MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- June 8, 2017

PAYABLES AND PAYROLL			
4/3/2017	Mckesson Drug	3,239.93	
4/4/2017	Payroll	259,249.68	
4/4/2017	Patient Refunds	11,329.05	
4/4/2017	Payroll by Check	347.70	
4/5/2017	Weekly Payables	288,859.30	
4/7/2017	Weekly Payables	2,743.93	
4/10/2017	Mckesson Drug	5,526.73	
4/11/2017	Payroll Liabilities	95,397.78	
4/13/2017	Credit Card Invoice	6,761.59	
4/13/2017	Weekly Payables	267,708.93	
4/17/2017	TCDRS	113,557.82	
4/17/2017	Mckesson Drug	3,011.21	
4/17/2017	Payroll	252,589.13	
4/17/2017	Weekly Payables	135,484.99	
4/17/2017	Payroll by Check	1,309.55	
4/18/2017	Weekly Payables	86,874.80	
4/18/2017	Patient Refunds	6,544.53	
4/24/2017	Credit Card Invoice	2,964.68	
4/24/2017	Mckesson Drug	3,069.23	
4/24/2017	Weekly Payables	237,545.34	
4/25/2017	Payroll Liabilities	93,287.63	
4/26/2017	Return Item	1,028.46	
4/26/2017	Payroll Liabilities	124.13	
4/26/2017	Weekly Payables	230,202.89	
4/30/2017	Monthly Electronic Transfers for Payroll Expenses(not incl above)	427.62	
4/30/2017	Monthly Electronic Transfers for Operating Expenses	9,333.36	
	Total Payables and Payroll		**$ 2,118,519.99**
INTER-GOVERNMENT TRANSFERS			
	Total Inter-Government Transfers		**$ -**
INTRA-ACCOUNT TRANSFERS			
	Private Waiver to MMC	-	
	MMC to Private Waiver	-	
	Total Intra-Account Transfers		**$ -**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS			**$ 2,118,519.99**
INDIGENT HEALTHCARE FUND EXPENSES			**$ 52,311.64**
NURSING HOME UPL EXPENSES FOR April 2017			**$ 2,285,236.59**
IGT MPAP NH Program For April 2017			**$ 277.86**
MMC Construction			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED 6/08/2017			**$ 4,456,346.08**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- June 8, 2017

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic (Ayo Adu MD)	219.81
Community Pathology Associates	5.35
Gulf Coast Foot Clinic PA	144.23
Memorial Medical Center (IP $11,248.98 / OP $16,654.78 / ER $14,098.37/Phy Fees $451.58)	42,453.71
Memorial Medical Clinic	3,668.48
Memorial Medical Center Professional Fees	919.00
Port Lavaca Clinic	958.10
Refund: Port Lavaca Clinic	(952.02)
Regional Employee Assistance	790.26
Singleton Associates, Pa	231.75
Victoria Anesthesiology Assoc	386.30
SUBTOTAL	**48,824.97**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
Subtotal	**52,991.64**
Less: Co-Pays collected in April 2017	**(680.00)**
Less: Medicaid Reimbursement	**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	**52,311.64**

800 06082017 01 CALHOUN COUNTY, TEXAS

DATE: 6/8/2017

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			$52,311.64
	approved by Commissioners Court on 06/08/2017			
1000-001-46010	April Interest $0.00			$0.00
				$52,311.64

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON MAY 19 2017 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 6/8/17

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----June 8, 2017

Nursing Home UPL

IN	Weekly Cantex Transfer OUT		ACH Deposits	ACH Transfers
03/27/17-03/30/17	4/4/2017	Ashford-4553	155,672.47	$ 155,672.47
04/07/17-04/21/17	4/26/2017	Ashford-4553	$ 348,354.44	348,354.44
04/24/17-04/28/17		Ashford-4553	126,097.57	
03/27/17-03/30/17	4/4/2017	Broadmoor-4596	78,428.80	$ 78,428.80
4/3/17 - 4/21/17	4/26/2017	Broadmoor-4596	553,230.86	552,953.00
4/24/17 - 4/28/17		Broadmoor-4596	69,424.22	
03/27/17-03/31/17	4/4/2017	Crescent-4588	58,839.31	$ 58,839.31
4/4/17 - 4/21/17	4/26/2017	Crescent-4588	404,860.34	404,860.34
4/25/17 - 4/28/17		Crescent-4588	97,681.09	
03/27/17-03/30/17	4/4/2017	Fort Bend-4618	74,498.90	$ 74,498.90
4/3/17 - 4/21/17	4/26/2017	Fort Bend-4618	115,559.19	115,559.19
4/24/17 - 4/27/17		Fort Bend-4618	53,630.02	
3/27/17 - 3/31/17	4/4/2017	Solera-4561	91,599.44	$ 91,599.44
4/4/17 - 4/21/17	4/26/2017	Solera-4561	404,192.84	404,192.84
4/25/17 - 4/28/17		Solera-4561	94,135.80	
	SUBTOTAL		2,726,205.29	2,284,958.73
	IGT Returns			
4/7/2017	15	Ashford Broadmoor Crescent Fort Bend Solera		277.86
	SUBTOTAL			277.86

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	**2,285,236.59**

MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

COMMISSIONERS COURT APPROVAL LIST FOR ----June 8, 2017

PAYABLES

None

Total Approved MMC Construction Expenses	-

Issued 05/16/17

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 05/01/2017 through 05/01/2017
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	18,784.15	3,194.48
01-2	Physician Services- Anesthesia	1,716.00	386.30
02	Prescription Drugs	128.00	0.00
08	Rural Health Clinics	5,124.93	4,194.08
13	Mmc - Inpatient Hospital	21,224.48	11,248.98
14	Mmc - Hospital Outpatient	51,665.96	16,654.78
15	Mmc - Er Bills	44,057.37	14,098.37
	Expenditures	142,700.89	49,776.99
	Reimb/Adjustments	0.00	0.00
	Grand Total	**142,700.89**	**49,776.99**

Port Lavaca Clinic Patient Refunds from SSI Medicaid	<-952.02>
Copays	<-680.00>
Expenses	4,166.67
Total	52,311.64

APPROVED
ON

MAY 19 2017

BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER

So Much...So Close!

815 N. Virginia St. Port Lavaca, Texas 77979 (361) 552-6713

Date: 4/26/2017
Invoice # 3
For: April

Bill To:
Calhoun County

DESCRIPTION	AMOUNT
Funds to cover Indigent program operating expenses.	$ 4,166.67

Total $ 4,166.67

CFO Signature

APPROVED
ON

MAY 19 2017

BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P A Y E E: Calhoun County Indigent Account

Date Requested: 5/5/2017

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

AMOUNT: $680.00

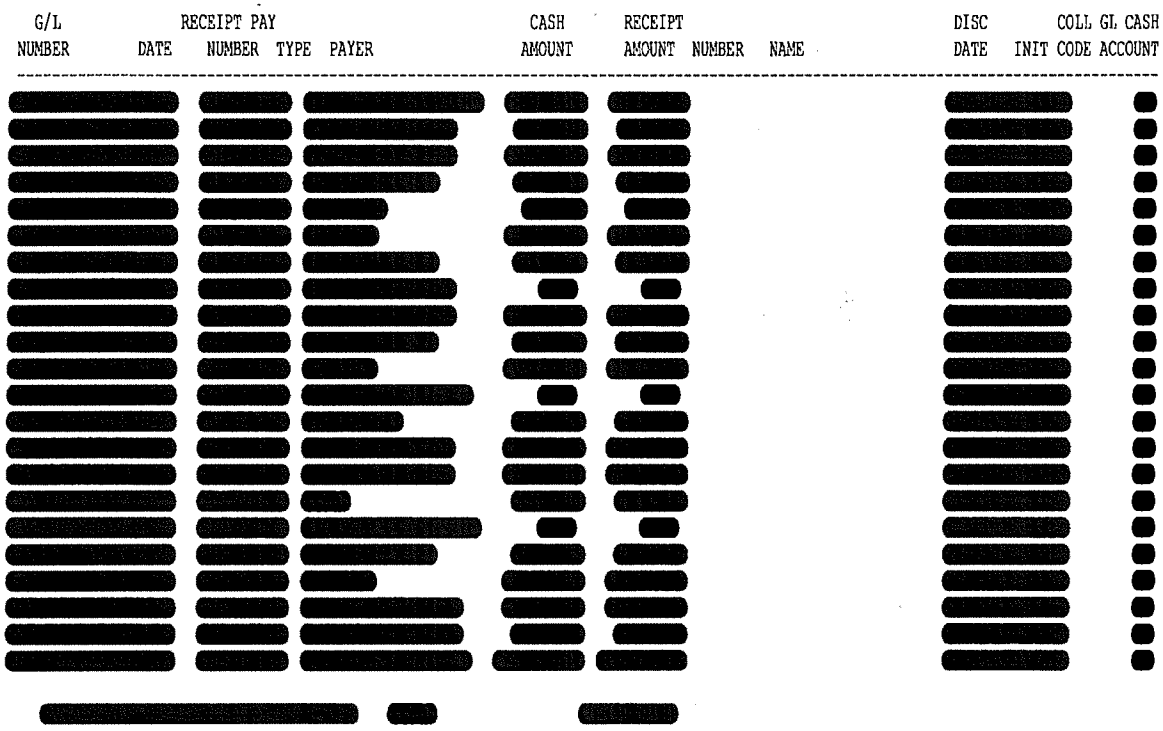
G/L NUMBER: 50240000

EXPLANATION: To transfer indigent co-pays from the operating account to the indigent bank account

April 2017

REQUESTED BY: Adam Machicek

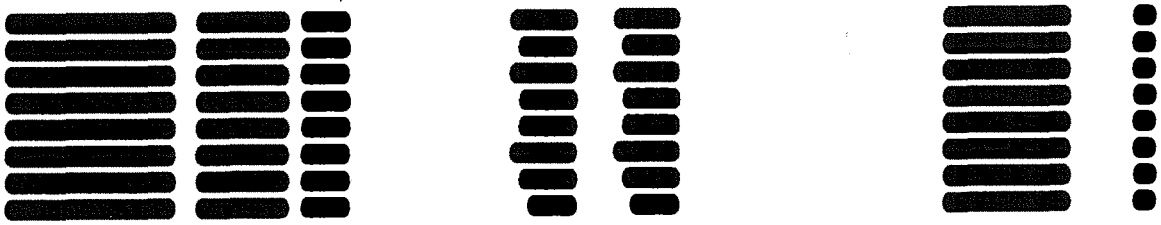
AUTHORIZED BY:



G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	04/13/17	460287	CA		10.00	10.00			00/00/00	ARK		2
50240.000	04/14/17	460317	CA		10.00	10.00			00/00/00	ARK		2
50240.000	04/14/17	460318	CA		10.00	10.00			00/00/00	ARK		2
50240.000	04/14/17	460379	CA		10.00	10.00			00/00/00	ARK		2
50240.000	04/19/17	460637	CA		10.00	10.00			00/00/00	ARK		2
50240.000	04/26/17	461203	VI		10.00	10.00			00/00/00	ARK		2
50240.000	04/13/17	460240	CA		10.00	10.00			00/00/00	CAS		2
50240.000	04/17/17	460396	CA		10.00	10.00			00/00/00	CAS		2
50240.000	04/17/17	460400	CA		10.00	10.00			00/00/00	CAS		2
50240.000	04/18/17	460527	CA		10.00	10.00			00/00/00	CAS		2
50240.000	04/19/17	460663	CA		10.00	10.00			00/00/00	CAS		2
50240.000	04/20/17	460782	CK		10.00	10.00			00/00/00	CAS		2
50240.000	04/28/17	461333	CA		10.00	10.00			00/00/00	CAS		2
50240.000	04/28/17	461335	CK		10.00	10.00			00/00/00	CAS		2
50240.000	04/03/17	459250	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/04/17	459336	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/04/17	459337	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/04/17	459340	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/04/17	459357	VI		10.00	10.00			00/00/00	PLB		2
50240.000	04/04/17	459368	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/05/17	459471	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/05/17	459481	MC		10.00	10.00			00/00/00	PLB		2
50240.000	04/05/17	459562	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/05/17	459632	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/06/17	459647	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/06/17	459709	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/07/17	459714	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/07/17	459752	CA		10.00	10.00			00/00/00	PLB		2
50240.000	04/10/17	459830	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	04/10/17	459845	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/10/17	459848	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	04/10/17	459858	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/10/17	459873	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/10/17	459917	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/11/17	459981	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/12/17	460076	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/12/17	460080	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/12/17	460082	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/12/17	460083	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/12/17	460108	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/13/17	460166	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/13/17	460183	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/13/17	460184	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/13/17	460264	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/14/17	460309	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/18/17	460449	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/18/17	460452	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/19/17	460664	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/20/17	460721	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/20/17	460726	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/20/17	460797	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/24/17	460929	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/24/17	460946	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/24/17	460967	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/24/17	460976	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/24/17	461008	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/24/17	461009	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/24/17	461031	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/24/17	461032	MC	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/24/17	461036	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/26/17	461137	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/26/17	461159	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/26/17	461172	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/26/17	461173	VI	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	04/27/17	461230	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/27/17	461231	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/27/17	461257	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/28/17	461360	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/28/17	461389	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	04/04/17	459366	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	04/06/17	459672	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	04/27/17	461237	CA	[redacted]	10.00	10.00			00/00/00	VTT		2

TOTAL 50240.000 COUNTY INDIGENT COPAYS 680.00



Calhoun County Indigent Care Patient Caseload 2017

	Approved	Denied	Removed	Active	Pending
January	9	1	4	62	4
February	5	3	7	61	0
March	6	2	10	65	2
April	4	16	12	58	0
May					
June					
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	11	6	8	62	2
December 2016 Active		55			

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
4/3/2017

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	322,633.43	322,533.43	155,672.47	-	-	-	-	155,772.47	155,672.47

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 - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	607,426.30	607,326.30	91,599.44	-	-	-	-	91,699.44	91,599.44
Crescent	4588	382,604.55	382,504.55	58,839.31	-	-	-	-	58,939.31	58,839.31
Broadmoor	4596	648,136.92	648,036.92	78,428.80	-	-	-	-	78,528.80	78,428.80
Fort Bend	4618	129,837.83	129,737.83	74,498.90	-	-	-	-	74,598.90	74,498.90
										303,366.45

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

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-17

APPROVED
APR 03 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 4-3-17.xlsx

IBC Bank Activity
3/25/17 through 4/2/17

Ashford Gardens					Transfer-Out	Transfer-In	
3/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,554.07	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4268039*1201494502\
3/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,988.79	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4269805*1201494502\
3/28/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,603.17	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/28/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	322,533.43		ASHFORD HEALTH CARE CENTER LTD
3/29/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,226.48	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4276920*1201494502\
3/29/2017	113105025	4553	142	ACH CREDIT RECEIVED		322.00	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/29/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,508.16	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6597304*1205296137*000004911\
3/30/2017	113105025	4553	142	ACH CREDIT RECEIVED		8,364.78	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/30/2017	113105025	4553	301	COMMERCIAL DEPOSIT		135,055.00	
3/30/2017	113105025	4553	142	ACH CREDIT RECEIVED		50.02	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6597840*1205296137*000004911\
					322,533.43	155,672.47	

Solera at West Houston					Transfer-Out	Transfer-In	
3/27/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,281.44	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4381497*1205296137*000004011\
3/27/2017	113105025	4561	142	ACH CREDIT RECEIVED		10,322.49	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017032311900150*1752603231\
3/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		924.19	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017032513604465*1752603231\
3/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,534.33	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017032518600213*1752603231\
3/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		69.29	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017032519204084*1752603231\
3/28/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	607,326.30		CANTEX HEALTH CARE CENTERS LLC
3/29/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,138.18	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4384499*1205296137*000004011\
3/30/2017	113105025	4561	301	COMMERCIAL DEPOSIT		74,770.66	
3/31/2017	113105025	4561	142	ACH CREDIT RECEIVED		558.86	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017032917000145*1752603231\
					607,326.30	91,599.44	

Crescent					Transfer-Out	Transfer-In	
3/27/2017	113105025	4588	142	ACH CREDIT RECEIVED		3,714.62	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4268100*1201494502\
3/28/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,021.58	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017032519602128*1452485907\
3/28/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	382,504.55		CANTEX HEALTH CARE CENTERS III
3/28/2017	113105025	4588	142	ACH CREDIT RECEIVED		5,284.89	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017032518600208*1752603231\
3/30/2017	113105025	4588	142	ACH CREDIT RECEIVED		791.10	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017032817500311*1752603231\
3/30/2017	113105025	4588	301	COMMERCIAL DEPOSIT		36,186.14	
3/31/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,585.86	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/31/2017	113105025	4588	142	ACH CREDIT RECEIVED		9,255.12	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4285506*1201494502\
					382,504.55	58,839.31	

Broadmoor					Transfer-Out	Transfer-In	
3/27/2017	113105025	4596	142	ACH CREDIT RECEIVED		4,678.06	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4259761*1201494502\
3/27/2017	113105025	4596	142	ACH CREDIT RECEIVED		3,187.18	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4268042*1201494502\
3/28/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	648,036.92		CANTEX HEALTH CARE CENTERS III
3/28/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,382.96	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4383188*1205296137*000004011\
3/28/2017	113105025	4596	142	ACH CREDIT RECEIVED		1,025.15	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
3/29/2017	113105025	4596	142	ACH CREDIT RECEIVED		6,295.63	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4384515*1205296137*000004011\
3/30/2017	113105025	4596	301	COMMERCIAL DEPOSIT		60,859.82	
					648,036.92	78,428.80	

Fort Bend					Transfer-Out	Transfer-In	
3/27/2017	113105025	4618	142	ACH CREDIT RECEIVED		7,162.00	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4268038*1201494502\
3/27/2017	113105025	4618	142	ACH CREDIT RECEIVED		3,012.74	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4259759*1201494502\
3/28/2017	113105025	4618	142	ACH CREDIT RECEIVED		6,511.02	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017032518600209*1752603231\
3/28/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	129,737.83		CANTEX HEALTH CARE CENTERS III
3/29/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,107.05	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902650698*1742770542\
3/30/2017	113105025	4618	142	ACH CREDIT RECEIVED		8,048.08	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017032817500312*1752603231\
3/30/2017	113105025	4618	301	COMMERCIAL DEPOSIT		48,658.01	
					129,737.83	74,498.90	

Account Portfolio as of 04/03/2017 9:32:11 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	$1,827,029.67	$1,827,029.67
Memorial Medical Center	[redacted]4553	$155,772.47	$155,772.47
Memorial Medical Center	[redacted]4561	$91,699.44	$91,699.44
Memorial Medical Center	[redacted]4588	$58,939.31	$58,939.31
Memorial Medical Center	[redacted]4596	$78,528.80	$78,920.32
Memorial Medical Center	[redacted]4618	$74,598.90	$74,646.83
Memorial Medical Center Operat	[redacted]0301	$2,756,883.91	$2,800,178.92
County of Calhoun Indigent	[redacted]1101	$27,191.30	$27,191.30
Totals		**$5,070,643.80**	**$5,114,378.26**

RUN DATE:04/03/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:59 CHECK REGISTER and Payable List GLCKREG
04/03/17 THRU 04/03/17

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000905	04/03/17	841.13	MCKESSON
A/P	000906	04/03/17	969.87	MCKESSON
A/P	000907	04/03/17	1,428.93	MCKESSON
TOTALS:			3,239.93	

340 B Prescription Expenses

APPROVED
ON

APR 03 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-17

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: 03/31/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 04/01/2017

Page: 001

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

As of: 03/31/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 04/01/2017

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	
03/27/2017	04/04/2017	7799708261	1000987914	115Invoice	6.51	325.61		✓ 319.10	✓	7799708261	
03/27/2017	04/04/2017	7799708263	1000988494	115Invoice	3.05	152.38		✓ 149.33	✓	7799708263	
03/27/2017	04/04/2017	7799708264	1000988889	115Invoice	0.57	28.53		✓ 27.96	✓	7799708264	
03/28/2017	04/04/2017	7799981517	1000989269	115Invoice	0.44	22.05		✓ 21.61	✓	7799981517	
03/28/2017	04/04/2017	7799981519	1000989269	115Invoice	1.26	62.91		✓ 61.65	✓	7799981519	
03/29/2017	04/04/2017	7800228311	1000990015	115Invoice	1.57	78.74		✓ 77.17	✓	7800228311	
03/30/2017	04/04/2017	7800414011	1000990571	115Invoice	0.61	30.39		✓ 29.78	✓	7800414011	
03/31/2017	04/04/2017	7800690642	1000991178	115Invoice	3.15	157.68		✓ 154.53	✓	7800690642	

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

TOTAL:

Future Due: 0.00

Past Due: 0.00

Last Payment 1,029.64
03/27/2017

Subtotals: 858.29 USD

If Paid By 04/04/2017,
Pay This Amount: ✓ 841.13 USD

If Paid After 04/04/2017,
Pay this Amount: 858.29 USD

Due If Paid On Time:
USD 841.13
Disc lost if paid late:
17.16
Due If Paid Late:
USD 858.29

ck# 905

4.3.17

APPROVED
ON
APR 03 2017
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: 03/31/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 04/01/2017

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

As of: 03/31/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/01/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
03/27/2017	04/04/2017	7799697348	3454582150	115Invoice	2.19	109.28		✓107.09	✓	7799697348	
03/28/2017	04/04/2017	7799975164	3454582153	115Invoice	0.02	1.11		✓ 1.09	✓	7799975164	
03/29/2017	04/04/2017	7800205844	3454582156	115Invoice	3.20	160.07		✓ 156.87	✓	7800205844	
03/30/2017	04/04/2017	7800426916	3454582159	115Invoice	3.74	187.20		✓ 183.46	✓	7800426916	
03/31/2017	04/04/2017	7800673653	3454582162	115Invoice	7.14	356.81		✓ 349.67	✓	7800673653	
03/31/2017	04/04/2017	7800673654	1100922	115Invoice	3.50	175.19		✓ 171.69	✓	7800673654	

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

TOTAL:

Subtotals: 989.66 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 859.78
03/27/2017

If Paid By 04/04/2017,
Pay This Amount: ✓ 969.87 USD

If Paid After 04/04/2017,
Pay this Amount: 989.66 USD

Due If Paid On Time:
USD 969.87

Disc lost if paid late:
19.79

Due If Paid Late:
USD 989.66

ch# 906

4.3.17

APPROVED
ON
APR 03 2017
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: 03/31/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 04/01/2017

Page: 001

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

As of: 03/31/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 04/01/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
03/27/2017	04/04/2017	7799737136	1000987916	115Invoice	0.76	38.06		✓ 37.30	✓	7799737136	
03/27/2017	04/04/2017	7799737143	1000988496	115Invoice	11.00	549.84		✓ 538.84	✓	7799737143	
03/27/2017	04/04/2017	7799737147	1000988891	115Invoice	5.12	256.14		✓ 251.02	✓	7799737147	
03/28/2017	04/04/2017	7799988726	1000989271	115Invoice	1.04	51.92		✓ 50.88	✓	7799988726	
03/29/2017	04/04/2017	7800227914	1000990017	115Invoice	1.28	64.00		✓ 62.72	✓	7800227914	
03/29/2017	04/04/2017	7800227915	1000990017	115Invoice	0.06	2.92		✓ 2.86	✓	7800227915	
03/30/2017	04/04/2017	7800449983	1000990573	115Invoice	2.53	126.58		✓ 124.05	✓	7800449983	
03/31/2017	04/04/2017	7800685473	1000991180	115Invoice	7.34	367.20		✓ 359.86	✓	7800685473	
03/31/2017	04/04/2017	7800685474	1000991180	115Invoice	0.03	1.43		✓ 1.40	✓	7800685474	

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

TOTAL:

Subtotals: 1,458.09 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,698.66
03/27/2017

If Paid By 04/04/2017,
Pay This Amount: 1,428.93 USD

If Paid After 04/04/2017,
Pay this Amount: 1,458.09 USD

Due If Paid On Time:
USD 1,428.93

Disc lost if paid late:
29.16

Due If Paid Late:
USD 1,458.09

cust 907

4.3.17

APPROVED
ON
APR 03 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	092115	240.29	N	3	REFUND FOR	[redacted]
		011917	2105.37	N	2	REFUND FOR	
		040516	669.90	N	3	REFUND FOR	
		011917	593.84	N	3	REFUND FOR	
		011917	856.41	N	3	REFUND FOR	
		011917	88.92	N	3	REFUND FOR	
		011917	88.92	N	3	REFUND FOR	
		011917	1376.12	N	2	REFUND FOR	
		011917	400.00	N	3	REFUND FOR	
		011917	1248.81	N	2	REFUND FOR	
		011917	283.20	N	2	REFUND FOR	
		011917	756.00	N	2	REFUND FOR	
		011917	25.76	N	3	REFUND FOR	
		011917	283.20	N	2	REFUND FOR	
		011917	99.40	N	2	REFUND FOR	
		011917	8816.44	N	2	REFUND FOR	
		011917	83.70	N	2	REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	011917	1471.60	N	2	REFUND FOR	[redacted]
		011917	6898.36	N	2	REFUND FOR	
		011917	1111.00	N	2	REFUND FOR	
		040516	46.74	N	3	REFUND FOR	
		011917	908.20	N	3	REFUND FOR	
		011917	239.50	N	2	REFUND FOR	
		011917	110.07	N	3	REFUND FOR	
		011917	54.40	N	3	REFUND FOR	
		011917	168.00	N	2	REFUND FOR	
		011917	25.80	N	3	REFUND FOR	
		011917	5303.76	N	1	REFUND FOR	
		011917	782.09	N	2	REFUND FOR	
		011917	245.00	N	2	REFUND FOR	
		011917	27.02	N	2	REFUND FOR	
		011917	73.10	N	3	REFUND FOR	
		011917	879.85	N	3	REFUND FOR	
		011917	393.00	N	3	REFUND FOR	

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	011917	52.60	N	2	[redacted]	[redacted]
		011917	125.00	N	3		
		011917	699.94	N	2		
		011917	449.21	N	2		
		011917	7.40	N	2		
		011917	503.62	N	3		
		011917	6162.97	N	2		
		011917	6585.00	N	1		
		011917	1180.00	N	1		
		011917	2216.81	N	3		
		011917	186.11	N	2		
		040417	1917.73		2		
		011917	386.43	N	3		
		040417	1487.08		3		
		011917	1288.00	N	1		
		040417	168.63		2		
		040417	1111.77		3		

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	040417	1692.77		2		
		040417	119.13		2		
		011917	125.00	N	2		
		040417	568.26		3		
		040417	2706.08		3		
		011917	518.75	N	3		
		040417	77.55		2		
		011917	1059.36	N	2		
		011917	840.64	N	2		
		040417	141.57		2		
		040417	1089.66		2		
		011917	1648.77	N	2		
		040417	248.82		2		

ARID=0001 TOTAL ~~72118.43~~

TOTAL

~~72118.43~~
Amount approved
11,329.05*

~~60,789.38~~

APPROVED
ON
*
APR 04 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Calhoun Co

"N" status

CKS # 170448
to
170459

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	170448	04/04/17	1,917.73	CALHOUN COUNTY
A/P	170449	04/04/17	1,487.08	CALHOUN COUNTY
A/P	170450	04/04/17	168.63	CALHOUN COUNTY
A/P	170451	04/04/17	1,111.77	CALHOUN COUNTY
A/P	170452	04/04/17	1,692.77	CALHOUN COUNTY
A/P	170453	04/04/17	119.13	CALHOUN COUNTY
A/P	170454	04/04/17	568.26	CALHOUN COUNTY
A/P	170455	04/04/17	2,706.08	CALHOUN COUNTY
A/P	170456	04/04/17	77.55	CALHOUN COUNTY
A/P	170457	04/04/17	141.57	CALHOUN COUNTY
A/P	170458	04/04/17	1,089.66	CALHOUN COUNTY
A/P	170459	04/04/17	248.82	CALHOUN COUNTY
TOTALS:			11,329.05	

APPROVED
ON

APR 0 4 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON APR 05 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

04/04/2017 MEMORIAL MEDICAL CENTER 0
14:58 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 04/12/2017

Vendor#	Vendor Name	Class	Pay Code
11237	3WON, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1059		03/30/20	02/05/20	04/06/20		300.00	0.00	0.00	300.00
	PURCH SERV MMCLINIC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11237	3WON, LLC	300.00	0.00	0.00	300.00

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
0000391716		03/14/20	03/13/20	04/10/20		32,972.81	0.00	0.00	32,972.81
	EMPLOYEE EXP HOSP INS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	32,972.81	0.00	0.00	32,972.81

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
4103700		03/31/20	03/13/20	04/01/20		6,452.64	0.00	0.00	6,452.64
	LEASE AND RENTAL PHARM 6,145.37 Payment 307.27 Late Fee								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10938	BANK OF THE WEST	6,452.64	0.00	0.00	6,452.64

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
6004949267		03/23/20	03/07/20	04/06/20		1,291.80	0.00	0.00	1,291.80
	SUPPLIES GEN CT SCAN								

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

Vendor#	Vendor Name	Class	Pay Code
B1655	BOSTON SCIENTIFIC CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
951355514		03/31/20	09/07/20	04/06/20		813.00	0.00	0.00	813.00
	SUPPLIES GEN SURGERY								
953444510		03/31/20	02/06/20	04/06/20		439.00	0.00	0.00	439.00
	SUPPLIES SURGERY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	1,252.00	0.00	0.00	1,252.00

Vendor#	Vendor Name	Class	Pay Code
11221	BRITTANY RUDDICK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21902		03/30/20	03/30/20	04/06/20		225.20	0.00	0.00	225.20
	TRAVEL 3/26-29/17 Corpus Christi								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11221	BRITTANY RUDDICK	225.20	0.00	0.00	225.20

Vendor#	Vendor Name	Class	Pay Code
10105	CHRIS KOVAREK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21911		03/31/20	04/03/20	04/04/20		128.69	0.00	0.00	128.69

TRAVEL BEHAV HTH 3/8, 3/15, 3/29/17 Victoria

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	128.69	0.00	0.00	128.69

Vendor#	Vendor Name	Class	Pay Code
C1730	CITY OF PORT LAVACA	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21897		03/30/20	03/20/20	04/06/20			105.31	0.00	0.00	105.31
	WTR & SWR ACCT#12-6505-01									
21898		03/30/20	03/20/20	04/06/20			13,902.61	0.00	0.00	13,902.61
	WTR/SWR ACCT#12-1320-00									
21899		03/30/20	03/20/20	04/06/20			506.07	0.00	0.00	506.07
	WTR/SWR ACCT#12-1315-00									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	14,513.99	0.00	0.00	14,513.99

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
21910		03/31/20	03/31/20	04/01/20			2,539.30	0.00	0.00	2,539.30
	EMPL EXP INS PREM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11030	COMBINED INSURANCE CO	2,539.30	0.00	0.00	2,539.30

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
9584		03/31/20	03/30/20	04/01/20			1,250.00	0.00	0.00	1,250.00
	PROF FEES ACCTG									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10509	DA&E	1,250.00	0.00	0.00	1,250.00

Vendor#	Vendor Name	Class	Pay Code
W3290	DEBORAH WITTNEBERT	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21906		03/31/20	03/27/20	03/31/20			201.51	0.00	0.00	201.51
	TRAVEL 3/22-24/2017 Austin									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W3290	DEBORAH WITTNEBERT	201.51	0.00	0.00	201.51

Vendor#	Vendor Name	Class	Pay Code
11287	DELTA HEALTHCARE PROVIDERS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0000012093		03/30/20	03/26/20	04/06/20			211.76	0.00	0.00	211.76
	PURCH SERV ICU									

Took off

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11287	DELTA HEALTHCARE PROVIDERS	211.76	0.00	0.00	211.76

Need Receipts

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
4981810		03/23/20	03/07/20	04/06/20			16.96	0.00	0.00	16.96
	OFF SUP MMCLINIC									
4981780		03/23/20	03/07/20	04/06/20			34.35	0.00	0.00	34.35
	OFF SUP LAB									
4982380		03/23/20	03/08/20	04/07/20			313.99	0.00	0.00	313.99
	INVENT C/S									
4985080		03/23/20	03/10/20	04/09/20			70.04	0.00	0.00	70.04

	OFF SUPPLIES MM CLINIC								
	4986370	03/23/20	03/13/20	04/12/20		258.64	0.00	0.00	258.64
	INVENT C/S								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON			693.98	0.00	0.00	693.98
Vendor#	Vendor Name				Class	Pay Code			
10026	DONN STRINGO								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21908		03/31/20	04/03/20	04/03/20		262.78	0.00	0.00	262.78
	MISC RECV Refund AFLAC								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10026	DONN STRINGO			262.78	0.00	0.00	262.78
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
	16753		03/30/20	02/16/20	04/06/20		1,792.00	0.00	0.00	1,792.00
	PURCH SERV MMCLINIC								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11046	E-MDS, INC			1,792.00	0.00	0.00	1,792.00
Vendor#	Vendor Name				Class	Pay Code			
11284	EMERGENCY STAFFING SOLUTIONS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	34809		03/31/20	03/31/20	04/06/20		40,062.50	0.00	0.00	40,062.50
	PROF FEES E/R								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11284	EMERGENCY STAFFING SOLUTIONS			40,062.50	0.00	0.00	40,062.50
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
	927892		03/31/20	02/28/20	03/30/20		115.00	0.00	0.00	115.00
	SUPPLIES LAB								
	927893		03/31/20	02/28/20	03/30/20		110.00	0.00	0.00	110.00
	SUPPLIES LAB								
	927891		03/31/20	02/28/20	03/30/20		220.00	0.00	0.00	220.00
	SUPPLIES LAB								
	928212		03/31/20	03/16/20	03/16/20		1,500.00	0.00	0.00	1,500.00
	MINOR EQ LAB								
	928288		03/31/20	03/20/20	03/18/20		2,000.00	0.00	0.00	2,000.00
	MINOR EQ/LAB								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		C2510	EVIDENT			3,945.00	0.00	0.00	3,945.00
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
	573212547		03/30/20	03/09/20	04/06/20		101.86	0.00	0.00	101.86
	FRT ADM								
	574640927		03/31/20	03/23/20	03/24/20		70.68	0.00	0.00	70.68
	FRT ADM								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.			172.54	0.00	0.00	172.54
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
4788168	SUPPLIES GEN LAB	03/30/20	03/09/20	04/08/20			80.66	0.00	0.00	80.66
4788170	SUPPLIES GEN LAB	03/30/20	03/09/20	04/08/20			759.24	0.00	0.00	759.24
5205967	SUPPLIES GEN LAB	03/30/20	03/13/20	04/12/20			313.14	0.00	0.00	313.14

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	1,153.04	0.00	0.00	1,153.04

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
4959	REPAIRS INST SURGERY	03/23/20	03/08/20	04/07/20			406.25	0.00	0.00	406.25
4960	REPAIRS INST SURGERY	03/23/20	03/08/20	04/09/20			676.56	0.00	0.00	676.56

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES	1,082.81	0.00	0.00	1,082.81

Vendor# Vendor Name — Class — Pay Code

11183 FRONTIER

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21900	TELP HOSP ACT#2101881480(	03/30/20	03/19/20	04/06/20			45.42	0.00	0.00	45.42

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	45.42	0.00	0.00	45.42

Vendor# Vendor Name — Class — Pay Code

G1210 GULF COAST PAPER COMPANY M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1287299	SUPPLIES HOUSEKEEPING	03/22/20	03/07/20	04/06/20			343.41	0.00	0.00	343.41

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	343.41	0.00	0.00	343.41

Vendor# Vendor Name — Class — Pay Code

11102 GULF COAST REGIONAL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1296	PURCH SERV MMC CLINIC	03/22/20	03/08/20	04/07/20			900.00	0.00	0.00	900.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11102	GULF COAST REGIONAL	900.00	0.00	0.00	900.00

Vendor# Vendor Name — Class — Pay Code

H1661 HFMA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21901	DUES-ADM	03/30/20	03/30/20	04/06/20			325.00	0.00	0.00	325.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1661	HFMA	325.00	0.00	0.00	325.00

Vendor# Vendor Name — Class — Pay Code

10258 HITACHI MEDICAL SYSTEMS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
PJIN0100328	MAINT CONTR MRI	03/30/20	03/15/20	04/06/20			8,333.33	0.00	0.00	8,333.33

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10258	HITACHI MEDICAL SYSTEMS				8,333.33	0.00	0.00	8,333.33
Vendor#	Vendor Name				Class	Pay Code			
11230	JACKSON & COKER LOCUM TENENS,								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2001972		03/30/20	03/22/20	04/06/20		18.40	0.00	0.00	18.40
	PROF FEES OB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,				18.40	0.00	0.00	18.40
Vendor#	Vendor Name				Class	Pay Code			
10423	JOHNGSELF ASSOCIATES INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
003438		03/31/20	03/31/20	04/06/20		5,000.00	0.00	0.00	5,000.00
	PURCH SERV ADMIN 2nd payment of Adm. Fee								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10423	JOHNGSELF ASSOCIATES INC				5,000.00	0.00	0.00	5,000.00
Vendor#	Vendor Name				Class	Pay Code			
10578	LUMINANT ENERGY COMPANY LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV0541567		03/16/20	03/01/20	04/10/20		2,617.40	0.00	0.00	2,617.40
	FUEL PLNT OP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC				2,617.40	0.00	0.00	2,617.40
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
1915068		03/23/20	03/07/20	04/06/20		267.19	0.00	0.00	267.19
	SUPPLIES GEN LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL				267.19	0.00	0.00	267.19
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
21896		03/30/20	03/16/20	04/06/20		258.52	0.00	0.00	258.52
	EMPL EXP								
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			
M2621	MMC AUXILIARY GIFT SHOP				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21908		03/31/20	03/31/20	03/31/20		107.71	0.00	0.00	107.71
	EMP EXP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP				107.71	0.00	0.00	107.71
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
21895		03/30/20	03/27/20	04/06/20		44,747.05	0.00	0.00	44,747.05
	EMP EXP HOSP/DENTAL INS								
21912		03/31/20	04/03/20	04/03/20		13,530.32	0.00	0.00	13,530.32
	EMPL EXP HOSP/DENTAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	58,277.37	0.00	0.00	58,277.37

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
21909		03/31/20	04/03/20	04/04/20		111.44	0.00	0.00	111.44
	MISC ADM								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS	111.44	0.00	0.00	111.44

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
9891201		03/30/20	02/07/20	04/06/20		1,578.95	0.00	0.00	1,578.95
	INVENT PHARM								
1071431		03/30/20	03/23/20	04/06/20		38.79	0.00	0.00	38.79
	INVENT PHARM								
1071814		03/30/20	03/23/20	04/06/20		90.05	0.00	0.00	90.05
	INVENT PHARM								
1071432		03/30/20	03/23/20	04/06/20		27.66	0.00	0.00	27.66
	INVENT PHARM								
1071812		03/30/20	03/23/20	04/06/20		792.73	0.00	0.00	792.73
	INVENT PHARM								
1076723		03/30/20	03/24/20	04/06/20		1,391.75	0.00	0.00	1,391.75
	INVENT PHARMACY								
1076721		03/30/20	03/24/20	04/06/20		90.64	0.00	0.00	90.64
	INVENT PHARMACY								
1076722		03/30/20	03/24/20	04/06/20		68.71	0.00	0.00	68.71
	INVENT PHARM								
1085518		03/30/20	03/27/20	04/06/20		610.46	0.00	0.00	610.46
	INVENT PHARM								
1085519		03/30/20	03/27/20	04/06/20		243.14	0.00	0.00	243.14
	INVENT PHARM								
1085521		03/30/20	03/27/20	04/06/20		88.78	0.00	0.00	88.78
	INVENT PHARM								
1085520		03/30/20	03/27/20	04/06/20		1,576.38	0.00	0.00	1,576.38
	INVENT PHARM								
1090305		03/30/20	03/28/20	04/06/20		187.38	0.00	0.00	187.38
	INVENT PHARM								
1090307		03/30/20	03/28/20	04/06/20		297.22	0.00	0.00	297.22
	INVENT PHARM								
1090306		03/30/20	03/28/20	04/06/20		372.95	0.00	0.00	372.95
	INVENT PHARM								
1089797		03/30/20	03/28/20	04/06/20		255.73	0.00	0.00	255.73
	INVENT PHARM								
1096486		03/30/20	03/29/20	04/06/20		428.86	0.00	0.00	428.86
	INVENT PHARM								
1096485		03/30/20	03/29/20	04/06/20		1,032.49	0.00	0.00	1,032.49
	INVENT PHARM								
1094158		03/30/20	03/29/20	04/06/20		0.49	0.00	0.00	0.49
	INVENT PHARM								
1096484		03/30/20	03/29/20	04/06/20		1,393.76	0.00	0.00	1,393.76
	INVENT PHARM								

1101045		03/31/20	03/30/20	03/31/20		703.78	0.00	0.00	703.78
	INVENT PHARM								
1101044		03/31/20	03/30/20	03/31/20		638.19	0.00	0.00	638.19
	INVENT PHARM								
1101046		03/31/20	03/30/20	03/31/20		238.29	0.00	0.00	238.29
	INVENT PHARM								
1101611		03/31/20	03/30/20	03/31/20		84.61	0.00	0.00	84.61
	INVENT PHARM								
1105006		03/31/20	03/31/20	04/01/20		103.06	0.00	0.00	103.06
	INVENT PHARM								
1105005		03/31/20	03/31/20	04/01/20		310.62	0.00	0.00	310.62
	INVENT PHARM								
1105003		04/03/20	03/31/20	04/01/20		511.28	0.00	0.00	511.28
	INVENT PHARM								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC				13,156.75	0.00	0.00	13,156.75

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1850269079		03/23/20	03/07/20	04/06/20			906.20	0.00	0.00	906.20
	SUPPLIES GEN BLOOD BNK									
1850272302		03/23/20	03/09/20	04/08/20			391.98	0.00	0.00	391.98
	SUPPLIES GEN BLOOD BNK									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS					1,298.18	0.00	0.00	1,298.18

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
2025640191		03/22/20	03/07/20	04/06/20			187.75	0.00	0.00	187.75
	SUPPLIES GEN SURGERY									
2025640197		03/22/20	03/07/20	04/06/20			150.66	0.00	0.00	150.66
	INVENT C/S									
2025644199		03/22/20	03/07/20	04/06/20			1,535.59	0.00	0.00	1,535.59
	SUPPLIES GEN HOUSEKEEPII									
2025640447		03/22/20	03/07/20	04/06/20			222.92	0.00	0.00	222.92
	SUPPLIES GEN HOUSEKEEPII									
2025729517		03/22/20	03/09/20	04/08/20			26.84	0.00	0.00	26.84
	INVENT C/S									
2025729886		03/22/20	03/09/20	04/08/20			1,175.01	0.00	0.00	1,175.01
	INVENT C/S									
2025729598		03/22/20	03/09/20	04/08/20			230.13	0.00	0.00	230.13
	SUPPLIES GEN EKG									
2025729597		03/22/20	03/09/20	04/08/20			44.98	0.00	0.00	44.98
	INVENT C/S									
2023700876		03/30/20	12/27/20	04/06/20			1,887.66	0.00	0.00	1,887.66
	MINOR EQ MED/SURG									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR					5,461.54	0.00	0.00	5,461.54

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

21904		03/31/20	03/31/20	04/01/20		532.50	0.00	0.00	532.50
	PURCH SERV MMCLINIC 3/20 - 29/2017 17.75 hrs								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11069	PABLO GARZA				532.50	0.00	0.00	532.50
Vendor#	Vendor Name				Class	Pay Code			
11142	PAETEC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	68923216		03/30/20	03/22/20	04/06/20		8,591.35	0.00	0.00	8,591.35
		TELEPHONE HOSP GEN								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11142	PAETEC					8,591.35	0.00	0.00	8,591.35
Vendor#	Vendor Name				Class	Pay Code			
P1725	PREMIER SLEEP DISORDERS CENTER ✓				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	63		03/31/20	03/14/20	03/29/20		7,950.00	0.00	0.00	7,950.00 ✓
		PURCH SERV RESP CARE								
	21903		03/31/20	03/31/20	04/01/20		8,975.00	0.00	0.00	8,975.00 ✓
		PURCH SERV RES CARE								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER					16,925.00	0.00	0.00	16,925.00
Vendor#	Vendor Name				Class	Pay Code			
D1080	RITA DAVIS ✓				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21892		03/30/20	03/30/20	04/06/20		425.50	0.00	0.00	425.50 ✓
		PURCH SERV C/S 3/27 - 30/2017								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	D1080	RITA DAVIS					425.50	0.00	0.00	425.50
Vendor#	Vendor Name				Class	Pay Code			
G0425	ROBERTS, ROBERTS & ODEFEY, LLP ✓				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	49 ✓		03/31/20	03/15/20	03/16/20		1,512.50	0.00	0.00	1,512.50 ✓
		LEGAL SERV HOSP GEN								
	151 ✓		03/31/20	03/15/20	03/16/20		1,306.25	0.00	0.00	1,306.25 ✓
		LEGAL SERV HOSP								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ROBERTS & ODEFEY, LLP					2,818.75	0.00	0.00	2,818.75
Vendor#	Vendor Name				Class	Pay Code			
11117	SANDRA DURHAM ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21891		03/30/20	03/30/20	04/06/20		225.32	0.00	0.00	225.32 ✓
		TRAVEL 3/26-29/17 Corpus Christi								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11117	SANDRA DURHAM					225.32	0.00	0.00	225.32
Vendor#	Vendor Name				Class	Pay Code			
S1001	SANOFI PASTEUR INC ✓				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	907615869 ✓		01/22/20	12/22/20	04/12/20		-12.89	0.00	0.00	-12.89 ✓
		INVENTORY PHARMACY INVE								
	907646460 ✓		01/22/20	01/04/20	04/06/20		1,804.01	0.00	0.00	1,804.01 ✓
		INVENTORY PHARMACY INVE								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC					1,791.12	0.00	0.00	1,791.12

Vendor#	Vendor Name				Class	Pay Code				
10995	SHIFTHOUND									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1713926		03/31/20	03/31/20	03/31/20		558.00	0.00	0.00	558.00
		DUES & SUBCRIPT MED/SURC								
	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				
10611	TELE-PHYSICIANS, P.A. (TX)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	TX0002708		03/31/20	04/01/20	04/01/20		2,752.90	0.00	0.00	2,752.90
		PROF FEES E/R								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10611	TELE-PHYSICIANS, P.A. (TX)				2,752.90	0.00	0.00	2,752.90
Vendor#	Vendor Name				Class	Pay Code				
11302	TEXAS DEPART OF PUBLIC SAFETY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21893		03/30/20	03/28/20	04/06/20		300.00	0.00	0.00	300.00
		EMP RECRUITING HR								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11302	TEXAS DEPART OF PUBLIC SAFETY				300.00	0.00	0.00	300.00
Vendor#	Vendor Name				Class	Pay Code				
11303	TEXAS DEPT OF ST HEALTH SERVS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21894		03/30/20	03/29/20	04/06/20		250.00	0.00	0.00	250.00
		CONT ED NURS ADM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11303	TEXAS DEPT OF ST HEALTH SERVS				250.00	0.00	0.00	250.00
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
	054003633626		03/30/20	03/25/20	04/06/20		26,164.49	0.00	0.00	26,164.49
		ELECTRIC ACCT#1000370129								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11169	TXU ENERGY				26,164.49	0.00	0.00	26,164.49
Vendor#	Vendor Name				Class	Pay Code				
U1054	UNIFIRST HOLDINGS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8150760034		03/14/20	03/07/20	04/06/20		60.66	0.00	0.00	60.66
		PURCH SERV MAINT								
	8150760124		03/14/20	03/07/20	04/06/20		34.42	0.00	0.00	34.42
		PURCH SERV BIO MED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1054	UNIFIRST HOLDINGS				95.08	0.00	0.00	95.08
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
	8400241711		03/23/20	03/07/20	04/06/20		326.94	0.00	0.00	326.94
		LAUNDRY HSKEEPING								
	8400241712		03/23/20	03/07/20	04/06/20		167.27	0.00	0.00	167.27
		PURCH SERV REHAB								

8400241757		03/23/20	03/07/20	04/06/20	169.12	0.00	0.00	169.12
	LAUNDRY DIETARY							
8400241766		03/23/20	03/07/20	04/06/20	1,237.52	0.00	0.00	1,237.52
	LAUNDRY HSKEEPING							
8400241715		03/23/20	03/07/20	04/06/20	174.18	0.00	0.00	174.18
	LAUNDRY HSKEEPING							
8400241713		03/23/20	03/07/20	04/06/20	114.63	0.00	0.00	114.63
	LAUNDRY DIETARY							
8400241714		03/23/20	03/07/20	04/06/20	174.60	0.00	0.00	174.60
	LAUNDRY OB							
8400242128		03/23/20	03/10/20	04/09/20	182.29	0.00	0.00	182.29
	LAUNDRY HSKEEPING							
8400242049		03/23/20	03/10/20	04/09/20	476.05	0.00	0.00	476.05
	LAUNDRY SURGERY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			3,022.60	0.00	0.00	3,022.60

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
3577877		03/29/20	02/23/20	04/10/20			33.18	0.00	0.00	33.18
	SUPPLIES GEN DIETARY									
3577874		03/29/20	02/23/20	04/10/20			93.40	0.00	0.00	93.40
	SUPPLIES GEN DIETARY									
3712077		03/29/20	03/02/20	04/10/20			10.77	0.00	0.00	10.77
	SUPPLIES GEN DIETARY									
3688503		03/29/20	03/02/20	04/10/20			33.41	0.00	0.00	33.41
	SUPPLIES GEN DIETARY									
3688504		03/29/20	03/02/20	04/10/20			84.85	0.00	0.00	84.85
	FOOD SUPPLIES DIETARY									
3688502		03/29/20	03/02/20	04/10/20			2,436.59	0.00	0.00	2,436.59
	FOOD SUPPLIES DIETARY									
3712075		03/29/20	03/02/20	04/10/20			117.45	0.00	0.00	117.45
	SUPPLIES GEN DIETARY									
3801510		03/29/20	03/07/20	04/10/20			732.97	0.00	0.00	732.97
	SUPPLIES GEN DIETARY									
3823501		03/29/20	03/08/20	04/10/20			204.60	0.00	0.00	204.60
	FOOD SUPPLIES DIETARY									
3960750		03/29/20	03/16/20	04/10/20			156.10	0.00	0.00	156.10
	FOOD SUPPLIES DIETARY									
3960751		03/29/20	03/16/20	04/10/20			41.76	0.00	0.00	41.76
	FOOD SUPPLIES DIETARY									
3960748		03/29/20	03/16/20	04/10/20			881.91	0.00	0.00	881.91
	FOOD SUPPLIES DIETARY									
3959407		03/30/20	03/15/20	04/06/20			117.45	0.00	0.00	117.45
	SUPPLIES DIETARY									
4028048		03/30/20	03/20/20	04/09/20			2,055.03	0.00	0.00	2,055.03
	FOOD DIETARY									
4097355		03/30/20	03/23/20	04/12/20			2,302.81	0.00	0.00	2,302.81
	FOOD DIETARY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE					9,302.28	0.00	0.00	9,302.28

Vendor#	Vendor Name	Class	Pay Code

Vendor#	Vendor Name									
V0559	VERIZON WIRELESS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9782251384		03/30/20	03/16/20	04/06/20		238.63	0.00	0.00	238.63
		TELEPHONE HOSP GEN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V0559	VERIZON WIRELESS				238.63	0.00	0.00	238.63
Vendor#	Vendor Name				Class	Pay Code				
R1184	VERONICA RAGUSIN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21905		03/31/20	03/30/20	03/30/20		225.20	0.00	0.00	225.20
		TRAVEL LAB 3/26-29/17 Corpus Christi								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1184	VERONICA RAGUSIN				225.20	0.00	0.00	225.20
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
	9110377845		03/23/20	03/08/20	04/07/20		7,485.73	0.00	0.00	7,485.73
		SUPPLIES GEN LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				7,485.73	0.00	0.00	7,485.73
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
	INV001772925		03/30/20	02/28/20	04/06/20		340.60	0.00	0.00	340.60
		PURCH SERV MMC CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11166	WEST INTERACTIVE SERVICES CORP				340.60	0.00	0.00	340.60

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	289,071.06	0.00	0.00	289,071.06

Pg 2 correction <211.76>

288,859.30

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211•76 −
288•859•30 *

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-17

APPROVED ON
APR 05 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 170460 to 170515

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	170460	04/06/17	262.78	DONN STRINGO
A/P	170461	04/06/17	128.69	CHRIS KOVAREK
A/P	170462	04/06/17	9,302.28	US FOOD SERVICE
A/P	170463	04/06/17	267.19	MERCEDES MEDICAL
A/P	170464	04/06/17	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	170465	04/06/17	693.98	DEWITT POTH & SON
A/P	170466	04/06/17	5,000.00	JOHNGSELF ASSOCIATES INC
A/P	170467	04/06/17	1,250.00	DA&E
A/P	170468	04/06/17	.00	VOIDED
A/P	170469	04/06/17	13,156.75	MORRIS & DICKSON CO, LLC
A/P	170470	04/06/17	2,617.40	LUMINANT ENERGY COMPANY LLC
A/P	170471	04/06/17	2,752.90	TELE-PHYSICIANS, P.A. (TX)
A/P	170472	04/06/17	1,082.81	FIVE STAR STERILIZER SERVICES
A/P	170473	04/06/17	58,277.37	MMC EMPLOYEE BENEFIT PLAN
A/P	170474	04/06/17	32,972.81	ALLIED BENEFIT SYSTEMS
A/P	170475	04/06/17	6,452.64	BANK OF THE WEST
A/P	170476	04/06/17	558.00	SHIFTHOUND
A/P	170477	04/06/17	2,539.30	COMBINED INSURANCE CO
A/P	170478	04/06/17	1,792.00	E-MDS, INC
A/P	170479	04/06/17	532.50	PABLO GARZA
A/P	170480	04/06/17	900.00	GULF COAST REGIONAL
A/P	170481	04/06/17	225.32	SANDRA DURHAM
A/P	170482	04/06/17	8,591.35	PAETEC
A/P	170483	04/06/17	340.60	WEST INTERACTIVE SERVICES CORP
A/P	170484	04/06/17	26,164.49	TXU ENERGY
A/P	170485	04/06/17	45.42	FRONTIER
A/P	170486	04/06/17	225.20	BRITTANY RUDDICK
A/P	170487	04/06/17	18.40	JACKSON & COKER LOCUM TENENS,
A/P	170488	04/06/17	300.00	3WON, LLC
A/P	170489	04/06/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	170490	04/06/17	300.00	TEXAS DEPART OF PUBLIC SAFETY
A/P	170491	04/06/17	250.00	TEXAS DEPT OF ST HEALTH SERVS
A/P	170492	04/06/17	1,252.00	BOSTON SCIENTIFIC CORPORATION
A/P	170493	04/06/17	14,513.99	CITY OF PORT LAVACA
A/P	170494	04/06/17	3,945.00	EVIDENT
A/P	170495	04/06/17	425.50	RITA DAVIS
A/P	170496	04/06/17	172.54	FEDERAL EXPRESS CORP.
A/P	170497	04/06/17	1,153.04	FISHER HEALTHCARE
A/P	170498	04/06/17	2,818.75	ROBERTS, ROBERTS & ODEFEY, LLP
A/P	170499	04/06/17	343.41	GULF COAST PAPER COMPANY
A/P	170500	04/06/17	325.00	HFMA
A/P	170501	04/06/17	7,485.73	WERFEN USA LLC
A/P	170502	04/06/17	1,291.80	BAYER HEALTHCARE
A/P	170503	04/06/17	107.71	MMC AUXILIARY GIFT SHOP
A/P	170504	04/06/17	258.52	METLIFE
A/P	170505	04/06/17	111.44	MMC VOLUNTEERS
A/P	170506	04/06/17	1,298.18	ORTHO CLINICAL DIAGNOSTICS
A/P	170507	04/06/17	.00	VOIDED
A/P	170508	04/06/17	5,461.54	OWENS & MINOR
A/P	170509	04/06/17	16,925.00	PREMIER SLEEP DISORDERS CENTER

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	170510	04/06/17	225.20	VERONICA RAGUSIN
A/P	170511	04/06/17	1,791.12	SANOFI PASTEUR INC
A/P	170512	04/06/17	95.08	UNIFIRST HOLDINGS
A/P	170513	04/06/17	3,022.60	UNIFIRST HOLDINGS INC
A/P	170514	04/06/17	238.63	VERIZON WIRELESS
A/P	170515	04/06/17	201.51	DEBORAH WITTNEBERT
TOTALS:			288,859.30	

04/07/2017 MEMORIAL MEDICAL CENTER 0
10:29 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 04/10/2017

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
21934		03/31/20	03/31/20	04/10/20		2,743.93	0.00	0.00	2,743.93
	INS UNEMPLOY HOSP 1ST QTR 2017								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1450	TEXAS ASSOCIATION OF COUNTIES	2,743.93	0.00	0.00	2,743.93

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	2,743.93	0.00	0.00	2,743.93

APPROVED ON
APR 07 2017
CK# 170516

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 4-7-17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	170516	04/07/17	2,743.93	TEXAS ASSOCIATION OF COUNTIES
TOTALS:			2,743.93	

APPROVED
ON

APR 0 7 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:04/10/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:25 CHECK REGISTER and Payables List GLCKREG
04/10/17 THRU 04/10/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000908	04/10/17	3,069.69	MCKESSON
A/P	000909	04/10/17	568.09	MCKESSON
A/P	000910	04/10/17	1,888.95	MCKESSON
TOTALS:			5,526.73	

340 Prescription Expenses

APPROVED
ON

APR 10 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J Pfeifer

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-17

McKESSON

Company: 8000

STATEMENT

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: 04/07/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 04/08/2017

Page: 001

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

As of: 04/07/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 04/08/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
04/03/2017	04/11/2017	7800948422	1000991748	115Invoice	22.34	1,116.79		1,094.45		7800948422	
04/03/2017	04/11/2017	7800948423	1000992322	115Invoice	5.47	273.39		267.92		7800948423	
04/03/2017	04/11/2017	7800948424	1000992322	115Invoice	13.87	693.44		679.57		7800948424	
04/03/2017	04/11/2017	7800948425	1000992725	115Invoice	12.22	611.24		599.02		7800948425	
04/04/2017	04/11/2017	7801172538	1000993101	115Invoice	2.61	130.27		127.66		7801172538	
04/05/2017	04/11/2017	7801398291	1000993855	115Invoice	0.01	0.69		0.68		7801398291	
04/06/2017	04/11/2017	7801617276	1000994389	115Invoice	0.01	0.49		0.48		7801617276	
04/07/2017	04/11/2017	7801855040	1000995014	115Invoice	6.12	306.03		299.91		7801855040	

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

TOTAL:

Subtotals: 3,132.34 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 841.13
04/03/2017

If Paid By 04/11/2017,
Pay This Amount: 3,069.69 USD

If Paid After 04/11/2017,
Pay this Amount: 3,132.34 USD

Due If Paid On Time:
USD 3,069.69

Disc lost if paid late:
62.65

Due If Paid Late:
USD 3,132.34

4.10.17

ck# 908

APPROVED ON
APR 10 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 04/07/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 04/08/2017

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: 04/07/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 04/08/2017

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	
04/03/2017	04/11/2017	7800950023	3454582165	115Invoice	2.76	137.81		135.05		7800950023	
04/05/2017	04/11/2017	7801394793	3454582171	115Invoice	0.30	15.04		14.74		7801394793	
04/05/2017	04/11/2017	8900834729	A14485-1	Addbill INV		134.79		134.79		8900834729	
04/06/2017	04/11/2017	7801644355	3454582174	115Invoice	0.14	6.93		6.79		7801644355	
04/07/2017	04/11/2017	7801874972	3454582177	115Invoice	2.90	144.83		141.93		7801874972	
04/07/2017	04/11/2017	8900837972	A14487-1	Addbill INV		134.79		134.79		8900837972	

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

TOTAL:

Subtotals: 574.19 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 969.87
04/03/2017

If Paid By 04/11/2017,
Pay This Amount: 568.09 USD

If Paid After 04/11/2017,
Pay this Amount: 574.19 USD

Due If Paid On Time:
USD 568.09

Disc lost if paid late:
6.10

Due If Paid Late:
USD 574.19

ck#909

4.10.17

APPROVED
ON
APR 10 2017
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: 04/07/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 04/08/2017

Page: 001

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

As of: 04/07/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 04/08/2017

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	
04/03/2017	04/11/2017	7800968448	1000991750	115Invoice	2.86	143.08		140.22		7800968448	
04/03/2017	04/11/2017	7800968449	1000991750	115Invoice	0.02	1.04		1.02		7800968449	
04/03/2017	04/11/2017	7800968450	1000992324	115Invoice	2.03	101.30		99.27		7800968450	
04/03/2017	04/11/2017	7800968451	1000992727	115Invoice	3.71	185.59		181.88		7800968451	
04/03/2017	04/11/2017	7800968452	1000992727	115Invoice	0.09	4.27		4.18		7800968452	
04/04/2017	04/11/2017	7801165013	1000993103	115Invoice	1.17	58.27		57.10		7801165013	
04/05/2017	04/11/2017	7801400770	1000993857	115Invoice	0.14	6.99		6.85		7801400770	
04/05/2017	04/11/2017	8900834745	A14485-1	Addbill INV		269.58		269.58		8900834745	
04/06/2017	04/11/2017	7801648305	1000994391	115Invoice	11.96	597.83		585.87		7801648305	
04/06/2017	04/11/2017	7801648306	1000994391	115Invoice	0.17	8.38		8.21		7801648306	
04/07/2017	04/11/2017	7801874733	1000995016	115Invoice	10.91	545.68		534.77		7801874733	

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

TOTAL:

Subtotals: 1,922.01 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,428.93
04/03/2017

If Paid By 04/11/2017,
Pay This Amount: 1,888.95 USD

If Paid After 04/11/2017,
Pay this Amount: 1,922.01 USD

Due If Paid On Time:
USD 1,888.95
Disc lost if paid late:
33.06
Due If Paid Late:
USD 1,922.01

ck# 910

4-10-17

APPROVED
ON
APR 10 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON
APR 13 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

04/12/2017 MEMORIAL MEDICAL CENTER 0
08:53 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 04/19/2017

Vendor#	Vendor Name	Class	Pay Code
10864	ACCLARENT, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN280068	SUPPLIES GEN SURG	03/31/20	02/22/20	04/13/20		8,772.96	0.00	0.00	8,772.96

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10864	ACCLARENT, INC.	8,772.96	0.00	0.00	8,772.96

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
109883	SUPPLIES PLT OPS	03/31/20	02/20/20	04/15/20		23.98 13.98	0.00	0.00	23.98 13.98
109885	REPAIRS BEHV HEALTH	03/31/20	02/20/20	04/15/20		29.99	0.00	0.00	29.99
109981	SUPPLIES GEN BIO MED	03/31/20	02/22/20	04/15/20		9.98	0.00	0.00	9.98
110005	SUPPLIES GEN PLT OPS	03/31/20	02/23/20	04/15/20		37.97	0.00	0.00	37.97
110006	SUPPLIES PLT OPS	03/31/20	02/23/20	04/15/20		5.99	0.00	0.00	5.99
110109	SUPPLIES GEN BIO MED	03/31/20	02/27/20	04/15/20		20.97	0.00	0.00	20.97

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	128.88 118.88	0.00	0.00	128.88 118.88

Vendor#	Vendor Name	Class	Pay Code
A1350	ACTION LUMBER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
013780	SUPPLIES E/R	03/31/20	03/22/20	04/15/20		82.75	0.00	0.00	82.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1350	ACTION LUMBER	82.75	0.00	0.00	82.75

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22994	PUCH SERV ER	03/31/20	02/20/20	04/13/20		1,400.00	0.00	0.00	1,400.00
23047	PURCH SERVICES ER	03/31/20	03/20/20	04/13/20		1,400.00	0.00	0.00	1,400.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	2,800.00	0.00	0.00	2,800.00

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9060851348	SUPPLIES PLT OPS	03/31/20	02/28/20	04/15/20		51.24	0.00	0.00	51.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	51.24	0.00	0.00	51.24

Vendor#	Vendor Name	Class	Pay Code

10533 ALERE NORTH AMERICA INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
91210025 ✓		03/31/20	03/07/20	04/13/20			5,046.30	0.00	0.00	5,046.30 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10533	ALERE NORTH AMERICA INC	5,046.30	0.00	0.00	5,046.30

Vendor# Vendor Name — Class — Pay Code

A2600 AUTO PARTS & MACHINE CO. ✓ — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
824148 ✓		03/31/20	03/07/20	04/15/20			27.36	0.00	0.00	27.36 ✓
	SUPPLIES PLT OPS									
825293 ✓		03/31/20	03/20/20	04/15/20			6.14	0.00	0.00	6.14 ✓
	SUPPLIES PLT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	33.50	0.00	0.00	33.50

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
53713454 ✓		03/31/20	02/06/20	04/13/20			586.65	0.00	0.00	586.65 ✓
	SUPPLIES GEN									
53795558 ✓		03/31/20	02/13/20	04/13/20			340.80	0.00	0.00	340.80 ✓
	SUPPLIES GENERAL									
53952839 ✓		03/31/20	02/27/20	04/13/20			514.42	0.00	0.00	514.42 ✓
	SUPPLIES GEN									
53951751 ✓		04/11/20	02/27/20	04/13/20			53.61	0.00	0.00	53.61 ✓
	INVENT C/S									
54061406 ✓		04/11/20	03/06/20	04/13/20			370.82	0.00	0.00	370.82 ✓
	INVENT C/S									
54138040 ✓		04/11/20	03/13/20	04/13/20			262.33	0.00	0.00	262.33 ✓
	SUPPLIES GEN RECOVERY									
54210602 ✓		04/11/20	03/20/20	04/13/20			338.61	0.00	0.00	338.61 ✓
	INVENT C/S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	2,467.24	0.00	0.00	2,467.24

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
6005004258 ✓		03/31/20	03/23/20	04/13/20			572.32	0.00	0.00	572.32 ✓
	SUPPLIES GEN CT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE	572.32	0.00	0.00	572.32

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
5367114 ✓		03/31/20	03/12/20	04/15/20			4,233.46	0.00	0.00	4,233.46 ✓
	LEASE LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	4,233.46	0.00	0.00	4,233.46

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
BK00715942 ✓		03/31/20	03/31/20	04/13/20			16,694.69	0.00	0.00	16,694.69 ✓

	AUDITING FEES ACCOUNTINC								
	BK00715899 ✓	03/31/20	03/31/20	04/13/20		1,768.80	0.00	0.00	1,768.80 ✓
	AUDITING FEES ACCOUNTINC								
	Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
	10599	BKD, LLP				18,463.49	0.00	0.00	18,463.49
Vendor#	Vendor Name				Class	Pay Code			
B1650	BOSART LOCK & KEY INC ✓				M				
	Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	111705	03/31/20	03/30/20	04/15/20		409.95	0.00	0.00	409.95 ✓
	SUPPLIES PLT OP								
	Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC				409.95	0.00	0.00	409.95
Vendor#	Vendor Name				Class	Pay Code			
B1680	BOUND TREE MEDICAL, LLC ✓				M				
	Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	82419303 ✓	03/31/20	02/27/20	04/13/20		196.82	0.00	0.00	196.82 ✓
	INVENT C/S								
	Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
	B1680	BOUND TREE MEDICAL, LLC				196.82	0.00	0.00	196.82
Vendor#	Vendor Name				Class	Pay Code			
B1800	BRIGGS HEALTHCARE ✓				M				
	Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8735498RI ✓	03/31/20	03/01/20	04/15/20		154.04	0.00	0.00	154.04 ✓
	OFF SUPP/BUS OFF								
	Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE				154.04	0.00	0.00	154.04
Vendor#	Vendor Name				Class	Pay Code			
11224	CABLES AND SENSORS ✓								
	Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	31235 ✓	03/31/20	02/10/20	04/15/20		48.00	0.00	0.00	48.00 ✓
	SUPPLIES E/R								
	Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS				48.00	0.00	0.00	48.00
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
	2170331 ✓	03/31/20	03/31/20	04/13/20		352.00	0.00	0.00	352.00 ✓
	PURCH SERV MAMMO								
	Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
	C1033	CAD SOLUTIONS, INC				352.00	0.00	0.00	352.00
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
	21916	03/31/20	03/30/20	04/15/20		25.00	0.00	0.00	25.00 ✓
	Vendor Totals Number	Name				Gross	Discount	No-Pay	Net
	C1030	CAL COM FEDERAL CREDIT UNION				25.00	0.00	0.00	25.00
Vendor#	Vendor Name				Class	Pay Code			
C1048	CALHOUN COUNTY ✓				W				
	Invoice# Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21935	03/31/20	03/24/20	04/13/20		121.11	0.00	0.00	121.11 ✓

FUEL TRANS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	121.11	0.00	0.00	121.11

Vendor#	Vendor Name	Class	Pay Code
11295	CALHOUN COUNTY INDIGENT ACCOUN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21931		04/07/20	04/06/20	04/13/20			580.00	0.00	0.00	580.00
	COUNTY IND. COPAYS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN	580.00	0.00	0.00	580.00

Vendor#	Vendor Name	Class	Pay Code
10650	CAREFUSION 2200, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9107490923		03/31/20	02/24/20	04/15/20			239.07	0.00	0.00	239.07
	SUPPLIES SURGERY									
9107520982		04/11/20	03/07/20	04/13/20			51.04	0.00	0.00	51.04
	SUPPLIES GEN SURG									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10650	CAREFUSION 2200, INC	290.11	0.00	0.00	290.11

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
HBL0051		03/31/20	03/01/20	04/15/20			210.70	0.00	0.00	210.70
	OFF SUP/BUS OFF									
~~HDC~~HCD8720		03/31/20	03/03/20	04/15/20			355.30	0.00	0.00	355.30
	SUPPLIES INFO TECH									
HDR1466		03/31/20	03/10/20	04/15/20			1,506.98	0.00	0.00	1,506.98
	MINOR EQ/MMC CLINIC									
HFC2083		03/31/20	03/13/20	04/15/20			107.97	0.00	0.00	107.97
	OFF SUPP/SURGERY									
HDX0539		03/31/20	03/13/20	04/15/20			2,220.70	0.00	0.00	2,220.70
	MINOR EQ/MMC CLINIC									
HFK0218		03/31/20	03/15/20	04/15/20			73.16	0.00	0.00	73.16
	OFF SUP/INFO TECH									
HKJ7894		03/31/20	03/31/20	04/13/20			-1,506.98	0.00	0.00	-1,506.98

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	2,967.83	0.00	0.00	2,967.83

Vendor#	Vendor Name	Class	Pay Code
E1270	CENTERPOINT ENERGY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21927		03/31/20	03/29/20	04/13/20			49.49	0.00	0.00	49.49
	FUEL PLNT OP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1270	CENTERPOINT ENERGY	49.49	0.00	0.00	49.49

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
92211196		03/31/20	02/27/20	04/13/20			653.64	0.00	0.00	653.64
	INVENT C/S									
92216200		03/31/20	03/06/20	04/13/20			761.00	0.00	0.00	761.00
	INVENT C/S									

92220110		03/31/20	03/10/20	04/13/20	1,118.00	0.00	0.00	1,118.00
	INVENT C/S							
92220924		03/31/20	03/13/20	04/13/20	315.96	0.00	0.00	315.96
	INVENT C/S							
92225319		03/31/20	03/20/20	04/19/20	901.41	0.00	0.00	901.41
	INVENT C/S							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	3,750.01	0.00	0.00	3,750.01

Vendor#	Vendor Name	Class	Pay Code
C1410	CERTIFIED LABORATORIES	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2660114		03/31/20	03/21/20	04/15/20			217.78	0.00	0.00	217.78
	SUPPLIES GEN PLT OPS									
2661228		03/31/20	03/22/20	04/15/20			195.95	0.00	0.00	195.95
	SUPPLIES DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1410	CERTIFIED LABORATORIES	413.73	0.00	0.00	413.73

Vendor#	Vendor Name	Class	Pay Code
C1166	COASTAL OFFICE SOLUTONS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
WO170751		03/31/20	03/14/20	04/15/20			39.22	0.00	0.00	39.22
	OFF SUP/SURGERY									
WO171261		03/31/20	03/16/20	04/15/20			14.36	0.00	0.00	14.36
	SUPPLIES SPECIALTY CLINIC									
OE122611		03/31/20	03/16/20	04/15/20			57.50	0.00	0.00	57.50
	OFF SUPPL OCC THRPY									
OEQT43561		03/31/20	03/17/20	04/15/20			932.00	0.00	0.00	932.00
	OFF SUPP E/R									
WO171551		03/31/20	03/17/20	04/15/20			131.32	0.00	0.00	131.32
	OFF SUPP/HLTH INFO									
WO173001		03/31/20	03/27/20	04/15/20			75.90	0.00	0.00	75.90
	OFF SUPP/HLTH INFO									
WO172981		03/31/20	03/27/20	04/15/20			210.77	0.00	0.00	210.77
	OFF SUP PHY THRPY									
WO173691		03/31/20	03/30/20	04/15/20			114.67	0.00	0.00	114.67
	OFF SUPP/HLTH INFO									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	1,575.74	0.00	0.00	1,575.74

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
363097		03/31/20	02/27/20	04/15/20			214.58	0.00	0.00	214.58
	SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	214.58	0.00	0.00	214.58

Vendor#	Vendor Name	Class	Pay Code
L1430	CONMED LINVATEC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2503616		03/31/20	03/06/20	04/13/20			284.28	0.00	0.00	284.28
	SUPPLIES GEN SURG									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	L1430	CONMED LINVATEC				284.28	0.00	0.00	284.28
Vendor#	Vendor Name				Class	Pay Code			
C2157	COOPER SURGICAL INC				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	4386875		03/31/20	03/06/20	04/15/20		2,783.77	0.00	0.00	2,783.77
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2157	COOPER SURGICAL INC				2,783.77	0.00	0.00	2,783.77
Vendor#	Vendor Name				Class	Pay Code				
10646	COVIDIEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	24731641		03/31/20	02/27/20	04/13/20		1,909.65	0.00	0.00	1,909.65
		SUPPLIES GEN SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10646	COVIDIEN				1,909.65	0.00	0.00	1,909.65
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
	220281		03/31/20	03/07/20	04/13/20		307.29	0.00	0.00	307.29
		SUPPLIES GEN CT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10006	CUSTOM MEDICAL SPECIALTIES				307.29	0.00	0.00	307.29
Vendor#	Vendor Name				Class	Pay Code				
C1443	CYGNUS MEDICAL LLC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	212209		03/31/20	03/10/20	04/13/20		442.00	0.00	0.00	442.00
		SUPPLIES GEN SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1443	CYGNUS MEDICAL LLC				442.00	0.00	0.00	442.00
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
	286472		03/31/20	03/21/20	04/15/20		199.54	0.00	0.00	199.54
		SUPPLIES GEN BLOOD BANK								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10284	CYTO THERM L.P.				199.54	0.00	0.00	199.54
Vendor#	Vendor Name				Class	Pay Code				
H0900	D HARRIS CONSULTING LLC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21053		03/31/20	02/28/20	04/13/20		700.00	0.00	0.00	700.00
		PURCH SERV NUC MED								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H0900	D HARRIS CONSULTING LLC				700.00	0.00	0.00	700.00
Vendor#	Vendor Name				Class	Pay Code				
11287	DELTA HEALTHCARE PROVIDERS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	0000012103		04/10/20	04/02/20	04/13/20		2,500.00	0.00	0.00	2,500.00
		PURCH SERV PT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11287	DELTA HEALTHCARE PROVIDERS				2,500.00	0.00	0.00	2,500.00
Vendor#	Vendor Name				Class	Pay Code				
11008	DERRI HART									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21937		04/10/20	04/09/20	04/13/20			389.18	0.00	0.00	389.18
	PURCH SERV HLTH INFO									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11008	DERRI HART	389.18	0.00	0.00	389.18

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
4972530		03/14/20	02/24/20	04/13/20			108.11	0.00	0.00	108.11
	OFF SUPPLIES ADMIN									
4987750		03/23/20	03/14/20	04/13/20			24.21	0.00	0.00	24.21
	OFF SUP RES CARE									
4987690		03/23/20	03/14/20	04/13/20			116.32	0.00	0.00	116.32
	OFF SUP RES CARE									
4988840		03/31/20	03/15/20	04/14/20			120.99	0.00	0.00	120.99
	OFFICE SUPPLIES E/R									
4990080		03/31/20	03/16/20	04/15/20			158.60	0.00	0.00	158.60
	OFF SUPP BUS OFF									
4991090		03/31/20	03/17/20	04/16/20			110.16	0.00	0.00	110.16
	OFFICE SUPPLIES C/S									
4992420		03/31/20	03/20/20	04/19/20			183.71	0.00	0.00	183.71
	OFF SUP HR/PR									
4992040		03/31/20	03/20/20	04/19/20			46.37	0.00	0.00	46.37
	OFF SUP/PLT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	868.47	0.00	0.00	868.47

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
9132		03/31/20	03/03/20	04/13/20			341.40	0.00	0.00	341.40
	FORMS C/S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1752	DLE PAPER & PACKAGING	341.40	0.00	0.00	341.40

Vendor#	Vendor Name	Class	Pay Code
D1710	DOWNTOWN CLEANERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21914		03/31/20	03/04/20	04/15/20			20.00	0.00	0.00	20.00
	PURCH SERV OB									
1861		03/31/20	03/07/20	04/15/20			38.10	0.00	0.00	38.10
	PURCH SERV MMC CLINIC									
21913		03/31/20	03/17/20	04/15/20			20.00	0.00	0.00	20.00
	PURCH SERV OB									
1039		03/31/20	03/27/20	04/15/20			26.10	0.00	0.00	26.10
	PURCH SERV OB									
1043		03/31/20	03/29/20	04/15/20			6.10	0.00	0.00	6.10
	PURCH SERV MMCLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	110.30	0.00	0.00	110.30

Vendor#	Vendor Name	Class	Pay Code
D1785	DYNATRONICS CORPORATION		

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

931244		02/28/20	02/09/20	04/13/20		31.60	0.00	0.00	31.60
	SUPPLIES PT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION				31.60	0.00	0.00	31.60
Vendor#	Vendor Name				Class	Pay Code			
E0500	EAGLE FIRE & SAFETY INC				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
61927		03/31/20	03/01/20	04/15/20			480.00	0.00	0.00	480.00
	PURCH SERV PLNT OP									
64167		03/31/20	03/08/20	04/15/20			280.00	0.00	0.00	280.00
	PURCH SERV PLT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC					760.00	0.00	0.00	760.00
Vendor#	Vendor Name				Class	Pay Code				
11284	EMERGENCY STAFFING SOLUTIONS									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
34838		03/31/20	03/31/20	04/13/20			23,565.00	0.00	0.00	23,565.00
	PROF FEES ER									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS					23,565.00	0.00	0.00	23,565.00
Vendor#	Vendor Name				Class	Pay Code				
10558	EMPLOYEE ACTIVITIES TEAM									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21926		04/07/20	04/04/20	04/13/20			1,850.00	0.00	0.00	1,850.00
	EMPL EXP									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10558	EMPLOYEE ACTIVITIES TEAM					1,850.00	0.00	0.00	1,850.00
Vendor#	Vendor Name				Class	Pay Code				
C2510	EVIDENT				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
T1703091378		03/31/20	03/09/20	04/13/20			12,692.66	0.00	0.00	12,692.66
	PURCH SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C2510	EVIDENT					12,692.66	0.00	0.00	12,692.66
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
903018421		03/31/20	03/13/20	04/15/20			424.93	0.00	0.00	424.93
	SUPPLIES GEN PLT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC					424.93	0.00	0.00	424.93
Vendor#	Vendor Name				Class	Pay Code				
F1050	FASTENAL COMPANY				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TXPOT172196		03/31/20	03/08/20	04/15/20			22.84	0.00	0.00	22.84
	SUPPLIES PLT OPS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY					22.84	0.00	0.00	22.84
Vendor#	Vendor Name				Class	Pay Code				
F1300	FIRESTONE OF PORT LAVACA				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0054587		03/31/20	03/13/20	04/15/20			470.85	0.00	0.00	470.85

PURCH SERV TRANSP

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1300	FIRESTONE OF PORT LAVACA	470.85	0.00	0.00	470.85

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
21917		03/31/20	03/30/20	04/15/20			75.00	0.00	0.00	75.00 ✓
	EMPL EXP									

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
5549983 ✓		03/30/20	03/14/20	04/13/20			990.35	0.00	0.00	990.35 ✓
	SUPPLIES GEN LAB									
5549985 ✓		03/30/20	03/14/20	04/13/20			2,058.99	0.00	0.00	2,058.99 ✓
	SUPPLIES GEN LAB									
5927902 ✓		03/30/20	03/15/20	04/14/20			733.78	0.00	0.00	733.78 ✓
	SUPPLIES GEN LAB									
6236941 ✓		03/30/20	03/16/20	04/15/20			131.72	0.00	0.00	131.72 ✓
	SUPPLIES GEN LAB									
6236954 ✓		03/30/20	03/16/20	04/15/20			119.18	0.00	0.00	119.18 ✓
	SUPPLIES GEN LAB									
6752085 ✓		03/30/20	03/20/20	04/19/20			-447.04	0.00	0.00	-447.04 ✓
	SUPPLIES GEN LAB									
3217988 ✓		03/31/20	03/06/20	04/15/20			2,701.36	0.00	0.00	2,701.36 ✓
	SUPPLIES GEN LAB									
4089597 ✓		03/31/20	03/07/20	04/15/20			1,708.02	0.00	0.00	1,708.02 ✓
	SUPPLIES GEN LAB									
4473343 ✓		03/31/20	03/08/20	04/15/20			261.67	0.00	0.00	261.67 ✓
	SUPPLIES GEN LAB									
5927901 ✓		03/31/20	03/15/20	04/14/20			933.95	0.00	0.00	933.95 ✓
	SUPPLIES GEN LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	9,191.98	0.00	0.00	9,191.98

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
4905 ✓		03/31/20	02/06/20	04/15/20			333.00	0.00	0.00	333.00 ✓
	REPAIRS INSTRMTS/SURGER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES	333.00	0.00	0.00	333.00

Vendor#	Vendor Name	Class	Pay Code
10901	GENESIS DIAGNOSTICS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
46956 ✓		03/31/20	02/22/20	04/15/20			214.95	0.00	0.00	214.95 ✓
	SUPPLIES LAB									
47038 ✓		03/31/20	03/01/20	04/15/20			120.46	0.00	0.00	120.46 ✓
	SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	335.41	0.00	0.00	335.41

Vendor#	Vendor Name				Class	Pay Code				
11235	GREAT BASIN SCIENTIFIC, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	1210302		03/31/20	03/07/20	04/15/20			654.00	0.00	0.00	654.00
		SUPPLIES LAB									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11235	GREAT BASIN SCIENTIFIC, INC					654.00	0.00	0.00	654.00
Vendor#	Vendor Name				Class	Pay Code				
G1210	GULF COAST PAPER COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	1290692		03/23/20	03/14/20	04/13/20			64.30	0.00	0.00	64.30
		SUPPLIES GEN HSKEEPING									
	1290700		03/23/20	03/14/20	04/13/20			281.00	0.00	0.00	281.00
		SUPPLIES GEN ANESTHESA									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY					345.30	0.00	0.00	345.30
Vendor#	Vendor Name				Class	Pay Code				
11095	GULF COAST SCIENTIFIC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	72555		03/31/20	02/08/20	04/15/20			294.78	0.00	0.00	294.78
		SUPPLIES GEN LAB									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11095	GULF COAST SCIENTIFIC					294.78	0.00	0.00	294.78
Vendor#	Vendor Name				Class	Pay Code				
H0032	H + H SYSTEM, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	019871		03/31/20	03/13/20	04/15/20			63.40	0.00	0.00	63.40
		SUPPLIES PHARM									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		H0032	H + H SYSTEM, INC.					63.40	0.00	0.00	63.40
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
	045213		03/31/20	03/01/20	04/13/20			15.89	0.00	0.00	15.89
		FOOD DIETARY									
	050191		03/31/20	03/03/20	04/13/20			16.16	0.00	0.00	16.16
		FOOD DIETARY									
	058871		03/31/20	03/06/20	04/13/20			-35.88	0.00	0.00	-35.88
		FOOD DIETARY									
	057911		03/31/20	03/06/20	04/13/20			138.79	0.00	0.00	138.79
		FOOD DIETARY									
	064044		03/31/20	03/09/20	04/13/20			6.74	0.00	0.00	6.74
		FOOD DIETARY									
	067122		03/31/20	03/10/20	04/13/20			-34.26	0.00	0.00	-34.26
		FOOD DIETARY									
	067127		03/31/20	03/10/20	04/13/20			-3.51	0.00	0.00	-3.51
		FOOD DIETARY									
	071281		03/31/20	03/12/20	04/13/20			18.37	0.00	0.00	18.37
		FOOD DIETARY									
	083498		03/31/20	03/17/20	04/13/20			20.69	0.00	0.00	20.69
		FOOD DIETARY									
	090854		03/31/20	03/20/20	04/13/20			122.40	0.00	0.00	122.40

		FOOD DIETARY							
	095791		03/31/20	03/22/20	04/13/20	30.69	0.00	0.00	30.69
		FOOD DIETARY							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		H0030	H E BUTT GROCERY			296.08	0.00	0.00	296.08
Vendor#	Vendor Name				Class	Pay Code			
H1135	HEALTH CARE LOGISTICS INC				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6196123		03/31/20	03/13/20	04/15/20		82.55	0.00	0.00	82.55
		SUPPLIES PHARM							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1135	HEALTH CARE LOGISTICS INC				82.55	0.00	0.00	82.55
Vendor#	Vendor Name				Class	Pay Code				
11312	INRAD									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	913789		04/05/20	03/10/20	04/15/20		148.00	0.00	0.00	148.00
		SUPPLIES ULTRASOND								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11312	INRAD				148.00	0.00	0.00	148.00
Vendor#	Vendor Name				Class	Pay Code				
J0150	J & J HEALTH CARE SYSTEMS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	917708109		03/31/20	02/27/20	04/13/20		145.96	0.00	0.00	145.96
		SUPPLIES GEN SURG								
	917736074		03/31/20	03/06/20	04/13/20		42.00	0.00	0.00	42.00
		SUPPLIES GEN SURG								
	917768512		03/31/20	03/14/20	04/13/20		166.47	0.00	0.00	166.47
		SUPPLIES GEN ER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				354.43	0.00	0.00	354.43
Vendor#	Vendor Name				Class	Pay Code				
11105	JERRY PICKETT									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21936		04/10/20	04/07/20	04/13/20		100.00	0.00	0.00	100.00
		UNDISTRIBUTED A/R CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11105	JERRY PICKETT				100.00	0.00	0.00	100.00
Vendor#	Vendor Name				Class	Pay Code				
11308	KARL STORZ ENDOSCOPY AMERICA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	93961877		04/05/20	02/27/20	04/15/20		9,896.84	0.00	0.00	9,896.84
		MOVABLE EQ/SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11308	KARL STORZ ENDOSCOPY AMERICA				9,896.84	0.00	0.00	9,896.84
Vendor#	Vendor Name				Class	Pay Code				
11034	KOVEN TECHNOLOGY, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	77109		03/31/20	03/01/20	04/15/20		340.00	0.00	0.00	340.00
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11034	KOVEN TECHNOLOGY, INC				340.00	0.00	0.00	340.00

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
	107853493		03/31/20	02/20/20	04/13/20		400.00	0.00	0.00	400.00
		PUBLIC REL ADMIN								
	107932229		03/31/20	03/20/20	04/19/20		400.00	0.00	0.00	400.00
		PUBL REL ADM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11167	LAMAR COMPANIES				800.00	0.00	0.00	800.00
Vendor#	Vendor Name				Class	Pay Code				
L1640	LOWE'S HOME CENTERS INC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	53458		03/31/20	03/02/20	04/13/20		40.41	0.00	0.00	40.41
		SUPPLIES GEN SURG								
	53459		03/31/20	03/02/20	04/13/20		71.05	0.00	0.00	71.05
		SUPPLIES GEN GROUNDS								
	53815		03/31/20	03/08/20	04/13/20		136.39	0.00	0.00	136.39
		SUPPLIES GEN PLNT OP								
	94145		03/31/20	03/08/20	04/13/20		187.14	0.00	0.00	187.14
		SUPPLIES GEN PLNT OPS								
	94144		03/31/20	03/08/20	04/13/20		18.96	0.00	0.00	18.96
		SUPPLIES GEN PLNT OP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		L1640	LOWE'S HOME CENTERS INC				453.95	0.00	0.00	453.95
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
	INV0542200		04/10/20	04/03/20	04/13/20		2,136.35	0.00	0.00	2,136.35
		FUEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10578	LUMINANT ENERGY COMPANY LLC				2,136.35	0.00	0.00	2,136.35
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
	21918		03/31/20	03/30/20	04/15/20		1,390.00	0.00	0.00	1,390.00
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				1,390.00	0.00	0.00	1,390.00
Vendor#	Vendor Name				Class	Pay Code				
J1350	M.C. JOHNSON COMPANY INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	00269149		03/31/20	03/13/20	04/13/20		105.30	0.00	0.00	105.30
		INVENT C/S								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J1350	M.C. JOHNSON COMPANY INC				105.30	0.00	0.00	105.30
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
	95199721		03/31/20	02/27/20	04/13/20		129.77	0.00	0.00	129.77
		INVENT C/S								
	95328392		03/31/20	02/28/20	04/15/20		750.47	0.00	0.00	750.47
		SUPPLIES GEN LAB								

95524805	03/31/20	03/02/20	04/15/20	322.48	0.00	0.00	322.48
SUPPLIES LAB							
95681468	03/31/20	03/06/20	04/13/20	615.14	0.00	0.00	615.14
INVENT C/S							
96104062	03/31/20	03/13/20	04/13/20	878.57	0.00	0.00	878.57
INVENT C/S							
96168884	03/31/20	03/14/20	04/15/20	2,369.76	0.00	0.00	2,369.76
SUPPLIES LAB							
96353007	03/31/20	03/16/20	04/15/20	223.46	0.00	0.00	223.46
SUPPLIES LAB							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	5,289.65	0.00	0.00	5,289.65

Vendor#	Vendor Name	Class	Pay Code
M2827	MEDIVATORS	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2619136		03/31/20	02/27/20	04/13/20			247.90	0.00	0.00	247.90
SUPPLIES GEN SURG										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2827	MEDIVATORS	247.90	0.00	0.00	247.90

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
1823171951		03/31/20	02/24/20	04/13/20			41.15	0.00	0.00	41.15
INVENT C/S										
1823831048		03/31/20	03/08/20	04/13/20			60.84	0.00	0.00	60.84
INVENT C/S										
1823831049		03/31/20	03/08/20	04/13/20			41.86	0.00	0.00	41.86
INVENT C/S										
1824387571		03/31/20	03/17/20	04/15/20			20.23	0.00	0.00	20.23
SUPPLIES GEN I/C										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	164.08	0.00	0.00	164.08

Vendor#	Vendor Name	Class	Pay Code
M2556	MEGADYNE MEDICAL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
I1136356		03/31/20	03/01/20	04/13/20			275.40	0.00	0.00	275.40
SUPPLIES GEN SURG										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2556	MEGADYNE MEDICAL	275.40	0.00	0.00	275.40

Vendor#	Vendor Name	Class	Pay Code
M2550	MELSTAN, INC.	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
44472		03/31/20	03/07/20	04/15/20			22.90	0.00	0.00	22.90
SUPPLIES GROUNDS										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.	22.90	0.00	0.00	22.90

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
1917346		03/31/20	03/14/20	04/15/20			332.88	0.00	0.00	332.88
SUPPLIES GEN LAB										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL	332.88	0.00	0.00	332.88

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
8800034771	SUPPLIES GEN RADIOLOGY	03/31/20	03/16/20	04/15/20			2,059.45	0.00	0.00	2,059.45
8800035893	SUPPLIES GEN RADIOLOGY	03/31/20	03/20/20	04/19/20			632.97	0.00	0.00	632.97

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	2,692.42	0.00	0.00	2,692.42

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
21932	EMPL EXP	04/07/20	04/06/20	04/13/20			67.07	0.00	0.00	67.07

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	67.07	0.00	0.00	67.07

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
1115052	INVENT PHARM	04/07/20	04/03/20	04/13/20			1,673.65	0.00	0.00	1,673.65
1115053	INVENT PHARM	04/07/20	04/03/20	04/13/20			52.92	0.00	0.00	52.92
1115054	INVENT PHARM	04/07/20	04/03/20	04/13/20			565.25	0.00	0.00	565.25
1115246	INVENT PHARM	04/07/20	04/03/20	04/13/20			8.89	0.00	0.00	8.89
1117445	INVENT PHARM	04/07/20	04/04/20	04/13/20			21.97	0.00	0.00	21.97
1117446	INVENT PHARM	04/07/20	04/04/20	04/13/20			803.46	0.00	0.00	803.46
1119215	INVENT PHARM	04/07/20	04/04/20	04/13/20			956.78	0.00	0.00	956.78
1117447	INVENT PHARM	04/07/20	04/04/20	04/13/20			210.37	0.00	0.00	210.37
1119216	INVENT PHARM	04/07/20	04/04/20	04/13/20			921.11	0.00	0.00	921.11
1119214	INVENT PHARM	04/07/20	04/04/20	04/13/20			250.90	0.00	0.00	250.90
1125068	INVENT PHARM	04/07/20	04/05/20	04/13/20			16,326.98	0.00	0.00	16,326.98
1121833	INVENT PHARM	04/07/20	04/05/20	04/13/20			21.97	0.00	0.00	21.97
1125070	INVENT PHARM	04/07/20	04/05/20	04/13/20			16,530.48	0.00	0.00	16,530.48
1125069	INVENT PHARM	04/07/20	04/05/20	04/13/20			328.39	0.00	0.00	328.39
1127083	INVENT PHARM	04/07/20	04/06/20	04/13/20			39.57	0.00	0.00	39.57
1128532	INVENT PHARM	04/07/20	04/06/20	04/13/20			0.74	0.00	0.00	0.74

	INVENT PHARM							
1128890		04/07/20	04/06/20	04/13/20	865.14	0.00	0.00	865.14
	INVENT PHARM							
1128704		04/07/20	04/06/20	04/13/20	23.06	0.00	0.00	23.06
	INVENT PHARM							
1128531		04/07/20	04/06/20	04/13/20	752.71	0.00	0.00	752.71
	INVENT PHARM							
1128533		04/07/20	04/06/20	04/13/20	1,311.65	0.00	0.00	1,311.65
	INVENT PHARM							
1128889		04/07/20	04/06/20	04/13/20	17.72	0.00	0.00	17.72
	INVENT PHARM							
1133723		04/10/20	04/07/20	04/13/20	146.91	0.00	0.00	146.91
	INVENT PHARM							
1133427		04/10/20	04/07/20	04/13/20	609.50	0.00	0.00	609.50
	INVENT PHARM							
1133724		04/10/20	04/07/20	04/13/20	153.36	0.00	0.00	153.36
	INVENT PHARM							
1133725		04/10/20	04/07/20	04/13/20	675.79	0.00	0.00	675.79
	INVENT PHARM							
1134113		04/10/20	04/07/20	04/13/20	10.90	0.00	0.00	10.90
	INVENT PHARM							
1132310		04/10/20	04/07/20	04/13/20	0.19	0.00	0.00	0.19
	INVENT PHARM							
1132309		04/10/20	04/07/20	04/13/20	0.39	0.00	0.00	0.39
	INVENT PHARM							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			43,280.75	0.00	0.00	43,280.75

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
90346586		03/31/20	02/17/20	04/15/20			111.54	0.00	0.00	111.54
	SUPPLIES LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10868	NOVA BIOMEDICAL					111.54	0.00	0.00	111.54

Vendor#	Vendor Name	Class	Pay Code
O0920	OFFICE DEPOT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
909340613001		03/31/20	03/01/20	04/13/20			123.48	0.00	0.00	123.48
	OFFICE SUPPLIES BUS OFFIC									
913116768001		03/31/20	03/14/20	04/13/20			61.74	0.00	0.00	61.74
	OFFICE SUPPLIES RADIOLOG									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT					185.22	0.00	0.00	185.22

Vendor#	Vendor Name	Class	Pay Code
O1416	ORTHO CLINICAL DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1850272301		03/31/20	03/09/20	04/15/20			166.26	0.00	0.00	166.26
	SUPPLIES BLOOD BK									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS					166.26	0.00	0.00	166.26

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
2025429523	SUPPLIES GEN SURG	03/22/20	02/28/20	04/13/20		113.88	0.00	0.00	113.88
2025809386	SUPPLIES GEN HOUSEKEEPII	03/22/20	03/14/20	04/13/20		62.50	0.00	0.00	62.50
2025812007	SUPPLIES GEN DIETARY	03/22/20	03/14/20	04/13/20		4.23	0.00	0.00	4.23
2025814543	SPUPPLIES GEN HOUSEKEEF	03/22/20	03/14/20	04/13/20		838.26	0.00	0.00	838.26
2025811427	SUPPLIES GEN DIETARY	03/22/20	03/14/20	04/13/20		320.80	0.00	0.00	320.80
2025809721	INVENT C/S	03/22/20	03/14/20	04/13/20		37.90	0.00	0.00	37.90
2025810212	INVENT	03/22/20	03/14/20	04/13/20		44.98	0.00	0.00	44.98
2025810881	INVENT C/S	03/22/20	03/14/20	04/13/20		102.69	0.00	0.00	102.69
2025815478	SUPPLIES GEN CLINIC	03/22/20	03/14/20	04/13/20		138.85	0.00	0.00	138.85
2025917673	INVENT C/S	03/22/20	03/16/20	04/15/20		359.24	0.00	0.00	359.24
2025917916	INVENT C/S	03/22/20	03/16/20	04/15/20		1,179.38	0.00	0.00	1,179.38
2025917226	SUPPLIES GEN SURGERY	03/22/20	03/16/20	04/15/20		26.57	0.00	0.00	26.57
2025917217	INVENT C/S	03/22/20	03/16/20	04/15/20		26.57	0.00	0.00	26.57
2025917450	SUPPLIES GENERAL HOUSEK	03/22/20	03/16/20	04/15/20		41.60	0.00	0.00	41.60
2025917235	INVENT C/S	03/22/20	03/16/20	04/15/20		10.24	0.00	0.00	10.24
2025917360	INVENT C/S	03/22/20	03/16/20	04/15/20		10.24	0.00	0.00	10.24
2025917218	SUPPLIES GEN SURGERY	03/22/20	03/16/20	04/15/20		26.57	0.00	0.00	26.57
2025640160	REPAIRS SURG	03/23/20	03/07/20	04/15/20		113.75	0.00	0.00	113.75
2025917665	SUPPLIES GEN HOUSEKEEPII	03/23/20	03/16/20	04/15/20		41.60	0.00	0.00	41.60
2025042296	INVENT C/S	03/31/20	02/14/20	04/13/20		28.38	0.00	0.00	28.38
2025435443	SUPPLIES GEN C/S	03/31/20	02/28/20	04/13/20		1,440.68	0.00	0.00	1,440.68
2025536538	SUPPLIES GEN SURG	03/31/20	03/02/20	04/13/20		32.74	0.00	0.00	32.74
2025640984	SUPPLIES GEN HOUSEKEEPII	03/31/20	03/07/20	04/13/20		25.48	0.00	0.00	25.48
2025809760	SUPPLIES GEN C/S	03/31/20	03/14/20	04/13/20		44.25	0.00	0.00	44.25
2025814925	INVENTORY C/S	03/31/20	03/14/20	04/13/20		1,402.72	0.00	0.00	1,402.72

	2025917461		03/31/20	03/16/20	04/15/20		31.89	0.00	0.00	31.89
		INVENT C/S								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR				6,505.99	0.00	0.00	6,505.99
Vendor#	Vendor Name				Class	Pay Code				
T2790	PATTI THUMANN				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21931		04/07/20	04/03/20	04/13/20		45.27	0.00	0.00	45.27
		TRAVEL ER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2790	PATTI THUMANN				45.27	0.00	0.00	45.27
Vendor#	Vendor Name				Class	Pay Code				
11242	PECA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1601412		04/10/20	04/07/20	04/13/20		2,185.25	0.00	0.00	2,185.25
		PURCH SERV ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11242	PECA				2,185.25	0.00	0.00	2,185.25
Vendor#	Vendor Name				Class	Pay Code				
P1260	PENTAX MEDICAL COMPANY				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	92098206		03/31/20	03/13/20	04/13/20		182.89	0.00	0.00	182.89
		SUPPLIES GEN SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P1260	PENTAX MEDICAL COMPANY				182.89	0.00	0.00	182.89
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
	10152		03/31/20	03/30/20	04/13/20		120.00	0.00	0.00	120.00
		PUBLIC RELATIONS RADIOLO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P1470	PHILIP THOMAE PHOTOGRAPHER				120.00	0.00	0.00	120.00
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
	1003707266		03/31/20	03/27/20	04/13/20		207.00	0.00	0.00	207.00
		POSTAGE BUIS OFF								
	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				
P1876	POLYMEDCO INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1076608		03/31/20	02/07/20	04/15/20		62.63	0.00	0.00	62.63
		SUPPLIES GEN LAB								
	1077473		03/31/20	03/01/20	04/15/20		125.26	0.00	0.00	125.26
		SUPPLIES GEN LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P1876	POLYMEDCO INC.				187.89	0.00	0.00	187.89
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

3704972		03/31/20	02/28/20	04/13/20		276.44	0.00	0.00	276.44
	INVENT CS								
3712851		03/31/20	03/07/20	04/13/20		116.57	0.00	0.00	116.57
	SUPPLIES GEN MAMM								
3716351		03/31/20	03/09/20	04/13/20		336.70	0.00	0.00	336.70
	INVENT C/S								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)				729.71	0.00	0.00	729.71

Vendor#	Vendor Name			Class	Pay Code				
11304	PROMOTIONAL SPECIALTIES								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	A1A80119		03/31/20	03/24/20	04/15/20		459.45	0.00	0.00	459.45
		PUBLIC REL/ADM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11304	PROMOTIONAL SPECIALTIES				459.45	0.00	0.00	459.45

Vendor#	Vendor Name			Class	Pay Code				
11316	QUILA BAILEY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21929		04/07/20	04/03/20	04/13/20		45.28 33.28	0.00	0.00	45.28 33.28
		TRAVEL ER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11316	QUILA BAILEY				45.28 33.28	0.00	0.00	45.28 33.28

Vendor#	Vendor Name			Class	Pay Code				
R1045	R & D BATTERIES INC			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1311063		03/31/20	03/13/20	04/15/20		54.71	0.00	0.00	54.71
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1045	R & D BATTERIES INC				54.71	0.00	0.00	54.71

Vendor#	Vendor Name			Class	Pay Code				
11080	RADSOURCE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	SC55302		03/23/20	03/16/20	04/15/20		1,625.00	0.00	0.00	1,625.00
		PURCH SERV CLIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11080	RADSOURCE				1,625.00	0.00	0.00	1,625.00

Vendor#	Vendor Name			Class	Pay Code				
11320	ROBERT PARKER								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21940		04/10/20	04/07/20	04/13/20		19.70	0.00	0.00	19.70
		UNDISTRIBUTED A/R CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11320	ROBERT PARKER				19.70	0.00	0.00	19.70

Vendor#	Vendor Name			Class	Pay Code				
S0900	SAM'S CLUB DIRECT			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	L170320		03/31/20	03/20/20	04/13/20		45.68	0.00	0.00	45.68
		DUES ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S0900	SAM'S CLUB DIRECT				45.68	0.00	0.00	45.68

Vendor#	Vendor Name	Class	Pay Code
10836	~~SHERRY KING~~		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21928		04/07/20	04/05/20	04/13/20		12.00	0.00	0.00	12.00
	TRAVEL ER								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10836	SHERRY KING				12.00	0.00	0.00	12.00

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
21938		04/10/20	04/09/20	04/13/20		534.60	0.00	0.00	534.60
	PURCH SERV HLTH INFO								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI				534.60	0.00	0.00	534.60

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
211044		04/05/20	04/01/20	04/15/20		400.00	0.00	0.00	400.00
	PUB REL/ADM								
211032		04/05/20	04/01/20	04/15/20		850.00	0.00	0.00	850.00
	PUB REL ADM								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.				1,250.00	0.00	0.00	1,250.00

Vendor# Vendor Name — Class — Pay Code

S2362 SMITH & NEPHEW

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
93564371		03/31/20	02/28/20	04/13/20		1,044.23	0.00	0.00	1,044.23
	SUPPLIES GEN SURG								
93574070		03/31/20	03/06/20	04/13/20		483.17	0.00	0.00	483.17
	SUPPLIES GEN SURG								
93586673		03/31/20	03/13/20	04/13/20		486.83	0.00	0.00	486.83
	SUPPLIES GEN SURG								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW				2,014.23	0.00	0.00	2,014.23

Vendor# Vendor Name — Class — Pay Code

S2353 SMITHS MEDICAL ASD INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
14788546		03/31/20	03/02/20	04/13/20		331.94	0.00	0.00	331.94
	SUPPLIES GEN SURG								
14803655		03/31/20	03/16/20	04/13/20		175.22	0.00	0.00	175.22
	INVENT C/S								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC				507.16	0.00	0.00	507.16

Vendor# Vendor Name — Class — Pay Code

10094 ST DAVIDS HEALTHCARE

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
51517A		03/31/20	03/30/20	04/13/20		1,200.00	0.00	0.00	1,200.00
	CONT ED ER								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10094	ST DAVIDS HEALTHCARE				1,200.00	0.00	0.00	1,200.00

Vendor# Vendor Name — Class — Pay Code

S2830 STRYKER SALES CORP — M

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

906332A		03/31/20	03/07/20	04/13/20		361.31	0.00	0.00	361.31
	SUPPLIES GEN PT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP				361.31	0.00	0.00	361.31

Vendor#	Vendor Name			Class	Pay Code				
10735	STRYKER SUSTAINABILITY								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2991869		03/31/20	03/13/20	04/13/20		2,981.34	0.00	0.00	2,981.34
	SUPPLIES GEN SURG								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY				2,981.34	0.00	0.00	2,981.34

Vendor#	Vendor Name			Class	Pay Code				
11075	SUMMIT MEDICAL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
315079		03/31/20	03/06/20	04/13/20		478.47	0.00	0.00	478.47
	SUPPLIES GEN SURG								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11075	SUMMIT MEDICAL				478.47	0.00	0.00	478.47

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
113351724		03/30/20	03/30/20	04/19/20		488.92	0.00	0.00	488.92
	FOOD DIETARY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF				488.92	0.00	0.00	488.92

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
205EV23210		03/31/20	03/31/20	04/13/20		4,555.00	0.00	0.00	4,555.00
	MAINT CONTR								
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				
11140	TEXAS ADVANTAGE COMMUNITY BANK								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21920		03/31/20	03/31/20	04/15/20		3,690.52	0.00	0.00	3,690.52
	LEASE RENTAL RADIOLOGY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11140	TEXAS ADVANTAGE COMMUNITY BANK				3,690.52	0.00	0.00	3,690.52

Vendor#	Vendor Name			Class	Pay Code				
T2204	TEXAS MUTUAL INSURANCE CO			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
70636205		03/31/20	03/31/20	04/13/20		3,966.00	0.00	0.00	3,966.00
	INS WORK COMP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO				3,966.00	0.00	0.00	3,966.00

Vendor#	Vendor Name			Class	Pay Code				
T2303	TG			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21915		03/31/20	03/30/20	04/15/20		167.31	0.00	0.00	167.31
	EMP EXP -STUDENT LN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	T2303	TG					167.31	0.00	0.00	167.31
Vendor#	Vendor Name				Class	Pay Code				
V1053	THE VICTORIA ADVOCATE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0061717		03/31/20	01/22/20	04/15/20		24.80	0.00	0.00	24.80
		SUBSCRIPT ADM								
	0064107		03/31/20	02/05/20	04/15/20		24.80	0.00	0.00	24.80
		SUBSCRIPT ADM								
	0065082		03/31/20	02/19/20	04/15/20		24.80	0.00	0.00	24.80
		SUBSCRPT ADM								
	0068422		03/31/20	03/19/20	04/15/20		24.80	0.00	0.00	24.80
		SUBSCRIPT ADM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1053	THE VICTORIA ADVOCATE				99.20	0.00	0.00	99.20
Vendor#	Vendor Name				Class	Pay Code				
11001	ULINE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	85087369		03/31/20	03/10/20	04/15/20		131.50	0.00	0.00	131.50
		SUPPLIES MMC CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11001	ULINE				131.50	0.00	0.00	131.50
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
	8150760727		03/23/20	03/14/20	04/13/20		60.66	0.00	0.00	60.66
		PURCH SERV MAINT								
	8150760815		03/23/20	03/14/20	04/13/20		34.42	0.00	0.00	34.42
		PURCH SERV MAINT								
	8400242565		03/23/20	03/17/20	04/16/20		439.10	0.00	0.00	439.10
		LAUNDRY SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1054	UNIFIRST HOLDINGS				534.18	0.00	0.00	534.18
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
	8400242241		03/23/20	03/14/20	04/13/20		173.66	0.00	0.00	173.66
		PURCH SERV REHAB								
	8400242608		03/23/20	03/17/20	04/16/20		956.90	0.00	0.00	956.90
		LAUNDRY HOUSEKEEPING								
	8400241180		03/31/20	02/28/20	04/15/20		164.36	0.00	0.00	164.36
		LAUNDRY PHY THRPY								
	8400242244		03/31/20	03/14/20	04/13/20		195.55	0.00	0.00	195.55
		LAUNDRY HSKEEPING								
	8400242289		03/31/20	03/14/20	04/13/20		161.31	0.00	0.00	161.31
		LAUNDRY HSKEEPING								
	8400242240		03/31/20	03/14/20	04/15/20		322.39	0.00	0.00	322.39
		LAUNDRY HSKEEPING								
	8400242243		03/31/20	03/14/20	04/15/20		172.98	0.00	0.00	172.98
		LAUNDRY OB								
	8400242242		03/31/20	03/14/20	04/15/20		115.35	0.00	0.00	115.35
		LAUNDRY DIETARY								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				2,262.50	0.00	0.00	2,262.50

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
	7466536		03/31/20 01/26/20	04/15/20		190.85	0.00	0.00	190.85
		EMPL EXP							
	7476714		03/31/20 01/30/20	04/15/20		171.95	0.00	0.00	171.95
		EMPL EXP							
	7605737		03/31/20 03/16/20	04/15/20		127.92	0.00	0.00	127.92
		EMPL EXP							
	7637313		03/31/20 03/27/20	04/15/20		68.75	0.00	0.00	68.75
		EMPL EXP							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE				559.47	0.00	0.00	559.47

Vendor#	Vendor Name			Class	Pay Code				
10450	UNIT DRUG CO, LLC								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21813		03/31/20 03/22/20	04/13/20		42.95	0.00	0.00	42.95
		SUPPLIES GEN NURDERY							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10450	UNIT DRUG CO, LLC				42.95	0.00	0.00	42.95

Vendor#	Vendor Name			Class	Pay Code				
U1350	UPS			W					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	0000778941117		03/31/20 03/18/20	04/15/20		375.40	0.00	0.00	375.40
		FREIGHT SURGERY							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1350	UPS				375.40	0.00	0.00	375.40

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
	4160495		03/30/20 03/27/20	04/16/20		1,496.49	0.00	0.00	1,496.49
		FOOD DIETARY							
	4228974		03/30/20 03/30/20	04/19/20		2,031.32	0.00	0.00	2,031.32
		FOOD DIETARY							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE				3,527.81	0.00	0.00	3,527.81

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
	21942		04/10/20 04/04/20	04/13/20		1,000.00	0.00	0.00	1,000.00
		POSTAGE BUS OFFICE							
	21943		04/10/20 04/18/20	04/13/20		1,200.00	0.00	0.00	1,200.00
		POSTAGE BUS OFFICE							
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE				2,200.00	0.00	0.00	2,200.00

Vendor#	Vendor Name			Class	Pay Code				
V1058	VICTORIA ANESTHESIOLOGY			W					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21933		03/31/20 03/31/20	04/13/20		30,738.46	0.00	0.00	30,738.46
		PROF FEES ANESTH							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1058	VICTORIA ANESTHESIOLOGY	30,738.46	0.00	0.00	30,738.46

Vendor# V1471 Vendor Name: VICTORIA RADIOWORKS, LTD ✓ Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
17030222 ✓	ADVERTISE ADM	03/31/20	03/31/20	04/15/20			210.00	0.00	0.00	210.00 ✓
17030223 ✓	ADVERTISE ADM	03/31/20	03/31/20	04/15/20			300.00	0.00	0.00	300.00 ✓

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

Vendor# 10915 Vendor Name: WAGEWORKS ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21919	EMPL FLEX SPENDG	03/31/20	03/30/20	04/15/20			1,983.23	0.00	0.00	1,983.23 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10915	WAGEWORKS	1,983.23	0.00	0.00	1,983.23

Vendor# I1110 Vendor Name: WERFEN USA LLC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9110379500 ✓	SUPPLIES LAB	03/31/20	03/15/20	04/15/20			1,571.67	0.00	0.00	1,571.67 ✓
9110381072 ✓	SUPPLIES LAB	03/31/20	03/20/20	04/19/20			3,911.12	0.00	0.00	3,911.12 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	5,482.79	0.00	0.00	5,482.79

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	267,754.92	0.00	0.00	267,754.92

pg 1 correction {<23.98> +13.98

pg 17 correction {<45.27> +33.28

pg 18 correction {<45.28> +33.28

pg 19 correction {<12.00>

$ 267,708.93

267,754.92 +
23.98 -
13.98 +
45.27 -
33.28 +
45.28 -
33.28 +
12.00 -
267,708.93 *

APPROVED ON
APR 13 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CRS# 170639 +0 170760

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-17

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	170639	04/13/17	307.29	CUSTOM MEDICAL SPECIALTIES
A/P	170640	04/13/17	1,200.00	ST DAVIDS HEALTHCARE
A/P	170641	04/13/17	3,527.81	US FOOD SERVICE
A/P	170642	04/13/17	332.88	MERCEDES MEDICAL
A/P	170643	04/13/17	199.54	CYTO THERM L.P.
A/P	170644	04/13/17	3,750.01	CENTURION MEDICAL PRODUCTS
A/P	170645	04/13/17	868.47	DEWITT POTH & SON
A/P	170646	04/13/17	729.71	PRECISION DYNAMICS CORP (PDC)
A/P	170647	04/13/17	42.95	UNIT DRUG CO, LLC
A/P	170648	04/13/17	5,046.30	ALERE NORTH AMERICA INC
A/P	170649	04/13/17	.00	VOIDED
A/P	170650	04/13/17	43,280.75	MORRIS & DICKSON CO, LLC
A/P	170651	04/13/17	1,850.00	EMPLOYEE ACTIVITIES TEAM
A/P	170652	04/13/17	2,136.35	LUMINANT ENERGY COMPANY LLC
A/P	170653	04/13/17	18,463.49	BKD, LLP
A/P	170654	04/13/17	1,909.65	COVIDIEN
A/P	170655	04/13/17	290.11	CAREFUSION 2200, INC
A/P	170656	04/13/17	333.00	FIVE STAR STERILIZER SERVICES
A/P	170657	04/13/17	1,250.00	SIGN AD, LTD.
A/P	170658	04/13/17	2,981.34	STRYKER SUSTAINABILITY
A/P	170659	04/13/17	8,772.96	ACCLARENT, INC.
A/P	170660	04/13/17	111.54	NOVA BIOMEDICAL
A/P	170661	04/13/17	335.41	GENESIS DIAGNOSTICS
A/P	170662	04/13/17	1,983.23	WAGEWORKS
A/P	170663	04/13/17	2,800.00	ACUTE CARE INC
A/P	170664	04/13/17	1,390.00	M G TRUST
A/P	170665	04/13/17	131.50	ULINE
A/P	170666	04/13/17	389.18	DERRI HART
A/P	170667	04/13/17	340.00	KOVEN TECHNOLOGY, INC
A/P	170668	04/13/17	75.00	FIRST CLEARING
A/P	170669	04/13/17	478.47	SUMMIT MEDICAL
A/P	170670	04/13/17	1,625.00	RADSOURCE
A/P	170671	04/13/17	294.78	GULF COAST SCIENTIFIC
A/P	170672	04/13/17	100.00	JERRY PICKETT
A/P	170673	04/13/17	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	170674	04/13/17	800.00	LAMAR COMPANIES
A/P	170675	04/13/17	48.00	CABLES AND SENSORS
A/P	170676	04/13/17	654.00	GREAT BASIN SCIENTIFIC, INC
A/P	170677	04/13/17	2,185.25	PECA
A/P	170678	04/13/17	118.88	ACE HARDWARE 15521
A/P	170679	04/13/17	23,565.00	EMERGENCY STAFFING SOLUTIONS
A/P	170680	04/13/17	2,500.00	DELTA HEALTHCARE PROVIDERS
A/P	170681	04/13/17	580.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	170682	04/13/17	459.45	PROMOTIONAL SPECIALTIES
A/P	170683	04/13/17	9,896.84	KARL STORZ ENDOSCOPY AMERICA
A/P	170684	04/13/17	148.00	INRAD
A/P	170685	04/13/17	33.28	QUILA BAILEY
A/P	170686	04/13/17	19.70	ROBERT PARKER
A/P	170687	04/13/17	82.75	ACTION LUMBER
A/P	170688	04/13/17	51.24	AIRGAS USA, LLC - CENTRAL DIV

BANK--CHECK	NUMBER	DATE	AMOUNT	PAYEE
A/P	170689	04/13/17	33.50	AUTO PARTS & MACHINE CO.
A/P	170690	04/13/17	2,467.24	BAXTER HEALTHCARE CORP
A/P	170691	04/13/17	4,233.46	BECKMAN COULTER INC
A/P	170692	04/13/17	409.95	BOSART LOCK & KEY INC
A/P	170693	04/13/17	196.82	BOUND TREE MEDICAL, LLC
A/P	170694	04/13/17	154.04	BRIGGS HEALTHCARE
A/P	170695	04/13/17	25.00	CAL COM FEDERAL CREDIT UNION
A/P	170696	04/13/17	352.00	CAD SOLUTIONS, INC
A/P	170697	04/13/17	121.11	CALHOUN COUNTY
A/P	170698	04/13/17	1,575.74	COASTAL OFFICE SOLUTONS
A/P	170699	04/13/17	413.73	CERTIFIED LABORATORIES
A/P	170700	04/13/17	442.00	CYGNUS MEDICAL LLC
A/P	170701	04/13/17	214.58	CONMED CORPORATION
A/P	170702	04/13/17	2,967.83	CDW GOVERNMENT, INC.
A/P	170703	04/13/17	2,783.77	COOPER SURGICAL INC
A/P	170704	04/13/17	12,692.66	EVIDENT
A/P	170705	04/13/17	110.30	DOWNTOWN CLEANERS
A/P	170706	04/13/17	341.40	DLE PAPER & PACKAGING
A/P	170707	04/13/17	31.60	DYNATRONICS CORPORATION
A/P	170708	04/13/17	760.00	EAGLE FIRE & SAFETY INC
A/P	170709	04/13/17	49.49	CENTERPOINT ENERGY
A/P	170710	04/13/17	22.84	FASTENAL COMPANY
A/P	170711	04/13/17	470.85	FIRESTONE OF PORT LAVACA
A/P	170712	04/13/17	9,191.98	FISHER HEALTHCARE
A/P	170713	04/13/17	345.30	GULF COAST PAPER COMPANY
A/P	170714	04/13/17	296.08	H E BUTT GROCERY
A/P	170715	04/13/17	63.40	H + H SYSTEM, INC.
A/P	170716	04/13/17	700.00	D HARRIS CONSULTING LLC
A/P	170717	04/13/17	82.55	HEALTH CARE LOGISTICS INC
A/P	170718	04/13/17	5,482.79	WERFEN USA LLC
A/P	170719	04/13/17	354.43	J & J HEALTH CARE SYSTEMS, INC
A/P	170720	04/13/17	105.30	M.C. JOHNSON COMPANY INC
A/P	170721	04/13/17	534.60	SHIRLEY KARNEI
A/P	170722	04/13/17	284.28	CONMED LINVATEC
A/P	170723	04/13/17	453.95	LOWE'S HOME CENTERS INC
A/P	170724	04/13/17	5,289.65	MCKESSON MEDICAL SURGICAL INC
A/P	170725	04/13/17	164.08	MEDLINE INDUSTRIES INC
A/P	170726	04/13/17	572.32	BAYER HEALTHCARE
A/P	170727	04/13/17	22.90	MELSTAN, INC.
A/P	170728	04/13/17	275.40	MEGADYNE MEDICAL
A/P	170729	04/13/17	67.07	MMC AUXILIARY GIFT SHOP
A/P	170730	04/13/17	2,692.42	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	170731	04/13/17	247.90	MEDIVATORS
A/P	170732	04/13/17	185.22	OFFICE DEPOT
A/P	170733	04/13/17	166.26	ORTHO CLINICAL DIAGNOSTICS
A/P	170734	04/13/17	.00	VOIDED
A/P	170735	04/13/17	.00	VOIDED
A/P	170736	04/13/17	.00	VOIDED
A/P	170737	04/13/17	6,505.99	OWENS & MINOR
A/P	170738	04/13/17	182.89	PENTAX MEDICAL COMPANY
A/P	170739	04/13/17	120.00	PHILIP THOMAE PHOTOGRAPHER

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	170740	04/13/17	207.00	PITNEY BOWES INC
A/P	170741	04/13/17	187.89	POLYMEDCO INC.
A/P	170742	04/13/17	54.71	R & D BATTERIES INC
A/P	170743	04/13/17	424.93	EVOQUA WATER TECHNOLOGIES LLC
A/P	170744	04/13/17	45.68	SAM'S CLUB DIRECT
A/P	170745	04/13/17	507.16	SMITHS MEDICAL ASD INC
A/P	170746	04/13/17	2,014.23	SMITH & NEPHEW
A/P	170747	04/13/17	361.31	STRYKER SALES CORP
A/P	170748	04/13/17	488.92	SYSCO FOOD SERVICES OF
A/P	170749	04/13/17	3,966.00	TEXAS MUTUAL INSURANCE CO
A/P	170750	04/13/17	167.31	TG
A/P	170751	04/13/17	4,555.00	T-SYSTEM, INC
A/P	170752	04/13/17	33.28	PATTI THUMANN
A/P	170753	04/13/17	534.18	UNIFIRST HOLDINGS
A/P	170754	04/13/17	559.47	UNIFORM ADVANTAGE
A/P	170755	04/13/17	2,262.50	UNIFIRST HOLDINGS INC
A/P	170756	04/13/17	375.40	UPS
A/P	170757	04/13/17	2,200.00	US POSTAL SERVICE
A/P	170758	04/13/17	99.20	THE VICTORIA ADVOCATE
A/P	170759	04/13/17	30,738.46	VICTORIA ANESTHESIOLOGY
A/P	170760	04/13/17	510.00	VICTORIA RADIOWORKS, LTD
TOTALS:			267,708.93	

APPROVED
ON

APR 13 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IBC BANK
We Do More

April 2017 Statement
Open Date: 03/07/2017 Closing Date: 04/05/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

New Balance	**$6,761.59**
Minimum Payment Due	**$68.00**
Payment Due Date	**05/01/2017**

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

Cardmember Service
BUS 30 ELN 78

Activity Summary

Previous Balance	+	$3,229.12
Payments	-	$3,229.12CR
Other Credits	-	$98.77CR
Purchases	+	$6,860.36
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$6,761.59**
Past Due		**$0.00**
Minimum Payment Due		**$68.00**
Credit Line		$10,000.00
Available Credit		$3,238.41
Days in Billing Period		30

Michael J Pfeifer
Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-17

$6,761.59

APPROVED
ON
APR 13 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MMC will pay by phone.

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

Account Number	
Payment Due Date	5/01/2017
New Balance	$6,761.59
Minimum Payment Due	$68.00

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 2017 Statement 03/07/2017 - 04/05/2017

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.

An Easy Way to Monitor Your Spending. Now there's a more convenient way to view and monitor your credit card spending history. With Spend Analysis, you can securely view your transaction and spending information online. It's a valuable cardmember tool that will help you manage your expenses from the convenience of your computer! See enclosed insert for more details.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
03/10	03/09	3825	TRACTOR SUPPLY CO #550 BRENTWOOD TN MERCHANDISE/SERVICE RETURN	$27.22CR	✓
03/24	03/23	0018	HYATT HOTELS SAN ANTON SAN ANTONIO TX See Hyatt bill MERCHANDISE/SERVICE RETURN	$46.55CR	✓
03/28	03/27	0528	EVENTBRITE 8014137200 CA MERCHANDISE/SERVICE RETURN	$25.00CR	✓
03/29	03/29		PAYMENT THANK YOU	$3,229.12CR	
			TOTAL THIS PERIOD	**$3,327.89CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
03/08	03/07	0358	TRACTOR SUPPLY CO #550 615-440-4000 TN	$357.21	✓
03/09	03/07	0749	WYNDHAM AUSTIN & WOODW AUSTIN TX 03/07/17 FOR 01 NIGHTS FOLIO: 26171074	$273.70	✓
03/10	03/08	7159	PESI INC http://pesi.c WI	$399.98	✓
03/10	03/08	7241	PESI INC http://pesi.c WI	$399.98	✓
03/10	03/09	5272	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	✓
03/10	03/09	5355	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	✓
03/10	03/09	5439	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	✓
03/13	03/10	3621	SHERATON HOUSTON TX 03/10/17 FOLIO: 1011953	$181.35	✓
03/13	03/12	8942	AMA*CREDENTIALING 800-621-8335 IL	$43.00	✓
03/13	03/10	3596	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	✓
03/13	03/10	1427	AMA*CREDENTIALING 800-621-8335 IL	$129.00	✓
03/16	03/15	2848	PROGRESSIVE BUSINESS C 800-9646033 PA	$249.00	✓
03/17	03/16	0028	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	✓
03/20	03/17	7692	SHELLFISH SPORTS BAR A PORT LAVACA TX	$150.77	✓
03/20	03/17	5652	TEXAS TRADITIONS CAFE PORT LAVACA TX	$53.03	✓
03/21	03/19	3388	HOLIDAY INN EXPRESS PORT LAVACA TX 03/16/17 FOR 03 NIGHTS FOLIO: 17178750	$471.21	✓
03/21	03/19	6239	WESTIN RIVERWALK DININ SAN ANTONIO TX	$77.92	✓

Continued on Next Page

IBC BANK
We Do More

April 2017 Statement 03/07/2017 - 04/05/2017

MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service

Transactions

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
03/21	03/20	3666	COUNTY LINE RIVERWALK SAN ANTONIO TX	$51.07	
03/22	03/21	2400	TST* SCHILO'S DELI SAN ANTONIO TX	$21.07	
03/23	03/21	9037	BOUDROS SAN ANTONIO TX	$86.86	
03/24	03/22	1151	HYATT HOTELS SAN ANTON SAN ANTONIO TX 03/19/17 FOR 03 NIGHTS FOLIO: 0014986203220	$795.20	
03/24	03/22	0047	HYATT HOTELS SAN ANTON SAN ANTONIO TX 03/19/17 FOR 03 NIGHTS FOLIO: 0014975103220	$647.97	
03/27	03/23	2255	ART'S FISH HOUSE PORT LAVACA TX	$128.83	
03/27	03/25	4928	SPORTSMITH 918-615-3208 OK	$55.47	
03/28	03/27	3830	ASSOCIATION FOR RURAL 770-8719166 GA	$29.99	
03/29	03/28	4646	TXDPS CRIME RECS 512-424-2090 TX	$76.94	
03/29	03/28	9588	ARROW INTERNATIONAL 919-5448000 NC	$1,326.11	
04/04	04/03	4717	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$14.00	
04/04	04/03	4899	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$12.00	
04/05	04/04	7885	EB 2017 REGIONAL EMER 801-413-7200 CA	$550.00	
04/05	04/04	1128	TX CII RX PADS 512-305-8014 TX	$76.48	
04/05	04/04	6733	EMBASSY SUITES SAN ANT SAN ANTONIO TX 04/04/17 FOR 01 NIGHTS FOLIO: 006884	$162.28	
04/05	04/05	0317	AMAZON MKTPLACE PMTS AMAZON MKTPLA WA	$29.94	
			TOTAL THIS PERIOD	**$6,860.36**	

2017 Totals Year-to-Date

Total Fees Charged in 2017	$0.00
Total Interest Charged in 2017	$0.00

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

Signature/Approval: _____ Accounting Code: _____

Interest Charge Calculation

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

**APR for current and future transactions.

Balance Type	Balance By Type	Balance Subject to Interest Rate	Variable	Interest Charge	Annual Percentage Rate	Expires with Statement
**BALANCE TRANSFER	$0.00	$0.00	YES	$0.00	10.74%	
**PURCHASES	$6,761.59	$0.00	YES	$0.00	10.74%	
**ADVANCES	$0.00	$0.00	YES	$0.00	24.74%	

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: 4/12/17

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	—		Tractor Supply Co - for Lawn Mower			357.21	✓
2	—		Wyndham Austin - Hotel expense			273.70	✓
3			for Sara Rubio - Trauma 2/20/17 - 2/22/17				
4	—		PESI, Inc - Registration for	199.99		399.98	✓
5			PT Staff - Michelle Cantu + Tess				
6			Bates. Wound Care Clinical Lab				
7	—		PESI Inc - Registration for PT	199.99		399.98	✓
8			Staff - Betty Davis + Delma				
9			Cardona - Wound Care Clinical Lab				
10	—		NPDB - 1 Doctor			2.00	✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1432.87

NOTES:

Charges made to Jason Angelis card XXX

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: 4/12/17

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 DOCTOR			2.00 ✓
2	—		NPDB - 1 DOCTOR			2.00 ✓
3	—		Sheraton - Houston - Betty Davis			181.35 ✓
4			PT - for Training 4/5/17 - 4/6/17			
5	—		AMA - 1 Init + Cont. Monitoring			43.00 ✓
6			1 DOCTOR			
7	—		NPDB - 1 DOCTOR			2.00 ✓
8	—		AMA - 3 DOCTORS for Init			129.00 ✓
9			+ Cont. Monitoring			
10	—		Registration for Webinar - Erin Cavenger			249.00 ✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST 608.35

NOTES:

Charges made to Jason's card xxxx

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(3)

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

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

Vendor Name: Cardmember Service

Date: 4/12/17

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		NPDB - 1 Doctor			2.00 ✓
2	—		Shellfish - Dinner for visiting physician Dr. Schultz + Admin (Jason A)	141.36 before taxes		150.77 ✓
3					pd taxes 9.41	
4	—		Texas Tradition - Lunch with Dr. Schultz			53.03 ✓
5						
6	—		Holiday Inn Express - Hotel for Dr. Schultz 3/16/17 - 3/19/17			471.21 ✓
7						
8	—		Westin Riverwalk - Dinner			77.92 ✓
9			Jason A + Danette @ conference			
10	—		County Line - Riverwalk - Dinner			51.07 ✓

Jason A + Danette @ conference

Est. Freight _____ Est. Total Cost _____ TOTAL COST 806.00

NOTES:

charges made to Jason's card

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: _____

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	—		TST Schilo's Deli - Lunch for			21.07 ✓
2			Jason + Danette @ conference			
3	—		Boudros - Dinner for Jason			86.86 ✓
4			+ Danette @ conference			
5	—		Hyatt Hotel - Hotel expense			795.20 ✓
6			for Jason - RHC Conf. 3/19/17 - 3/22/17			
7	—		Hyatt Hotel - Hotel expense	3/19/17 - 3/22/17		647.97 ✓
8			for Danette - RHC Conf			
9	—		ART's Fish House - PT Recruitment			128.83 ✓
10			Lunch with PT Staff			+ 55.47

Est. Freight Sport Smith — battery, 12 Volt, 3 cell Est. Total Cost _____ TOTAL COST 1679.93

NOTES:

Charges made to Jason's card XXXX

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(5)

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: 4/12/17

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	—		ASSOC. for Rural - Live Webinar			29.99 ✓
2			for Clinic			
3	—		TXDPS Crime Records - Search			76.94 ✓
4			credit - HR/Credentialing			
5	—		NPDB - 7 Doctors Renewed			14.00 ✓
6	—		NPDB - 6 Doctors Renewed			12.00 ✓
7	—		EB 2017 Reg. Emer HC Conf			550.00 ✓
8			2 Tickets			
9	—		TX C11 RX Pads - Clinic Doctor			76.48 ✓
10	—		Embassy Suites - Hotel for Michelle 4/2/17-4/3/17			162.28 ✓
			Contract Press Bates - PT Staff			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 921.69

NOTES: Arrow International - EZ-10 45mm/25mm Needles + 1326.11

Charges made to Jason's card Mar

Contact: _____ Date: _____

Quoted By: _____

Buyer: _____ E.T.A. _____

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

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: 4/12/17

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	—		Amazon - Ultra Violet			29.94 ✓
2			Blacklight Flashlight - Clinic			
3						
4						
5						

Changes made to Jason's card too

$61761.54

Total of pages 1-4

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

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

04/17/2017
08:43

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/01/2017

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY MEDICAL NETWORK INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC041517	PROF FEES HOSPITAL/MMC C	04/17/20	03/28/20	04/01/20			135,484.99	0.00	0.00	135,484.99

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	135,484.99	0.00	0.00	135,484.99

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	135,484.99	0.00	0.00	135,484.99

APPROVED
ON
APR 17 2017

CR# 170763

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-17

RUN DATE:04/17/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:47 CHECK REGISTER GLCKREG
04/17/17 THRU 04/17/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	170763	04/17/17	135,484.99	DISCOVERY MEDICAL NETWORK INC
TOTALS:			135,484.99	

APPROVED
ON

APR 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:04/17/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:11:45 CHECK REGISTER and Payable GLCKREG
04/17/17 THRU 04/17/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000911	04/17/17	1,238.87	MCKESSON
A/P	000912	04/17/17	644.72	MCKESSON
A/P *	000913	04/17/17	1,127.62	MCKESSON
A/P	170763	04/17/17	135,484.99	DISCOVERY MEDICAL NETWORK INC → on seperate check Register
TOTALS:			138,496.20	

= 3,011.21

APPROVED
ON
APR 17 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

340 B Prescription Expenses

1,238.87 +
644.72 +
1,127.62 +
3,011.21 *

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-17

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: 04/14/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 04/15/2017

Page: 001

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

As of: 04/14/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 04/15/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
04/10/2017	04/18/2017	7802171341	1000995586	115Invoice	0.01	0.31		0.30 ✓		7802171341	
04/10/2017	04/18/2017	7802171343	1000996135	115Invoice	2.08	104.08		102.00 ✓		7802171343	
04/10/2017	04/18/2017	7802171345	1000996532	115Invoice	12.77	638.33		625.56 ✓		7802171345	
04/11/2017	04/18/2017	7802375611	1000996892	115Invoice	5.42	271.01		265.59 ✓		7802375611	
04/14/2017	04/18/2017	7803072059	1000998733	115Invoice	5.01	250.43		245.42 ✓		7803072059	

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

TOTAL:

Subtotals: 1,264.16 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,069.69
04/10/2017

If Paid By 04/18/2017,
Pay This Amount: 1,238.87 ✓ USD

If Paid After 04/18/2017,
Pay this Amount: 1,264.16 USD

Due If Paid On Time:
USD 1,238.87
Disc lost if paid late:
25.29
Due If Paid Late:
USD 1,264.16

CCH 911

4.17.17

APPROVED
ON
APR 17 2017 EP
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: 04/14/2017

DC: 8115

Territory: 400

Customer: 256342
Date: 04/15/2017

Page: 001

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

As of: 04/14/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/15/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
04/10/2017	04/18/2017	7802139847	3454582180	115Invoice	1.53	76.58		75.05 ✓		7802139847	
04/11/2017	04/18/2017	7802379216	3454582183	115Invoice	0.01	0.33		0.32 ✓		7802379216	
04/12/2017	04/18/2017	7802605223	1101192	115Invoice	0.02	1.14		1.12 ✓		7802605223	
04/12/2017	04/18/2017	7802605224	3454582186	115Invoice	6.52	325.86		319.34 ✓		7802605224	
04/12/2017	04/18/2017	7802605225	1101217	115Invoice	0.01	0.65		0.64 ✓		7802605225	
04/13/2017	04/18/2017	7802821041	3454582189	115Invoice	2.31	115.61		113.30 ✓		7802821041	
04/14/2017	04/18/2017	7803044062	3454582192	115Invoice	2.75	137.70		134.95 ✓		7803044062	

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

TOTAL:

Subtotals: 657.87 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 568.09
04/10/2017

If Paid By 04/18/2017,
Pay This Amount: 644.72 ✓ USD

If Paid After 04/18/2017,
Pay this Amount: 657.87 USD

Due If Paid On Time:
USD 644.72

Disc lost if paid late:
13.15

Due If Paid Late:
USD 657.87

ch# 912

4.17.17

APPROVED
ON

APR 17 2017

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: 04/14/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 04/15/2017

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

As of: 04/14/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 04/15/2017 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross) P F	Amount (net) P F	Receivable Number	
04/10/2017	04/18/2017	7802176676	1000995588	115Invoice	4.25	212.44	208.19✓	7802176676	
04/10/2017	04/18/2017	7802176677	1000996137	115Invoice	9.74	487.24	477.50✓	7802176677	
04/10/2017	04/18/2017	7802176678	1000996534	115Invoice	0.94	47.09	46.15✓	7802176678	
04/10/2017	04/18/2017	7802176679	1000996534	115Invoice	0.02	1.06	1.04✓	7802176679	
04/11/2017	04/18/2017	7802397358	1000996894	115Invoice	0.02	0.99	0.97✓	7802397358	
04/11/2017	04/18/2017	7802397360	1000996894	115Invoice	0.79	39.65	38.86✓	7802397360	
04/12/2017	04/18/2017	7802602929	1000997622	115Invoice	1.33	66.42	65.09✓	7802602929	
04/13/2017	04/18/2017	7802836433	1000998163	115Invoice	1.43	71.29	69.86✓	7802836433	
04/14/2017	04/18/2017	7803061786	1000998735	115Invoice	0.11	5.31	5.20✓	7803061786	
04/14/2017	04/18/2017	7803061787	1000998735	115Invoice	4.38	219.14	214.76✓	7803061787	

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

TOTAL:

Subtotals: 1,150.63 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,888.95
04/10/2017

If Paid By 04/18/2017,
Pay This Amount: 1,127.62 ✓ USD

If Paid After 04/18/2017,
Pay this Amount: 1,150.63 USD

Due If Paid On Time:
USD 1,127.62

Disc lost if paid late:
23.01

Due If Paid Late:
USD 1,150.63

ck# 913

4.17.17

APPROVED
ON
APR 17 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

NPI	Facility Number	DBA Facility Name	Superior	Total	Return of IGT	MMC Federal Match	Total MMC	Cantex Federal Match	Total IGT Return and Federal Match
6189	4811	Ashford Gardens	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
0433	105818	The Broadmoor at Creekside Park	$555.71	$555.71	$0.00	$277.86	$277.86	$277.85	$555.71
0425	105314	The Crescent	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
3259	105006	Solera at West Houston	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
7503	4628	Fort Bend Healthcare Center	$0.00	$0.00	$0.00	$0.00	$0.00	-$0.01	-$0.01
			$555.71	$555.71	$0.00	$277.86	$277.86	$277.84	$555.70

CK#015 Broadmoor NH
277.86

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-17

APPROVED
ON

APR 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
NH Broadmoor
202 S. Ann St. Ste. A
Port Lavaca, TX 77979
3615526713

015
88-502/1131

4/17/17
Date

Pay to the Order of Memorial Medical Center $ 277.86

Two Hundred Seventy Seven & 86 Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

for

For MPAP - Feb Payment

MP
Calhoun County Treasurer

⑈ 5025 ⑈ 4596⑈0015

04/18/2017 MEMORIAL MEDICAL CENTER 0
09:00 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
10789	DISCOVERY MEDICAL NETWORK INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC043017 ✓		04/18/20	04/12/20	04/20/20			86,874.80	0.00	0.00	86,874.80 ✓
	PROF FEES CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	86,874.80	0.00	0.00	86,874.80 ✓

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	86,874.80	0.00	0.00	86,874.80

APPROVED
ON
APR 18 2017 CK# 170764

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-17

RUN DATE:04/18/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:43 CHECK REGISTER GLCKREG
04/18/17 THRU 04/18/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	170764	04/18/17	86,874.80	DISCOVERY MEDICAL NETWORK INC
TOTALS:			86,874.80	

APPROVED
ON

APR 18 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 04/14/17
TIME: 15:22

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	092115	240.29	N	3		
		011917	2105.37	N	2		
		041417	180.00		3		
		040516	669.90	N	3		
		011917	593.84	N	3		
		011917	856.41	N	3		
		011917	88.92	N	3		
		011917	88.92	N	3		
		011917	1376.12	N	2		
		011917	400.00	N	3		
		011917	1248.81	N	2		
		011917	283.20	N	2		
		011917	756.00	N	2		
		011917	25.76	N	3		
		011917	283.20	N	2		
		011917	99.40	N	2		
		011917	8816.44	N	2		

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	011917	83.70	N	2		
		041417	116.66		2		
		011917	1471.60	N	2		
		011917	6898.36	N	2		
		041417	118.88		2		
		011917	1111.00	N	2		
		040516	46.74	N	3		
		011917	908.20	N	3		
		011917	239.50	N	2		
		011917	110.07	N	3		
		011917	54.40	N	3		
		011917	168.00	N	2		
		041417	39.34		2		
		041417	115.95		2		
		011917	25.80	N	3		
		041417	29.17		2		

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	041417	565.81		1		
		041417	112.15		3		
		041417	269.92		2		
		011917	5303.76	N	1		
		011917	782.09	N	2		
		041417	100.00		2		
		011917	245.00	N	2		
		011917	27.02	N	2		
		041417	38.56		2		
		011917	73.10	N	3		
		011917	879.85	N	3		
		041417	154.83		2		
		011917	393.00	N	3		
		011917	52.60	N	2		
		011917	125.00	N	3		
		011917	699.94	N	2		
		011917	449.21	N	2		

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	011917	7.40	N	2	[redacted]	[redacted]
		041417	150.00		3		
		041417	309.12		2		
		011917	503.62	N	3		
		041417	73.88		2		
		011917	6162.97	N	2		
		011917	6585.00	N	1		
		011917	1180.00	N	1		
		011917	2216.81	N	3		
		011917	186.11	N	2		
		011917	386.43	N	3		
		041417	665.00		2		
		011917	1288.00	N	1		
		041417	411.52		2		
		011917	125.00		2		
		041417	61.09		2		
		011917	518.75	N	3		

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM	
[redacted]	[redacted]	041417	613.14		1			180.00 +
		041417	11.40		2			116.66 +
		011917	1059.36	N	2			118.88 +
		011917	840.64	N	2			39.34 +
		041417	50.20		3			115.95 +
		041417	25.00		3			29.17 +
		011917	1648.77	N	2			565.81 +
		041417	93.74		2			112.15 +
		041417	51.00		2			269.92 +
		041417	149.73		2			100.00 +
		041417	586.59		2			38.56 +
		041417	235.58		2			154.83 +
		041417	18.83		2			150.00 +
		041417	50.80		2			309.12 +
		041417	10.00		2			73.88 +
		041417	14.35		2			665.00 +
		041417	95.00		2			411.52 +
								125.00 +
								61.09 +
								613.14 +
								11.40 +
								50.20 +
								25.00 +
								93.74 +
								51.00 +
								149.73 +
								586.59 +
								235.58 +
								18.83 +
								50.80 +
								10.00 +
								14.35 +
								95.00 +
								66.09 +
								10.79 +
								81.36 +
								23.34 +
								50.42 +
								50.39 +
								88.97 +
								64.18 +
								410.48 +
								56.27 +
								6,544.53 *

RUN DATE: 04/14/17
TIME: 15:22

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 6
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	041417	66.09		1		
		041417	10.79		1		
		041417	81.36		1		
		041417	23.34		1		
		041417	50.42		1		
		041417	50.39		1		
		041417	88.97		1		
		041417	64.18		1		
		041417	410.48		1		
		041417	56.27		1		
	ARID=0001 TOTAL		67208.91				
TOTAL			67208.91				

APPROVED
ON
APR 18 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

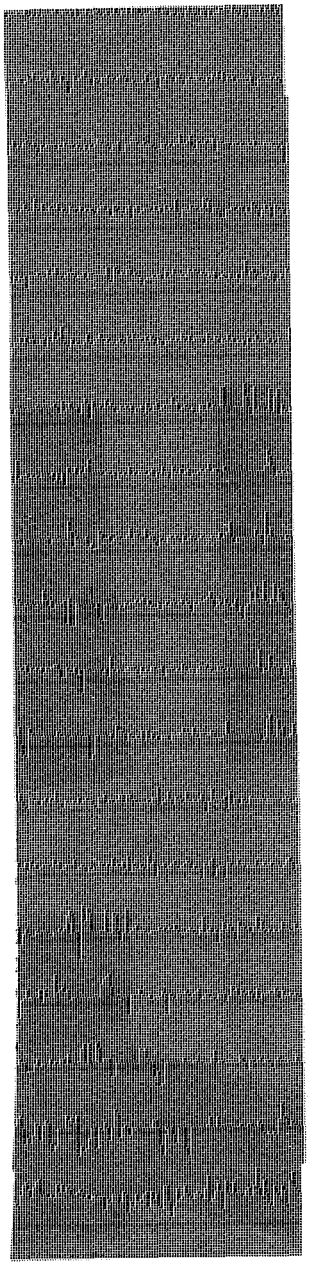
Amount approved
6544.53
CRS# 170765 - #170807

4-17-17

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-17

RUN DATE:04/19/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:35 CHECK REGISTER GLCKREG
04/19/17 THRU 04/19/17

BANK	CHECK	DATE	AMOUNT	PAYEE
A/P	170765	04/19/17	180.00	
A/P	170766	04/19/17	116.66	
A/P	170767	04/19/17	118.88	
A/P	170768	04/19/17	39.34	
A/P	170769	04/19/17	115.95	
A/P	170770	04/19/17	29.17	
A/P	170771	04/19/17	565.81	
A/P	170772	04/19/17	112.15	
A/P	170773	04/19/17	269.92	
A/P	170774	04/19/17	100.00	
A/P	170775	04/19/17	38.56	
A/P	170776	04/19/17	154.83	
A/P	170777	04/19/17	150.00	
A/P	170778	04/19/17	309.12	
A/P	170779	04/19/17	73.88	
A/P	170780	04/19/17	665.00	
A/P	170781	04/19/17	411.52	
A/P	170782	04/19/17	125.00	
A/P	170783	04/19/17	61.09	
A/P	170784	04/19/17	613.14	
A/P	170785	04/19/17	11.40	
A/P	170786	04/19/17	50.20	
A/P	170787	04/19/17	25.00	
A/P	170788	04/19/17	93.74	
A/P	170789	04/19/17	51.00	
A/P	170790	04/19/17	149.73	
A/P	170791	04/19/17	586.59	
A/P	170792	04/19/17	235.58	
A/P	170793	04/19/17	18.83	
A/P	170794	04/19/17	50.80	
A/P	170795	04/19/17	10.00	
A/P	170796	04/19/17	14.35	
A/P	170797	04/19/17	95.00	
A/P	170798	04/19/17	66.09	
A/P	170799	04/19/17	10.79	
A/P	170800	04/19/17	81.36	
A/P	170801	04/19/17	23.34	
A/P	170802	04/19/17	50.42	
A/P	170803	04/19/17	50.39	
A/P	170804	04/19/17	88.97	
A/P	170805	04/19/17	64.18	
A/P	170806	04/19/17	410.48	
A/P	170807	04/19/17	56.27	
TOTALS:			6,544.53	



APPROVED
ON

APR 18 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

APR 24 2017

04/21/2017
12:44
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 04/26/2017

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521 ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
109444 ✓		04/11/20	02/03/20	04/20/20		15.00	0.00	0.00	15.00 ✓
	REPAIRS MED SURG								
110149 ✓		04/11/20	02/28/20	04/20/20		34.64	0.00	0.00	34.64 ✓
	MED SURG REPAIRS								
110175 ✓		04/11/20	03/01/20	04/20/20		27.98	0.00	0.00	27.98 ✓
	REPAIRS PLNT OPS								
110276 ✓		04/11/20	03/03/20	04/20/20		82.96	0.00	0.00	82.96 ✓
	REPAIRS MAINT								
110318 ✓		04/11/20	03/06/20	04/20/20		91.37	0.00	0.00	91.37 ✓
	REPAIRS MAINT								
110359 ✓		04/11/20	03/07/20	04/20/20		37.46	0.00	0.00	37.46 ✓
	REPAIRS SURG								
110437 ✓		04/11/20	03/09/20	04/20/20		15.99	0.00	0.00	15.99 ✓
	REPAIRS C/S								
110459 ✓		04/11/20	03/10/20	04/20/20		61.14	0.00	0.00	61.14 ✓
	REPAIRS BIOMED								
110520 ✓		04/11/20	03/13/20	04/20/20		13.14	0.00	0.00	13.14 ✓
	REPAIRS PT								
110595 ✓		04/11/20	03/15/20	04/20/20		10.18	0.00	0.00	10.18 ✓
	REPAIRS MAINT								
110640 ✓		04/11/20	03/16/20	04/20/20		131.94	0.00	0.00	131.94 ✓
	REPAIRS MAINT								
110660 ✓		04/11/20	03/17/20	04/20/20		15.99	0.00	0.00	15.99 ✓
	REPAIRS DIETARY								
110962 ✓		04/11/20	03/28/20	04/20/20		2.79	0.00	0.00	2.79 ✓
	REPAIRS MAINT								
111004 ✓		04/11/20	03/29/20	04/20/20		13.99	0.00	0.00	13.99 ✓
	REPAIRS ER								
110988 ✓		04/11/20	03/29/20	04/20/20		23.95	0.00	0.00	23.95 ✓
	REPAIRS BIOMED								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	578.52	0.00	0.00	578.52

Vendor#	Vendor Name	Class	Pay Code
A1690	ALCON LABORATORIES, INC. ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9650785701 ✓		04/11/20	03/07/20	04/20/20		477.00	0.00	0.00	477.00 ✓
	INTRA OCU LENS C/S								
9650870839 ✓		04/12/20	03/20/20	04/20/20		55.90	0.00	0.00	55.90 ✓
	SUPPLIES SURG								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	532.90	0.00	0.00	532.90

Vendor#	Vendor Name	Class	Pay Code
11299	ALLSTATE ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
C046081900 ✓		04/11/20	02/23/20	04/20/20		11,825.50	0.00	0.00	11,825.50 ✓

	EMPL EXP								
	C046891600	04/14/20	03/27/20	04/20/20		11,617.98	0.00	0.00	11,617.98
	EMPL EXP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11299	ALLSTATE				23,443.48	0.00	0.00	23,443.48

Vendor#	Vendor Name	Class	Pay Code
11232	AMN HEALTHCARE ALLIED, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2643147		04/14/20	03/16/20	04/20/20			2,889.51	0.00	0.00	2,889.51
	PURCH SERV PT									
2656404		04/14/20	04/06/20	04/20/20			2,831.46	0.00	0.00	2,831.46
	PURCH SERV PT									
2656402		04/14/20	04/06/20	04/20/20			2,685.15	0.00	0.00	2,685.15
	PURCH SERV PT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	8,406.12	0.00	0.00	8,406.12

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
54252179		04/12/20	03/23/20	04/22/20			358.66	0.00	0.00	358.66
	INVENT C/S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	358.66	0.00	0.00	358.66

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
8001289864		04/11/20	03/11/20	04/20/20			275.99	0.00	0.00	275.99
	SUPPLIES NUC MED									
8001295872		04/11/20	03/18/20	04/20/20			278.45	0.00	0.00	278.45
	SUPPLIES NUC MED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	554.44	0.00	0.00	554.44

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
HHL9941		03/31/20	03/23/20	04/22/20			332.16	0.00	0.00	332.16
	OFF SUPP/INFO TECH									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	332.16	0.00	0.00	332.16

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
92228319		03/31/20	03/23/20	04/22/20			280.36	0.00	0.00	280.36
	INVENT C/S									
92230577		04/12/20	03/27/20	04/26/20			1,046.80	0.00	0.00	1,046.80
	INVENT C/S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,327.16	0.00	0.00	1,327.16

Vendor#	Vendor Name	Class	Pay Code
11202	CFI MECHANICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SD568		04/11/20	03/30/20	04/20/20			5,100.00	0.00	0.00	5,100.00

MAINT CONT MAINT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11202	CFI MECHANICAL INC	5,100.00	0.00	0.00	5,100.00

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
379457		04/12/20	03/27/20	04/20/20		547.50	0.00	0.00	547.50

SUPPLIES SURG

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	547.50	0.00	0.00	547.50

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
RT00155614		03/31/20	03/24/20	04/25/20		7,682.67	0.00	0.00	7,682.67
RT00153005		04/14/20	02/21/20	04/20/20		7,682.67	0.00	0.00	7,682.67

LEASE RENTAL

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11004	CSI LEASING INC	15,365.34	0.00	0.00	15,365.34

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
555X02438901		04/11/20	03/31/20	04/20/20		564.00	0.00	0.00	564.00

SUPPLIES PLNT OPS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA	564.00	0.00	0.00	564.00

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
4993490		03/31/20	03/21/20	04/20/20		25.29	0.00	0.00	25.29
	OFF SUP/LAB								
4994750		03/31/20	03/22/20	04/21/20		651.21	0.00	0.00	651.21
	INVENT C/S								
4996610		03/31/20	03/23/20	04/22/20		11.10	0.00	0.00	11.10
	SUPPLIES/LAB								
4994751		03/31/20	03/24/20	04/23/20		23.39	0.00	0.00	23.39
	INVENT C/S								
4997280		03/31/20	03/24/20	04/23/20		55.67	0.00	0.00	55.67
	OFF SUPP ADM								
4998690		03/31/20	03/27/20	04/26/20		41.27	0.00	0.00	41.27
	OFF SUPPLIES ADM								
4950250		04/11/20	02/02/20	04/20/20		86.72	0.00	0.00	86.72
	OFFICE SUPPLIES C/S								
4968950		04/12/20	02/22/20	04/20/20		142.71	0.00	0.00	142.71
	INVENT C/S								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	1,037.36	0.00	0.00	1,037.36

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
9153		04/12/20	03/28/20	04/20/20		79.95	0.00	0.00	79.95

FORMS BUS OFFICE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1752	DLE PAPER & PACKAGING	79.95	0.00	0.00	79.95

Vendor#	Vendor Name	Class	Pay Code
11291	DOWELL PEST CONTROL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4133		04/14/20	02/28/20	04/20/20			105.00	0.00	0.00	105.00
	PURCH SERV PLNT OPS									
4132		04/14/20	02/28/20	04/20/20			505.00	0.00	0.00	505.00
	PURCH PLNT OPS									
4381		04/14/20	03/31/20	04/20/20			105.00	0.00	0.00	105.00
	PURCH SERV PLNT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL	715.00	0.00	0.00	715.00

Vendor#	Vendor Name	Class	Pay Code
D1710	DOWNTOWN CLEANERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21921		04/14/20	02/13/20	04/20/20			84.00	0.00	0.00	84.00
	PUCH SERV HOUSEKEEPING									
21925		04/14/20	02/15/20	04/20/20			28.00	0.00	0.00	28.00
	PUCH SERV HOUSEKEEPING									
21924		04/14/20	02/20/20	04/20/20			75.00	0.00	0.00	75.00
	PURCH SERV HOUSEKEEPIN(									
21922		04/14/20	02/28/20	04/20/20			20.00	0.00	0.00	20.00
	PURCH SERV HOUSE KEEPIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	207.00	0.00	0.00	207.00

Vendor#	Vendor Name	Class	Pay Code
D1785	DYNATRONICS CORPORATION		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
CM915409		11/23/20	11/16/20	04/20/20			-133.95	0.00	0.00	-133.95
	SUPPLIES GENERAL PHY THF									
939929		04/12/20	03/28/20	04/20/20			139.00	0.00	0.00	139.00
	SUPPLIES PT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	5.05	0.00	0.00	5.05

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
63758		04/11/20	04/06/20	04/20/20			134.25	0.00	0.00	134.25
	PURCH SERV DIETARY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E0500	EAGLE FIRE & SAFETY INC	134.25	0.00	0.00	134.25

Vendor#	Vendor Name	Class	Pay Code
11284	EMERGENCY STAFFING SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
34859		04/14/20	04/15/20	04/20/20			40,062.50	0.00	0.00	40,062.50
	PRO FEES E/R									
34895		04/21/20	02/28/20	04/20/20			10,574.95	0.00	0.00	10,574.95
	PROF FEES ER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	50,637.45	0.00	0.00	50,637.45

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
	04A17MMCA		04/19/20	04/01/20	04/20/20		495.00	0.00	0.00	495.00
		PURCH SERV ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10689	FASTHEALTH CORPORATION				495.00	0.00	0.00	495.00
Vendor#	Vendor Name				Class	Pay Code				
F1100	FEDERAL EXPRESS CORP.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	575406512		04/11/20	03/30/20	04/20/20		12.30	0.00	0.00	12.30
		C/S FREIGHT								
	576107779		04/14/20	04/06/20	04/20/20		99.52	0.00	0.00	99.52
		FREIGHT C/S								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.				111.82	0.00	0.00	111.82
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
	6915831		03/30/20	03/21/20	04/20/20		18.24	0.00	0.00	18.24
		SUPPLIES GEN LAB								
	7060846		03/30/20	03/22/20	04/21/20		96.77	0.00	0.00	96.77
		SUPPLIES GEN LAB								
	7060847		03/30/20	03/22/20	04/21/20		10,079.74	0.00	0.00	10,079.74
		SUPPLIES GEN LAB								
	7514647		04/11/20	03/27/20	04/26/20		119.88	0.00	0.00	119.88
		SUPPLIES LAB								
	7514646		04/11/20	03/27/20	04/26/20		46.54	0.00	0.00	46.54
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				10,361.17	0.00	0.00	10,361.17
Vendor#	Vendor Name				Class	Pay Code				
11183	FRONTIER									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21949		04/14/20	04/02/20	04/20/20		847.17	0.00	0.00	847.17
		TELEPHONE HOSP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11183	FRONTIER				847.17	0.00	0.00	847.17
Vendor#	Vendor Name				Class	Pay Code				
G0370	GARDENLAND NURSERY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	26075		04/11/20	03/22/20	04/20/20		79.84	0.00	0.00	79.84
		SUPPLIES GROUNDS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G0370	GARDENLAND NURSERY				79.84	0.00	0.00	79.84
Vendor#	Vendor Name				Class	Pay Code				
10488	GE HEALTHCARE IITS USA CORP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	030453655		04/11/20	03/07/20	04/20/20		827.01	0.00	0.00	827.01
		MAINT SUBS. OB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	10488	GE HEALTHCARE IITS USA CORP				827.01	0.00	0.00	827.01
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
	3174575		04/11/20	03/28/20	04/20/20		821.59	0.00	0.00	821.59
		SUPPLIES SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1001	GETINGE USA				821.59	0.00	0.00	821.59
Vendor#	Vendor Name				Class	Pay Code				
W1300	GRAINGER				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9396010408		04/11/20	03/23/20	04/22/20		158.34	0.00	0.00	158.34
		SUPPLIES PLNT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1300	GRAINGER				158.34	0.00	0.00	158.34
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
	1293854		03/31/20	03/21/20	04/20/20		185.13	0.00	0.00	185.13
		SUPPLIES GEN HOUSEKEEPI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				185.13	0.00	0.00	185.13
Vendor#	Vendor Name				Class	Pay Code				
H1399	HILL-ROM COMPANY, INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	420457		04/11/20	03/28/20	04/20/20		464.10	0.00	0.00	464.10
		REPAIRS OB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1399	HILL-ROM COMPANY, INC				464.10	0.00	0.00	464.10
Vendor#	Vendor Name				Class	Pay Code				
H0416	HOLOGIC INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8172678		04/11/20	03/30/20	04/20/20		500.00	0.00	0.00	500.00
		SUPPLIES MAMMO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H0416	HOLOGIC INC				500.00	0.00	0.00	500.00
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
	920775473		03/23/20	03/07/20	04/22/20		314.98	0.00	0.00	314.98
		INVENT C/S								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1850	HOSPIRA WORLDWIDE, INC				314.98	0.00	0.00	314.98
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
	2163		04/14/20	03/31/20	04/20/20		14,701.32	0.00	0.00	14,701.32
		PURCH SERV PHARM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES				14,701.32	0.00	0.00	14,701.32
Vendor#	Vendor Name				Class	Pay Code				
11200	IRON MOUNTAIN									

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
NRT3277		04/14/20	03/31/20	04/20/20		261.15	0.00	0.00	261.15
	PURCH SERV ADMIN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN				261.15	0.00	0.00	261.15

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
917662228		03/24/20	02/15/20	04/23/20		595.36	0.00	0.00	595.36
	SUPPLIES GEN OB								
917797174		03/31/20	03/21/20	04/20/20		352.82	0.00	0.00	352.82
	SUPPLIES GEN SURG								
917820229		04/12/20	03/27/20	04/26/20		459.73	0.00	0.00	459.73
	SUPPLIES SURG								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC				1,407.91	0.00	0.00	1,407.91

Vendor#	Vendor Name	Class	Pay Code
11275	KYLE DANIEL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21947		04/14/20	04/07/20	04/20/20		30.07	0.00	0.00	30.07
	TRAVEL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11275	KYLE DANIEL				30.07	0.00	0.00	30.07

Vendor#	Vendor Name	Class	Pay Code
10141	LAWSON PRODUCTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9304801754		04/11/20	03/20/20	04/20/20		204.92	0.00	0.00	204.92
	SUPPIES PLNT OPS								
9304808852		04/11/20	03/22/20	04/20/20		184.50	0.00	0.00	184.50
	SUPPLIES PLNT OPS								
9304815804		04/11/20	03/24/20	04/20/20		319.20	0.00	0.00	319.20
	SUPPLIES PLNT OPS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10141	LAWSON PRODUCTS				708.62	0.00	0.00	708.62

Vendor#	Vendor Name	Class	Pay Code
11223	MALORY GRANZ		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21945		04/14/20	04/11/20	04/20/20		63.35	0.00	0.00	63.35
	TRAVEL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11223	MALORY GRANZ				63.35	0.00	0.00	63.35

Vendor#	Vendor Name	Class	Pay Code
11328	MARJORIE PIEPER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21946		04/14/20	04/07/20	04/20/20		36.16	0.00	0.00	36.16
	TRAVEL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11328	MARJORIE PIEPER				36.16	0.00	0.00	36.16

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

96738904		03/31/20	03/23/20	04/22/20		520.20	0.00	0.00	520.20
	SUPPLIES GEN LAB								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				520.20	0.00	0.00	520.20
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
1825142502		04/11/20	03/31/20	04/20/20		37.86	0.00	0.00	37.86
	SUPPLIES SURG								
1824769505		04/12/20	03/24/20	04/20/20		68.63	0.00	0.00	68.63
	SUPPLIES SURG								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC				106.49	0.00	0.00	106.49
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
8800037960		03/31/20	03/23/20	04/22/20		51.49	0.00	0.00	51.49
	SUPPLIES GEN RADIOLOGY								
8800037961		03/31/20	03/23/20	04/22/20		978.85	0.00	0.00	978.85
	SUPPLIES GEN RADIOLOGY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA				1,030.34	0.00	0.00	1,030.34
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
21950		04/14/20	04/13/20	04/20/20		304.73	0.00	0.00	304.73
	EMPL EXP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP				304.73	0.00	0.00	304.73
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
21951		04/14/20	04/10/20	04/20/20		22,322.85	0.00	0.00	22,322.85
	EMPL EXP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN				22,322.85	0.00	0.00	22,322.85
Vendor#	Vendor Name				Class	Pay Code			
10536	MORRIS & DICKSON CO, LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1143211		04/14/20	04/10/20	04/11/20		427.85	0.00	0.00	427.85
	INVENT PHARM								
1143213		04/14/20	04/10/20	04/11/20		163.53	0.00	0.00	163.53
	INVENT PHARM								
1141297		04/14/20	04/10/20	04/11/20		12.99	0.00	0.00	12.99
	INVENT PHARM								
1143212		04/14/20	04/10/20	04/11/20		2,382.49	0.00	0.00	2,382.49
	INVENT PHARM								
1146859		04/14/20	04/11/20	04/12/20		327.43	0.00	0.00	327.43
	INVENT PHARM								
1148200		04/14/20	04/11/20	04/12/20		265.17	0.00	0.00	265.17
	INVENT PHARM								
1148202		04/14/20	04/11/20	04/12/20		52.12	0.00	0.00	52.12

		INVENT PHARM							
	1148201		04/14/20	04/11/20	04/12/20	11,037.93	0.00	0.00	11,037.93
		INVENT PHARM							
	1153626		04/14/20	04/12/20	04/13/20	181.42	0.00	0.00	181.42
		INVENT PHARM							
	1153627		04/14/20	04/12/20	04/13/20	146.02	0.00	0.00	146.02
		INVENT PHARM							
	1153625		04/14/20	04/12/20	04/13/20	1,370.04	0.00	0.00	1,370.04
		INVENT PHARM							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC			16,366.99	0.00	0.00	16,366.99
Vendor#	Vendor Name				Class	Pay Code			
11324	NIC TIJERENA								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21944		04/14/20	04/05/20	04/20/20		81.32	0.00	0.00	81.32
		TRAVEL MED SURG							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11324	NIC TIJERENA				81.32	0.00	0.00	81.32
Vendor#	Vendor Name				Class	Pay Code			
O0920	OFFICE DEPOT								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	915147259001		04/12/20	03/22/20	04/20/20		61.74	0.00	0.00	61.74
		SUPPLIES RADIOLOGY							
	915477630001		04/12/20	03/24/20	04/20/20		272.62	0.00	0.00	272.62
		OFFICE SUPPLIES BUS OFF							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O0920	OFFICE DEPOT				334.36	0.00	0.00	334.36
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
	2025142170		03/23/20	02/16/20	04/22/20		366.71	0.00	0.00	366.71
		SUPPLIES GEN ANESTHESA							
	2025050811		03/24/20	02/14/20	04/23/20		1,004.70	0.00	0.00	1,004.70
		SUPPLIES GEN DIETARY							
	2026028567		03/31/20	03/21/20	04/20/20		1,076.37	0.00	0.00	1,076.37
		SUPPLIES SURGERY							
	2026024988		03/31/20	03/21/20	04/20/20		109.20	0.00	0.00	109.20
		INVENT C/S							
	2026025171		03/31/20	03/21/20	04/20/20		26.57	0.00	0.00	26.57
		INVENTORY C/S							
	2026025537		03/31/20	03/21/20	04/20/20		8.82	0.00	0.00	8.82
		INVENTORY C/S							
	2026024853		03/31/20	03/21/20	04/20/20		44.25	0.00	0.00	44.25
		INVENT C/S							
	2026091337		03/31/20	03/23/20	04/22/20		44.58	0.00	0.00	44.58
		SUPPLIES EKG							
	2026094634		03/31/20	03/23/20	04/22/20		1,785.24	0.00	0.00	1,785.24
		INVENT C/S							
	2026090960		03/31/20	03/23/20	04/22/20		11.68	0.00	0.00	11.68
		INVENT C/S							
	2026091924		03/31/20	03/23/20	04/22/20		110.86	0.00	0.00	110.86

		INVENT C/S							
	2026091227		03/31/20	03/23/20	04/22/20	31.07	0.00	0.00	31.07
		INVENT C/S							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		OM425	OWENS & MINOR			4,620.05	0.00	0.00	4,620.05
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
	21953		04/14/20	04/12/20	04/20/20		555.00	0.00	0.00	555.00
		PURCH SERV CLINIC							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11069	PABLO GARZA				555.00	0.00	0.00	555.00
Vendor#	Vendor Name				Class	Pay Code			
10204	PHARMEDIUM SERVICES LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	A1914399		03/31/20	03/30/20	04/20/20		266.85	0.00	0.00	266.85
		INVENT PHARM							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10204	PHARMEDIUM SERVICES LLC				266.85	0.00	0.00	266.85
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
	934345450		04/11/20	02/28/20	04/20/20		2,627.00	0.00	0.00	2,627.00
		MAINT CONTR NUC MED							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10032	PHILIPS HEALTHCARE				2,627.00	0.00	0.00	2,627.00
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
	0848361		04/11/20	02/15/20	04/20/20		20.84	0.00	0.00	20.84
		SUPPLIES LAB							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10541	PLATINUM CODE				20.84	0.00	0.00	20.84
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
	21941		03/31/20	03/31/20	04/20/20		1,390.50	0.00	0.00	1,390.50
		PUBLIC RELATIONS ADMIN							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2100	PORT LAVACA WAVE				1,390.50	0.00	0.00	1,390.50
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
	B30160		04/11/20	03/23/20	04/20/20		27.99	0.00	0.00	27.99
		SUPPLIES PT							
	B29610		04/11/20	02/28/20	04/20/20		2.78	0.00	0.00	2.78
		SUPPLIES PLNT OPS							
	A30587		04/11/20	03/07/20	04/20/20		7.99	0.00	0.00	7.99
		SUPPLIES PLNT OPS							
	A30845		04/11/20	03/16/20	04/20/20		60.30	0.00	0.00	60.30
		REPAIRS BEHAV HLTH							
	B30112		04/11/20	03/21/20	04/20/20		40.67	0.00	0.00	40.67

REPAIRS ER

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC	139.73	0.00	0.00	139.73

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
3728261		03/31/20	03/21/20	04/20/20		107.51	0.00	0.00	107.51
3727727		03/31/20	03/21/20	04/20/20		236.57	0.00	0.00	236.57
	OFFICE SUPPLIES LAB								
3729296		03/31/20	03/22/20	04/21/20		25.73	0.00	0.00	25.73

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	369.81	0.00	0.00	369.81

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC55293		04/11/20	03/12/20	04/20/20		1,667.00	0.00	0.00	1,667.00
	PURCH SERV RAD								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11080	RADSOURCE	1,667.00	0.00	0.00	1,667.00

Vendor#	Vendor Name	Class	Pay Code
11251	RAPID PRINTING LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1403		04/14/20	03/18/20	04/20/20		25.00	0.00	0.00	25.00
	PUBLIC RELAT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	25.00	0.00	0.00	25.00

Vendor#	Vendor Name	Class	Pay Code
10960	RICOH USA, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1069108647		04/14/20	03/29/20	04/20/20		4,253.00	0.00	0.00	4,253.00
	MAINT CONT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10960	RICOH USA, INC	4,253.00	0.00	0.00	4,253.00

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
98398696		04/14/20	02/28/20	04/20/20		5,909.84	0.00	0.00	5,909.84
	LEASE AND RENTAL								
98565000		04/14/20	03/31/20	04/19/20		9,099.27	0.00	0.00	9,099.27
	LEASE AND RENTAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0520	RICOH USA, INC.	15,009.11	0.00	0.00	15,009.11

Vendor#	Vendor Name	Class	Pay Code
D1080	RITA DAVIS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21948		04/14/20	04/10/20	04/20/20		80.50	0.00	0.00	80.50
	PURCH SERV C/S								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1080	RITA DAVIS	80.50	0.00	0.00	80.50

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
	96875		04/11/20	03/01/20	04/20/20		137.69	0.00	0.00	137.69
		REPAIRS ADMIN								
	96933		04/11/20	03/01/20	04/20/20		161.98	0.00	0.00	161.98
		REPAIRS ADMIN								
	00349		04/11/20	03/09/20	04/20/20		53.99	0.00	0.00	53.99
		SUPPLIES PLNT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS				353.66	0.00	0.00	353.66
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	115425288		04/11/20	03/18/20	04/20/20		832.25	0.00	0.00	832.25
		MAINT CONTR MAM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC				832.25	0.00	0.00	832.25
Vendor#	Vendor Name				Class	Pay Code				
11296	SOUTH TEXAS BLOOD & TISSUE CEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	90025948		04/11/20	03/20/20	04/20/20		-2,736.24	0.00	0.00	-2,736.24
		SUPPLIES BLOOD BANK								
	90026027		04/11/20	03/20/20	04/20/20		4,749.80	0.00	0.00	4,749.80
		SUPPLIES BLOOD BANK								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN				2,013.56	0.00	0.00	2,013.56
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
	25835		04/10/20	04/01/20	04/20/20		5,000.00	0.00	0.00	5,000.00
		DUES ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2345	SOUTHEAST TEXAS HEALTH SYS				5,000.00	0.00	0.00	5,000.00
Vendor#	Vendor Name				Class	Pay Code				
S2830	STRYKER SALES CORP				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	968817A		04/12/20	03/28/20	04/20/20		142.20	0.00	0.00	142.20
		SUPPLIES SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2830	STRYKER SALES CORP				142.20	0.00	0.00	142.20
Vendor#	Vendor Name				Class	Pay Code				
10735	STRYKER SUSTAINABILITY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2999594		03/31/20	03/22/20	04/21/20		188.39	0.00	0.00	188.39
		SUPPLIES GEN SURG								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10735	STRYKER SUSTAINABILITY				188.39	0.00	0.00	188.39
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
	113276025		03/23/20	03/02/20	04/20/20		627.54	0.00	0.00	627.54

	FOOD DIETARY								
113332613		04/11/20	03/23/20	04/20/20		1,132.49	0.00	0.00	1,132.49
	DIETARY SUPPLIES								
113375118		04/11/20	04/06/20	04/26/20		730.12	0.00	0.00	730.12
	DIETARY SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF				2,490.15	0.00	0.00	2,490.15
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
	SPL1011		04/14/20	03/17/20	04/20/20		309.00	0.00	0.00	309.00
		COLLECTION EXP								
	SPL1012		04/14/20	03/17/20	04/20/20		1,025.60	0.00	0.00	1,025.60
		COLLECTION EXP								
	SPL1013		04/14/20	03/17/20	04/20/20		300.30	0.00	0.00	300.30
		COLLECTION EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11039	THE BRATTON FIRM				1,634.90	0.00	0.00	1,634.90
Vendor#	Vendor Name				Class	Pay Code				
U1460	THE UNIFORM CONNECTION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	200802		04/11/20	03/30/20	04/20/20		36.00	0.00	0.00	36.00
		SUPPLIES CLINIC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1460	THE UNIFORM CONNECTION				36.00	0.00	0.00	36.00
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
	0067332		04/19/20	03/05/20	03/20/20		24.80	0.00	0.00	24.80
		DUES ADMIN								
	21952		04/19/20	03/31/20	04/15/20		568.86	0.00	0.00	568.86
		DUES ADMIN								
	0069153		04/19/20	03/31/20	04/15/20		19.90	0.00	0.00	19.90
		DUES ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1050	THE VICTORIA ADVOCATE				613.56	0.00	0.00	613.56
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
	8150761419		03/23/20	03/21/20	04/20/20		60.66	0.00	0.00	60.66
		PURCH SERV MAINT								
	8150761509		03/23/20	03/21/20	04/20/20		34.42	0.00	0.00	34.42
		PURCH SERV MAINT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1054	UNIFIRST HOLDINGS				95.08	0.00	0.00	95.08
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
	8400242749		03/23/20	03/21/20	04/20/20		148.87	0.00	0.00	148.87
		PURCH SERV REHAB								
	8400242748		03/31/20	03/21/20	04/20/20		322.39	0.00	0.00	322.39

	LAUNDRY HSKEEPING								
8400242751		03/31/20	03/21/20	04/20/20		172.98	0.00	0.00	172.98
	LAUNDRY OB								
8400242750		03/31/20	03/21/20	04/20/20		113.40	0.00	0.00	113.40
	LAUNDRY DIETARY								
8400242793		03/31/20	03/21/20	04/20/20		166.72	0.00	0.00	166.72
	LAUNDRY DIETARY								
8400242752		03/31/20	03/21/20	04/20/20		106.11	0.00	0.00	106.11
	LAUNDRY HSKEEPING								
8400242802		03/31/20	03/21/20	04/20/20		1,049.52	0.00	0.00	1,049.52
	LAUNDRY HSKEEPING								
8400243083		03/31/20	03/24/20	04/23/20		459.50	0.00	0.00	459.50
	LAUNDRY SURGERY								
8400243126		03/31/20	03/24/20	04/23/20		1,084.41	0.00	0.00	1,084.41
	LAUNDRY HSKEEPING								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC				3,623.90	0.00	0.00	3,623.90
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
	3891735		04/11/20	03/13/20	04/20/20		2,455.65	0.00	0.00	2,455.65
		DIETARY SUPPLIES								
	4295443		04/11/20	04/03/20	04/23/20		1,457.81	0.00	0.00	1,457.81
		DIETARY SUPPLIES								
	4363132		04/11/20	04/06/20	04/26/20		1,532.89	0.00	0.00	1,532.89
		DIETARY SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE					5,446.35	0.00	0.00	5,446.35
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
	9110381355		03/31/20	03/21/20	04/20/20		432.60	0.00	0.00	432.60
		SUPPLIES LAB								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC					432.60	0.00	0.00	432.60
Vendor#	Vendor Name				Class	Pay Code				
Y1000	YOUNG PLUMBING CO				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	153037		04/11/20	01/06/20	04/20/20		121.00	0.00	0.00	121.00
		PLAZA REPAIRS								
	152343		04/11/20	09/30/20	04/20/20		129.00	0.00	0.00	129.00
		PLAZA REPAIRS								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	Y1000	YOUNG PLUMBING CO					250.00	0.00	0.00	250.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	237,545.34	0.00	0.00	237,545.34

APPROVED ON

APR 24 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #170809
TO
170883

Michael J. Pfeiffer
Calhoun County Judge
Date: 4-28-17

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	170809	04/24/17	2,627.00	PHILIPS HEALTHCARE
A/P	170810	04/24/17	708.62	LAWSON PRODUCTS
A/P	170811	04/24/17	5,446.35	US FOOD SERVICE
A/P	170812	04/24/17	266.85	PHARMEDIUM SERVICES LLC
A/P	170813	04/24/17	1,327.16	CENTURION MEDICAL PRODUCTS
A/P	170814	04/24/17	1,037.36	DEWITT POTH & SON
A/P	170815	04/24/17	369.81	PRECISION DYNAMICS CORP (PDC)
A/P	170816	04/24/17	827.01	GE HEALTHCARE IITS USA CORP
A/P	170817	04/24/17	16,366.99	MORRIS & DICKSON CO, LLC
A/P	170818	04/24/17	20.84	PLATINUM CODE
A/P	170819	04/24/17	495.00	FASTHEALTH CORPORATION
A/P	170820	04/24/17	188.39	STRYKER SUSTAINABILITY
A/P	170821	04/24/17	22,322.85	MMC EMPLOYEE BENEFIT PLAN
A/P	170822	04/24/17	14,701.32	HUNTER PHARMACY SERVICES
A/P	170823	04/24/17	4,253.00	RICOH USA, INC
A/P	170824	04/24/17	15,365.34	CSI LEASING INC
A/P	170825	04/24/17	1,634.90	THE BRATTON FIRM
A/P	170826	04/24/17	555.00	PABLO GARZA
A/P	170827	04/24/17	1,667.00	RADSOURCE
A/P	170828	04/24/17	847.17	FRONTIER
A/P	170829	04/24/17	261.15	IRON MOUNTAIN
A/P	170830	04/24/17	5,100.00	CFI MECHANICAL INC
A/P	170831	04/24/17	63.35	MALORY GRANZ
A/P	170832	04/24/17	8,406.12	AMN HEALTHCARE ALLIED, INC.
A/P	170833	04/24/17	25.00	RAPID PRINTING LLC
A/P	170834	04/24/17	30.07	KYLE DANIEL
A/P	170835	04/24/17	578.52	ACE HARDWARE 15521
A/P	170836	04/24/17	50,637.45	EMERGENCY STAFFING SOLUTIONS
A/P	170837	04/24/17	715.00	DOWELL PEST CONTROL
A/P	170838	04/24/17	2,013.56	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	170839	04/24/17	23,443.48	ALLSTATE
A/P	170840	04/24/17	81.32	NIC TIJERENA
A/P	170841	04/24/17	36.16	MARJORIE PIEPER
A/P	170842	04/24/17	532.90	ALCON LABORATORIES, INC.
A/P	170843	04/24/17	554.44	CARDINAL HEALTH 414,LLC
A/P	170844	04/24/17	358.66	BAXTER HEALTHCARE
A/P	170845	04/24/17	547.50	CONMED CORPORATION
A/P	170846	04/24/17	332.16	CDW GOVERNMENT, INC.
A/P	170847	04/24/17	80.50	RITA DAVIS
A/P	170848	04/24/17	207.00	DOWNTOWN CLEANERS
A/P	170849	04/24/17	79.95	DLE PAPER & PACKAGING
A/P	170850	04/24/17	5.05	DYNATRONICS CORPORATION
A/P	170851	04/24/17	134.25	EAGLE FIRE & SAFETY INC
A/P	170852	04/24/17	111.82	FEDERAL EXPRESS CORP.
A/P	170853	04/24/17	10,361.17	FISHER HEALTHCARE
A/P	170854	04/24/17	79.84	GARDENLAND NURSERY
A/P	170855	04/24/17	821.59	GETINGE USA
A/P	170856	04/24/17	185.13	GULF COAST PAPER COMPANY
A/P	170857	04/24/17	500.00	HOLOGIC INC
A/P	170858	04/24/17	464.10	HILL-ROM COMPANY, INC

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		170859	04/24/17	314.98	HOSPIRA WORLDWIDE, INC
A/P		170860	04/24/17	15,009.11	RICOH USA, INC.
A/P		170861	04/24/17	432.60	WERFEN USA LLC
A/P		170862	04/24/17	1,407.91	J & J HEALTH CARE SYSTEMS, INC
A/P		170863	04/24/17	520.20	MCKESSON MEDICAL SURGICAL INC
A/P		170864	04/24/17	106.49	MEDLINE INDUSTRIES INC
A/P		170865	04/24/17	304.73	MMC AUXILIARY GIFT SHOP
A/P		170866	04/24/17	1,030.34	MERRY X-RAY/SOURCEONE HEALTHCA
A/P		170867	04/24/17	334.36	OFFICE DEPOT
A/P		170868	04/24/17	.00	VOIDED
A/P		170869	04/24/17	4,620.05	OWENS & MINOR
A/P		170870	04/24/17	1,390.50	PORT LAVACA WAVE
A/P		170871	04/24/17	139.73	POWER ELECTRIC
A/P		170872	04/24/17	564.00	CULLIGAN OF VICTORIA
A/P		170873	04/24/17	353.66	SHERWIN WILLIAMS
A/P		170874	04/24/17	832.25	SIEMENS MEDICAL SOLUTIONS INC
A/P		170875	04/24/17	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P		170876	04/24/17	142.20	STRYKER SALES CORP
A/P		170877	04/24/17	2,490.15	SYSCO FOOD SERVICES OF
A/P		170878	04/24/17	95.08	UNIFIRST HOLDINGS
A/P		170879	04/24/17	3,623.90	UNIFIRST HOLDINGS INC
A/P		170880	04/24/17	36.00	THE UNIFORM CONNECTION
A/P		170881	04/24/17	613.56	THE VICTORIA ADVOCATE
A/P		170882	04/24/17	158.34	GRAINGER
A/P		170883	04/24/17	250.00	YOUNG PLUMBING CO
TOTALS:				237,545.34	

APPROVED
ON

APR 24 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:04/24/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:23 CHECK REGISTER and Payable List GLCKREG
04/24/17 THRU 04/24/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000914	04/24/17	1,956.47	MCKESSON
A/P	000915	04/24/17	303.05	MCKESSON
A/P *	000916	04/24/17	809.71	MCKESSON
A/P	170809	04/24/17	2,627.00	PHILIPS HEALTHCARE
A/P	170810	04/24/17	708.62	LAWSON PRODUCTS
A/P	170811	04/24/17	5,446.35	US FOOD SERVICE
A/P	170812	04/24/17	266.85	PHARMEDIUM SERVICES LLC
A/P	170813	04/24/17	1,327.16	CENTURION MEDICAL PRODUCTS
A/P	170814	04/24/17	1,037.36	DEWITT POTH & SON
A/P	170815	04/24/17	369.81	PRECISION DYNAMICS CORP (PDC)
A/P	170816	04/24/17	827.01	GE HEALTHCARE IITS USA CORP
A/P	170817	04/24/17	16,366.99	MORRIS & DICKSON CO, LLC
A/P	170818	04/24/17	20.84	PLATINUM CODE
A/P	170819	04/24/17	495.00	FASTHEALTH CORPORATION
A/P	170820	04/24/17	188.39	STRYKER SUSTAINABILITY
A/P	170821	04/24/17	22,322.85	MMC EMPLOYEE BENEFIT PLAN
A/P	170822	04/24/17	14,701.32	HUNTER PHARMACY SERVICES
A/P	170823	04/24/17	4,253.00	RICOH USA, INC
A/P	170824	04/24/17	15,365.34	CSI LEASING INC
A/P	170825	04/24/17	1,634.90	THE BRATTON FIRM
A/P	170826	04/24/17	555.00	PABLO GARZA
A/P	170827	04/24/17	1,667.00	RADSOURCE
A/P	170828	04/24/17	847.17	FRONTIER
A/P	170829	04/24/17	261.15	IRON MOUNTAIN
A/P	170830	04/24/17	5,100.00	CFI MECHANICAL INC
A/P	170831	04/24/17	63.35	MALORY GRANZ
A/P	170832	04/24/17	8,406.12	AMN HEALTHCARE ALLIED, INC.
A/P	170833	04/24/17	25.00	RAPID PRINTING LLC
A/P	170834	04/24/17	30.07	KYLE DANIEL
A/P	170835	04/24/17	578.52	ACE HARDWARE 15521
A/P	170836	04/24/17	50,637.45	EMERGENCY STAFFING SOLUTIONS
A/P	170837	04/24/17	715.00	DOWELL PEST CONTROL
A/P	170838	04/24/17	2,013.56	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	170839	04/24/17	23,443.48	ALLSTATE
A/P	170840	04/24/17	81.32	NIC TIJERENA
A/P	170841	04/24/17	36.16	MARJORIE PIEPER
A/P	170842	04/24/17	532.90	ALCON LABORATORIES, INC.
A/P	170843	04/24/17	554.44	CARDINAL HEALTH 414,LLC
A/P	170844	04/24/17	358.66	BAXTER HEALTHCARE
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A/P	170847	04/24/17	80.50	RITA DAVIS
A/P	170848	04/24/17	207.00	DOWNTOWN CLEANERS
A/P	170849	04/24/17	79.95	DLE PAPER & PACKAGING
A/P	170850	04/24/17	5.05	DYNATRONICS CORPORATION
A/P	170851	04/24/17	134.25	EAGLE FIRE & SAFETY INC
A/P	170852	04/24/17	111.82	FEDERAL EXPRESS CORP.
A/P	170853	04/24/17	10,361.17	FISHER HEALTHCARE
A/P	170854	04/24/17	79.84	GARDENLAND NURSERY
A/P	170855	04/24/17	821.59	GETINGE USA

$3,069.23

340B Prescription Expenses * see pg 2 for Approval Stamp 4/24/17

1,956.47 +
303.05 +
809.71 +
3,069.23 *

CK Register for #000914, 000915 & 000916

Rest of check on register approved earlier in day.

Michael J. Pfeifer
Calhoun County Judge
Date: 4-28-17

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	170856	04/24/17	185.13	GULF COAST PAPER COMPANY
A/P	170857	04/24/17	500.00	HOLOGIC INC
A/P	170858	04/24/17	464.10	HILL-ROM COMPANY, INC
A/P	170859	04/24/17	314.98	HOSPIRA WORLDWIDE, INC
A/P	170860	04/24/17	15,009.11	RICOH USA, INC.
A/P	170861	04/24/17	432.60	WERFEN USA LLC
A/P	170862	04/24/17	1,407.91	J & J HEALTH CARE SYSTEMS, INC
A/P	170863	04/24/17	520.20	MCKESSON MEDICAL SURGICAL INC
A/P	170864	04/24/17	106.49	MEDLINE INDUSTRIES INC
A/P	170865	04/24/17	304.73	MMC AUXILIARY GIFT SHOP
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A/P	170867	04/24/17	334.36	OFFICE DEPOT
A/P	170868	04/24/17	.00	VOIDED
A/P	170869	04/24/17	4,620.05	OWENS & MINOR
A/P	170870	04/24/17	1,390.50	PORT LAVACA WAVE
A/P	170871	04/24/17	139.73	POWER ELECTRIC
A/P	170872	04/24/17	564.00	CULLIGAN OF VICTORIA
A/P	170873	04/24/17	353.66	SHERWIN WILLIAMS
A/P	170874	04/24/17	832.25	SIEMENS MEDICAL SOLUTIONS INC
A/P	170875	04/24/17	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	170876	04/24/17	142.20	STRYKER SALES CORP
A/P	170877	04/24/17	2,490.15	SYSCO FOOD SERVICES OF
A/P	170878	04/24/17	95.08	UNIFIRST HOLDINGS
A/P	170879	04/24/17	3,623.90	UNIFIRST HOLDINGS INC
A/P	170880	04/24/17	36.00	THE UNIFORM CONNECTION
A/P	170881	04/24/17	613.56	THE VICTORIA ADVOCATE
A/P	170882	04/24/17	158.34	GRAINGER
A/P	170883	04/24/17	250.00	YOUNG PLUMBING CO
TOTALS:			240,614.57	

APPROVED
ON

APR 24 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 04/21/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 04/22/2017

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

As of: 04/21/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 04/22/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 190813 HEB PHCY 0434/MEM MED PHS											
04/17/2017	04/25/2017	7803337710	1000999325	115Invoice	2.69	134.44		✓131.75	✓	7803337710	
04/17/2017	04/25/2017	7803337711	1000999325	115Invoice	1.82	91.12		✓89.30	✓	7803337711	
04/17/2017	04/25/2017	7803337712	1000999882	115Invoice	9.60	479.84		✓470.24	✓	7803337712	
04/17/2017	04/25/2017	7803337713	1001000283	115Invoice	12.86	643.22		✓630.36	✓	7803337713	
04/18/2017	04/25/2017	7803567498	1001000642	115Invoice	6.83	341.43		✓334.60	✓	7803567498	
04/19/2017	04/25/2017	7803795119	1001001247	115Invoice	1.94	97.21		✓95.27	✓	7803795119	
04/20/2017	04/20/2017	7804104636	MFC PR CORR CR	Pricing Cor		347.21-	P	✓347.21-	P ✓	7804104636	
04/20/2017	04/25/2017	7804104637	MFC PR CORR IN	Pricing Cor	7.08	354.22		✓347.14	✓	7804104637	
04/21/2017	04/25/2017	7804267569 ✓	1001002398	115Invoice	4.18	209.20		✓205.02	✓	7804267569	

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

TOTAL: Customer Number 190813 HEB PHCY 0434/MEM MED PHS

Subtotals: 2,003.47 USD

Future Due: 0.00

Past Due: 347.21-

Last Payment 1,238.87
04/17/2017

If Paid By 04/25/2017,
Pay This Amount: ✓1,956.47 USD

If Paid After 04/25/2017,
Pay this Amount: 2,003.47 USD

Due If Paid On Time:
USD 1,956.47

Disc lost if paid late:
47.00

Due If Paid Late:
USD 2,003.47

Ck# 914

APPROVED
ON EP
APR 24 2017
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: 04/21/2017

DC: 8115

Territory: 400

Customer: 256342
Date: 04/22/2017

Page: 001

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

As of: 04/21/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 04/22/2017

PLEASE CHECK ANY ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 256342 WALMART 1098/MEM MED PHS											
04/18/2017	04/25/2017	7803565166 ✓	3454582198	115Invoice	1.19	59.53		✓58.34 ✓		7803565166	
04/18/2017	04/25/2017	7803565167 ✓	1101366	115Invoice	0.01	0.63		✓0.62 ✓		7803565167	
04/19/2017	04/25/2017	7803797649 ✓	3454582201	115Invoice	0.01	0.59		✓0.58 ✓		7803797649	
04/19/2017	04/25/2017	7803797650 ✓	1101398	115Invoice	1.20	60.02		✓58.82 ✓		7803797650	
04/20/2017	04/20/2017	7804103075 ✓	MFC PR CORR CR	Pricing Cor		46.16-	P	✓46.16-	P ✓	7804103075	
04/20/2017	04/25/2017	7804103076 ✓	MFC PR CORR IN	Pricing Cor	0.94	47.08		✓46.14 ✓		7804103076	
04/21/2017	04/25/2017	7804265055 ✓	3454582204	115Invoice	3.77	188.48		✓184.71 ✓		7804265055	

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

TOTAL: Customer Number 256342 WALMART 1098/MEM MED PHS

Subtotals: 310.17 USD

Future Due: 0.00

Past Due: 46.16-

Last Payment 644.72
04/17/2017

If Paid By 04/25/2017,
Pay This Amount: ✓303.05 USD

If Paid After 04/25/2017,
Pay this Amount: 310.17 USD

Due If Paid On Time:
USD 303.05

Disc lost if paid late:
7.12

Due If Paid Late:
USD 310.17

Ck# 915

APPROVED
ON
APR 24 2017
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: 04/21/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 04/22/2017

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

As of: 04/21/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 04/22/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
Customer Number 262252 CVS PHCY 7006/MEMORIA PHS											
04/17/2017	04/25/2017	7803355362	1000999327	115Invoice	4.36	218.02		✓213.66	✓	7803355362	
04/17/2017	04/25/2017	7803355364	1000999884	115Invoice	0.77	38.58		✓37.81	✓	7803355364	
04/17/2017	04/25/2017	7803355366	1001000285	115Invoice	1.22	60.92		✓59.70	✓	7803355366	
04/18/2017	04/25/2017	7803567697	1001000644	115Invoice	1.77	88.48		✓86.71	✓	7803567697	
04/19/2017	04/25/2017	7803805958	1001001249	115Invoice	0.95	47.56		✓46.61	✓	7803805958	
04/20/2017	04/25/2017	7804053936	1001001818	115Invoice	2.24	112.13		✓109.89	✓	7804053936	
04/20/2017	04/20/2017	7804102547	MFC PR CORR CR	Pricing Cor		145.42-	P	✓145.42-	P ✓	7804102547	
04/20/2017	04/25/2017	7804102548	MFC PR CORR IN	Pricing Cor	2.97	148.35		✓145.38	✓	7804102548	
04/21/2017	04/25/2017	7804282548	1001002400	115Invoice	5.21	260.58		✓255.37	✓	7804282548	

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

TOTAL: Customer Number 262252 CVS PHCY 7006/MEMORIA PHS

Subtotals: 829.20 USD

Future Due: 0.00

Past Due: 145.42-

Last Payment 1,127.62
04/17/2017

If Paid By 04/25/2017,
Pay This Amount: 809.71 USD ✓✓

If Paid After 04/25/2017,
Pay this Amount: 829.20 USD

Due If Paid On Time:
USD 809.71

Disc lost if paid late:
19.49

Due If Paid Late:
USD 829.20

Ck#916

APPROVED
ON
APR 24 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

IBC BANK
We Do More

April 2017 Statement
Open Date: 03/07/2017 Closing Date: 04/05/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT (

Cardmember Service (
BUS 30 ELN 78 3

New Balance	**$2,964.68**
Minimum Payment Due	**$30.00**
Payment Due Date	**05/01/2017**

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	+	$5,661.75
Payments	-	$5,661.75CR
Other Credits		$0.00
Purchases	+	$2,964.68
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$2,964.68**
Past Due		**$0.00**
Minimum Payment Due		**$30.00**
Credit Line		$10,000.00
Available Credit		$7,035.32
Days in Billing Period		30

2,964.68

Michael J. Pfeifer
Calhoun County Judge
Date: 4-24-17

MMC
Will
Pay By
Phone.

APPROVED
ON
APR 24 2017
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	5/01/2017
New Balance	$2,964.68
Minimum Payment Due	$30.00

Amount Enclosed $_____

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

IBC BANK
We Do More

April 2017 Statement 03/07/2017 - 04/05/2017

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.

An Easy Way to Monitor Your Spending. Now there's a more convenient way to view and monitor your credit card spending history. With Spend Analysis, you can securely view your transaction and spending information online. It's a valuable cardmember tool that will help you manage your expenses from the convenience of your computer! See enclosed insert for more details.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
03/29	03/29		PAYMENT THANK YOU	$5,661.75CR	
			TOTAL THIS PERIOD	$5,661.75CR	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
03/07	03/06	0338	WAL-MART #1098 PORT LAVACA TX	$1,423.68	
03/27	03/24	0137	HYATT PLACE AUSTN/N CE AUSTIN TX 03/22/17 FOR 02 NIGHTS FOLIO: 0008992303240	$310.50	
03/27	03/24	0780	HYATT PLACE AUSTN/N CE AUSTIN TX	$310.50	
03/31	03/30	7341	SYSTEM13INC 434-977-0000 VA	$920.00	
			TOTAL THIS PERIOD	$2,964.68	

2017 Totals Year-to-Date	
Total Fees Charged in 2017	$0.00
Total Interest Charged in 2017	$0.00

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

Signature/Approval: _____ Accounting Code: _____

Continued on Next Page

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: 4/13/17

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	—		Hyatt Place Austin - Hotel		✓	310.50
2			expense for Nadine Garner			
3	—		Hyatt Place Austin - Hotel		✓	310.50
4			expense for Debbie Wittenbert			
5	—		System13 INC		✓	920.00
6	—					
7			Walmart		✓	1,423.68
8			8 TVs / 8 Tv Mounts			
9						2,964.68
10						

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

APPROVED
APR 24 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

NOTES:

Contact: | Date:

Quoted By:

Buyer: | B.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

System13, Inc.

Formerly Commonwealth Clinical Systems

1648 State Farm Blvd. Charlottesville VA 22911 (888) 308-4953 Help Desk

Created: 3/28/2017 3:29:00 PM

Quote

ID: 49475

Title: **3q16 Inpat/Outpat regen, restore data**
Customer ID: 487000 Memorial Medical Center
815 North Virginia Street
Port Lavaca 77979

Email: janglin@mmcportlavaca.com
Status: Active

Jason Anglin - 361-552-6713

DESCRIPTION
Data Warehouse will restore quarterly claims for provider to make online corrections. The Data Warehouse will then manually create master claim/encounter input datasets, apply the late corrections, rerun encounter build programs, and recreate/redistribute certification datasets.

>> Encounter Regeneration 3q16 Outpat	$460.00
>> Encounter Regeneration 3q16 Inpat	$460.00

Processing will be completed and distributed according to the THCIC schedule.

-

TotalCharge: $920.00

Acceptance of this work order is an acknowledgement that the customer is responsible for ensuring the results of the actions taken to accomplish this work order satisfy the request and THCIC and System13 are not responsible for any error or inadvertent consequence resulting from actions taken to perform this work.

System13 requires payment in advance of programming work on all work orders. We accept the following payment methods:

1. **CREDIT CARD - VISA, MASTERCARD, DISCOVER CARD, AMERICAN EXPRESS, MAESTRO/SWITCH DEBIT CARD and SOLO DEBIT CARD.**

Online Payment Instructions ====>

Visit https://payments.system13.com
* Client # (as it appears on quote)
* Invoice # (as it appears on quote)
* Type of Service - required (Enter Title as on quote)
* Amount - required
* Click on the blue 'Add to Cart' button
* Review the details of your transaction
* Click on the blue checkout button
* Enter Credit Card info - acct#, exp, security code
* Billing Information Section: Please reference the name of the contact person for your facility, this should be the same person that the quote was furnished to.
* Click on the blue checkout button
* Review details and click blue Submit Order button

2. **CHECK**
   * **In U.S. funds, drawn on a U.S. bank**
   * **Make check payable to:**
     System13, Inc.
     1648 State Farm Blvd.
     Charlottesville, VA 22911

Once payment has been received by System13, we will schedule the work to be performed, and notify you when completed.

Please Note:
These arrangements do not excuse you or exempt you from any deadlines that apply to the delivery of this data.

Jerry Pickett

From:
Sent: Thursday, March 30, 2017 10:20 AM
To: Jerry Pickett
Subject: System13 Order Receipt

Email Order Receipt

Order number: 84fcdvmpclquv59b286f9e7ik5

Thank you for your order.

ID	Name	Description	Price	Total
487000	49475	Qtr Cert Regeneration	$920.00	$920.00

Order Summary

Total:	**$920.00**

Payment Information

Card number	xxxx xxxx xxxx
Expiration date	07/2018

Billing Information

Jerry Pickett
815 N. Virginia
Port Lavaca, TX 77979
US

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: Walmart

Date: 3-6-17

Vendor Address:

P.O. # 86618

Vendor Phone #:

Account #

Vendor Fax #:

Initiated By:

Form #9401

Date Required | Expense # | Department MTS OB ICU | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
	8		Led TV	128.00		1024.00
	8		TV Mount	49.96		399.68

Walmart
Save money. Live better.

(361) 552 - 4116
MANAGER ROBERT SMITH
400 TINEY BROWNING BLVD
PORT LAVACA TX 77979
ST# 01098 OP# 000342 TE# 14 TR# 09553
TV MOUNT 079379553040
0 AT 1 FOR 49.96 399.68 0
PRODUCT SERIAL # MEC01644207175 128.00 0
32 LED HDTV 005381834029
PRODUCT SERIAL # MEC01645215192 128.00 0
32 LED HDTV 005381834029
PRODUCT SERIAL # MEC01646244155 128.00 0
32 LED HDTV 005381834029
PRODUCT SERIAL # MEC01645214805 128.00 0
32 LED HDTV 005381834029
PRODUCT SERIAL # MEC01641121711 128.00 0
32 LED HDTV 005381834029
PRODUCT SERIAL # MEC01645215056 128.00 0
32 LED HDTV 005381834029
PRODUCT SERIAL # MEC01645214737 128.00 0
32 LED HDTV 005381834029
PRODUCT SERIAL # MEC01645215130 128.00 0
32 LED HDTV 005381834029
SUBTOTAL 1,423.68
TOTAL 1,423.68
VISA TEND 1,423.68 I 2

Visa Credit **** **** ****
APPROVAL # 316025
REF # 706500344033
TRANS ID - 587065715308430
VALIDATION - HH4Q
PAYMENT SERVICE - E

AID A0000000031010
TC 85C4ABF36ED4B9DE
TERMINAL # SC060053
*Signature Verified

03/06/17 13:52:32
CHANGE DUE 0.00
ITEMS SOLD 16
[C# 5876 6956 4631 5020 1485 79

03/06/17 13:52:44
CUSTOMER COPY

Store receipts on your phone. Walmart Pay.

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1423.68

NOTES:

Paid by the volunteers
We are now down buying the TV + Mount
Paid on Mr. Pickett C.C.

Contact: Date:

Quoted By:

Buyer: E.T.A.

Dept. Director Sandra Brown

Dir. Nursing

Adm. Dir. Clinical Service

CFO

Administrator

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
4/24/2017

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Ashford Gardens	4553	155,772.47	155,672.47	348,354.44	-	-	-	-	348,454.44	348,354.44

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 - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	91,699.44	91,599.44	404,192.84	-	-	-	-	404,292.84	404,192.84
Crescent	4588	58,939.31	58,839.31	404,860.34	-	-	-	-	404,960.34	404,860.34
Broadmoor	4596	78,528.80	78,706.66	553,230.86	-	-	-	-	553,053.00	552,953.00
Fort Bend	4618	74,598.90	74,498.90	115,559.19	-	-	-	-	115,659.19	115,559.19
										1,477,565.37

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

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

Michael J. Pfeifer
Calhoun County Judge
Date: 4-25-17

Approved:

APPROVED
APR 25 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 4-10-17.xlsx

Account Portfolio as of 04/24/2017 8:51:21 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$1,827,029.67	$1,827,029.67
Memorial Medical Center	4553	$348,454.44	$358,405.10
Memorial Medical Center	4561	$404,292.84	$404,292.84
Memorial Medical Center	4588	$404,960.34	$404,960.34
Memorial Medical Center	4596	$553,053.00	$560,262.88
Memorial Medical Center	4618	$115,659.19	$117,351.40
Memorial Medical Center Operat	0301	$2,486,434.35	$2,521,251.63
County of Calhoun Indigent	1101	$4,882.79	$4,882.79
Totals		**$6,144,766.62**	**$6,198,436.65**

IBC Bank Activity
4/3/17 through 4/23/17

Ashford Gardens					Transfer-Out	Transfer-In	
4/4/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	155,672.47		ASHFORD HEALTH CARE CENTER LTD
4/7/2017	113105025	4553	301	COMMERCIAL DEPOSIT		81,369.78	
4/7/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,598.80	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4302961*1201494502\
4/7/2017	113105025	4553	142	ACH CREDIT RECEIVED		4,244.89	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4306123*1201494502\
4/10/2017	113105025	4553	142	ACH CREDIT RECEIVED		4,127.39	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4309981*1201494502\
4/10/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,305.13	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
4/11/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,868.24	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4315117*1201494502\
4/11/2017	113105025	4553	142	ACH CREDIT RECEIVED		767.54	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4313156*1201494502\
4/11/2017	113105025	4553	142	ACH CREDIT RECEIVED		819.97	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
4/13/2017	113105025	4553	142	ACH CREDIT RECEIVED		174.86	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4317562*1201494502\
4/13/2017	113105025	4553	301	COMMERCIAL DEPOSIT		37,631.61	
4/13/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,798.56	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4321035*1201494502\
4/13/2017	113105025	4553	142	ACH CREDIT RECEIVED		10,280.85	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
4/14/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,131.90	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4326049*1201494502\
4/18/2017	113105025	4553	142	ACH CREDIT RECEIVED		5,540.69	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
4/19/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,764.54	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4335031*1201494502\
4/19/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,584.79	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4337975*1201494502\
4/20/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,670.32	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6603538*1205296137*000004911\
4/20/2017	113105025	4553	142	ACH CREDIT RECEIVED		774.21	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4339716*1201494502\
4/21/2017	113105025	4553	142	ACH CREDIT RECEIVED		5,556.96	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4343362*1201494502\
4/21/2017	113105025	4553	142	ACH CREDIT RECEIVED		7,871.20	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
4/21/2017	113105025	4553	142	ACH CREDIT RECEIVED		85,808.28	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6604106*1205296137*000004911\
4/21/2017	113105025	4553	301	COMMERCIAL DEPOSIT		67,894.98	
4/21/2017	113105025	4553	142	ACH CREDIT RECEIVED		18,768.95	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4345551*1201494502\
					155,672.47	348,354.44	

Solera at West Houston					Transfer-Out	Transfer-In	
4/4/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	91,599.44		CANTEX HEALTH CARE CENTERS LLC
4/4/2017	113105025	4561	142	ACH CREDIT RECEIVED		5,209.18	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017040119700743*1752603231\
4/6/2017	113105025	4561	142	ACH CREDIT RECEIVED		6,367.72	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
4/7/2017	113105025	4561	301	COMMERCIAL DEPOSIT		42,158.13	
4/7/2017	113105025	4561	142	ACH CREDIT RECEIVED		406.35	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017040510903982*1752603231\
4/11/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,483.18	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017040817300433*1752603231\
4/11/2017	113105025	4561	142	ACH CREDIT RECEIVED		708.72	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017040713100139*1752603231\
4/13/2017	113105025	4561	301	COMMERCIAL DEPOSIT		45,173.02	
4/14/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,784.73	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
4/17/2017	113105025	4561	142	ACH CREDIT RECEIVED		98.55	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
4/18/2017	113105025	4561	142	ACH CREDIT RECEIVED		8,606.88	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017041417001020*1752603231\
4/21/2017	113105025	4561	142	ACH CREDIT RECEIVED		253,817.25	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4406276*1205296137*000004011\
4/21/2017	113105025	4561	301	COMMERCIAL DEPOSIT		33,736.36	
4/21/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,642.77	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					91,599.44	404,192.84	

Crescent					Transfer-Out	Transfer-In	
4/4/2017	113105025	4588	142	ACH CREDIT RECEIVED		412.30	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017040112100329*1752603231\
4/4/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	58,839.31		CANTEX HEALTH CARE CENTERS III
4/4/2017	113105025	4588	142	ACH CREDIT RECEIVED		3,722.95	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017033116301166*1752603231\
4/7/2017	113105025	4588	301	COMMERCIAL DEPOSIT		19,180.52	
4/7/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,706.48	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4303146*1201494502\
4/10/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,823.36	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4307979*1201494502\
4/10/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,702.30	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
4/11/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,459.40	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017040713301174*1452485907\
4/11/2017	113105025	4588	142	ACH CREDIT RECEIVED		640.26	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4313275*1201494502\
4/11/2017	113105025	4588	142	ACH CREDIT RECEIVED		7,570.63	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017040713100134*1752603231\
4/11/2017	113105025	4588	142	ACH CREDIT RECEIVED		3,381.03	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017040817300442*1752603231\
4/13/2017	113105025	4588	301	COMMERCIAL DEPOSIT		12,840.14	
4/18/2017	113105025	4588	142	ACH CREDIT RECEIVED		5,733.00	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017041512100113*1752603231\
4/21/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,708.75	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
4/21/2017	113105025	4588	142	ACH CREDIT RECEIVED		6,131.34	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4343547*1201494502\
4/21/2017	113105025	4588	142	ACH CREDIT RECEIVED		310,314.03	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4406281*1205296137*000004011\
4/21/2017	113105025	4588	301	COMMERCIAL DEPOSIT		24,533.85	
					58,839.31	404,860.34	

Broadmoor					Transfer-Out	Transfer-In	
4/3/2017	113105025	4596	142	ACH CREDIT RECEIVED		391.52	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4388479*1205296137*000004011\
4/4/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	78,428.80		CANTEX HEALTH CARE CENTERS III
4/7/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,009.40	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4302965*1201494502\
4/7/2017	113105025	4596	301	COMMERCIAL DEPOSIT		56,777.86	
4/10/2017	113105025	4596	142	ACH CREDIT RECEIVED		1,097.32	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4307897*1201494502\
4/10/2017	113105025	4596	142	ACH CREDIT RECEIVED		1,464.50	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
4/11/2017	113105025	4596	142	ACH CREDIT RECEIVED		3,146.84	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4313159*1201494502\
4/13/2017	113105025	4596	301	COMMERCIAL DEPOSIT		46,399.40	
4/17/2017	113105025	4596	475	CHECK PAID	277.86		
4/19/2017	113105025	4596	142	ACH CREDIT RECEIVED		12,792.71	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4403057*1205296137*000004011\
4/19/2017	113105025	4596	142	ACH CREDIT RECEIVED		160.99	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4335032*1201494502\
4/20/2017	113105025	4596	142	ACH CREDIT RECEIVED		373,916.72	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4404806*1205296137*000004011\
4/21/2017	113105025	4596	142	ACH CREDIT RECEIVED		6,139.80	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4343367*1201494502\
4/21/2017	113105025	4596	301	COMMERCIAL DEPOSIT		27,663.78	
4/21/2017	113105025	4596	142	ACH CREDIT RECEIVED		21,270.02	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4406301*1205296137*000004011\
					78,706.66	553,230.86	

Fort Bend					Transfer-Out	Transfer-In	
4/3/2017	113105025	4618	142	ACH CREDIT RECEIVED		47.93	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4388212*1205296137*000004011\
4/4/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	74,498.90		CANTEX HEALTH CARE CENTERS III
4/7/2017	113105025	4618	301	COMMERCIAL DEPOSIT		16,737.52	
4/7/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,105.73	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017040510903980*1752603231\
4/10/2017	113105025	4618	142	ACH CREDIT RECEIVED		16,887.09	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4307893*1201494502\
4/11/2017	113105025	4618	142	ACH CREDIT RECEIVED		10,695.29	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017040713100135*1752603231\
4/11/2017	113105025	4618	142	ACH CREDIT RECEIVED		2,282.81	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4313155*1201494502\
4/12/2017	113105025	4618	142	ACH CREDIT RECEIVED		790.75	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902687387*1742770542\
4/13/2017	113105025	4618	142	ACH CREDIT RECEIVED		634.29	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4321034*1201494502\
4/13/2017	113105025	4618	301	COMMERCIAL DEPOSIT		493.50	
4/19/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,253.04	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4335030*1201494502\
4/21/2017	113105025	4618	301	COMMERCIAL DEPOSIT		5,485.93	
4/21/2017	113105025	4618	142	ACH CREDIT RECEIVED		19,018.68	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4343361*1201494502\
4/21/2017	113105025	4618	142	ACH CREDIT RECEIVED		40,126.63	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4405853*1205296137*000004011\
					74,498.90	115,559.19	

APPROVED ON APR 26 2017 COMMISSIONERS COURT CALHOUN COUNTY, TEXAS

04/25/2017 14:20

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 05/03/2017

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Vendor#	Vendor Name	Class	Pay Code
10250	4IMPRINT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5327731	BUIS DEVEL	04/24/20	03/31/20	04/27/20			337.12	0.00	0.00	337.12

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10250	4IMPRINT	337.12	0.00	0.00	337.12

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
23098	PURCH SERV	04/24/20	04/20/20	04/27/20			1,400.00	0.00	0.00	1,400.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10950	ACUTE CARE INC	1,400.00	0.00	0.00	1,400.00

Vendor#	Vendor Name	Class	Pay Code
A1680	AIRGAS USA, LLC - CENTRAL DIV	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9061899746	LEASE RENTAL	04/24/20	03/31/20	04/30/20			2,094.54	0.00	0.00	2,094.54
9944138349	LEASE RENTAL	04/24/20	04/01/20	05/01/20			109.78	0.00	0.00	109.78
9062034781	OXYGEN	04/24/20	04/03/20	05/03/20			2,929.60	0.00	0.00	2,929.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	5,133.92	0.00	0.00	5,133.92

Vendor#	Vendor Name	Class	Pay Code
A1690	ALCON LABORATORIES, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
20899855	SUPPLIES GEN	04/21/20	03/25/20	04/27/20			1,293.00	0.00	0.00	1,293.00
20899856	SUPPLIES GEN	04/21/20	03/25/20	04/27/20			1,564.50	0.00	0.00	1,564.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	2,857.50	0.00	0.00	2,857.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
91228299	SUPPLIES GEN	04/24/20	03/28/20	04/27/20			230.70	0.00	0.00	230.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10533	ALERE NORTH AMERICA INC	230.70	0.00	0.00	230.70

Vendor#	Vendor Name	Class	Pay Code
11232	AMN HEALTHCARE ALLIED, INC.		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2660932	PURCH SERV	04/24/20	04/13/20	04/23/20			2,934.74	0.00	0.00	2,934.74

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	2,934.74	0.00	0.00	2,934.74

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
	760737		04/21/20	03/07/20	04/27/20		29.09	0.00	0.00	29.09
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2218	AQUA BEVERAGE COMPANY				29.09	0.00	0.00	29.09
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
	4127916		04/24/20	04/11/20	05/01/20		6,452.64	0.00	0.00	6,452.64
		LEASE AND RENTAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10938	BANK OF THE WEST				6,452.64	0.00	0.00	6,452.64
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
	54360242		04/24/20	04/03/20	05/03/20		2,767.00	0.00	0.00	2,767.00
		LEASE								
	54360165		04/24/20	04/03/20	05/03/20		190.50	0.00	0.00	190.50
		LEASE								
	54329480		04/25/20	03/30/20	04/29/20		284.17	0.00	0.00	284.17
		SUPPLIES GEN								
	54356256		04/25/20	04/03/20	05/03/20		48.23	0.00	0.00	48.23
		INVENT C/S								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP				3,289.90	0.00	0.00	3,289.90
Vendor#	Vendor Name				Class	Pay Code				
11340	BETTY DAVIS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21968		04/24/20	04/10/20	04/27/20		154.44	0.00	0.00	154.44
		TRAVEL					165.01			165.01
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11340	BETTY DAVIS				154.44	0.00	0.00	154.44
Vendor#	Vendor Name				Class	Pay Code	165.01			165.01
C1030	CAL COM FEDERAL CREDIT UNION				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21957		04/20/20	04/20/20	04/27/20		25.00	0.00	0.00	25.00
		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				
C1325	CARDINAL HEALTH 414, INC.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8001303573		04/24/20	03/25/20	04/27/20		200.13	0.00	0.00	200.13
		SUPPLIES GEN								
	8001309785		04/24/20	03/31/20	04/27/20		314.58	0.00	0.00	314.58
		SUPPLIES GEN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1325	CARDINAL HEALTH 414, INC.				514.71	0.00	0.00	514.71
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
HBH8184		04/24/20	03/01/20	03/31/20			28.00	0.00	0.00	28.00
	OFF SUPPLIES									
HDS4222		04/24/20	03/10/20	04/09/20			1,658.52	0.00	0.00	1,658.52
	FIXED ASSET									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	1,686.52	0.00	0.00	1,686.52

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
92232633		04/12/20	03/29/20	04/28/20			226.84	0.00	0.00	226.84
	INVENT C/S									
92235339		04/21/20	04/03/20	05/03/20			596.00	0.00	0.00	596.00
	INVENT C/S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	822.84	0.00	0.00	822.84

Vendor#	Vendor Name	Class	Pay Code
C1611	CITIZENS MEDICAL CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21971		04/24/20	04/18/20	04/27/20			150.00	0.00	0.00	150.00
	CONT ED									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1611	CITIZENS MEDICAL CENTER	150.00	0.00	0.00	150.00

Vendor#	Vendor Name	Class	Pay Code
10723	CLIA LABORATORY PROGRAM		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21972		04/24/20	03/28/20	04/27/20			2,040.00	0.00	0.00	2,040.00
	DUES AND SUBS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10723	CLIA LABORATORY PROGRAM	2,040.00	0.00	0.00	2,040.00

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
2017030		04/25/20	03/31/20	04/30/20			8,313.03	0.00	0.00	8,313.03
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10786	CLINICAL PATHOLOGY	8,313.03	0.00	0.00	8,313.03

Vendor#	Vendor Name	Class	Pay Code
C1166	COASTAL OFFICE SOLUTONS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
WO174261		04/24/20	04/04/20	04/27/20			87.28	0.00	0.00	87.28
	SUPPLIES GEN									
WO174271		04/24/20	04/04/20	04/27/20			71.30	0.00	0.00	71.30
	SUPPLIES GEN									
OE127101		04/24/20	04/07/20	04/27/20			57.50	0.00	0.00	57.50
	OFFICE SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	216.08	0.00	0.00	216.08

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

221411		04/21/20	04/03/20	05/03/20		307.24	0.00	0.00	307.24
	SUPPLIES GEN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES				307.24	0.00	0.00	307.24

Vendor#	Vendor Name			Class	Pay Code				
11273	DELMA CARDONA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21965		04/24/20	04/10/20	04/27/20		154.44	0.00	0.00	154.44
	TRAVEL					155.15			155.15
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11273	DELMA CARDONA				154.44	0.00	0.00	154.44

Vendor#	Vendor Name			Class	Pay Code				
						155.15			155.15
11008	DERRI HART								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
55037		04/24/20	04/23/20	04/24/20		403.15	0.00	0.00	403.15
	PURCH SERV HLTH INFO								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11008	DERRI HART				403.15	0.00	0.00	403.15

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
5000200		03/31/20	03/29/20	04/28/20		460.92	0.00	0.00	460.92
	OFFICE SUPPLIES								
5001910		03/31/20	03/31/20	04/30/20		36.99	0.00	0.00	36.99
	OFF SUPP/MM CLINIC								
5002740		04/21/20	04/03/20	05/03/20		229.87	0.00	0.00	229.87
	INVENT C/S								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				727.78	0.00	0.00	727.78

Vendor#	Vendor Name			Class	Pay Code				
11011	DIAMOND HEALTHCARE WEST								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN20050408		03/31/20	03/31/20	04/28/20		19,166.67	0.00	0.00	19,166.67
	PURCH SERV CARD REH								
IN20050399		03/31/20	03/31/20	04/28/20		31,144.58	0.00	0.00	31,144.58
	PURCH SERV CARD REH								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE WEST				50,311.25	0.00	0.00	50,311.25

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
26532		04/24/20	05/19/20	04/27/20		392.80	0.00	0.00	392.80
	OFFICE SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D1608	DIVERSIFIED BUSINESS SYSTEMS				392.80	0.00	0.00	392.80

Vendor#	Vendor Name			Class	Pay Code				
T0383	ERIN CLEVENGER			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21962		04/24/20	04/20/20	04/27/20		31.25	0.00	0.00	31.25
	TRAVEL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER				31.25	0.00	0.00	31.25

Vendor#	Vendor Name				Class	Pay Code				
C2510	EVIDENT				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	928547		04/14/20	03/30/20	04/29/20		4,000.00	0.00	0.00	4,000.00
		MINOR EQUIP LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2510	EVIDENT				4,000.00	0.00	0.00	4,000.00
Vendor#	Vendor Name				Class	Pay Code				
S0501	EVOQUA WATER TECHNOLOGIES LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	902657973		04/24/20	06/01/20	04/27/20		153.18	0.00	0.00	153.18
		SUPPLIES GEN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S0501	EVOQUA WATER TECHNOLOGIES LLC				153.18	0.00	0.00	153.18
Vendor#	Vendor Name				Class	Pay Code				
F1100	FEDERAL EXPRESS CORP.				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	576844829		04/24/20	04/13/20	04/27/20		100.95	0.00	0.00	100.95
		FREIGHT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1100	FEDERAL EXPRESS CORP.				100.95	0.00	0.00	100.95
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
	21956		04/20/20	04/20/20	04/27/20		75.00	0.00	0.00	75.00
		EMPL EXP								
	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
	7615318		04/11/20	03/28/20	04/27/20		3,395.34	0.00	0.00	3,395.34
		SUPPLIES LAB								
	7721319		04/11/20	03/29/20	04/28/20		400.34	0.00	0.00	400.34
		SUPPLIES LAB								
	7382400		04/21/20	03/24/20	04/27/20		144.87	0.00	0.00	144.87
		SUPPLIES LAB								
	7382374		04/21/20	03/24/20	04/27/20		530.88	0.00	0.00	530.88
		SUPPLIES LAB								
	7948006		04/21/20	03/31/20	04/30/20		618.83	0.00	0.00	618.83
		SUPPLIES LAB								
	808287		04/21/20	04/03/20	05/03/20		492.83	0.00	0.00	492.83
		SUPPLIES LAB								
	2453282		04/24/20	03/03/20	04/02/20		-51.72	0.00	0.00	-51.72
		SUPPLIES LAB								
	6752082		04/24/20	03/20/20	04/19/20		-155.16	0.00	0.00	-155.16
		SUPPLIES LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				5,376.21	0.00	0.00	5,376.21
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
0208358IN		04/14/20	04/03/20	05/01/20			530.00	0.00	0.00	530.00
	MAINT CONT PLNT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1653	FORT BEND SERVICES, INC	530.00	0.00	0.00	530.00

Vendor#	Vendor Name	Class	Pay Code
10283	GE HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6000736268		04/24/20	04/01/20	05/01/20			3,173.16	0.00	0.00	3,173.16
	MIANT CONT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10283	GE HEALTHCARE	3,173.16	0.00	0.00	3,173.16

Vendor#	Vendor Name	Class	Pay Code
10901	GENESIS DIAGNOSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
47086		04/24/20	03/22/20	04/21/20			191.10	0.00	0.00	191.10
	SUPPLIES GEN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	191.10	0.00	0.00	191.10

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
1297640		03/31/20	03/28/20	04/27/20			230.17	0.00	0.00	230.17
	SUPPLIES GEN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	230.17	0.00	0.00	230.17

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
851124768		04/24/20	04/01/20	05/01/20			11.25	0.00	0.00	11.25
	MAIN CONT									

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
J0150	J & J HEALTH CARE SYSTEMS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
917851122		04/21/20	04/03/20	05/03/20			323.83	0.00	0.00	323.83
	SUPPLIES GEN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	323.83	0.00	0.00	323.83

Vendor#	Vendor Name	Class	Pay Code
10341	JENISE SVETLIK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21971		04/24/20	04/20/20	04/27/20			70.00	0.00	0.00	70.00
	CONT EDU MED SURG									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10341	JENISE SVETLIK	70.00	0.00	0.00	70.00

Vendor#	Vendor Name	Class	Pay Code
11105	JERRY PICKETT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21975		04/24/20	04/17/20	04/27/20			53.21	0.00	0.00	53.21
	TRAVEL									

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11105	JERRY PICKETT				53.21	0.00	0.00	53.21

Vendor#	Vendor Name	Class	Pay Code
J1415	JOHNSTONE SUPPLY	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6006340		04/24/20	03/23/20	04/02/20			48.82	0.00	0.00	48.82
	SUPPLIES GEN PLNT OPS									
600634001		04/24/20	03/28/20	04/07/20			60.38	0.00	0.00	60.38
	SUPPLIES GEN PLNT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	109.20	0.00	0.00	109.20

Vendor#	Vendor Name	Class	Pay Code
K1070	KEY SURGICAL INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
915438		04/21/20	04/03/20	05/03/20			42.00	0.00	0.00	42.00
	SUPPLIES SURG									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K1070	KEY SURGICAL INC	42.00	0.00	0.00	42.00

Vendor#	Vendor Name	Class	Pay Code
11275	KYLE DANIEL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21961		04/24/20	04/19/20	04/27/20			31.25	0.00	0.00	31.25
	TRAVEL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11275	KYLE DANIEL	31.25	0.00	0.00	31.25

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
4033113		04/14/20	03/31/20	04/30/20			22.50	0.00	0.00	22.50
	PURCH SERV ADMIN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES	22.50	0.00	0.00	22.50

Vendor#	Vendor Name	Class	Pay Code
10972	M G TRUST		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21955		04/20/20	04/20/20	04/27/20			1,390.00	0.00	0.00	1,390.00
	EMPL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	1,390.00	0.00	0.00	1,390.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
M0174075		04/24/20	03/31/20	04/27/20			250.95	0.00	0.00	250.95
	SUPPLIES CLINIC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	250.95	0.00	0.00	250.95

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
96916685		04/21/20	03/27/20	04/27/20			711.39	0.00	0.00	711.39
	INVENT C/S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	711.39	0.00	0.00	711.39

Vendor# Vendor Name Class Pay Code

11141 MEDICAL DATA SYSTEMS, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
108796		04/14/20	03/31/20	04/30/20			6,490.71	0.00	0.00	6,490.71
	COLLECTION EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	6,490.71	0.00	0.00	6,490.71

Vendor# Vendor Name Class Pay Code

11286 MERCEDES SCHULTZ

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21966		04/24/20	04/14/20	04/27/20			253.53	0.00	0.00	253.53
	EMPL RECRUITING									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11286	MERCEDES SCHULTZ	253.53	0.00	0.00	253.53

Vendor# Vendor Name Class Pay Code

M2590 MERCURY MEDICAL M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
815327		04/24/20	03/31/20	04/27/20			180.75	0.00	0.00	180.75
	INVENT C/S									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2590	MERCURY MEDICAL	180.75	0.00	0.00	180.75

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
8800041801		04/21/20	03/31/20	04/30/20			908.72	0.00	0.00	908.72
	SUPPLIES GEN									
32590543154		04/24/20	04/03/20	05/03/20			266.67	0.00	0.00	266.67
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	1,175.39	0.00	0.00	1,175.39

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
21964		04/24/20	04/21/20	04/27/20			149.39	0.00	0.00	149.39
	EMPL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	149.39	0.00	0.00	149.39

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
21969		04/24/20	04/17/20	04/27/20			31,442.62	0.00	0.00	31,442.62
	EMPL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	31,442.62	0.00	0.00	31,442.62

Vendor# Vendor Name Class Pay Code

10536 MORRIS & DICKSON CO, LLC Remove per Ashley Hall

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9514A		03/16/20	02/28/20	04/30/20		P	~~-8.03~~	0.00	0.00	~~-8.03~~
	INVENT PHARMACY									
9514ACM		03/24/20	02/28/20	04/30/20		P	~~8.03~~	0.00	0.00	~~8.03~~

Not in the stack the credit cancels this out

1155860	VOID CREDIT DUE TO CUERO 04/21/20 04/13/20 04/27/20	11.10	0.00	0.00	11.10	
1157208	INVET PHARM 04/21/20 04/13/20 04/27/20	1,869.34	0.00	0.00	1,869.34	
1157207	INVENT PHARM 04/21/20 04/13/20 04/27/20	458.70	0.00	0.00	458.70	
1157206	INVENT PHARM 04/21/20 04/13/20 04/27/20	481.37	0.00	0.00	481.37	
1167548	INVENT PHARM 04/21/20 04/17/20 04/27/20	29.61	0.00	0.00	29.61	
1166799	INVENT PHARM 04/21/20 04/17/20 04/27/20	11.80	0.00	0.00	11.80	
1167547	INVENT PHARM 04/21/20 04/17/20 04/27/20	931.27	0.00	0.00	931.27	
1166800	INVENT PHARM 04/21/20 04/17/20 04/27/20	76.24	0.00	0.00	76.24	
1167546	INVENT PHARM 04/21/20 04/17/20 04/27/20	150.08	0.00	0.00	150.08	
1177180	INVENT PHARM 04/21/20 04/18/20 04/27/20	9.65	0.00	0.00	9.65	
1177177	INVENT PHARM 04/21/20 04/18/20 04/27/20	14.52	0.00	0.00	14.52	
1177178	INVENT PHARM 04/21/20 04/18/20 04/27/20	680.71	0.00	0.00	680.71	
1177179	INVENT PHARM 04/21/20 04/18/20 04/27/20	2.87	0.00	0.00	2.87	
1178092	INVENT PHARM 04/21/20 04/19/20 04/27/20	838.97	0.00	0.00	838.97	
1180504	INVENT PHARM 04/21/20 04/19/20 04/27/20	276.25	0.00	0.00	276.25	
1180503	INVENT PHARM 04/21/20 04/19/20 04/27/20	20.15	0.00	0.00	20.15	
1180505	INVENT PHARM 04/21/20 04/19/20 04/27/20	118.58	0.00	0.00	118.58	
1177801	INVENT PHARM 04/21/20 04/19/20 04/27/20	29.53	0.00	0.00	29.53	
1177800	INVENT PHARM 04/21/20 04/19/20 04/27/20	21.78	0.00	0.00	21.78	
1185114	INVENT PHARM 04/21/20 04/20/20 04/27/20	124.23	0.00	0.00	124.23	
1185113	INVENT PHARM 04/21/20 04/20/20 04/27/20	2,714.79	0.00	0.00	2,714.79	
1185115	INVENT PHARM 04/21/20 04/20/20 04/27/20	325.25	0.00	0.00	325.25	
4378	INVENT PHARM 04/24/20 04/05/20 04/06/20	-1.01	0.00	0.00	-1.01	
CM77522	INVENT 04/24/20 04/13/20 04/14/20	-262.41	0.00	0.00	-262.41	
CM79340	INVENT PHARM 04/24/20 04/19/20 04/20/20	-877.76	0.00	0.00	-877.76	
	INVENT PHARM					

	CM79339		04/24/20	04/19/20	04/20/20	-28.95	0.00	0.00	-28.95
		INVENT PHARM							
	CM79342		04/24/20	04/19/20	04/20/20	-5.93	0.00	0.00	-5.93
		INVENT PHARM							
	CM79341		04/24/20	04/19/20	04/20/20	-273.10	0.00	0.00	-273.10
		INVENT PHARM							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC			7,747.63	0.00	0.00	7,747.63
Vendor#	Vendor Name				Class	Pay Code			
A2252	NADINE GARNER				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21963		04/24/20	04/20/20	04/27/20		66.34	0.00	0.00	66.34
		TRAVEL							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A2252	NADINE GARNER				66.34	0.00	0.00	66.34
Vendor#	Vendor Name				Class	Pay Code			
10188	NATUS MEDICAL INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1040504252		04/24/20	03/28/20	04/27/20		427.68	0.00	0.00	427.68
		SUPPLIES GEN							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10188	NATUS MEDICAL INC				427.68	0.00	0.00	427.68
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
	21976		04/24/20	04/18/20	04/27/20		3,000.00	0.00	0.00	3,000.00
		PURCH SERV							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		N1225	NUTRITION OPTIONS				3,000.00	0.00	0.00	3,000.00
Vendor#	Vendor Name				Class	Pay Code			
OM425	OWENS & MINOR								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	2024654808		03/31/20	01/31/20	04/30/20		34.53	0.00	0.00	34.53
		INVENT C/S							
	2026187511		04/11/20	03/28/20	04/27/20		84.92	0.00	0.00	84.92
		SUPPLIES ICU							
	2026261022		04/11/20	03/30/20	04/29/20		150.24	0.00	0.00	150.24
		SUPPLIES ER							
	2026187362		04/12/20	03/28/20	04/27/20		72.00	0.00	0.00	72.00
		SUPPLIES ICU							
	2026195297		04/12/20	03/28/20	04/27/20		1,342.47	0.00	0.00	1,342.47
		SUPPLIES SURG							
	2026194225		04/12/20	03/28/20	04/27/20		1,152.15	0.00	0.00	1,152.15
		INVENT C/S							
	2026188254		04/12/20	03/28/20	04/27/20		49.45	0.00	0.00	49.45
		SUPPLIES MAINT							
	2026262236		04/12/20	03/30/20	04/29/20		22.49	0.00	0.00	22.49
		INVENT C/S							
	2026262837		04/12/20	03/30/20	04/29/20		53.14	0.00	0.00	53.14
		SUPPLIES LAB							
	2026264003		04/12/20	03/30/20	04/29/20		477.38	0.00	0.00	477.38
		INVENT C/S							

2026263185	04/12/20	03/30/20	04/29/20	41.66	0.00	0.00	41.66
INVENT C/S							
2026265560	04/12/20	03/30/20	04/29/20	28.62	0.00	0.00	28.62
SUPPLIES LAB							
2025645191	04/21/20	03/07/20	04/27/20	1,131.05	0.00	0.00	1,131.05
INVENT C/S							
2026029063	04/21/20	03/21/20	04/27/20	1,193.78	0.00	0.00	1,193.78
INVENT C/S							
2026247042CM	04/24/20	03/29/20	04/28/20	-8.76	0.00	0.00	-8.76
INVENT CS							
2026329882	04/24/20	03/31/20	04/30/20	-7.01	0.00	0.00	-7.01
INVENT C/S							
2026522628	04/24/20	04/10/20	04/27/20	-34.50	0.00	0.00	-34.50
SUPPLIES GEN							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	5,783.61	0.00	0.00	5,783.61

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
92101415		04/24/20	04/20/20	04/27/20		1,250.00	0.00	0.00	1,250.00
DUES AND SUBS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1260	PENTAX MEDICAL COMPANY	1,250.00	0.00	0.00	1,250.00

Vendor# 10032 Vendor Name: PHILIPS HEALTHCARE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
934500962		04/24/20	03/29/20	04/27/20		2,627.00	0.00	0.00	2,627.00
MAINT CONT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE	2,627.00	0.00	0.00	2,627.00

Vendor# P1600 Vendor Name: PHYSIO CONTROL CORPORATION Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
417047199		04/24/20	03/27/20	04/27/20		9,450.00	0.00	0.00	9,450.00
DUES AND SUBS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P1600	PHYSIO CONTROL CORPORATION	9,450.00	0.00	0.00	9,450.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3730473		04/24/20	03/23/20	04/22/20		104.96	0.00	0.00	104.96
SUPPLIES GEN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	104.96	0.00	0.00	104.96

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV11134		04/14/20	04/01/20	05/01/20		4,050.00	0.00	0.00	4,050.00
PURCH SERV BUS OFF									

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
	284656		04/14/20	04/01/20	05/01/20		41.25	0.00	0.00	41.25
		PURCH SERV PLNT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1200	RED HAWK				41.25	0.00	0.00	41.25
Vendor#	Vendor Name				Class	Pay Code				
R1471	RESPIRONICS, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	930456921A		04/24/20	04/27/20	04/27/20		179.88	0.00	0.00	179.88
		LEASE AND RENTAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1471	RESPIRONICS, INC.				179.88	0.00	0.00	179.88
Vendor#	Vendor Name				Class	Pay Code				
10987	REVCYCLE+, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	MLVAC23936		04/14/20	03/31/20	04/30/20		2,318.70	0.00	0.00	2,318.70
		MAINT CONT HLTH INFO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10987	REVCYCLE+, INC.				2,318.70	0.00	0.00	2,318.70
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
	21960		04/24/20	04/20/20	04/27/20		30.33	0.00	0.00	30.33
		TRAVEL								
	21959		04/24/20	04/20/20	04/27/20		30.92	0.00	0.00	30.92
		TRAVEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10625	SARA RUBIO				61.25	0.00	0.00	61.25
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
	07651		04/24/20	04/23/20	04/27/20		603.79	0.00	0.00	603.79
		PURCH SERV HLTH INFO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		K0536	SHIRLEY KARNEI				603.79	0.00	0.00	603.79
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
	4603300		04/21/20	04/06/20	04/27/20		1,350.66	0.00	0.00	1,350.66
		LEASE RENTAL LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10936	SIEMENS FINANCIAL SERVICES				1,350.66	0.00	0.00	1,350.66
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	115428893		04/24/20	03/30/20	04/29/20		633.33	0.00	0.00	633.33
		MAINT CONT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC				633.33	0.00	0.00	633.33
Vendor#	Vendor Name				Class	Pay Code				

11296 SOUTH TEXAS BLOOD & TISSUE CEN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90026235	SUPPLIES GEN	04/24/20	03/31/20	04/27/20		6,408.75	0.00	0.00	6,408.75
90026157	SUPPLIES GEN	04/24/20	03/31/20	04/27/20		-2,736.24	0.00	0.00	-2,736.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	3,672.51	0.00	0.00	3,672.51

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
4006982613	PURCH SERV HOUSEKEEPIN(	04/11/20	04/01/20	05/01/20		2,064.63	0.00	0.00	2,064.63

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	2,064.63	0.00	0.00	2,064.63

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
SIN030037	PURCH SERV	04/24/20	03/31/20	04/27/20		302.50	0.00	0.00	302.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11083	STRATUS VIDEO INTERPRETING	302.50	0.00	0.00	302.50

Vendor# Vendor Name — Class — Pay Code

S2951 SYSCO FOOD SERVICES OF — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
113394164	FOOD SUPPLIES	04/24/20	04/13/20	05/03/20		184.27	0.00	0.00	184.27

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	184.27	0.00	0.00	184.27

Vendor# Vendor Name — Class — Pay Code

11336 TESS BATES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21967	TRAVEL	04/24/20	04/11/20	04/27/20		159.84 170.34	0.00	0.00	159.84 170.34

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11336	TESS BATES	159.84 170.34	0.00	0.00	159.84 170.34

Vendor# Vendor Name — Class — Pay Code

T1880 TEXAS DEPARTMENT OF LICENSING — A/P

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10054997	DUES AND SUBS	04/24/20	03/16/20	04/27/20		105.00	0.00	0.00	105.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1880	TEXAS DEPARTMENT OF LICENSING	105.00	0.00	0.00	105.00

Vendor# Vendor Name — Class — Pay Code

T2303 TG — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21954	EMPL EXP	04/20/20	04/20/20	04/27/20		157.24	0.00	0.00	157.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2303	TG	157.24	0.00	0.00	157.24

Vendor# Vendor Name — Class — Pay Code

D1641 THE DOCTORS' CENTER W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
01884033117	PURCH SERV	04/24/20	03/21/20	04/27/20			75.00	0.00	0.00	75.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1641	THE DOCTORS' CENTER	75.00	0.00	0.00	75.00

Vendor# Vendor Name Class Pay Code

11100 THE US CONSULTING GROUP

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
340367301	PURCH SERV PLNT OPS	04/14/20	04/06/20	05/01/20			1,174.58	0.00	0.00	1,174.58

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,174.58	0.00	0.00	1,174.58

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
35FK041700	PURCH SERV CLINIC	04/14/20	04/01/20	05/01/20			1,052.00	0.00	0.00	1,052.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	1,052.00	0.00	0.00	1,052.00

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
21977	PREPAID	04/24/20	04/01/20	04/27/20			1,978.75	0.00	0.00	1,978.75

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
8150762103	PURCH SER MAINT	03/31/20	03/28/20	04/27/20			60.66	0.00	0.00	60.66
8150762193	PURCH SERV BIO MED	03/31/20	03/28/20	04/27/20			34.42	0.00	0.00	34.42

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	95.08	0.00	0.00	95.08

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
8400243321	LAUNDRY DIETARY	03/31/20	03/28/20	04/27/20			228.31	0.00	0.00	228.31
8400243273	LAUNDRY DIETARY	03/31/20	03/28/20	04/27/20			113.79	0.00	0.00	113.79
8400243330	LAUNDRY HSKEEPING	03/31/20	03/28/20	04/27/20			1,159.31	0.00	0.00	1,159.31
840243274	LAUNDRY OB	03/31/20	03/28/20	04/27/20			125.24	0.00	0.00	125.24
8400243275	LAUNDRY HSKEEPING	03/31/20	03/28/20	04/27/20			106.11	0.00	0.00	106.11
840243271	LAUNDRY HSKEEPING	03/31/20	03/28/20	04/27/20			322.39	0.00	0.00	322.39
8400243272		03/31/20	03/28/20	04/27/20			170.71	0.00	0.00	170.71

	PURCH SERV PHY THRPY								
	8400243650	03/31/20	03/31/20	04/30/20		1,002.45	0.00	0.00	1,002.45
	LAUNDRY HSKEEPING								
	8400243605	03/31/20	03/31/20	04/30/20		437.45	0.00	0.00	437.45
	LAUNDRY SURGERY								
	8400242298	04/24/20	03/14/20	04/13/20		1,076.64	0.00	0.00	1,076.64
	LAUNDRY								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC			4,742.40	0.00	0.00	4,742.40
Vendor#	Vendor Name				Class	Pay Code			
10968	UNITED RENTALS (NORTH AMERICA)								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	144360834001		03/22/20	03/06/20	04/01/20		2,247.41	0.00	0.00	2,247.41
	RENTAL PLT OPS								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10968	UNITED RENTALS (NORTH AMERICA)			2,247.41	0.00	0.00	2,247.41
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
	4502618		04/24/20	04/13/20	05/03/20		1,659.76	0.00	0.00	1,659.76
	SUPPLIES GEN								
	4502617		04/24/20	04/13/20	05/03/20		268.44	0.00	0.00	268.44
	SUPPLIES								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE			1,928.20	0.00	0.00	1,928.20
Vendor#	Vendor Name				Class	Pay Code			
V0554	VCS SECURITY SYSTEMS				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	108956		04/19/20	03/31/20	04/27/20		195.00	0.00	0.00	195.00
	REPAIRS DEP PLNT OPS								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		V0554	VCS SECURITY SYSTEMS			195.00	0.00	0.00	195.00
Vendor#	Vendor Name				Class	Pay Code			
10915	WAGEWORKS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21958		04/20/20	04/20/20	04/27/20		2,100.54	0.00	0.00	2,100.54
	FLEX SPENDING								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10915	WAGEWORKS			2,100.54	0.00	0.00	2,100.54
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
	INV001806317		04/24/20	03/31/20	04/27/20		398.18	0.00	0.00	398.18
	PURCH SERV								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11166	WEST INTERACTIVE SERVICES CORP			398.18	0.00	0.00	398.18

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	207,783.09	0.00	0.00	207,783.09

Page 2 Correction {<154.44>, +165.01}

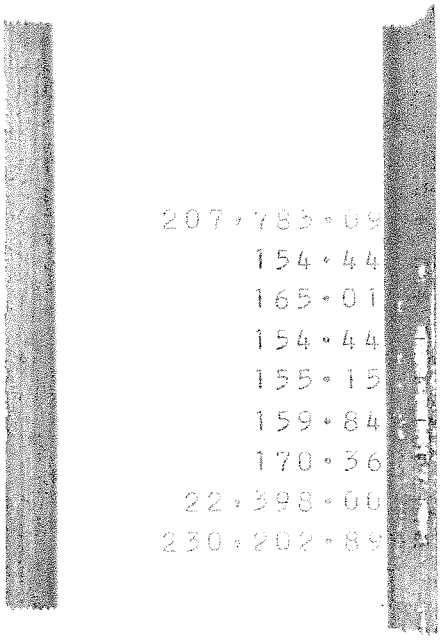
Page 4 Correction {<154.44>, +155.15}

Page 13 Correction {<159.84>, +170.36}

Add:
ITA Resources — ITA Resources Professional Fees for April 2017 +22,398.00

+

$230,202.89



Michael J. Pfeifer
Calhoun County Judge
Date: 4-27-17

APPROVED ON
APR 26 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 170886 +O #170974

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	170886	04/26/17	307.24	CUSTOM MEDICAL SPECIALTIES
A/P	170887	04/26/17	2,627.00	PHILIPS HEALTHCARE
A/P	170888	04/26/17	1,928.20	US FOOD SERVICE
A/P	170889	04/26/17	427.68	NATUS MEDICAL INC
A/P	170890	04/26/17	337.12	4IMPRINT
A/P	170891	04/26/17	3,173.16	GE HEALTHCARE
A/P	170892	04/26/17	70.00	JENISE SVETLIK
A/P	170893	04/26/17	822.84	CENTURION MEDICAL PRODUCTS
A/P	170894	04/26/17	727.78	DEWITT POTH & SON
A/P	170895	04/26/17	104.96	PRECISION DYNAMICS CORP (PDC)
A/P	170896	04/26/17	230.70	ALERE NORTH AMERICA INC
A/P	170897	04/26/17	.00	VOIDED
A/P	170898	04/26/17	7,747.63	MORRIS & DICKSON CO, LLC
A/P	170899	04/26/17	61.25	SARA RUBIO
A/P	170900	04/26/17	2,040.00	CLIA LABORATORY PROGRAM
A/P	170901	04/26/17	8,313.03	CLINICAL PATHOLOGY
A/P	170902	04/26/17	31,442.62	MMC EMPLOYEE BENEFIT PLAN
A/P	170903	04/26/17	191.10	GENESIS DIAGNOSTICS
A/P	170904	04/26/17	2,100.54	WAGEWORKS
A/P	170905	04/26/17	1,350.66	SIEMENS FINANCIAL SERVICES
A/P	170906	04/26/17	6,452.64	BANK OF THE WEST
A/P	170907	04/26/17	1,400.00	ACUTE CARE INC
A/P	170908	04/26/17	1,978.75	TRUVEN HEALTH ANALYTICS INC
A/P	170909	04/26/17	2,247.41	UNITED RENTALS (NORTH AMERICA)
A/P	170910	04/26/17	1,390.00	M G TRUST
A/P	170911	04/26/17	2,318.70	REVCYCLE+, INC.
A/P	170912	04/26/17	403.15	DERRI HART
A/P	170913	04/26/17	4,050.00	RECONDO
A/P	170914	04/26/17	50,311.25	DIAMOND HEALTHCARE WEST
A/P	170915	04/26/17	75.00	FIRST CLEARING
A/P	170916	04/26/17	1,052.00	TRIZETTO PROVIDER SOLUTIONS
A/P	170917	04/26/17	302.50	STRATUS VIDEO INTERPRETING
A/P	170918	04/26/17	1,174.58	THE US CONSULTING GROUP
A/P	170919	04/26/17	53.21	JERRY PICKETT
A/P	170920	04/26/17	6,490.71	MEDICAL DATA SYSTEMS, INC.
A/P	170921	04/26/17	398.18	WEST INTERACTIVE SERVICES CORP
A/P	170922	04/26/17	2,934.74	AMN HEALTHCARE ALLIED, INC.
A/P	170923	04/26/17	155.15	DELMA CARDONA
A/P	170924	04/26/17	31.25	KYLE DANIEL
A/P	170925	04/26/17	22,398.00	ITA RESOURCES INC
A/P	170926	04/26/17	253.53	MERCEDES SCHULTZ
A/P	170927	04/26/17	3,672.51	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	170928	04/26/17	170.36	TESS BATES
A/P	170929	04/26/17	165.01	BETTY DAVIS
A/P	170930	04/26/17	5,133.92	AIRGAS USA, LLC - CENTRAL DIV
A/P	170931	04/26/17	2,857.50	ALCON LABORATORIES, INC.
A/P	170932	04/26/17	29.09	AQUA BEVERAGE COMPANY
A/P	170933	04/26/17	66.34	NADINE GARNER
A/P	170934	04/26/17	3,289.90	BAXTER HEALTHCARE CORP
A/P	170935	04/26/17	25.00	CAL COM FEDERAL CREDIT UNION

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	170936	04/26/17	216.08	COASTAL OFFICE SOLUTONS
A/P	170937	04/26/17	514.71	CARDINAL HEALTH 414, INC.
A/P	170938	04/26/17	150.00	CITIZENS MEDICAL CENTER
A/P	170939	04/26/17	1,686.52	CDW GOVERNMENT, INC.
A/P	170940	04/26/17	4,000.00	EVIDENT
A/P	170941	04/26/17	392.80	DIVERSIFIED BUSINESS SYSTEMS
A/P	170942	04/26/17	75.00	THE DOCTORS' CENTER
A/P	170943	04/26/17	100.95	FEDERAL EXPRESS CORP.
A/P	170944	04/26/17	5,376.21	FISHER HEALTHCARE
A/P	170945	04/26/17	530.00	FORT BEND SERVICES, INC
A/P	170946	04/26/17	230.17	GULF COAST PAPER COMPANY
A/P	170947	04/26/17	11.25	HOSPIRA WORLDWIDE, INC
A/P	170948	04/26/17	323.83	J & J HEALTH CARE SYSTEMS, INC
A/P	170949	04/26/17	109.20	JOHNSTONE SUPPLY
A/P	170950	04/26/17	603.79	SHIRLEY KARNEI
A/P	170951	04/26/17	42.00	KEY SURGICAL INC
A/P	170952	04/26/17	22.50	LANGUAGE LINE SERVICES
A/P	170953	04/26/17	250.95	MARKETLAB, INC
A/P	170954	04/26/17	711.39	MCKESSON MEDICAL SURGICAL INC
A/P	170955	04/26/17	180.75	MERCURY MEDICAL
A/P	170956	04/26/17	149.39	MMC AUXILIARY GIFT SHOP
A/P	170957	04/26/17	1,175.39	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	170958	04/26/17	3,000.00	NUTRITION OPTIONS
A/P	170959	04/26/17	.00	VOIDED
A/P	170960	04/26/17	5,783.61	OWENS & MINOR
A/P	170961	04/26/17	1,250.00	PENTAX MEDICAL COMPANY
A/P	170962	04/26/17	9,450.00	PHYSIO CONTROL CORPORATION
A/P	170963	04/26/17	41.25	RED HAWK
A/P	170964	04/26/17	179.88	RESPIRONICS, INC.
A/P	170965	04/26/17	153.18	EVOQUA WATER TECHNOLOGIES LLC
A/P	170966	04/26/17	633.33	SIEMENS MEDICAL SOLUTIONS INC
A/P	170967	04/26/17	184.27	SYSCO FOOD SERVICES OF
A/P	170968	04/26/17	2,064.63	STERICYCLE, INC
A/P	170969	04/26/17	31.25	ERIN CLEVENGER
A/P	170970	04/26/17	105.00	TEXAS DEPARTMENT OF LICENSING
A/P	170971	04/26/17	157.24	TG
A/P	170972	04/26/17	95.08	UNIFIRST HOLDINGS
A/P	170973	04/26/17	4,742.40	UNIFIRST HOLDINGS INC
A/P	170974	04/26/17	195.00	VCS SECURITY SYSTEMS
TOTALS:			230,202.89	

APPROVED ON

APR 26 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOLL FEE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

		4/6/2017 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"	17	
☑	"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"	$ 95,397.78	#
	"1 TO CONFIRM"	1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0 $ 44,666.80	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"	$ 10,446.26	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"	$ 40,284.72	#
	CHECK	$ -	
☑	"6-DIGIT SETTLEMENT DATE"	4/12/2017	
	"1 TO CONFIRM"	1	
☑	ACKNOWLEDGEMENT NUMBER	413901161	

CALLED IN BY:	Catkinson
CALLED IN DATE:	4/11/2017
CALLED IN TIME:	11:45AM

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	03/17/17					
PAY PERIOD: END	03/30/17					
PAY DATE:	04/06/17					
GROSS PAY:	$ 387,140.52					$ 387,140.52
DEDUCTIONS:						
A/R	$ 714.07					$ 714.07
ADVANC	$ -					$ -
BOOTS	$ -					$ -
CAFÉ-1	$ 1,666.70					$ 1,666.70
CAFÉ-2	$ 1,209.96					$ 1,209.96
CAFÉ-4	$ 354.66					$ 354.66
CAFÉ-5	$ 376.58					$ 376.58
CAFÉ-D	$ 1,638.60					$ 1,638.60
CAFÉ-H	$ 17,942.53					$ 17,942.53
CAFÉ-I	$ -					$ -
CAFÉ-L	$ -					$ -
CAFÉ-P	$ 287.11					$ 287.11
CANCER	$ -					$ -
CHILD	$ 212.31					$ 212.31
CLINIC	$ 80.00					$ 80.00
COMBIN	$ 964.73					$ 964.73
CREDUN	$ 25.00					$ 25.00
DENTAL	$ -					$ -
DEP-LF	$ -					$ -
DIS-LF	$ 1,968.89					$ 1,968.89
EAT	$ -					$ -
FED TAX	$ 40,284.72					$ 40,284.72
FICA-M	$ 5,223.22					$ 5,223.22
FICA-O	$ 22,333.45					$ 22,333.45
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 1,983.23					$ 1,983.23
FLX-FE	$ -					$ -
GIFT S	$ 150.00					$ 150.00
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ -					$ -
MISC	$ 50.00					$ 50.00
OTHER	$ 845.57					$ 845.57
PHI	$ -					$ -
PR FIN	$ 370.42					$ 370.42
RELAY	$ -					$ -
REPAY	$ -					$ -
STONEDF	$ 1,390.00					$ 1,390.00
STONE	$ -					$ -
STONE 2	$ -					$ -
STUDEN	$ 167.31					$ 167.31
TSA-R	$ 27,099.82					$ 27,099.82
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 127,543.14	$ -	$ -	$ -	$ -	$ 127,543.14
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 259,597.38	$ -	$ -	$ -	$ -	$ 259,597.38
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 26,924.37	Less Exempt:				
TAXABLE PAY:	$ 360,216.15	$ 360,216.15				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,223.13		
FICA - MED (EE)	1.45%	$ 5,223.13	$ 5,223.22	$ (0.09)
FICA - SOC SEC (ER)	6.20%	$ 22,333.40		
FICA - SOC SEC (EE)	6.20%	$ 22,333.40	$ 22,333.45	$ (0.05)
FED WITHHOLDING		$ 40,284.72	$ 40,284.72	
TAX DEPOSIT:		$ 95,397.78	$ 95,398.06	$ (0.28)

FICA - MEDICARE	2.90%	$ 10,446.26
FICA - SOCIAL SECURITY	12.40%	$ 44,666.80
FED WITHHOLDING		$ 40,284.72
TOTAL TAX:		$ 95,397.78

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

PREPARED BY: Clarri Atkinson
PREPARED DATE: 4/6/2017

TOLL FEE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

12/23/2016

	####	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"	★	17	
☑ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	6	

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"	★	$ 93,287.63	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 43,734.84	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,228.32	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 39,324.47	#
CHECK		$ -	
☑ "6-DIGIT SETTLEMENT DATE"	★	4/26/2017	
"1 TO CONFIRM"		1	

☐ ACKNOWLEDGEMENT NUMBER	11622198
CALLED IN BY:	Atkinson
CALLED IN DATE:	4/25/2017
CALLED IN TIME:	10:33AM

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	03/31/17					
PAY PERIOD: END	04/13/17					
PAY DATE:	04/20/17			04/20/17		
GROSS PAY:	$ 378,802.10			$ 759.92		$ 379,562.02
DEDUCTIONS:						
A/R	$ 778.00			$ -		$ 778.00
ADVANC	$ -			$ -		$ -
BOOTS	$ -			$ -		$ -
CAFÉ-1	$ 1,694.62			$ -		$ 1,694.62
CAFÉ-2	$ 1,192.02			$ -		$ 1,192.02
CAFÉ-4	$ 354.66			$ -		$ 354.66
CAFÉ-5	$ 348.07			$ -		$ 348.07
CAFÉ-D	$ 1,624.64			$ -		$ 1,624.64
CAFÉ-H	$ 17,807.07			$ -		$ 17,807.07
CAFÉ-I	$ -			$ -		$ -
CAFÉ-L	$ -			$ -		$ -
CAFÉ-P	$ 275.01			$ -		$ 275.01
CANCER	$ -			$ -		$ -
CHILD	$ 212.31			$ -		$ 212.31
CLINIC	$ 70.00			$ -		$ 70.00
COMBIN	$ 939.51			$ -		$ 939.51
CREDUN	$ 25.00			$ -		$ 25.00
DENTAL	$ -			$ -		$ -
DEP-LF	$ -			$ -		$ -
DIS-LF	$ 1,913.39			$ -		$ 1,913.39
EAT	$ -			$ -		$ -
FED TAX	$ 39,273.03			$ 51.44		$ 39,324.47
FICA-M	$ 5,103.13			$ 11.02		$ 5,114.15
FICA-O	$ 21,820.34			$ 47.12		$ 21,867.46
FIRST C	$ 75.00			$ -		$ 75.00
FLEX S	$ 2,100.54			$ -		$ 2,100.54
FLX-FE	$ -			$ -		$ -
GIFT S	$ 316.97			$ -		$ 316.97
GRP-IN	$ 129.26			$ -		$ 129.26
GTL	$ -			$ -		$ -
HOSP-I	$ -			$ -		$ -
MISC	$ -			$ -		$ -
OTHER	$ 436.24			$ -		$ 436.24
PHI	$ -			$ -		$ -
PR FIN	$ 351.06			$ -		$ 351.06
RELAY	$ -			$ -		$ -
REPAY	$ -			$ -		$ -
STONEDF	$ 1,390.00			$ -		$ 1,390.00
STONE	$ -			$ -		$ -
STONE 2	$ -			$ -		$ -
STUDEN	$ 157.24			$ -		$ 157.24
TSA-R	$ 26,516.31			$ 53.19		$ 26,569.50
UW/HOS	$ -			$ -		$ -
TOTAL DEDUCTIONS:	$ 124,903.42	$ -	$ -	$ 162.77	$ -	$ 125,066.19
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 253,898.68	$ -	$ -	$ 597.15	$ -	$ 254,495.83
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 26,861.63	Less Exempt:				
TAXABLE PAY:	$ 352,700.39	$ 352,700.39				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,114.16		
FICA - MED (EE)	1.45%	$ 5,114.16	$ 5,114.15	$ 0.01
FICA - SOC SEC (ER)	6.20%	$ 21,867.42		
FICA - SOC SEC (EE)	6.20%	$ 21,867.42	$ 21,867.46	$ (0.04)
FED WITHHOLDING		$ 39,324.47	$ 39,324.47	
TAX DEPOSIT:		$ 93,287.63	$ 93,287.69	$ (0.06)
FICA - MEDICARE	2.90%	$ 10,228.32		
FICA - SOCIAL SECURITY	12.40%	$ 43,734.84		
FED WITHHOLDING		$ 39,324.47		
TOTAL TAX:		$ 93,287.63		

Employees over FICA-SS Cap:
Jason Anglin
Jerry

Paycode S - Employee Reimb.:
Roshanda S. Gray

TOTAL: $ -

PREPARED BY: Clarri Atkinson

PREPARED DATE: 4/20/2017

TOLL FEE PHONE NUMBER: 1-800-555-3453

(EFTPS TUTORIAL SYSTEM: 1-800-572-8683)

12/23/2016

	####	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~~ 17	
☑ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	~~12~~ 03	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☑ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 124.13	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 79.38	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 18.56	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 26.19	#
CHECK		$ -	
☑ "6-DIGIT SETTLEMENT DATE"	★	4/27/2017	
"1 TO CONFIRM"		1	
☑ ACKNOWLEDGEMENT NUMBER		102465385	

CALLED IN BY: Catherson

CALLED IN DATE: 4/26/2017

CALLED IN TIME: 4:09 PM

MMC did not give correct report in January - discovered variance when reconciling 1st QTR 941 report

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	12/23/16					
PAY PERIOD: END	01/05/17					
PAY DATE:	01/12/17					
GROSS PAY:	$ 640.20					$ 640.20
DEDUCTIONS:	MMC DID NOT SEND CORRECT REPORT TO TREAUSER - 1/5/17					
A/R						$ -
ADVANC						$ -
BOOTS						$ -
CAFÉ-C						$ -
CAFÉ-D						$ -
CAFÉ-H						$ -
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD						$ -
CLINIC						$ -
COMBIN						$ -
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
EAT						$ -
FED TAX	$ 26.19					$ 26.19
FICA-M	$ 9.05					$ 9.05
FICA-O	$ 38.72					$ 38.72
FIRST C						$ -
FLEX S						$ -
FLX-FE						$ -
GIFT S						$ -
GRP-IN						$ -
GTL						$ -
HOSP-I						$ -
MISC						$ -
OTHER						$ -
PHI						$ -
PR FIN						$ -
RELAY						$ -
REPAY						$ -
STONEDF						$ -
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R						$ -
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 73.96	$ -	$ -	$ -	$ -	$ 73.96
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 566.24	$ -	$ -	$ -	$ -	$ 566.24
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ -	Less Exempt:				
TAXABLE PAY:	$ 640.20	$ 640.20				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 9.28		
FICA - MED (EE)	1.45%	$ 9.28	$ 9.05	$ 0.23
FICA - SOC SEC (ER)	6.20%	$ 39.69		
FICA - SOC SEC (EE)	6.20%	$ 39.69	$ 38.72	$ 0.97
FED WITHHOLDING		$ 26.19	$ 26.19	
TAX DEPOSIT:		$ 124.13	$ 121.73	$ 2.40

FICA - MEDICARE	2.90%	$ 18.56
FICA - SOCIAL SECURITY	12.40%	$ 79.38
FED WITHHOLDING		$ 26.19
TOTAL TAX:		$ 124.13

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

PREPARED BY: Caitlynn Davenport
PREPARED DATE: 4/26/2017

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- APRIL 2017

Monthly Electronic Transfers for Operating Expenses

4/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	9.95
4/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	62.39
4/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	65.77
4/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	74.18
4/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	86.25
4/3/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	148.78
4/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	155.60
4/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	191.34
4/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	192.55
4/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	311.80
4/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	388.29
4/3/2017	IBC Merch Bank Deposit	- Credit Card Processing Fee	814.27
4/3/2017	IBC Merch Bank Interchng	- Credit Card Processing Fee	1,695.10
4/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	2,164.46
4/3/2017	IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
4/4/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	31.20
4/4/2017	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
4/4/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	841.13
4/4/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	969.87
4/4/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,428.93
4/5/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
4/5/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
4/5/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
4/6/2017	Expertpay	- Child Support	213.81
4/6/2017	Memorial Medical Payroll	- Payroll	259,249.68
4/7/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
4/10/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
4/11/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	568.09
4/11/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,888.95
4/11/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	3,069.69
4/12/2017	IRS USATAXPYMT	- Payroll Taxes	95,397.78
4/13/2017	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25
4/13/2017	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
4/14/2017	Cardmember Service	- IBC Credit Card Invoice	6,761.59
4/17/2017	Texas County DRS	- Retirement Funding	113,557.82
4/18/2017	Expertpay	- Child Support	213.81
4/18/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	644.72
4/18/2017	Webfile Tax Portal	- Sales Tax	1,057.86
4/18/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,127.62
4/18/2017	Webfile Tax Portal	- Sales Tax	1,218.74
4/18/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,238.87
4/19/2017	Telecheck	- Credit Card Processing Fee	5.00
4/20/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	26.98
4/20/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
4/20/2017	Memorial Medical Payroll	- Payroll	252,589.13
4/25/2017	Cardmember Service	- IBC Credit Card Invoice	2,964.68
4/25/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	3,069.23
4/26/2017	Deposit Item Returned	- Returned Check	1,028.46
4/26/2017	IRS USATAXPYMT	- Payroll Taxes	93,287.63
4/27/2017	IRS USATAXPYMT	- Payroll Taxes	124.13
		Total Electronic Payments	849,568.98

Jason Anglin
MMC Chief Executive Officer

APPROVED
ON

MAY 11 2017

BY CT RC
CALHOUN COUNTY AUDITOR

L:\2017\Electronic Transfer Activity

IBC

BANK

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

CUSTOMER

8/NE/131/019/3210
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 459

CUSTOMER NO. | PAGE NO.
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04/01/2017 to 04/30/2017
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
2,756,883.91	510	1,754,199.86	413	2,141,469.68	2,369,614.09

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
04/03		71,669.21	04/11		44.45	04/20		534.00
04/03		941.54	04/11		14.00	04/20		148.99
04/03		652.00	04/12		4,921.70	04/21		32,194.32
04/03		80.00	04/12		1,819.77	04/21		771.61
04/03		53.00	04/12		457.00	04/21		464.00
04/04		36,450.24	04/12		70.00	04/21		242.88
04/04		661.51	04/13		6,055.76	04/21		166.00
04/04		564.00	04/13		680.00	04/24		15,625.17
04/04		190.00	04/13		275.00	04/24		4,628.04
04/04		9.00	04/13		54.60	04/24		1,160.66
04/05		31,430.55	04/14		16,764.38	04/24		338.00
04/05		3,006.04	04/14		1,676.85	04/24		202.00
04/05		915.99	04/14		251.00	04/24		60.00
04/05		444.00	04/14		100.19	04/25		8,581.49
04/05		58.03	04/14		26.00	04/25		2,319.40
04/06		54,576.39	04/17		54,762.23	04/25		804.44
04/06		318.00	04/17		1,352.05	04/25		314.00
04/06		277.02	04/17		384.00	04/25		163.00
04/06		55.80	04/17		59.00	04/25		130.63
04/07		21,830.27	04/17		15.00	04/26		2,843.19
04/07		4,586.49	04/18		11,831.01	04/26		647.00
04/07		589.00	04/18		550.00	04/26		169.09
04/07		32.00	04/18		135.81	04/26		48.00
04/07		13.65	04/18		74.00	04/27		3,532.54
04/10		36,194.72	04/19		3,832.14	04/27		1,312.02
04/10		2,572.82	04/19		2,276.17	04/27		680.00
04/10		578.00	04/19		996.64	04/27		83.32
04/10		40.00	04/19		206.00	04/27		63.00
04/11		6,400.99	04/19		198.99	04/28		23,429.43
04/11		2,455.84	04/19		30.00	04/28		553.00
04/11		728.72	04/20		14,807.29	04/28		376.36
04/11		200.00	04/20		1,020.00	04/28		165.04

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
04/07	61838	347.70	04/05 *	170229	672.00	04/13	170270	127.20
04/20	61839	1,094.79	04/04 *	170252	160.00	04/03 *	170279	75.97
04/25	61840	214.76	04/04	170253	13.56	04/03 *	170281	838.24
04/24	61841	597.15	04/05 *	170255	100.00	04/03 *	170284	4,565.60
04/12 *	169254	70.00	04/14 *	170262	517.17	04/06 *	170290	1,171.00
04/03 *	169735	163.72	04/10 *	170266	26.34	04/06	170291	275.00
04/03 *	169870	138.04	04/11	170267	94.41	04/11 *	170297	98.57
04/21 *	169977	34.03	04/05	170268	31.93	04/05	170298	170.00
04/04 *	170086	595.00	04/17	170269	503.60	04/11	170299	5.76

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

CUSTOMER

8/NE/131/019/3221
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 459

CUSTOMER NO.	PAGE NO.
	12 of 13

04/01/2017 to 04/30/2017
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.

04/27	Electronic	Deposit	CENTENE CORP HCCLAIMPMT	438.05
04/27	Electronic	Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	421.74
04/27	Electronic	Deposit	NOVITAS HCCLAIMPMT 1689630865	302.01
04/27	Electronic	Deposit	AETNA A04 HCCLAIMPMT 1497153589	256.09
04/27	Electronic	Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	252.00
04/27	Electronic	Deposit	CENTENE CORP HCCLAIMPMT	202.17
04/27	Electronic	Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	200.00
04/27	Electronic	Deposit	BCBS TEXAS HCCLAIMPMT C17115E84650370	181.89
04/27	Electronic	Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	122.72
04/27	Electronic	Deposit	36 TREAS 310 MISC PAY 746003411360012	64.80
04/27	Electronic	Deposit	BCBS TEXAS HCCLAIMPMT C17115E84650350	50.00
04/27	Electronic	Deposit	BCBS TEXAS HCCLAIMPMT C17115E84650360	50.00
04/28	Electronic	Deposit	TMHP HCCLAIMPMT xxxxx9111	33,121.72
04/28	Electronic	Deposit	CIGNA HCCLAIMPMT xxxxx3411	10,213.46
04/28	Electronic	Deposit	CENTENE CORP HCCLAIMPMT	8,650.28
04/28	Electronic	Deposit	BCBS TEXAS HCCLAIMPMT C17116E84768340	5,428.32
04/28	Electronic	Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	2,497.92
04/28	Electronic	Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	2,486.54
04/28	Electronic	Deposit	TMHP HCCLAIMPMT xxxxx9112	1,718.73
04/28	Electronic	Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	1,377.05
04/28	Electronic	Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	1,193.93
04/28	Electronic	Deposit	CENTENE CORP HCCLAIMPMT	675.96
04/28	Electronic	Deposit	BCBS TEXAS HCCLAIMPMT C17116E84768350	621.06
04/28	Electronic	Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	419.48
04/28	Electronic	Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	182.91
04/28	Electronic	Deposit	CENTENE CORP HCCLAIMPMT	135.81
04/28	Electronic	Deposit	BCBS TEXAS HCCLAIMPMT C17116E19876010	130.60
04/28	Electronic	Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	111.17
04/28	Electronic	Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113000	93.74

Debits

9,333.36

04/03	Electronic	Payment	IBC MERCH BNKCD FEE 971160912889	9.95
04/03	Electronic	Payment	IBC MERCH BNKCD FEE 971160911881	62.39
04/03	Electronic	Payment	IBC MERCH BNKCD FEE 971160914885	65.77
04/03	Electronic	Payment	IBC MERCH BNKCD INTERCHNG 971160913887	74.18
04/03	Electronic	Payment	IBC MERCH BNKCD FEE 971160910883	86.25
04/03	Electronic	Payment	IBC MERCH BNKCD FEE 971160913887	148.78
04/03	Electronic	Payment	IBC MERCH BNKCD DISCOUNT 971160913887	155.60
04/03	Electronic	Payment	IBC MERCH BNKCD INTERCHNG 971160914885	191.34
04/03	Electronic	Payment	IBC MERCH BNKCD INTERCHNG 971160911881	192.55
04/03	Electronic	Payment	IBC MERCH BNKCD DISCOUNT 971160914885	311.80
04/03	Electronic	Payment	IBC MERCH BNKCD DISCOUNT 971160911881	388.29
04/03	Electronic	Payment	IBC MERCH BNKCD DEPOSIT 971160915882	814.27
04/03	Electronic	Payment	IBC MERCH BNKCD INTERCHNG 971160910883	1,695.10
04/03	Electronic	Payment	IBC MERCH BNKCD DISCOUNT 971160910883	2,164.46
04/04	Electronic	Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
04/04	Electronic	Payment	IBC MERCH BNKCD FEE 674200009993	31.20
04/04	Electronic	Payment	VIVONET ACQUISIT PAYMENT 1136	99.00
04/04	Electronic	Payment	MCKESSON DRUG AUTO ACH ACH03093215	841.13

IBC

BANK

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311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/3222
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 459

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04/04	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03093312	4/3/17 3239.93	969.87
04/04	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03093323		1,428.93
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
04/06	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411 Child Support	427.62	213.81
04/06	Electronic Payment	MEMORIAL MEDICAL PAYROLL		259,249.68
04/07	Electronic Payment	FDGL LEASE PYMT		30.25
04/10	Electronic Payment	FDGL LEASE PYMT		30.17
04/11	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03102000		568.09
04/11	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03102012		1,888.95
04/11	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03101923	4/10/17 5526.73	3,069.69
04/12	Electronic Payment	IRS USATAXPYMT 220750241390161		95,397.78
04/13	Electronic Payment	CLOVER APP MRKT CLOVER APP		16.25
04/13	Electronic Payment	CLOVER APP MRKT CLOVER APP		81.20
04/14	Electronic Payment	CARDMEMBER SERV ELECT PYMT		6,761.59
04/17	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419 Retirement		113,557.82
04/18	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411 child Support		213.81
04/18	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03106254		644.72
04/18	Electronic Payment	WEBFILE TAX PYMT DD 902/26874136 Sales Tax		1,057.86
04/18	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03106265	4/17/17 3011.21	1,127.62
04/18	Electronic Payment	WEBFILE TAX PYMT DD 902/26873973 Sales Tax		1,218.74
04/18	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03106167		1,238.87
04/19	Electronic Payment	Telecheck INV042017D xxxxx9736		5.00
04/20	Electronic Payment	FDGL LEASE PYMT		26.98
04/20	Electronic Payment	FDGL LEASE PYMT		151.23
04/20	Electronic Payment	MEMORIAL MEDICAL PAYROLL		252,589.13
04/25	Electronic Payment	CARDMEMBER SERV ELECT PYMT		2,964.68
04/25	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03114980	4/24/17	-3,069.23
04/26	Dep Item Returned	(Tracer# 17000126)		1,028.46
04/26	Electronic Payment	IRS USATAXPYMT 220751611622198		93,287.63
04/27	Electronic Payment	IRS USATAXPYMT 220751762465385		124.13

Daily Ending Balance

04/03	2,839,543.30	04/12	2,569,395.61	04/21	2,486,434.35
04/04	2,907,804.67	04/13	2,610,736.55	04/24	2,460,645.65
04/05	3,006,192.84	04/14	2,705,732.99	04/25	2,328,994.77
04/06	2,817,953.85	04/17	2,698,796.71	04/26	2,294,979.53
04/07	2,788,822.32	04/18	2,631,226.04	04/27	2,352,637.85
04/10	2,707,239.99	04/19	2,610,866.47	04/28	2,369,614.09
04/11	2,625,136.39	04/20	2,410,106.45		

IBC

BANK

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311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/3037
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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04/01/2017 to 04/30/2017
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
155,772.47	35	474,452.01	2	504,026.91	126,197.57

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
04/07		81,369.78	04/21		67,894.98	04/27		69,133.05
04/13		37,631.61						

Electronic Activity

Credits

04/07	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	4,244.89
04/07	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	2,598.80
04/10	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	4,127.39
04/10	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	1,305.13
04/11	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	2,868.24
04/11	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	819.97
04/11	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	767.54
04/13	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	10,280.85
04/13	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,798.56
04/13	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	174.86
04/14	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,131.90
04/18	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	5,540.69
04/19	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,764.54
04/19	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,584.79
04/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	3,670.32
04/20	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	774.21
04/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	85,808.28
04/21	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	18,768.95
04/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	7,871.20
04/21	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	5,556.96
04/24	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	7,435.86
04/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	2,185.48
04/24	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	329.32
04/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17042216302175	20,071.42
04/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	1,083.89
04/27	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	8,078.01
04/27	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	2,804.89
04/27	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	192.77
04/28	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	12,408.62
04/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17042611700194	2,199.40
04/28	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	174.86

Debits

04/04	Outgoing Wire	0446 ASHFORD HEALTH CARE CENTER LTD	Previous month	155,672.47
04/26	Outgoing Wire	0019 ASHFORD HEALTH CARE CENTER LTD		348,354.44

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CUSTOMER

8/NE/131/019/3041
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
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PORT LAVACA TX 77979

STATEMENT

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04/01/2017 to 04/30/2017
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
78,528.80	19	622,655.08	3	631,659.66	69,524.22

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
04/07		56,777.86	04/21		27,663.78	04/27		44,084.75
04/13		46,399.40						

Checks (Debits)

Date	Check #	Amount
04/17	15	277.86

Electronic Activity

Credits

04/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	391.52
04/07	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	2,009.40
04/10	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113004	1,464.50
04/10	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	1,097.32
04/11	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	3,146.84
04/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	12,792.71
04/19	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	160.99
04/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	373,916.72
04/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	21,270.02
04/21	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	6,139.80
04/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	7,209.88
04/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	10,218.09
04/27	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	2,567.73
04/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	763.95
04/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	4,579.82

Debits

04/04	Outgoing Wire	0453 CANTEX HEALTH CARE CENTERS III	78,428.80
04/26	Outgoing Wire	0024 CANTEX HEALTH CARE CENTERS III	552,953.00

Daily Ending Balance

04/03	78,920.32	04/13	111,386.84	04/24	560,262.88
04/04	491.52	04/17	111,108.98	04/26	17,527.97
04/07	59,278.78	04/19	124,062.68	04/27	64,944.40
04/10	61,840.60	04/20	497,979.40	04/28	69,524.22
04/11	64,987.44	04/21	553,053.00		

IBC

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CUSTOMER

8/NE/131/019/3040
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT 4

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04/01/2017 to 04/30/2017
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
58,939.31	25	502,541.43	2	463,699.65	97,781.09

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
04/07		19,180.52 ✓	04/21		24,533.85 ✓	04/27		57,913.52
04/13		12,840.14 ✓						

Electronic Activity

Credits

04/04	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17033116301166	3,722.95
04/04	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17040112100329	412.30
04/07	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	2,706.48
04/10	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	1,823.36
04/10	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	1,702.30
04/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17040713100134	7,570.63
04/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17040817300442	3,381.03
04/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17040713301174	1,459.40
04/11	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	640.26
04/18	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17041512100113	5,733.00
04/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	310,314.03
04/21	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	6,131.34
04/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	2,708.75
04/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17042114800087	9,081.72
04/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	5,959.04
04/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17042114800072	2,796.48
04/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17042112100771	2,335.04
04/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	12,794.82
04/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17042516300012	3,290.00
04/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17042511102308	2,444.66
04/28	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	1,065.81

Debits

04/04	Outgoing Wire	0452 CANTEX HEALTH CARE CENTERS III	58,839.31
04/26	Outgoing Wire	0021 CANTEX HEALTH CARE CENTERS III	404,860.34

Daily Ending Balance

04/04	4,235.25	04/13	55,539.37	04/26	33,067.10
04/07	26,122.25	04/18	61,272.37	04/27	96,715.28
04/10	29,647.91	04/21	404,960.34	04/28	97,781.09
04/11	42,699.23	04/25	425,132.62		

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CUSTOMER
8/NE/131/019/3042
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT 4

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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
74,598.90	20	169,189.21	2	190,058.09	53,730.02

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
04/07		16,737.52 ✓	04/21		5,485.93 ✓	04/27		9,210.48
04/13		493.50 ✓						

Electronic Activity

Credits

04/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	47.93 ✓
04/07	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17040510903980	1,105.73 ✓
04/10	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	16,887.09 ✓
04/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17040713100135	10,695.29 ✓
04/11	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	2,282.81 ✓
04/12	Electronic Deposit	CENTENE CORP HCCLAIMPMT	790.75 ✓
04/13	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	634.29 ✓
04/19	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	1,253.04 ✓
04/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	40,126.63 ✓
04/21	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	19,018.68 ✓
04/24	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,692.21
04/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17042114800088	14,672.29
04/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	3,512.53
04/26	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	1,562.89
04/27	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	19,310.92
04/27	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	3,668.70

Debits

04/04	Outgoing Wire	0454 CANTEX HEALTH CARE CENTERS III	74,498.90 ✓
04/26	Outgoing Wire	0025 CANTEX HEALTH CARE CENTERS III	115,559.19 ✓

Daily Ending Balance

04/03	74,646.83	04/12	48,647.12	04/24	117,351.40
04/04	147.93	04/13	49,774.91	04/25	135,536.22
04/07	17,991.18	04/19	51,027.95	04/26	21,539.92
04/10	34,878.27	04/21	115,659.19	04/27	53,730.02
04/11	47,856.37				

IBC

BANK

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311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/3039
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
91,699.44	21	498,328.64	2	495,792.28	94,235.80

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
04/07		42,158.13 ✓	04/21		33,736.36 ✓	04/27		36,066.18
04/13		45,173.02 ✓						

Electronic Activity

Credits

04/04	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17040119700743	5,209.18 ✓
04/06	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	6,367.72 ✓
04/07	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17040510903982	406.35 ✓
04/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17040817300433	1,483.18 ✓
04/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17040713100139	708.72 ✓
04/14	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	3,784.73 ✓
04/17	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	98.55 ✓
04/18	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17041417001020	8,606.88 ✓
04/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	253,817.25 ✓
04/21	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	2,642.77 ✓
04/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17042114800092	3,151.57
04/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17042216302185	125.87
04/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	27,234.31
04/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17042516300014	7,051.00
04/27	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	439.07
04/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17042610703596	12,867.85
04/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	7,199.95

Debits

04/04	Outgoing Wire	0447 CANTEX HEALTH CARE CENTERS LLC	91,599.44 ✓
04/26	Outgoing Wire	0020 CANTEX HEALTH CARE CENTERS LLC	404,192.84

Daily Ending Balance

04/04	5,309.18	04/14	105,391.03	04/25	407,570.28
04/06	11,676.90	04/17	105,489.58	04/26	30,611.75
04/07	54,241.38	04/18	114,096.46	04/27	74,168.00
04/11	56,433.28	04/21	404,292.84	04/28	94,235.80
04/13	101,606.30				

IBC

BANK

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CUSTOMER

8/NE/131/019/3061
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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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
100.00	0	0.00	0	0.00	100.00

IBC

BANK

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

CUSTOMER

8/NE/131/019/3063
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH GOLDEN CREEK HEALTHCARE & REHAB
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

0

CUSTOMER NO.	PAGE NO.
	1 of 1

04/01/2017 to 04/30/2017
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
100.00	0	0.00	0	0.00	100.00

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

CUSTOMER

8/NE/131/019/2970
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
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04/01/2017 to 04/30/2017
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
1,827,029.67	0	0.00	0	0.00	1,827,029.67

IBC

BANK

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

CUSTOMER

8/NE/131/019/3003
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

0

CUSTOMER NO.	PAGE NO.
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04/01/2017 to 04/30/2017
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
100.00	0	0.00	0	0.00	100.00