03/30/2016	04/05/2016	7738835173	3454581335	115Invoice	1.40	70.21		68.81 ✓		7738835173	
03/30/2016	04/05/2016	7738835175	1089369	115Invoice	0.01	0.32		0.31 ✓		7738835175	
03/31/2016	04/05/2016	7739035433	3454581338	115Invoice		0.16		0.16 ✓		7739035433	

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

TOTAL:

Subtotals: 302.96 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 497.85
03/28/2016

If Paid By 04/05/2016,
Pay This Amount: 296.91 USD

If Paid After 04/05/2016,
Pay this Amount: 302.96 USD

Due If Paid On Time:
USD 296.91

Disc lost if paid late:
6.05

Due If Paid Late:
USD 302.96

CK# 751

4.4.16

APPROVED
ON
APR - 4 2016
BY CT
CALHOUN COUNTY AUDITOR

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 04/01/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 04/01/2016

Page: 001

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

As of: 04/01/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 04/01/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
03/28/2016	04/05/2016	7738398740	1000790621	115Invoice	2.27	113.39		111.12 ✓		7738398740	
03/28/2016	04/05/2016	7738398742	1000791415	115Invoice	3.11	155.35		152.24 ✓		7738398742	
03/28/2016	04/05/2016	7738398744	1000791827	115Invoice	4.46	222.96		218.50 ✓		7738398744	
03/29/2016	04/05/2016	7738619692	1000792227	115Invoice	10.80	539.76		528.96 ✓		7738619692	
03/30/2016	04/05/2016	7738843763	1000792626	115Invoice	1.27	63.49		62.22 ✓		7738843763	
03/31/2016	04/05/2016	7739067507	1000793058	115Invoice	1.03	51.74		50.71 ✓		7739067507	
04/01/2016	04/05/2016	7739274296	1000793856	115Invoice	7.03	351.28		344.25 ✓		7739274296	

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

TOTAL:

Subtotals: 1,497.97 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,192.28
03/28/2016

If Paid By 04/05/2016,
Pay This Amount: 1,468.00 USD

If Paid After 04/05/2016,
Pay this Amount: 1,497.97 USD

Due If Paid On Time:
USD 1,468.00

Disc lost if paid late:
29.97

Due If Paid Late:
USD 1,497.97

4.4.16

CK# 752

APPROVED
ON
APR - 4 2016
BY CT
CALHOUN COUNTY AUDITOR

04/05/2016 MEMORIAL MEDICAL CENTER 0
16:11 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 04/25/2016

Vendor#	Vendor Name	Class	Pay Code
10250	4IMPRINT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4520191	SUPPLIES ADMIN	03/25/20	03/17/20	04/16/20		671.80	0.00	0.00	671.80

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10250	4IMPRINT	671.80	0.00	0.00	671.80

Vendor#	Vendor Name	Class	Pay Code
A1430	ADVANCE MEDICAL DESIGNS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SI01098487	SUPPLIES SURGERY	03/29/20	03/21/20	04/20/20		19.40	0.00	0.00	19.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1430	ADVANCE MEDICAL DESIGNS INC	19.40	0.00	0.00	19.40

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
2635419-CM	CREDIT REPAIRS TO AUX	02/29/20	02/23/20	04/15/20		-56.47	0.00	0.00	-56.47
2638721-IN	SUPPLIES MED SURG	03/25/20	03/18/20	04/17/20		241.60	0.00	0.00	241.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1715	ALCO SALES & SERVICE CO	185.13	0.00	0.00	185.13

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
373594	EMPLOYEE MEDICAL PREMIU	03/31/20	03/14/20	04/15/20		29,550.76	0.00	0.00	29,550.76

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	29,550.76	0.00	0.00	29,550.76

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
75271755	CS INVENTORY	03/29/20	03/21/20	04/20/20		54.38	0.00	0.00	54.38
75277498	SUPPLIES CT SCAN	03/29/20	03/22/20	04/21/20		345.00	0.00	0.00	345.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	399.38	0.00	0.00	399.38

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
50360940	SUPPLIES RECOVERY ROOM	03/29/20	03/14/20	04/15/20		114.50	0.00	0.00	114.50
50359981	CS INVENTORY	03/29/20	03/14/20	04/15/20		311.78	0.00	0.00	311.78
50360698	CS INVENTORY	03/29/20	03/14/20	04/15/20		114.50	0.00	0.00	114.50

50420310	03/29/20 03/21/20 04/20/20			497.87	0.00	0.00	497.87
SUPPLIES VARIOUS DEPTS							
50450970	03/29/20 03/24/20 04/23/20			348.62	0.00	0.00	348.62
CS INVENTORY							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP		1,387.27	0.00	0.00	1,387.27
Vendor#	Vendor Name		Class	Pay Code			
M2485	BAYER HEALTHCARE		M				
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6003843630		03/31/20 03/23/20 04/22/20			258.36	0.00	0.00	258.36
SUPPLIES CT SCAN								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE			258.36	0.00	0.00	258.36
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
105503927		03/31/20 03/08/20 04/07/20			531.62	0.00	0.00	531.62
LAB SUPPLIES								
15524717		03/31/20 03/18/20 04/17/20			247.30	0.00	0.00	247.30
LAB SUPPLIES								
105535926		03/31/20 03/24/20 04/23/20			1,266.38	0.00	0.00	1,266.38
LAB SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC			2,045.30	0.00	0.00	2,045.30
Vendor#	Vendor Name		Class	Pay Code				
B1320	BEEKLEY MEDICAL		M					
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV1012503		03/29/20 03/23/20 04/22/20			125.95	0.00	0.00	125.95
SUPPLIES MRI								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	B1320	BEEKLEY MEDICAL			125.95	0.00	0.00	125.95
Vendor#	Vendor Name		Class	Pay Code				
10522	BIOMET INC							
Invoice#	Comment	Tran Dt Inv Dt Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
18-915247		03/31/20 03/18/20 04/17/20			1,625.00	0.00	0.00	1,625.00
SUPPLIES SURGERY								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10522	BIOMET INC			1,625.00	0.00	0.00	1,625.00
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
91977206		03/24/20 03/16/20 04/15/20			718.54	0.00	0.00	718.54
CS INVENTORY								
91979718		03/29/20 03/21/20 04/20/20			311.52	0.00	0.00	311.52
CS INVENTORY								
91981836		03/29/20 03/23/20 04/22/20			767.00	0.00	0.00	767.00
CS INVENTORY								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS			1,797.06	0.00	0.00	1,797.06
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

20848		03/31/20	03/31/20	04/01/20		2,646.78	0.00	0.00	2,646.78
	EMPLOYEE PERSONAL INS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE CO				2,646.78	0.00	0.00	2,646.78
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
205321		03/24/20	03/16/20	04/15/20		882.52	0.00	0.00	882.52
	SUPPLIES CT SCAN								
205605		03/29/20	03/23/20	04/22/20		81.03	0.00	0.00	81.03
	SUPPLIES XRAY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES				963.55	0.00	0.00	963.55
Vendor#	Vendor Name				Class	Pay Code			
10368	DEWITT POTH & SON								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
467771-0		03/18/20	03/16/20	04/15/20		34.64	0.00	0.00	34.64
	OFFICE SUPPLIES ADMIN								
467789-0		03/18/20	03/16/20	04/15/20		221.13	0.00	0.00	221.13
	OFFICE SUPPLIES ADMIN								
467840-0		03/24/20	03/17/20	04/16/20		138.32	0.00	0.00	138.32
	OFFICE SUPPLIES CLINIC								
468056-0		03/24/20	03/21/20	04/20/20		320.74	0.00	0.00	320.74
	CS INVENTORY & SUPPLIES E								
467823-0		03/25/20	03/16/20	04/15/20		9.41	0.00	0.00	9.41
	OFFICE SUPPLIES CLINIC								
468012-0		03/25/20	03/18/20	04/17/20		71.34	0.00	0.00	71.34
	SUPPLIES DIETARY								
468198-0		03/25/20	03/22/20	04/21/20		339.28	0.00	0.00	339.28
	SUPPLIES HR								
468213-0		03/25/20	03/22/20	04/21/20		146.79	0.00	0.00	146.79
	OFFICE SUPPLIES NURSE AD								
468234-0		03/29/20	03/22/20	04/21/20		450.09	0.00	0.00	450.09
	SUPPLIES VARIOUS DEPTS								
468287-0		03/29/20	03/23/20	04/22/20		39.44	0.00	0.00	39.44
	CS INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				1,771.18	0.00	0.00	1,771.18
Vendor#	Vendor Name				Class	Pay Code			
11079	DR. PETER ROJAS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20849		03/31/20	03/25/20	03/25/20		227.25	0.00	0.00	227.25
	SUPPLIES SURGICAL CLINIC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11079	DR. PETER ROJAS				227.25	0.00	0.00	227.25
Vendor#	Vendor Name				Class	Pay Code			
10558	EMPLOYEE ACTIVITIES TEAM								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20850		03/31/20	03/31/20	03/31/20		477.00	0.00	0.00	477.00
	SILENT AUCTION RELAY FOR								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

10558	EMPLOYEE ACTIVITIES TEAM	477.00	0.00	0.00	477.00			

Vendor# Vendor Name Class Pay Code

10042 ERBE USA INC SURGICAL SYSTEMS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
364642 ✓		03/29/20	03/21/20	04/20/20			152.93	0.00	0.00	152.93 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	152.93	0.00	0.00	152.93 ✓

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
902562498 ✓		03/31/20	03/22/20	04/21/20			218.10	0.00	0.00	218.10 ✓
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	218.10	0.00	0.00	218.10 ✓

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
87954 ✓		03/28/20	03/18/20	04/17/20			105.02	0.00	0.00	105.02
	SUPPLIES PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	105.02	0.00	0.00	105.02 ✓

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
0280352 ✓		03/31/20	03/22/20	04/21/20			457.19	0.00	0.00	457.19 ✓
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	457.19	0.00	0.00	457.19 ✓

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
79059 ✓		03/29/20	03/18/20	04/17/20			3,794.88	0.00	0.00	3,794.88 ✓
	PROF FEES									
79242 ✓		03/29/20	03/18/20	04/17/20			3,867.99	0.00	0.00	3,867.99 ✓
	PROF FEES PT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC	7,662.87	0.00	0.00	7,662.87

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
6023584 ✓		03/29/20	03/22/20	04/21/20			71.02	0.00	0.00	71.02 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1001	GETINGE USA	71.02	0.00	0.00	71.02 ✓

Vendor# Vendor Name Class Pay Code

C1470 GI SUPPLY ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
565758 ✓		03/29/20	03/21/20	04/20/20			313.00	0.00	0.00	313.00 ✓
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1470	GI SUPPLY	313.00	0.00	0.00	313.00 ✓

Vendor#	Vendor Name	Class	Pay Code
10653	GLOBAL EQUIPMENT CO. INC. ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
109251720 ✓		03/31/20	03/17/20	04/16/20		53.48	0.00	0.00	53.48 ✓
	SUPPLIES LAB								
109254376 ✓		03/31/20	03/17/20	04/16/20		147.89	0.00	0.00	147.89 ✓
	SUPPLIES PLANT OPS								
109259772 ✓		03/31/20	03/18/20	04/17/20		175.01	0.00	0.00	175.01 ✓
	SUPPLIES PLANT OPS								
109265910 ✓		03/31/20	03/21/20	04/20/20		82.18	0.00	0.00	82.18 ✓
	SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10653	GLOBAL EQUIPMENT CO. INC.	458.56	0.00	0.00	458.56

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
20851		03/31/20	03/28/20	03/28/20		50.00	0.00	0.00	50.00 ✓
	OUTSIDE SRV CARDIO								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	50.00	0.00	0.00	50.00 ✓

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
100446 ✓		03/24/20	03/16/20	04/15/20		47.96	0.00	0.00	47.96 ✓
	SUPPLIES PLANT OPS								
100448 ✓		03/24/20	03/16/20	04/15/20		61.95	0.00	0.00	61.95 ✓
	SUPPLIES PLANT OPS								
100577 ✓		03/25/20	03/21/20	04/20/20		75.56	0.00	0.00	75.56 ✓
	SUPPLIES CLINIC								
100566 ✓		03/25/20	03/21/20	04/20/20		45.70	0.00	0.00	45.70 ✓
	SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE	231.17	0.00	0.00	231.17

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OC-35349 ✓		03/31/20	03/30/20	04/19/20		2.08	0.00	0.00	2.08 ✓
	FINANCE CHRG DIETARY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY	2.08	0.00	0.00	2.08 ✓

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
5810424 ✓		03/25/20	03/17/20	04/16/20		200.00	0.00	0.00	200.00 ✓
	SUPPLIES OB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	200.00	0.00	0.00	200.00 ✓

Vendor#	Vendor Name	Class	Pay Code
I0415	INDEPENDENCE MEDICAL ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
39455467 ✓		03/29/20	03/22/20	04/21/20		23.91	0.00	0.00	23.91 ✓

	CS INVENTORY								
39488035 ✓		03/29/20	03/24/20	04/23/20		76.97	0.00	0.00	76.97 ✓
	CS INVENTORY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL				100.88	0.00	0.00	100.88
Vendor#	Vendor Name				Class	Pay Code			
11167	LAMAR COMPANIES ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
106881476 ✓		03/31/20	03/21/20	04/20/20			500.00	0.00	0.00	500.00 ✓
	ADVERTISING								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11167	LAMAR COMPANIES					500.00	0.00	0.00	500.00 ✓
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
74294967 ✓		03/24/20	03/01/20	04/15/20			4,723.82	0.00	0.00	4,723.82 ✓
	SUPPLIES LAB								
75165741 ✓		03/24/20	03/16/20	04/15/20			360.25	0.00	0.00	360.25 ✓
	CS INVENTORY								
74648043 ✓		03/25/20	03/07/20	04/15/20			30.52	0.00	0.00	30.52 ✓
	LAB SUPPLIES								
75183458 ✓		03/25/20	03/16/20	04/15/20			250.54	0.00	0.00	250.54 ✓
	LAB SUPPLIES								
75396039 ✓		03/29/20	03/21/20	04/15/20			354.16	0.00	0.00	354.16 ✓
	CS INVENTORY								
75498737 ✓		03/31/20	03/22/20	04/15/20			23.85	0.00	0.00	23.85 ✓
	LAB SUPPLIES								
75533917 ✓		03/31/20	03/23/20	04/15/20			392.36	0.00	0.00	392.36 ✓
	LAB SUPPLIES								
75591903 ✓		03/31/20	03/23/20	04/15/20			60.41	0.00	0.00	60.41 ✓
	LAB SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC					6,195.91	0.00	0.00	6,195.91
Vendor#	Vendor Name				Class	Pay Code				
M2310	MEDELA INC ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
11931718 ✓		03/29/20	03/16/20	04/15/20			307.90	0.00	0.00	307.90 ✓
	CS INVENTORY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2310	MEDELA INC					307.90	0.00	0.00	307.90 ✓
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
1095776812 ✓		03/24/20	03/17/20	04/16/20			336.19	0.00	0.00	336.19 ✓
	SUPPLIES XRAY								
109583000 ✓		03/29/20	03/19/20	04/18/20			57.45	0.00	0.00	57.45 ✓
	SUPPLIES SURGERY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC					393.64	0.00	0.00	393.64
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

1819094		03/31/20	03/22/20	04/21/20	82.17	0.00	0.00	82.17
LAB SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL			82.17	0.00	0.00	82.17

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
30094216846		03/29/20	03/21/20	04/20/20		159.26	0.00	0.00	159.26
	SUPPLIES SURGERY								
30094218501		03/29/20	03/23/20	04/22/20		768.83	0.00	0.00	768.83
	SUPPLIES XRAY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA				928.09	0.00	0.00	928.09

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
3827628		03/29/20	03/22/20	04/21/20		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
M2621	MMC AUXILIARY GIFT SHOP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20852		03/31/20	03/24/20	03/24/20		100.67	0.00	0.00	100.67
	EMPLOYEE GIFT SHOP PURC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP				100.67	0.00	0.00	100.67

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
MARCH282016		03/31/20	03/28/20	03/28/20		21,904.78	0.00	0.00	21,904.78
	EMPLOYEE MEDICAL CLAIMS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN				21,904.78	0.00	0.00	21,904.78

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
671218		03/31/20	03/31/20	04/01/20		105.18	0.00	0.00	105.18
	CREDIT CARD FEES AUX								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS				105.18	0.00	0.00	105.18

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
8656126		03/31/20	03/29/20	03/30/20		3.57	0.00	0.00	3.57
	PHARMACY DRUGS								
8656128		03/31/20	03/29/20	03/30/20		15.57	0.00	0.00	15.57
	PHARMACY DRUGS								
8661601		03/31/20	03/29/20	03/30/20		89.77	0.00	0.00	89.77
	PHARMACY DRUGS								
8656127		03/31/20	03/29/20	03/30/20		131.05	0.00	0.00	131.05

	PHARMACY DRUGS							
8656487		03/31/20	03/29/20	03/30/20	43.22	0.00	0.00	43.22
	PHARMACY DRUGS							
8656129		03/31/20	03/29/20	03/30/20	41.01	0.00	0.00	41.01
	PHARMACY DRUGS							
8656488		03/31/20	03/29/20	03/30/20	183.55	0.00	0.00	183.55
	PHARMACY DRUGS							
8661962		03/31/20	03/30/20	03/31/20	4.88	0.00	0.00	4.88
	PHARMACY DRUGS							
8661964		03/31/20	03/30/20	03/31/20	39.81	0.00	0.00	39.81
	PHARMACY DRUGS							
8661602		03/31/20	03/30/20	03/31/20	370.24	0.00	0.00	370.24
	PHARMACY DRUGS							
8661963		03/31/20	03/30/20	03/31/20	1,332.00	0.00	0.00	1,332.00
	PHARMACY DRUGS							
8665826		03/31/20	03/31/20	04/01/20	318.76	0.00	0.00	318.76
	PHARMACY DRUGS							
8665652		03/31/20	03/31/20	04/01/20	9.41	0.00	0.00	9.41
	PHARMACY DRUGS							
8665827		03/31/20	03/31/20	04/01/20	328.73	0.00	0.00	328.73
	PHARMACY DRUGS							
8665825		03/31/20	03/31/20	04/01/20	10.94	0.00	0.00	10.94
	PHARMACY DRUGS							
8669690		04/01/20	04/01/20	04/02/20	794.89	0.00	0.00	794.89
	PHARMACY DRUGS							
8668961		04/01/20	04/01/20	04/02/20	0.39	0.00	0.00	0.39
	PHARMACY DRUGS							
8669691		04/01/20	04/01/20	04/02/20	88.78	0.00	0.00	88.78
	PHARMACY DRUGS							
8669689		04/01/20	04/01/20	04/02/20	319.73	0.00	0.00	319.73
	PHARMACY DRUGS							
8678274		04/05/20	04/04/20	04/05/20	53.07	0.00	0.00	53.07
	PHARMACY DRUGS							
8676620		04/05/20	04/04/20	04/05/20	710.44	0.00	0.00	710.44
	PHARMACY DRUGS							
8678275		04/05/20	04/04/20	04/05/20	131.69	0.00	0.00	131.69
	PHARMACY DRUGS							
8676621		04/05/20	04/04/20	04/05/20	794.42	0.00	0.00	794.42
	PHARMACY DRUGS							
8676622		04/05/20	04/04/20	04/05/20	315.80	0.00	0.00	315.80
	PHARMACY DRUGS							
8678273		04/05/20	04/04/20	04/05/20	10.30	0.00	0.00	10.30
	PHARMACY DRUGS							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	6,142.02	0.00	0.00	6,142.02

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
2015504107		03/24/20	03/17/20	04/16/20			5.59	0.00	0.00	5.59
	CS INVENTORY									
2015504600		03/24/20	03/17/20	04/16/20			268.27	0.00	0.00	268.27
	SUPPLIES SURGERY									

2015505225	03/24/20	03/17/20	04/16/20	87.79	0.00	0.00	87.79	
SUPPLIES ULTRA SOUND								
2015505868	03/24/20	03/17/20	04/16/20	208.71	0.00	0.00	208.71	
CS INVENTORY								
2015504621	03/24/20	03/17/20	04/16/20	24.73	0.00	0.00	24.73	
CS INVENTORY								
2015510143	03/24/20	03/17/20	04/16/20	1,268.27	0.00	0.00	1,268.27	
SUPPLIES VARIOUS DEPTS								
2015639631	03/29/20	03/22/20	04/21/20	1,052.26	0.00	0.00	1,052.26	
CS INVENTORY								
2015645657	03/29/20	03/22/20	04/21/20	2,601.19	0.00	0.00	2,601.19	
CS INVENTORY								
2015644218	03/29/20	03/22/20	04/21/20	1,729.72	0.00	0.00	1,729.72	
SUPPLIES VARIOUS DEPTS								
2015640461	03/29/20	03/22/20	04/21/20	73.37	0.00	0.00	73.37	
CS INVENTORY								
2015639835	03/29/20	03/22/20	04/21/20	186.82	0.00	0.00	186.82	
CS INVENTORY								
2015640144	03/29/20	03/22/20	04/21/20	10.13	0.00	0.00	10.13	
CS INVENTORY								
2015709815	03/29/20	03/24/20	04/23/20	29.72	0.00	0.00	29.72	
CS INVENTORY								
2015708929	03/29/20	03/24/20	04/23/20	44.98	0.00	0.00	44.98	
CS INVENTORY								
2015713958	03/29/20	03/24/20	04/23/20	1,158.69	0.00	0.00	1,158.69	
SUPPLIES VARIOUS DEPTS								
2015709804	03/29/20	03/24/20	04/23/20	6.66	0.00	0.00	6.66	
CS INVENTORY								
2015640964	03/31/20	03/22/20	04/21/20	75.79	0.00	0.00	75.79	
SUPPLIES CLINIC								
Vendor Totals Number Name				Gross	Discount	No-Pay	Net	
OM425 OWENS & MINOR				8,832.69	0.00	0.00	8,832.69	

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
20856		03/31/20	03/30/20	03/30/20		1,597.50	0.00	0.00	1,597.50
OUTSIDE SRV CLINIC									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
11069 PABLO GARZA						1,597.50	0.00	0.00	1,597.50

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
A1570913		03/31/20	03/21/20	04/20/20		142.00	0.00	0.00	142.00
PHARMACY DRUGS									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
10204 PHARMEDIUM SERVICES LLC						142.00	0.00	0.00	142.00

Vendor#	Vendor Name	Class	Pay Code
P1800	PITNEY BOWES INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
523023		03/25/20	03/16/20	04/15/20		207.00	0.00	0.00	207.00
POSTAGE BUS OFFICE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1800	PITNEY BOWES INC	207.00	0.00	0.00	207.00

Vendor#	Vendor Name	Class	Pay Code
10541	PLATINUM CODE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
050875 ✓		03/29/20	03/22/20	04/21/20		157.26	0.00	0.00	157.26 ✓
	SUPPLIES LAB								
050992 ✓		03/29/20	03/23/20	04/22/20		32.76	0.00	0.00	32.76 ✓
	SUPPLIES XRAY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10541	PLATINUM CODE	190.02	0.00	0.00	190.02

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
B20527 ✓		03/25/20	03/21/20	04/20/20		34.08	0.00	0.00	34.08 ✓
	SUPPLIES PLANT OPS								
B20577 ✓		03/25/20	03/22/20	04/21/20		25.99	0.00	0.00	25.99 ✓
	SUPPLIES PLANT OPS								
B20576 ✓		03/25/20	03/22/20	04/21/20		56.58	0.00	0.00	56.58 ✓
	SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC	116.65	0.00	0.00	116.65

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
3327407 ✓		03/29/20	03/22/20	04/21/20		105.12	0.00	0.00	105.12 ✓
	CS INVENTORY								
3208441 ✓		03/31/20	12/07/20	01/06/20		62.55	0.00	0.00	62.55 ✓
	SUPPLIES ICU								
3237252 ✓		03/31/20	01/05/20	02/04/20		275.62	0.00	0.00	275.62 ✓
	CS INVENTORY								
3297554 ✓		03/31/20	02/24/20	03/25/20		148.21	0.00	0.00	148.21 ✓
	SUPPLIES MAMMO								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	591.50	0.00	0.00	591.50

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
20853		03/31/20	12/31/20	01/30/20		45.00	0.00	0.00	45.00
	READ FEES XRAY								✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1268	RADIOLOGY UNLIMITED, PA	45.00	0.00	0.00	45.00 ✓

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
905899518 ✓		02/24/20	02/15/20	04/15/20		1,064.18	0.00	0.00	1,064.18
	PHARMACY DRUGS								✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC	1,064.18	0.00	0.00	1,064.18 ✓

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

7203-3 ✓		03/31/20	03/18/20	04/17/20		146.43	0.00	0.00	146.43 ✓
	SUPPLIES PLANT OPS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS				146.43	0.00	0.00	146.43 ✓
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
17608 ✓		04/05/20	04/01/20	04/11/20		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			
S2270	SMILE MAKERS ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7746251 ✓		03/25/20	03/18/20	04/17/20		72.89	0.00	0.00	72.89 ✓
	SUPPLIES ER								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS				72.89	0.00	0.00	72.89 ✓
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
90018667 ✓		03/25/20	03/17/20	04/16/20		-3,423.00	0.00	0.00	-3,423.00 ✓
	BLOOD BANK CREDIT								
90018741 ✓		03/25/20	03/17/20	04/16/20		7,798.00	0.00	0.00	7,798.00 ✓
	BLOOD BANK SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2400	SO TEX BLOOD & TISSUE CENTER				4,375.00	0.00	0.00	4,375.00
Vendor#	Vendor Name				Class	Pay Code			
S2951	SYSCO FOOD SERVICES OF ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
603242594 ✓		03/31/20	03/24/20	04/13/20		1,059.07	0.00	0.00	1,059.07 ✓
	FOOD SUPPLIES DIETARY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF				1,059.07	0.00	0.00	1,059.07 ✓
Vendor#	Vendor Name				Class	Pay Code			
T1450	TEXAS ASSOCIATION OF COUNTIES ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20854		03/31/20	03/31/20	03/31/20		5,306.51	0.00	0.00	5,306.51 ✓
	UNEMPLOYMENT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES				5,306.51	0.00	0.00	5,306.51 ✓
Vendor#	Vendor Name				Class	Pay Code			
11039	THE BRATTON FIRM ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
S-PL-1002		03/31/20	03/09/20	03/09/20		458.31	0.00	0.00	458.31 ✓
	COLLECTION EXP BUS OFFIC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11039	THE BRATTON FIRM				458.31	0.00	0.00	458.31 ✓
Vendor#	Vendor Name				Class	Pay Code			
T0801	TLC STAFFING √				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

20311		03/31/20 03/22/20 03/22/20			2,253.62	0.00	0.00	2,253.62
	CONTRACT NURSING							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING			2,253.62	0.00	0.00	2,253.62

Vendor#	Vendor Name	Class	Pay Code
11169	TXU ENERGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
054003174961		03/31/20	03/24/20	04/13/20			49,304.95	0.00	0.00	49,304.95
	ELECTRICITY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11169	TXU ENERGY					49,304.95	0.00	0.00	49,304.95

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
8150724911		03/25/20	03/22/20	04/21/20			31.92	0.00	0.00	31.92
	OUTSIDE SRV BIO MED									
8150724813		03/25/20	03/22/20	04/21/20			54.20	0.00	0.00	54.20
	OUTSIDE SRV MAINT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS					86.12	0.00	0.00	86.12

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
8400216064		03/25/20	03/18/20	04/17/20			425.69	0.00	0.00	425.69
	LAUNDRY SURGERY									
840216104		03/25/20	03/18/20	04/17/20			956.60	0.00	0.00	956.60
	LAUNDRY HOUSEKEEPING									
8400216287		03/25/20	03/22/20	04/21/20			1,167.83	0.00	0.00	1,167.83
	LAUNDRY HOUSEKEEPING									
8400216237		03/25/20	03/22/20	04/21/20			106.23	0.00	0.00	106.23
	LAUNDRY OB									
8400216236		03/25/20	03/22/20	04/21/20			165.55	0.00	0.00	165.55
	LAUNDRY DIETARY									
8400216234		03/25/20	03/22/20	04/21/20			318.38	0.00	0.00	318.38
	LAUNDRY HOUSEKEEPING									
8400216274		03/25/20	03/22/20	04/21/20			155.32	0.00	0.00	155.32
	LAUNDRY HOUSEKEEPING									
8400216235		03/25/20	03/22/20	04/21/20			194.15	0.00	0.00	194.15
	LAUNDRY HOUSEKEEPING									
8400216238		03/25/20	03/22/20	04/21/20			94.28	0.00	0.00	94.28
	LAUNDRY HOUSEKEEPING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					3,584.03	0.00	0.00	3,584.03

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
6819966		03/31/20	03/22/20	04/21/20			21.98	0.00	0.00	21.98
	EMPLOYEE UNIFORMS									
6819971		03/31/20	03/22/20	04/21/20			29.97	0.00	0.00	29.97
	EMPLOYEE UNIFORMS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE					51.95	0.00	0.00	51.95

Vendor#	Vendor Name	Class	Pay Code
U1350	UPS ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0000778941126	FREIGHT EXPENSE	03/31/20	03/19/20	03/30/20		734.15	0.00	0.00	734.15 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	734.15	0.00	0.00	734.15

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
3127033 ✓	FOOD EXPENSE DIETARY	03/31/20	03/21/20	04/10/20		3,057.13	0.00	0.00	3,057.13 ✓
3196166 ✓	FOOD EXPENSE DIETARY	03/31/20	03/24/20	04/13/20		2,694.10	0.00	0.00	2,694.10 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	5,751.23	0.00	0.00	5,751.23

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
20855	POSTAGE EXPENSE	04/01/20	03/28/20	04/01/20		1,200.00	0.00	0.00	1,200.00 ✓

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

Vendor#	Vendor Name	Class	Pay Code
V0555	VERIZON SOUTHWEST ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5521567031916	TELEPHONE EXPENSE	03/31/20	03/19/20	04/13/20		57.00	0.00	0.00	57.00 ✓
1977697031916 ✓	TELEPHONE EXPENSE	03/31/20	03/19/20	04/13/20		60.67	0.00	0.00	60.67 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V0555	VERIZON SOUTHWEST	117.67	0.00	0.00	117.67

Vendor#	Vendor Name	Class	Pay Code
11175	VOICE PRODUCTS, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20847	VOICE RECOGNITION INTERF	04/04/20	04/04/20	04/04/20		3,000.00	0.00	0.00	3,000.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11175	VOICE PRODUCTS, INC	3,000.00	0.00	0.00	3,000.00

Vendor#	Vendor Name	Class	Pay Code
10325	WHOLESALE ELECTRIC SUPPLY ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
79-4120479 ✓	SUPPLIES PLANT OPS	03/28/20	03/21/20	04/20/20		202.50	0.00	0.00	202.50 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10325	WHOLESALE ELECTRIC SUPPLY	202.50	0.00	0.00	202.50 ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	181,981.71	0.00	0.00	181,981.71

APPROVED ON
APR 06 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Cks# 165810 to #165879

4-7-16

RUN DATE: 04/05/16 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]		040516	543.04	✓	1		
	5315021127	040516	418.78	✓	3		
	29202	040516	669.90	✓	3		
	753731431	040516	713.44	✓	2		
	29202	040516	263.36	✓	2		
	753031423	040516	755.20	✓	2		
	337077928	040516	61.41	✓	2		
	77979	072715	660.72	✓	3		
	753731431	040516	487.80	✓	3		
	68175	040516	144.54	✓	3		
	331952366	040516	180.68	✓	3		
	4331952366	040516	46.74	✓	3		
	9						
	753731431	040516	11.20	✓	2		
	77979	040516	15.59	✓	3		
	19361655	040516	128.82	✓	2		
	05124079						

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
		120815	53.51		2	REFUND	
111931655		040516	250.00		3	REFUND	
77983		040516	549.02		2	REFUND	
303921760 9		040516	840.68		3	REFUND	
753731431		040516	433.41		2	REFUND	
111931655		040516	620.20		2	REFUND	
77979		040516	94.41		3	REFUND	
77979		040516	55.44		2	REFUND	
77979		040516	100.00		2	REFUND	
77979		040516	36.29		2	REFUND	
77465		040516	150.79		2	REFUND	
77979		040516	661.60		2	REFUND	
77905		040516	123.94		2	REFUND	
77465		040516	1907.35		2	REFUND	
77968		040516	248.55		2	REFUND	
77964		040516	52.58		2	REFUND	
77465							

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	031516	1497.30	✓	2	REFUND	
77389		031516	919.92	✓	2	REFUND	
		031516	4038.25	✓	2	REFUND	
70846108							
	ARID=0001 TOTAL		17734.46				
TOTAL			17734.46				

Add { PRS +178.00 For [redacted]

17,912.46

APPROVED
ON
APR 06 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 165880
to
165914

Michael Pfeil
4-7-16

RUN DATE:04/06/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:16 CHECK REGISTER GLCKREG
04/06/16 THRU 04/06/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	165810	04/06/16	105.02	FILTER TECHNOLOGY CO, INC
A/P	165811	04/06/16	963.55	CUSTOM MEDICAL SPECIALTIES
A/P	165812	04/06/16	152.93	ERBE USA INC SURGICAL SYSTEMS
A/P	165813	04/06/16	5,751.23	US FOOD SERVICE
A/P	165814	04/06/16	82.17	MERCEDES MEDICAL
A/P	165815	04/06/16	142.00	PHARMEDIUM SERVICES LLC
A/P	165816	04/06/16	671.80	4IMPRINT
A/P	165817	04/06/16	202.50	WHOLESALE ELECTRIC SUPPLY
A/P	165818	04/06/16	200.00	HEALTH CARE LOGISTICS INC
A/P	165819	04/06/16	1,797.06	CENTURION MEDICAL PRODUCTS
A/P	165820	04/06/16	1,771.18	DEWITT POTH & SON
A/P	165821	04/06/16	591.50	PRECISION DYNAMICS CORP (PDC)
A/P	165822	04/06/16	1,625.00	BIOMET INC
A/P	165823	04/06/16	.00	VOIDED
A/P	165824	04/06/16	6,142.02	MORRIS & DICKSON CO, LLC
A/P	165825	04/06/16	190.02	PLATINUM CODE
A/P	165826	04/06/16	477.00	EMPLOYEE ACTIVITIES TEAM
A/P	165827	04/06/16	458.56	GLOBAL EQUIPMENT CO. INC.
A/P	165828	04/06/16	390.00	SIGN AD, LTD.
A/P	165829	04/06/16	21,904.78	MMC EMPLOYEE BENEFIT PLAN
A/P	165830	04/06/16	29,550.76	ALLIED BENEFIT SYSTEMS
A/P	165831	04/06/16	2,646.78	COMBINED INSURANCE CO
A/P	165832	04/06/16	458.31	THE BRATTON FIRM
A/P	165833	04/06/16	1,597.50	PABLO GARZA
A/P	165834	04/06/16	7,662.87	FUSION MEDICAL STAFFING, LLC
A/P	165835	04/06/16	227.25	DR. PETER ROJAS
A/P	165836	04/06/16	500.00	LAMAR COMPANIES
A/P	165837	04/06/16	49,304.95	TXU ENERGY
A/P	165838	04/06/16	3,000.00	VOICE PRODUCTS, INC
A/P	165839	04/06/16	231.17	GULF COAST HARDWARE / ACE
A/P	165840	04/06/16	19.40	ADVANCE MEDICAL DESIGNS INC
A/P	165841	04/06/16	185.13	ALCO SALES & SERVICE CO
A/P	165842	04/06/16	399.38	BARD PERIPHERAL VASCULAR
A/P	165843	04/06/16	1,387.27	BAXTER HEALTHCARE CORP
A/P	165844	04/06/16	2,045.30	BECKMAN COULTER INC
A/P	165845	04/06/16	125.95	BEEKLEY MEDICAL
A/P	165846	04/06/16	313.00	GI SUPPLY
A/P	165847	04/06/16	457.19	FISHER HEALTHCARE
A/P	165848	04/06/16	50.00	GULF COAST DELIVERY
A/P	165849	04/06/16	71.02	GETINGE USA
A/P	165850	04/06/16	2.08	H E BUTT GROCERY
A/P	165851	04/06/16	100.88	INDEPENDENCE MEDICAL
A/P	165852	04/06/16	6,195.91	MCKESSON MEDICAL SURGICAL INC
A/P	165853	04/06/16	307.90	MEDELA INC
A/P	165854	04/06/16	393.64	MEDLINE INDUSTRIES INC
A/P	165855	04/06/16	258.36	BAYER HEALTHCARE
A/P	165856	04/06/16	100.67	MMC AUXILIARY GIFT SHOP
A/P	165857	04/06/16	928.09	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	165858	04/06/16	105.18	MMC VOLUNTEERS
A/P	165859	04/06/16	266.39	MICROTEK MEDICAL INC

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	165860	04/06/16	.00	VOIDED
A/P	165861	04/06/16	.00	VOIDED
A/P	165862	04/06/16	8,832.69	OWENS & MINOR
A/P	165863	04/06/16	207.00	PITNEY BOWES INC
A/P	165864	04/06/16	116.65	POWER ELECTRIC
A/P	165865	04/06/16	45.00	RADIOLOGY UNLIMITED, PA
A/P	165866	04/06/16	218.10	EVOQUA WATER TECHNOLOGIES LLC
A/P	165867	04/06/16	1,064.18	SANOFI PASTEUR INC
A/P	165868	04/06/16	146.43	SHERWIN WILLIAMS
A/P	165869	04/06/16	72.89	SMILE MAKERS
A/P	165870	04/06/16	4,375.00	SO TEX BLOOD & TISSUE CENTER
A/P	165871	04/06/16	1,059.07	SYSCO FOOD SERVICES OF
A/P	165872	04/06/16	2,253.62	TLC STAFFING
A/P	165873	04/06/16	5,306.51	TEXAS ASSOCIATION OF COUNTIES
A/P	165874	04/06/16	86.12	UNIFIRST HOLDINGS
A/P	165875	04/06/16	51.95	UNIFORM ADVANTAGE
A/P	165876	04/06/16	3,584.03	UNIFIRST HOLDINGS INC
A/P	165877	04/06/16	734.15	UPS
A/P	165878	04/06/16	1,200.00	US POSTAL SERVICE
A/P	165879	04/06/16	117.67	VERIZON SOUTHWEST
A/P	165880	04/06/16	543.04	[redacted]
A/P	165881	04/06/16	418.78	
A/P	165882	04/06/16	178.00	
A/P	165883	04/06/16	669.90	
A/P	165884	04/06/16	713.44	
A/P	165885	04/06/16	263.36	
A/P	165886	04/06/16	755.20	
A/P	165887	04/06/16	61.41	
A/P	165888	04/06/16	660.72	
A/P	165889	04/06/16	487.80	
A/P	165890	04/06/16	144.54	
A/P	165891	04/06/16	180.68	
A/P	165892	04/06/16	46.74	
A/P	165893	04/06/16	11.20	
A/P	165894	04/06/16	15.59	
A/P	165895	04/06/16	128.82	
A/P	165896	04/06/16	53.51	
A/P	165897	04/06/16	250.00	
A/P	165898	04/06/16	549.02	
A/P	165899	04/06/16	840.68	
A/P	165900	04/06/16	433.41	
A/P	165901	04/06/16	620.20	[redacted]
A/P	165902	04/06/16	94.41	
A/P	165903	04/06/16	55.44	
A/P	165904	04/06/16	100.00	
A/P	165905	04/06/16	36.29	
A/P	165906	04/06/16	150.79	
A/P	165907	04/06/16	661.60	
A/P	165908	04/06/16	123.94	
A/P	165909	04/06/16	1,907.35	
A/P	165910	04/06/16	248.55	

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	165911	04/06/16	52.58	[redacted]
A/P	165912	04/06/16	1,497.30	
A/P	165913	04/06/16	919.92	
A/P	165914	04/06/16	4,038.25	
TOTALS:			199,894.17	

RUN DATE:04/07/16 MEMORIAL MEDICAL CENTER CRT#019 PAGE 1
TIME:13:41 EDIT LIST FOR BATCH 019 4990 TRANSACTION SEQUENCE GLEDIT

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION
1	20000000		03/31/16	PJ	5,985.50CR	10832	0033667	ACI/BOLAND, INC.	INV DT=10/19/15 DUE=111815
2	10860000		03/31/16	PJ	5,985.50	10832	0033667	ACI/BOLAND, INC.	CLINIC - CIP
3	20000000		03/31/16	PJ	4,190.96CR	10832	0033784	ACI/BOLAND, INC.	INV DT=11/16/15 DUE=121615
4	10860000		03/31/16	PJ	4,190.96	10832	0033784	ACI/BOLAND, INC.	CLINIC - CIP
5	20000000		03/31/16	PJ	4,410.79CR	10832	0033901	ACI/BOLAND, INC.	INV DT=12/17/15 DUE=011616
6	10860000		03/31/16	PJ	4,410.79	10832	0033901	ACI/BOLAND, INC.	CLINIC - CIP
7	20000000		03/31/16	PJ	3,947.84CR	10832	0034062	ACI/BOLAND, INC.	INV DT=01/29/16 DUE=012916
8	10860000		03/31/16	PJ	3,947.84	10832	0034062	ACI/BOLAND, INC.	CLINIC - CIP
	123440000					86656	270828		

MMC Clinic Exp.

----------RECAP----------

JOURNAL	YRMO	COUNT	DEBIT	CREDIT		
PJ	1603	8	18,535.09	18,535.09		
	TOTAL	8	18,535.09	18,535.09	A/P TOTAL	18,535.09

ACCOUNT TOTAL RECAP ON NEXT PAGE

APPROVED
ON

APR 07 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 165915

Michael J. Pfeifer
Calhoun County Judge
Date: 4-15-16

RUN DATE:04/07/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:14 CHECK REGISTER GLCKREG
04/07/16 THRU 04/07/16

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	165915	04/07/16	18,535.09	ACI/BOLAND, INC.
TOTALS:			18,535.09	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
4/11/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	[redacted]4553	89,063.99	88,963.99	101,372.65	-	-	-	101,472.65	101,372.65

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 111000614
Ac[redacted]4257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Hou	[redacted]4561	168,631.84	168,531.84	865,663.49	-	-	-	865,763.49	865,663.49
Crescent	[redacted]4588	90,989.67	90,889.67	52,085.77	-	-	-	52,185.77	52,085.77
Broadmoor	[redacted]4596	72,639.06	72,539.06	128,910.86	-	-	-	129,010.86	128,910.86
Fort Bend	[redacted]4618	38,659.65	38,559.65	11,096.02	-	-	-	11,196.02	11,096.02
									1,057,756.14

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 111000614
Acco[redacted]2922

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

Approved:

APPROVED
APR 11 2016
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 4-15-16

E:\NH Weekly Transfers\NH UPL Transfer Summary 4-11-16.xlsx

IBC Bank Activity
4/4/16 through 4/10/16

Ashford Gardens					Transfer-Out	Transfer-In			
4/4/2016	113105025	[redacted]	4553	301 COMMERCIAL DEPOSIT		50,524.45	0	14198217	
4/6/2016	113105025		4553	495 OUTGOING MONEY TRANSFER	88,963.99				ASHFORD HEALTH CARE CENTER LTD
4/7/2016	113105025		4553	301 COMMERCIAL DEPOSIT		50,848.20	0	14033766	
					88,963.99	**101,372.65**			

Solera at West Houston					Transfer-Out	Transfer-In			
4/4/2016	113105025	[redacted]	4561	301 COMMERCIAL DEPOSIT		23,569.96	0	14235973	
4/6/2016	113105025		4561	195 INCOMING MONEY TRANSFER		769,857.47			CANTEX HEALTH CARE CENTERS III
4/6/2016	113105025		4561	495 OUTGOING MONEY TRANSFER	168,531.84				CANTEX HEALTH CARE CENTERS LLC
4/7/2016	113105025		4561	301 COMMERCIAL DEPOSIT		34,141.24	0	14033795	
4/7/2016	113105025		4561	142 ACH CREDIT RECEIVED		5,630.65	1.746E+13		AGING DISAB SVCS HCCLAIMPMT
4/8/2016	113105025		4561	142 ACH CREDIT RECEIVED		32,464.17	676310		NOVITAS SOLUTION HCCLAIMPMT
					168,531.84	**865,663.49**			

Crescent					Transfer-Out	Transfer-In			
4/4/2016	113105025	[redacted]	4588	142 ACH CREDIT RECEIVED		459.71	676323		NOVITAS SOLUTION HCCLAIMPMT
4/4/2016	113105025		4588	301 COMMERCIAL DEPOSIT		32,280.62	0	14216175	
4/6/2016	113105025		4588	495 OUTGOING MONEY TRANSFER	90,889.67				CANTEX HEALTH CARE CENTERS III
4/7/2016	113105025		4588	301 COMMERCIAL DEPOSIT		18,103.76	0	14033790	
4/8/2016	113105025		4588	142 ACH CREDIT RECEIVED		1,241.68	676323		NOVITAS SOLUTION HCCLAIMPMT
					90,889.67	**52,085.77**			

Broadmoor					Transfer-Out	Transfer-In			
4/4/2016	113105025	[redacted]	4596	301 COMMERCIAL DEPOSIT		65,872.87	0	14216138	
4/5/2016	113105025		4596	142 ACH CREDIT RECEIVED		23,648.66	1.746E+13		AGING DISAB SVCS HCCLAIMPMT
4/5/2016	113105025		4596	142 ACH CREDIT RECEIVED		1,356.05	676357		NOVITAS SOLUTION HCCLAIMPMT
4/6/2016	113105025		4596	495 OUTGOING MONEY TRANSFER	72,539.06				CANTEX HEALTH CARE CENTERS III
4/7/2016	113105025		4596	142 ACH CREDIT RECEIVED		188.49	676357		NOVITAS SOLUTION HCCLAIMPMT
4/7/2016	113105025		4596	301 COMMERCIAL DEPOSIT		26,949.51	0	14033777	
4/8/2016	113105025		4596	142 ACH CREDIT RECEIVED		14.28	1.746E+13		AGING DISAB SVCS HCCLAIMPMT
4/8/2016	113105025		4596	142 ACH CREDIT RECEIVED		10,881.00	676357		NOVITAS SOLUTION HCCLAIMPMT
					72,539.06	**128,910.86**			

Fort Bend					Transfer-Out	Transfer-In			
4/4/2016	113105025	[redacted]	4618	301 COMMERCIAL DEPOSIT		6,519.17	0	14216184	
4/6/2016	113105025		4618	495 OUTGOING MONEY TRANSFER	38,559.65				CANTEX HEALTH CARE CENTERS III
4/7/2016	113105025		4618	301 COMMERCIAL DEPOSIT		4,576.85	0	14033787	
					38,559.65	**11,096.02**			

Account Portfolio as of 04/11/2016 8:51:00 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	$101,472.65	$117,638.35
Memorial Medical Center	[redacted]4561	$865,763.49	$883,714.73
Memorial Medical Center	[redacted]4588	$52,185.77	$57,262.69
Memorial Medical Center	[redacted]4596	$129,010.86	$133,419.58
Memorial Medical Center	[redacted]4618	$11,196.02	$19,460.95
Memorial Medical Center Operat	[redacted]0301	$607,061.13	$596,784.91
County of Calhoun Indigent	[redacted]1101	$5,127.88	$5,127.88
Totals		**$1,796,887.59**	**$1,838,478.88**

RUN DATE:04/11/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:34 CHECK REGISTER and Payable List GLCKREG
04/11/16 THRU 04/11/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000753	04/11/16	1,830.37	MCKESSON
A/P	000754	04/11/16	91.15	MCKESSON
A/P	000755	04/11/16	966.94	MCKESSON
TOTALS:			2,888.46	

340 B Prescription Expenses

APPROVED
ON

APR 11 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J Pfeifer

Michael J. Pfeifer
Calhoun County Judge
Date: 4-15-16

McKESSON

Company: 8000

STATEMENT

As of: 04/08/2016 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 04/08/2016

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

As of: 04/08/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 04/08/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
04/04/2016	04/12/2016	7739557203	1000794466	115Invoice	2.36	117.76		115.40	✓	7739557203	
04/04/2016	04/12/2016	7739557204	1000795060	115Invoice	5.02	251.24		246.22	✓	7739557204	
04/04/2016	04/12/2016	7739557205	1000795469	115Invoice	6.68	334.16		327.48	✓	7739557205	
04/05/2016	04/12/2016	7739779928	1000795845	115Invoice	1.45	72.48		71.03	✓	7739779928	
04/05/2016	04/12/2016	7739779929	1000795845	115Invoice	0.97	48.27		47.30	✓	7739779929	
04/08/2016	04/12/2016	7740444255	1000797728	115Invoice	20.88	1,043.82		1,022.94	✓	7740444255	

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

TOTAL:

Subtotals: 1,867.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 906.04
04/04/2016

If Paid By 04/12/2016,
Pay This Amount: 1,830.37 USD

If Paid After 04/12/2016,
Pay this Amount: 1,867.73 USD

Due If Paid On Time:
USD 1,830.37

Disc lost if paid late:
37.36

Due If Paid Late:
USD 1,867.73

ck# 753

APPROVED
ON

APR 11 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 04/08/2016

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 04/08/2016

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: 04/08/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 04/08/2016

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	
04/04/2016	04/12/2016	7739540621	3454581345	115Invoice	0.91	45.54		44.63 ✓		7739540621	
04/08/2016	04/12/2016	7740436392	3454581357	115Invoice	0.95	47.47		46.52 ✓		7740436392	

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

TOTAL:

Subtotals: 93.01 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 296.91
04/04/2016

If Paid By 04/12/2016,
Pay This Amount: 91.15 USD

If Paid After 04/12/2016,
Pay this Amount: 93.01 USD

Due If Paid On Time:
USD 91.15

Disc lost if paid late: 1.86

Due If Paid Late:
USD 93.01

ck# 754

APPROVED
ON
APR 11 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: 04/08/2016 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 04/08/2016

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

As of: 04/08/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 04/08/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
04/04/2016	04/12/2016	7739576133	1000794469	115Invoice	1.24	62.15		60.91		7739576133	
04/04/2016	04/12/2016	7739576134	1000795062	115Invoice	4.42	220.78		216.36		7739576134	
04/04/2016	04/12/2016	7739576135	1000795062	115Invoice	0.30	14.85		14.55		7739576135	
04/04/2016	04/12/2016	7739576136	1000795471	115Invoice	1.74	87.09		85.35		7739576136	
04/05/2016	04/12/2016	7739790244	1000795847	115Invoice	3.72	185.95		182.23		7739790244	
04/06/2016	04/12/2016	7740008266	1000796519	115Invoice	0.16	7.88		7.72		7740008266	
04/07/2016	04/12/2016	7740218409	1000797115	115Invoice	3.70	185.14		181.44		7740218409	
04/07/2016	04/12/2016	7740218410	1000797115	115Invoice	0.18	9.18		9.00		7740218410	
04/08/2016	04/12/2016	7740461647	1000797730	115Invoice	4.27	213.65		209.38		7740461647	

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

TOTAL:

Subtotals: 986.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,468.00
04/04/2016

If Paid By 04/12/2016,
Pay This Amount: 966.94 USD

If Paid After 04/12/2016,
Pay this Amount: 986.67 USD

Due If Paid On Time:
USD 966.94

Disc lost if paid late:
19.73

Due If Paid Late:
USD 986.67

ck# 755

APPROVED
ON
APR 11 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/13/2016
08:37

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/12/2016

0
ap_open_invoice.template

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
20864		04/12/20	04/07/20	04/07/20		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
M2650	METLIFE ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20870		04/12/20	03/01/20	03/01/20		258.52	0.00	0.00	258.52 ✓
	EMPLOYEE PERSONAL INS								

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8873 ✓		04/12/20	04/04/20	04/05/20		-79.35	0.00	0.00	-79.35 ✓
	PHARMACY CREDIT								
8939 ✓		04/12/20	04/04/20	04/05/20		-249.73	0.00	0.00	-249.73 ✓
	PHARMACY CREDIT								
8962 ✓		04/12/20	04/04/20	04/05/20		-0.46	0.00	0.00	-0.46 ✓
	PHARMACY CREDIT								
8683237 ✓		04/12/20	04/05/20	04/06/20		2.66	0.00	0.00	2.66 ✓
	PHARMACY DRUGS								
8686238 ✓		04/12/20	04/05/20	04/06/20		0.63	0.00	0.00	0.63 ✓
	PHARMACY DRUGS								
8681150 ✓		04/12/20	04/05/20	04/06/20		410.16	0.00	0.00	410.16 ✓
	PHARMACY DRUGS								
8683235 ✓		04/12/20	04/05/20	04/06/20		1,095.24	0.00	0.00	1,095.24 ✓
	PHARMACY DRUGS								
8683236 ✓		04/12/20	04/05/20	04/06/20		1,353.11	0.00	0.00	1,353.11 ✓
	PHARMACY DRUGS								
8688706 ✓		04/12/20	04/06/20	04/07/20		38.71	0.00	0.00	38.71 ✓
	PHARMACY DRUGS								
8688703 ✓		04/12/20	04/06/20	04/07/20		9.98	0.00	0.00	9.98 ✓
	PHARMACY DRUGS								
8688704 ✓		04/12/20	04/06/20	04/07/20		1,620.97	0.00	0.00	1,620.97 ✓
	PHARMACY DRUGS								
8688705 ✓		04/12/20	04/06/20	04/07/20		8.00	0.00	0.00	8.00 ✓
	PHARMACY DRUGS								
8694591 ✓		04/12/20	04/07/20	04/08/20		750.63	0.00	0.00	750.63 ✓
	PHARMACY DRUGS								
8694589 ✓		04/12/20	04/07/20	04/08/20		29.67	0.00	0.00	29.67 ✓
	PHARMACY DRUGS								
8691596 ✓		04/12/20	04/07/20	04/08/20		1,500.00	0.00	0.00	1,500.00 ✓
	OUTSIDE SRV PHARMACY								
8694590 ✓		04/12/20	04/07/20	04/08/20		29.44	0.00	0.00	29.44 ✓

	PHARMACY DRUGS							
8694592 ✓		04/12/20	04/07/20	04/08/20	99.65	0.00	0.00	99.65 ✓
	PHARMACY DRUGS							
8699581 ✓		04/12/20	04/08/20	04/09/20	42.61	0.00	0.00	42.61 ✓
	PHARMACY DRUGS							
8699580 ✓		04/12/20	04/08/20	04/09/20	1,939.29	0.00	0.00	1,939.29 ✓
	PHARMACY DRUGS							
8705130 ✓		04/12/20	04/11/20	04/12/20	227.68	0.00	0.00	227.68 ✓
	PHARMACY DRUGS							
8705127 ✓		04/12/20	04/11/20	04/12/20	129.16	0.00	0.00	129.16 ✓
	PHARMACY DRUGS							
8705128 ✓		04/12/20	04/11/20	04/12/20	18.84	0.00	0.00	18.84 ✓
	PHARMACY DRUGS							
8705129 ✓		04/12/20	04/11/20	04/12/20	4,814.12	0.00	0.00	4,814.12 ✓
	PHARMACY DRUGS							
CM30375 ✓		04/12/20	04/11/20	04/12/20	-863.11	0.00	0.00	-863.11 ✓
	PHARMACY CREDIT							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			12,927.90	0.00	0.00	12,927.90

Vendor#	Vendor Name	Class	Pay Code
10897	ROLANDO REYES, SR.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1845 ✓		04/12/20	02/29/20	02/29/20			2,900.00	0.00	0.00	2,900.00 ✓
	REPAIRS PLANT OPS									
1847 ✓		04/12/20	03/14/20	03/14/20			8,850.00	0.00	0.00	8,850.00 ✓
	REPAIRS PLANT OPS									
1848 ✓		04/12/20	03/22/20	03/22/20			2,200.00	0.00	0.00	2,200.00 ✓
	REPAIRS PLANT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10897	ROLANDO REYES, SR.					13,950.00	0.00	0.00	13,950.00

Vendor#	Vendor Name	Class	Pay Code
S1405	SERVICE SUPPLY OF VICTORIA INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
700827930 ✓		03/31/20	08/31/20	09/30/20			86.92	0.00	0.00	86.92 ✓
	SUPPLIES PLANT OPS									
700827961 ✓		03/31/20	09/02/20	10/02/20			157.99	0.00	0.00	157.99 ✓
	SUPPLIES PLANT OPS									
700833568 ✓		03/31/20	09/21/20	10/21/20			120.33	0.00	0.00	120.33 ✓
	SUPPLIES PLANT OPS									
700836332 ✓		03/31/20	10/26/20	11/25/20			245.99	0.00	0.00	245.99 ✓
	SUPPLIES PLANT OPS									
700839689 ✓		03/31/20	11/17/20	12/17/20			157.99	0.00	0.00	157.99 ✓
	SUPPLIES PLANT OPS									
700841098 ✓		03/31/20	11/30/20	12/30/20			7.25	0.00	0.00	7.25 ✓
	FINANCE CHARGE									
700844659 ✓		03/31/20	12/23/20	01/22/20			384.00	0.00	0.00	384.00 ✓
	SUPPLIES PLANT OPS									
700845296 ✓		03/31/20	12/31/20	01/30/20			10.99	0.00	0.00	10.99 ✓
	FINANCE CHARGE									
700849339 ✓		03/31/20	01/31/20	03/01/20			15.75	0.00	0.00	15.75 ✓
	FINANCE CHARGE									
700854071 ✓		03/31/20	03/07/20	04/06/20			157.62	0.00	0.00	157.62 ✓

	SUPPLIES SURGICAL CLINIC					
700857870 ✓	03/31/20 03/31/20 04/01/20	34.11	0.00	0.00	34.11	✓
	FINANCE CHARGE					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC	1,378.94	0.00	0.00	1,378.94

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	28,540.36	0.00	0.00	28,540.36

APPROVED
ON

APR 13 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 165916
to
165921

Michael J. Pfeifer
Calhoun County Judge
Date: 4-15-16

&

RUN DATE:04/13/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:18 CHECK REGISTER GLCKREG
04/13/16 THRU 04/13/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	165916	04/13/16	.00	VOIDED
A/P	165917	04/13/16	12,927.90	MORRIS & DICKSON CO, LLC
A/P	165918	04/13/16	13,950.00	ROLANDO REYES, SR.
A/P	165919	04/13/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	165920	04/13/16	258.52	METLIFE
A/P	165921	04/13/16	1,378.94	SERVICE SUPPLY OF VICTORIA INC
TOTALS:			28,540.36	

APPROVED
ON

APR 13 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:04/18/16 MEMORIAL MEDICAL CENTER CRT#019 PAGE 1
TIME:11:33 EDIT LIST FOR BATCH 019 5005 TRANSACTION SEQUENCE GLEDIT

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION
1	20000000		04/18/16	PJ	1,218.90CR	K0536	20876	SHIRLEY KARNEI	INV DT=04/08/16 DUE=040816
2	40510055		04/18/16	PJ	1,218.90	K0536	20876	SHIRLEY KARNEI	PURCHASED SERVICES -HLTH

60510055 1072 41752

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

JOURNAL	YRMO	COUNT	DEBIT	CREDIT		
PJ	1604	2	1,218.90	1,218.90		
	TOTAL	2	1,218.90	1,218.90	A/P TOTAL	1,218.90

ACCOUNT TOTAL RECAP ON NEXT PAGE

Transcription Services

APPROVED
ON
APR 18 2016 CK# 165922

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-16

RUN DATE:04/18/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:40 CHECK REGISTER GLCKREG
04/18/16 THRU 04/18/16

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000756	04/18/16	287.97	MCKESSON
A/P *	000757	04/18/16	1,373.90	MCKESSON
A/P	165922	04/18/16	1,218.90	SHIRLEY KARNEI
TOTALS:			2,880.77	

on Seperate Check Register

← Matches payable List For Transcription services

APPROVED
ON

APR 18 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:04/18/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:02 CHECK REGISTER and Payable List GLCKREG
04/18/16 THRU 04/18/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000756	04/18/16	287.97	MCKESSON
A/P	000757	04/18/16	1,373.90	MCKESSON
TOTALS:			1,661.87	

340 Prescription Services

APPROVED
ON

APR 18 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-16

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: 04/15/2016 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 04/15/2016

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

As of: 04/15/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 04/15/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
04/11/2016	04/19/2016	7740697241	1000798317	115Invoice	1.21	60.50		59.29	✓	7740697241	
04/11/2016	04/19/2016	7740697242	1000798970	115Invoice		0.16		0.16	✓	7740697242	
04/11/2016	04/19/2016	7740697243	1000799359	115Invoice	2.79	139.73		136.94	✓	7740697243	
04/11/2016	04/11/2016	7740770565	1000797728 C/R M	Pricing Cor		900.22-	P	900.22-	P ✓	7740770565	
04/11/2016	04/19/2016	7740770566	1000797728 C/R M	Pricing Cor	0.02	0.96		0.94	✓	7740770566	
04/12/2016	04/19/2016	7740912985	1000799744	115Invoice	0.02	1.06		1.04	✓	7740912985	
04/13/2016	04/19/2016	7741167847	1000800130	115Invoice	0.16	7.94		7.78	✓	7741167847	
04/14/2016	04/19/2016	7741371745	1000800538	115Invoice	0.01	0.32		0.31	✓	7741371745	
04/15/2016	04/19/2016	7741576109	1000801283	115Invoice	2.86	142.92		140.06	✓	7741576109	

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

TOTAL:

Subtotals: 546.63- USD

Credit - No Payment Due

Future Due: 0.00

Past Due: 900.22-

Last Payment 1,830.37
04/11/2016

If Paid By 04/19/2016,
Pay This Amount: 553.70- USD

If Paid After 04/19/2016,
Pay this Amount: 546.63- USD

Due If Paid On Time:
USD 553.70-

Disc lost if paid late:
7.07

Due If Paid Late:
USD 546.63-

4.18.16

APPROVED
ON
APR 18 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 04/15/2016 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 04/15/2016

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: 04/15/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/15/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
04/11/2016	04/19/2016	7740647340	3454581361	115Invoice	1.51	75.48		73.97		7740647340	
04/12/2016	04/19/2016	7740907222	3454581364	115Invoice	0.29	14.38		14.09		7740907222	
04/13/2016	04/19/2016	7741149835	3454581367	115Invoice	0.29	14.38		14.09		7741149835	
04/15/2016	04/19/2016	7741582715	3454581373	115Invoice	3.79	189.61		185.82		7741582715	

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

TOTAL:

Subtotals: 293.85 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 91.15
04/11/2016

If Paid By 04/19/2016,
Pay This Amount: 287.97 USD

If Paid After 04/19/2016,
Pay this Amount: 293.85 USD

Due If Paid On Time:
USD 287.97

Disc lost if paid late:
5.88

Due If Paid Late:
USD 293.85

CK # 756

4-18-16

APPROVED
ON
APR 18 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 04/15/2016

DC: 8115

Territory: 400

Customer: 262252
Date: 04/15/2016

Page: 001

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

As of: 04/15/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 04/15/2016

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	
04/11/2016	04/19/2016	7740706090	1000798320	115Invoice	2.64	131.92		129.28	✓	7740706090	
04/11/2016	04/19/2016	7740706091	1000798972	115Invoice	6.36	318.11		311.75	✓	7740706091	
04/11/2016	04/19/2016	7740706092	1000799362	115Invoice	5.17	258.45		253.28	✓	7740706092	
04/12/2016	04/19/2016	7740903876	1000799746	115Invoice	1.45	72.48		71.03	✓	7740903876	
04/12/2016	04/19/2016	7740903877	1000799746	115Invoice	2.69	134.58		131.89	✓	7740903877	
04/13/2016	04/19/2016	7741170434	1000800132	115Invoice	0.18	8.87		8.69	✓	7741170434	
04/14/2016	04/19/2016	7741373140	1000800540	115Invoice	4.39	219.62		215.23	✓	7741373140	
04/15/2016	04/19/2016	7741589333	1000801285	115Invoice	5.16	257.91		252.75	✓	7741589333	

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

TOTAL:

Subtotals: 1,401.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 966.94
04/11/2016

If Paid By 04/19/2016,
Pay This Amount: ✓ 1,373.90 USD

If Paid After 04/19/2016,
Pay this Amount: 1,401.94 USD

Due If Paid On Time:
USD 1,373.90

Disc lost if paid late:
28.04

Due If Paid Late:
USD 1,401.94

Ck# 757

4.18.16

APPROVED
ON
APR 18 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON

APR 21 2016

COUNTY AUDITOR CALHOUN COUNTY, TEXAS

04/21/2016 08:32

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/25/2016

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
A1434	ADVANCED HEALTH EDUCATION CNTR ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20879	CONT EDUCATION XRAY	04/20/20	04/08/20	04/08/20		1,706.00	0.00	0.00	1,706.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1434	ADVANCED HEALTH EDUCATION CNTR	1,706.00	0.00	0.00	1,706.00 ✓

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
2636688-IN ✓	REPAIRS BIO MED	04/20/20	03/03/20	04/02/20		38.95	0.00	0.00	38.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1715	ALCO SALES & SERVICE CO	38.95	0.00	0.00	38.95 ✓

Vendor#	Vendor Name	Class	Pay Code
A1746	ALPHA TEC SYSTEMS INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV-00040654 ✓	LAB SUPPLIES	04/18/20	03/16/20	04/15/20		260.83	0.00	0.00	260.83

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS INC	260.83	0.00	0.00	260.83 ✓

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
777111106 ✓	PHARMACY DRUGS	04/15/20	04/14/20	04/25/20		16.75	0.00	0.00	16.75 ✓
777111105 ✓	PHARMACY DRUGS	04/15/20	04/14/20	04/25/20		11.00	0.00	0.00	11.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	27.75	0.00	0.00	27.75

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
586 ✓	SUPPLIES PLANT OPS	04/12/20	03/23/20	04/13/20		115.00	0.00	0.00	115.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2150	ANNOUNCEMENTS PLUS TOO AGAIN	115.00	0.00	0.00	115.00 ✓

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
788745 ✓	SUPPLIES PLANT OPS	04/12/20	03/07/20	04/13/20		44.28	0.00	0.00	44.28

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	44.28	0.00	0.00	44.28 ✓

Vendor#	Vendor Name	Class	Pay Code
10938	BANK OF THE WEST ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3807281 ✓		04/20/20	04/11/20	04/11/20		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
B1220	BECKMAN COULTER INC ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4260837 ✓		04/15/20	10/25/20	11/24/20			825.69	0.00	0.00	825.69 ✓
105317830 ✓		04/15/20	12/03/20	01/02/20			737.92	0.00	0.00	737.92 ✓
	LAB SUPPLIES									
105317783 ✓		04/15/20	12/03/20	01/02/20			2,222.94	0.00	0.00	2,222.94 ✓
	LAB SUPPLIES									
104497401 ✓		04/15/20	12/10/20	01/09/20			461.50	0.00	0.00	461.50 ✓
	LAB SUPPLIES									
104615608 ✓		04/15/20	02/05/20	03/06/20			22.08	0.00	0.00	22.08 ✓
	LAB SUPPLIES									
105304730 ✓		04/20/20	11/29/20	12/29/20			155.95	0.00	0.00	155.95 ✓
	LAB SUPPLIES									
105316926 ✓		04/20/20	12/03/20	01/02/20			5,445.56	0.00	0.00	5,445.56 ✓
	LAB SUPPLIES									
105317992 ✓		04/20/20	12/03/20	01/02/20			17,464.50	0.00	0.00	17,464.50 ✓
	LAB SUPPLIES									
105324293 ✓		04/20/20	12/07/20	01/06/20			653.46	0.00	0.00	653.46 ✓
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	27,989.60	0.00	0.00	27,989.60

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
20871		04/12/20	04/07/20	04/15/20			1,400.00	0.00	0.00	1,400.00
	OUTSIDE SRV IT									

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20875		04/15/20	03/30/20	03/30/20			330.00	0.00	0.00	330.00 ✓
	OUTSIDE SSRV OCC THERAP									
20874		04/15/20	03/31/20	03/31/20			687.50	0.00	0.00	687.50 ✓
	OUTSIDE SRV OCC THERPY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z0850	CARMEN C. ZAPATA-ARROYO	1,017.50	0.00	0.00	1,017.50

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
CNS9847 ✓		03/31/20	03/03/20	04/13/20			19,116.00	0.00	0.00	19,116.00 ✓
	ANTIVIRUS LICENSE IT									
CGW5594 ✓		04/12/20	03/02/20	04/13/20			1,093.02	0.00	0.00	1,093.02 ✓
	SURGERY COMPUTERS									
BWX2812 ✓		04/20/20	01/30/20	02/29/20			31.25	0.00	0.00	31.25 ✓
	SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

		C1992	CDW GOVERNMENT, INC.				20,240.27	0.00	0.00	20,240.27
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
	20859		03/31/20	03/30/20	04/14/20		41.94	0.00	0.00	41.94 ✓
		FUEL PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		E1270	CENTERPOINT ENERGY ENTEX				41.94	0.00	0.00	41.94 ✓
Vendor#	Vendor Name				Class	Pay Code				
10661	CENTURYLINK ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1371373002 ✓		04/20/20	04/03/20	04/03/20		4.89	0.00	0.00	4.89 ✓
		TELEPHONE EXPENSE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10661	CENTURYLINK				4.89	0.00	0.00	4.89
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
	555X01843606 ✓		04/20/20	03/31/20	04/22/20		827.10	0.00	0.00	827.10 ✓
		SUPPLIES PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1050	CULLIGAN OF VICTORIA				827.10	0.00	0.00	827.10
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
	20867		04/12/20	03/04/20	04/13/20		16.00	0.00	0.00	16.00 ✓
		OUTSIDE SRV HOUSEKEEPIN								
	20868		04/12/20	03/18/20	04/13/20		14.00	0.00	0.00	14.00 ✓
		OUTSIDE SRV HOUSEKEEPIN								
	20869		04/12/20	03/31/20	04/25/20		32.00	0.00	0.00	32.00 ✓
		OUTSIDE SRV HOUSEKEEPIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1710	DOWNTOWN CLEANERS				62.00	0.00	0.00	62.00
Vendor#	Vendor Name				Class	Pay Code				
11046	E-MDS, INC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20885		04/21/20	04/20/20	04/20/20		8,789.95	0.00	0.00	8,789.95
		OUTSIDE SRV CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11046	E-MDS, INC				8,789.95	0.00	0.00	8,789.95 ✓
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
	917594 ✓		04/15/20	03/17/20	04/16/20		150.00	0.00	0.00	150.00
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2510	EVIDENT				150.00	0.00	0.00	150.00 ✓
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
	5-368-94806 ✓		04/12/20	03/31/20	04/15/20		9.34	0.00	0.00	9.34 ✓

		FREIGHT EXP MED SURG							
	5-376-23910 ✓		04/20/20	04/07/20	04/22/20	10.25	0.00	0.00	10.25 ✓
		FREIGHT EXP PHARMACY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.			19.59	0.00	0.00	19.59
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
	20863 ✓		04/12/20	04/07/20	04/13/20		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			
11078	FUSION MEDICAL STAFFING, LLC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	81193		04/20/20	04/06/20	04/06/20		10,000.00	0.00	0.00	10,000.00
		PROF FEES PT							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11078	FUSION MEDICAL STAFFING, LLC			10,000.00	0.00	0.00	10,000.00
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
	100951 ✓		04/12/20	04/04/20	04/13/20		89.99	0.00	0.00	89.99 ✓
		SUPPLIES PLANT OPS							
	101003 ✓		04/12/20	04/05/20	04/13/20		48.48	0.00	0.00	48.48 ✓
		SUPPLIES PLANT OPS							
	101052 ✓		04/12/20	04/06/20	04/13/20		30.98	0.00	0.00	30.98 ✓
		SUPPLIES PLANT OPS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		A1292	GULF COAST HARDWARE / ACE			169.45	0.00	0.00	169.45
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
	1064655 ✓		03/31/20	12/28/20	04/25/20		-320.73	0.00	0.00	-320.73 ✓
		RETURN CLINIC SUPPLIES							
	1071585 ✓		04/12/20	01/12/20	04/13/20		1,527.54	0.00	0.00	1,527.54 ✓
		NEW CLINIC							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY			1,206.81	0.00	0.00	1,206.81
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
	619252 ✓		04/20/20	03/19/20	04/08/20		14.17	0.00	0.00	14.17 ✓
		FOOD SUPPLIES DIETARY							
	619940 ✓		04/20/20	03/19/20	04/08/20		25.30	0.00	0.00	25.30 ✓
		FOOD SUPPLIES DIETARY							
	624411 ✓		04/20/20	03/22/20	04/11/20		113.08	0.00	0.00	113.08 ✓
		FOOD SUPPLIES DIETARY							
	626902 ✓		04/20/20	03/23/20	04/12/20		58.36	0.00	0.00	58.36 ✓
		FOOD SUPPLIES DIETARY							
	627754 ✓		04/20/20	03/24/20	04/13/20		13.17	0.00	0.00	13.17 ✓
		FOOD SUPPLIES DIETARY							

627847		04/20/20	03/24/20	04/13/20		16.20	0.00	0.00	16.20
FOOD SUPPLIES DIETARY									
648682		04/20/20	04/05/20	04/25/20		39.76	0.00	0.00	39.76
FOOD SUPPLIES DIETARY									
658328		04/20/20	04/11/20	04/11/20		19.59	0.00	0.00	19.59
FOOD SUPPLIES DIETARY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY				299.63	0.00	0.00	299.63
Vendor#	Vendor Name				Class	Pay Code			
H1610	HOBBY LOBBY				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
55834105		04/20/20	03/10/20	04/10/20		134.85	0.00	0.00	134.85
SUPPLIES CLINIC									
56151225		04/20/20	03/30/20	03/30/20		44.95	0.00	0.00	44.95
SUPPLIES CLINIC									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H1610	HOBBY LOBBY				179.80	0.00	0.00	179.80
Vendor#	Vendor Name				Class	Pay Code			
H1850	HOSPIRA WORLDWIDE, INC				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
141960477		04/20/20	02/13/20	03/15/20		67.60	0.00	0.00	67.60
PHARMACY DRUGS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC				67.60	0.00	0.00	67.60
Vendor#	Vendor Name				Class	Pay Code			
J1300	JECKER FLOOR & GLASS				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
73448		04/12/20	03/28/20	04/13/20		723.50	0.00	0.00	723.50
DEPT REPAIRS MED SURG									
73516		04/12/20	04/08/20	04/18/20		39.18	0.00	0.00	39.18
DEPT REPAIRS TRANSPORTA									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J1300	JECKER FLOOR & GLASS				762.68	0.00	0.00	762.68
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
20877		04/18/20	04/14/20	04/14/20		267.39	0.00	0.00	267.39
FOOD SUPPLIES DIETARY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11098	JERI DAVIS				267.39	0.00	0.00	267.39
Vendor#	Vendor Name				Class	Pay Code			
K1231	KONICA MINOLTA MEDICAL IMAGING								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
138717		04/12/20	03/18/20	04/17/20		1,927.10	0.00	0.00	1,927.10
REPAIRS XRAY									
130710CM		04/12/20	03/29/20	04/13/20		-1,435.76	0.00	0.00	-1,435.76
CREDIT REPAIRS TO XRAY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	K1231	KONICA MINOLTA MEDICAL IMAGING				491.34	0.00	0.00	491.34
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
50840942		04/20/20	02/27/20	03/28/20			96.50	0.00	0.00	96.50
	OUTSIDE SRV LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS					96.50	0.00	0.00	96.50

Vendor#	Vendor Name	Class	Pay Code
11176	LUBBOCK INSPECTION SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
11063-I		03/31/20	01/26/20	04/13/20			470.00	0.00	0.00	470.00
	OUTSIDE SRV CLINIC									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11176	LUBBOCK INSPECTION SERVICE					470.00	0.00	0.00	470.00

Vendor#	Vendor Name	Class	Pay Code
L1707	LULAC COUNCIL #671	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20881		04/20/20	04/07/20	04/07/20			500.00	0.00	0.00	500.00
	ADVERTISING									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	L1707	LULAC COUNCIL #671					500.00	0.00	0.00	500.00

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20862		04/12/20	04/07/20	04/13/20			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
M0008559		04/18/20	11/23/20	12/23/20			106.53	0.00	0.00	106.53
	LAB SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC					106.53	0.00	0.00	106.53

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
14033049		04/20/20	04/13/20	04/13/20			662.27	0.00	0.00	662.27
	LEASE & RENTAL IT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11099	MARLIN BUSINESS BANK					662.27	0.00	0.00	662.27

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
75757981		03/31/20	03/28/20	04/15/20			360.00	0.00	0.00	360.00
	LAB SUPPLIES									
75856906		03/31/20	03/29/20	04/15/20			1,395.05	0.00	0.00	1,395.05
	LAB SUPPLIES									
75849377		03/31/20	03/29/20	04/15/20			430.65	0.00	0.00	430.65
	LAB SUPPLIES									
75932361		04/11/20	03/03/20	04/13/20			527.17	0.00	0.00	527.17
	CS INVENTORY									
68894169		04/12/20	11/30/20	04/13/20			8.93	0.00	0.00	8.93

		FINANCE CHARGE							
	74207373		04/12/20	02/29/20	04/13/20	3.57	0.00	0.00	3.57
		FINANCE CHARGE LAB							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC			2,725.37	0.00	0.00	2,725.37
Vendor#	Vendor Name				Class	Pay Code			
11178	MEDIHEALTH SOLUTIONS, LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	MHS-2016-023		04/12/20	03/18/20	04/17/20		756.75	0.00	0.00	756.75
		SUPPLIES SURGERY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11178	MEDIHEALTH SOLUTIONS, LLC			756.75	0.00	0.00	756.75
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
	20865		04/12/20	04/07/20	04/13/20		80.00	0.00	0.00	80.00
		EMPLOYEE CLINIC CO PAYS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC			80.00	0.00	0.00	80.00
Vendor#	Vendor Name				Class	Pay Code			
10928	MINORITIES & SUCCESS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	MS34848		04/20/20	03/09/20	04/09/20		795.00	0.00	0.00	795.00
		DUES & SUBCRIPTIONS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10928	MINORITIES & SUCCESS			795.00	0.00	0.00	795.00
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
	20873		04/15/20	04/15/20	04/15/20		128.71	0.00	0.00	128.71
		EMPLOYEE GIFT SHOP PURC							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP			128.71	0.00	0.00	128.71
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
	APRIL042016		04/12/20	04/04/20	04/13/20		33,342.28	0.00	0.00	33,342.28
		EMPLOYEE MEDICAL CLAIMS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN			33,342.28	0.00	0.00	33,342.28
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
	8717482		04/15/20	04/13/20	04/14/20		36.42	0.00	0.00	36.42
		PHARMACY DRUGS								
	CM31437		04/15/20	04/13/20	04/14/20		-89.61	0.00	0.00	-89.61
		PHARMACY CREDIT								
	8717479		04/15/20	04/13/20	04/14/20		1,643.55	0.00	0.00	1,643.55
		PHARMACY DRUGS								
	CM31436		04/15/20	04/13/20	04/14/20		-481.63	0.00	0.00	-481.63
		PHARMACY CREDIT								

8717483	04/15/20	04/13/20	04/14/20	22.20	0.00	0.00	22.20
PHARMACY DRUGS							
CM31438	04/15/20	04/13/20	04/14/20	-158.84	0.00	0.00	-158.84
PHARMACY CREDIT							
8717481	04/15/20	04/13/20	04/14/20	1,734.62	0.00	0.00	1,734.62
PHARMACY DRUGS							
8717480	04/15/20	04/13/20	04/14/20	31.85	0.00	0.00	31.85
PHARMACY DRUGS							
8246182-1	04/18/20	12/14/20	12/15/20	2,944.59	0.00	0.00	2,944.59
PHARMACY DRUGS							
8265720	04/18/20	12/18/20	12/19/20	1,668.87	0.00	0.00	1,668.87
PHARMACY DRUGS							
8265721	04/18/20	12/18/20	12/19/20	39.11	0.00	0.00	39.11
PHARMACY DRUGS							
SC01091	04/18/20	01/25/20	01/26/20	98.55	0.00	0.00	98.55
SERVICE CHARGE							
8711626	04/20/20	04/12/20	04/13/20	3,078.02	0.00	0.00	3,078.02
PHARMACY DRUGS							
8711625	04/20/20	04/12/20	04/13/20	159.56	0.00	0.00	159.56
PHARMACY DRUGS							
8711627	04/20/20	04/12/20	04/13/20	109.95	0.00	0.00	109.95
PHARMACY DRUGS							
0962	04/20/20	04/14/20	04/15/20	-5.00	0.00	0.00	-5.00
PHARMACY CREDIT							
8725509	04/20/20	04/15/20	04/16/20	89.70	0.00	0.00	89.70
PHARMACY DRUGS							
8726682	04/20/20	04/15/20	04/16/20	99.01	0.00	0.00	99.01
PHARMACY DRUGS							
8726573	04/20/20	04/15/20	04/16/20	152.93	0.00	0.00	152.93
PHARMACY DRUGS							
8725508	04/20/20	04/15/20	04/16/20	179.39	0.00	0.00	179.39
PHARMACY DRUGS							
8726571	04/20/20	04/15/20	04/16/20	215.81	0.00	0.00	215.81
PHARMACY DRUGS							
8726572	04/20/20	04/15/20	04/16/20	2,080.23	0.00	0.00	2,080.23
PHARMACY DRUGS							
8732211	04/20/20	04/18/20	04/19/20	1,649.15	0.00	0.00	1,649.15
PHARMACY DRUGS							
8732213	04/20/20	04/18/20	04/19/20	5.63	0.00	0.00	5.63
PHARMACY DRUGS							
8732212	04/20/20	04/18/20	04/19/20	391.12	0.00	0.00	391.12
PHARMACY DRUGS							
8732210	04/20/20	04/18/20	04/19/20	23.69	0.00	0.00	23.69
PHARMACY DRUGS							
8733631	04/20/20	04/18/20	04/19/20	1,052.08	0.00	0.00	1,052.08
PHARMACY DRUGS							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	16,770.95	0.00	0.00	16,770.95

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
A613021		04/20/20	04/11/20	05/11/20		148.52	0.00	0.00	148.52

	PHARMACY DRUGS							
A1519429		04/20/20	01/25/20	02/24/20	129.00	0.00	0.00	129.00
	PHARMACY DRUGS							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC			277.52	0.00	0.00	277.52

Vendor#	Vendor Name	Class	Pay Code
P1470	PHILIP THOMAE PHOTOGRAPHER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10123		04/18/20	04/13/20	04/13/20			50.00	0.00	0.00	50.00
	OUTSIDE SRV ADMIN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P1470	PHILIP THOMAE PHOTOGRAPHER					50.00	0.00	0.00	50.00

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER ELECTRIC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
B20891		04/12/20	04/04/20	04/14/20			21.05	0.00	0.00	21.05
	SUPPLIES PLANT OPS									
B20914		04/12/20	04/04/20	04/14/20			7.99	0.00	0.00	7.99
	SUPPLIES PLANT OPS									
B20897		04/12/20	04/04/20	04/14/20			7.17	0.00	0.00	7.17
	SUPPLIES PLANT OPS									
B20892		04/12/20	04/04/20	04/14/20			113.16	0.00	0.00	113.16
	SUPPLIES PLANT OPS									
A20350		04/12/20	04/05/20	04/15/20			38.47	0.00	0.00	38.47
	SUPPLIES PLANT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC					187.84	0.00	0.00	187.84

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
96577699		04/12/20	03/31/20	04/19/20			8,734.86	0.00	0.00	8,734.86
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I0520	RICOH USA, INC.					8,734.86	0.00	0.00	8,734.86

Vendor#	Vendor Name	Class	Pay Code
11164	RS CLARK & ASSOCIATES, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20160229		03/31/20	02/29/20	04/13/20			771.61	0.00	0.00	771.61
	COLLECTION FEES BUS OFFI									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11164	RS CLARK & ASSOCIATES, INC					771.61	0.00	0.00	771.61

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
20884		04/20/20	04/14/20	04/14/20			32.13	0.00	0.00	32.13
	TRAVEL EXPENSE ER									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10625	SARA RUBIO					32.13	0.00	0.00	32.13

Vendor#	Vendor Name	Class	Pay Code
D0350	SIEMENS HEALTHCARE DIAGNOSTICS	M	

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

341001176		04/15/20	01/02/20	02/01/20		1,313.94	0.00	0.00	1,313.94
SUPPLIES LAB									
341008432		04/15/20	01/10/20	02/09/20		299.72	0.00	0.00	299.72
LAB SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D0350	SIEMENS HEALTHCARE DIAGNOSTICS				1,613.66	0.00	0.00	1,613.66
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
17584		04/20/20	04/01/20	04/11/20		1,275.00	0.00	0.00	1,275.00
ADVERTISING									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.				1,275.00	0.00	0.00	1,275.00
Vendor#	Vendor Name				Class	Pay Code			
11181	STACIE HUNT								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20883		04/20/20	04/14/20	04/14/20		29.60	0.00	0.00	29.60
TRAVEL EXPENSE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11181	STACIE HUNT				29.60	0.00	0.00	29.60
Vendor#	Vendor Name				Class	Pay Code			
11083	STRATUS VIDEO INTERPRETING								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV-7925		04/20/20	04/01/20	04/01/20		529.50	0.00	0.00	529.50
OUTSIDE SRV ADMIN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11083	STRATUS VIDEO INTERPRETING				529.50	0.00	0.00	529.50
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
TX0001600		04/20/20	03/30/20	03/30/20		156.76	0.00	0.00	156.76
PROF FEES ER									
TX0001612		04/20/20	03/31/20	03/31/20		1,800.00	0.00	0.00	1,800.00
PROF FEES ER									
TS0001599		04/20/20	04/01/20	04/01/20		2,680.00	0.00	0.00	2,680.00
PROF FEES ER									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10611	TELE-PHYSICIANS, P.A. (TX)				4,636.76	0.00	0.00	4,636.76
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
A867004		04/20/20	03/01/20	03/01/20		63.95	0.00	0.00	63.95
OUTSIDE SRV ADMIN									
A867005		04/20/20	03/01/20	03/01/20		73.95	0.00	0.00	73.95
OUTSIDE SRV ADMN									
A871507		04/20/20	04/01/20	04/01/20		73.95	0.00	0.00	73.95
OUTSIDE SRV ADMIN									
A871506		04/20/20	04/01/20	04/01/20		63.95	0.00	0.00	63.95
OUTSIDE SRV ADMIN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2230	TEXAS WIRED MUSIC INC				275.80	0.00	0.00	275.80
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
20860	STUDENT LOAN GARANISHMI	04/12/20	04/07/20	04/13/20		144.04	0.00	0.00	144.04 ✓
20861	STUDENT LOAN GARNISHMEI	04/12/20	04/07/20	04/13/20		108.58	0.00	0.00	108.58 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2303	TG	252.62	0.00	0.00	252.62

Vendor# Vendor Name — Class — Pay Code

T2304 THA-TEXAS HOSPITAL ASSOCIATION ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0900079709	DUES & SUBCRIPTIONS	04/20/20	02/17/20	03/17/20		9,747.00	0.00	0.00	9,747.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2304	THA-TEXAS HOSPITAL ASSOCIATION	9,747.00	0.00	0.00	9,747.00 ✓

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
~~20858~~ 25347 ✓	DUES & SUBCRIPTIONS ADMI	03/31/20	03/20/20	04/19/20		24.80	0.00	0.00	24.80 ✓
0027414 ✓	DUES & SUBCRIPTIONS	04/15/20	04/03/20	04/18/20		24.80	0.00	0.00	24.80 ✓

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

10732 THERACOM, LLC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
138024657-301 ✓	PHARMACY DRUGS	04/20/20	12/18/20	03/17/20		1,456.00	0.00	0.00	1,456.00 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC	1,456.00	0.00	0.00	1,456.00 ✓

Vendor# Vendor Name — Class — Pay Code

T0801 TLC STAFFING ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20352	CONTRACT NURSING	03/31/20	03/28/20	04/13/20		1,308.01	0.00	0.00	1,308.01 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T0801	TLC STAFFING	1,308.01	0.00	0.00	1,308.01

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
8400213254 ✓	LAUNDRY HOUSEKEEPING	04/12/20	02/09/20	04/13/20		295.87	0.00	0.00	295.87 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	295.87	0.00	0.00	295.87

Vendor# Vendor Name — Class — Pay Code

10783 UPS FREIGHT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
25990377 ✓	FREIGHT EXPENSE ER	04/20/20	04/08/20	04/23/20		504.84	0.00	0.00	504.84 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	10783	UPS FREIGHT				504.84	0.00	0.00	504.84
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
	3385777		04/18/20	04/04/20	04/24/20		2,124.36	0.00	0.00	2,124.36
		FOOD SUPPLIES DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE				2,124.36	0.00	0.00	2,124.36
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
	20882		04/20/20	04/11/20			1,000.00	0.00	0.00	1,000.00
		POSTAGE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U2000	US POSTAL SERVICE				1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name			Class	Pay Code				
10915	WAGEWORKS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20866		04/12/20	04/07/20	04/13/20		2,113.56	0.00	0.00	2,113.56
		FUNDING FOR FLEX SPENDIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10915	WAGEWORKS				2,113.56	0.00	0.00	2,113.56
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
	10591942		04/20/20	03/10/20	04/10/20		308.00	0.00	0.00	308.00
		LEGAL SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10943	WALLER,LANSDEN, DORTCH & DAVIS				308.00	0.00	0.00	308.00
Vendor#	Vendor Name			Class	Pay Code				
W1040	WATERMARK GRAPHICS INC			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	108794		03/31/20	01/21/20	04/13/20		17.00	0.00	0.00	17.00
		SUPPLIES CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1040	WATERMARK GRAPHICS INC				17.00	0.00	0.00	17.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	177,358.72	0.00	0.00	177,358.72

APPROVED ON

APR 21 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #165923 to #165988

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-16

RUN DATE:04/21/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:17:02 CHECK REGISTER GLCKREG
04/21/16 THRU 04/21/16

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	165923	04/21/16	2,124.36	US FOOD SERVICE
A/P	165924	04/21/16	277.52	PHARMEDIUM SERVICES LLC
A/P	165925	04/21/16	.00	VOIDED
A/P	165926	04/21/16	16,770.95	MORRIS & DICKSON CO, LLC
A/P	165927	04/21/16	4,636.76	TELE-PHYSICIANS, P.A. (TX)
A/P	165928	04/21/16	32.13	SARA RUBIO
A/P	165929	04/21/16	4.89	CENTURYLINK
A/P	165930	04/21/16	1,275.00	SIGN AD, LTD.
A/P	165931	04/21/16	1,456.00	THERACOM, LLC
A/P	165932	04/21/16	504.84	UPS FREIGHT
A/P	165933	04/21/16	33,342.28	MMC EMPLOYEE BENEFIT PLAN
A/P	165934	04/21/16	2,113.56	WAGEWORKS
A/P	165935	04/21/16	795.00	MINORITIES & SUCCESS
A/P	165936	04/21/16	6,145.37	BANK OF THE WEST
A/P	165937	04/21/16	308.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	165938	04/21/16	80.00	MEMORIAL MEDICAL CLINIC
A/P	165939	04/21/16	932.50	M G TRUST
A/P	165940	04/21/16	75.00	FIRST CLEARING
A/P	165941	04/21/16	8,789.95	E-MDS, INC
A/P	165942	04/21/16	10,000.00	FUSION MEDICAL STAFFING, LLC
A/P	165943	04/21/16	529.50	STRATUS VIDEO INTERPRETING
A/P	165944	04/21/16	267.39	JERI DAVIS
A/P	165945	04/21/16	662.27	MARLIN BUSINESS BANK
A/P	165946	04/21/16	771.61	RS CLARK & ASSOCIATES, INC
A/P	165947	04/21/16	470.00	LUBBOCK INSPECTION SERVICE
A/P	165948	04/21/16	756.75	MEDIHEALTH SOLUTIONS, LLC
A/P	165949	04/21/16	29.60	STACIE HUNT
A/P	165950	04/21/16	169.45	GULF COAST HARDWARE / ACE
A/P	165951	04/21/16	27.75	AMERISOURCEBERGEN DRUG CORP
A/P	165952	04/21/16	1,706.00	ADVANCED HEALTH EDUCATION CNTR
A/P	165953	04/21/16	38.95	ALCO SALES & SERVICE CO
A/P	165954	04/21/16	260.83	ALPHA TEC SYSTEMS INC
A/P	165955	04/21/16	115.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	165956	04/21/16	44.28	AUTO PARTS & MACHINE CO.
A/P	165957	04/21/16	27,989.60	BECKMAN COULTER INC
A/P	165958	04/21/16	1,400.00	CABLE ONE
A/P	165959	04/21/16	20,240.27	CDW GOVERNMENT, INC.
A/P	165960	04/21/16	150.00	EVIDENT
A/P	165961	04/21/16	1,613.66	SIEMENS HEALTHCARE DIAGNOSTICS
A/P	165962	04/21/16	62.00	DOWNTOWN CLEANERS
A/P	165963	04/21/16	41.94	CENTERPOINT ENERGY ENTEX
A/P	165964	04/21/16	19.59	FEDERAL EXPRESS CORP.
A/P	165965	04/21/16	1,206.81	GULF COAST PAPER COMPANY
A/P	165966	04/21/16	299.63	H E BUTT GROCERY
A/P	165967	04/21/16	179.80	HOBBY LOBBY
A/P	165968	04/21/16	67.60	HOSPIRA WORLDWIDE, INC
A/P	165969	04/21/16	8,734.86	RICOH USA, INC.
A/P	165970	04/21/16	762.68	JECKER FLOOR & GLASS
A/P	165971	04/21/16	491.34	KONICA MINOLTA MEDICAL IMAGING
A/P	165972	04/21/16	96.50	LABCORP OF AMERICA HOLDINGS

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	165973	04/21/16	500.00	LULAC COUNCIL #671
A/P	165974	04/21/16	106.53	MARKETLAB, INC
A/P	165975	04/21/16	2,725.37	MCKESSON MEDICAL SURGICAL INC
A/P	165976	04/21/16	128.71	MMC AUXILIARY GIFT SHOP
A/P	165977	04/21/16	50.00	PHILIP THOMAE PHOTOGRAPHER
A/P	165978	04/21/16	187.84	POWER ELECTRIC
A/P	165979	04/21/16	827.10	CULLIGAN OF VICTORIA
A/P	165980	04/21/16	1,308.01	TLC STAFFING
A/P	165981	04/21/16	275.80	TEXAS WIRED MUSIC INC
A/P	165982	04/21/16	252.62	TG
A/P	165983	04/21/16	9,747.00	THA-TEXAS HOSPITAL ASSOCIATION
A/P	165984	04/21/16	295.87	UNIFIRST HOLDINGS INC
A/P	165985	04/21/16	1,000.00	US POSTAL SERVICE
A/P	165986	04/21/16	49.60	THE VICTORIA ADVOCATE
A/P	165987	04/21/16	17.00	WATERMARK GRAPHICS INC
A/P	165988	04/21/16	1,017.50	CARMEN C. ZAPATA-ARROYO
TOTALS:			177,358.72	

APPROVED
ON

APR 21 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IBC BANK
We Do More

April 2016 Statement
Open Date: 03/05/2016 Closing Date: 04/05/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service
BUS 30 ELN 5 8 3

New Balance	**$6,238.44**
Minimum Payment Due	**$63.00**
Payment Due Date	**05/01/2016**

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	+	$4,415.80
Payments	-	$4,415.80CR
Other Credits		$0.00
Purchases	+	$6,238.44
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$6,238.44**
Past Due		**$0.00**
Minimum Payment Due		**$63.00**
Credit Line		$10,000.00
Available Credit		$3,761.56
Days in Billing Period		32

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-16

$6,238.44
APPROVED ON
APR 22 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MMC will pay By Phone

Payment Options:
Mail payment coupon with a check
Pay online at

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

Account Number	
Payment Due Date	5/01/2016
New Balance	$6,238.44
Minimum Payment Due	$63.00

Amount Enclosed $_____

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

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

IBC BANK
We Do More

April 2016 Statement 03/05/2016 - 04/05/2016

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.

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
03/30	03/30		PAYMENT THANK YOU	$4,415.80CR	
			TOTAL THIS PERIOD	**$4,415.80CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
03/07	03/03	0107	D.R.E. INC 502-2444444 KY	$1,353.00	
03/10	03/09	2166	DIY AWARDS 800-810-1216 CT	$360.94	
03/11	03/10	1840	HAMPTON INN CAPEGIRARD CAPE GIRARDEA MO 03/07/16 FOR 03 NIGHTS FOLIO: 00036184	$312.18	
03/18	03/16	1207	ASSOCIATION FOR THE AD CHICAGO IL	$225.00	
03/18	03/17	5668	DRISCOLL HEALTH SYSTEM 3616945043 TX	$405.00	
03/18	03/17	5767	DRISCOLL HEALTH SYSTEM 3616945043 TX	$405.00	
03/18	03/17	5866	DRISCOLL HEALTH SYSTEM 3616945043 TX	$405.00	
03/18	03/17	5965	DRISCOLL HEALTH SYSTEM 3616945043 TX	$405.00	
03/21	03/16	7207	HYATT HOTELS SAN ANTON SAN ANTONIO TX	$753.60	
03/21	03/18	9394	OMNI CORPUS CHRISTI CORPUS CHRIST TX 03/17/16 FOR 01 NIGHTS FOLIO: 916056	$465.75	
03/21	03/18	9402	OMNI CORPUS CHRISTI CORPUS CHRIST TX 03/17/16 FOR 01 NIGHTS FOLIO: 916055	$465.75	
03/23	03/22	0323	TEXAS SOCIETY OF INFEC 512-263-2480 TX	$420.00	
03/29	03/28	2795	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$3.00	
03/29	03/28	2878	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$3.00	
03/30	03/29	7566	EB TEXAS TRAUMA COORD 801-413-7200 CA	$50.00	
03/30	03/29	4463	EB TEXAS TRAUMA DESIG 801-413-7200 CA	$125.00	
04/01	03/30	0281	ZARSKY LUMBER-VICTORIA VICTORIA TX	$61.22	
04/01	04/01	0717	AMA*CREDENTIALING 800-621-8335 IL	$20.00	
			TOTAL THIS PERIOD	**$6,238.44**	

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: 4/15/16

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	—		DRE Inc. - EKG (Mem Med		✓	1,353.00
2			Clinic)			
3	—		DIY Awards - Plaques for 3		✓	360.94
4			Board members			
5	—		Hampton Inn - Hotel expense		✓	312.18
6			for Danette Bethany			
7	—		Association for the AD -		✓	225.00
8			~~Registration~~ Book for Sara Rubio			
9	—		Driscoll Health System -		✓	405.00
10			Registration for Jessica Wittnebert			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 2656.12

NOTES:

Charges made to Mr. Angel's credit card

APPROVED ON APR 22 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: 4/15/16

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	—		Driscoll Health System		✓	405.00
2			Registration for Dawn McClelland			
3	—		Driscoll Health System		✓	405.00
4			Registration for Heather Mutchler			
5	—		Driscoll Health System		✓	405.00
6			Registration for Melanie Griffith			
7	—		Hyatt Regency - Hotel expense		✓	753.60
8			for Danette Bethany - RHC Conf			
9	—		Omni Hotels - Hotel expense		✓	465.75
10			Heather Mutchler - Child Abuse Summit			

Est. Freight _____ Est. Total Cost _____ TOTAL COST $ 2484.35

NOTES:

Charges made to Mr Anglin's credit card

APPROVED ON APR 22 2016 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

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

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

(3)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Cardmember Service

Date: 4/15/16

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	–		Omni Corpus Christi – Hotel		✓	465.75
2			expense Dawn McClelland – Cancel Abuse Summit			
3	–		Texas Society of Infection Control		✓	420.00
4			Registration Nadine Koerner			
5	–		NPDB – one provider		✓	3.00
6	–		NPDB – one provider		✓	3.00
7	–		EB Texas Trauma Coord –		✓	50.00
8			Registration – Sara Rubio			
9	–		EB Texas Trauma Design		✓	125.00
10			Registration – Sara Rubio			

Est. Freight _____ Est. Total Cost _____ TOTAL COST $1,066.75

NOTES:

Charges made to Mr. Anglin's credit card

APPROVED FOR PAYMENT
APR 22 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

(4)

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

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

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

Vendor Name: Cardmember Service

Date: 4/15/16

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	—		Zarsky Lumber - material		✓	61.22
2			for MMC			
3	—		AMA Profile - Reappt +		✓	20.00
4			Continuous Mon. - 1 phy			
5						
6						
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 81.22

NOTES: Charges made to Mr. Anglin's credit card

APPROVED 4-22-2016
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
Nursing Home UPL
Weekly Cantex Transfer
4/25/2016

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	[redacted]4553	101,472.65	101,372.65	421,865.54	-	135,381.58	-	421,965.54	286,483.96

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 111000614
Acc[redacted]4257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion of IGT	Cantex Portion of IGT	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	[redacted]4561	865,763.49	865,663.49	500,054.89	-	61,746.83	-	500,154.89	438,308.06
Crescent	[redacted]4588	52,185.77	52,085.77	276,777.74	-	17,688.65	-	276,877.74	259,089.09
Broadmoor	[redacted]4596	129,010.86	128,910.86	455,889.11	-	2,430.00	-	455,989.11	453,459.11
Fort Bend	[redacted]4618	11,196.02	11,096.02	448,387.88	-	113,870.19	-	448,487.88	334,517.69
									1,485,373.95

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 111000614
Acc[redacted]2922

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

Approved:

APPROVED
APR 25 2016
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-16

E:\NH Weekly Transfers\NH UPL Transfer Summary 4-25-16.xlsx

Transfer Approved 2016.04.18 was not done. Amts included here.

Account Portfolio as of 04/25/2016 8:33:20 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	$421,965.54	$424,402.94
Memorial Medical Center	[redacted]4561	$500,154.89	$504,990.34
Memorial Medical Center	[redacted]4588	$276,877.74	$282,899.46
Memorial Medical Center	[redacted]4596	$455,989.11	$457,117.93
Memorial Medical Center	[redacted]4618	$448,487.88	$450,482.36
Memorial Medical Center Ope	[redacted]0301	$1,057,052.50	$1,062,503.21
County of Calhoun Indigent	[redacted]1101	$2,589.87	$2,589.87
Totals		**$3,188,187.32**	**$3,210,055.90**

IBC Bank Activity
4/11/16 through 4/24/16

Ashford Gardens

					Transfer-Out	Transfer-In			
4/11/2016	113105025	[redacted]	4553	142	ACH CREDIT RECEIVED		1,748.60	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
4/11/2016	113105025	[redacted]	4553	142	ACH CREDIT RECEIVED		781.85	675423	NOVITAS SOLUTION HCCLAIMPMT
4/11/2016	113105025	[redacted]	4553	142	ACH CREDIT RECEIVED		13,635.25	PN1326436189	Molina HC of TX Molina HC
4/12/2016	113105025	[redacted]	4553	495	OUTGOING MONEY TRANSFER	101,372.65			ASHFORD HEALTH CARE CENTER LTD
4/12/2016	113105025	[redacted]	4553	142	ACH CREDIT RECEIVED		2,162.30	PN1326436189	Molina HC of TX Molina HC
4/14/2016	113105025	[redacted]	4553	142	ACH CREDIT RECEIVED		156.50	PN1326436189	Molina HC of TX Molina HC
4/14/2016	113105025	[redacted]	4553	142	ACH CREDIT RECEIVED		13,528.61	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
4/14/2016	113105025	[redacted]	4553	301	COMMERCIAL DEPOSIT		26,040.10	0	14032581
4/15/2016	113105025	[redacted]	4553	142	ACH CREDIT RECEIVED		4,188.16	675423	NOVITAS SOLUTION HCCLAIMPMT
4/15/2016	113105025	[redacted]	4553	142	ACH CREDIT RECEIVED		11,328.22	PN1326436189	Molina HC of TX Molina HC
4/15/2016	113105025	[redacted]	4553	142	ACH CREDIT RECEIVED		2,004.70	PN1326436189	Molina HC of TX Molina HC
4/15/2016	113105025	[redacted]	4553	142	ACH CREDIT RECEIVED		3,868.74	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
4/18/2016	113105025	[redacted]	4553	301	COMMERCIAL DEPOSIT		18,153.95	0	14163939
4/18/2016	113105025	[redacted]	4553	142	ACH CREDIT RECEIVED		3,830.20	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
4/19/2016	113105025	[redacted]	4553	142	ACH CREDIT RECEIVED		1,269.39	PN1326436189	Molina HC of TX Molina HC
4/21/2016	113105025	[redacted]	4553	301	COMMERCIAL DEPOSIT		244,131.66	0	14017436
4/22/2016	113105025	[redacted]	4553	142	ACH CREDIT RECEIVED		75,037.31	675423	NOVITAS SOLUTION HCCLAIMPMT
						101,372.65	421,865.54		

Solera at West Houston

					Transfer-Out	Transfer-In			
4/11/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		11,882.52	676310	NOVITAS SOLUTION HCCLAIMPMT
4/11/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		5,335.36	1.60407E+13	AMERIGROUP CORPO HCCLAIMPMT
4/11/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		733.36	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
4/12/2016	113105025	[redacted]	4561	495	OUTGOING MONEY TRANSFER	865,663.49			CANTEX HEALTH CARE CENTERS LLC
4/12/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		1,545.49	1.60409E+13	AMERIGROUP CORPO HCCLAIMPMT
4/12/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		2,664.64	1.60409E+13	AMERIGROUP CORPO HCCLAIMPMT
4/12/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		6,650.90	676310	NOVITAS SOLUTION HCCLAIMPMT
4/14/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		2,254.00	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
4/14/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		2,651.61	1.60412E+13	AMERIGROUP CORPO HCCLAIMPMT
4/14/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		1,606.06	676310	NOVITAS SOLUTION HCCLAIMPMT
4/14/2016	113105025	[redacted]	4561	301	COMMERCIAL DEPOSIT		26,955.67	0	14032602
4/15/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		9.69	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
4/18/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		895.06	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
4/18/2016	113105025	[redacted]	4561	301	COMMERCIAL DEPOSIT		21,567.04	0	14163950
4/19/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		5,108.93	1.60415E+13	AMERIGROUP CORPO HCCLAIMPMT
4/19/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		1,518.23	1.60415E+13	AMERIGROUP CORPO HCCLAIMPMT
4/20/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		270,935.87	676310	NOVITAS SOLUTION HCCLAIMPMT
4/20/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		10,292.18	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
4/21/2016	113105025	[redacted]	4561	301	COMMERCIAL DEPOSIT		83,210.83	0	14033455
4/21/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		3,375.68	676310	NOVITAS SOLUTION HCCLAIMPMT
4/22/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		13,591.68	1.6042E+13	AMERIGROUP CORPO HCCLAIMPMT
4/22/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		25.76	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
4/22/2016	113105025	[redacted]	4561	142	ACH CREDIT RECEIVED		27,244.33	676310	NOVITAS SOLUTION HCCLAIMPMT
						865,663.49	500,054.89		

Crescent

					Transfer-Out	Transfer-In			
4/11/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		2,606.75	1.60407E+13	AMERIGROUP CORPO HCCLAIMPMT
4/11/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		1,703.66	PN1669860425	Molina HC of TX Molina HC
4/11/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		766.51	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
4/12/2016	113105025	[redacted]	4588	495	OUTGOING MONEY TRANSFER	52,085.77			CANTEX HEALTH CARE CENTERS III
4/12/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		2,001.40	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
4/12/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		3,561.36	1.60409E+13	AMERIGROUP CORPO HCCLAIMPMT
4/12/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		850.36	PN1669860425	Molina HC of TX Molina HC
4/13/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		12,208.54	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
4/14/2016	113105025	[redacted]	4588	301	COMMERCIAL DEPOSIT		42,866.92	0	14032574
4/18/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		2,025.31	1.746E+13	AGING DISAB SVCS HCCLAIMPMT
4/18/2016	113105025	[redacted]	4588	301	COMMERCIAL DEPOSIT		21,534.95	0	14163973
4/19/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		8,773.19	1.60415E+13	AMERIGROUP CORPO HCCLAIMPMT
4/19/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		1,604.22	PN1669860425	Molina HC of TX Molina HC
4/21/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		130,470.89	676323	NOVITAS SOLUTION HCCLAIMPMT
4/21/2016	113105025	[redacted]	4588	301	COMMERCIAL DEPOSIT		37,137.65	0	14033447
4/22/2016	113105025	[redacted]	4588	142	ACH CREDIT RECEIVED		8,666.03	676323	NOVITAS SOLUTION HCCLAIMPMT
						52,085.77	276,777.74		

Broadmoor						Transfer-Out	Transfer-In			
4/11/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		2,512.04	1.746E+13		AGING DISAB SVCS HCCLAIMPMT
4/11/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		1,024.54	PN1669860433		Molina HC of TX Molina HC
4/11/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		872.14	PN1669860433		Molina HC of TX Molina HC
4/12/2016	113105025	[redacted]	4596	495	OUTGOING MONEY TRANSFER	128,910.86				CANTEX HEALTH CARE CENTERS III
4/13/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		22,724.83	1.746E+13		AGING DISAB SVCS HCCLAIMPMT
4/14/2016	113105025	[redacted]	4596	301	COMMERCIAL DEPOSIT		15,465.52	0	14032586	
4/15/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		9,511.87	676357		NOVITAS SOLUTION HCCLAIMPMT
4/18/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		937.22	1.746E+13		AGING DISAB SVCS HCCLAIMPMT
4/18/2016	113105025	[redacted]	4596	301	COMMERCIAL DEPOSIT		22,801.33	0	14163960	
4/19/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		950.28	PN1669860433		Molina HC of TX Molina HC
4/19/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		1,123.50	PN1669860433		Molina HC of TX Molina HC
4/20/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		4,532.07	676357		NOVITAS SOLUTION HCCLAIMPMT
4/21/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		319,401.32	676357		NOVITAS SOLUTION HCCLAIMPMT
4/21/2016	113105025	[redacted]	4596	301	COMMERCIAL DEPOSIT		25,761.04	0	14017494	
4/22/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		25,840.54	676357		NOVITAS SOLUTION HCCLAIMPMT
4/22/2016	113105025	[redacted]	4596	142	ACH CREDIT RECEIVED		2,430.87	1.746E+13		AGING DISAB SVCS HCCLAIMPMT
						$ 128,910.86	455,889.11			

Fort Bend						Transfer-Out	Transfer-In			
4/11/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		4,206.72	PN1730577503		Molina HC of TX Molina HC
4/11/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		2,870.07	1.60407E+13		AMERIGROUP CORPO HCCLAIMPMT
4/11/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		1,188.14	1.746E+13		AGING DISAB SVCS HCCLAIMPMT
4/12/2016	113105025	[redacted]	4618	495	OUTGOING MONEY TRANSFER	11,096.02				CANTEX HEALTH CARE CENTERS III
4/13/2016	113105025	[redacted]	4618	195	INCOMING MONEY TRANSFER		237,793.77			CANTEX HEALTH CARE CENTERS III
4/14/2016	113105025	[redacted]	4618	301	COMMERCIAL DEPOSIT		16,805.00	0	14032558	
4/15/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		11,280.67	PN1730577503		Molina HC of TX Molina HC
4/18/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		3,134.19	1.60414E+13		AMERIGROUP CORPO HCCLAIMPMT
4/18/2016	113105025	[redacted]	4618	301	COMMERCIAL DEPOSIT		3,883.50	0	14163944	
4/20/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		44,587.76	675663		NOVITAS SOLUTION HCCLAIMPMT
4/21/2016	113105025	[redacted]	4618	142	ACH CREDIT RECEIVED		773.47	675663		NOVITAS SOLUTION HCCLAIMPMT
4/21/2016	113105025	[redacted]	4618	301	COMMERCIAL DEPOSIT		121,864.59	0	14033451	
						$ 11,096.02	448,387.88			

Identifying Variables							Allocation						
NPI	Current Contract	Previous Contract	Facility Number	TIN	Legal Entity	DBA Facility Name	FFS (Not Payable)	Molina	United Health-care	Superior	Ameri-group	Cigna	Total
1326436189	001026516	1013027	4811	[redacted]	Memorial Medical Center	Ashford Gardens	$87,031.58	✓ $135,381.58	$435,155.92	$0.00	$338,454.94	$0.00	$996,024.02
1669860433	001026524	1025592	105818	[redacted]	Memorial Medical Center	The Broadmoor at Creekside Park	$3,645.00	✓ $2,430.00	$14,580.01	$1,215.00	$3,645.00	$0.00	$25,515.01
1669860425	001026584	1020672	105314	[redacted]	Memorial Medical Center	The Crescent	$4,422.16	✓ $17,686.65	$22,110.81	$0.00	$48,643.88	$0.00	$92,865.50
1497143259	001026585	1019963	105006	[redacted]	Memorial Medical Center	Solera at West Houston	$10,291.14	✓ $61,746.83	$123,493.65	$0.00	$82,329.10	$0.00	$277,860.72
1730577503	001026586	1025928	4628	[redacted]	Memorial Medical Center	Fort Bend Healthcare Center	$28,467.55	✓ $113,870.19	$142,337.73	$0.00	$28,467.55	$0.00	$313,143.02

135,381.58 +
2,430.00 +
17,686.65 +
61,746.83 +
113,870.19 +

005

331,115.25 *

RUN DATE:04/25/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:20 CHECK REGISTER and Payable List GLCKREG
04/25/16 THRU 04/25/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000758	04/25/16	174.84	MCKESSON
A/P	000759	04/25/16	444.57	MCKESSON
A/P	000760	04/25/16	1,001.92	MCKESSON
TOTALS:			1,621.33	

340B Prescription Expenses

APPROVED
ON

APR 25 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-16

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: 04/22/2016

DC: 8115

Territory: 400

Customer: 190813
Date: 04/22/2016

Page: 001

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

As of: 04/22/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 04/22/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
04/18/2016	04/18/2016	0485380001	OFFSET	Residual		553.70-	P	553.70-	P ✓	0485380001	
04/18/2016	04/26/2016	7741865449	1000801857	115Invoice	4.56	228.04		223.48	✓	7741865449	
04/18/2016	04/26/2016	7741865450	1000802698	115Invoice	5.49	274.42		268.93	✓	7741865450	
04/20/2016	04/26/2016	7742282535	1000803459	115Invoice	2.63	131.68		129.05	✓	7742282535	
04/22/2016	04/26/2016	7742744388	1000804552	115Invoice	2.19	109.27		107.08	✓	7742744388	

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

TOTAL:

Subtotals: 189.71 USD

Future Due: 0.00

Past Due: 553.70-

Last Payment 1,830.37
04/11/2016

If Paid By 04/26/2016,
Pay This Amount: 174.84 USD

If Paid After 04/26/2016,
Pay this Amount: 189.71 USD

Due If Paid On Time:
USD 174.84

Disc lost if paid late:
14.87

Due If Paid Late:
USD 189.71

clk# 758

4.25.14

APPROVED ON
APR 25 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: 04/22/2016 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 04/22/2016

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

As of: 04/22/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/22/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
04/19/2016	04/26/2016	7742075788	3454581380	115Invoice	3.03	151.54		148.51 ✓		7742075788	
04/20/2016	04/26/2016	7742277311	3454581383	115Invoice	3.84	192.06		188.22 ✓		7742277311	
04/21/2016	04/26/2016	7742524763	3454581386	115Invoice	1.75	87.60		85.85 ✓		7742524763	
04/21/2016	04/26/2016	7742524764	1089886	115Invoice	0.45	22.44		21.99 ✓		7742524764	

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

TOTAL:

Subtotals: 453.64 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 04/18/2016 287.97

If Paid By 04/26/2016,
Pay This Amount: 444.57 USD

If Paid After 04/26/2016,
Pay this Amount: 453.64 USD

Due If Paid On Time:
USD 444.57

Disc lost if paid late:
9.07

Due If Paid Late:
USD 453.64

ck # 759

4.25.16

APPROVED ON
APR 25 2016
COUNTY AUDITOR
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: 04/22/2016 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 04/22/2016

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

As of: 04/22/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 04/22/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross) P F	Amount (net) P F	Receivable Number	
04/18/2016	04/26/2016	7741866860	1000801859	115Invoice	0.02	1.10	1.08 ✓	7741866860	
04/18/2016	04/26/2016	7741866861	1000801859	115Invoice	0.59	29.58	28.99 ✓	7741866861	
04/18/2016	04/26/2016	7741866863	1000802288	115Invoice	2.76	137.85	135.09 ✓	7741866863	
04/18/2016	04/26/2016	7741866865	1000802700	115Invoice	1.34	66.98	65.64 ✓	7741866865	
04/19/2016	04/26/2016	7742081259	1000803081	115Invoice	0.31	15.51	15.20 ✓	7742081259	
04/20/2016	04/26/2016	7742281338	1000803461	115Invoice	4.39	219.29	214.90 ✓	7742281338	
04/21/2016	04/26/2016	7742543238	1000804133	115Invoice	7.43	371.33	363.90 ✓	7742543238	
04/21/2016	04/26/2016	7742543239	1000804133	115Invoice	0.18	9.18	9.00 ✓	7742543239	
04/22/2016	04/26/2016	7742749455	1000804554	115Invoice	3.66	182.89	179.23 ✓	7742749455	
04/22/2016	04/22/2016	7742828217	1000802288 C/R M	Pricing Cor		24.64- P	24.64- P ✓	7742828217	
04/22/2016	04/26/2016	7742828218	1000802288 C/R M	Pricing Cor	0.28	13.81	13.53 ✓	7742828218	

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

TOTAL:

Subtotals: 1,022.88 USD

Future Due: 0.00

Past Due: 24.64-

Last Payment 1,373.90
04/18/2016

If Paid By 04/26/2016,
Pay This Amount: 1,001.92 USD

If Paid After 04/26/2016,
Pay this Amount: 1,022.88 USD

Due If Paid On Time:
USD 1,001.92

Disc lost if paid late:
20.96

Due If Paid Late:
USD 1,022.88

ck # 760

4-25-16

APPROVED
ON
APR 25 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IBC BANK
We Do More

April 2016 Statement
Open Date: 03/05/2016 Closing Date: 04/05/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service

New Balance	**$5,568.82**
Minimum Payment Due	**$56.00**
Payment Due Date	**05/01/2016**

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	+	$4,276.44
Payments	-	$4,276.44CR
Other Credits		$0.00
Purchases	+	$5,568.82
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$5,568.82**
Past Due		**$0.00**
Minimum Payment Due		**$56.00**
Credit Line		$10,000.00
Available Credit		$4,431.18
Days in Billing Period		32

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-16

MMC will Pay By Phone

$5,568.82
APPROVED ON
APR 26 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:
Mail payment coupon with a check
Pay online at
Pay by phone

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

IBC BANK
We Do More

24-Hour Cardmember Service:
(. to pay by phone
. to change your address

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

Account Number	
Payment Due Date	5/01/2016
New Balance	$5,568.82
Minimum Payment Due	$56.00

Amount Enclosed $_____

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

IBC BANK
We Do More

April 2016 Statement 03/05/2016 - 04/05/2016

MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service

Important Messages

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

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

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
03/24	03/24		PAYMENT THANK YOU	$4,276.44CR	
			TOTAL THIS PERIOD	**$4,276.44CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
03/23	03/22	0028	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$48.54	
03/30	03/29	0246	NOR*NORTHERN TOOL 800-222-5381 MN	$1,020.28	
04/05	04/04	0094	E MDS 512-257-5200 TX	$4,500.00	
			TOTAL THIS PERIOD	**$5,568.82**	

2016 Totals Year-to-Date

Total Fees Charged in 2016	$0.00
Total Interest Charged in 2016	$0.00

Company Approval *(This area for use by your company)*

Signature/Approval: _____ Accounting Code: _____

Continued on Next Page

Charles Samaha

From: Northerntool + Equipment [CustomerCare@NorthernTool.com]
Sent: Wednesday, March 16, 2016 2:25 PM
To: Charles Samaha
Subject: Your Northern Tool Sales Quote

Please find attached the invoice you requested from your recent order. Thank you for your order. Please note that a receipt must be presented with all returns or exchanges and no returns are allowed without authorization. Please contact customer service with any questions.

Order Number: 48000991
Customer Account Number: 21255792
Invoice Date: 03/16/2016
Invoice Number:
PO Number:
Confirmation Number:

PO#84619

Billing Address:
MEMORIAL MEDICAL HEALTH CENTER
815 N VIRGINIA ST
PORT LAVACA, TX 77979

Shipping Address:
MEMORIAL MEDICAL HEALTH CENTER
815 N VIRGINIA ST
PORT LAVACA, TX 77979

Ordered	Shipped	Backordered	Item #	Description	Unit Price	Extension
1	1		42435	TROY-BILT CHIPPER V	$899.99	$899.99
			FREIGHT	TRUCK GENERIC	$120.29	$120.29
			NOLIFTGATE	CUST DECL. LIFT GAT	$.00	$.00

		Product Subtotal	$899.99
		Shipping	$120.29
	Taxable Amount	$1,020.28 @ 6.250	Tax ~~$63.77~~
		Order Total	$1,084.05
		Payment	$.00
		Balance Due	~~$1,084.05~~

1,020.28

Email:
Customer Care: CustomerCare@NorthernTool.com
Product Experts: ProductExperts@NorthernTool.com

Phone:
Customer Care: 1-800-222-5381
Product Experts: 1-800-533-5545

Address:
Northern Tool + Equipment
2800 Southcross Dr. W.
Burnsville, MN 55337

APPROVED
ON
APR 26 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

e-MDs
P.O. Box 2889
Cedar Park. TX 78630

TRAINING QUOTE

Prepared By: Susan McClure
Direct Line: (512) 257-5247
e-Mail: smcclure@e-mds.com
Ticket # Prepared Date: 04/01/16
Valid Until: 05/01/16

Clinic Name: Memorial Medical Clinic - Memorial Women's Center
Quote Prepared For: Danette Bethany
Address: 815 N. Virginia
City: Port Lavaca State: TX Zip: 77979
e-Mail: dabethany@mmcportlavaca.com Tel: 361-552-6713 Fax:

Description	*Count*	*Discount*	*Unit Price*	*Totals*
Advanced Functionality and Workflow Training ****	3	0%	$1,500.00	$4,500.00
		0%	$0.00	$0.00
		0%	$0.00	$0.00
		0%	$0.00	$0.00
		0%	$0.00	$0.00
		0%	$0.00	$0.00
		0%	$0.00	$0.00
		0%	$0.00	$0.00
		0%	$0.00	$0.00

**** *Travel expenses are not included.*

Total	4,500.00
Manager Approved Discount	0.00
Grand Total	4,500.00

Sales tax will be added at the time of invoicing if applicable.
Cancellations made at the time of training will not be refunded.

Credit Card Information:

Credit Card Type: ☑ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Name on Credit Card: Terry B. Pickett

Expiration Date:

Street Address: 4 (address where the CC statement is mailed)

City: Port Lavaca

State: Tx

Zip Code: 77979

Authorization:

Print Name: Terry B Pickett

Customer Signature: [signature] Date: 4-4-16

APPROVED ON
APR 26 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Return Signed Form via Fax or Email:

** Fax Number - 512-250-3922

** Email Address - scheduletraining@e-mds.com

amazon.com

Final Details for Order #002-9654631-5374652

Print this page for your records.

Order Placed: March 22, 2016
Amazon.com order number: 002-9654631-5374652
Order Total: $48.54

Shipped on March 22, 2016

Items Ordered	Price
1 of: *UB-04 (CMS 1450) Health Hospital Insurance Claim Form, Laser 8-1/2 x 11" 500 Per Pack* Sold by: NextDayLabels (seller profile) Condition: New Brand New - on SALE	$16.10

Shipping Address:
Misty Passmore
815 N VIRGINIA ST
PORT LAVACA, TX 77979-3025
United States

Shipping Speed:
One-Day Shipping

Item(s) Subtotal: $16.10
Shipping & Handling: $32.44

Total before tax: $48.54
Sales Tax: $0.00

Total for This Shipment: $48.54

Payment information

Payment Method:
Visa | Last digits: 5568

Billing address
Jerry Pickett Memorial Medical Center
815 N Virginia
Port Lavaca, TX 77979
United States

Item(s) Subtotal: $16.10
Shipping & Handling: $32.44

Total before tax: $48.54
Estimated tax to be collected: $0.00

Grand Total: $48.54

Credit Card transactions
Visa ending in [redacted]: March 22, 2016: $48.54

To view the status of your order, return to Order Summary.

04/27/2016 MEMORIAL MEDICAL CENTER 0
09:18 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 05/02/2016

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0034200 ✓		04/23/20	03/28/20	04/28/20		1,844.68	0.00	0.00	1,844.68 ✓
	CONTSTUCTION CLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10832	ACI/BOLAND, INC.	1,844.68	0.00	0.00	1,844.68

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
34372 ✓		03/31/20	03/24/20	04/26/20		989.12	0.00	0.00	989.12 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1679	AIR SPECIALTY & EQUIPMENT CO	989.12	0.00	0.00	989.12

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
9049701668 ✓		03/31/20	03/25/20	04/26/20		299.53	0.00	0.00	299.53 ✓
	SUPPLIES PLANT OPS								
9049871273 ✓		04/20/20	03/31/20	04/30/20		1,896.67	0.00	0.00	1,896.67 ✓
	OXYGEN RESP CARE								
9935227964 ✓		04/20/20	04/01/20	05/01/20		106.58	0.00	0.00	106.58 ✓
	SUPPLIES PLANT OPS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS-SOUTHWEST	2,302.78	0.00	0.00	2,302.78

Vendor#	Vendor Name	Class	Pay Code
10931	AMERICAN APPLIANCE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22222 ✓		04/26/20	04/21/20	04/21/20		499.00	0.00	0.00	499.00 ✓
	NEW FRIDGE DR LOUNGE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10931	AMERICAN APPLIANCE	499.00	0.00	0.00	499.00

Vendor#	Vendor Name	Class	Pay Code
A1553	APPLIED CARDIAC SYSTEMS ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0008443-IN ✓		04/11/20	03/28/20	04/27/20		187.49	0.00	0.00	187.49 ✓
	SUPPLIES CARDIO								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1553	APPLIED CARDIAC SYSTEMS	187.49	0.00	0.00	187.49

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
692037 ✓		04/18/20	03/31/20	04/26/20		19.34	0.00	0.00	19.34 ✓
	LAB SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2218	AQUA BEVERAGE COMPANY	19.34	0.00	0.00	19.34

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
75293206		03/31/20	03/28/20	04/27/20			344.62	0.00	0.00	344.62
	SUPPLIES SURGERY									
75292971		03/31/20	03/28/20	04/27/20			54.66	0.00	0.00	54.66
	CS INVENTORY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	399.28	0.00	0.00	399.28

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
50476012		03/31/20	03/28/20	04/27/20			321.75	0.00	0.00	321.75
	CS INVENTORY									
50525510		04/12/20	04/01/20	05/01/20			2,767.00	0.00	0.00	2,767.00
	IV PUMP RENTAL									
50526487		04/12/20	04/01/20	05/01/20			190.50	0.00	0.00	190.50
	IV PUMP RENTAL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	3,279.25	0.00	0.00	3,279.25

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
105317816		04/15/20	12/03/20	04/26/20			10,589.93	0.00	0.00	10,589.93
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	10,589.93	0.00	0.00	10,589.93

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9102065471		04/18/20	03/30/20	04/29/20			898.60	0.00	0.00	898.60
	LAB SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)	898.60	0.00	0.00	898.60

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
BK00572138		03/31/20	03/30/20	04/29/20			4,526.00	0.00	0.00	4,526.00
	AUDITING FEES									
BK00572606		03/31/20	03/30/20	04/29/20			13,764.71	0.00	0.00	13,764.71
	AUDITING FEES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10599	BKD, LLP	18,290.71	0.00	0.00	18,290.71

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
23445607		03/31/20	03/28/20	04/27/20			166.34	0.00	0.00	166.34
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1040	C R BARD, INC	166.34	0.00	0.00	166.34

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
20996		04/23/20	04/20/20	04/30/20			635.35	0.00	0.00	635.35

		OUTSIDE SRV IT							
	20997		04/23/20	04/20/20	04/30/20	42.22	0.00	0.00	42.22 ✓
		OUTSIDE SRV CLINIC							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1010	CABLE ONE				677.57	0.00	0.00	677.57
Vendor#	Vendor Name				Class	Pay Code			
C1033	CAD SOLUTIONS, INC ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	202009 ✓		04/23/20	12/31/20	01/30/20		800.00	0.00	0.00	800.00 ✓
		OUTSIDE SRV MAMMO							
	202013 ✓		04/23/20	02/29/20	03/30/20		376.00	0.00	0.00	376.00 ✓
		OUTSIDE SRV MAMMO							
	202016 ✓		04/23/20	03/31/20	04/30/20		528.00	0.00	0.00	528.00 ✓
		OUTSIDE SRV MAMMO							
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1033	CAD SOLUTIONS, INC					1,704.00	0.00	0.00	1,704.00
Vendor#	Vendor Name				Class	Pay Code				
C1030	CAL COM FEDERAL CREDIT UNION ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20889		04/23/20	04/14/20	04/14/20		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				
A1825	CARDINAL HEALTH 414,LLC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8000958801 ✓		04/23/20	02/20/20	03/26/20		614.17	0.00	0.00	614.17 ✓
		SUPPLIES NUC MED								
	80009282459 ✓		04/23/20	03/05/20	04/04/20		622.00	0.00	0.00	622.00 ✓
		SUPPLIES NUC MED								
	8000988355 ✓		04/23/20	03/12/20	04/16/20		286.07	0.00	0.00	286.07 ✓
		SUPPLIES NUC MED								
	8000993705 ✓		04/23/20	03/19/20	04/23/20		939.11	0.00	0.00	939.11 ✓
		SUPPLIES NUC MED								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC					2,461.35	0.00	0.00	2,461.35
Vendor#	Vendor Name				Class	Pay Code				
A1730	CAREFUSION ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9106558870 ✓		03/31/20	03/24/20	04/26/20		27.65	0.00	0.00	27.65 ✓
		SUPPLIES RESP CARE								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	A1730	CAREFUSION					27.65	0.00	0.00	27.65
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
	CMQ3096 ✓		03/31/20	03/24/20	04/26/20		71.34	0.00	0.00	71.34 ✓
		SUPPLIES PT								
	CNJ0427 ✓		04/12/20	03/28/20	04/27/20		2,125.78	0.00	0.00	2,125.78 ✓
		SURGERY COMPUTERS								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	C1992	CDW GOVERNMENT, INC.				2,197.12	0.00	0.00	2,197.12
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
	20880		04/20/20	03/31/20	04/30/20		180.00	0.00	0.00	180.00 ✓
		PHARMACY DRUGS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1390	CENTRAL DRUGS				180.00	0.00	0.00	180.00
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
	91985381 ✓		03/31/20	03/29/20	04/28/20		890.45	0.00	0.00	890.45 ✓
		SC INVENTORY & RECOVERY								
	91986393 ✓		03/31/20	03/30/20	04/29/20		68.00	0.00	0.00	68.00 ✓
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10350	CENTURION MEDICAL PRODUCTS				958.45	0.00	0.00	958.45
Vendor#	Vendor Name				Class	Pay Code				
10467	CLINICAL & LABORATORY ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV-33877 ✓		04/18/20	03/31/20	04/30/20		99.00	0.00	0.00	99.00 ✓
		DUES & SUBCRIPTIONS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10467	CLINICAL & LABORATORY				99.00	0.00	0.00	99.00
Vendor#	Vendor Name				Class	Pay Code				
10786	CLINICAL PATHOLOGY ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20878		04/18/20	03/31/20	04/30/20		6,062.60	0.00	0.00	6,062.60 ✓
		OUTSIDE SRV LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10786	CLINICAL PATHOLOGY				6,062.60	0.00	0.00	6,062.60
Vendor#	Vendor Name				Class	Pay Code				
C2157	COOPER SURGICAL INC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	4066489 ✓		04/11/20	03/28/20	04/27/20		110.10	0.00	0.00	110.10 ✓
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2157	COOPER SURGICAL INC				110.10	0.00	0.00	110.10
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
	RT00123715 ✓		04/12/20	03/23/20	05/01/20		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				
10284	CYTO THERM L.P. ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	285782 ✓		04/18/20	03/29/20	04/28/20		153.94	0.00	0.00	153.94 ✓
		BLOOD BANK SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10284	CYTO THERM L.P.				153.94	0.00	0.00	153.94

Vendor#	Vendor Name				Class	Pay Code				
10509	DA&E ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20857		03/31/20	04/01/20	05/01/20		2,000.00	0.00	0.00	2,000.00 ✓
		PROF ACCOUNTING FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10509	DA&E				2,000.00	0.00	0.00	2,000.00
Vendor#	Vendor Name				Class	Pay Code				
M0400	DAWN MCCLELLAND ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	20896		04/26/20	04/20/20	04/20/20		179.48	0.00	0.00	179.48 ✓
		TRAVEL EXPENSE MED SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M0400	DAWN MCCLELLAND				179.48	0.00	0.00	179.48
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
	468302-0 ✓		03/31/20	03/23/20	04/26/20		4.07	0.00	0.00	4.07 ✓
		SUPPLIES CS								
	468298-0 ✓		03/31/20	03/23/20	04/26/20		5.82	0.00	0.00	5.82 ✓
		OFFICES SUPPLIES INDIGENT								
	468240-0 ✓		03/31/20	03/23/20	04/26/20		2.03	0.00	0.00	2.03 ✓
		OFFICE SUPPLIES PHARMAC'								
	468453-0 ✓		03/31/20	03/24/20	04/26/20		17.84	0.00	0.00	17.84 ✓
		OFFICE SUPPLIES HIM								
	468497-0 ✓		03/31/20	03/28/20	04/27/20		12.52	0.00	0.00	12.52 ✓
		SUPPLIES DIETARY & INDIGEI								
	468727-0 ✓		03/31/20	03/30/20	04/29/20		191.73	0.00	0.00	191.73 ✓
		CS INVENTORY & ADMIN SUP								
	468853-0 ✓		04/12/20	03/31/20	04/30/20		108.00	0.00	0.00	108.00 ✓
		SUPPLIES ADMIN								
	468891-0 ✓		04/12/20	04/01/20	05/01/20		3.58	0.00	0.00	3.58 ✓
		SUPPLIES ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				345.59	0.00	0.00	345.59
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
	26479 ✓		03/31/20	03/30/20	04/29/20		362.85	0.00	0.00	362.85 ✓
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1608	DIVERSIFIED BUSINESS SYSTEMS				362.85	0.00	0.00	362.85
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
	8583 ✓		03/31/20	03/29/20	04/28/20		79.95	0.00	0.00	79.95 ✓
		BUS OFFICE FORMS								
	8584 ✓		03/31/20	03/29/20	04/28/20		79.95	0.00	0.00	79.95 ✓
		CLINIC FORMS								
	8589 ✓		04/11/20	03/31/20	04/30/20		95.86	0.00	0.00	95.86 ✓
		SUPPLIES DIETARY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1752	DLE PAPER & PACKAGING	255.76	0.00	0.00	255.76

Vendor#	Vendor Name	Class	Pay Code
11180	E-CODE SOLUTIONS OF ILLINOIS,		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
234	OUTSIDE SRV HIM	04/20/20	04/12/20	04/27/20			3,753.75	0.00	0.00	3,753.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11180	E-CODE SOLUTIONS OF ILLINOIS,	3,753.75	0.00	0.00	3,753.75

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
902570705	LAB SUPPLIES	04/18/20	03/29/20	04/28/20			218.10	0.00	0.00	218.10
902581113	MAINT CONTR LAB	04/18/20	04/01/20	05/01/20			153.18	0.00	0.00	153.18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC	371.28	0.00	0.00	371.28

Vendor#	Vendor Name	Class	Pay Code
11121	EXEBRIDGE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
11750	INTRANET PROJECT	03/31/20	03/28/20	04/27/20			1,500.00	0.00	0.00	1,500.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11121	EXEBRIDGE	1,500.00	0.00	0.00	1,500.00

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
04A16mmc	OUTSIDE SRV ADMIN	04/20/20	04/01/20	05/01/20			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
10003	FILTER TECHNOLOGY CO, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
88011	SUPPLIES PLANT OPS	04/12/20	03/31/20	04/30/20			357.74	0.00	0.00	357.74

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	357.74	0.00	0.00	357.74

Vendor#	Vendor Name	Class	Pay Code
11037	FIRST CLEARING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20890	EMPLOYEE PERSONAL INVES	04/23/20	04/14/20	04/14/20			75.00	0.00	0.00	75.00

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

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0280353	SUPPLIES LAB	03/31/20	03/22/20	04/26/20			1,192.59	0.00	0.00	1,192.59
0361596		03/31/20	03/23/20	04/26/20			3,496.02	0.00	0.00	3,496.02

	LAB SUPPLIES							
0361594 ✓		03/31/20	03/23/20	04/26/20	241.90	0.00	0.00	241.90 ✓
	LAB SUPPLIES							
0418332 ✓		03/31/20	03/24/20	04/26/20	329.22	0.00	0.00	329.22 ✓
	SUPPLIES LAB							
0465461 ✓		03/31/20	03/25/20	04/26/20	-241.90	0.00	0.00	-241.90 ✓
	LAB SUPPLIES CREDIT							
0521298 ✓		03/31/20	03/28/20	04/27/20	856.85	0.00	0.00	856.85 ✓
	LAB SUPPLIES							
0588344 ✓		03/31/20	03/29/20	04/28/20	1,582.62	0.00	0.00	1,582.62 ✓
	LAB SUPPLIES							
0843738 ✓		04/15/20	04/01/20	05/01/20	75.59	0.00	0.00	75.59 ✓
	LAB SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE			7,532.89	0.00	0.00	7,532.89
Vendor#	Vendor Name			Class	Pay Code			
10678	FIVE STAR STERILIZER SERVICES ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
4398 ✓		03/31/20	03/24/20	04/26/20		106.08	0.00	0.00	106.08 ✓
	REPAIRS TO SURGERY							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES				106.08	0.00	0.00	106.08
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
0202004-IN ✓		04/20/20	04/01/20	05/01/20		530.00	0.00	0.00	530.00 ✓
	MAINT CONTR PLANT OPS							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1653	FORT BEND SERVICES, INC				530.00	0.00	0.00	530.00
Vendor#	Vendor Name			Class	Pay Code				
11078	FUSION MEDICAL STAFFING, LLC ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
80002 ✓		04/12/20	03/25/20	04/26/20		1,615.25	0.00	0.00	1,615.25 ✓
	PROF FEES PT							
80204 ✓		04/12/20	03/25/20	04/26/20		4,064.00	0.00	0.00	4,064.00 ✓
	PROF FEES PT							
80729 ✓		04/12/20	04/01/20	05/01/20		3,470.75	0.00	0.00	3,470.75 ✓
	PROF FEES PT							
73404 ✓		04/23/20	01/29/20	02/28/20		2,969.50	0.00	0.00	2,969.50 ✓
	PROF FEES PT							
74241 ✓		04/23/20	02/05/20	03/06/20		3,754.75	0.00	0.00	3,754.75 ✓
	PROF FEES PT							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11078	FUSION MEDICAL STAFFING, LLC				15,874.25	0.00	0.00	15,874.25
Vendor#	Vendor Name			Class	Pay Code				
10283	GE HEALTHCARE ✓							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6000392411 ✓		04/23/20	01/04/20	02/03/20		3,433.75	0.00	0.00	3,433.75 ✓
	MAINT CONTR XRAY							
600435915 ✓		04/23/20	03/01/20	03/31/20		416.61	0.00	0.00	416.61 ✓
	MAINT CONT XRAY							

6000435846 ✓	04/23/20	03/01/20	03/31/20	3,433.75	0.00	0.00	3,433.75 ✓
MAINT CONTR XRAY							
6000464720 ✓	04/23/20	04/01/20	05/01/20	1,945.80	0.00	0.00	1,945.80 ✓
MAINT CONTR XRAY							
6000467009 ✓	04/23/20	04/01/20	05/01/20	416.61	0.00	0.00	416.61 ✓
MAINT CONTR XRAY							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10283	GE HEALTHCARE	9,646.52	0.00	0.00	9,646.52

Vendor# 10901 Vendor Name GENESIS DIAGNOSTICS ✓ Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
45750 ✓		04/18/20	03/29/20	04/28/20			229.42	0.00	0.00	229.42 ✓
LAB SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	229.42	0.00	0.00	229.42

Vendor# W1300 Vendor Name GRAINGER ✓ Class M Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9069195627 ✓		04/20/20	03/31/20	04/30/20			86.68	0.00	0.00	86.68 ✓
SUPPLIES PLANT OPS										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	86.68	0.00	0.00	86.68

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
100705 ✓		03/31/20	03/24/20	04/26/20			27.96	0.00	0.00	27.96 ✓
SUPPLIES PLANT OPS										
100764 ✓		03/31/20	03/28/20	04/27/20			4.98	0.00	0.00	4.98 ✓
SUPPLIES PLANT OPS										
100798 ✓		03/31/20	03/29/20	04/28/20			15.99	0.00	0.00	15.99 ✓
SUPPLIES PLANT OPS										
100801 ✓		03/31/20	03/29/20	04/28/20			38.45	0.00	0.00	38.45 ✓
SUPPLIES PLANT OPS										
100841 ✓		03/31/20	03/30/20	04/29/20			17.29	0.00	0.00	17.29 ✓
SUPPLIES PLANT OPS										
100876 ✓		03/31/20	03/31/20	04/30/20			16.97	0.00	0.00	16.97 ✓
SUPPLIES PLANT OPS										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1292	GULF COAST HARDWARE / ACE	121.64	0.00	0.00	121.64

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1109510 ✓		03/29/20	03/22/20	04/26/20			146.54	0.00	0.00	146.54 ✓
SUPPLIES HOUSEKEEPING										
1112848 ✓		03/31/20	03/29/20	04/28/20			264.86	0.00	0.00	264.86 ✓
SUPPLIES HOUSEKEEPING										
1112835 ✓		03/31/20	03/29/20	04/28/20			608.80	0.00	0.00	608.80 ✓
SUPPLIES HOUSEKEEPING										
1113146 ✓		03/31/20	03/29/20	04/28/20			184.98	0.00	0.00	184.98 ✓
SUPPLIES MED SURG										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	1,205.18	0.00	0.00	1,205.18

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
5823504	SUPPLIES PHARMACY	03/31/20	03/29/20	04/28/20			170.75	0.00	0.00	170.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	170.75	0.00	0.00	170.75

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
PJIN0088172	MAINT CONT MRI	04/23/20	03/15/20	04/25/20			8,333.33	0.00	0.00	8,333.33

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
H1850	HOSPIRA WORLDWIDE, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
851084186	MAINT CONTR ANESTHESA	04/20/20	04/01/20	05/01/20			11.25	0.00	0.00	11.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC	11.25	0.00	0.00	11.25

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
1578	OUTSIDE SRV PHARMACY	04/12/20	03/31/20	04/30/20			14,542.08	0.00	0.00	14,542.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES	14,542.08	0.00	0.00	14,542.08

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
39531056	CS INVENTORY	03/31/20	03/28/20	04/27/20			10.08	0.00	0.00	10.08

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0415	INDEPENDENCE MEDICAL	10.08	0.00	0.00	10.08

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
916260942	SUPPLIES SURGERY	03/31/20	03/28/20	04/27/20			385.12	0.00	0.00	385.12
916285681	SUPPLIES SURGERY	04/11/20	03/31/20	04/30/20			62.04	0.00	0.00	62.04

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	447.16	0.00	0.00	447.16

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
20886	STORAGE RENTAL	04/23/20	04/21/20	05/01/20			750.00	0.00	0.00	750.00

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				
10937	JESSICA WITTNEBERT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	10937		04/26/20	04/20/20	04/20/20		92.00	0.00	0.00	92.00
		TRAVEL EXPENSE MED SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10937	JESSICA WITTNEBERT				92.00	0.00	0.00	92.00
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
	51120707		04/15/20	04/02/20	05/02/20		26.50	0.00	0.00	26.50
		OUTSIDE SRV LAB								
	541337762		04/18/20	04/02/20	05/02/20		13.80	0.00	0.00	13.80
		OUT SIDE SRV LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L0700	LABCORP OF AMERICA HOLDINGS				40.30	0.00	0.00	40.30
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
	3794613		04/12/20	03/31/20	04/30/20		5.40	0.00	0.00	5.40
		OUTSIDE SRV ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1288	LANGUAGE LINE SERVICES				5.40	0.00	0.00	5.40
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
	INV0536093		03/31/20	04/01/20	05/01/20		2,455.51	0.00	0.00	2,455.51
		FUEL PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10578	LUMINANT ENERGY COMPANY LLC				2,455.51	0.00	0.00	2,455.51
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
	20891		04/23/20	04/14/20	04/14/20		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				
M2280	MEAD JOHNSON NUTRITION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	93272933		03/31/20	03/28/20	04/27/20		139.16	0.00	0.00	139.16
		SUPPLIES NURSERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2280	MEAD JOHNSON NUTRITION				139.16	0.00	0.00	139.16
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
	20892		04/23/20	04/14/20	04/14/20		70.00	0.00	0.00	70.00
		EMPLOYEE CO PAYS CLINIC E								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				70.00	0.00	0.00	70.00
Vendor#	Vendor Name				Class	Pay Code				

M2650 METLIFE ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20902		04/26/20	04/26/20	05/01/20		258.52	0.00	0.00	258.52 ✓
	EMPLOYEE PERSONAL INS								

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

Vendor# Vendor Name — Class — Pay Code

11031 MIDWEST HEALTH CARE INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6420 ✓		03/31/20	03/28/20	04/27/20		657.63	0.00	0.00	657.63 ✓
	OUTSIDE SRV CLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11031	MIDWEST HEALTH CARE INC	657.63	0.00	0.00	657.63

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
654136 ✓		04/23/20	04/15/20	04/15/20		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
APRIL041106		04/20/20	04/11/20	04/26/20		25,573.97	0.00	0.00	25,573.97 ✓
	EMPLOYEE MEDICAL CLAIMS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	25,573.97	0.00	0.00	25,573.97

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
8740641 ✓		04/23/20	04/19/20	04/20/20		861.62	0.00	0.00	861.62 ✓
	PHARMACY DRUGS								
8740642 ✓		04/23/20	04/19/20	04/20/20		1,762.13	0.00	0.00	1,762.13 ✓
	PHARMACY DRUGS								
8744054 ✓		04/23/20	04/20/20	04/21/20		58.82	0.00	0.00	58.82 ✓
	PHARMACY DRUGS								
8747104 ✓		04/23/20	04/20/20	04/21/20		646.06	0.00	0.00	646.06 ✓
	PHARMACY DRUGS								
8747105 ✓		04/23/20	04/20/20	04/21/20		220.96	0.00	0.00	220.96 ✓
	PHARMACY DRUGS								
8743204 ✓		04/23/20	04/20/20	04/21/20		22.77	0.00	0.00	22.77 ✓
	PHARMACY DRUGS								
8744055 ✓		04/23/20	04/20/20	04/21/20		512.12	0.00	0.00	512.12 ✓
	PHARMACY DRUGS								
8747103 ✓		04/23/20	04/20/20	04/21/20		663.56	0.00	0.00	663.56 ✓
	PHARMACY DRUGS								
8750352 ✓		04/23/20	04/21/20	04/22/20		174.12	0.00	0.00	174.12 ✓
	PHARMACY DRUGS								
8750180 ✓		04/23/20	04/21/20	04/22/20		30.88	0.00	0.00	30.88 ✓
	PHARMACY DRUGS								
8750351 ✓		04/23/20	04/21/20	04/22/20		184.44	0.00	0.00	184.44 ✓

	PHARMACY DRUGS							
8750178		04/23/20	04/21/20	04/22/20	38.12	0.00	0.00	38.12
	PHARMACY DRUGS							
8750350		04/23/20	04/21/20	04/22/20	532.70	0.00	0.00	532.70
	PHARMACY DRUGS							
8750179		04/23/20	04/21/20	04/22/20	83.57	0.00	0.00	83.57
	PHARMACY DRUGS							
8754446		04/26/20	04/22/20	04/23/20	8.66	0.00	0.00	8.66
	PHARMACY DRUGS							
8754444		04/26/20	04/22/20	04/23/20	58.92	0.00	0.00	58.92
	PHARMACY DRUGS							
8754445		04/26/20	04/22/20	04/23/20	997.94	0.00	0.00	997.94
	PHARMACY DRUGS							
8760285		04/26/20	04/25/20	04/26/20	137.07	0.00	0.00	137.07
	PHARMACY DRUGS							
8762437		04/26/20	04/25/20	04/26/20	152.53	0.00	0.00	152.53
	PHARMACY DRUGS							
8760284		04/26/20	04/25/20	04/26/20	57.88	0.00	0.00	57.88
	PHARMACY DRUGS							
8760283		04/26/20	04/25/20	04/26/20	44.38	0.00	0.00	44.38
	PHARMACY DRUGS							
8762435		04/26/20	04/25/20	04/26/20	79.59	0.00	0.00	79.59
	PHARMACY DRUGS							
8762436		04/26/20	04/25/20	04/26/20	1,408.48	0.00	0.00	1,408.48
	PHARMACY DRUGS							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			8,737.32	0.00	0.00	8,737.32

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
90240323		03/31/20	03/29/20	04/28/20			82.86	0.00	0.00	82.86
	LAB SUPPLIES									
90240822		03/31/20	03/30/20	04/29/20			3,165.34	0.00	0.00	3,165.34
	LAB SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL					3,248.20	0.00	0.00	3,248.20

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
20895		04/23/20	04/28/20	04/28/20			3,000.00	0.00	0.00	3,000.00
	OUTSIDE SRV DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	N1225	NUTRITION OPTIONS					3,000.00	0.00	0.00	3,000.00

Vendor#	Vendor Name	Class	Pay Code
10777	OSCAR TORRES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
212714		04/20/20	04/02/20	04/26/20			250.00	0.00	0.00	250.00
	OUTSIDE SRV PLANT OPS									
212927		04/20/20	04/02/20	04/26/20			200.00	0.00	0.00	200.00
	OUTSIDE SRV PLANT OPS									
212715		04/20/20	04/02/20	04/26/20			45.00	0.00	0.00	45.00
	OUTSIDE SRV PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10777	OSCAR TORRES	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
2015865763	SUPPLIES VARIOUS DEPTS	03/31/20	03/29/20	04/28/20			1,300.43	0.00	0.00	1,300.43
2015866636	CS INVENTORY & LAB SUPPLI	03/31/20	03/29/20	04/28/20			3,170.59	0.00	0.00	3,170.59
2015870460	SUPPLIES NURSERY	03/31/20	03/29/20	04/28/20			32.97	0.00	0.00	32.97
2015870293	SUPPLIES ER & CLINIC	03/31/20	03/29/20	04/28/20			116.88	0.00	0.00	116.88
2015870317	SUPPLIES SURGERY	03/31/20	03/29/20	04/28/20			83.05	0.00	0.00	83.05
2015953524	SUPPLIES VARIOUS DEPTS	03/31/20	03/31/20	04/30/20			2,378.15	0.00	0.00	2,378.15
8000065375	FINANCE CHARGE	04/12/20	03/31/20	04/30/20			13.36	0.00	0.00	13.36
2015991900	CREDIT CS INVENTORY	04/12/20	04/01/20	05/01/20			-4.41	0.00	0.00	-4.41

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	7,091.02	0.00	0.00	7,091.02

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
20894	OUTSIDE SRV CLINIC	04/23/20	04/14/20	04/14/20			967.50	0.00	0.00	967.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	967.50	0.00	0.00	967.50

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
A1574802	PHARMACY DRUGS	03/31/20	03/24/20	04/26/20			271.80	0.00	0.00	271.80
A1575624	PHARMACY DRUGS	03/31/20	03/24/20	04/26/20			106.50	0.00	0.00	106.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	378.30	0.00	0.00	378.30

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
932469739	MAINT CONT MUC MED	04/23/20	02/27/20	03/29/20			2,626.58	0.00	0.00	2,626.58
932623978	MAINT CONTR NUC MED	04/23/20	03/29/20	04/28/20			2,626.58	0.00	0.00	2,626.58

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

Vendor#	Vendor Name	Class	Pay Code
P1876	POLYMEDCO INC.	M	

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

1064701	03/31/20	03/23/20	04/26/20		811.60	0.00	0.00	811.60
LAB SUPPLIES								
1064992	03/31/20	03/29/20	04/28/20		125.26	0.00	0.00	125.26
LAB SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	P1876	POLYMEDCO INC.			936.86	0.00	0.00	936.86

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20887		04/23/20	04/21/20	05/01/20			11,001.20	0.00	0.00	11,001.20
RENT FOR PT & BEHAVIORAL										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11125	PORT LAVACA RETAIL GROUP LLC					11,001.20	0.00	0.00	11,001.20

Vendor#	Vendor Name	Class	Pay Code
P2100	PORT LAVACA WAVE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20888		04/23/20	03/31/20	04/30/20			801.50	0.00	0.00	801.50
ADVERTISING										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE					801.50	0.00	0.00	801.50

Vendor#	Vendor Name	Class	Pay Code
P2200	POWER ELECTRIC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
B20778		03/31/20	03/30/20	04/29/20			33.57	0.00	0.00	33.57
SUPPLIES PLANT OPS										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC					33.57	0.00	0.00	33.57

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
3334440		03/31/20	03/29/20	04/28/20			275.55	0.00	0.00	275.55
CS INVENTORY										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)					275.55	0.00	0.00	275.55

Vendor#	Vendor Name	Class	Pay Code
10326	PRINCIPAL LIFE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20903		04/26/20	04/17/20	05/01/20			1,887.14	0.00	0.00	1,887.14
EMPLOYEE PERSONAL INS										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE					1,887.14	0.00	0.00	1,887.14

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
35139		04/23/20	02/19/20	03/21/20			95.00	0.00	0.00	95.00
OUTSIDE SRV MAMMO										
35329		04/23/20	03/18/20	04/17/20			95.00	0.00	0.00	95.00
OUTSIDE SRV MAMMO										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10889	PROCESSOR & CHEMICAL SERVICES					190.00	0.00	0.00	190.00

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
20898		04/26/20	02/10/20	03/11/20		395.00	0.00	0.00	395.00
	PROF FEES XRAY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1268	RADIOLOGY UNLIMITED, PA				395.00	0.00	0.00	395.00

Vendor#	Vendor Name	Class	Pay Code
11137	REALITY MEDICAL IMAGING OF TX		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1183		04/26/20	10/01/20	04/26/20		2,817.50	0.00	0.00	2,817.50
	MAINT CONTR XRAY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11137	REALITY MEDICAL IMAGING OF TX				2,817.50	0.00	0.00	2,817.50

Vendor#	Vendor Name	Class	Pay Code
10844	RECALL SECURE DESTRUCTION SRV		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4586061647		04/20/20	03/26/20	04/26/20		239.40	0.00	0.00	239.40
	OUTSIDE SRV ADMIN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10844	RECALL SECURE DESTRUCTION SRV				239.40	0.00	0.00	239.40

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-09170		04/20/20	04/01/20	05/01/20		4,050.00	0.00	0.00	4,050.00
	OUTSIDE SRV BUS OFFICE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11009	RECONDO				4,050.00	0.00	0.00	4,050.00

Vendor#	Vendor Name	Class	Pay Code
R1200	RED HAWK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
232333		04/12/20	04/01/20	05/01/20		37.50	0.00	0.00	37.50
	OUTSIDE SRV PLANT OPS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1200	RED HAWK				37.50	0.00	0.00	37.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MLVAC-11559		04/12/20	03/31/20	04/30/20		2,183.00	0.00	0.00	2,183.00
	MAINT CONT HIM								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.				2,183.00	0.00	0.00	2,183.00

Vendor#	Vendor Name	Class	Pay Code
10897	ROLANDO REYES, SR.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1846		04/23/20	04/15/20	04/15/20		3,350.00	0.00	0.00	3,350.00
	REPAIR EMERCGENCY RAMP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10897	ROLANDO REYES, SR.				3,350.00	0.00	0.00	3,350.00

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
20901		04/26/20	04/21/20	04/21/20		30.78	0.00	0.00	30.78

	TRAVEL EXPENSE ER								
	20899	04/26/20	04/25/20	04/25/20		68.04	0.00	0.00	68.04
	TRAVEL EXPENSE ER								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10625	SARA RUBIO				98.82	0.00	0.00	98.82
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
	7713-1		03/31/20	03/31/20	04/30/20		37.34	0.00	0.00	37.34
		SUPPLIES PLANT OPS								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS					37.34	0.00	0.00	37.34
Vendor#	Vendor Name				Class	Pay Code				
10995	SHIFTHOUND									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1611048		03/31/20	03/31/20	04/30/20		558.00	0.00	0.00	558.00
		DUES & SUBCRIPTIONS								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10995	SHIFTHOUND					558.00	0.00	0.00	558.00
Vendor#	Vendor Name				Class	Pay Code				
K0536	SHIRLEY KARNEI									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20900		04/26/20	04/24/20	04/24/20		1,002.70	0.00	0.00	1,002.70
		OUTSIDE SRV TRANSCRIPTIC								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI					1,002.70	0.00	0.00	1,002.70
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
	4547154		04/18/20	04/06/20	04/26/20		1,333.33	0.00	0.00	1,333.33
		LEASE & RENTAL LAB								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10936	SIEMENS FINANCIAL SERVICES					1,333.33	0.00	0.00	1,333.33
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	115269122		04/23/20	02/29/20	03/31/20		633.33	0.00	0.00	633.33
		MAINT CONTR MAMMO								
	115278434		04/23/20	03/18/20	04/17/20		832.25	0.00	0.00	832.25
		MAINT CONTR ULTRASOUND								
	115281605		04/23/20	03/30/20	04/29/20		633.33	0.00	0.00	633.33
		MAINT CONTR MAMMO								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC					2,098.91	0.00	0.00	2,098.91
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
	90018967		03/31/20	03/31/20	04/30/20		-1,575.00	0.00	0.00	-1,575.00
		CREDIT BLOOD BANK								
	90019041		03/31/20	03/31/20	04/30/20		6,525.00	0.00	0.00	6,525.00
		SUPPLIES BLOOD BANK								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	S2400	SO TEX BLOOD & TISSUE CENTER				4,950.00	0.00	0.00	4,950.00
Vendor#	Vendor Name				Class	Pay Code			
S2345	SOUTHEAST TEXAS HEALTH SYS				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	25641		04/20/20	04/01/20	04/30/20		1,000.00	0.00	0.00	1,000.00
		DUES & SUBCRIPTIONS ADMI								
	25637		04/20/20	04/01/20	05/01/20		5,000.00	0.00	0.00	5,000.00
		DUES & SUBCRIPTIONS ADMI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2345	SOUTHEAST TEXAS HEALTH SYS				6,000.00	0.00	0.00	6,000.00
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
	4006237919		04/12/20	03/31/20	04/30/20		1,450.90	0.00	0.00	1,450.90
		OUTSIDE SRV HOUSEKEEPIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S3960	STERICYCLE, INC				1,450.90	0.00	0.00	1,450.90
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
	604072387		04/18/20	04/07/20	04/27/20		339.43	0.00	0.00	339.43
		FOOD SUPPLIES DIETARY								
	603312471		04/23/20	03/31/20	04/20/20		1,201.03	0.00	0.00	1,201.03
		FOOD SUPPLIES DIETARY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2951	SYSCO FOOD SERVICES OF				1,540.46	0.00	0.00	1,540.46
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-10800		03/31/20	03/31/20	04/30/20		4,555.00	0.00	0.00	4,555.00
		MAINT CONTR ER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2539	T-SYSTEM, INC				4,555.00	0.00	0.00	4,555.00
Vendor#	Vendor Name				Class	Pay Code				
10941	THE UPS PRINT STORE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8561		04/20/20	03/28/20	04/28/20		247.00	0.00	0.00	247.00
		SUPPLIES ADMIN								
	54795CR		04/20/20	03/31/20	04/26/20		-40.00	0.00	0.00	-40.00
		CREDIT SUPPLIES ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10941	THE UPS PRINT STORE				207.00	0.00	0.00	207.00
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
	20872		04/12/20	03/31/20	04/30/20		58.86	0.00	0.00	58.86
		ADVERTISING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1050	THE VICTORIA ADVOCATE				58.86	0.00	0.00	58.86
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
143495930-301		03/24/20	03/03/20	05/01/20			2,140.32	0.00	0.00	2,140.32
	PHARMACY DRUGS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10732	THERACOM, LLC					2,140.32	0.00	0.00	2,140.32

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10083247CM		12/29/20	11/30/20	05/01/20			-874.50	0.00	0.00	-874.50
	MAINT CONTR CT SCAN CREI									
10207175		04/23/20	03/04/20	04/03/20			9,000.00	0.00	0.00	9,000.00
	MAINT CONTR CT SCAN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T1724	TOSHIBA AMERICA MEDICAL SYST.					8,125.50	0.00	0.00	8,125.50

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
3A3X041600		04/12/20	04/01/20	05/01/20			119.00	0.00	0.00	119.00
	OUTSIDE SRV CLINIC									
35FK041600		04/12/20	04/01/20	05/01/20			813.00	0.00	0.00	813.00
	OUTSIDE SRV CLINIC									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS					932.00	0.00	0.00	932.00

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
C310284		03/31/20	04/01/20	05/01/20			1,978.75	0.00	0.00	1,978.75
	1ST OF 4 PAYMENTS THA 201									
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
8150725640		03/31/20	03/29/20	04/28/20			31.92	0.00	0.00	31.92
	OUTSIDE SRV BIO MED									
8150725545		03/31/20	03/29/20	04/28/20			54.20	0.00	0.00	54.20
	OUTSIDE SRV MAINT									
8150719774		04/23/20	02/02/20	03/03/20			46.60	0.00	0.00	46.60
	OUTSIDE SRV MAINT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS					132.72	0.00	0.00	132.72

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
8400216562		03/31/20	03/25/20	04/26/20			394.49	0.00	0.00	394.49
	LAUNDRY OB									
8400216604		03/31/20	03/25/20	04/26/20			1,305.38	0.00	0.00	1,305.38
	LAUNDRY HOUSEKEEPING									
8400216730		03/31/20	03/29/20	04/28/20			194.75	0.00	0.00	194.75
	LAUNDRY HOUSEKEEPING									
8400216732		03/31/20	03/29/20	04/28/20			106.23	0.00	0.00	106.23
	LAUNDRY HOUSEKEEPING									

8400216773	03/31/20	03/29/20	04/28/20	155.32	0.00	0.00	155.32	
LAUNDRY HOUSEKEEPING								
8400216731	03/31/20	03/29/20	04/28/20	165.55	0.00	0.00	165.55	
LAUNDRY DIETARY								
8400216784	03/31/20	03/29/20	04/28/20	1,230.44	0.00	0.00	1,230.44	
LAUNDRY HOUSEKEEPING								
8400216733	03/31/20	03/29/20	04/28/20	94.28	0.00	0.00	94.28	
LAUNDRY HOUSEKEEPING								
8400216729	03/31/20	03/29/20	04/28/20	318.38	0.00	0.00	318.38	
LAUNDRY HOUSEKEEPING								
8400217121	04/12/20	04/01/20	05/01/20	1,208.12	0.00	0.00	1,208.12	
LAUNDRY HOUSEKEEPING								
8400217077	04/12/20	04/01/20	05/01/20	384.09	0.00	0.00	384.09	
LAUNDRY SURGERY								
Vendor Totals Number Name				Gross	Discount	No-Pay	Net	
U1064 UNIFIRST HOLDINGS INC				5,557.03	0.00	0.00	5,557.03	

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
6819986		03/31/20	03/22/20	04/26/20			107.43	0.00	0.00	107.43
	EMPLOYEE UNIFORMS									
6819979		03/31/20	03/22/20	04/26/20			81.93	0.00	0.00	81.93
	EMPLOYEE UNIFORMS									
6819964		03/31/20	03/22/20	04/26/20			173.94	0.00	0.00	173.94
	EMPLOYEE UNIFORMS									
6829012		03/31/20	03/25/20	04/26/20			25.99	0.00	0.00	25.99
	EMPLOYEE UNIFORMS									
6837886		04/12/20	03/30/20	04/29/20			113.92	0.00	0.00	113.92
	EMPLOYEE UNIFORMS									
6837884		04/12/20	03/30/20	04/29/20			133.91	0.00	0.00	133.91
	EMPLOYEE UNIFORMS									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	U1056 UNIFORM ADVANTAGE						637.12	0.00	0.00	637.12

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
537223636		03/31/20	03/23/20	04/26/20			62.77	0.00	0.00	62.77
	SUPPLIES DIETARY									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	U1200 UNITED AD LABEL CO INC						62.77	0.00	0.00	62.77

Vendor#	Vendor Name	Class	Pay Code
U1350	UPS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0000778941166		04/26/20	04/16/20	04/27/20			580.27	0.00	0.00	580.27
	FREIGHT EXPENSE									
Vendor Totals	Number Name						Gross	Discount	No-Pay	Net
	U1350 UPS						580.27	0.00	0.00	580.27

Vendor#	Vendor Name	Class	Pay Code
10783	UPS FREIGHT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
25941266		04/23/20	03/25/20	04/09/20			798.83	0.00	0.00	798.83

FREIGHT EXPENSE DIETARY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10783	UPS FREIGHT	798.83	0.00	0.00	798.83

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
3453628		04/18/20	04/07/20	04/27/20			2,072.60	0.00	0.00	2,072.60
	FOOD SUPPLIES DIETARY									
3513978		04/18/20	04/11/20	05/01/20			1,896.81	0.00	0.00	1,896.81
	FOOD SUPPLIES DIETARY									
3255633		04/23/20	03/28/20	04/17/20			2,993.59	0.00	0.00	2,993.59
	FOOD SUPPLIES DIETARY									
3255634		04/23/20	03/28/20	04/17/20			532.33	0.00	0.00	532.33
	FOOD SUPPLIES DIETARY									
3321078		04/23/20	03/31/20	04/20/20			1,609.57	0.00	0.00	1,609.57
	FOOD SUPPLIES DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	9,104.90	0.00	0.00	9,104.90

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
16030278		04/20/20	03/31/20	04/30/20			210.00	0.00	0.00	210.00
	ADVERTISING									
16030279		04/20/20	03/31/20	04/30/20			300.00	0.00	0.00	300.00
	ADVERTISING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD	510.00	0.00	0.00	510.00

Vendor#	Vendor Name	Class	Pay Code
10915	WAGEWORKS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20893		04/23/20	04/14/20	04/14/20			2,113.56	0.00	0.00	2,113.56
	TO FUND FLEX SPENDING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10915	WAGEWORKS	2,113.56	0.00	0.00	2,113.56

Vendor#	Vendor Name	Class	Pay Code
W1040	WATERMARK GRAPHICS INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
109772		03/31/20	03/29/20	04/28/20			24.50	0.00	0.00	24.50
	EMPLOYEE UNIFORM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1040	WATERMARK GRAPHICS INC	24.50	0.00	0.00	24.50

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
9110289940		03/31/20	03/30/20	04/29/20			3,929.04	0.00	0.00	3,929.04
	SUPPLIES LAB									
9110289742		03/31/20	03/30/20	04/29/20			158.00	0.00	0.00	158.00
	SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	4,087.04	0.00	0.00	4,087.04

Vendor#	Vendor Name	Class	Pay Code
11166	WEST INTERACTIVE SERVICES CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV001622131		04/23/20	03/31/20	04/30/20		316.68	0.00	0.00	316.68
	OUTSIDE SRV CLINIC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11166	WEST INTERACTIVE SERVICES CORP				316.68	0.00	0.00	316.68

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
456994		03/31/20	03/31/20	04/30/20		247.00	0.00	0.00	247.00
	DUES & SUBCRIPTIONS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	W1270	WISCONSIN STATE LABORATORY				247.00	0.00	0.00	247.00

Vendor#	Vendor Name	Class	Pay Code
11177	ZARSKY LUMBER CO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1603-938250		03/31/20	03/30/20	04/29/20		61.22	0.00	0.00	61.22
	SUPPLIES PLANT OPS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11177	ZARSKY LUMBER CO				61.22	0.00	0.00	61.22

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	286,650.08	0.00	0.00	286,650.08

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-16

APPROVED ON
APR 27 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 165989 to #166105

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	165989	04/27/16	357.74	FILTER TECHNOLOGY CO, INC
A/P	165990	04/27/16	898.60	BECTON, DICKINSON & CO (BD)
A/P	165991	04/27/16	5,253.16	PHILIPS HEALTHCARE
A/P	165992	04/27/16	9,104.90	US FOOD SERVICE
A/P	165993	04/27/16	378.30	PHARMEDIUM SERVICES LLC
A/P	165994	04/27/16	9,646.52	GE HEALTHCARE
A/P	165995	04/27/16	153.94	CYTO THERM L.P.
A/P	165996	04/27/16	750.00	JAMES A DANIEL
A/P	165997	04/27/16	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	165998	04/27/16	1,887.14	PRINCIPAL LIFE
A/P	165999	04/27/16	170.75	HEALTH CARE LOGISTICS INC
A/P	166000	04/27/16	958.45	CENTURION MEDICAL PRODUCTS
A/P	166001	04/27/16	345.59	DEWITT POTH & SON
A/P	166002	04/27/16	275.55	PRECISION DYNAMICS CORP (PDC)
A/P	166003	04/27/16	99.00	CLINICAL & LABORATORY
A/P	166004	04/27/16	2,000.00	DA&E
A/P	166005	04/27/16	.00	VOIDED
A/P	166006	04/27/16	8,737.32	MORRIS & DICKSON CO, LLC
A/P	166007	04/27/16	2,455.51	LUMINANT ENERGY COMPANY LLC
A/P	166008	04/27/16	18,290.71	BKD, LLP
A/P	166009	04/27/16	98.82	SARA RUBIO
A/P	166010	04/27/16	106.08	FIVE STAR STERILIZER SERVICES
A/P	166011	04/27/16	495.00	FASTHEALTH CORPORATION
A/P	166012	04/27/16	2,140.32	THERACOM, LLC
A/P	166013	04/27/16	495.00	OSCAR TORRES
A/P	166014	04/27/16	798.83	UPS FREIGHT
A/P	166015	04/27/16	6,062.60	CLINICAL PATHOLOGY
A/P	166016	04/27/16	25,573.97	MMC EMPLOYEE BENEFIT PLAN
A/P	166017	04/27/16	1,844.68	ACI/BOLAND, INC.
A/P	166018	04/27/16	239.40	RECALL SECURE DESTRUCTION SRV
A/P	166019	04/27/16	3,248.20	NOVA BIOMEDICAL
A/P	166020	04/27/16	190.00	PROCESSOR & CHEMICAL SERVICES
A/P	166021	04/27/16	3,350.00	ROLANDO REYES, SR.
A/P	166022	04/27/16	229.42	GENESIS DIAGNOSTICS
A/P	166023	04/27/16	2,113.56	WAGEWORKS
A/P	166024	04/27/16	14,542.08	HUNTER PHARMACY SERVICES
A/P	166025	04/27/16	499.00	AMERICAN APPLIANCE
A/P	166026	04/27/16	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	166027	04/27/16	92.00	JESSICA WITTNEBERT
A/P	166028	04/27/16	207.00	THE UPS PRINT STORE
A/P	166029	04/27/16	1,978.75	TRUVEN HEALTH ANALYTICS INC
A/P	166030	04/27/16	70.00	MEMORIAL MEDICAL CLINIC
A/P	166031	04/27/16	932.50	M G TRUST
A/P	166032	04/27/16	2,183.00	REVCYCLE+, INC.
A/P	166033	04/27/16	558.00	SHIFTHOUND
A/P	166034	04/27/16	7,682.67	CSI LEASING INC
A/P	166035	04/27/16	4,050.00	RECONDO
A/P	166036	04/27/16	657.63	MIDWEST HEALTH CARE INC
A/P	166037	04/27/16	75.00	FIRST CLEARING
A/P	166038	04/27/16	932.00	TRIZETTO PROVIDER SOLUTIONS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	166039	04/27/16	967.50	PABLO GARZA
A/P	166040	04/27/16	15,874.25	FUSION MEDICAL STAFFING, LLC
A/P	166041	04/27/16	6,655.11	MINDRAY CAPITAL
A/P	166042	04/27/16	1,500.00	EXEBRIDGE
A/P	166043	04/27/16	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	166044	04/27/16	2,817.50	REALITY MEDICAL IMAGING OF TX
A/P	166045	04/27/16	316.68	WEST INTERACTIVE SERVICES CORP
A/P	166046	04/27/16	61.22	ZARSKY LUMBER CO
A/P	166047	04/27/16	3,753.75	E-CODE SOLUTIONS OF ILLINOIS,
A/P	166048	04/27/16	121.64	GULF COAST HARDWARE / ACE
A/P	166049	04/27/16	187.49	APPLIED CARDIAC SYSTEMS
A/P	166050	04/27/16	989.12	AIR SPECIALTY & EQUIPMENT CO
A/P	166051	04/27/16	2,302.78	AIRGAS-SOUTHWEST
A/P	166052	04/27/16	27.65	CAREFUSION
A/P	166053	04/27/16	2,461.35	CARDINAL HEALTH 414,LLC
A/P	166054	04/27/16	19.34	AQUA BEVERAGE COMPANY
A/P	166055	04/27/16	399.28	BARD PERIPHERAL VASCULAR
A/P	166056	04/27/16	3,279.25	BAXTER HEALTHCARE CORP
A/P	166057	04/27/16	10,589.93	BECKMAN COULTER INC
A/P	166058	04/27/16	677.57	CABLE ONE
A/P	166059	04/27/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	166060	04/27/16	1,704.00	CAD SOLUTIONS, INC
A/P	166061	04/27/16	180.00	CENTRAL DRUGS
A/P	166062	04/27/16	2,197.12	CDW GOVERNMENT, INC.
A/P	166063	04/27/16	110.10	COOPER SURGICAL INC
A/P	166064	04/27/16	166.34	C R BARD, INC
A/P	166065	04/27/16	362.85	DIVERSIFIED BUSINESS SYSTEMS
A/P	166066	04/27/16	255.76	DLE PAPER & PACKAGING
A/P	166067	04/27/16	7,532.89	FISHER HEALTHCARE
A/P	166068	04/27/16	530.00	FORT BEND SERVICES, INC
A/P	166069	04/27/16	1,205.18	GULF COAST PAPER COMPANY
A/P	166070	04/27/16	11.25	HOSPIRA WORLDWIDE, INC
A/P	166071	04/27/16	10.08	INDEPENDENCE MEDICAL
A/P	166072	04/27/16	4,087.04	WERFEN USA LLC
A/P	166073	04/27/16	447.16	J & J HEALTH CARE SYSTEMS, INC
A/P	166074	04/27/16	1,002.70	SHIRLEY KARNEI
A/P	166075	04/27/16	40.30	LABCORP OF AMERICA HOLDINGS
A/P	166076	04/27/16	5.40	LANGUAGE LINE SERVICES
A/P	166077	04/27/16	179.48	DAWN MCCLELLAND
A/P	166078	04/27/16	139.16	MEAD JOHNSON NUTRITION
A/P	166079	04/27/16	258.52	METLIFE
A/P	166080	04/27/16	3,000.00	NUTRITION OPTIONS
A/P	166081	04/27/16	7,091.02	OWENS & MINOR
A/P	166082	04/27/16	936.86	POLYMEDCO INC.
A/P	166083	04/27/16	801.50	PORT LAVACA WAVE
A/P	166084	04/27/16	33.57	POWER ELECTRIC
A/P	166085	04/27/16	37.50	RED HAWK
A/P	166086	04/27/16	395.00	RADIOLOGY UNLIMITED, PA
A/P	166087	04/27/16	371.28	EVOQUA WATER TECHNOLOGIES LLC
A/P	166088	04/27/16	37.34	SHERWIN WILLIAMS
A/P	166089	04/27/16	2,098.91	SIEMENS MEDICAL SOLUTIONS INC

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166090	04/27/16	6,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	166091	04/27/16	4,950.00	SO TEX BLOOD & TISSUE CENTER
A/P	166092	04/27/16	1,540.46	SYSCO FOOD SERVICES OF
A/P	166093	04/27/16	1,450.90	STERICYCLE, INC
A/P	166094	04/27/16	8,125.50	TOSHIBA AMERICA MEDICAL SYST.
A/P	166095	04/27/16	4,555.00	T-SYSTEM, INC
A/P	166096	04/27/16	132.72	UNIFIRST HOLDINGS
A/P	166097	04/27/16	637.12	UNIFORM ADVANTAGE
A/P	166098	04/27/16	5,557.03	UNIFIRST HOLDINGS INC
A/P	166099	04/27/16	62.77	UNITED AD LABEL CO INC
A/P	166100	04/27/16	580.27	UPS
A/P	166101	04/27/16	58.86	THE VICTORIA ADVOCATE
A/P	166102	04/27/16	510.00	VICTORIA RADIOWORKS, LTD
A/P	166103	04/27/16	24.50	WATERMARK GRAPHICS INC
A/P	166104	04/27/16	247.00	WISCONSIN STATE LABORATORY
A/P	166105	04/27/16	86.68	GRAINGER
TOTALS:			286,650.08	

APPROVED
ON

APR 27 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:04/29/16 MEMORIAL MEDICAL CENTER CRT#019 PAGE 1
TIME:08:11 EDIT LIST FOR BATCH 019 5035 TRANSACTION SEQUENCE GLEDIT

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION
1	20000000		04/29/16	PJ	7,825.00CR	P1725	20916	PREMIER SLEEP DISORDERS	INV DT=04/01/16 DUE=040116
2	40510045		04/29/16	PJ	7,825.00	P1725	20916	PREMIER SLEEP DISORDERS	PURCHASED SERVICES -RES

60510045 3450 41832

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

JOURNAL	YRMO	COUNT	DEBIT	CREDIT		
PJ	1604	2	7,825.00	7,825.00		
	TOTAL	2	7,825.00	7,825.00	A/P TOTAL	7,825.00

Sleep Studies

ACCOUNT TOTAL RECAP ON NEXT PAGE

APPROVED
ON
APR 29 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 166108

Michael J. Pfeifer
Calhoun County Judge
Date: 5-12-16

&

RUN DATE:04/29/16 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:15 CHECK REGISTER GLCKREG
04/29/16 THRU 04/29/16

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166108	04/29/16	7,825.00	PREMIER SLEEP DISORDERS CENTER
TOTALS:			7,825.00	

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" 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	6	
☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	$ 97,761.91	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 45,885.92	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,731.38	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 41,144.61	#
		CHECK $ -	
☑	"6-DIGIT SETTLEMENT DATE"	4/13/2016	
	"1 TO CONFIRM"	1	
☐	ACKNOWLEDGEMENT NUMBER	5121721	

CALLED IN BY:	Catkinson
CALLED IN DATE:	4/12/2016
CALLED IN TIME:	1:45pm

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	03/18/16					
PAY PERIOD: END	03/31/16					
PAY DATE:	04/07/16					
GROSS PAY:	$ 388,207.05			$ 1,649.70	$ 168.56	$ 390,025.31
DEDUCTIONS:						
A/R	$ 1,019.50			$ -	$ -	$ 1,019.50
BOOTS	$ -			$ -	$ -	$ -
CAFÉ-C	$ 381.63			$ -	$ -	$ 381.63
CAFÉ-D	$ 1,329.54			$ -	$ -	$ 1,329.54
CAFÉ-H	$ 15,265.64			$ -	$ -	$ 15,265.64
CAFÉ-I	$ 168.49			$ -	$ -	$ 168.49
CAFÉ-L	$ 342.71			$ -	$ -	$ 342.71
CAFÉ-P	$ 376.02			$ -	$ -	$ 376.02
CANCER	$ 17.49			$ -	$ -	$ 17.49
CLINIC	$ 80.00			$ -	$ -	$ 80.00
COMBIN	$ 1,296.97			$ -	$ -	$ 1,296.97
CREDUN	$ 25.00			$ -	$ -	$ 25.00
DENTAL	$ 265.00			$ -	$ -	$ 265.00
DEP-LF	$ 590.53			$ -	$ -	$ 590.53
EAT	$ 435.00			$ -	$ -	$ 435.00
FED TAX	$ 41,144.61			$ -	$ -	$ 41,144.61
FICA-M	$ 5,339.34			$ 23.92	$ 2.44	$ 5,365.70
FICA-O	$ 22,830.26			$ 102.29	$ 10.45	$ 22,943.00
FLEX S	$ 2,113.56			$ -	$ -	$ 2,113.56
FLX-FE	$ -			$ -	$ -	$ -
GIFT S	$ 217.58			$ -	$ -	$ 217.58
GRP-IN	$ 129.26			$ -	$ -	$ 129.26
GTL	$ -			$ -	$ -	$ -
HOSP-I	$ 2,585.00			$ -	$ -	$ 2,585.00
MISC	$ -			$ -	$ -	$ -
OTHER	$ 1,467.27			$ -	$ -	$ 1,467.27
PHI	$ -			$ -	$ -	$ -
PR FIN	$ 448.61			$ -	$ -	$ 448.61
RELAY	$ 157.00			$ -	$ -	$ 157.00
REPAY	$ -			$ -	$ -	$ -
STONE	$ 932.50			$ -	$ -	$ 932.50
STONE 2	$ 75.00			$ -	$ -	$ 75.00
STUDEN	$ 252.62			$ -	$ -	$ 252.62
TSA-R	$ 27,174.44			$ 115.48	$ 11.80	$ 27,301.72
UW/HOS	$ -			$ -	$ -	$ -
TOTAL DEDUCTIONS:	$ 126,460.57	$ -	$ -	$ 241.69	$ 24.69	$ 126,726.95
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 261,746.48	$ -	$ -	$ 1,408.01	$ 143.87	$ 263,298.36
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 19,977.59	Less Exempt:				
TAXABLE PAY:	$ 370,047.72	$ 370,047.72				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,365.69		
FICA - MED (EE)	1.45%	$ 5,365.69	$ 5,365.70	$ (0.01)
FICA - SOC SEC (ER)	6.20%	$ 22,942.96		
FICA - SOC SEC (EE)	6.20%	$ 22,942.96	$ 22,943.00	$ (0.04)
FED WITHHOLDING		$ 41,144.61	$ 41,144.61	
TAX DEPOSIT:		$ 97,761.91	$ 97,762.01	$ (0.10)
FICA - MEDICARE	2.90%	$ 10,731.38		
FICA - SOCIAL SECURITY	12.40%	$ 45,885.92		
FED WITHHOLDING		$ 41,144.61		
TOTAL TAX:		$ 97,761.91		

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

PREPARED BY: Clarri Atkinson
PREPARED DATE: 4/12/2016

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8880.99	N		N	N		175433.64
1	REGULAR PAY-S1	1132.00	N		N	N	N	44087.86
1	REGULAR PAY-S1	198.25	N		N	Y		5817.67
1	REGULAR PAY-S1	200.50	Y		N	N		5160.95
2	REGULAR PAY-S2	2397.50	N		N	N		52661.74
2	REGULAR PAY-S2	154.75	N		N	Y		5203.72
2	REGULAR PAY-S2	88.00	Y		N	N		3004.53
3	REGULAR PAY-S3	1541.50	N		N	N		39087.22
3	REGULAR PAY-S3	112.75	N		N	Y		4113.68
3	REGULAR PAY-S3	86.00	Y		N	N		3897.85
C	CALL PAY	2360.00	N	1	N	N		4720.00
D	DOUBLE TIME	19.50	N		N	N		1284.76
D	DOUBLE TIME	25.25	N		N	N	N	1190.92
E	EXTRA WAGES		N		N	N	N	350.00
E	EXTRA WAGES		N	1	N	N	N	1343.00
F	FUNERAL LEAVE	40.00	N	1	N	N		575.36
J	JURY LEAVE	4.25	N	1	N	N		47.13
K	EXTENDED-ILLNESS-BANK	40.00	N		N	N	N	767.48
K	EXTENDED-ILLNESS-BANK	433.00	N	1	N	N		9745.26
P	PAID-TIME-OFF	149.00	N		N	N	N	2472.89
P	PAID-TIME-OFF	1229.00	N	1	N	N		25409.96
X	CALL PAY 2	160.00	N	1	N	N		320.00
Y	YMCA/CURVES		N		N	N	N	345.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	12.00	N	1	N	N		358.43
t	PHONE & DATA		N		N	N	N	520.00

Deductions Summary

Code	Amount				
A/R	1019.50	ADVANC		AWARDS	
BOOTS		CAFE H		CAFE-C	381.63
CAFE-D	1329.54	CAFE-F		CAFE-H	15265.64
CAFE-I	168.49	CAFE-L	342.71	CAFE-P	376.02
CANCER	17.49	CLINIC	80.00	COMBIN	1296.97
CREDUN	25.00	DD ADV		DENTAL	265.00
DEP-LF	590.53	EAT	435.00	FEDTAX	41144.61
FICA-M	5339.34	FICA-O	22830.26	FLEX S	2113.56
FLX FE		FORT D		FUTA	
GIFT S	217.58	GRANT		GRP-IN	129.26
GTL		HOSP-I	2585.00	ID TFT	
LEAF		MISC		MISC/	
OTHER	1467.27	PHI		PHI***	
PR FIN	448.61	RELAY	157.00	REPAY	
SIGNON		ST-TX		STONE	932.50
STONE2	75.00	STUDEN	252.62	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	27174.44	TUTION		UW/HOS	

Grand Totals: 19360.24 (Gross: 388207.05 Deductions: 126460.57 Net: 261746.48)

Checks Count:- FT 197 PT 10 Other 33 Female 208 Male 32 Credit OverAmt 25 ZeroNet Term Total: 240

Employee			Time								Deductions					
Num/Type/Name/Pay/Exempt	PayCd	Dept	Hrs	OT	SH	WE	HO	CB	Rate	Gross	Code	Amount				
41746 FT Hrly: 12.0400	1	041	6.50	N		N	N	N	12.0400	78.26	FICA-M	2.44	FICA-O	10.45	TSA-R	11.80
	1	041	5.00	Y		N	N	N	18.0600	90.30						
Fed-Ex: M-02 St-Ex: -00																
Total:			11.50							(Gross: 168.56	Deductions:	24.69		Net:	143.87)	

Department Summary

PayCode Summary								Deductions Summary					
PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross	Code	Amount			
1	REGULAR PAY-S1	6.50	N		N	N	N	78.26	A/R		ADVANC		AWARDS
1	REGULAR PAY-S1	5.00	Y		N	N	N	90.30	BOOTS		CAFE H		CAFE-C
									CAFE-D		CAFE-F		CAFE-H
									CAFE-I		CAFE-L		CAFE-P
									CANCER		CLINIC		COMBIN
									CREDUN		DD ADV		DENTAL
									DEP-LF		EAT		FEDTAX
									FICA-M	2.44	FICA-O	10.45	FLEX S
									FLX FE		FORT D		FUTA
									GIFT S		GRANT		GRP-IN
									GTL		HOSP-I		ID TFT
									LEAF		MISC		MISC/
									OTHER		PHI		PHI***
									PR FIN		RELAY		REPAY
									SIGNON		ST-TX		STONE
									STONE2		STUDEN		TSA-1
									TSA-2		TSA-C		TSA-P
									TSA-R	11.80	TUTION		UW/HOS

CR 61791

Department Totals:	11.50	(Gross:	168.56	Deductions:	24.69	Net:	143.87)
Checks Count:- FT 1 PT	Other	Female 1	Male	Credit	OverAmt	ZeroNet	Term	Total: 1

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
P		110.00	N		N	N	N	1649.70

Deductions Summary

Code	Amount	Code	Amount	Code
A/R		ADVANC		AWARDS
BOOTS		CAFE H		CAFE-C
CAFE-D		CAFE-F		CAFE-H
CAFE-I		CAFE-L		CAFE-P
CANCER		CLINIC		COMBIN
CREDUN		DD ADV		DENTAL
DEP-LF		EAT		FEDTAX
FICA-M	23.92	FICA-O	102.29	FLEX S
FLX FE		FORT D		FUTA
GIFT S		GRANT		GRP-IN
GTL		HOSP-I		ID TPT
LEAF		MISC		MISC/
OTHER		PHI		PHI***
PR FIN		RELAY		REPAY
SIGNON		ST-TX		STONE
STONE2		STUDEN		TSA-1
TSA-2		TSA-C		TSA-P
TSA-R	115.48	TUTION		UW/HOS

Grand Totals: 110.00 (Gross: 1649.70 Deductions: 241.69 Net: 1408.01)

Checks Count:- FT 2 PT Other Female 1 Male 1 Credit OverAmt ZeroNet Term Total: 2

CK 61789 - 342.85

CK 61790 - 1065.16

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"	15	
☑	"ENTER 2-DIGIT TAX FILING ENDING MONTH"	12	
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar		
	2ND QTR - 06 (JUNE) - Apr, May, June		
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept		
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec		
☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	$ 1,899.53	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		#
	CHECK	$ (1,899.53)	
☑	"6-DIGIT SETTLEMENT DATE"	4/18/2016	
	"1 TO CONFIRM"	1	
☑	ACKNOWLEDGEMENT NUMBER	838881727	
		838881727	
	CALLED IN BY:	Catherson	
	CALLED IN DATE:	4/15/2016	
	CALLED IN TIME:	12:02	

MMC Penalty 4th Qtr 2015

PO 999 041516

CALHOUN COUNTY, TEXAS
COMBINED REQUISITION/PURCHASE ORDER/CHECK REQUEST

DATE: 4/15/2016

VENDOR #_____

UNITED STATES TREASURY
OGDEN, UT 84201

NUMBER		TOTAL PRICE
1000-210-64605	**IRS PENALTY / MMC 941 TAX PERIOD ENDING 12/31/15**	1,899.53
	(CHELSA CALLED IN TAXES FOR MMC ON CORRECT DAY BUT ENTERED WRONG	
	DATE FOR SETTLEMENT DAY AND I WAS NOT MADE AWARE OF THIS UNTIL IRS	
	NOTICE WAS RECEIVED)	
	EFT / SETTLEMENT 04/18/16	
	TOTAL	**$1,899.53**

COUNTY AUDITOR APPROVAL ONLY

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.

DEPARTMENT HEAD _____ DATE _____

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: _____ 4/15/2016
DATE

Department of Treasury
Internal Revenue Service
Ogden UT 84201-0039

Notice	CP161
Tax period	December 31, 2015
Notice date	March 28, 2016
Employer ID number	
To contact us	Phone 1-800-829-0115
Page 1 of 4	

194763.491630.335577.23368 1 AT 0.416 701

MEMORIAL MEDICAL CENTER
% COUNTY TREASURER
202 S ANN ST
PORT LAVACA TX 77979-4204

L94763

You have an unpaid balance for December 31, 2015

Amount due: $1,899.53

Our records show you have an unpaid balance for the tax period ending on December 31, 2015 (Form 941).

Billing Summary

Tax you owed	$668,687.00
Payments you made	-668,687.00
Failure to make a proper federal tax deposit penalty	1,899.53
Amount due by April 18, 2016	**$1,899.53**

What you need to do immediately

Pay immediately

- You must pay the full balance you owe by April 18, 2016, to avoid additional interest charges.

Continued on back...

MEMORIAL MEDICAL CENTER
% COUNTY TREASURER
202 S ANN ST
PORT LAVACA TX 77979-4204

Notice	CP161
Notice date	March 28, 2016
Employer ID number	

Payment

- Make your check or money order payable to the United States Treasury.
- Write your Employer ID number (74-6003411), the tax period (December 31, 2015), and the form number (941) on your payment and any correspondence.

INTERNAL REVENUE SERVICE
OGDEN UT 84201-0039

Amount due by April 18, 2016

$1,899.53

746003411 WI MEMO 01 2 201512 670 00000189953

Payments credited to your account for the tax period ending on December 31, 2015

194763

The total amount of your tax payments is shown below. Please call 1-800-829-0115 if any information is incorrect or missing.

Date received	Amount
October 14, 2015	$94,930.76
October 28, 2015	$96,790.83
November 12, 2015	$97,460.07
November 25, 2015	$97.191.69
December 10, 2015	$94,976.32
December 23, 2015	$91,164.47
January 6, 2016	$96,172.86
Total payments	**$668,687.00**

Penalties

We are required by law to charge any applicable penalties.

Failure to make a proper federal tax deposit

Due date	Payment date	Days late	Payment type	Rate	Amount due	Penalty
12/09/2015	12/10/2015	1	EFT	2%	94,976.32	1,899.53
Total failure to make a proper federal tax deposit						**$1,899.53**

We charged a penalty because you did not make a proper tax deposit. Common reasons why we charge this penalty are:

- You did not deposit your tax on time
- You did not deposit enough tax
- You paid your tax directly to the IRS
- You did not deposit your tax electronically, as required by law

For information about depositing taxes, see the Employer's Tax Guide (Publication 15) or the Agricultural Employer's Tax Guide (Publication 51). (Internal Revenue Code section 6656)

Designation of deposit

The law allows you to tell the IRS where to apply your deposits within the tax return period with a deposit penalty. You have 90 days from the date of the correspondence you received showing the deposit penalty to contact the IRS if you want to specify where to apply your deposits.

The law also allows the IRS to remove the deposit penalty if: (1) the penalty applies to the first required deposit after a required change to your frequency of deposits, and (2) you file your employment tax returns by the due date.

Continued on back...

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"	★ 06	✓
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar		
	2ND QTR - 06 (JUNE) - Apr, May, June		
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept		
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec		
☑	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ $ 97,140.44	# ✓
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 45,731.90	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,695.36	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 40,713.18	#
		CHECK $ -	
☑	"6-DIGIT SETTLEMENT DATE"	★ 4/27/2016	✓
	"1 TO CONFIRM"	1	
☐	ACKNOWLEDGEMENT NUMBER	131566664	✓

CALLED IN BY:	Chelsea Ceng
CALLED IN DATE:	4/26/2016
CALLED IN TIME:	11:47

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	04/01/16					
PAY PERIOD: END	04/14/16					
PAY DATE:	04/21/16					
GROSS PAY:	$ 389,102.34					$ 389,102.34
DEDUCTIONS:						
A/R	$ 1,094.50					$ 1,094.50
BOOTS	$ -					$ -
CAFÉ-C	$ 547.59					$ 547.59
CAFÉ-D	$ 1,301.03					$ 1,301.03
CAFÉ-H	$ 15,447.28					$ 15,447.28
CAFÉ-I	$ 168.49					$ 168.49
CAFÉ-L	$ 342.71					$ 342.71
CAFÉ-P	$ 376.02					$ 376.02
CANCER	$ 17.49					$ 17.49
CHILD	$ 396.10					$ 396.10
CLINIC	$ 70.00					$ 70.00
COMBIN	$ 1,296.97					$ 1,296.97
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 265.00					$ 265.00
DEP-LF	$ 566.15					$ 566.15
EAT	$ 335.00					$ 335.00
FED TAX	$ 40,713.18					$ 40,713.18
FICA-M	$ 5,347.74					$ 5,347.74
FICA-O	$ 22,865.92					$ 22,865.92
FLEX S	$ 2,113.56					$ 2,113.56
FLX-FE	$ -					$ -
GIFT S	$ 160.16					$ 160.16
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ 2,585.00					$ 2,585.00
MISC	$ -					$ -
OTHER	$ 946.95					$ 946.95
PHI	$ -					$ -
PR FIN	$ 448.61					$ 448.61
RELAY	$ 116.00					$ 116.00
REPAY	$ -					$ -
STONE	$ 932.50					$ 932.50
STONE 2	$ 75.00					$ 75.00
STUDEN	$ 267.51					$ 267.51
TSA-R	$ 27,237.19					$ 27,237.19
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 126,187.91	$ -	$ -	$ -	$ -	$ 126,187.91
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 262,914.43	$ -	$ -	$ -	$ -	$ 262,914.43
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 20,296.68	**Less Exempt:**				
TAXABLE PAY:	$ 368,805.66	$ 368,805.66				**Exempt Amt:**

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,347.68		
FICA - MED (EE)	1.45%	$ 5,347.68	$ 5,347.74	$ (0.06)
FICA - SOC SEC (ER)	6.20%	$ 22,865.95		
FICA - SOC SEC (EE)	6.20%	$ 22,865.95	$ 22,865.92	$ 0.03
FED WITHHOLDING		$ 40,713.18	$ 40,713.18	
TAX DEPOSIT:		$ 97,140.44	$ 97,140.50	$ (0.06)

FICA - MEDICARE	2.90%	$ 10,695.36
FICA - SOCIAL SECURITY	12.40%	$ 45,731.90
FED WITHHOLDING		$ 40,713.18
TOTAL TAX:		$ 97,140.44

Employees over FICA-SS Cap: $ -

Jason Anglin

Diane

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: $ -

PREPARED BY: Clarri Atkinson

PREPARED DATE: 4/25/2016

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9965.50	N		N	N		197868.72
1	REGULAR PAY-S1	1164.00	N		N	N	N	44730.68
1	REGULAR PAY-S1	236.00	Y		N	N		5653.52
2	REGULAR PAY-S2	2480.75	N		N	N		55398.55
2	REGULAR PAY-S2	29.00	Y		N	N		1269.77
3	REGULAR PAY-S3	1623.75	N		N	N		41409.49
3	REGULAR PAY-S3	29.75	Y		N	N		1326.08
C	CALL PAY	2781.00	N	1	N	N		5562.00
E	EXTRA WAGES		N		N	N	N	1083.44
E	EXTRA WAGES		N	1	N	N		24.00
E	EXTRA WAGES		N	1	N	N	N	1346.25
F	FUNERAL LEAVE	12.00	N	1	N	N		135.84
I	INSERVICE	48.00	N	1	N	N		1215.80
I	INSERVICE	48.00	Y	1	N	N		1812.33
J	JURY LEAVE	9.50	N	1	N	N		241.13
K	EXTENDED-ILLNESS-BANK	247.00	N	1	N	N		6030.26
P	PAID-TIME-OFF	91.57	N		N	N	N	1538.57
P	PAID-TIME-OFF	1049.75	N	1	N	N		21454.07
X	CALL PAY 2	112.00	N		N	N	N	224.00
X	CALL PAY 2	48.00	N	1	N	N		96.00
Z	CALL PAY 3	96.00	N		N	N	N	288.00
p	PAID TIME OFF - PROBATION	16.00	N	1	N	N		393.84

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	1094.50	ADVANC		AWARDS	
BOOTS		CAFE H		CAFE-C	547.59
CAFE-D	1301.03	CAFE-F		CAFE-H	15447.28
CAFE-I	168.49	CAFE-L	342.71	CAFE-P	376.02
CANCER	17.49	CHILD	396.10	CLINIC	70.00
COMBIN	1296.97	CREDUN	25.00	DD ADV	
DENTAL	265.00	DEP-LF	566.15	EAT	335.00
FEDTAX	40713.18	FICA-M	5347.74	FICA-O	22865.92
FLEX S	2113.56	FLX FE		FORT D	
FUTA		GIFT S	160.16	GRANT	
GRP-IN	129.26	GTL		HOSP-I	2585.00
ID TFT		LEAF		MISC	
MISC/		OTHER	946.95	PHI	
PHI***		PR FIN	448.61	RELAY	116.00
REPAY		SIGNON		ST-TX	
STONE	932.50	STONE2	75.00	STUDEN	267.51
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	27237.19	TUTION	
UW/HOS					

Grand Totals: 20087.57 (Gross: 389102.34 Deductions: 126187.91 Net: 262914.43)

Checks Count:- FT 203 PT 10 Other 38 Female 215 Male 36 Credit OverAmt 18 ZeroNet Term Total: 251

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"	★ 06	✓
	1ST QTR - 03 (MARCH) - Jan, Feb, Mar		
	2ND QTR - 06 (JUNE) - Apr, May, June		
	3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept		
	4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec		
√	"ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★ $ 97,140.44	# ✓
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 45,731.90	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,695.36	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 40,713.18	#
		CHECK $ -	
√	"6-DIGIT SETTLEMENT DATE"	★ 4/27/2016	✓
	"1 TO CONFIRM"	1	
	ACKNOWLEDGEMENT NUMBER	13156664	✓
	CALLED IN BY:	Christy Ceng	
	CALLED IN DATE:	4/26/2016	
	CALLED IN TIME:	11:47	

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	04/01/16					
PAY PERIOD: END	04/14/16					
PAY DATE:	04/21/16					
GROSS PAY:	$ 389,102.34					$ 389,102.34
DEDUCTIONS:						
A/R	$ 1,094.50					$ 1,094.50
BOOTS	$ -					$ -
CAFÉ-C	$ 547.59					$ 547.59
CAFÉ-D	$ 1,301.03					$ 1,301.03
CAFÉ-H	$ 15,447.28					$ 15,447.28
CAFÉ-I	$ 168.49					$ 168.49
CAFÉ-L	$ 342.71					$ 342.71
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CANCER	$ 17.49					$ 17.49
CHILD	$ 396.10					$ 396.10
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COMBIN	$ 1,296.97					$ 1,296.97
CREDUN	$ 25.00					$ 25.00
DENTAL	$ 265.00					$ 265.00
DEP-LF	$ 566.15					$ 566.15
EAT	$ 335.00					$ 335.00
FED TAX	$ 40,713.18					$ 40,713.18
FICA-M	$ 5,347.74					$ 5,347.74
FICA-O	$ 22,865.92					$ 22,865.92
FLEX S	$ 2,113.56					$ 2,113.56
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GTL	$ -					$ -
HOSP-I	$ 2,585.00					$ 2,585.00
MISC	$ -					$ -
OTHER	$ 946.95					$ 946.95
PHI	$ -					$ -
PR FIN	$ 448.61					$ 448.61
RELAY	$ 116.00					$ 116.00
REPAY	$ -					$ -
STONE	$ 932.50					$ 932.50
STONE 2	$ 75.00					$ 75.00
STUDEN	$ 267.51					$ 267.51
TSA-R	$ 27,237.19					$ 27,237.19
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 126,187.91	$ -	$ -	$ -	$ -	$ 126,187.91
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 262,914.43	$ -	$ -	$ -	$ -	$ 262,914.43
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 20,296.68	Less Exempt:				
TAXABLE PAY:	$ 368,805.66	$ 368,805.66				Exempt Amt:

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FED WITHHOLDING		$ 40,713.18	$ 40,713.18	
TAX DEPOSIT:		$ 97,140.44	$ 97,140.50	$ (0.06)

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FED WITHHOLDING		$ 40,713.18
TOTAL TAX:		$ 97,140.44

Employees over FICA-SS Cap: $ -

Jason Anglin

Diane

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: $ -

PREPARED BY: Clarri Atkinson

PREPARED DATE: 4/25/2016

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
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3	REGULAR PAY-S3	1623.75	N		N	N		41409.49
3	REGULAR PAY-S3	29.75	Y		N	N		1326.08
C	CALL PAY	2781.00	N	1	N	N		5562.00
E	EXTRA WAGES		N		N	N	N	1083.44
E	EXTRA WAGES		N	1	N	N		24.00
E	EXTRA WAGES		N	1	N	N	N	1346.25
F	FUNERAL LEAVE	12.00	N	1	N	N		135.84
I	INSERVICE	48.00	N	1	N	N		1215.80
I	INSERVICE	48.00	Y	1	N	N		1812.33
J	JURY LEAVE	9.50	N	1	N	N		241.13
K	EXTENDED-ILLNESS-BANK	247.00	N	1	N	N		6030.26
P	PAID-TIME-OFF	91.57	N		N	N	N	1538.57
P	PAID-TIME-OFF	1049.75	N	1	N	N		21454.07
X	CALL PAY 2	112.00	N		N	N	N	224.00
X	CALL PAY 2	48.00	N	1	N	N		96.00
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p	PAID TIME OFF - PROBATION	16.00	N	1	N	N		393.84

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Code	Amount				
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COMBIN	1296.97	CREDUN	25.00	DD ADV	
DENTAL	265.00	DEP-LF	566.15	EAT	335.00
FEDTAX	40713.18	FICA-M	5347.74	FICA-O	22865.92
FLEX S	2113.56	FLX FE		FORT D	
FUTA		GIFT S	160.16	GRANT	
GRP-IN	129.26	GTL		HOSP-I	2585.00
ID TFT		LEAF		MISC	
MISC/		OTHER	946.95	PHI	
PHI***		PR FIN	448.61	RELAY	116.00
REPAY		SIGNON		ST-TX	
STONE	932.50	STONE2	75.00	STUDEN	267.51
TSA-1		TSA-2		TSA-C	
TSA-P		TSA-R	27237.19	TUTION	
UW/HOS					

Grand Totals: 20087.57 ------- (Gross: 389102.34 Deductions: 126187.91 Net: 262914.43)

Checks Count:- FT 203 PT 10 Other 38 Female 215 Male 36 Credit OverAmt 18 ZeroNet Term Total: 251

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- MAY 2016

MPAP

Monthly Electronic Transfers for Operating Expenses

4/4/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	10.45
4/4/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	13.61
4/4/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
4/4/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
4/4/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	54.96
4/4/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	59.41
4/4/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	60.88
4/4/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	68.89
4/4/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	72.91
4/4/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	103.19
4/4/2016	IBC Merch Bank Fee	- Credit Card Processing Fee	131.02
4/4/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	151.34
4/4/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	198.36
4/4/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	441.92
4/4/2016	IBC Merch Bank Interchng	- Credit Card Processing Fee	1,581.43
4/4/2016	IBC Merch Bank Discount	- Credit Card Processing Fee	2,116.05
4/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
4/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
4/5/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
4/5/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	296.91
4/5/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	906.04
4/5/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,468.00
4/7/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
4/7/2016	ACS SLS Expertpay	- Child Support	362.31
4/7/2016	Memorial Medical Payroll	- Payroll	261,203.02
4/8/2016	State Comptrlr Texnet	- IGT $156,130.76 UC & $625,000 SOH Program	781,130.76
4/11/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
4/12/2016	Dep Item Returned	- Returned Check	2,809.00
4/12/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	91.15
4/12/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	966.94
4/12/2016	Webfile Tax Portal	- Sales Tax	1,058.60
4/12/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,830.37
4/13/2016	ACS SLS Expertpay	- Child Support	362.31
4/13/2016	IRS USATAXPYMT	- Payroll Taxes	97,761.91
4/15/2016	Texas County DRS	- Retirement Funding	113,907.44
4/18/2016	IRS USATAXPYMT	- Payroll Taxes Penalty	1,899.53
4/19/2016	Telecheck	- Credit Card Processing Fee	5.00
4/19/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	287.97
4/19/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,373.90
4/20/2016	FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
4/21/2016	Memorial Medical Payroll	- Payroll	262,062.86
4/22/2016	ACS SLS Expertpay	- Child Support	400.60
4/25/2016	Cardmember Service	- IBC Credit Card Invoice	6,238.44
4/26/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	174.84
4/26/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	444.57
4/26/2016	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,001.92
4/27/2016	Cardmember Service	- IBC Credit Card Invoice	5,568.82
4/27/2016	IRS USATAXPYMT	- Payroll Taxes	97,140.44
4/28/2016	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
			$ 1,646,383.42

5,634.77
+1,058.60
6,693.37

2670.95 4/4/16

2888.46 4/11/16

1661.17 4/18/16

4/22/16

1621.33 4/25/16

4/26/16

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.

APPROVED ON MAY 11 2016

BY CALHOUN COUNTY AUDITOR

E:\2016\Electronic Transfer Activity.xlsx

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

CUSTOMER

8/NE/131/019/1605
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 331

CUSTOMER NO.	PAGE NO.
	9 of 10

04/01/2016 to 04/30/2016
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.

	Debits		
04/04	Electronic Payment	IBC MERCH BNKCD FEE 971160912889	10.45
04/04	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160912889	13.61
04/04	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
04/04	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95
04/04	Electronic Payment	IBC MERCH BNKCD FEE 971160914885	54.96
04/04	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885	59.41
04/04	Electronic Payment	IBC MERCH BNKCD FEE 971160911881	60.88
04/04	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887	68.89
04/04	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	72.91
04/04	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887	103.19
04/04	Electronic Payment	IBC MERCH BNKCD FEE 971160913887	131.02
04/04	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881	151.34
04/04	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885	198.36
04/04	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881	441.92
04/04	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883	1,581.43
04/04	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883	2,116.05
04/05	Electronic Payment	FDGL LEASE PYMT	59.25
04/05	Electronic Payment	FDGL LEASE PYMT	59.25
04/05	Electronic Payment	FDGL LEASE PYMT	86.30
04/05	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02778735	296.91
04/05	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02778660	906.04
04/05	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02778744	1,468.00
04/07	Electronic Payment	FDGL LEASE PYMT	30.25
04/07	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	362.31
04/07	Electronic Payment	MEMORIAL MEDICAL PAYROLL	261,203.02
04/08	Electronic Payment	STATE COMPTRLR TEXNET 23636518/60407	781,130.76
04/11	Electronic Payment	FDGL LEASE PYMT	30.17
04/12	Dep Item Returned	(Tracer# 17000126)	2,809.00
04/12	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02787225	91.15
04/12	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02787238	966.94
04/12	Electronic Payment	WEBFILE TAX PYMT DD 902/23655781	1,058.60
04/12	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02787141	1,830.37
04/13	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	362.31
04/13	Electronic Payment	IRS USATAXPYMT 220650451217421	97,761.91
04/15	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	113,907.44
04/18	Electronic Payment	IRS USATAXPYMT 220650983881727	1,899.53
04/19	Electronic Payment	Telecheck INV042016D xxxxx9736	5.00
04/19	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02791383	287.97
04/19	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02791391	1,373.90
04/20	Electronic Payment	FDGL LEASE PYMT	151.23
04/21	Electronic Payment	MEMORIAL MEDICAL PAYROLL	262,062.86
04/22	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	400.60
04/25	Electronic Payment	CARDMEMBER SERV ELECT PYMT	6,238.44
04/26	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02799533	174.84
04/26	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02799607	444.57
04/26	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02799616	1,001.92
04/27	Electronic Payment	CARDMEMBER SERV ELECT PYMT	5,568.82
04/27	Electronic Payment	IRS USATAXPYMT 220651813156664	97,140.44

IBC

BANK

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

CUSTOMER

B/NE/131/019/1606
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

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04/01/2016 to 04/30/2016
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.

04/28	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136	99.00

Daily Ending Balance

04/01	1,592,225.77	04/12	705,868.15	04/21	615,176.68
04/04	1,641,201.42	04/13	566,582.47	04/22	1,057,052.50
04/05	1,597,929.30	04/14	640,197.58	04/25	1,166,574.36
04/06	1,582,440.45	04/15	615,409.59	04/26	1,191,814.00
04/07	1,307,709.69	04/18	675,843.38	04/27	1,118,787.65
04/08	607,061.13	04/19	725,643.25	04/28	1,224,097.61
04/11	640,600.20	04/20	810,063.18	04/29	1,297,252.60

IBC

BANK

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

CUSTOMER

8/NE/131/019/1597
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 331

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04/01/2016 to 04/30/2016
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
1,498,486.84	340	2,052,193.45	314	2,253,427.69	1,297,252.60

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
04/01		26,949.91	04/12		4,492.86	04/21		346.22
04/01		169.00	04/12		2,432.66	04/21		210.00
04/04		76,135.15	04/12		591.00	04/21		6.00
04/04		331.70	04/13		9,728.07	04/22		16,000.85
04/04		160.00	04/13		245.00	04/22		378.00
04/04		60.00	04/13		37.00	04/22		52.86
04/05		6,787.27	04/14		25,288.97	04/25		46,013.20
04/05		3,186.85	04/14		214.00	04/25		325.00
04/05		801.76	04/14		30.00	04/25		110.00
04/05		439.00	04/15		56,696.34	04/25		77.28
04/06		7,080.72	04/15		459.00	04/26		11,938.28
04/06		170.00	04/15		19.53	04/26		227.00
04/07		11,129.20	04/18		56,383.21	04/26		10.20
04/07		74.00	04/18		612.92	04/27		3,893.97
04/07		70.90	04/18		40.00	04/27		214.00
04/08		44,741.72	04/19		27,936.62	04/28		19,325.72
04/08		215.00	04/19		5,086.90	04/28		11,573.36
04/11		33,046.17	04/19		574.80	04/28		471.00
04/11		365.00	04/19		10.00	04/29		41,195.31
04/11		180.00	04/20		4,865.95	04/29		290.00
04/11		91.28	04/20		520.00	04/29		280.39
04/12		4,764.36	04/21		16,090.12	04/29		63.62

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
04/08	61788	543.46	04/06 *	165462	130.92	04/07	165718	716.16
04/07	61789	342.85	04/18 *	165474	101.03	04/04	165719	109.42
04/07	61790	1,065.16	04/04 *	165481	487.81	04/05 *	165721	17,150.27
04/27 *	61792	285.16	04/01 *	165613	336.00	04/06	165722	653.66
04/21	61793	566.41	04/01 *	165621	777.42	04/06	165723	570.00
04/19 *	156113	35.62	04/07 *	165633	3,900.00	04/05	165724	106.93
04/08 *	164587	20.00	04/05 *	165646	1,159.75	04/06	165725	155.00
04/04 *	164772	29.16	04/11 *	165650	275.00	04/05	165726	181.25
04/04 *	165184	26.49	04/01 *	165669	46.97	04/05 *	165728	3,121.28
04/04 *	165229	29.16	04/01 *	165682	561.25	04/11	165729	2,326.43
04/19	165230	23.50	04/05 *	165685	3,750.00	04/06	165730	13,851.23
04/15 *	165279	29.16	04/01 *	165694	720.00	04/05	165731	1,333.33
04/01 *	165306	171.39	04/04 *	165701	520.40	04/04	165732	80.00
04/14 *	165381	42.86	04/01 *	165707	102.00	04/05	165733	932.50
04/11 *	165394	35.20	04/05 *	165710	59.50	04/06	165734	536.65
04/12	165395	174.48	04/06 *	165714	380.16	04/06	165735	75.00
04/26 *	165397	200.00	04/04	165715	17,200.68	04/07	165736	3,849.00
04/01 *	165401	750.00	04/07	165716	471.94	04/05	165737	12,748.51
04/01 *	165459	141.81	04/04	165717	970.02	04/05	165738	487.50

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

CUSTOMER

B/NE/131/019/1455
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

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04/01/2016 to 04/30/2016
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
375,373.94	0	0.00	0	0.00	375,373.94

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

CUSTOMER

8/NE/131/019/1419
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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04/01/2016 to 04/30/2016
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
25,069.79	0	0.00	0	0.00	25,069.79

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

CUSTOMER

B/NE/131/019/1485
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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04/01/2016 to 04/30/2016
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For 24 hour information about your account, please call IBC Voice at number given. Please examine and report any discrepancies within 14 days from your statement date by calling (361) 552-9771.

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
88,679.13	29	1,394,674.20	3	476,820.60	1,006,532.73

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
04/04		50,524.45	04/14		26,040.10	04/21		244,131.66
04/07		50,848.20	04/18		18,153.95	04/26		824,811.40

Electronic Activity

	Credits			
04/01	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	allocated to prev mo.	384.86
04/11	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		13,635.25
04/11	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005		1,748.60
04/11	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		781.85
04/12	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		2,162.30
04/14	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005		13,528.61
04/14	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		156.50
04/15	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		11,328.22
04/15	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		4,188.16
04/15	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005		3,868.74
04/15	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		2,004.70
04/18	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005		3,830.20
04/19	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		1,269.39
04/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	Total 421,865.54	75,037.31
04/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		14,261.20
04/25	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		4,983.74
04/25	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005		2,437.40
04/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		6,564.99
04/26	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		3,801.25
04/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423		12,543.71
04/28	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		865.70
04/28	Electronic Deposit	Molina HC of TX Molina HC PN1326436189		157.50
04/29	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	871,051.15	624.26
	Debits			
04/06	Outgoing Wire	0003 ASHFORD HEALTH CARE CENTER LTD	previous mo. 88,579.13 + 384.86	88,963.99
04/12	Outgoing Wire	0394 ASHFORD HEALTH CARE CENTER LTD		-101,372.65
04/25	Outgoing Wire	0468 ASHFORD HEALTH CARE CENTER LTD	421,865.54 - 286,483.96 = 135,381.58	286,483.96

Daily Ending Balance

04/01	89,063.99	04/14	58,153.21	04/25	157,163.92
04/04	139,588.44	04/15	79,543.03	04/26	992,341.56
04/06	50,624.45	04/18	101,527.18	04/27	1,004,885.27
04/07	101,472.65	04/19	102,796.57	04/28	1,005,908.47
04/11	117,638.35	04/21	346,928.23	04/29	1,006,532.73
04/12	18,428.00	04/22	421,965.54		

IBC

BANK

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

CUSTOMER

8/NE/131/019/1489
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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04/01/2016 to 04/30/2016
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
72,639.06	31	670,943.27	3	654,909.03	88,673.30

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
04/04		65,872.87	04/14		15,465.52	04/21		25,761.04
04/07		26,949.51	04/18		22,801.33			

Electronic Activity

	Credits			
04/05	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		23,648.66
04/05	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		1,356.05
04/07	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		188.49
04/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		10,881.00
04/08	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		14.28
04/11	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		2,512.04
04/11	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		1,024.54
04/11	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		872.14
04/13	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		22,724.83
04/15	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		9,511.87
04/18	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		937.22
04/19	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		1,123.50
04/19	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		950.28
04/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		4,532.07
04/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		319,401.32
04/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		25,840.54
04/22	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004	455,889.11	2,430.87
04/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		34,033.99
04/25	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		1,128.82
04/25	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		714.96
04/26	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		604.72
04/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		27,642.86
04/28	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004		7,072.67
04/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357		4,861.44
04/28	Electronic Deposit	Molina HC of TX Molina HC PN1669860433		1,620.58
04/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	86,143.30	8,463.26
	Debits			
04/06	Outgoing Wire	0011 CANTEX HEALTH CARE CENTERS III previous mo.		72,539.06
04/12	Outgoing Wire	0397 CANTEX HEALTH CARE CENTERS III		128,910.86
04/25	Outgoing Wire	0471 CANTEX HEALTH CARE CENTERS III		453,459.11

Daily Ending Balance

04/04	138,511.93	04/07	118,115.58	04/12	4,508.72
04/05	163,516.64	04/08	129,010.86	04/13	27,233.55
04/06	90,977.58	04/11	133,419.58	04/14	42,699.07

IBC

BANK

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

CUSTOMER

8/NE/131/019/1488
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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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
90,989.67	29	475,297.63	3	402,064.53	164,222.77

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
04/04		32,280.62	04/14		42,866.92	04/21		37,137.65
04/07		18,103.76	04/18		21,534.95	04/26		1,771.00

Electronic Activity

	Credits			
04/04	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		459.71
04/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		1,241.68
04/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16040712100496		2,606.75
04/11	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		1,703.66
04/11	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		766.51
04/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16040915800387		3,561.36
04/12	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		2,001.40
04/12	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		850.36
04/13	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		12,208.54
04/18	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		2,025.31
04/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16041511700005		8,773.19
04/19	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		1,604.22
04/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		130,470.89
04/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	276,777.74	8,666.03
04/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		29,505.49
04/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16042110100200		4,682.32
04/25	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		1,339.40
04/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		7,378.47
04/26	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008		3,517.14
04/26	Electronic Deposit	Molina HC of TX Molina HC PN1669860425		1,020.87
04/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		70,257.85
04/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323		22,397.99
04/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	146,934.12	4,563.59
	Debits			
04/06	Outgoing Wire	0008 CANTEX HEALTH CARE CENTERS III previous mo.		90,889.67
04/12	Outgoing Wire	0396 CANTEX HEALTH CARE CENTERS III		52,085.77
04/25	Outgoing Wire	0470 CANTEX HEALTH CARE CENTERS III		259,089.09

Daily Ending Balance

04/04	123,730.00	04/13	23,798.58	04/25	53,315.86
04/06	32,840.33	04/14	66,665.50	04/26	67,003.34
04/07	50,944.09	04/18	90,225.76	04/27	137,261.19
04/08	52,185.77	04/19	100,603.17	04/28	159,659.18
04/11	57,262.69	04/21	268,211.71	04/29	164,222.77
04/12	11,590.04	04/22	276,877.74		

IBC

BANK

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

CUSTOMER

8/NE/131/019/1491
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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04/01/2016 to 04/30/2016
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
38,659.65	19	492,663.51	3	384,173.36	147,149.80

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
04/04		6,519.17	04/14		16,805.00	04/21		121,864.59
04/07		4,576.85	04/18		3,883.50	04/26		6,883.14

Electronic Activity

	Credits			
04/11	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		4,206.72
04/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16040712100497		2,870.07
04/11	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006		1,188.14
04/13	Incoming Wire	0239 CANTEX HEALTH CARE CENTERS III		237,793.77
04/15	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		11,280.67
04/18	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16041414500057		3,134.19
04/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663		44,587.76
04/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	448,387.88	773.47
04/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663		14,569.37
04/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16042110100201		1,994.48
04/26	Electronic Deposit	Molina HC of TX Molina HC PN1730577503		7,062.34
04/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663		1,059.82
04/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	76,296.47	1,610.46
	Debits			
04/06	Outgoing Wire	0012 CANTEX HEALTH CARE CENTERS III previous mo.		38,559.65
04/12	Outgoing Wire	0398 CANTEX HEALTH CARE CENTERS III		11,096.02
04/25	Outgoing Wire	0472 CANTEX HEALTH CARE CENTERS III		334,517.69

Daily Ending Balance

04/04	45,178.82	04/13	246,158.70	04/21	448,487.88
04/06	6,619.17	04/14	262,963.70	04/25	130,534.04
04/07	11,196.02	04/15	274,244.37	04/26	145,539.34
04/11	19,460.95	04/18	281,262.06	04/29	147,149.80
04/12	8,364.93	04/20	325,849.82		

IBC

BANK

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

CUSTOMER

8/NE/131/019/1486
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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04/01/2016 to 04/30/2016
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
167,893.21	34	1,460,647.24	3	1,472,503.39	156,037.06

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
04/04		23,569.96	04/14		26,955.67	04/21		83,210.83
04/07		34,141.24	04/18		21,567.04	04/26		1,112.75

Electronic Activity

	Credits			
04/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16033011001401	added to prev. mo.	738.63
04/06	Incoming Wire	0123 CANTEX HEALTH CARE CENTERS III		769,857.47
04/07	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007		5,630.65
04/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	865,663.49	32,464.17
04/11	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		11,882.52
04/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16040713600004		5,335.36
04/11	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007		733.36
04/12	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		6,650.90
04/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16040918500682		2,664.64
04/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16040915800390		1,545.49
04/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16041210900113		2,651.61
04/14	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007		2,254.00
04/14	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		1,606.06
04/15	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007		9.69
04/18	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007		895.06
04/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16041511700008		5,108.93
04/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16041516100049		1,518.23
04/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		270,935.87
04/20	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007		10,292.18
04/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		3,375.68
04/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		27,244.33
04/22	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16042012500354		13,591.68
04/22	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007	500,054.89	25.76
04/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16042110100203		3,251.14
04/25	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007		1,584.31
04/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		81,108.45
04/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310		4,563.72
04/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16042715100558	94,190.23	2,569.86
	Debits			
04/06	Outgoing Wire	0005 CANTEX HEALTH CARE CENTERS LLC Previous mo. 167,793.21 + 738.63		168,531.84
04/12	Outgoing Wire	0395 CANTEX HEALTH CARE CENTERS LLC		865,663.49
04/25	Outgoing Wire	0469 CANTEX HEALTH CARE CENTERS LLC		438,308.06

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

CUSTOMER

8/R0/131/019/158
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH GREEN ACRES OF BAYTOWN
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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STATEMENT PERIOD: 04/01/2016 to 04/30/2016

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
85.55	0	0.00	0	0.00	85.55

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

CUSTOMER

8/R0/131/019/159
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH HUMBLE HEALTHCARE CENTER
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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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
85.55	0	0.00	0	0.00	85.55

IBC

BANK

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

CUSTOMER

8/R0/131/019/160
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ALLENBROOK HEALTHCARE CENTER
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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04/01/2016 to 04/30/2016
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
85.55	0	0.00	0	0.00	85.55

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

CUSTOMER

8/NE/131/019/1507
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
HN BEECHMNUT MANOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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04/01/2016 to 04/30/2016
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 - 2

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
85.55	0	0.00	0	0.00	85.55

IBC

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

CUSTOMER
8/R0/131/019/161
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH GOLDEN CREEK HEALTHCARE & REHAB
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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04/01/2016 to 04/30/2016
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
85.55	0	0.00	0	0.00	85.55

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

STATEMENT

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CUSTOMER

8/NE/131/019/1607

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

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STATEMENT PERIOD: 04/01/2016 to 04/30/2016

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
5,127.88	1	22,909.32	8	21,837.01	6,200.19

Deposits (Credits)

Date	Deposit#	Amount
04/29		22,909.32

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
04/22	11804	75.38	04/13 *	11809	30.28	04/29 *	11816	8,393.34
04/15	11805	942.72	04/14	11810	1,362.07	04/29	11817	10,825.43
04/12	11806	127.56	04/26 *	11813	80.23			

* Indicates a skip in check number sequence

Daily Ending Balance

04/12	5,000.32	04/15	2,665.25	04/26	2,509.64
04/13	4,970.04	04/22	2,589.87	04/29	6,200.19
04/14	3,607.97				