MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- June 22, 2017

APPROVED
JUN 22 2017
CALHOUN COUNTY
COMMISSIONERS COURT

PAYABLES AND PAYROLL			
5/1/2017	Mckesson Drug	1,128.39	
5/1/2017	Return Item	686.32	
5/2/2017	Payroll	250,373.39	
5/2/2017	Payroll by Check	1,337.99	
5/3/2017	Patient Refunds	14,630.13	
5/3/2017	Weekly Payables	356,964.17	
5/8/2017	Mckesson Drug	2,557.21	
5/8/2017	Weekly Payables	875.00	
5/8/2017	Payroll by Check	702.34	
5/9/2017	Return Item	391.00	
5/9/2017	Payroll Liabilities	92,741.87	
5/11/2017	Weekly Payables	273,815.63	
5/11/2017	Broadmoor at Creek side Park Chk#171223	49,522.63	
5/11/2017	Solera West Houston Chk#171224	20,200.46	
5/11/2017	Payroll Liabilities	135.34	
5/15/2017	TCDRS	115,404.28	
5/15/2017	Payroll	253,613.14	
5/15/2017	Payroll by Check	969.46	
5/15/2017	Mckesson Drug	3,152.10	
5/16/2017	Payroll Liabilities	93,688.39	
5/17/2017	Weekly Payables	368,188.12	
5/17/2017	Dr. Crowley Chk#171287	152.99	
5/22/2017	Mckesson Drug	3,564.00	
5/23/2017	Weekly Payables	254,747.27	
5/23/2017	Weekly Payables	1,012.62	
5/24/2017	Weekly Payables	31,597.83	
5/25/2017	Credit Card Invoice	3,189.10	
5/25/2017	Credit Card Invoice	6,184.02	
5/30/2017	Weekly Payables	23,752.00	
5/30/2017	Mckesson Drug	2,480.82	
5/30/2017	Payroll Liabilities	96,003.80	
5/30/2017	Monthly Electronic Transfers for Payroll Expenses(not incl above)	427.62	
5/30/2017	Monthly Electronic Transfers for Operating Expenses	10,159.07	
	Total Payables and Payroll		**$ 2,334,348.50**
INTER-GOVERNMENT TRANSFERS			
5/31/2017	Inter-Government Transfers for May 2017 (Private Waiver to MMC)	1,010,436.00	
	Total Inter-Government Transfers		**$ 1,010,436.00**
INTRA-ACCOUNT TRANSFERS			
	Private Waiver to MMC	-	
	MMC to Private Waiver	-	
	Total Intra-Account Transfers		**$ -**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS			**$ 3,344,784.50**
INDIGENT HEALTHCARE FUND EXPENSES			**$ 42,117.96**
NURSING HOME UPL EXPENSES FOR May 2017			**$ 2,011,137.82**
IGT MPAP NH Program For May 2017			**$ 268.90**
MMC Construction			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED 6/08/2017			**$ 5,398,309.18**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- June 22, 2017

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic (Ayo Adu MD)	842.08
Arroyo-Diaz MD, Richard	47.85
Clinical Pathology Labs	30.32
Community Pathology Associates	39.56
Crowley D.O., William J.	160.00
Cummins MD, Michelle M.	242.95
Gulf Coast Foot Clinic PA	22.14
Malik MD, Azhar	79.62
Memorial Medical Center (OP $25241.80 / ER $5889.30)	31,131.10
Memorial Medical Clinic	3,117.67
Memorial Medical Center Professional Fees	0.00
Port Lavaca Clinic	1,270.21
Refund: Port Lavaca Clinic	0.00
Regional Employee Assistance	640.92
Victoria Anesthesiology Assoc	351.41
Victoria Eye Center	625.23
Victoria Heart & Vascular Center	80.23
SUBTOTAL	**38,681.29**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	4,166.67
Subtotal	**42,847.96**
Less: Co-Pays collected in May 2017	**(730.00)**
Less: Medicaid Reimbursement	**0.00**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	**42,117.96**

800 06222017 01 CALHOUN COUNTY, TEXAS

DATE: 6/22/2017

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			$42,117.96
	approved by Commissioners Court on 06/22/2017			
1000-001-46010	May Interest $0.00			$0.00
				$42,117.96

COUNTY AUDITOR APPROVAL ONLY

APPROVED JUN 22 2017 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 Pfeiffer 6/22/17

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 6/1/2017
Invoice # 4
For: May

Bill To:
Calhoun County

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

Total $ 4,166.67

CFO Signature

APPROVED
JUN 20 2017
COUNTY AUDITOR

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----June 22, 2017

Nursing Home UPL

	Weekly Cantex Transfer		ACH Deposits	ACH Transfers
IN	OUT			
4/24/17 - 4/28/17	5/3/2017	Ashford-4553	126,097.57	$ 155,672.47
5/1/17 - 5/5/17	5/11/2017	Ashford-4553	$ 126,550.96	126,550.96
5/8/2017 - 5/19/17	5/22/2017	Ashford-4553	303,888.32	303,888.32
5/22/17 - 5/30/17		Ashford-4553	141,041.62	
5/31/2017		Ashford-4553	12,191.23	
4/24/17 - 4/28/17	5/3/2017	Broadmoor-4596	69,424.22	$ 69,424.22
5/3/17 - 5/5/17	5/11/2017	Broadmoor-4596	45,533.04	45,533.04
5/8/17 - 5/18/17	5/22/2017	Broadmoor-4596	303,996.73	304,265.63
5/22/17 - 5/30/17		Broadmoor-4596	203,169.11	
5/31/2017		Broadmoor-4596	13,129.32	
4/25/17 - 4/28//17	5/3/2017	Crescent-4588	97,681.09	$ 97,681.09
5/1/17 - 5/5/17	5/11/2017	Crescent-4588	75,632.18	75,632.18
5/8/17 - 5/19/17	5/22/2017	Crescent-4588	328,087.22	328,087.22
5/22/17 - 5/30/17		Crescent-4588	91,063.55	
5/31/2017		Crescent-4588	3,380.54	
4/24/17 - 4/27/17	5/3/2017	Fort Bend-4618	53,630.02	$ 53,630.02
5/1/17 - 5/5/17	5/11/2017	Fort Bend-4618	35,352.63	35,352.63
5/8/17 - 5/19/17	5/22/2017	Fort Bend-4618	107,440.64	107,440.64
5/22/17 - 5/30/17		Fort Bend-4618	38,728.05	
5/31/2017		Fort Bend-4618	15,581.29	
4/25/17 - 4/28/17	5/3/2017	Solera-4561	94,135.80	$ 94,135.80
5/3/17 - 5/5/17	5/11/2017	Solera-4561	83,980.59	83,980.59
5/8/17 - 5/19/17	5/22/2017	Solera-4561	127,594.11	127,594.11
5/22/17 - 5/30/17		Solera-4561	402,681.98	
5/31/2017		Solera-4561	12,536.64	
	SUBTOTAL		2,889,207.90	2,010,868.92
	IGT Returns			
5/24/2017	16	Ashford Broadmoor Crescent Fort Bend Solera		268.90
	SUBTOTAL			268.90

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	**2,011,137.82**

APPROVED

JUN 2 0 2017

COUNTY

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Calhoun County Indigent Account

Date Requested: 6/12/2017

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

AMOUNT: $730.00

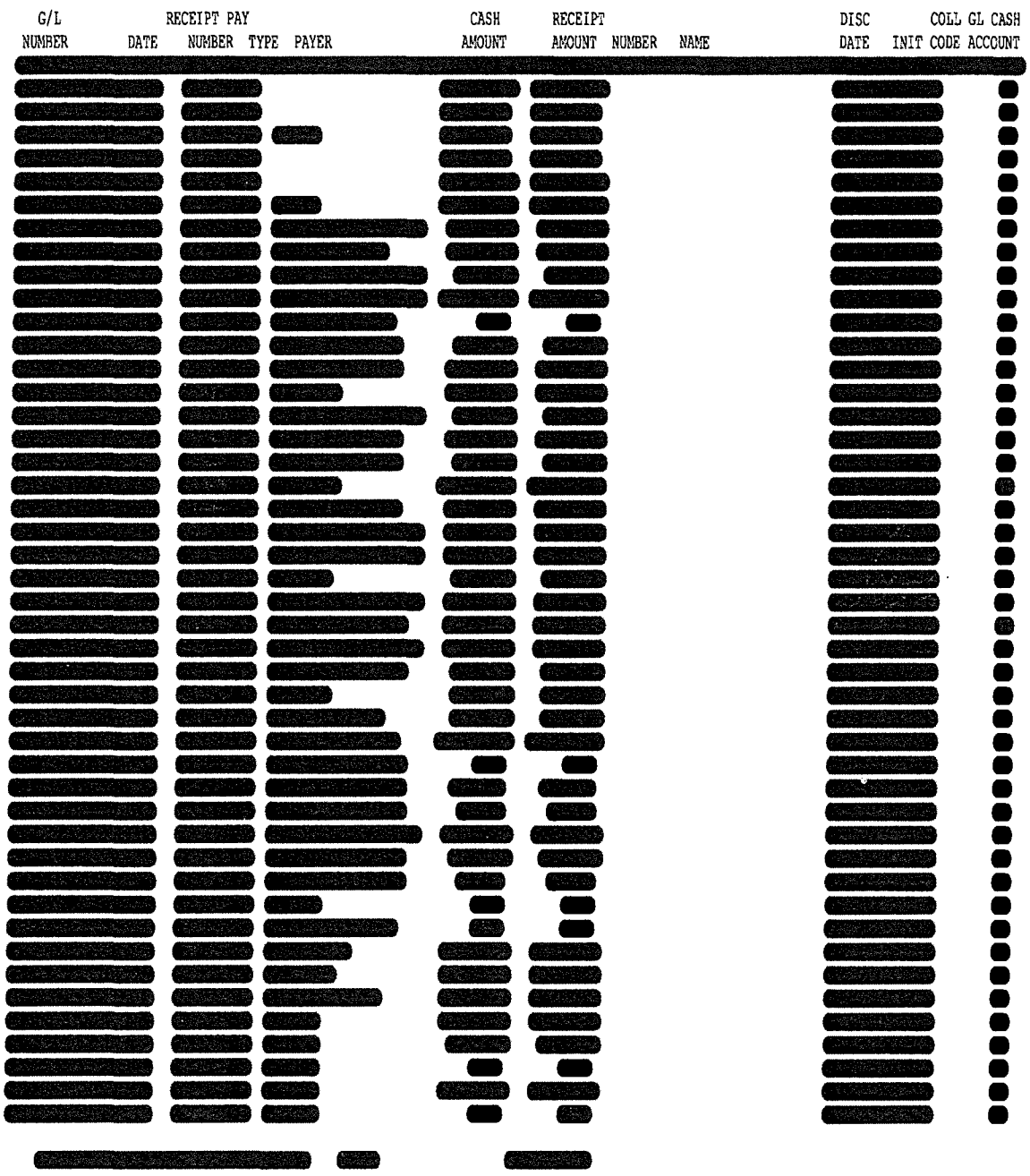
G/L NUMBER: 50240000

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

May 2017

REQUESTED BY: Adam Machicek

AUTHORIZED BY:



G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	INIT	COLL CODE	GL CASH ACCOUNT
50240.000	05/04/17	461728	CA		10.00	10.00			00/00/00	ARK		2
50240.000	05/11/17	462313	CA		10.00	10.00			00/00/00	ARK		2
50240.000	05/02/17	461498	CA		10.00	10.00			00/00/00	CAS		2
50240.000	05/02/17	461503	CA		10.00	10.00			00/00/00	CAS		2
50240.000	05/02/17	461540	CA		10.00	10.00			00/00/00	CAS		2
50240.000	05/02/17	461552	CA		10.00	10.00			00/00/00	CAS		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	05/08/17	461902	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/08/17	461905	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/08/17	461906	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/08/17	461913	CA	[redacted]	10.00-	10.00-			00/00/00		CAS	2
50240.000	05/08/17	461919	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/08/17	461983	CK	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/08/17	461997	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/15/17	462689	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/15/17	462695	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/24/17	463559	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/25/17	463614	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/25/17	463625	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/25/17	463626	CK	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/25/17	463627	MO	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/25/17	463628	CK	[redacted]	10.00-	10.00-			00/00/00		CAS	2
50240.000	05/25/17	463637	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/25/17	463686	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/26/17	463733	CA	[redacted]	10.00	10.00			00/00/00		CAS	2
50240.000	05/30/17	463828	CA	[redacted]	10.00	10.00			00/00/00		LC	2
50240.000	05/22/17	463326	CA	[redacted]	10.00	10.00			00/00/00		MKG	2
50240.000	05/01/17	461399	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/01/17	461411	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/01/17	461415	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/03/17	461591	VI	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/03/17	461610	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/03/17	461633	VI	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/03/17	461657	VI	[redacted]	10.00-	10.00-			00/00/00		PLB	2
50240.000	05/03/17	461705	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/03/17	461714	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/03/17	461715	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/03/17	461716	CA	[redacted]	10.00-	10.00-			00/00/00		PLB	2
50240.000	05/03/17	461717	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/04/17	461808	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/04/17	461814	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/09/17	462053	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/09/17	462075	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/09/17	462084	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/09/17	462139	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/10/17	462292	VI	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/11/17	462402	MC	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/12/17	462487	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/12/17	462517	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/12/17	462643	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/15/17	462647	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/15/17	462665	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/15/17	462674	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/16/17	462738	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/16/17	462756	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/17/17	462949	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/17/17	463004	VI	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/18/17	463042	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/19/17	463160	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/19/17	463193	CA	[redacted]	10.00	10.00			00/00/00		PLB	2
50240.000	05/19/17	463228	CA	[redacted]	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	05/19/17	463274	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/22/17	463294	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/22/17	463304	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/22/17	463338	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/23/17	463348	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/23/17	463357	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	05/23/17	463385	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/23/17	463444	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/23/17	463484	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/24/17	463585	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/26/17	463746	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/26/17	463800	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/26/17	463814	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/30/17	463913	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/31/17	464006	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/31/17	464018	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/31/17	464019	MC	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/31/17	464050	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/31/17	464067	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	05/05/17	461830	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	05/15/17	462669	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	05/15/17	462727	MC	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	05/17/17	462943	CA	[redacted]	10.00	10.00			00/00/00	VTT		2

TOTAL 50240.000 COUNTY INDIGENT COPAYS 730.00

[redacted]

Issued 06/20/17

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 06/01/2017 through 06/01/2017
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	11,155.15	2,942.31
01-2	Physician Services- Anesthesia	1,716.00	351.41
05	Lab/x-ray	134.00	20.24
08	Rural Health Clinics	4,942.05	4,236.23
14	Mmc - Hospital Outpatient	78,262.73	25,241.80
15	Mmc - Er Bills	18,404.04	5,889.30
	Expenditures	114,613.97	38,681.29
	Reimb/Adjustments	0.00	0.00
	Grand Total	**114,613.97**	**38,681.29**

Copays	<-730.00>
Expenses	4,166.67
Total	42,117.96

APPROVED
JUN 2 6 2017
COUNTY AUDITOR

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	5	8	3	64	0
June					
July					
August					
September					
October					
November					
December					
YTD					
Monthly Avg	11	6	7	62	1
December 2016 Active		55			

MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

COMMISSIONERS COURT APPROVAL LIST FOR ----June 22, 2017

PAYABLES

None

APPROVED

JUN 20 2017

COUNTY AUDITOR

RUN DATE:05/01/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:26 CHECK REGISTER and Payables List GLCKREG
05/01/17 THRU 05/01/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000917	05/01/17	381.09	MCKESSON
A/P	000918	05/01/17	161.53	MCKESSON
A/P	000919	05/01/17	585.77	MCKESSON
TOTALS:			1,128.39	

340B Prescription Expenses

APPROVED
ON

MAY 0 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

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: 04/28/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 04/29/2017

Page: 001

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

As of: 04/28/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 04/29/2017 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											
04/24/2017	05/02/2017	7804566471	1001002857	115Invoice	4.14	207.19		203.05 ✓		7804566471	
04/24/2017	05/02/2017	7804566472	1001002857	115Invoice	0.22	11.04		10.82 ✓		7804566472	
04/24/2017	05/02/2017	7804566473	1001003528	115Invoice	1.40	69.98		68.58 ✓		7804566473	
04/24/2017	05/02/2017	7804566474	1001003922	115Invoice	0.75	37.54		36.79 ✓		7804566474	
04/25/2017	05/02/2017	7804792241	1001004296	115Invoice	1.53	76.58		75.05 ✓		7804792241	
04/26/2017	05/02/2017	7805016005	1001005026	115Invoice	0.40	19.84		19.44 ✓		7805016005	
04/27/2017	05/02/2017	7805270293	1001005588	115Invoice	1.56	78.18		76.62 ✓		7805270293	
04/28/2017	05/02/2017	7805472532	1001006172	115Invoice	0.40	20.12		19.72 ✓		7805472532	
04/28/2017	05/02/2017	7805472534	1001006172	115Invoice	1.54	77.24		75.70 ✓		7805472534	

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: 597.71 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,069.23
04/24/2017

If Paid By 05/02/2017,
Pay This Amount: 585.77 USD

If Paid After 05/02/2017,
Pay this Amount: 597.71 USD

Due If Paid On Time:
USD 585.77

Disc lost If paid late:
11.94

Due If Paid Late:
USD 597.71

Clr#919

5.1.17

APPROVED
ON
MAY 0 1 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: 04/28/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 04/29/2017

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

As of: 04/28/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 04/29/2017 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											
04/24/2017	05/02/2017	7804555488	1001002855	115Invoice	1.95	97.37		95.42 ✓		7804555488	
04/24/2017	05/02/2017	7804555489	1001003526	115Invoice	0.32	15.99		15.67 ✓		7804555489	
04/24/2017	05/02/2017	7804555490	1001003920	115Invoice	1.19	59.74		58.55 ✓		7804555490	
04/25/2017	05/02/2017	7804788473	1001004294	115Invoice	0.93	46.71		45.78 ✓		7804788473	
04/26/2017	05/02/2017	7805025922	1001005024	115Invoice	0.56	27.90		27.34 ✓		7805025922	
04/28/2017	05/02/2017	7805479435	1001006170	115Invoice	2.82	141.15		138.33 ✓		7805479435	

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: 388.86 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,069.23
04/24/2017

If Paid By 05/02/2017,
Pay This Amount: 381.09 USD ✓

If Paid After 05/02/2017,
Pay this Amount: 388.86 USD

Due If Paid On Time:
USD 381.09

Disc lost if paid late:
7.77

Due If Paid Late:
USD 388.86

Ck# 917

5.1.17

APPROVED
ON
MAY 0 1 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: 04/28/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 04/29/2017

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

As of: 04/28/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 04/29/2017 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 256342 WALMART 1098/MEM MED PHS											
04/24/2017	05/02/2017	7804557699	3454582211	115Invoice	0.71	35.37		34.66 ✓		7804557699	
04/25/2017	05/02/2017	7804796663	3454582214	115Invoice	2.58	129.15		126.57 ✓		7804796663	
04/26/2017	05/02/2017	7805017377	3454582217	115Invoice		0.07		0.07 ✓		7805017377	
04/27/2017	05/02/2017	7805233356	1757001732	115Invoice		0.10		0.10 ✓		7805233356	
04/28/2017	05/02/2017	7805481412	1757005940	115Invoice		0.13		0.13 ✓		7805481412	

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: 164.82 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,069.23
04/24/2017

If Paid By 05/02/2017,
Pay This Amount: 161.53 ✓ USD

If Paid After 05/02/2017,
Pay this Amount: 164.82 USD

Due If Paid On Time:
USD 161.53

Disc lost if paid late:
3.29

Due If Paid Late:
USD 164.82

ck#918

5-1-17

APPROVED
ON
MAY 0 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
5/1/2017

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	348,454.44	348,354.44	126,097.57	-	-	-	-	126,197.57	**126,097.57**

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 10614
Account 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	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	404,292.84	404,192.84	94,135.80	-	-	-	-	94,235.80	**94,135.80**
Crescent	4588	404,960.34	404,860.34	97,681.09	-	-	-	-	97,781.09	**97,681.09**
Broadmoor	4596	553,053.00	552,953.00	69,424.22	-	-	-	-	69,524.22	**69,424.22**
Fort Bend	4618	115,659.19	115,559.19	53,630.02	-	-	-	-	53,730.02	**53,630.02**
										314,871.13

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: 6-2-17

APPROVED
ON
MAY 03 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

E:\NH Weekly Transfers\NH UPL Transfer Summary 5-1-17.xlsx

Account Portfolio as of 05/01/2017 8:25:55 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$1,827,029.67	$1,827,029.67
Memorial Medical Center	4553	$126,197.57	$133,819.43
Memorial Medical Center	4561	$94,235.80	$94,235.80
Memorial Medical Center	4588	$97,781.09	$100,364.14
Memorial Medical Center	4596	$69,524.22	$69,524.22
Memorial Medical Center	4618	$53,730.02	$53,852.59
Memorial Medical Center Operat	0301	$2,369,614.09	$2,409,252.71
County of Calhoun Indigent	1101	$4,652.36	$4,652.36
Totals		**$4,642,764.82**	**$4,692,730.92**

IBC Bank Activity
4/24/17 through 4/30/17

Ashford Gardens					Transfer-Out	Transfer-In	
4/24/2017	113105025	4553	142	ACH CREDIT RECEIVED		329.33	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4349073*1201494502\
4/24/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,185.48	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6604711*1205296137*000004911\
4/24/2017	113105025	4553	142	ACH CREDIT RECEIVED		7,435.86	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
4/25/2017	113105025	4553	142	ACH CREDIT RECEIVED		20,071.43	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017042216302175*1752603231\
4/26/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	348,354.44		ASHFORD HEALTH CARE CENTER LTD
4/26/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,083.89	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6605945*1205296137*000004911\
4/27/2017	113105025	4553	301	COMMERCIAL DEPOSIT		69,133.05	
4/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		192.73	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4359663*1201494502\
4/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,804.89	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4361457*1201494502\
4/27/2017	113105025	4553	142	ACH CREDIT RECEIVED		8,078.01	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
4/28/2017	113105025	4553	142	ACH CREDIT RECEIVED		174.86	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4364209*1201494502\
4/28/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,199.40	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017042611700194*1752603231\
4/28/2017	113105025	4553	142	ACH CREDIT RECEIVED		12,408.62	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					348,354.44	126,097.57	

Solera at West Houstor					Transfer-Out	Transfer-In	
4/25/2017	113105025	4561	142	ACH CREDIT RECEIVED		125.87	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017042216302185*1752603231\
4/25/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,151.57	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017042114800092*1752603231\
4/26/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	404,192.84		CANTEX HEALTH CARE CENTERS LLC
4/26/2017	113105025	4561	142	ACH CREDIT RECEIVED		27,234.31	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4412115*1205296137*000004011\
4/27/2017	113105025	4561	301	COMMERCIAL DEPOSIT		36,066.18	
4/27/2017	113105025	4561	142	ACH CREDIT RECEIVED		439.07	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
4/27/2017	113105025	4561	142	ACH CREDIT RECEIVED		7,051.00	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017042516300014*1752603231\
4/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		12,867.85	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017042610703596*1752603231\
4/28/2017	113105025	4561	142	ACH CREDIT RECEIVED		7,199.95	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4415263*1205296137*000004011\
					404,192.84	94,135.80	

Crescent					Transfer-Out	Transfer-In	
4/25/2017	113105025	4588	142	ACH CREDIT RECEIVED		9,081.72	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017042114800087*1752603231\
4/25/2017	113105025	4588	142	ACH CREDIT RECEIVED		5,959.04	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4410245*1205296137*000004011\
4/25/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,796.48	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017042114800072*1752603231\
4/25/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,335.04	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017042112100771*1452485907\
4/26/2017	113105025	4588	142	ACH CREDIT RECEIVED		12,794.82	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4412120*1205296137*000004011\
4/26/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	404,860.34		CANTEX HEALTH CARE CENTERS III
4/27/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,444.66	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017042511102308*1752603231\
4/27/2017	113105025	4588	142	ACH CREDIT RECEIVED		3,290.00	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017042516300012*1752603231\
4/27/2017	113105025	4588	301	COMMERCIAL DEPOSIT		57,913.52	
4/28/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,065.81	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					404,860.34	97,681.09	

Broadmoor					Transfer-Out	Transfer-In	
4/24/2017	113105025	4596	142	ACH CREDIT RECEIVED		7,209.88	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4408503*1205296137*000004011\
4/26/2017	113105025	4596	142	ACH CREDIT RECEIVED		10,218.09	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4412135*1205296137*000004011\
4/26/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	552,953.00		CANTEX HEALTH CARE CENTERS III
4/27/2017	113105025	4596	142	ACH CREDIT RECEIVED		763.95	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4413779*1205296137*000004011\
4/27/2017	113105025	4596	301	COMMERCIAL DEPOSIT		44,084.75	
4/27/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,567.73	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4359665*1201494502\
4/28/2017	113105025	4596	142	ACH CREDIT RECEIVED		4,579.82	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4415281*1205296137*000004011\
					552,953.00	69,424.22	

Fort Bend					Transfer-Out	Transfer-In	
4/24/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,692.21	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902715340*1742770542\
4/25/2017	113105025	4618	142	ACH CREDIT RECEIVED		14,672.29	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017042114800088*1752603231\
4/25/2017	113105025	4618	142	ACH CREDIT RECEIVED		3,512.53	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4409817*1205296137*000004011\
4/26/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,562.89	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4356188*1201494502\
4/26/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	115,559.19		CANTEX HEALTH CARE CENTERS III
4/27/2017	113105025	4618	301	COMMERCIAL DEPOSIT		9,210.48	
4/27/2017	113105025	4618	142	ACH CREDIT RECEIVED		3,668.70	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4359662*1201494502\
4/27/2017	113105025	4618	142	ACH CREDIT RECEIVED		19,310.92	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					115,559.19	53,630.02	

APPROVED
ON

MAY 03 2017

05/03/2017
10:05 COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 05/10/2017

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10246	ACCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
15000		04/28/20	02/06/20	05/05/20		1,138.46	0.00	0.00	1,138.46
	UNDIST. AR								
11447		04/28/20	02/06/20	05/05/20		127.94	0.00	0.00	127.94
	UNDIST AR								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10246	ACCENT	1,266.40	0.00	0.00	1,266.40

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SI01149014		04/30/20	01/30/20	05/01/20		23.50	0.00	0.00	23.50
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1430	ADVANCE MEDICAL DESIGNS INC	23.50	0.00	0.00	23.50

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
9649582210		04/30/20	09/26/20	10/26/20		159.00	0.00	0.00	159.00
	INTRAOCULAR LENSES C/S								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	159.00	0.00	0.00	159.00

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
2615931		04/28/20	02/02/20	02/12/20		3,240.21	0.00	0.00	3,240.21
	PURCH SERV								
2620366		04/28/20	02/09/20	02/19/20		3,671.14	0.00	0.00	3,671.14
	PURCH SERV								
2634827		04/28/20	03/05/20	03/15/20		3,164.92	0.00	0.00	3,164.92
	PURCH SERV								
2666914		04/28/20	04/23/20	05/03/20		3,471.14	0.00	0.00	3,471.14
	PURCH SERV								
2516488A		04/30/20	08/25/20	09/04/20		1,787.50	0.00	0.00	1,787.50
	PURCH SERV								
2536620		04/30/20	09/25/20	10/05/20		2,795.00	0.00	0.00	2,795.00
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	18,129.91	0.00	0.00	18,129.91

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
827550		04/28/20	04/11/20	04/26/20		51.49	0.00	0.00	51.49
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	51.49	0.00	0.00	51.49

Vendor#	Vendor Name	Class	Pay Code

11356 BARBARA ADAMS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
11104	UNDIST. AR	04/28/20	02/06/20	05/05/20			72.20	0.00	0.00	72.20

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11356	BARBARA ADAMS	72.20	0.00	0.00	72.20

Vendor# Vendor Name — Class — Pay Code

B0435 BARD PERIPHERAL VASCULAR — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
76442681A	INVENT C/S	04/30/20	04/10/20	05/10/20			108.76	0.00	0.00	108.76

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0435	BARD PERIPHERAL VASCULAR	108.76	0.00	0.00	108.76

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
54438793	SUPPLIES GEN	04/21/20	04/06/20	05/06/20			17.87	0.00	0.00	17.87
54439903	INVENT C/S	04/21/20	04/06/20	05/06/20			358.66	0.00	0.00	358.66

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	376.53	0.00	0.00	376.53

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
6005041306	SUPPLIES CT	04/21/20	04/04/20	05/04/20			572.32	0.00	0.00	572.32

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
106252425	SUPPLIES LAB	04/21/20	04/04/20	05/04/20			2,898.15	0.00	0.00	2,898.15
106254369	SUPPLIES LAB	04/21/20	04/05/20	05/05/20			1,232.42	0.00	0.00	1,232.42
4301588	SUPPLIES LAB	04/21/20	04/05/20	05/05/20			6,026.00	0.00	0.00	6,026.00
106258575	SUPPLIES LAB	04/21/20	04/06/20	05/06/20			66.88	0.00	0.00	66.88
106258926	SUPPLIES LAB	04/21/20	04/06/20	05/06/20			134.68	0.00	0.00	134.68
106260194	SUPPLIES LAB	04/21/20	04/07/20	05/07/20			2,563.08	0.00	0.00	2,563.08
106260497	SUPPLIES LAB	04/21/20	04/07/20	05/07/20			364.00	0.00	0.00	364.00
106259206	SUPPLIES LAB	04/21/20	04/07/20	05/07/20			1,953.07	0.00	0.00	1,953.07
106261013	SUPPLIES LAB	04/21/20	04/09/20	05/09/20			561.29	0.00	0.00	561.29
106260596	SUPPLIES LAB	04/21/20	04/09/20	05/09/20			9,444.63	0.00	0.00	9,444.63

106263012		04/21/20	04/10/20	05/10/20	12,064.08	0.00	0.00	12,064.08
SUPPLIES LAB								
106262997		04/21/20	04/10/20	05/10/20	74.68	0.00	0.00	74.68
SUPPLIES LAB								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC			37,382.96	0.00	0.00	37,382.96

Vendor#	Vendor Name	Class	Pay Code
11211	BHB MACHINE & PUMP REPAIR, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
707695		04/28/20	04/05/20	04/05/20			1,750.00	0.00	0.00	1,750.00
PURCH SERV										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11211	BHB MACHINE & PUMP REPAIR, LLC					1,750.00	0.00	0.00	1,750.00

Vendor#	Vendor Name	Class	Pay Code
11050	BIRCH COMMUNICATIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
23823924		04/28/20	04/16/20	05/08/20			1,158.64	0.00	0.00	1,158.64
TELEPHONE										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11050	BIRCH COMMUNICATIONS					1,158.64	0.00	0.00	1,158.64

Vendor#	Vendor Name	Class	Pay Code
11253	BLUEPRINT PUBLISHING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0744893977		04/28/20	03/27/20	04/11/20			589.50	0.00	0.00	589.50
PUBLIC RELAT										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11253	BLUEPRINT PUBLISHING					589.50	0.00	0.00	589.50

Vendor#	Vendor Name	Class	Pay Code
D1040	C R BARD, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
23775873		04/30/20	04/10/20	05/10/20			166.65	0.00	0.00	166.65
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	D1040	C R BARD, INC					166.65	0.00	0.00	166.65

Vendor#	Vendor Name	Class	Pay Code
C1010	CABLE ONE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21990		04/28/20	04/16/20	05/05/20	418.85		418.77	0.00	0.00	418.77 418.85
PURCH SERV										
21991		04/28/20	04/16/20	05/05/20	48.02		47.94	0.00	0.00	47.94 48.02
PURCH SERV										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1010	CABLE ONE			466.87		466.71	0.00	0.00	466.71 466.87

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
22012		04/30/20	04/24/20	05/10/20			78.50	0.00	0.00	78.50
FUEL										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY					78.50	0.00	0.00	78.50

Vendor#	Vendor Name	Class	Pay Code

Z0850 CARMEN C. ZAPATA-ARROYO W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21982	PUCH SERV	04/28/20	02/28/20	05/05/20		165.00	0.00	0.00	165.00
21983	PURCH SERV	04/28/20	02/28/20	05/05/20		1,677.50	0.00	0.00	1,677.50
21985	PURCH SERV	04/28/20	03/31/20	05/05/20		742.50	0.00	0.00	742.50
21984	PURCH SERV	04/28/20	03/31/20	05/05/20		82.50	0.00	0.00	82.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z0850	CARMEN C. ZAPATA-ARROYO	2,667.50	0.00	0.00	2,667.50

Vendor# Vendor Name Class Pay Code

C1992 CDW GOVERNMENT, INC. M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
HHZ4204	SUPPLIES	04/28/20	03/27/20	04/26/20		1,373.96	0.00	0.00	1,373.96
HHL8151	CREDIT	04/30/20	03/23/20	04/22/20		-186.91	0.00	0.00	-186.91

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	1,187.05	0.00	0.00	1,187.05

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
92236877	INVENT C/S	04/21/20	04/05/20	05/05/20		203.01	0.00	0.00	203.01
92240116	INVENT C/S	04/30/20	04/10/20	05/10/20		725.24	0.00	0.00	725.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	928.25	0.00	0.00	928.25

Vendor# Vendor Name Class Pay Code

C1600 CITIZENS MEDICAL CENTER W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
74769997	INVENT PHARM	04/30/20	01/27/20	05/01/20		404.28	0.00	0.00	404.28

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1600	CITIZENS MEDICAL CENTER	404.28	0.00	0.00	404.28

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
21922	WATER	04/28/20	04/20/20	05/05/20		9,531.24	0.00	0.00	9,531.24
21993	WATER	04/28/20	04/20/20	05/05/20		506.07	0.00	0.00	506.07
21994	WATER	04/28/20	04/20/20	05/05/20		562.15	0.00	0.00	562.15

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	10,599.46	0.00	0.00	10,599.46

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
OE106161		04/30/20	12/09/20	05/01/20		57.50	0.00	0.00	57.50

	OFF SUPPLIES								
	OEQT47641	04/30/20	04/13/20	04/23/20		541.26	0.00	0.00	541.26
	INVENT C/S								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS				598.76	0.00	0.00	598.76
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
	209981		04/30/20	02/07/20	03/09/20		265.00	0.00	0.00	265.00
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1443	CYGNUS MEDICAL LLC					265.00	0.00	0.00	265.00
Vendor#	Vendor Name				Class	Pay Code				
11368	CYRACOM LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	595556		04/30/20	03/31/20	05/01/20		0.81	0.00	0.00	0.81
	PURCH SERV									
	126104		04/30/20	03/31/20	05/01/20		3,002.30	0.00	0.00	3,002.30
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC					3,003.11	0.00	0.00	3,003.11
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
	5001911		04/11/20	04/04/20	05/04/20		14.01	0.00	0.00	14.01
	OFFICE SUPPLIES CLINIC									
	5006390		04/21/20	04/05/20	05/05/20		30.99	0.00	0.00	30.99
	INVENT C/S									
	5009750		04/21/20	04/10/20	05/10/20		319.12	0.00	0.00	319.12
	INVENT C/S									
	5007870		04/24/20	04/06/20	05/06/20		70.29	0.00	0.00	70.29
	OFF SUPPLIES									
	5009350		04/24/20	04/07/20	05/07/20		11.48	0.00	0.00	11.48
	OFF SUPPLIES									
	5009320		04/24/20	04/07/20	05/07/20		118.58	0.00	0.00	118.58
	OFF SUPPLIES									
	5009330		04/24/20	04/07/20	05/07/20		167.58	0.00	0.00	167.58
	OFF SUPPLIES									
	5009830		04/24/20	04/10/20	05/10/20		131.05	0.00	0.00	131.05
	OFF SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON					863.10	0.00	0.00	863.10
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
	MMC051517		04/28/20	04/30/20	05/01/20		98,308.51	0.00	0.00	98,308.51
	PRO FEES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC					98,308.51	0.00	0.00	98,308.51
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
21980		04/28/20	04/20/20	05/05/20			105.00	0.00	0.00	105.00
	PURCH SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11291	DOWELL PEST CONTROL					105.00	0.00	0.00	105.00

Vendor#	Vendor Name	Class	Pay Code
11348	ELIDA CARABAJAL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
37648		04/28/20	02/06/20	05/05/20			183.00	0.00	0.00	183.00
	UNDIST. AR									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11348	ELIDA CARABAJAL					183.00	0.00	0.00	183.00

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
34922		04/28/20	04/30/20	05/05/20			40,062.50	0.00	0.00	40,062.50
	PROF FEES									
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
10042	ERBE USA INC SURGICAL SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
420073		04/21/20	04/10/20	05/10/20			153.40	0.00	0.00	153.40
	SUPPLIES GEN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS					153.40	0.00	0.00	153.40

Vendor#	Vendor Name	Class	Pay Code
C2510	EVIDENT	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A1704051378		04/14/20	04/05/20	05/05/20			16,649.00	0.00	0.00	16,649.00
	SOFTWARE MAINT IT									
T1704101378		04/24/20	04/10/20	05/10/20			13,646.88	0.00	0.00	13,646.88
	PURCH SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C2510	EVIDENT					30,295.88	0.00	0.00	30,295.88

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
577656293		04/28/20	04/20/20	05/05/20			9.41	0.00	0.00	9.41
	FREIGHT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.					9.41	0.00	0.00	9.41

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
8489497		04/21/20	04/04/20	05/04/20			612.29	0.00	0.00	612.29
	SUPPLIES LAB									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE					612.29	0.00	0.00	612.29

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

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

	21997		04/28/20	04/19/20	05/05/20	50.42	0.00	0.00	50.42
		TELEPHONE							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11183	FRONTIER			50.42	0.00	0.00	50.42
Vendor#	Vendor Name				Class	Pay Code			
11149	GARDNER & WHITE, INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22000		04/28/20	03/01/20	05/05/20		5,341.77	0.00	0.00	5,341.77
		EMPL EXP							
	21996-A		04/28/20	04/01/20	05/05/20		5,341.77	0.00	0.00	5,341.77
		EMPL EXP							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11149	GARDNER & WHITE, INC.				10,683.54	0.00	0.00	10,683.54
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
	030462718		04/24/20	04/07/20	05/07/20		827.01	0.00	0.00	827.01
		DUES AND SUBS							
	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			
G0401	GULF COAST DELIVERY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	751228		04/21/20	04/07/20	05/07/20		25.00	0.00	0.00	25.00
		PURCH SERV RES CARE							
	751229		04/21/20	04/07/20	05/07/20		25.00	0.00	0.00	25.00
		PURCH SERV RES CARE							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G0401	GULF COAST DELIVERY				50.00	0.00	0.00	50.00
Vendor#	Vendor Name				Class	Pay Code			
G1210	GULF COAST PAPER COMPANY				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1301595		04/12/20	04/04/20	05/04/20		165.35	0.00	0.00	165.35
		SUPPLIES ENVIRO SERV							
	1297896		04/28/20	03/28/20	04/27/20		48.50	0.00	0.00	48.50
		SUPPLIES							
	1224744		04/30/20	11/01/20	12/01/20		115.74	0.00	0.00	115.74
		SUPPLIES							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY				329.59	0.00	0.00	329.59
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
	6222460		04/24/20	04/05/20	05/05/20		40.10	0.00	0.00	40.10
		SUPPLIES GEN							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		H1135	HEALTH CARE LOGISTICS INC				40.10	0.00	0.00	40.10
Vendor#	Vendor Name				Class	Pay Code			
10829	HEALTHSTREAM, INC.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	0054513		04/11/20	04/07/20	05/07/20		1,409.25	0.00	0.00	1,409.25

PURCH SERV CLINIC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10829	HEALTHSTREAM, INC.	1,409.25	0.00	0.00	1,409.25

Vendor#	Vendor Name	Class	Pay Code
I1127	INTEGRATED MEDICAL SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1467721		04/24/20	04/04/20	05/04/20			65.74	0.00	0.00	65.74
1340152	REPAIR INSTRU	04/30/20	08/05/20	09/04/20			41.25	0.00	0.00	41.25
	INST. REPAIRS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1127	INTEGRATED MEDICAL SYSTEMS	106.99	0.00	0.00	106.99

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
21989		04/28/20	04/24/20	05/05/20			358.67	0.00	0.00	358.67
	TRAVEL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11105	JERRY PICKETT	358.67	0.00	0.00	358.67

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
21978		04/28/20	04/27/20	05/05/20			218.87	0.00	0.00	218.87
	TRAVEL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11275	KYLE DANIEL	218.87	0.00	0.00	218.87

Vendor#	Vendor Name	Class	Pay Code
11344	LORI YAWS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
35747		04/28/20	02/06/20	05/05/20			25.00	0.00	0.00	25.00
	UNDISTRIB AR									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11344	LORI YAWS	25.00	0.00	0.00	25.00

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
INV0542613		05/02/20	05/01/20	05/09/20			1,811.19	0.00	0.00	1,811.19
	FUEL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC	1,811.19	0.00	0.00	1,811.19

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
INV00011235		04/24/20	04/04/20	05/04/20			230.95	0.00	0.00	230.95
	SUPPLIES PT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	230.95	0.00	0.00	230.95

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
9751482		04/21/20	04/05/20	05/05/20			527.33	0.00	0.00	527.33
	INVENT C/S									

94757886		04/30/20	02/19/20	03/21/20		201.25	0.00	0.00	201.25
	SUPPLIES								
97140681		04/30/20	03/30/20	04/29/20		635.22	0.00	0.00	635.22
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC				1,363.80	0.00	0.00	1,363.80

Vendor#	Vendor Name	Class	Pay Code
11203	MEDI-DOSE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0647446		04/24/20	04/05/20	05/05/20			59.80	0.00	0.00	59.80
	SUPPLIES GEN									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC					59.80	0.00	0.00	59.80

Vendor#	Vendor Name	Class	Pay Code
M2320	MEDIBADGE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
742844		04/28/20	04/18/20	05/05/20			120.77	0.00	0.00	120.77
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2320	MEDIBADGE					120.77	0.00	0.00	120.77

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
1825608055		04/21/20	04/08/20	05/08/20			68.63	0.00	0.00	68.63
	SUPPLIES SURG									
1814487363		04/30/20	09/08/20	05/01/20			37.50	0.00	0.00	37.50
	SUPPLIES									
1824916998		04/30/20	03/28/20	04/28/20			68.63	0.00	0.00	68.63
	SUPPLIES									
1825074908		04/30/20	03/30/20	05/01/20			73.09	0.00	0.00	73.09
	INVENT C/S									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC					247.85	0.00	0.00	247.85

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
8800044174		04/21/20	04/05/20	05/05/20			549.62	0.00	0.00	549.62
	SUPPLIES GEN									
8800045936		04/21/20	04/07/20	05/07/20			30.73	0.00	0.00	30.73
	SUPPLIES GEN									
30094153872		04/30/20	11/20/20	12/20/20			31.70	0.00	0.00	31.70
	SUPPLIES									
8800045935		04/30/20	04/07/20	05/07/20			124.19	0.00	0.00	124.19
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA					736.24	0.00	0.00	736.24

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
21999		04/28/20	04/16/20	05/01/20			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				
M2685	MICROTEK MEDICAL INC			M					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4037908		04/30/20 01/30/20	05/01/20		176.50	0.00	0.00	176.50
		SUPPLIES							
	4047657		04/30/20 02/13/20	05/01/20		284.52	0.00	0.00	284.52
		INVETN C/S							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		M2685	MICROTEK MEDICAL INC			461.02	0.00	0.00	461.02

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
	21986		04/28/20 04/24/20	05/05/20		15,210.52	0.00	0.00	15,210.52
		EMP EXP							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN			15,210.52	0.00	0.00	15,210.52

Vendor#	Vendor Name			Class	Pay Code				
M3331	MOORE MEDICAL LLC			W					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	993876221		04/30/20 02/23/20	05/01/20		49.83	0.00	0.00	49.83
		SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		M3331	MOORE MEDICAL LLC			49.83	0.00	0.00	49.83

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
	1188282		04/28/20 04/21/20	04/22/20		478.45	0.00	0.00	478.45
		INVENT LAB							
	1189378		04/28/20 04/21/20	04/22/20		22.20	0.00	0.00	22.20
		INVENT LAB							
	1189464		04/28/20 04/21/20	04/22/20		393.79	0.00	0.00	393.79
		INVENT LAB							
	1189463		04/28/20 04/21/20	04/22/20		1,674.02	0.00	0.00	1,674.02
		INVENT LAB							
	1188714		04/28/20 04/21/20	04/22/20		1,586.32	0.00	0.00	1,586.32
		INVENT LAB							
	1197143		04/28/20 04/24/20	04/25/20		87.99	0.00	0.00	87.99
		INVENT LAB							
	1196765		04/28/20 04/24/20	04/25/20		546.58	0.00	0.00	546.58
		INVENT LAB							
	1197144		04/28/20 04/24/20	04/25/20		1,045.95	0.00	0.00	1,045.95
		INVENT LAB							
	1197142		04/28/20 04/24/20	04/25/20		477.12	0.00	0.00	477.12
		INVENT LAB							
	1197145		04/28/20 04/24/20	04/25/20		285.79	0.00	0.00	285.79
		INVENT LAB							
	1203971		04/28/20 04/25/20	04/26/20		9.23	0.00	0.00	9.23
		INVENT LAB							
	1203973		04/28/20 04/25/20	04/26/20		123.58	0.00	0.00	123.58
		INVENT LAB							

1203972	04/28/20 04/25/20 04/26/20	407.66	0.00	0.00	407.66		
INVENT LAB							
1203970	04/28/20 04/25/20 04/26/20	190.13	0.00	0.00	190.13		
INVENT LAB							
1200651	04/28/20 04/25/20 04/26/20	89.93	0.00	0.00	89.93		
INVENT LAB							
1204242	04/28/20 04/25/20 04/26/20	27.02	0.00	0.00	27.02		
INVENT LAB							
1209010	04/28/20 04/26/20 04/27/20	22.20	0.00	0.00	22.20		
INVENT LAB							
1208733	04/28/20 04/26/20 04/27/20	44.30	0.00	0.00	44.30		
INVENT LAB							
1206526	04/28/20 04/26/20 04/27/20	327.43	0.00	0.00	327.43		
INVENT LAB							
1211996	04/30/20 04/27/20 04/28/20	10.50	0.00	0.00	10.50		
INVENT PHARM							
1214483	04/30/20 04/27/20 04/28/20	103.74	0.00	0.00	103.74		
INVENT PHARM							
1214802	04/30/20 04/27/20 04/28/20	25.28	0.00	0.00	25.28		
INVENT PHARM							
1214484	04/30/20 04/27/20 04/28/20	88.78	0.00	0.00	88.78		
INVENT PHARM							
1214800	04/30/20 04/27/20 04/28/20	3,452.71	0.00	0.00	3,452.71		
INVENT PHARM							
1211995	04/30/20 04/27/20 04/28/20	328.84	0.00	0.00	328.84		
INVENT PHARM							
1211994	04/30/20 04/27/20 04/28/20	120.16	0.00	0.00	120.16		
INVENT PHARM							
1214801	04/30/20 04/27/20 04/28/20	1,584.15	0.00	0.00	1,584.15		
INVENT PHARM							
1218591	04/30/20 04/28/20 04/29/20	356.30	0.00	0.00	356.30		
INVENT PHARM							
1218590	04/30/20 04/28/20 04/29/20	37.15	0.00	0.00	37.15		
INVENT PHARM							
1218473	04/30/20 04/28/20 04/29/20	37.15	0.00	0.00	37.15		
INVENT PHARM							
1218589	04/30/20 04/28/20 04/29/20	95.72	0.00	0.00	95.72		
INVENT PHARM							
1218474	04/30/20 04/28/20 04/29/20	27.02	0.00	0.00	27.02		
INVENT PHARM							
CM80984	05/01/20 04/24/20 04/25/20	-379.75	0.00	0.00	-379.75		
PHARM CREDIT							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	13,727.44	0.00	0.00	13,727.44

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
21981		04/28/20	04/27/20	05/05/20			188.30	0.00	0.00	188.30
	TRAVEL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER	188.30	0.00	0.00	188.30

Vendor#	Vendor Name	Class	Pay Code
11198	NORTH COAST MEDICAL INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3723849		04/30/20	08/22/20	05/01/20			123.70	0.00	0.00	123.70
3749886	SUPPLIES	04/30/20	10/01/20	05/01/20			0.39	0.00	0.00	0.39
3766853	FINANCE CHARGE	04/30/20	11/07/20	05/01/20			1.22	0.00	0.00	1.22
3787970	FINANCE CHARGE	04/30/20	12/13/20	05/01/20			1.86	0.00	0.00	1.86
3786806	FINANCE CHARGE	04/30/20	12/16/20	05/01/20			75.18	0.00	0.00	75.18
3820035	SUPPLIES FINANCE CHARGE	04/30/20	02/15/20	05/01/20			1.86	0.00	0.00	1.86

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11198	NORTH COAST MEDICAL INC	204.21	0.00	0.00	204.21

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
2026388012		04/21/20	04/04/20	05/04/20			1,192.98	0.00	0.00	1,192.98
2026388752	SUPPLIES GEN	04/21/20	04/04/20	05/04/20			1,448.69	0.00	0.00	1,448.69
2026385205	INVENT C/S	04/21/20	04/04/20	05/04/20			40.41	0.00	0.00	40.41
2026384898	INVENT C/S	04/21/20	04/04/20	05/04/20			62.14	0.00	0.00	62.14
2026385532	INVET C/S	04/21/20	04/04/20	05/04/20			26.57	0.00	0.00	26.57
2026385340	SUPPLIES GEN	04/21/20	04/04/20	05/04/20			51.19	0.00	0.00	51.19
2026463231	INVENT C/S	04/21/20	04/06/20	05/06/20			17.70	0.00	0.00	17.70
2026466622	INVENT C/S	04/21/20	04/06/20	05/06/20			774.57	0.00	0.00	774.57
2026467587	SUPPLIES GEN	04/21/20	04/06/20	05/06/20			322.41	0.00	0.00	322.41
2026463585	SUPPLIES GEN PT	04/21/20	04/06/20	05/06/20			144.26	0.00	0.00	144.26
2026466931	INVENT C/S	04/21/20	04/06/20	05/06/20			2,322.13	0.00	0.00	2,322.13
2026384738	INVENT C/S	04/24/20	04/04/20	05/04/20			179.92	0.00	0.00	179.92
2026384796	REPAIRS INSTRU.	04/24/20	04/04/20	05/04/20			89.34	0.00	0.00	89.34
2026190102	SUPPLIES GEN	04/30/20	03/28/20	04/27/20			111.17	0.00	0.00	111.17
2026262856	SUPPLIES INVENT CS	04/30/20	03/30/20	04/29/20			48.31	0.00	0.00	48.31

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	6,831.79	0.00	0.00	6,831.79

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
	22001		04/30/20	05/01/20	05/05/20		592.50	0.00	0.00	592.50
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11069	PABLO GARZA				592.50	0.00	0.00	592.50
Vendor#	Vendor Name				Class	Pay Code				
11142	PAETEC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	68995620		04/30/20	04/22/20	05/05/20		8,482.56	0.00	0.00	8,482.56
		TELEPHONE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11142	PAETEC				8,482.56	0.00	0.00	8,482.56
Vendor#	Vendor Name				Class	Pay Code				
P0706	PALACIOS BEACON				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21987		04/28/20	03/01/20	04/01/20		55.00	0.00	0.00	55.00
		PUBLIC REL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P0706	PALACIOS BEACON				55.00	0.00	0.00	55.00
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
	10155		04/28/20	04/19/20	05/05/20		40.00	0.00	0.00	40.00
		PUBLIC RELAT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P1470	PHILIP THOMAE PHOTOGRAPHER				40.00	0.00	0.00	40.00
Vendor#	Vendor Name				Class	Pay Code				
P2200	POWER ELECTRIC				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	B30541		04/28/20	04/07/20	04/17/20		9.96	0.00	0.00	9.96
		SUPPLIES								
	A31776		04/28/20	04/17/20	04/27/20		89.88	0.00	0.00	89.88
		SUPPLIES								
	B12002		04/30/20	05/08/20	05/18/20		3.39	0.00	0.00	3.39
		SUPPLIES								
	B20676		04/30/20	03/25/20	04/04/20		6.19	0.00	0.00	6.19
		SUPPLIES								
	B21334		04/30/20	04/19/20	04/29/20		58.24	0.00	0.00	58.24
		SUPPLIES								
	A25206		04/30/20	09/23/20	10/03/20		32.99	0.00	0.00	32.99
		SUPPLIES								
	A25992		04/30/20	10/19/20	10/29/20		15.96	0.00	0.00	15.96
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2200	POWER ELECTRIC				216.61	0.00	0.00	216.61
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
	3743104		04/24/20	04/04/20	05/04/20		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)	336.70	0.00	0.00	336.70

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21998		04/28/20	04/17/20	05/01/20			2,188.51	0.00	0.00	2,188.51 ✓
	PRE PAID									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE	2,188.51	0.00	0.00	2,188.51

Vendor# R1250 Vendor Name: RANDY'S FLOOR COMPANY ✓ Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMCPLA2017 ✓		04/28/20	03/10/20	05/05/20			858.95	0.00	0.00	858.95 ✓
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1250	RANDY'S FLOOR COMPANY	858.95	0.00	0.00	858.95

Vendor# 11251 Vendor Name: RAPID PRINTING LLC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1478 ✓		04/28/20	04/16/20	05/05/20			150.00	0.00	0.00	150.00 ✓
	PUBLIC RELAT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	150.00	0.00	0.00	150.00

Vendor# R1321 Vendor Name: RECEIVABLE MANAGEMENT, INC ✓ Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21973A		04/28/20	03/31/20	05/04/20			73.60	0.00	0.00	73.60 ✓
	COLLECTION EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1321	RECEIVABLE MANAGEMENT, INC	73.60	0.00	0.00	73.60

Vendor# 10746 Vendor Name: RR DONNELLEY ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
772651423 ✓		04/28/20	03/17/20	05/05/20			1,483.69	0.00	0.00	1,483.69 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10746	RR DONNELLEY	1,483.69	0.00	0.00	1,483.69

Vendor# 10625 Vendor Name: SARA RUBIO ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21979		04/28/20	04/27/20	05/05/20			218.87	0.00	0.00	218.87 ✓
	TRAVEL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	218.87	0.00	0.00	218.87

Vendor# 11360 Vendor Name: SCRUBS ON WHEELS ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21988		04/28/20	04/21/20	05/05/20			5,851.95	0.00	0.00	5,851.95 ✓
	EMP EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11360	SCRUBS ON WHEELS	5,851.95	0.00	0.00	5,851.95

Vendor#	Vendor Name			Class	Pay Code				
10995	SHIFTHOUND								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1714175		04/30/20	04/30/20	05/01/20		558.00	0.00	0.00	558.00
		DUES AND SUBS								
	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				
D0350	SIEMENS HEALTHCARE DIAGNOSTICS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	115438228		04/28/20	04/18/20	05/05/20		832.25	0.00	0.00	832.25
		DUES SUBSC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D0350	SIEMENS HEALTHCARE DIAGNOSTICS				832.25	0.00	0.00	832.25
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
	14825792		04/21/20	04/05/20	05/05/20		117.21	0.00	0.00	117.21
		INVENT C/S								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2353	SMITHS MEDICAL ASD INC				117.21	0.00	0.00	117.21
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
	25723		04/30/20	08/01/20	05/01/20		555.00	0.00	0.00	555.00
		DUES AND SUBSC								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2345	SOUTHEAST TEXAS HEALTH SYS				555.00	0.00	0.00	555.00
Vendor#	Vendor Name				Class	Pay Code				
11083	STRATUS VIDEO INTERPRETING									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	SIN008222		04/30/20	09/30/20	05/01/20		302.50	0.00	0.00	302.50
		PURCH SERV								
	SIN009588		04/30/20	10/31/20	05/01/20		285.50	0.00	0.00	285.50
		PURCH SERV								
	SIN10876		04/30/20	11/30/20	05/01/20		295.25	0.00	0.00	295.25
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11083	STRATUS VIDEO INTERPRETING				883.25	0.00	0.00	883.25
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
	992565A		04/21/20	04/04/20	05/04/20		47.40	0.00	0.00	47.40
		SUPPLIES GEN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2830	STRYKER SALES CORP				47.40	0.00	0.00	47.40
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
	2839608		04/30/20	09/09/20	10/09/20		770.82	0.00	0.00	770.82
		SUPPLIES								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY				770.82	0.00	0.00	770.82

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
	113412620		04/28/20	04/20/20	05/10/20	772.48	0.00	0.00	772.48
		SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	772.48	0.00	0.00	772.48

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
	21995		04/28/20	04/20/20	05/05/20	3,690.52	0.00	0.00	3,690.52
		LEASE							

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				
T2230	TEXAS WIRED MUSIC INC			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	A925494		04/28/20	04/01/20	05/05/20	73.95	0.00	0.00	73.95
		PURCH SERV							
	A925493		04/28/20	04/01/20	05/05/20	63.95	0.00	0.00	63.95
		PURCH SERV							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2230	TEXAS WIRED MUSIC INC	137.90	0.00	0.00	137.90

Vendor#	Vendor Name			Class	Pay Code				
11100	THE US CONSULTING GROUP								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	340367300		04/14/20	04/06/20	05/06/20	232.87	0.00	0.00	232.87
		PURCH SERV PLNT OPS							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	232.87	0.00	0.00	232.87

Vendor#	Vendor Name			Class	Pay Code				
T1724	TOSHIBA AMERICA MEDICAL SYST.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	10266992		04/24/20	04/05/20	05/05/20	9,000.00	0.00	0.00	9,000.00
		MAINT CONT							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T1724	TOSHIBA AMERICA MEDICAL SYST.	9,000.00	0.00	0.00	9,000.00

Vendor#	Vendor Name			Class	Pay Code				
11067	TRIZETTO PROVIDER SOLUTIONS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	3A3X041700		04/28/20	04/01/20	05/05/20	119.00	0.00	0.00	119.00
		PURCH SERV							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	119.00	0.00	0.00	119.00

Vendor#	Vendor Name			Class	Pay Code				
U1054	UNIFIRST HOLDINGS			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	8150762802		04/11/20	04/04/20	05/04/20	60.66	0.00	0.00	60.66
		PURCH SERV MAINT							
	8150762892		04/11/20	04/04/20	05/04/20	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
8400243792	LAUNDRY HOUSKEEPING	04/11/20	04/04/20	05/04/20			322.39	0.00	0.00	322.39
8400243796	LAUNDRY HOUSKEEPING	04/11/20	04/04/20	05/04/20			106.11	0.00	0.00	106.11
8400243839	DIETARY LAUNDRY	04/11/20	04/04/20	05/04/20			166.72	0.00	0.00	166.72
8400243793	LAUNDRY PT	04/11/20	04/04/20	05/04/20			184.69	0.00	0.00	184.69
8400243794	LAUNDRY DIETARY	04/11/20	04/04/20	05/04/20			114.57	0.00	0.00	114.57
8400243848	LAUNDRY HOUSKEEPING	04/11/20	04/04/20	05/04/20			1,276.21	0.00	0.00	1,276.21
8400243795	LAUNDRY OB	04/11/20	04/04/20	05/04/20			125.24	0.00	0.00	125.24
8400244128	LAUNDRY	04/24/20	04/07/20	05/07/20			465.00	0.00	0.00	465.00
8400244170	LAUNDRY	04/24/20	04/07/20	05/07/20			940.65	0.00	0.00	940.65
8400240497	LAUNDRY	04/28/20	02/17/20	03/19/20			420.04	0.00	0.00	420.04

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	4,121.62	0.00	0.00	4,121.62

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
0000778941157	FREIGHT	04/28/20	04/15/20	05/05/20			344.84	0.00	0.00	344.84

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	344.84	0.00	0.00	344.84

Vendor#	Vendor Name	Class	Pay Code
10172	US FOOD SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4563538	SUPPLIES	04/24/20	04/17/20	05/07/20			1,487.98	0.00	0.00	1,487.98
4442143	SUPPLIES	04/28/20	04/10/20	04/30/20			1,945.09	0.00	0.00	1,945.09
4634373	SUPPLIES	04/28/20	04/20/20	05/10/20			1,347.92	0.00	0.00	1,347.92

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	4,780.99	0.00	0.00	4,780.99

Vendor#	Vendor Name	Class	Pay Code
V0559	VERIZON WIRELESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9784064372	TELEPHONE	04/28/20	04/16/20	05/05/20			238.67	0.00	0.00	238.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V0559	VERIZON WIRELESS	238.67	0.00	0.00	238.67

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
17020221 ✓	PUBLIC RELAT	04/28/20	02/28/20	05/05/20			300.00	0.00	0.00	300.00 ✓
17020220 ✓	PUBLIC RELAT	04/28/20	02/28/20	05/05/20			210.00	0.00	0.00	210.00 ✓

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

Vendor# W1005 Vendor Name: WALMART COMMUNITY ✓ Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
005577 ✓	SUPPLIES	04/30/20	03/16/20	05/01/20			17.52	0.00	0.00	17.52 ✓
005578 ✓	SUPPLIES	04/30/20	03/16/20	05/01/20			12.14	0.00	0.00	12.14 ✓
007753 ✓	SUPPLIES	04/30/20	03/23/20	05/01/20			10.25	0.00	0.00	10.25 ✓
004695 ✓	SUPPLIES	04/30/20	03/30/20	05/01/20			11.91	0.00	0.00	11.91 ✓
004696 ✓	SUPPLIES	04/30/20	03/30/20	05/01/20			11.52	0.00	0.00	11.52 ✓
004693 ✓	INVENT C/S	04/30/20	03/30/20	05/01/20			3.52	0.00	0.00	3.52 ✓
002892 ✓	SUPPLIES	04/30/20	04/05/20	05/01/20			269.64	0.00	0.00	269.64 ✓
001995 ✓	SUPPLIES	04/30/20	04/06/20	05/01/20			12.95	0.00	0.00	12.95 ✓
009997 ✓	SUPPLIES	04/30/20	04/13/20	05/01/20			15.88	0.00	0.00	15.88 ✓
009996 ✓	SUPPLIES	04/30/20	04/13/20	05/01/20			17.40	0.00	0.00	17.40 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY	382.73	0.00	0.00	382.73

Vendor# Y1050 Vendor Name: YOUNG ✓ Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
153611 ✓	SUPPLIES	04/28/20	04/06/20	05/05/20			23.20	0.00	0.00	23.20

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Y1050	YOUNG	23.20	0.00	0.00	23.20

Michael J. Pfeifer
Calhoun County Judge
Date: 5-2-17

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	356,964.01	0.00	0.00	356,964.01

APPROVED ON
MAY 03 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

356,964.01 +
418.77 −
418.85 +
47.94 −
48.02 +
356,964.17 *

pg 3 correction { <418.77> + 418.85

pg 3 correction { <47.94> + 48.02

$356,964.17

CKS #170975 +D #171070

APPROVED
ON
MAY 0 3 2017
COUNTY AUDITOR
[redacted] COUNTY, TEXAS

RUN DATE: 05/04/17
TIME: 08:45

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	PAY AMOUNT	CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		042717	60.00 ✓		2		
		042617	283.20 ✓		2		
		042717	89.00 ✓		2		
		042617	19.21 ✓		2		
		042717	40.06 ✓		2		
		042617	298.14 ✓		3		
		042617	147.00 ✓		2		
		042617	129.32 ✓		2		
		042717	516.26 ✓		2		
		011917	88.92	N	3		
		042717	103.75 ✓		2		
		011917	99.40	N	2		
		011917	1471.60	N	2		
		042617	59.80 ✓		2		
		042717	200.00 ✓		1		
		042617	11.12 ✓		2		
		042717	52.28 ✓		2		

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	042717	339.92 ✓		2		
		042717	40.55 ✓		2		
		011917	54.40	N	3		
		011917	25.80	N	3		
		042717	510.11 ✓		2		
		042717	115.00 ✓		2		
		042717	244.31 ✓		2		
		042617	1322.59 ✓		2		
		011917	73.10	N	3		
		011917	879.85	N	3		
		011917	393.00	N	3		
		042717	210.40 ✓		2		
		042617	159.94 ✓		2		
		042617	461.27 ✓		3		
		042717	25.00 ✓		2		
		042717	248.76 ✓		2		

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	[redacted]	484.50	✓			[redacted]
		[redacted]	196.00	✓			
		[redacted]	173.49	✓			
		[redacted]	655.12	✓			
		[redacted]	136.97	✓			
		042617	389.66	N			
		011917	186.11	N			
		042617	1021.17	N			
		[redacted]	390.39	✓			
		[redacted]	52.58	✓			
		042617	409.52	N			
		[redacted]	206.00	✓			
		[redacted]	250.00	✓			
		[redacted]	145.00	✓			
		042617	66.20	N			
		[redacted]	365.60	✓			

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	031917	1288.00	N	1	[redacted]	[redacted]
[redacted]	[redacted]	042617	378.00	✓	3	[redacted]	[redacted]
[redacted]	[redacted]	042717	15.20	✓	2	[redacted]	[redacted]
[redacted]	[redacted]	042617	13.46	✓	2	[redacted]	[redacted]
[redacted]	[redacted]	042617	115.52	✓	3	[redacted]	[redacted]
[redacted]	[redacted]	042717	1059.36	✓	2	[redacted]	[redacted]
[redacted]	[redacted]	042717	840.64	✓	2	[redacted]	[redacted]
[redacted]	[redacted]	042717	104.52	✓	3	[redacted]	[redacted]
[redacted]	[redacted]	042717	40.00	✓	3	[redacted]	[redacted]
[redacted]	[redacted]	042617	19.65	✓	2	[redacted]	[redacted]
[redacted]	[redacted]	042717	14.59	✓	2	[redacted]	[redacted]
[redacted]	[redacted]	042717	108.54	✓	3	[redacted]	[redacted]
[redacted]	[redacted]	042717	1648.77	✓	2	[redacted]	[redacted]
[redacted]	[redacted]	042617	283.20	N	2	[redacted]	[redacted]
[redacted]	[redacted]	042617	39.45	✓	2	[redacted]	[redacted]
[redacted]	[redacted]	042617	283.20	N	2	[redacted]	[redacted]

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	042717	77.84	✓	2	[redacted]	[redacted]
		042717	50.00	✓	3		
		042717	15.50	✓	2		
		042617	86.56	✓	2		
		042617	273.19	✓	3		
		042717	324.39	✓	2		
		042717	95.00	✓	2		
		042717	156.50	✓	2		
		042617	994.76	N	2		
		042717	131.63	✓	2		
		042717	11.89	✓	2		
		042717	32.00	✓	2		
		042717	29.95	✓	2		
		042717	162.55	✓	2		
		042717	26.00	✓	2		
		042617	291.99	N	3		

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	042717	16.79		2	[redacted]	
	ARID=0001 TOTAL		22930.01				
TOTAL			22930.01				

CKS# 171071
to
#171134

Amount approved
$14,630.13

60.00 +
283.20 +
89.00 +
19.21 +
40.06 +
298.1
147.
12
5

13.40
115.52 +
1,059.36 +
840.64 +
104.52 +
40.00 +
19.65 +
14.59 +
108.54 +
1,648.77 +
39.45 +
77.84 +
50.00 +
15.50 +
86.56 +
273.19 +
324.39 +
95.00 +
156.50 +
131.63 +
11.89 +
32.00 +
29.95 +
162.55 +
26.00 +
16.79 +
14,630.13 *

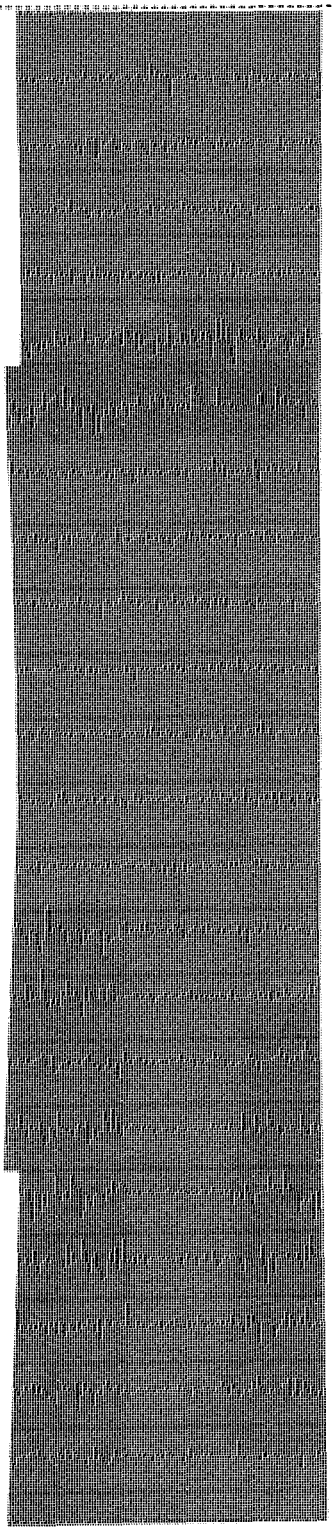
Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

APPROVED
ON
MAY 03 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	170975	05/04/17	153.40	ERBE USA INC SURGICAL SYSTEMS
A/P	170976	05/04/17	4,780.99	US FOOD SERVICE
A/P	170977	05/04/17	1,266.40	ACCENT
A/P	170978	05/04/17	2,188.51	PRINCIPAL LIFE
A/P	170979	05/04/17	928.25	CENTURION MEDICAL PRODUCTS
A/P	170980	05/04/17	863.10	DEWITT POTH & SON
A/P	170981	05/04/17	336.70	PRECISION DYNAMICS CORP (PDC)
A/P	170982	05/04/17	827.01	GE HEALTHCARE IITS USA CORP
A/P	170983	05/04/17	.00	VOIDED
A/P	170984	05/04/17	.00	VOIDED
A/P	170985	05/04/17	13,727.44	MORRIS & DICKSON CO, LLC
A/P	170986	05/04/17	1,811.19	LUMINANT ENERGY COMPANY LLC
A/P	170987	05/04/17	218.87	SARA RUBIO
A/P	170988	05/04/17	770.82	STRYKER SUSTAINABILITY
A/P	170989	05/04/17	1,483.69	RR DONNELLEY
A/P	170990	05/04/17	98,308.51	DISCOVERY MEDICAL NETWORK INC
A/P	170991	05/04/17	15,210.52	MMC EMPLOYEE BENEFIT PLAN
A/P	170992	05/04/17	1,409.25	HEALTHSTREAM, INC.
A/P	170993	05/04/17	558.00	SHIFTHOUND
A/P	170994	05/04/17	1,158.64	BIRCH COMMUNICATIONS
A/P	170995	05/04/17	119.00	TRIZETTO PROVIDER SOLUTIONS
A/P	170996	05/04/17	592.50	PABLO GARZA
A/P	170997	05/04/17	883.25	STRATUS VIDEO INTERPRETING
A/P	170998	05/04/17	232.87	THE US CONSULTING GROUP
A/P	170999	05/04/17	358.67	JERRY PICKETT
A/P	171000	05/04/17	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	171001	05/04/17	8,482.56	PAETEC
A/P	171002	05/04/17	10,683.54	GARDNER & WHITE, INC.
A/P	171003	05/04/17	50.42	FRONTIER
A/P	171004	05/04/17	204.21	NORTH COAST MEDICAL INC
A/P	171005	05/04/17	59.80	MEDI-DOSE, INC
A/P	171006	05/04/17	1,750.00	BHB MACHINE & PUMP REPAIR, LLC
A/P	171007	05/04/17	18,129.91	AMN HEALTHCARE ALLIED, INC.
A/P	171008	05/04/17	150.00	RAPID PRINTING LLC
A/P	171009	05/04/17	589.50	BLUEPRINT PUBLISHING
A/P	171010	05/04/17	218.87	KYLE DANIEL
A/P	171011	05/04/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	171012	05/04/17	105.00	DOWELL PEST CONTROL
A/P	171013	05/04/17	25.00	LORI YAWS
A/P	171014	05/04/17	183.00	ELIDA CARABAJAL
A/P	171015	05/04/17	72.20	BARBARA ADAMS
A/P	171016	05/04/17	5,851.95	SCRUBS ON WHEELS
A/P	171017	05/04/17	3,003.11	CYRACOM LLC
A/P	171018	05/04/17	23.50	ADVANCE MEDICAL DESIGNS INC
A/P	171019	05/04/17	159.00	ALCON LABORATORIES, INC.
A/P	171020	05/04/17	188.30	NADINE GARNER
A/P	171021	05/04/17	51.49	AUTO PARTS & MACHINE CO.
A/P	171022	05/04/17	108.76	BARD PERIPHERAL VASCULAR
A/P	171023	05/04/17	376.53	BAXTER HEALTHCARE
A/P	171024	05/04/17	37,382.96	BECKMAN COULTER INC

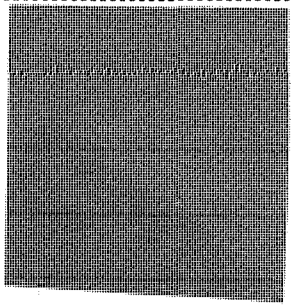
BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171025	05/04/17	466.87	CABLE ONE
A/P	171026	05/04/17	78.50	CALHOUN COUNTY
A/P	171027	05/04/17	598.76	COASTAL OFFICE SOLUTONS
A/P	171028	05/04/17	265.00	CYGNUS MEDICAL LLC
A/P	171029	05/04/17	404.28	CITIZENS MEDICAL CENTER
A/P	171030	05/04/17	10,599.46	CITY OF PORT LAVACA
A/P	171031	05/04/17	1,187.05	CDW GOVERNMENT, INC.
A/P	171032	05/04/17	30,295.88	EVIDENT
A/P	171033	05/04/17	832.25	SIEMENS HEALTHCARE DIAGNOSTICS
A/P	171034	05/04/17	166.65	C R BARD, INC
A/P	171035	05/04/17	9.41	FEDERAL EXPRESS CORP.
A/P	171036	05/04/17	612.29	FISHER HEALTHCARE
A/P	171037	05/04/17	50.00	GULF COAST DELIVERY
A/P	171038	05/04/17	329.59	GULF COAST PAPER COMPANY
A/P	171039	05/04/17	40.10	HEALTH CARE LOGISTICS INC
A/P	171040	05/04/17	106.99	INTEGRATED MEDICAL SYSTEMS
A/P	171041	05/04/17	230.95	MARKETLAB, INC
A/P	171042	05/04/17	1,363.80	MCKESSON MEDICAL SURGICAL INC
A/P	171043	05/04/17	120.77	MEDIBADGE
A/P	171044	05/04/17	247.85	MEDLINE INDUSTRIES INC
A/P	171045	05/04/17	572.32	BAYER HEALTHCARE
A/P	171046	05/04/17	258.52	METLIFE
A/P	171047	05/04/17	736.24	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	171048	05/04/17	461.02	MICROTEK MEDICAL INC
A/P	171049	05/04/17	49.83	MOORE MEDICAL LLC
A/P	171050	05/04/17	.00	VOIDED
A/P	171051	05/04/17	6,831.79	OWENS & MINOR
A/P	171052	05/04/17	55.00	PALACIOS BEACON
A/P	171053	05/04/17	40.00	PHILIP THOMAE PHOTOGRAPHER
A/P	171054	05/04/17	216.61	POWER ELECTRIC
A/P	171055	05/04/17	858.95	RANDY'S FLOOR COMPANY
A/P	171056	05/04/17	73.60	RECEIVABLE MANAGEMENT, INC
A/P	171057	05/04/17	555.00	SOUTHEAST TEXAS HEALTH SYS
A/P	171058	05/04/17	117.21	SMITHS MEDICAL ASD INC
A/P	171059	05/04/17	47.40	STRYKER SALES CORP
A/P	171060	05/04/17	772.48	SYSCO FOOD SERVICES OF
A/P	171061	05/04/17	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	171062	05/04/17	137.90	TEXAS WIRED MUSIC INC
A/P	171063	05/04/17	95.08	UNIFIRST HOLDINGS
A/P	171064	05/04/17	4,121.62	UNIFIRST HOLDINGS INC
A/P	171065	05/04/17	344.84	UPS
A/P	171066	05/04/17	238.67	VERIZON WIRELESS
A/P	171067	05/04/17	510.00	VICTORIA RADIOWORKS, LTD
A/P	171068	05/04/17	382.73	WALMART COMMUNITY
A/P	171069	05/04/17	23.20	YOUNG
A/P	171070	05/04/17	2,667.50	CARMEN C. ZARATA-ARROYO
A/P	171071	05/04/17	60.00	[redacted]
A/P	171072	05/04/17	283.20	
A/P	171073	05/04/17	89.00	
A/P	171074	05/04/17	19.21	
A/P	171075	05/04/17	40.06	

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171076	05/04/17	298.14	
A/P	171077	05/04/17	147.00	
A/P	171078	05/04/17	129.32	
A/P	171079	05/04/17	516.26	
A/P	171080	05/04/17	103.75	
A/P	171081	05/04/17	59.80	
A/P	171082	05/04/17	200.00	
A/P	171083	05/04/17	11.12	
A/P	171084	05/04/17	52.28	
A/P	171085	05/04/17	339.92	
A/P	171086	05/04/17	40.55	
A/P	171087	05/04/17	510.11	
A/P	171088	05/04/17	115.00	
A/P	171089	05/04/17	244.31	
A/P	171090	05/04/17	1,322.59	
A/P	171091	05/04/17	210.40	
A/P	171092	05/04/17	159.94	
A/P	171093	05/04/17	461.27	
A/P	171094	05/04/17	25.00	
A/P	171095	05/04/17	248.76	
A/P	171096	05/04/17	484.50	
A/P	171097	05/04/17	196.00	
A/P	171098	05/04/17	173.49	
A/P	171099	05/04/17	655.12	
A/P	171100	05/04/17	136.97	
A/P	171101	05/04/17	390.39	
A/P	171102	05/04/17	52.58	
A/P	171103	05/04/17	206.00	
A/P	171104	05/04/17	250.00	
A/P	171105	05/04/17	145.00	
A/P	171106	05/04/17	365.60	
A/P	171107	05/04/17	378.00	
A/P	171108	05/04/17	15.20	
A/P	171109	05/04/17	13.46	
A/P	171110	05/04/17	115.52	
A/P	171111	05/04/17	1,059.36	
A/P	171112	05/04/17	840.64	
A/P	171113	05/04/17	104.52	
A/P	171114	05/04/17	40.00	
A/P	171115	05/04/17	19.65	
A/P	171116	05/04/17	14.59	
A/P	171117	05/04/17	108.54	
A/P	171118	05/04/17	1,648.77	
A/P	171119	05/04/17	39.45	
A/P	171120	05/04/17	77.84	
A/P	171121	05/04/17	50.00	
A/P	171122	05/04/17	15.50	
A/P	171123	05/04/17	86.56	
A/P	171124	05/04/17	273.19	
A/P	171125	05/04/17	324.39	
A/P	171126	05/04/17	95.00	



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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171127	05/04/17	156.50	
A/P	171128	05/04/17	131.63	
A/P	171129	05/04/17	11.89	
A/P	171130	05/04/17	32.00	
A/P	171131	05/04/17	29.95	
A/P	171132	05/04/17	162.55	
A/P	171133	05/04/17	26.00	
A/P	171134	05/04/17	16.79	
TOTALS:			371,594.30	



APPROVED
ON

MAY 03 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
5/8/2017

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	126,197.57	126,097.57	128,550.96	-	-	-	-	128,650.96	128,550.96

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	94,235.80	94,135.80	83,980.59	-	-	-	-	84,080.59	83,980.59
Crescent	4588	97,781.09	97,681.09	75,632.18	-	-	-	-	75,732.18	75,632.18
Broadmoor	4596	69,524.22	69,424.22	45,533.04	-	-	-	-	45,633.04	45,533.04
Fort Bend	4618	53,730.02	53,630.02	35,352.63	-	-	-	-	35,452.63	35,352.63
										240,498.44

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: 5-2-17

APPROVED
MAY 08 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 5-8-17.xlsx

Account Portfolio as of 05/08/2017 8:22:08 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	$128,650.96	$156,731.63
Memorial Medical Center	4561	$84,080.59	$94,084.57
Memorial Medical Center	4588	$75,732.18	$82,701.33
Memorial Medical Center	4596	$45,633.04	$47,483.70
Memorial Medical Center	4618	$35,452.63	$44,448.62
Memorial Medical Center Operat	0301	$2,294,555.12	$2,366,032.53
County of Calhoun Indigent	1101	$10,920.17	$10,920.17
Totals		**$4,502,054.36**	**$4,629,432.22**

IBC Bank Activity
5/1/17 through 5/7/17

Ashford Gardens					Transfer-Out	Transfer-In	
5/1/2017	113105025	4553	142	ACH CREDIT RECEIVED		4,286.05	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4369536*1201494502\
5/1/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,335.81	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017042717700037*1752603231\
5/3/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	126,097.57		ASHFORD HEALTH CARE CENTER LTD
5/5/2017	113105025	4553	301	COMMERCIAL DEPOSIT		113,507.49	
5/5/2017	113105025	4553	142	ACH CREDIT RECEIVED		7,421.61 P	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4386196*1201494502\
					126,097.57	128,550.96	

Solera at West Houst					Transfer-Out	Transfer-In	
5/3/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	94,135.80		CANTEX HEALTH CARE CENTERS LLC
5/3/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,780.20	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/5/2017	113105025	4561	142	ACH CREDIT RECEIVED		18.97	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/5/2017	113105025	4561	301	COMMERCIAL DEPOSIT		74,331.66	
5/5/2017	113105025	4561	142	ACH CREDIT RECEIVED		5,849.76	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4421742*1205296137*000004011\
					94,135.80	83,980.59	

Crescent					Transfer-Out	Transfer-In	
5/1/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,583.05	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4367718*1201494502\
5/2/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,147.48	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4417953*1205296137*000004011\
5/3/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	97,681.09		CANTEX HEALTH CARE CENTERS III
5/3/2017	113105025	4588	142	ACH CREDIT RECEIVED		64.99	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4419235*1205296137*000004011\
5/5/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,263.89	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4384744*1201494502\
5/5/2017	113105025	4588	301	COMMERCIAL DEPOSIT		70,572.77	
					97,681.09	75,632.18	

Broadmoor					Transfer-Out	Transfer-In	
5/3/2017	113105025	4596	142	ACH CREDIT RECEIVED		591.49	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4419247*1205296137*000004011\
5/3/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	69,424.22		CANTEX HEALTH CARE CENTERS III
5/4/2017	113105025	4596	142	ACH CREDIT RECEIVED		0.08	PaySpan PaySpan|THE BROADMOOR AT CREEK
5/5/2017	113105025	4596	301	COMMERCIAL DEPOSIT		44,941.47	
					69,424.22	45,533.04	

Fort Bend					Transfer-Out	Transfer-In	
5/1/2017	113105025	4618	142	ACH CREDIT RECEIVED		122.57	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4367645*1201494502\
5/2/2017	113105025	4618	142	ACH CREDIT RECEIVED		3,724.50	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4372558*1201494502\
5/3/2017	113105025	4618	142	ACH CREDIT RECEIVED		256.81	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4375443*1201494502\
5/3/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	53,630.02		CANTEX HEALTH CARE CENTERS III
5/5/2017	113105025	4618	142	ACH CREDIT RECEIVED		530.40	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/5/2017	113105025	4618	301	COMMERCIAL DEPOSIT		30,718.35	
					53,630.02	35,352.63	

RUN DATE:05/08/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:29 CHECK REGISTER and Payable List GLCKREG
05/08/17 THRU 05/08/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000920	05/08/17	1,281.38	MCKESSON
A/P	000921	05/08/17	68.79	MCKESSON
A/P	000922	05/08/17	1,207.04	MCKESSON
TOTALS:			2,557.21	

340 B Prescription Expenses

APPROVED
ON
MAY 08 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

McKESSON

STATEMENT

Company: 8000

As of: 05/05/2017

Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 05/06/2017

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

As of: 05/05/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 190813 PLEASE CHECK ANY
Date: 05/06/2017 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											
05/01/2017	05/09/2017	7805768249 ✓	1001006848	115Invoice	1.01	50.40		✓49.39 ✓		7805768249	
05/01/2017	05/09/2017	7805768250 ✓	1001007438	115Invoice	4.89	244.31		✓239.42 ✓		7805768250	
05/01/2017	05/09/2017	7805768251 ✓	1001007825	115Invoice	1.91	95.60		✓93.69 ✓		7805768251	
05/03/2017	05/09/2017	7806238130 ✓	1001008736	115Invoice	0.01	0.69		✓0.68 ✓		7806238130	
05/04/2017	05/09/2017	7806477986 ✓	1001009404	115Invoice	0.37	18.40		✓18.03 ✓		7806477986	
05/05/2017	05/09/2017	7806715675 ✓	1001009975	115Invoice	17.96	898.13		✓880.17 ✓		7806715675	

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: 1,307.53 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,128.39
05/01/2017

If Paid By 05/09/2017,
Pay This Amount: 1,281.38 USD ✓

If Paid After 05/09/2017,
Pay this Amount: 1,307.53 USD

Due If Paid On Time:
USD 1,281.38

Disc lost if paid late:
26.15

Due If Paid Late:
USD 1,307.53

CK# 920

6-7-17

APPROVED
ON
MAY 08 2017 EP
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 05/05/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 05/06/2017

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: 05/05/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 05/06/2017 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 256342 WALMART 1098/MEM MED PHS											
05/01/2017	05/09/2017	7805763927 ✓	5057012486	115Invoice	0.02	1.18		✓1.16 ✓		7805763927	
05/04/2017	05/09/2017	7806459499 ✓	1101797	115Invoice	0.01	0.59		✓0.58 ✓		7806459499	
05/05/2017	05/09/2017	7806723227 ✓	0257037891	115Invoice		0.16		✓0.16 ✓		7806723227	
05/05/2017	05/09/2017	7806723228 ✓	1101826	115Invoice	1.37	68.26		✓66.89 ✓		7806723228	

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: 70.19 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,128.39
05/01/2017

If Paid By 05/09/2017,
Pay This Amount: 68.79 USD ✓

If Paid After 05/09/2017,
Pay this Amount: 70.19 USD

Due If Paid On Time:
USD 68.79

Disc lost if paid late:
1.40

Due If Paid Late:
USD 70.19

CK#1921

5.7.17

APPROVED
ON
MAY 08 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: 05/05/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 05/06/2017

Page: 001

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

As of: 05/05/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 05/06/2017 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											
05/01/2017	05/09/2017	7805782859	1001006850	115Invoice	3.31	165.26		161.95		7805782859	
05/01/2017	05/09/2017	7805782861	1001007440	115Invoice	1.74	86.77		85.03		7805782861	
05/01/2017	05/09/2017	7805782865	1001007827	115Invoice	7.80	390.19		382.39		7805782865	
05/02/2017	05/09/2017	7806029898	1001008191	115Invoice	0.01	0.62		0.61		7806029898	
05/02/2017	05/09/2017	7806029899	1001008191	115Invoice	0.79	39.58		38.79		7806029899	
05/03/2017	05/09/2017	7806214241	1001008738	115Invoice	0.05	2.53		2.48		7806214241	
05/04/2017	05/09/2017	7806467995	1001009406	115Invoice	7.30	365.22		357.92		7806467995	
05/04/2017	05/09/2017	7806467996	1001009406	115Invoice	0.95	47.70		46.75		7806467996	
05/05/2017	05/09/2017	7806703225	1001009977	115Invoice	2.68	133.80		131.12		7806703225	

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: 1,231.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,128.39
05/01/2017

If Paid By 05/09/2017, Pay This Amount: 1,207.04 USD

If Paid After 05/09/2017, Pay this Amount: 1,231.67 USD

Due If Paid On Time: USD 1,207.04

Disc lost if paid late: 24.63

Due If Paid Late: USD 1,231.67

Ck# 922

5.7.17

APPROVED
ON
MAY 08 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

05/08/2017 MEMORIAL MEDICAL CENTER 0
13:18 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
34949-A		05/08/20	05/01/20	05/09/20			875.00	0.00	0.00	875.00
	PROF FEES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	875.00	0.00	0.00	875.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	875.00	0.00	0.00	875.00

APPROVED
ON
MAY 08 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 171135

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

RUN DATE:05/09/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:35 CHECK REGISTER GLCKREG
05/09/17 THRU 05/09/17

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171135	05/09/17	875.00	EMERGENCY STAFFING SOLUTIONS
TOTALS:			875.00	

APPROVED
ON

MAY 08 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED ON
MAY 11 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

05/11/2017 MEMORIAL MEDICAL CENTER 0
08:28 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 05/17/2017

Vendor#	Vendor Name	Class	Pay Code
10246	ACCENT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22039		05/08/20	05/03/20	05/09/20		889.34	0.00	0.00	889.34
	UNDISTRIBUTED AR								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10246	ACCENT	889.34	0.00	0.00	889.34

Vendor#	Vendor Name	Class	Pay Code
11062	AIRESPRING INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22040		04/30/20	04/16/20	05/09/20		2,578.37	0.00	0.00	2,578.37
	TELEPHONE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	2,578.37	0.00	0.00	2,578.37

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV00052296		04/30/20	04/13/20	05/13/20		230.70	0.00	0.00	230.70
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1746	ALPHA TEC SYSTEMS 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
2669900		04/30/20	04/27/20	05/07/20		2,942.74	0.00	0.00	2,942.74
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	2,942.74	0.00	0.00	2,942.74

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
826694		04/30/20	04/03/20	04/18/20		48.86	0.00	0.00	48.86
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A2600	AUTO PARTS & MACHINE CO.	48.86	0.00	0.00	48.86

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
54508442		04/30/20	04/13/20	05/13/20		376.51	0.00	0.00	376.51
	INVENT C/S								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	376.51	0.00	0.00	376.51

Vendor#	Vendor Name	Class	Pay Code
B1210	BECKMAN COULTER, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4300757		04/30/20	03/29/20	04/29/20		2,450.00	0.00	0.00	2,450.00
	MAINT CONT								
5368040		04/30/20	03/30/20	04/30/20		3,507.27	0.00	0.00	3,507.27

	LEASE / MAINT CONT							
106247831		04/30/20	04/03/20	05/03/20	1,295.99	0.00	0.00	1,295.99
	SUPPLIES							
5368660		04/30/20	04/12/20	05/12/20	4,233.46	0.00	0.00	4,233.46
	LEASE / MAINT CONT							
106268202		05/10/20	04/11/20	05/11/20	235.50	0.00	0.00	235.50
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	B1210	BECKMAN COULTER, INC.			11,722.22	0.00	0.00	11,722.22

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9102908922		04/30/20	04/10/20	05/10/20			3,939.61	0.00	0.00	3,939.61
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)					3,939.61	0.00	0.00	3,939.61

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
111760		04/28/20	04/13/20	05/13/20			153.95	0.00	0.00	153.95
	PURCH SERV Repair Front Door									
111831		04/28/20	04/17/20	05/17/20			25.00	0.00	0.00	25.00
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC					178.95	0.00	0.00	178.95

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
22008		04/30/20	04/27/20	05/11/20			25.00	0.00	0.00	25.00
	ACCRUED 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
11295	CALHOUN COUNTY INDIGENT ACCOUN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22037		04/30/20	04/30/20	05/09/20			680.00	0.00	0.00	680.00
	IND COPAYS									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11295	CALHOUN COUNTY INDIGENT ACCOUN					680.00	0.00	0.00	680.00

Vendor#	Vendor Name	Class	Pay Code
C1203	CALHOUN COUNTY WASTE MGMT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
448773		04/30/20	04/06/20	05/11/20			11.00	0.00	0.00	11.00
	PURCH SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	C1203	CALHOUN COUNTY WASTE MGMT					11.00	0.00	0.00	11.00

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
8001320350		04/30/20	04/08/20	05/13/20			40.36	0.00	0.00	40.36
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	C1325	CARDINAL HEALTH 414, INC.				40.36	0.00	0.00	40.36
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
	22030		04/28/20	04/28/20	05/15/20		52.68	0.00	0.00	52.68
		FUEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		E1270	CENTERPOINT ENERGY				52.68	0.00	0.00	52.68
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
	92242329		04/21/20	04/12/20	05/12/20		421.00	0.00	0.00	421.00
		SUPPLIES GEN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10350	CENTURION MEDICAL PRODUCTS				421.00	0.00	0.00	421.00
Vendor#	Vendor Name				Class	Pay Code				
11372	CHUBB GROUP ON INSURANCE CO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22036		04/30/20	04/30/20	05/09/20		3,538.00	0.00	0.00	3,538.00
		LEGAL SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11372	CHUBB GROUP ON INSURANCE CO				3,538.00	0.00	0.00	3,538.00
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
	WO178611		04/30/20	04/27/20	05/09/20		1,405.54	0.00	0.00	1,405.54
		OFF SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1166	COASTAL OFFICE SOLUTONS				1,405.54	0.00	0.00	1,405.54
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
	22031		04/30/20	04/30/20	05/01/20		2,539.30	0.00	0.00	2,539.30
		EMPL EXP								
	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				
11287	DELTA HEALTHCARE PROVIDERS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	0000012093-A		04/30/20	03/26/20	05/11/20		171.76	0.00	0.00	171.76
		PURCH SERV								
	0000012140		04/30/20	04/16/20	05/11/20		5,250.00	0.00	0.00	5,250.00
		PURCH SERV								
	0000012149		04/30/20	04/23/20	05/11/20		2,500.00	0.00	0.00	2,500.00
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11287	DELTA HEALTHCARE PROVIDERS				7,921.76	0.00	0.00	7,921.76
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
	22034		04/30/20	05/08/20	05/09/20		483.67	0.00	0.00	483.67

PURCH SERV

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11008	DERRI HART	483.67	0.00	0.00	483.67

Vendor#	Vendor Name	Class	Pay Code
10368	DEWITT POTH & SON		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5012770		04/21/20	04/12/20	05/12/20			261.97	0.00	0.00	261.97
	SUPPLIES GEN									
5012760		04/21/20	04/12/20	05/12/20			218.49	0.00	0.00	218.49
	INVENT C/S									
5015960		04/21/20	04/17/20	05/17/20			229.66	0.00	0.00	229.66
	INVENT C/S									
5015630		04/24/20	04/17/20	05/17/20			56.63	0.00	0.00	56.63
	OFF SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	766.75	0.00	0.00	766.75

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
22027		05/05/20	05/04/20	05/11/20			887.63	0.00	0.00	887.63
	MISC RECEIV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10026	DONN STRINGO	887.63	0.00	0.00	887.63

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
22042		04/30/20	04/13/20	04/23/20			12.20	0.00	0.00	12.20
	PURCH SERV									
1175		04/30/20	04/18/20	04/28/20			6.10	0.00	0.00	6.10
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	18.30	0.00	0.00	18.30

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
926943		04/30/20	01/27/20	02/26/20			3,000.00	0.00	0.00	3,000.00
	MAJOR MOVABLE EQUIP									
928862		04/30/20	04/11/20	05/11/20			220.00	0.00	0.00	220.00
	MINOR EQU									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	3,220.00	0.00	0.00	3,220.00

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
903065622		04/30/20	04/17/20	05/17/20			424.93	0.00	0.00	424.93
	SUPPLIES									

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
TXPOT173626		04/28/20	04/13/20	05/13/20			100.47	0.00	0.00	100.47

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	100.47	0.00	0.00	100.47

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
578378868		04/30/20	04/27/20	05/11/20		83.47	0.00	0.00	83.47

FREIGHT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	83.47	0.00	0.00	83.47

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
22009		04/30/20	04/27/20	05/11/20		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
9354459		04/30/20	04/11/20	05/11/20		1,323.94	0.00	0.00	1,323.94
	SUPPLIES								
9470024		04/30/20	04/12/20	05/12/20		332.30	0.00	0.00	332.30
	SUPPLIES								
9574510		04/30/20	04/13/20	05/13/20		68.22	0.00	0.00	68.22
	SUPPLIES								
9574508		04/30/20	04/13/20	05/13/20		62.41	0.00	0.00	62.41
	SUPPLIES								
9657837		04/30/20	04/14/20	05/14/20		32.30	0.00	0.00	32.30
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	1,819.17	0.00	0.00	1,819.17

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
030445094		04/30/20	02/09/20	03/11/20		827.01	0.00	0.00	827.01

DUES AND SUBSC

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
11235	GREAT BASIN SCIENTIFIC, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1210572		04/30/20	03/28/20	04/28/20		654.00	0.00	0.00	654.00

SUPPLIES

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
1305403		04/21/20	04/11/20	05/11/20		424.55	0.00	0.00	424.55

SUPPLIES GEN

1305398		04/30/20 04/11/20 05/11/20			5.28	0.00	0.00	5.28
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY			429.83	0.00	0.00	429.83

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
917894879		04/30/20	04/13/20	05/13/20			183.69	0.00	0.00	183.69
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC					183.69	0.00	0.00	183.69

Vendor# Vendor Name — Class — Pay Code

11230 JACKSON & COKER LOCUM TENENS, Remove poor Ashley Hall

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2003696		05/08/20	05/04/20	05/09/20			862.69	0.00	0.00	862.69
	PROF FEES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11230	JACKSON & COKER LOCUM TENENS,					862.69	0.00	0.00	862.69

Vendor# Vendor Name — Class — Pay Code

J1300 JECKER FLOOR & GLASS — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
75154		05/05/20	05/02/20	05/12/20			147.82	0.00	0.00	147.82
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J1300	JECKER FLOOR & GLASS					147.82	0.00	0.00	147.82

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
22039		05/08/20	05/03/20	05/09/20			70.00	0.00	0.00	70.00
	CONT EDU (2) $35.00 Neonatal Resuscitation Program Renewals Registrations									
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

J1415 JOHNSTONE SUPPLY — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
F003853		04/30/20	04/30/20	05/10/20			4.07	0.00	0.00	4.07
	SUPPLES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY					4.07	0.00	0.00	4.07

Vendor# Vendor Name — Class — Pay Code

K1255 KRAMES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8138269		04/28/20	04/14/20	05/14/20			254.49	0.00	0.00	254.49
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	K1255	KRAMES					254.49	0.00	0.00	254.49

Vendor# Vendor Name — Class — Pay Code

L0700 LABCORP OF AMERICA HOLDINGS — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
54906975		04/30/20	04/01/20	05/01/20			26.50	0.00	0.00	26.50
	PURCH SER									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	L0700	LABCORP OF AMERICA HOLDINGS				26.50	0.00	0.00	26.50
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
	108008567		04/28/20	04/17/20	05/17/20		400.00	0.00	0.00	400.00
		PUBLIC RELAT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11167	LAMAR COMPANIES				400.00	0.00	0.00	400.00
Vendor#	Vendor Name				Class	Pay Code				
10972	M G TRUST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22010		04/30/20	04/27/20	05/11/20		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				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	94758016		04/30/20	02/19/20	03/21/20		103.72	0.00	0.00	103.72
		SUPPLIES								
	97270016		04/30/20	03/31/20	04/30/20		132.45	0.00	0.00	132.45
		SUPPLIES								
	97036810-A		05/10/20	03/28/20	04/27/20		3,297.78	0.00	0.00	3,297.78
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				3,533.95	0.00	0.00	3,533.95
Vendor#	Vendor Name				Class	Pay Code				
10963	MEMORIAL MEDICAL CLINIC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22006		04/30/20	03/16/20	05/11/20		110.00	0.00	0.00	110.00
		EMPL EXP								
	22005		04/30/20	03/30/20	05/11/20		80.00	0.00	0.00	80.00
		EMPL EXP								
	22003		04/30/20	04/27/20	05/11/20		60.00	0.00	0.00	60.00
		EMPL EXP								
	22004		04/30/20	04/27/20	05/11/20		70.00	0.00	0.00	70.00
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				320.00	0.00	0.00	320.00
Vendor#	Vendor Name				Class	Pay Code				
10182	MERCEDES MEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1923927		04/30/20	04/04/20	05/04/20		263.19	0.00	0.00	263.19
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10182	MERCEDES MEDICAL				263.19	0.00	0.00	263.19
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
	815764		04/21/20	04/04/20	05/11/20		180.75	0.00	0.00	180.75

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
8800048660	SUPPLIES	04/30/20	04/13/20	05/13/20			179.63	0.00	0.00	179.63

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA				179.63	0.00	0.00	179.63

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
22037	EMPL EXP	04/30/20	04/30/20	05/11/20			158.40	0.00	0.00	158.40

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP				158.40	0.00	0.00	158.40

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
22002	EMPL EXP	05/01/20	05/01/20	05/11/20			31,526.34	0.00	0.00	31,526.34

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN				31,526.34	0.00	0.00	31,526.34

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
671231	MISC	04/30/20	04/11/20	05/11/20			110.49	0.00	0.00	110.49

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS				110.49	0.00	0.00	110.49

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
1227367		05/08/20	05/01/20	05/02/20			1,321.37	0.00	0.00	1,321.37
1227368	INVENT PHARM	05/08/20	05/01/20	05/02/20			850.97	0.00	0.00	850.97
1227370	INVENT PHARM	05/08/20	05/01/20	05/02/20			26,667.78	0.00	0.00	26,667.78
1227369	INVENT PHARM	05/08/20	05/01/20	05/02/20			372.71	0.00	0.00	372.71
1234052	INVENT PHARM	05/08/20	05/02/20	05/03/20			122.45	0.00	0.00	122.45
1234050	INVENT PHARM	05/08/20	05/02/20	05/03/20			204.26	0.00	0.00	204.26
1234051	INVENT PHARM	05/08/20	05/02/20	05/03/20			16,213.63	0.00	0.00	16,213.63
1239700	INVENT PHARM	05/08/20	05/03/20	05/04/20			19.17	0.00	0.00	19.17
1239701	INVENT PHARM	05/08/20	05/03/20	05/04/20			109.06	0.00	0.00	109.06
1239124	INVENT PHARM	05/08/20	05/03/20	05/04/20			395.51	0.00	0.00	395.51

	INVENT PHARM								
1239125		05/08/20	05/03/20	05/04/20		1,016.74	0.00	0.00	1,016.74
	INVENT PHARM								
1240909		05/08/20	05/04/20	05/05/20		33.87	0.00	0.00	33.87
	INVENT PHARM								
1243594		05/08/20	05/04/20	05/05/20		876.24	0.00	0.00	876.24
	INVENT PHARM								
1243593		05/08/20	05/04/20	05/05/20		2,059.14	0.00	0.00	2,059.14
	INVENT PHARM								
1247761		05/08/20	05/05/20	05/06/20		646.21	0.00	0.00	646.21
	INVENT PHARM								
1247762		05/08/20	05/05/20	05/06/20		118.57	0.00	0.00	118.57
	INVENT PHARM								
1246865		05/08/20	05/05/20	05/06/20		46.32	0.00	0.00	46.32
	INVENT PHARM								
1247763		05/08/20	05/05/20	05/06/20		5.50	0.00	0.00	5.50
	INVENT PHARM								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC				51,079.50	0.00	0.00	51,079.50
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
920001684001		04/30/20	04/17/20	05/17/20		149.14	0.00	0.00	149.14
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT				149.14	0.00	0.00	149.14
Vendor#	Vendor Name				Class	Pay Code			
O1416	ORTHO CLINICAL DIAGNOSTICS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1850293942		04/30/20	04/04/20	05/04/20		745.26	0.00	0.00	745.26
	SUPPLIES								
1850297711		04/30/20	04/06/20	05/06/20		927.56	0.00	0.00	927.56
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS				1,672.82	0.00	0.00	1,672.82
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
2026578146		04/21/20	04/11/20	05/11/20		889.76	0.00	0.00	889.76
	SUPPLIES GEN								
2026573942		04/21/20	04/11/20	05/11/20		3.33	0.00	0.00	3.33
	INVENT C/S								
2026574138		04/21/20	04/11/20	05/11/20		53.14	0.00	0.00	53.14
	SUPPLIES LAB								
2026654149		04/21/20	04/13/20	05/13/20		27.26	0.00	0.00	27.26
	INVENT C/S								
2026658957		04/21/20	04/13/20	05/13/20		584.86	0.00	0.00	584.86
	INVENT C/S								
2026658685		04/21/20	04/13/20	05/13/20		1,011.66	0.00	0.00	1,011.66
	SUPPLIES GEN								
2026654138		04/21/20	04/13/20	05/13/20		18.58	0.00	0.00	18.58

	SUPPLIES GEN								
2026653686		04/21/20	04/13/20	05/13/20		69.83	0.00	0.00	69.83
	INVENT C/S								
2026654856		04/21/20	04/13/20	05/13/20		275.14	0.00	0.00	275.14
	SUPPLIES GEN								
2026653574		04/24/20	04/13/20	05/13/20		124.50	0.00	0.00	124.50
	SUPPLIES GEN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR				3,058.06	0.00	0.00	3,058.06
Vendor#	Vendor Name				Class	Pay Code			
P0706	PALACIOS BEACON				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22041		04/30/20	04/05/20	05/05/20		55.00	0.00	0.00	55.00
	PUBL RELATION								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P0706	PALACIOS BEACON				55.00	0.00	0.00	55.00
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
1079118		04/30/20	04/13/20	05/13/20		811.60	0.00	0.00	811.60
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P1876	POLYMEDCO INC.				811.60	0.00	0.00	811.60
Vendor#	Vendor Name				Class	Pay Code			
P1725	PREMIER SLEEP DISORDERS CENTER				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22029		04/30/20	04/30/20	05/15/20		6,800.00	0.00	0.00	6,800.00
	PURCH SERVICE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER				6,800.00	0.00	0.00	6,800.00
Vendor#	Vendor Name				Class	Pay Code			
10896	QIAGEN INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
97859977		04/30/20	03/14/20	04/13/20		259.42	0.00	0.00	259.42
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10896	QIAGEN INC				259.42	0.00	0.00	259.42
Vendor#	Vendor Name				Class	Pay Code			
R1268	RADIOLOGY UNLIMITED, PA				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
CQ0117		04/30/20	01/15/20	01/25/20		20.00	0.00	0.00	20.00
	PROF FEES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1268	RADIOLOGY UNLIMITED, PA				20.00	0.00	0.00	20.00
Vendor#	Vendor Name				Class	Pay Code			
11080	RADSOURCE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC55414		04/24/20	04/12/20	05/12/20		1,667.00	0.00	0.00	1,667.00
	PURCH SERV								
SC55428		04/30/20	04/16/20	05/16/20		1,625.00	0.00	0.00	1,625.00
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	11080 RADSOURCE					3,292.00	0.00	0.00	3,292.00
Vendor#	Vendor Name				Class	Pay Code			
R1321	RECEIVABLE MANAGEMENT, INC				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22032		04/30/20	11/30/20	05/11/20		224.60	0.00	0.00	224.60
		COLL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1321	RECEIVABLE MANAGEMENT, INC				224.60	0.00	0.00	224.60
Vendor#	Vendor Name				Class	Pay Code				
10315	REXEL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	S116367834001		04/30/20	03/06/20	04/06/20		1,050.00	0.00	0.00	1,050.00
		SUPPLIES								
	S116367870001		04/30/20	03/06/20	04/06/20		57.72	0.00	0.00	57.72
		SUPPLIES								
	S116367870002		04/30/20	03/17/20	04/17/20		1,560.00	0.00	0.00	1,560.00
		SUPPLIES								
	S116367853001		04/30/20	03/24/20	04/24/20		525.00	0.00	0.00	525.00
		SUPPLIES								
	S116557736001		04/30/20	03/29/20	04/29/20		830.35	0.00	0.00	830.35
		SUPPLIES								
	S116560498001		04/30/20	03/29/20	04/29/20		439.40	0.00	0.00	439.40
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10315	REXEL				4,462.47	0.00	0.00	4,462.47
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
	22035		04/30/20	05/03/20	05/10/20		316.25	0.00	0.00	316.25
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1080	RITA DAVIS				316.25	0.00	0.00	316.25
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
	22028		05/05/20	05/03/20	05/11/20		21.61	0.00	0.00	21.61
		TRAVEL CPR instruction - Austwell-Tivoli ISD senior class 4/28/17								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10625	SARA RUBIO				21.61	0.00	0.00	21.61
Vendor#	Vendor Name				Class	Pay Code				
10886	SHANNON JACILDO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22033		05/05/20	05/01/20	05/11/20		185.00	0.00	0.00	185.00
		DUES RHIT/AHIMA annual dues								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10886	SHANNON JACILDO				185.00	0.00	0.00	185.00
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
	22036		04/30/20	05/08/20	05/10/20		388.96	0.00	0.00	388.96
		PURCH SERV								

Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI					388.96	0.00	0.00	388.96
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
	211193		04/30/20	03/31/20	04/10/20		375.00	0.00	0.00	375.00
		PUB REL								
	211801		04/30/20	04/30/20	05/10/20		775.00	0.00	0.00	775.00
		PUBLIC REL								
	212212		05/01/20	05/01/20	05/11/20		400.00	0.00	0.00	400.00
		PUBLIC REL								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.					1,550.00	0.00	0.00	1,550.00
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
	14833144		04/21/20	04/11/20	05/11/20		117.21	0.00	0.00	117.21
		INVENT C/S								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC					117.21	0.00	0.00	117.21
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
	90026548		04/30/20	04/18/20	05/11/20		-912.08	0.00	0.00	-912.08
		SUPPLIES								
	90026629		04/30/20	04/18/20	05/11/20		4,392.38	0.00	0.00	4,392.38
		SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN					3,480.30	0.00	0.00	3,480.30
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
	22353A		04/21/20	04/11/20	05/11/20		486.59	0.00	0.00	486.59
		SUPPLIES GEN								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP					486.59	0.00	0.00	486.59
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
	205EV24189		04/30/20	04/30/20	05/11/20		4,555.00	0.00	0.00	4,555.00
		MAINT CONT								
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				
T2303	TG				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	22011		04/30/20	05/02/20	05/11/20		146.69	0.00	0.00	146.69
		EMPL EXP								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T2303	TG					146.69	0.00	0.00	146.69
Vendor#	Vendor Name				Class	Pay Code				
10192	THIE									

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	22035		05/08/20	05/08/20	05/09/20			15,108.00	0.00	0.00	15,108.00
		PRE PAID									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10192	THIE					15,108.00	0.00	0.00	15,108.00
Vendor#	Vendor Name				Class	Pay Code					
11246	TROEMNER, LLC										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	00838260		04/30/20	04/06/20	05/06/20			75.00	0.00	0.00	75.00
		REPAIRS									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11246	TROEMNER, LLC					75.00	0.00	0.00	75.00
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
	054003670562		04/30/20	04/26/20	05/16/20			29,628.42	0.00	0.00	29,628.42
		ELECTRICITY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11169	TXU ENERGY					29,628.42	0.00	0.00	29,628.42
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
	8150763495		04/24/20	04/11/20	05/11/20			60.66	0.00	0.00	60.66
		PURCH SERV									
	8150763583		04/24/20	04/11/20	05/11/20			34.42	0.00	0.00	34.42
		PURCH SERV									
	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
	8400244318		04/24/20	04/11/20	05/11/20			125.24	0.00	0.00	125.24
		LAUNDRY									
	8400244317		04/24/20	04/11/20	05/11/20			113.01	0.00	0.00	113.01
		LAUNDRY									
	8400244315		04/24/20	04/11/20	05/11/20			322.39	0.00	0.00	322.39
		LAUNDRY									
	8400244319		04/24/20	04/11/20	05/11/20			106.11	0.00	0.00	106.11
		LAUNDRY									
	8400244372		04/24/20	04/11/20	05/11/20			1,086.26	0.00	0.00	1,086.26
		LAUNDRY									
	8400244316		04/24/20	04/11/20	05/11/20			146.16	0.00	0.00	146.16
		LAUNDRY									
	8400244363		04/24/20	04/11/20	05/11/20			160.92	0.00	0.00	160.92
		LAUNDRY									
	8400244657		04/24/20	04/14/20	05/14/20			465.00	0.00	0.00	465.00
		LAUNDRY									
	8400244700		04/24/20	04/14/20	05/14/20			1,039.67	0.00	0.00	1,039.67
		LAUNDRY									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC					3,564.76	0.00	0.00	3,564.76

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
	7714241		04/30/20	04/29/20	05/14/20		194.96	0.00	0.00	194.96
	7714272	EMPL EXP	04/30/20	04/29/20	05/14/20		103.94	0.00	0.00	103.94
	7714205	EMPL EXP	04/30/20	04/29/20	05/14/20		110.94	0.00	0.00	110.94
	7714280	EMPL EXP	04/30/20	04/29/20	05/14/20		156.66	0.00	0.00	156.66
	7714234	EMPL EXP	04/30/20	04/29/20	05/14/20		150.31	0.00	0.00	150.31
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1056	UNIFORM ADVANTAGE				716.81	0.00	0.00	716.81
Vendor#	Vendor Name				Class	Pay Code				
K1751	VICKY KALISEK				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	22038	PURCH SERV	04/30/20	03/20/20	05/09/20		470.00	0.00	0.00	470.00
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		K1751	VICKY KALISEK				470.00	0.00	0.00	470.00
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
	22026	PROF FEES	05/05/20	05/05/20	05/11/20		43,461.10	0.00	0.00	43,461.10
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1058	VICTORIA ANESTHESIOLOGY				43,461.10	0.00	0.00	43,461.10
Vendor#	Vendor Name				Class	Pay Code				
10915	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	22007	ACCRUED FLEX SPENDING	04/30/20	04/27/20	05/11/20		2,140.54	0.00	0.00	2,140.54
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10915	WAGEWORKS				2,140.54	0.00	0.00	2,140.54
Vendor#	Vendor Name				Class	Pay Code				
W1040	WATERMARK GRAPHICS INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	114770	EMPL EXP	04/24/20	04/11/20	05/11/20		8.50	0.00	0.00	8.50
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1040	WATERMARK GRAPHICS INC				8.50	0.00	0.00	8.50
Vendor#	Vendor Name				Class	Pay Code				
I1110	WERFEN USA LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9110315201	SUPPLIES	04/30/20	07/05/20	08/04/20		3,929.04	0.00	0.00	3,929.04
	9110387900	LEASE AND RENTAL	04/30/20	04/14/20	05/14/20		1,571.67	0.00	0.00	1,571.67
	9110388406	SUPPLIES	04/30/20	04/17/20	05/17/20		1,183.00	0.00	0.00	1,183.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	6,683.71	0.00	0.00	6,683.71

Vendor# Vendor Name Class Pay Code

11192 YMCA OF THE GOLDEN CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22034		05/05/20	05/01/20	05/11/20		650.00	0.00	0.00	650.00 ✓
	MISC								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11192	YMCA OF THE GOLDEN CRESCENT	650.00	0.00	0.00	650.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	274,678.32	0.00	0.00	274,678.32

pg 6 correction

862.69

273,815.63

274,678.32+
862.69-
273,815.63*

CKS #171139
to
#171222

APPROVED
ON

MAY 11 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

RUN DATE: 05/04/17
TIME: 13:49

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	011917	88.92	N	3	[redacted]	
		011917	99.40	N	2		
		011917	1471.60	N	2		
		011917	54.40	N	3		
		011917	25.80	N	3		
		011917	73.10	N	3		
		011917	879.85	N	3		
		011917	393.00	N	3		
		042617	389.66	N	2		
		011917	186.11	N	2		
		042617	1021.17	N	1		
		042617	409.52	N	2		
		042617	66.20	N	2		
		011917	1288.00	N	1		
		042617	283.20	N	2		
		042617	283.20	N	2		

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		042617	994.76	N	1	[redacted]	
		042617	291.99	N	1		
BROAD600 01	THE BROADMOOR AT CREEK 5665 CREEKSIDE FOREST DRIVE SPRING TX 77389	031516	49522.63		2	TRANSFER TO THE BROADMOOR AT CREEK	
SOLER600 01	SOLERA WEST HOUSTON 2101 GREENHOUSE ROAD HOUSTON TX 770846108	031516	20200.46		2	TRANSFER TO SOLERA WEST HOUSTON	
	ARID=0001 TOTAL		78022.97				
	TOTAL		78022.97				

69,723.09

This Amount is For Transfers Back to NH.

The Broadmoor at Creekside Park

1,159.20+
4,025.00+
1,283.78+
4,991.00+
4,508.00+
3,707.65+
4,991.00+
2,254.00+
4,830.00+
4,886.00+
3,125.50+
4,991.00+
4,770.50+
49,522.63*

Solera West Houston

805.00+
3,059.00+
2,833.60+
4,671.80+
1,598.60+
921.26+
966.00+
2,254.00+
1,159.20+
1,932.00+
20,200.46*

0.00+
49,522.63+
20,200.46+
69,723.09*

CKS# 171223
and
171224

5.4.17

69,723.09

APPROVED ON
MAY 11 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	171139	05/12/17	3,939.61	BECTON, DICKINSON & CO (BD)
A/P	171140	05/12/17	887.63	DONN STRINGO
A/P	171141	05/12/17	263.19	MERCEDES MEDICAL
A/P	171142	05/12/17	15,108.00	THIE
A/P	171143	05/12/17	889.34	ACCENT
A/P	171144	05/12/17	4,462.47	REXEL
A/P	171145	05/12/17	70.00	JENISE SVETLIK
A/P	171146	05/12/17	421.00	CENTURION MEDICAL PRODUCTS
A/P	171147	05/12/17	766.75	DEWITT POTH & SON
A/P	171148	05/12/17	827.01	GE HEALTHCARE IITS USA CORP
A/P	171149	05/12/17	.00	VOIDED
A/P	171150	05/12/17	51,079.50	MORRIS & DICKSON CO, LLC
A/P	171151	05/12/17	21.61	SARA RUBIO
A/P	171152	05/12/17	1,550.00	SIGN AD, LTD.
A/P	171153	05/12/17	31,526.34	MMC EMPLOYEE BENEFIT PLAN
A/P	171154	05/12/17	185.00	SHANNON JACILDO
A/P	171155	05/12/17	259.42	QIAGEN INC
A/P	171156	05/12/17	2,140.54	WAGEWORKS
A/P	171157	05/12/17	320.00	MEMORIAL MEDICAL CLINIC
A/P	171158	05/12/17	1,390.00	M G TRUST
A/P	171159	05/12/17	483.67	DERRI HART
A/P	171160	05/12/17	2,539.30	COMBINED INSURANCE CO
A/P	171161	05/12/17	75.00	FIRST CLEARING
A/P	171162	05/12/17	2,578.37	AIRESPRING INC
A/P	171163	05/12/17	3,292.00	RADSOURCE
A/P	171164	05/12/17	400.00	LAMAR COMPANIES
A/P	171165	05/12/17	29,628.42	TXU ENERGY
A/P	171166	05/12/17	650.00	YMCA OF THE GOLDEN CRESCENT
A/P	171167	05/12/17	2,942.74	AMN HEALTHCARE ALLIED, INC.
A/P	171168	05/12/17	654.00	GREAT BASIN SCIENTIFIC, INC
A/P	171169	05/12/17	75.00	TROEMNER, LLC
A/P	171170	05/12/17	7,921.76	DELTA HEALTHCARE PROVIDERS
A/P	171171	05/12/17	680.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	171172	05/12/17	3,480.30	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	171173	05/12/17	3,538.00	CHUBB GROUP ON INSURANCE CO
A/P	171174	05/12/17	230.70	ALPHA TEC SYSTEMS INC
A/P	171175	05/12/17	48.86	AUTO PARTS & MACHINE CO.
A/P	171176	05/12/17	376.51	BAXTER HEALTHCARE
A/P	171177	05/12/17	11,722.22	BECKMAN COULTER, INC.
A/P	171178	05/12/17	178.95	BOSART LOCK & KEY INC
A/P	171179	05/12/17	25.00	CAL COM FEDERAL CREDIT UNION
A/P	171180	05/12/17	1,405.54	COASTAL OFFICE SOLUTONS
A/P	171181	05/12/17	11.00	CALHOUN COUNTY WASTE MGMT
A/P	171182	05/12/17	40.36	CARDINAL HEALTH 414, INC.
A/P	171183	05/12/17	3,220.00	EVIDENT
A/P	171184	05/12/17	316.25	RITA DAVIS
A/P	171185	05/12/17	18.30	DOWNTOWN CLEANERS
A/P	171186	05/12/17	52.68	CENTERPOINT ENERGY
A/P	171187	05/12/17	100.47	FASTENAL COMPANY
A/P	171188	05/12/17	83.47	FEDERAL EXPRESS CORP.

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171189	05/12/17	1,819.17	FISHER HEALTHCARE
A/P	171190	05/12/17	429.83	GULF COAST PAPER COMPANY
A/P	171191	05/12/17	6,683.71	WERFEN USA LLC
A/P	171192	05/12/17	183.69	J & J HEALTH CARE SYSTEMS, INC
A/P	171193	05/12/17	147.82	JECKER FLOOR & GLASS
A/P	171194	05/12/17	4.07	JOHNSTONE SUPPLY
A/P	171195	05/12/17	388.96	SHIRLEY KARNEI
A/P	171196	05/12/17	254.49	KRAMES
A/P	171197	05/12/17	470.00	VICKY KALISEK
A/P	171198	05/12/17	26.50	LABCORP OF AMERICA HOLDINGS
A/P	171199	05/12/17	3,533.95	MCKESSON MEDICAL SURGICAL INC
A/P	171200	05/12/17	180.75	MERCURY MEDICAL
A/P	171201	05/12/17	158.40	MMC AUXILIARY GIFT SHOP
A/P	171202	05/12/17	179.63	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	171203	05/12/17	110.49	MMC VOLUNTEERS
A/P	171204	05/12/17	149.14	OFFICE DEPOT
A/P	171205	05/12/17	1,672.82	ORTHO CLINICAL DIAGNOSTICS
A/P	171206	05/12/17	.00	VOIDED
A/P	171207	05/12/17	3,058.06	OWENS & MINOR
A/P	171208	05/12/17	55.00	PALACIOS BEACON
A/P	171209	05/12/17	6,800.00	PREMIER SLEEP DISORDERS CENTER
A/P	171210	05/12/17	811.60	POLYMEDCO INC.
A/P	171211	05/12/17	20.00	RADIOLOGY UNLIMITED, PA
A/P	171212	05/12/17	224.60	RECEIVABLE MANAGEMENT, INC
A/P	171213	05/12/17	424.93	EVOQUA WATER TECHNOLOGIES LLC
A/P	171214	05/12/17	117.21	SMITHS MEDICAL ASD INC
A/P	171215	05/12/17	486.59	STRYKER SALES CORP
A/P	171216	05/12/17	146.69	TG
A/P	171217	05/12/17	4,555.00	T-SYSTEM, INC
A/P	171218	05/12/17	95.08	UNIFIRST HOLDINGS
A/P	171219	05/12/17	716.81	UNIFORM ADVANTAGE
A/P	171220	05/12/17	3,564.76	UNIFIRST HOLDINGS INC
A/P	171221	05/12/17	43,461.10	VICTORIA ANESTHESIOLOGY
A/P	171222	05/12/17	8.50	WATERMARK GRAPHICS INC
A/P	171223	05/12/17	49,522.63	THE BROADMOOR AT CREEK
A/P	171224	05/12/17	20,200.46	SOLERA WEST HOUSTON
TOTALS:			343,538.72	

APPROVED
ON

MAY 1 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:05/15/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:23 CHECK REGISTER and Payable List GLCKREG
05/15/17 THRU 05/15/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000923	05/15/17	1,073.92	MCKESSON
A/P	000924	05/15/17	1,048.52	MCKESSON
A/P	000925	05/15/17	1,029.66	MCKESSON
TOTALS:			3,152.10	

340B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 5-2-17

APPROVED
ON
MAY 15 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: 05/12/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 05/13/2017

Page: 001

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

As of: 05/12/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 05/13/2017 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											
05/08/2017	05/16/2017	7807006099	1001010564	115Invoice	3.84	191.92		188.08	✓	7807006099	
05/08/2017	05/16/2017	7807006100	1001011178	115Invoice	4.75	237.62		232.87	✓	7807006100	
05/08/2017	05/16/2017	7807006101	1001011589	115Invoice	1.07	53.30		52.23	✓	7807006101	
05/09/2017	05/16/2017	7807228464	1001011956	115Invoice	3.44	171.87		168.43	✓	7807228464	
05/10/2017	05/16/2017	7807441904	1001012601	115Invoice	0.14	6.87		6.73	✓	7807441904	
05/12/2017	05/16/2017	7807891555	1001013734	115Invoice	8.69	434.27		425.58	✓	7807891555	

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: 1,095.85 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,557.21
05/08/2017

If Paid By 05/16/2017,
Pay This Amount: 1,073.92 USD

If Paid After 05/16/2017,
Pay this Amount: 1,095.85 USD

Due If Paid On Time:
USD 1,073.92

Disc lost if paid late:
21.93

Due If Paid Late:
USD 1,095.85

CK# 923

5-15-17

APPROVED ON MAY 15 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: 05/12/2017

DC: 8115

Territory: 400

Customer: 256342
Date: 05/13/2017

Page: 001

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

As of: 05/12/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 05/13/2017 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 256342 WALMART 1098/MEM MED PHS											
05/08/2017	05/16/2017	7807001819	6357020116	115Invoice	6.87	343.57		✓336.70✓		7807001819	
05/11/2017	05/16/2017	7807657709	1101982	115Invoice	1.37	68.26		✓ 66.89✓		7807657709	
05/11/2017	05/16/2017	7807657711	3107032834	115Invoice	8.27	413.67		✓ 405.40✓		7807657711	
05/12/2017	05/16/2017	7807891711	3107034170	115Invoice	4.89	244.42		✓ 239.53 ✓		7807891711	

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: 1,069.92 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,557.21
05/08/2017

If Paid By 05/16/2017,
Pay This Amount: 1,048.52 USD

If Paid After 05/16/2017,
Pay this Amount: 1,069.92 USD

Due If Paid On Time:
USD 1,048.52

Disc lost if paid late:
21.40

Due If Paid Late:
USD 1,069.92

ch#924

5.15.17

APPROVED ON MAY 15 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: 05/12/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 05/13/2017

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

As of: 05/12/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 05/13/2017 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											
05/08/2017	05/16/2017	7807009849	1001010566	115Invoice	4.06	203.04		✓ 198.98	✓	7807009849	
05/08/2017	05/16/2017	7807009851	1001010566	115Invoice	0.02	0.99		✓ 0.97	✓	7807009851	
05/08/2017	05/16/2017	7807009853	1001011180	115Invoice	1.17	58.38		✓ 57.21	✓	7807009853	
05/08/2017	05/16/2017	7807009855	1001011180	115Invoice	0.05	2.56		✓ 2.51	✓	7807009855	
05/08/2017	05/16/2017	7807009856	1001011591	115Invoice	2.10	105.12		✓ 103.02	✓	7807009856	
05/09/2017	05/16/2017	7807254523	1001011958	115Invoice	1.91	95.36		✓ 93.45	✓	7807254523	
05/10/2017	05/16/2017	7807458855	1001012603	115Invoice	0.26	13.19		✓ 12.93	✓	7807458855	
05/11/2017	05/16/2017	7807695975	1001013257	115Invoice	10.43	521.48		✓ 511.05	✓	7807695975	
05/11/2017	05/16/2017	7807695976	1001013257	115Invoice	0.52	25.97		✓ 25.45	✓	7807695976	
05/12/2017	05/16/2017	7807896341	1001013736	115Invoice	0.48	23.78		✓ 23.30	✓	7807896341	
05/12/2017	05/16/2017	7807896342	1001013736	115Invoice	0.02	0.81		✓ 0.79	✓	7807896342	

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: 1,050.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,557.21
05/08/2017

If Paid By 05/16/2017,
Pay This Amount: ✓ 1,029.66 USD

If Paid After 05/16/2017,
Pay this Amount: 1,050.68 USD

Due If Paid On Time:
USD 1,029.66

Disc lost If paid late:
21.02

Due If Paid Late:
USD 1,050.68

ch#925

5.15.17

APPROVED
ON
MAY 15 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

Company: 8000

STATEMENT

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/12/2017

DC: 8115

Territory:

Customer: 632536
Date: 05/13/2017

Page: 002

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

As of: 05/12/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 05/13/2017 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	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 3,216.45 USD

Amount for CKS #923, 924, 925

Future Due:	0.00			Due If Paid On Time: USD	3,152.10
Past Due:	0.00	If Paid By 05/16/2017, Pay This Amount:	3,152.10 USD	Disc lost if paid late:	64.35
Last Payment	0.00	If Paid After 05/16/2017, Pay this Amount:	3,216.45 USD	Due If Paid Late: USD	3,216.45

APPROVED ON MAY 15 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

APPROVED
ON

MAY 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

05/17/2017
11:30

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 05/24/2017

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10250	4IMPRINT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5371717	HEALTH FAIR	04/30/20	04/21/20	05/21/20		4,328.59	0.00	0.00	4,328.59

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10250	4IMPRINT	4,328.59	0.00	0.00	4,328.59

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
9651056933	SUPPLIES	04/30/20	04/18/20	05/18/20		1,549.50	0.00	0.00	1,549.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	1,549.50	0.00	0.00	1,549.50

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
2603273	PURCH SERV	05/15/20	01/12/20	01/22/20		3,850.46	0.00	0.00	3,850.46
2629474	PURCH SERV	05/15/20	02/23/20	03/05/20		3,345.48	0.00	0.00	3,345.48
2639075	PURCH SERV	05/15/20	03/09/20	03/19/20		3,010.00	0.00	0.00	3,010.00
2648155	PURCH SERV	05/15/20	03/23/20	04/02/20		5,197.02	0.00	0.00	5,197.02
2674759	PURCH SERV	05/15/20	05/04/20	05/14/20		2,946.00	0.00	0.00	2,946.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	18,348.96	0.00	0.00	18,348.96

Vendor#	Vendor Name	Class	Pay Code
B0436	BARD ACCESS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
44992881	INVENT C/S	04/30/20	04/20/20	05/20/20		216.75	0.00	0.00	216.75

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

Vendor#	Vendor Name	Class	Pay Code
B1150	BAXTER HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
54574670	INVENT C/S	04/30/20	04/20/20	05/20/20		605.18	0.00	0.00	605.18
54599668	INVENT C/S	04/30/20	04/24/20	05/24/20		334.76	0.00	0.00	334.76

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	939.94	0.00	0.00	939.94

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

6005096470	04/30/20	04/20/20	05/20/20	1,144.64	0.00	0.00	1,144.64	
SUPPLIES								
Vendor Totals Number	Name			Gross	Discount	No-Pay	Net	
M2485	BAYER HEALTHCARE			1,144.64	0.00	0.00	1,144.64	

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
106289291		05/15/20	04/24/20	05/24/20		241.94	0.00	0.00	241.94
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC				241.94	0.00	0.00	241.94

Vendor#	Vendor Name	Class	Pay Code
C1203	CALHOUN COUNTY WASTE MGMT		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
448772		05/15/20	04/03/20	05/03/20		5.00	0.00	0.00	5.00
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1203	CALHOUN COUNTY WASTE MGMT				5.00	0.00	0.00	5.00

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
8001275508		05/15/20	02/18/20	03/18/20		171.25	0.00	0.00	171.25
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.				171.25	0.00	0.00	171.25

Vendor#	Vendor Name	Class	Pay Code
11364	CASCADE HEALTHCARE PRODUCTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
270034		04/28/20	04/20/20	05/20/20		123.24	0.00	0.00	123.24
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11364	CASCADE HEALTHCARE PRODUCTS				123.24	0.00	0.00	123.24

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
92249662		04/25/20	04/24/20	05/24/20		578.65	0.00	0.00	578.65
	INVENT C/S								
92245719		04/30/20	04/18/20	05/18/20		385.34	0.00	0.00	385.34
	INVENT C/S								
92246703		04/30/20	04/19/20	05/19/20		706.80	0.00	0.00	706.80
	INVENT C/S								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS				1,670.79	0.00	0.00	1,670.79

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
OE129291		04/28/20	04/21/20	05/21/20		165.00	0.00	0.00	165.00
	OFF SUPPLIES								
WO178161		04/28/20	04/21/20	05/21/20		322.25	0.00	0.00	322.25
	OFF SUPPLIES								
WO180641		05/15/20	05/04/20	05/14/20		38.76	0.00	0.00	38.76
	OFFICE SUPPLIES								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS				526.01	0.00	0.00	526.01

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
V15407661	INVENT C/S	04/30/20	04/19/20	05/19/20			747.00	0.00	0.00	747.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2150	COOK MEDICAL INCORPORATED	747.00	0.00	0.00	747.00

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
4430472	INVENT C/S	04/30/20	04/20/20	05/20/20			456.21	0.00	0.00	456.21

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2157	COOPER SURGICAL INC	456.21	0.00	0.00	456.21

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
RT00158093	LEASE AND RENTAL	04/30/20	04/24/20	05/23/20			7,682.67	0.00	0.00	7,682.67

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
555X02485001	SUPPLIES	05/15/20	04/30/20	05/19/20			528.50	0.00	0.00	528.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA	528.50	0.00	0.00	528.50

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
5020340	OFF SUPPLIES	04/28/20	04/20/20	05/20/20			15.20	0.00	0.00	15.20
5018880	OFF SUPPLIES	04/28/20	04/20/20	05/20/20			84.94	0.00	0.00	84.94
5019670	OFF SUPPLIES	04/28/20	04/20/20	05/20/20			27.16	0.00	0.00	27.16
5018080	INVENT C/S	04/30/20	04/19/20	05/19/20			259.64	0.00	0.00	259.64

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	386.94	0.00	0.00	386.94

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
MMC053017	PROF FEES	05/16/20	05/15/20	05/23/20			134,925.10	0.00	0.00	134,925.10

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	134,925.10	0.00	0.00	134,925.10

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
944116		04/30/20	04/20/20	05/20/20		375.10	0.00	0.00	375.10
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	375.10	0.00	0.00	375.10

Vendor# 11284 Vendor Name: EMERGENCY STAFFING SOLUTIONS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35004		05/16/20	04/30/20	05/20/20		28,391.25	0.00	0.00	28,391.25
	PROF FEES								
34984		05/16/20	05/15/20	05/23/20		40,062.50	0.00	0.00	40,062.50
	PROF FEES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	68,453.75	0.00	0.00	68,453.75

Vendor# 10042 Vendor Name: ERBE USA INC SURGICAL SYSTEMS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
407192		05/16/20	01/16/20	01/31/20		153.93	0.00	0.00	153.93
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	153.93	0.00	0.00	153.93

Vendor# C2510 Vendor Name: EVIDENT — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
928995		05/15/20	04/17/20	05/17/20		110.00	0.00	0.00	110.00
	MINOR EQUIP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	110.00	0.00	0.00	110.00

Vendor# F1050 Vendor Name: FASTENAL COMPANY — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
TXPOT173969		04/30/20	04/24/20	05/24/20		66.62	0.00	0.00	66.62
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	66.62	0.00	0.00	66.62

Vendor# F1100 Vendor Name: FEDERAL EXPRESS CORP. — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
579127600		05/15/20	05/04/20	05/17/20		9.61	0.00	0.00	9.61
	FREIGHT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	9.61	0.00	0.00	9.61

Vendor# F1400 Vendor Name: FISHER HEALTHCARE — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9831338		04/30/20	04/18/20	05/18/20		2,091.92	0.00	0.00	2,091.92
	SUPPLIES								
9929921		04/30/20	04/19/20	05/19/20		193.62	0.00	0.00	193.62
	SUPPLIES								
0028438		04/30/20	04/20/20	05/20/20		5,800.83	0.00	0.00	5,800.83
	SUPPLIES								

0115623		04/30/20	04/21/20	05/21/20	511.53	0.00	0.00	511.53
	SUPPLIES							
0115624		04/30/20	04/21/20	05/21/20	154.48	0.00	0.00	154.48
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE			8,752.38	0.00	0.00	8,752.38

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22047		05/15/20	05/02/20	05/23/20	851.96	924.29	0.00	0.00	924.29 851.96
	TELEPHONE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	851.96 924.29	0.00	0.00	924.29 851.96

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
26178		04/30/20	04/18/20	05/18/20		127.68	0.00	0.00	127.68
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0370	GARDENLAND NURSERY	127.68	0.00	0.00	127.68

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
47170		04/30/20	04/21/20	05/21/20		311.22	0.00	0.00	311.22
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	311.22	0.00	0.00	311.22

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
1308546		04/30/20	04/18/20	05/18/20		37.20	0.00	0.00	37.20
	SUPPLIES								
1308553		04/30/20	04/18/20	05/18/20		255.58	0.00	0.00	255.58
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	292.78	0.00	0.00	292.78

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
6238924		04/28/20	04/20/20	05/20/20		316.60	0.00	0.00	316.60
	SUPPLIES								
6248669		05/16/20	04/28/20	05/24/20		32.80	0.00	0.00	32.80
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1135	HEALTH CARE LOGISTICS INC	349.40	0.00	0.00	349.40

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
2209		05/15/20	04/30/20	05/20/20		14,080.12	0.00	0.00	14,080.12
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	10922	HUNTER PHARMACY SERVICES				14,080.12	0.00	0.00	14,080.12
Vendor#	Vendor Name				Class	Pay Code			
10442	INTERSTATE ALL BATTERY CENTER								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1901103012638		04/28/20	04/19/20	05/19/20		35.94	0.00	0.00	35.94
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10442	INTERSTATE ALL BATTERY CENTER				35.94	0.00	0.00	35.94
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
	917932468		05/16/20	04/24/20	05/24/20		123.39	0.00	0.00	123.39
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				123.39	0.00	0.00	123.39
Vendor#	Vendor Name				Class	Pay Code			
J1400	JOHNSON & JOHNSON								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	20062580		05/16/20	05/04/20	05/23/20		9,500.00	0.00	0.00	9,500.00
		MAINT CONTRACT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J1400	JOHNSON & JOHNSON				9,500.00	0.00	0.00	9,500.00
Vendor#	Vendor Name				Class	Pay Code			
11099	MARLIN BUSINESS BANK								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	14908957		05/15/20	04/13/20	05/05/20		756.64	0.00	0.00	756.64
		LEASE RENTAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11099	MARLIN BUSINESS BANK				756.64	0.00	0.00	756.64
Vendor#	Vendor Name				Class	Pay Code			
M2178	MCKESSON MEDICAL SURGICAL INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	01735492		04/30/20	04/19/20	05/19/20		2,988.83	0.00	0.00	2,988.83
		SUPPLIES								
	01790103		04/30/20	04/20/20	05/20/20		704.69	0.00	0.00	704.69
		INVENT C/S								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				3,693.52	0.00	0.00	3,693.52
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
	1826177039		04/30/20	04/19/20	05/19/20		398.97	0.00	0.00	398.97
		SUPPLIES								
	1826252287		04/30/20	04/20/20	05/20/20		14.79	0.00	0.00	14.79
		INVENT C/S								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				413.76	0.00	0.00	413.76
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
	22054		05/16/20	05/16/20	05/23/20		146.68	0.00	0.00	146.68
		EMPL EXP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	146.68	0.00	0.00	146.68

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
22046		05/15/20	05/08/20	05/17/20			32,118.21	0.00	0.00	32,118.21
	EMPL EXP HOSP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	32,118.21	0.00	0.00	32,118.21

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
1008480		05/15/20	03/08/20	03/09/20			1,500.00	0.00	0.00	1,500.00
	INVENT PHARM									
8366		05/15/20	05/04/20	05/05/20			-0.39	0.00	0.00	-0.39
	INVENT PHARM									
1257331		05/15/20	05/08/20	05/09/20			104.60	0.00	0.00	104.60
	INVENT PHARM									
1251974		05/15/20	05/08/20	05/09/20			1,500.00	0.00	0.00	1,500.00
	INVENT PHARM									
1257329		05/15/20	05/08/20	05/09/20			133.06	0.00	0.00	133.06
	INVENT PHARM									
1257330		05/15/20	05/08/20	05/09/20			1,104.68	0.00	0.00	1,104.68
	INVENT PHARM									
1261899		05/15/20	05/09/20	05/10/20			139.04	0.00	0.00	139.04
	INVENT PHARM									
1261897		05/15/20	05/09/20	05/10/20			97.92	0.00	0.00	97.92
	INVENT PHARM									
1260388		05/15/20	05/09/20	05/10/20			284.90	0.00	0.00	284.90
	INVENT PHARM									
1261898		05/15/20	05/09/20	05/10/20			3,196.51	0.00	0.00	3,196.51
	INVENT PHARM									
1265334		05/15/20	05/10/20	05/11/20			1,943.32	0.00	0.00	1,943.32
	INVENT PHARM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	10,003.64	0.00	0.00	10,003.64

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
921485176001		04/30/20	04/18/20	05/18/20			61.74	0.00	0.00	61.74
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O0920	OFFICE DEPOT	61.74	0.00	0.00	61.74

Vendor#	Vendor Name	Class	Pay Code
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2026577718		04/21/20	04/11/20	05/18/20			1,591.22	0.00	0.00	1,591.22
	INVENT C/S									
2026751289		04/30/20	04/18/20	05/18/20			2,124.83	0.00	0.00	2,124.83
	INVENT C/S									
2026745401		04/30/20	04/18/20	05/18/20			53.14	0.00	0.00	53.14

	SUPPLIES								
2026843878		04/30/20	04/20/20	05/20/20		70.80	0.00	0.00	70.80
	INVENT C/S								
2026843631		04/30/20	04/20/20	05/20/20		241.76	0.00	0.00	241.76
	SUPPLIES								
2026842464		04/30/20	04/20/20	05/20/20		43.46	0.00	0.00	43.46
	INVENT C/S								
2026842655		04/30/20	04/20/20	05/20/20		43.46	0.00	0.00	43.46
	INVENT C/S								
2026843305		04/30/20	04/20/20	05/20/20		51.19	0.00	0.00	51.19
	SUPPLIES								
2026848114		04/30/20	04/20/20	05/20/20		1,787.68	0.00	0.00	1,787.68
	INVENT C/S								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR				6,007.54	0.00	0.00	6,007.54

Vendor#	Vendor Name			Class	Pay Code				
11155	PARA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2467		05/15/20	02/01/20	03/03/20		2,000.00	0.00	0.00	2,000.00
2556	PURCH SERV	05/15/20	03/01/20	03/31/20		2,000.00	0.00	0.00	2,000.00
2658	PURCH SERV	05/15/20	04/01/20	05/01/20		2,000.00	0.00	0.00	2,000.00
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11155	PARA				6,000.00	0.00	0.00	6,000.00

Vendor#	Vendor Name			Class	Pay Code				
P1260	PENTAX MEDICAL COMPANY			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
92101180		04/30/20	04/18/20	05/18/20		182.89	0.00	0.00	182.89
92101512	SUPPLIES	04/30/20	04/21/20	05/21/20		1,250.00	0.00	0.00	1,250.00
	DUES AND SUBSC								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P1260	PENTAX MEDICAL COMPANY				1,432.89	0.00	0.00	1,432.89

Vendor#	Vendor Name			Class	Pay Code				
S0905	PERFORMANCE HEALTH			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN126046		04/30/20	04/22/20	05/22/20		159.78	0.00	0.00	159.78
	SUPPLES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH				159.78	0.00	0.00	159.78

Vendor#	Vendor Name			Class	Pay Code				
11125	PORT LAVACA RETAIL GROUP LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22043		05/15/20	04/01/20	04/29/20		11,001.20	0.00	0.00	11,001.20
	LEASE RENTAL								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11125	PORT LAVACA RETAIL GROUP LLC				11,001.20	0.00	0.00	11,001.20

Vendor#	Vendor Name			Class	Pay Code				
10372	PRECISION DYNAMICS CORP (PDC)								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

3762353		04/30/20	04/20/20	05/20/20		236.57	0.00	0.00	236.57
OFFICE SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)				236.57	0.00	0.00	236.57
Vendor#	Vendor Name				Class	Pay Code			
11009	RECONDO								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV11293		05/16/20	05/01/20	05/23/20		4,050.00	0.00	0.00	4,050.00
PURCH SERV									
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			
10645	REVISTA de VICTORIA								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
04201723		04/30/20	04/19/20	05/19/20		120.00	0.00	0.00	120.00
PUBL REL									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10645	REVISTA de VICTORIA				120.00	0.00	0.00	120.00
Vendor#	Vendor Name				Class	Pay Code			
10625	SARA RUBIO								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22045		05/15/20	05/11/20	05/18/20		198.78	0.00	0.00	198.78
TRAVEL									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10625	SARA RUBIO				198.78	0.00	0.00	198.78
Vendor#	Vendor Name				Class	Pay Code			
S1850	SHIP SHUTTLE TAXI SERVICE				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
784729		05/15/20	05/08/20	05/18/20		45.00	0.00	0.00	45.00
PURCH SERV									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S1850	SHIP SHUTTLE TAXI SERVICE				45.00	0.00	0.00	45.00
Vendor#	Vendor Name				Class	Pay Code			
10681	SIMMLER, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
181636		04/30/20	04/18/20	05/18/20		155.00	0.00	0.00	155.00
SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10681	SIMMLER, INC.				155.00	0.00	0.00	155.00
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
90024805		05/15/20	01/20/20	02/20/20		5,472.48	0.00	0.00	5,472.48
	SUPPLIES								
90024735		05/15/20	01/20/20	02/20/20		-2,964.26	0.00	0.00	-2,964.26
	SUPPLIES								
90025027		05/15/20	01/31/20	05/23/20		5,145.42	0.00	0.00	5,145.42
	SUPPLIES								
90024950		05/15/20	01/31/20	05/23/20		-2,736.24	0.00	0.00	-2,736.24
	SUPPLIES								
90027250		05/15/20	04/30/20	05/17/20		4,332.38	0.00	0.00	4,332.38

	SUPPLIES							
90027171		05/15/20	04/30/20	05/17/20	-3,420.30	0.00	0.00	-3,420.30
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	5,829.48	0.00	0.00	5,829.48

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
43822A		04/30/20	04/18/20	05/18/20			47.40	0.00	0.00	47.40
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP	47.40	0.00	0.00	47.40

Vendor#	Vendor Name	Class	Pay Code
T2230	TEXAS WIRED MUSIC INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A929948		05/15/20	05/01/20	05/01/20			73.95	0.00	0.00	73.95
	PURCH SERV									
A929947		05/15/20	05/01/20	05/01/20			63.95	0.00	0.00	63.95
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2230	TEXAS WIRED MUSIC INC	137.90	0.00	0.00	137.90

Vendor#	Vendor Name	Class	Pay Code
V1050	THE VICTORIA ADVOCATE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
I00650602		05/15/20	01/31/20	02/15/20			495.00	0.00	0.00	495.00
	PUBL RELATIONS									
I00649424		05/15/20	02/28/20	03/15/20			58.86	0.00	0.00	58.86
	PUBL RELATIONS									
I00650603		05/15/20	02/28/20	03/15/20			495.00	0.00	0.00	495.00
	PUBL RELATIONS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1050	THE VICTORIA ADVOCATE	1,048.86	0.00	0.00	1,048.86

Vendor#	Vendor Name	Class	Pay Code
11380	THERMCO PRODUCTS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
118235		05/16/20	04/27/20	05/23/20			41.00	0.00	0.00	41.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11380	THERMCO PRODUCTS INC	41.00	0.00	0.00	41.00

Vendor#	Vendor Name	Class	Pay Code
11067	TRIZETTO PROVIDER SOLUTIONS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3A3X051700		05/15/20	05/01/20	05/15/20			119.00	0.00	0.00	119.00
	PURCH SERV									
35FK051700		05/15/20	05/01/20	05/18/20			2,649.96	0.00	0.00	2,649.96
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11067	TRIZETTO PROVIDER SOLUTIONS	2,768.96	0.00	0.00	2,768.96

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
8150764250		04/24/20	04/18/20	05/18/20			34.42	0.00	0.00	34.42

		PURCH SERV							
	8150764158		04/24/20	04/18/20	05/18/20	60.66	0.00	0.00	60.66
		PURCH SERV							
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
	8400244846		04/24/20	04/18/20	05/18/20		137.52	0.00	0.00	137.52
		LAUNDRY								
	8400244888		04/28/20	04/18/20	05/18/20		166.72	0.00	0.00	166.72
		LAUNDRY								
	8400244849		04/28/20	04/18/20	05/18/20		96.98	0.00	0.00	96.98
		LAUNDRY								
	8400244847		04/28/20	04/18/20	05/18/20		113.01	0.00	0.00	113.01
		LAUNDRY								
	8400244845		04/28/20	04/18/20	05/18/20		322.39	0.00	0.00	322.39
		LAUNDRY								
	8400244848		04/28/20	04/18/20	05/18/20		125.24	0.00	0.00	125.24
		LAUNDRY								
	8400244897		04/28/20	04/18/20	05/18/20		1,180.99	0.00	0.00	1,180.99
		LAUNDRY								
	8400245178		04/28/20	04/21/20	05/21/20		426.40	0.00	0.00	426.40
		LAUNDRY								
	8400245221		04/28/20	04/21/20	05/21/20		1,048.33	0.00	0.00	1,048.33
		LAUNDRY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					3,617.58	0.00	0.00	3,617.58

Vendor#	Vendor Name	Class	Pay Code
10943	WALLER,LANSDEN, DORTCH & DAVIS		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	10630161		05/15/20	04/17/20	05/17/20		414.00	0.00	0.00	414.00
		LEGAL								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS					414.00	0.00	0.00	414.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	368,260.45	0.00	0.00	368,260.45

pg 5 correction { <924.29> +851.96

368,260.45+
924.29-
851.96+
368,188.12*

CKS#171225 to #171286

$348,188.12

APPROVED ON

MAY 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 5-2-17

RUN DATE: 05/17/17
TIME: 12:34

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	011917	88.92	N	1	[redacted]	[redacted]
		011917	99.40	N	1		
		011917	1471.60	N	1		
		011917	54.40	N	1		
		011917	25.80	N	1		
		011917	73.10	N	1		
		011917	879.85	N	1		
		011917	393.00	N	1		
		042617	389.66	N	1		
		011917	186.11	N	1		
		042617	1021.17	N	1		
		042617	409.52	N	2		
		042617	66.20	N	2		
		011917	1288.00	N	1		
		042617	283.20	N	2		
		042617	283.20	N	2		

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]		042617	994.76	N	2	[redacted]	
		042617	291.99	N	3		
MISS00	01 DOCTOR WILLIAM CROWLEY	012813	~~2991.59~~		2	REFUND FOR MISSAPLIED PAYMENT	Previously approved 1/13/16
MISS600	01 DOCTOR WILLIAM CROWLEY ✓	031516	152.99 ✓		2	TRANSFER TO MISSAPLIED PAYMENT	
	ARID=0001 TOTAL		11444.46	152.99		CR# 171287	
TOTAL			11444.46	152.99		Approved	

Not patient refund. MMC received in error. Transfer to Dr. Crowley

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

APPROVED
ON
MAY 17 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171225	05/18/17	153.93	ERBE USA INC SURGICAL SYSTEMS
A/P	171226	05/18/17	4,328.59	4IMPRINT
A/P	171227	05/18/17	1,670.79	CENTURION MEDICAL PRODUCTS
A/P	171228	05/18/17	386.94	DEWITT POTH & SON
A/P	171229	05/18/17	236.57	PRECISION DYNAMICS CORP (PDC)
A/P	171230	05/18/17	35.94	INTERSTATE ALL BATTERY CENTER
A/P	171231	05/18/17	10,003.64	MORRIS & DICKSON CO, LLC
A/P	171232	05/18/17	198.78	SARA RUBIO
A/P	171233	05/18/17	120.00	REVISTA de VICTORIA
A/P	171234	05/18/17	155.00	SIMMLER, INC.
A/P	171235	05/18/17	134,925.10	DISCOVERY MEDICAL NETWORK INC
A/P	171236	05/18/17	32,118.21	MMC EMPLOYEE BENEFIT PLAN
A/P	171237	05/18/17	311.22	GENESIS DIAGNOSTICS
A/P	171238	05/18/17	14,080.12	HUNTER PHARMACY SERVICES
A/P	171239	05/18/17	414.00	WALLER,LANSDEN, DORTCH & DAVIS
A/P	171240	05/18/17	7,682.67	CSI LEASING INC
A/P	171241	05/18/17	4,050.00	RECONDO
A/P	171242	05/18/17	2,768.96	TRIZETTO PROVIDER SOLUTIONS
A/P	171243	05/18/17	756.64	MARLIN BUSINESS BANK
A/P	171244	05/18/17	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	171245	05/18/17	6,000.00	PARA
A/P	171246	05/18/17	851.96	FRONTIER
A/P	171247	05/18/17	18,348.96	AMN HEALTHCARE ALLIED, INC.
A/P	171248	05/18/17	68,453.75	EMERGENCY STAFFING SOLUTIONS
A/P	171249	05/18/17	5,829.48	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	171250	05/18/17	123.24	CASCADE HEALTHCARE PRODUCTS
A/P	171251	05/18/17	41.00	THERMCO PRODUCTS INC
A/P	171252	05/18/17	1,549.50	ALCON LABORATORIES, INC.
A/P	171253	05/18/17	216.75	BARD ACCESS
A/P	171254	05/18/17	939.94	BAXTER HEALTHCARE
A/P	171255	05/18/17	241.94	BECKMAN COULTER INC
A/P	171256	05/18/17	526.01	COASTAL OFFICE SOLUTONS
A/P	171257	05/18/17	5.00	CALHOUN COUNTY WASTE MGMT
A/P	171258	05/18/17	171.25	CARDINAL HEALTH 414, INC.
A/P	171259	05/18/17	747.00	COOK MEDICAL INCORPORATED
A/P	171260	05/18/17	456.21	COOPER SURGICAL INC
A/P	171261	05/18/17	110.00	EVIDENT
A/P	171262	05/18/17	375.10	DYNATRONICS CORPORATION
A/P	171263	05/18/17	66.62	FASTENAL COMPANY
A/P	171264	05/18/17	9.61	FEDERAL EXPRESS CORP.
A/P	171265	05/18/17	8,752.38	FISHER HEALTHCARE
A/P	171266	05/18/17	127.68	GARDENLAND NURSERY
A/P	171267	05/18/17	292.78	GULF COAST PAPER COMPANY
A/P	171268	05/18/17	349.40	HEALTH CARE LOGISTICS INC
A/P	171269	05/18/17	123.39	J & J HEALTH CARE SYSTEMS, INC
A/P	171270	05/18/17	9,500.00	JOHNSON & JOHNSON
A/P	171271	05/18/17	3,693.52	MCKESSON MEDICAL SURGICAL INC
A/P	171272	05/18/17	413.76	MEDLINE INDUSTRIES INC
A/P	171273	05/18/17	1,144.64	BAYER HEALTHCARE
A/P	171274	05/18/17	146.68	MMC AUXILIARY GIFT SHOP

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	171275	05/18/17	61.74	OFFICE DEPOT
A/P	171276	05/18/17	.00	VOIDED
A/P	171277	05/18/17	6,007.54	OWENS & MINOR
A/P	171278	05/18/17	1,432.89	PENTAX MEDICAL COMPANY
A/P	171279	05/18/17	528.50	CULLIGAN OF VICTORIA
A/P	171280	05/18/17	159.78	PERFORMANCE HEALTH
A/P	171281	05/18/17	45.00	SHIP SHUTTLE TAXI SERVICE
A/P	171282	05/18/17	47.40	STRYKER SALES CORP
A/P	171283	05/18/17	137.90	TEXAS WIRED MUSIC INC
A/P	171284	05/18/17	95.08	UNIFIRST HOLDINGS
A/P	171285	05/18/17	3,617.58	UNIFIRST HOLDINGS INC
A/P	171286	05/18/17	1,048.86	THE VICTORIA ADVOCATE
A/P	171287	05/18/17	152.99	DOCTOR WILLIAM CROWLEY
TOTALS:			368,341.11	

APPROVED
ON

MAY 17 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
5/22/2017

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	128,650.96	128,550.96	303,888.32	-	-	-	-	303,988.32	303,888.32

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	84,080.59	83,980.59	127,594.11	-	-	-	-	127,694.11	127,594.11
Crescent	4588	75,732.18	75,632.18	328,087.22	-	-	-	-	328,187.22	328,087.22
Broadmoor	4596	45,633.04	45,533.04	303,996.73	-	-	-	-	304,096.73	303,996.73
Fort Bend	4618	35,452.63	35,352.63	107,440.64	-	-	-	-	107,540.64	107,440.64
										867,118.70

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: 6-2-17

APPROVED
MAY 22 2017
COUNTY AUDITOR

lio as of 5/22/2017 8:36:37 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	4154	$0.00	$100.00
Memorial Medical Center	4553	$303,988.32	$338,465.20
Memorial Medical Center	4561	$127,694.11	$445,507.97
Memorial Medical Center	4588	$328,187.22	$330,761.67
Memorial Medical Center	4596	$304,096.73	$375,229.73
Memorial Medical Center	4618	$107,540.64	$123,762.15
NH Green NH Green Acres of Bay	4855	$100.00	$100.00
NH Humber Healthcare Center	4863	$100.00	$100.00
NH Allenbrook Heathcare	4871	$100.00	$100.00
NH Golden Creek Healthcare	4901	$100.00	$100.00
Memorial Medical Center Operat	0301	$1,891,864.64	$1,924,942.96
County of Calhoun Indigent	1101	$6,638.30	$6,638.30
Totals		**$4,897,439.63**	**$5,372,837.65**

IBC Bank Activity
5/8/17 through 5/21/17

						Transfer-Out	Transfer-In	
Ashford Gardens								
5/8/2017	113105025	4553	142	ACH CREDIT RECEIVED			2,656.52	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4390647*1201494502\
5/8/2017	113105025	4553	142	ACH CREDIT RECEIVED			1,688.83	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6609816*1205296137*000004911\
5/8/2017	113105025	4553	142	ACH CREDIT RECEIVED			16,457.18	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/8/2017	113105025	4553	142	ACH CREDIT RECEIVED			7,278.14	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4392607*1201494502\
5/9/2017	113105025	4553	142	ACH CREDIT RECEIVED			29,458.51	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017050614206308*1752603231\
5/9/2017	113105025	4553	142	ACH CREDIT RECEIVED			1,942.77	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4397223*1201494502\
5/9/2017	113105025	4553	142	ACH CREDIT RECEIVED			1,224.02	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4395340*1201494502\
5/9/2017	113105025	4553	142	ACH CREDIT RECEIVED			706.59	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017050512404121*1752603231\
5/11/2017	113105025	4553	142	ACH CREDIT RECEIVED			663.55	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4405829*1201494502\
5/11/2017	113105025	4553	495	OUTGOING MONEY TRANSFER		128,550.96		ASHFORD HEALTH CARE CENTER LTD
5/12/2017	113105025	4553	142	ACH CREDIT RECEIVED			13,121.84	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017051013000565*1752603231\
5/12/2017	113105025	4553	142	ACH CREDIT RECEIVED			1,739.87	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4411315*1201494502\
5/12/2017	113105025	4553	142	ACH CREDIT RECEIVED			3,055.00	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017051011703329*1752603231\
5/16/2017	113105025	4553	142	ACH CREDIT RECEIVED			18,815.80	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017051211000780*1752603231\
5/16/2017	113105025	4553	142	ACH CREDIT RECEIVED			2,562.34	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4419392*1201494502\
5/16/2017	113105025	4553	142	ACH CREDIT RECEIVED			11,137.04	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017051214400648*1752603231\
5/16/2017	113105025	4553	301	COMMERCIAL DEPOSIT			54,521.07	
5/19/2017	113105025	4553	142	ACH CREDIT RECEIVED			2,185.31	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017051714800571*1752603231\
5/19/2017	113105025	4553	142	ACH CREDIT RECEIVED			134,673.94	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6613S93*1205296137*000004911\
						128,550.96	303,888.32	

						Transfer-Out	Transfer-In	
Solera at West Houston								
5/8/2017	113105025	4561	142	ACH CREDIT RECEIVED			8,517.42	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4422951*1205296137*000004011\
5/8/2017	113105025	4561	142	ACH CREDIT RECEIVED			1,486.56	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/9/2017	113105025	4561	142	ACH CREDIT RECEIVED			2,335.52	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017050614206289*1752603231\
5/9/2017	113105025	4561	142	ACH CREDIT RECEIVED			2,757.63	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017050614206310*1752603231\
5/11/2017	113105025	4561	495	OUTGOING MONEY TRANSFER		83,980.59		CANTEX HEALTH CARE CENTERS LLC
5/12/2017	113105025	4561	142	ACH CREDIT RECEIVED			11,255.36	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017051013000567*1752603231\
5/16/2017	113105025	4561	301	COMMERCIAL DEPOSIT			100,148.83	
5/16/2017	113105025	4561	142	ACH CREDIT RECEIVED			615.45	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017051319900594*1752603231\
5/19/2017	113105025	4561	142	ACH CREDIT RECEIVED			477.34	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017051713600267*1752603231\
						83,980.59	127,594.11	

						Transfer-Out	Transfer-In	
Crescent								
5/8/2017	113105025	4588	142	ACH CREDIT RECEIVED			4,598.99	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4390784*1201494502\
5/8/2017	113105025	4588	142	ACH CREDIT RECEIVED			2,370.16	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/9/2017	113105025	4588	142	ACH CREDIT RECEIVED			2,043.16	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017050616204096*1452485907\
5/9/2017	113105025	4588	142	ACH CREDIT RECEIVED			8,364.78	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017050614206306*1752603231\
5/9/2017	113105025	4588	142	ACH CREDIT RECEIVED			2,084.06	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4395445*1201494502\
5/11/2017	113105025	4588	142	ACH CREDIT RECEIVED			839.45	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017050912400601*1752603231\
5/11/2017	113105025	4588	495	OUTGOING MONEY TRANSFER		75,632.18		CANTEX HEALTH CARE CENTERS III
5/16/2017	113105025	4588	142	ACH CREDIT RECEIVED			7,700.00	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017051319900593*1752603231\
5/16/2017	113105025	4588	301	COMMERCIAL DEPOSIT			45,938.88	
5/19/2017	113105025	4588	142	ACH CREDIT RECEIVED			254,147.74	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4435107*1205296137*000004011\
						75,632.18	328,087.22	

Broadmoor					Transfer-Out	Transfer-In	
5/8/2017	113105025	4596	142	ACH CREDIT RECEIVED		406.31	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4422964*1205296137*000004011\
5/8/2017	113105025	4596	142	ACH CREDIT RECEIVED		1,444.35	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4390651*1201494502\
5/9/2017	113105025	4596	142	ACH CREDIT RECEIVED		4,008.04	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4395342*1201494502\
5/11/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	45,533.04		CANTEX HEALTH CARE CENTERS III
5/16/2017	113105025	4596	301	COMMERCIAL DEPOSIT		116,829.55	
5/16/2017	113105025	4596	142	ACH CREDIT RECEIVED		937.87	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4417414*1201494502\
5/18/2017	113105025	4596	142	ACH CREDIT RECEIVED		180,370.61	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4433526*1205296137*000004011\
					45,533.04	303,996.73	

Fort Bend					Transfer-Out	Transfer-In	
5/8/2017	113105025	4618	142	ACH CREDIT RECEIVED		3,563.42	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/8/2017	113105025	4618	142	ACH CREDIT RECEIVED		5,432.57	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4390646*1201494502\
5/9/2017	113105025	4618	142	ACH CREDIT RECEIVED		5,697.44	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017050614206307*1752603231\
5/9/2017	113105025	4618	142	ACH CREDIT RECEIVED		588.40	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4395339*1201494502\
5/11/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	35,352.63		CANTEX HEALTH CARE CENTERS III
5/16/2017	113105025	4618	301	COMMERCIAL DEPOSIT		22,316.81	
5/17/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,343.53	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4421835*1201494502\
5/18/2017	113105025	4618	142	ACH CREDIT RECEIVED		518.47	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4425141*1201494502\
5/19/2017	113105025	4618	142	ACH CREDIT RECEIVED		4,115.52	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4429676*1201494502\
5/19/2017	113105025	4618	142	ACH CREDIT RECEIVED		63,864.48	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4435036*1205296137*000004011\
					35,352.63	107,440.64	

Ø

RUN DATE:05/22/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:20 CHECK REGISTER and Payables List GLCKREG
05/22/17 THRU 05/22/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000926	05/22/17	939.52	MCKESSON
A/P	000927	05/22/17	1,487.55	MCKESSON
A/P	000928	05/22/17	1,136.93	MCKESSON
TOTALS:			3,564.00	

340B Prescription Expenses

APPROVED
ON

MAY 22 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 4-2-17

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: 05/19/2017

DC: 8115

Territory: 400

Customer: 256342
Date: 05/20/2017

Page: 001

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

As of: 05/19/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 05/20/2017

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											
05/15/2017	05/23/2017	7808169721	3107039135	115Invoice	7.02	350.77		343.75 ✓		7808169721	
05/17/2017	05/23/2017	7808640781	1607040075	115Invoice	2.04	102.21		100.17 ✓		7808640781	
05/18/2017	05/23/2017	7808861840	1607041299	115Invoice	2.75	137.54		134.79 ✓		7808861840	
05/19/2017	05/23/2017	7809108831	1607048225	115Invoice	18.55	927.39		908.84 ✓		7809108831	

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: 1,517.91 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,152.10
05/15/2017

If Paid By 05/23/2017,
Pay This Amount: 1,487.55 ✓ USD

If Paid After 05/23/2017,
Pay this Amount: 1,517.91 USD

Due If Paid On Time:
USD 1,487.55

Disc lost if paid late:
30.36

Due If Paid Late:
USD 1,517.91

CK# 927

5.22.17

APPROVED
ON
MAY 22 2017 EP
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: 05/19/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 05/20/2017

Page: 001

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

As of: 05/19/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 05/20/2017 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											
05/15/2017	05/23/2017	7808142111	1001014340	115Invoice		0.16		✓ 0.16	✓	7808142111	
05/15/2017	05/23/2017	7808142112	1001014913	115Invoice	2.35	117.35		✓ 115.00	✓	7808142112	
05/15/2017	05/23/2017	7808142113	1001015317	115Invoice	11.31	565.72		✓ 554.41	✓	7808142113	
05/16/2017	05/23/2017	7808407615	1001015689	115Invoice	1.27	63.65		✓ 62.38	✓	7808407615	
05/16/2017	05/23/2017	7808407616	1001015689	115Invoice	0.92	46.15		✓ 45.23	✓	7808407616	
05/18/2017	05/23/2017	7808842804	1001016636	115Invoice	0.73	36.29		✓ 35.56	✓	7808842804	
05/19/2017	05/23/2017	7809103809	1001017227	115Invoice	2.59	129.37		✓ 126.78	✓	7809103809	

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: 958.69 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,152.10
05/15/2017

If Paid By 05/23/2017,
Pay This Amount: 939.52 ✓USD

If Paid After 05/23/2017,
Pay this Amount: 958.69 USD

Due If Paid On Time:
USD 939.52

Disc lost if paid late:
19.17

Due If Paid Late:
USD 958.69

ck# 926

5-22-17

APPROVED
ON
MAY 22 2017 BP

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: 05/19/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 05/20/2017

Page: 001

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

As of: 05/19/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 05/20/2017

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 262252 CVS PHCY 7006/MEMORIA PHS											
05/15/2017	05/23/2017	7808180119	1001014342	115Invoice	1.93	96.45		✓94.52 ✓		7808180119	
05/15/2017	05/23/2017	7808180124	1001014915	115Invoice	12.88	644.13		✓631.25 ✓		7808180124	
05/15/2017	05/23/2017	7808180128	1001015319	115Invoice	1.61	80.50		✓78.89 ✓		7808180128	
05/16/2017	05/23/2017	7808420085	1001015691	115Invoice	1.64	81.80		✓80.16 ✓		7808420085	
05/17/2017	05/23/2017	7808519044	1001016109	115Invoice	0.18	8.78		✓8.60 ✓		7808519044	
05/18/2017	05/23/2017	7808878352	1001016638	115Invoice	1.95	97.48		✓95.53 ✓		7808878352	
05/19/2017	05/23/2017	7809099228	1001017229	115Invoice	3.02	151.00		✓147.98 ✓		7809099228	

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: 1,160.14 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,152.10
05/15/2017

If Paid By 05/23/2017,
Pay This Amount: 1,136.93 ✓USD

If Paid After 05/23/2017,
Pay this Amount: 1,160.14 USD

Due If Paid On Time:
USD 1,136.93

Disc lost if paid late:
23.21

Due If Paid Late:
USD 1,160.14

chk# 928

5.22.17

APPROVED
ON
MAY 22 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:05/23/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:46 CHECK REGISTER and Payable List GLCKREG
05/23/17 THRU 05/23/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000929	05/23/17	1,012.62	CARDINAL HEATLH
TOTALS:			1,012.62	

340B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

APPROVED ON
MAY 23 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CardinalHealth™

Statement & Remittance

Remit to:
Cardinal Health 110, LLC
C/O Bank of America
PO Box 402605
ATLANTA GA 30384-2605

Statement Date	Stmt Ref	Payer
05/19/2017	17139	490993

Collection/Credit Representative
Brayon Belton

Phone number
614822

Payer:
MEMORIAL MED CTR (EQ 340B BT)
815 N VIRGINIA STREET
PORT LAVACA TX 77979
USA

Invoice/ Reference	Bill-To Acct #	Transaction Type	Invoice Date	Purchase order/ Reference	Due Date	Invoice Amount	Payment Made	Discount	Balance Due	( )	Invoice Number	Balance Due
The following items are due by date shown												
939581	0011490993	INV	05/18/2017	1005-721	05/26/2017	1,012.62	0.00	0.00	1,012.62	( )	939581	1,012.62
					Subtotal:	1,012.62	0.00	0.00	1,012.62		Subtotal:	1,012.62

ck# 929

5.22.17

APPROVED ON
MAY 23 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Current	Future	1-15 days	16-30 days	31-45 days	Over 45 days	Total Balance
1,012.62	0.00	0.00	0.00	0.00	0.00	1,012.62

In the absence of a written agreement between you and CARDINAL HEALTH 110, LLC that governs the transactions on this document, the terms and conditions located at http://www.cardinalhealth.com/us/en/eBusiness/purchasetermsandconditions will apply, and such terms and conditions may NOT be altered, supplemented, or amended by you in any way. If this document reflects any discounted prices, credits, or rebates, or if price reductions are subsequently earned and paid with respect to the merchandise/services described herein, you may have an obligation under federal or state law to report the net cost you paid for the applicable item if you participate in certain federal or state healthcare programs.

Past Due:	0.00
Current Due:	1,012.62
Amount Due:	**1,012.62**
Account Balance:	1,012.62
Amount Enclosed:	

NOTICE: A service charge will be assessed on past due balances

S (800) 926-3161

CardinalHealth

CARDINAL HEALTH
2045 INTERSTATE DR.
LAKELAND, FL 33805
WHOLESALER ID:22913
DEA RC-0182080 FED ID 68-0158739

 ROUTE/STOP 003 / 051

RO

CUST. NO.	DATE	REPRINT INVOICE	
490994	5/18/17	939581	
REG. NO.	CUST. DEA NO.	ORDER NO.	CUSTOMER P.O. NUMBER
PH27412	FA4486189	1023493	1005-721
	ORDER DATE	CONF. NO.	
	5/17/17	07453	

BILL TO
MEMORIAL MED CTR (EQ 340B BT)
815 N VIRGINIA STREET
PORT LAVACA, TX 77979

SHIP TO
EXPEDIEN RX PHARMACY (340B ST)
AHSSHC ADVEN HSYS SNBLT HC CRP
582 MONROE RD STE 1412B
SANFORD, FL 32771

ITEM NUMBER	NDC/UPC	QTY ORDERED	QTY SHIPPED	G M I T	U/M	DESCRIPTION	SIZE	F O R M	C L A S S			UNIT PRICE	EXTENSION	NOTE CODE
	TOTE# 1					ASN# 11-356-3359								
4744116	63402-0312-30	1	1		EA	LATUDA 120MG 30	30	TB				394.42	394.42	CT
	see message(s): 121													
4791034	59310-0579-22	2	2		EA	PROAIR HFA 90MCG 8.5GM	1	IN				.56	1.12	CT
3974110	00597-0075-41	1	1		EA	SPIRIVA HANDIHALER 18MCG 30	1	IN				.30	.30	CT
4537429	50458-0578-30	1	1		EA	XARELTO 15MG 30	30	TB				64.21	64.21	CT
	see message(s): 121													
	TOTE# 2					ASN# 11-356-3468								
4129920	00173-0717-20	3	3		EA	ADVAIR HFA 230-21MCG 12GM	1	IN				68.78	206.34	CT
	see message(s): 121													
5059985	00093-6451-98	1	1		EA	ESOMEPRAZOLE MG 40MG 90 DR	90	CP				6.88	6.88	CT
	see message(s): 121													
4849097	50458-0141-90	1	1		EA	INVOKANA 300MG 90 CPLT	90	TB				131.93	131.93	CT
	see message(s): 121													
3977881	00597-0075-47	1	1		EA	SPIRIVA HANDIHALER 18MCG 90	1	IN				.90	.90	CT
3976768	00186-0370-20	4	4		EA	SYMBICORT 160-4.5MCG10.2GM INH	1	IN				51.58	206.32	CT
	see message(s): 121													
	TOTE# 3					ASN# 11-356-3732								
3712189	00169-3687-12	2	2		EA	INS LEVEMIR 100U/ML 10ML	1	MD				.10	.20	CT
			17			TOTAL PIECES SHIPPED								
						---------- S U M M A R Y ----------								
						Total RX			1012.62					
						NET AMOUNT			1012.62					
						---------- CUST ITEM CD SUMMARY ----------								
						:			1012.62					
INVOICE	SHIP DATE: 5/18/2017													

Note Codes:
T Taxable
CO CT Itm Override
SP Special Pricing
CT Contract
SN Special Net
OV Price Override
CS Source Contract

Omit Codes:
C Dropship
2 DC Out
3 Mfr Out
4 Not stocked
5 Mfr Disc
6 DC Disc
7 Drug Recall
8 New item/stock unavail
9 Restricted Item
S Regulatory Review

Tax Chemical Designations:
L Lipid mix
P Phenylpropanolamine
S Pseudoephedrine
I Other tax Chemical

The prices shown on this invoice are net of discounts provided at the time of purchase. Some of the products listed on this invoice may be subject to additional discounts or rebates. Please refer to your contract for any specific additional discounts or rebates that may apply to these purchases. You may have an obligation, pursuant to 42 USC §1320a-7b to report discounts and rebates to Medicare, Medicaid or other governmental health care programs.

Customer is final dispenser purchasing for own use and will not redistribute prescription pharmaceuticals into the secondary market.
Effective January 1, 2015, DSCSA Transaction Data for qualified prescription drugs can be accessed via your usual ordering platform, such as Order Express or Med eCommerce, or at cardinalhealth.com/tace.

S (800) 926-3161

CardinalHealth

CARDINAL HEALTH
2045 INTERSTATE DR.
LAKELAND, FL 33805
WHOLESALER ID:22913
DEA RC-0182080 FED ID 68-0158739

 ROUTE/STOP 003 / 051

RO

CUST. NO.	DATE	REPRINT INVOICE
490994	5/18/17	939581

REG. NO.	CUST. DEA NO.	ORDER NO.	CUSTOMER P.O. NUMBER
PH27412	FA4486189	1023493	1005-721

	ORDER DATE	CONF. NO.	
	5/17/17	07453	

BILL TO
MEMORIAL MED CTR (EQ 340B BT)
815 N VIRGINIA STREET
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SHIP TO
EXPEDIEN RX PHARMACY (340B ST)
AHSSHC ADVEN HSYS SNBLT HC CRP
582 MONROE RD STE 1412B
SANFORD, FL 32771

ITEM NUMBER	NDC/UPC	QTY ORDERED	QTY SHIPPED	OMIT	U/M	DESCRIPTION	SIZE	FORM	CLASS			UNIT PRICE	EXTENSION	NOTE CODE

ALL DAMAGES, SHORTAGES, MISPICKS AND ITEMS RECEIVED SHORT DATED OR OUTDATED MUST BE REPORTED TO CUSTOMER SERVICE WITHIN 48 HOURS OF RECEIPT OF THE PRODUCT. ALL SHORTAGES AND MISPICKS OF CONTROL ITEMS MUST BE REPOETED WITHIN 24 HOURS. ALL RETURNS MUST BE TOTE TIED. CUSTOMER SERVICE # 1-800-926-3161

For SDS Visit: http://www.mycardinalsdspd.com

PLEASE REMIT YOUR PAYMENTS TO FOLLOWING ADDRESS:
CARDINAL HEALTH 110, LLC
C/O BANK OF AMERICA
PO BOX 402605
ATLANTA, GA 30384-2605

Messages

121 This product is required by the FDA to be dispensed with a medication guide. To obtain a medication guide for this product, please visit http://www.fda.gov/Drugs/DrugSafety/ucm085729.htm

Note Codes:
T Taxable
CO CT Itm Override
SP Special Pricing
CT Contract
SN Special Net
OV Price Override
CS Source Contract

Omit Codes:
C Dropship
2 DC Out
3 Mfr Out
4 Not stocked
5 Mfr Disc
6 DCDisc
7 Drug Recall
8 New item/stock unavail
9 Restricted item
S Regulatory Review

Lot Chemical Designations:
L Lipid dose
P Phenylpropanolamine
V Pseudoephedrine
U Other (all Chemical)

The prices shown on this invoice are net of discounts provided at the time of purchase. Some of the Products listed on this invoice may be subject to additional discounts or rebates. Please refer to your contract for any specific additional discounts or rebates that may apply to these purchases. You may have an obligation, pursuant to 42 USC §1320b-7b to report discounts and rebates to Medicare, Medicaid or other governmental health care programs.

6/10/17
DUE DATE

101262

Customer is a final dispenser purchasing for own use and will not redistribute prescription pharmaceuticals into the secondary market.
Effective January 1, 2015, DSCSA Transaction Data for qualified prescription drugs can be accessed via your usual ordering platform, such as Order Express or med eCommerce, or at cardinalhealth.com/dscsa.

APPROVED
ON

MAY 23 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

05/22/2017 MEMORIAL MEDICAL CENTER 0
15:11 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 05/31/2017

Vendor#	Vendor Name	Class	Pay Code
10250	4IMPRINT ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13772098 ✓		05/19/20	04/25/20	05/25/20		462.38	0.00	0.00	462.38 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10250	4IMPRINT	462.38	0.00	0.00	462.38

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
606990737 ✓		05/22/20	03/08/20	04/07/20		5.79	0.00	0.00	5.79 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1100	ABBOTT LABORATORIES	5.79	0.00	0.00	5.79

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
108412 ✓		05/19/20	12/29/20	01/29/20		89.99	0.00	0.00	89.99 ✓
	SUPPLIES								
108573 ✓		05/19/20	01/05/20	02/05/20		15.99	0.00	0.00	15.99 ✓
	SUPPLIES								
108737 ✓		05/19/20	01/11/20	02/11/20		6.57	0.00	0.00	6.57 ✓
	SUPPLIES								
108775 ✓		05/19/20	01/12/20	02/12/20		15.07	0.00	0.00	15.07 ✓
	SUPPLIES								
108847 ✓		05/19/20	01/15/20	02/15/20		22.98	0.00	0.00	22.98 ✓
	SUPPLIES								
108895 ✓		05/19/20	01/17/20	02/17/20		23.56	0.00	0.00	23.56 ✓
	SUPPLIES								
109191 ✓		05/19/20	01/27/20	02/27/20		30.76	0.00	0.00	30.76 ✓
	SUPPLIES								
109618 ✓		05/19/20	02/10/20	03/10/20		12.45	0.00	0.00	12.45 ✓
	SUPPLIES								
110302 ✓		05/19/20	03/05/20	04/05/20		39.26	0.00	0.00	39.26 ✓
	SUPPLIES								
110317 ✓		05/19/20	03/06/20	04/06/20		56.10	0.00	0.00	56.10 ✓
	SUPPLIES								
110333 ✓		05/19/20	03/06/20	04/06/20		30.93	0.00	0.00	30.93 ✓
	SUPPLIES								
110701 ✓		05/19/20	03/20/20	04/20/20		23.92	0.00	0.00	23.92 ✓
	SUPPLIES								
110767 ✓		05/19/20	03/21/20	04/21/20		39.99	0.00	0.00	39.99 ✓
	SUPPLIES								
110931 ✓		05/19/20	03/27/20	04/27/20		4.49	0.00	0.00	4.49 ✓
	SUPPLIES								
111382 ✓		05/19/20	04/11/20	05/11/20		49.99	0.00	0.00	49.99 ✓
	REPAIRS								
111474 ✓		05/19/20	04/13/20	05/13/20		32.89	0.00	0.00	32.89 ✓

	SUPPLIES							
111529 ✓		05/19/20	04/17/20	05/17/20	42.24	0.00	0.00	42.24 ✓
	SUPPLIES							
111533 ✓		05/19/20	04/17/20	05/17/20	52.43	0.00	0.00	52.43 ✓
	SUPPLIES							
111566 ✓		05/19/20	04/18/20	05/18/20	13.96	0.00	0.00	13.96 ✓
	REPAIRS							
111752 ✓		05/19/20	04/25/20	05/25/20	7.48	0.00	0.00	7.48 ✓
	SUPPLIES							
111804 ✓		05/19/20	04/26/20	05/26/20	61.93	0.00	0.00	61.93 ✓
	SUPPLIES							
111888 ✓		05/19/20	04/28/20	05/28/20	34.57 19.57	0.00	0.00	34.57 19.57
	SUPPLIES							
107826 ✓		05/22/20	12/06/20	01/06/20	4.49	0.00	0.00	4.49 ✓
	REPAIRS							
107952 ✓		05/22/20	12/09/20	01/09/20	164.00	0.00	0.00	164.00 ✓
	LEASE RENTAL							
107955 ✓		05/22/20	12/09/20	01/09/20	-82.00	0.00	0.00	-82.00 ✓
	LEASE RENTAL							
108920 ✓		05/22/20	01/18/20	02/08/20	-77.91	0.00	0.00	-77.91 ✓
	REPAIRS							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	716.13	0.00	0.00	716.13

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
23152 ✓		05/19/20	05/20/20	05/30/20			1,400.00	0.00	0.00	1,400.00 ✓
	PURCH SERV									

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
11234	ADRIANNA GALVAN ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22066		05/19/20	05/16/20	05/30/20			31.19	0.00	0.00	31.19 ✓
	TRAVEL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11234	ADRIANNA GALVAN	31.19	0.00	0.00	31.19

Vendor#	Vendor Name	Class	Pay Code
11062	AIRESPRING INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22067		05/19/20	05/16/20	05/30/20			2,413.00	0.00	0.00	2,413.00 ✓
	TELEPHONE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11062	AIRESPRING INC	2,413.00	0.00	0.00	2,413.00

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
91252382 ✓		04/30/20	04/26/20	05/26/20			80.00	0.00	0.00	80.00 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10533	ALERE NORTH AMERICA INC	80.00	0.00	0.00	80.00

Vendor#	Vendor Name	Class	Pay Code

A2218 AQUA BEVERAGE COMPANY M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
766255	SUPPLIES	05/15/20	04/30/20	05/30/20			29.09	0.00	0.00	29.09

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

J0356 BAKER AND TAYLOR, DEPT R

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
I7009898	OFF SUPPLIES	05/19/20	05/01/20	05/30/20			99.60	0.00	0.00	99.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0356	BAKER AND TAYLOR, DEPT R	99.60	0.00	0.00	99.60

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
4158927	LEASE RENTAL	05/19/20	05/12/20	05/24/20			6,145.37	0.00	0.00	6,145.37

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

Vendor# Vendor Name Class Pay Code

B0435 BARD PERIPHERAL VASCULAR M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
76508542	INVENT C/S	05/16/20	05/01/20	05/31/20			54.66	0.00	0.00	54.66

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

Vendor# 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
54669166	SUPPLIES	05/16/20	05/01/20	05/31/20			663.19	0.00	0.00	663.19

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	663.19	0.00	0.00	663.19

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
11503157	LATE FEE	05/15/20	04/29/20	05/29/20			3.74	0.00	0.00	3.74

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	3.74	0.00	0.00	3.74

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
106302065	SUPPLIES	05/15/20	04/28/20	05/28/20			724.52	0.00	0.00	724.52
5369563	SUPPLIES	05/15/20	04/30/20	05/30/20			3,507.27	0.00	0.00	3,507.27
106303911	SUPPLIES	05/15/20	05/01/20	05/31/20			1,190.71	0.00	0.00	1,190.71

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	B1220 BECKMAN COULTER INC					5,422.50	0.00	0.00	5,422.50
Vendor#	Vendor Name			Class	Pay Code				
M4300	BILLIE DUCKWORTH ✓			W					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22069		05/19/20 05/18/20	05/30/20		173.52	0.00	0.00	173.52 ✓
		TRAVEL							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		M4300 BILLIE DUCKWORTH				173.52	0.00	0.00	173.52
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
	BK00732717 ✓		04/30/20 04/28/20	05/28/20		3,049.80	0.00	0.00	3,049.80 ✓
		AUDITING FEES							
	BK00735630 ✓		04/30/20 04/29/20	05/29/20		27,475.20	0.00	0.00	27,475.20 ✓
		AUDITING FEES							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		10599 BKD, LLP				30,525.00	0.00	0.00	30,525.00
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
	954602934 ✓		04/30/20 04/25/20	05/25/20		457.00	0.00	0.00	457.00 ✓
		SUPPLIES							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		B1655 BOSTON SCIENTIFIC CORPORATION				457.00	0.00	0.00	457.00
Vendor#	Vendor Name			Class	Pay Code				
B1835	BUCKEYE CLEANING CENTER ✓			M					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	135751 ✓		04/30/20 04/25/20	05/25/20		185.00	0.00	0.00	185.00 ✓
		SUPPLIES							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		B1835 BUCKEYE CLEANING CENTER				185.00	0.00	0.00	185.00
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
	22048		05/19/20 05/11/20	05/30/20		25.00	0.00	0.00	25.00 ✓
		ACCRUED 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				
C1992	CDW GOVERNMENT, INC. ✓			M					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	HRR0801 ✓		05/16/20 05/01/20	05/31/20		1,431.17	0.00	0.00	1,431.17 ✓
		MINOR EQUIP							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		C1992 CDW GOVERNMENT, INC.				1,431.17	0.00	0.00	1,431.17
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
	92251539 ✓		04/30/20 04/26/20	05/26/20		711.34	0.00	0.00	711.34 ✓
		SUPPLIES							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		10350 CENTURION MEDICAL PRODUCTS				711.34	0.00	0.00	711.34

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
	2017040		05/15/20	04/30/20	05/30/20		9,054.68	0.00	0.00	9,054.68
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10786	CLINICAL PATHOLOGY				9,054.68	0.00	0.00	9,054.68
Vendor#	Vendor Name				Class	Pay Code				
10974	CONNIE LUNA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	22073		05/19/20	05/18/20	05/30/20		173.52	0.00	0.00	173.52
		TRAVEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10974	CONNIE LUNA				173.52	0.00	0.00	173.52
Vendor#	Vendor Name				Class	Pay Code				
11368	CYRACOM LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	613116		05/15/20	04/30/20	05/28/20		131.22	0.00	0.00	131.22
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11368	CYRACOM LLC				131.22	0.00	0.00	131.22
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
	5024470		04/30/20	04/26/20	05/26/20		7.81	0.00	0.00	7.81
		OFF SUPPLIES								
	5024770		04/30/20	04/26/20	05/26/20		356.91	0.00	0.00	356.91
		INVENT C/S								
	5025660		04/30/20	04/27/20	05/27/20		67.52	0.00	0.00	67.52
		INVENT C/S								
	5026150		04/30/20	04/27/20	05/27/20		146.65	0.00	0.00	146.65
		OFF SUPPLIES								
	5027490		05/01/20	05/01/20	05/31/20		123.10	0.00	0.00	123.10
		OFF SUPPLIES								
	5027480		05/01/20	05/01/20	05/31/20		17.91	0.00	0.00	17.91
		OFF SUPPLIES								
	5027240		05/08/20	05/01/20	05/31/20		422.49	0.00	0.00	422.49
		SUPPLIES								
	4383960		05/19/20	04/23/20	05/23/20		347.46	0.00	0.00	347.46
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				1,489.85	0.00	0.00	1,489.85
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
	IN20050464		05/19/20	04/30/20	05/30/20		19,166.67	0.00	0.00	19,166.67
		PURCH SERV								
	IN20050455		05/19/20	04/30/20	05/30/20		31,144.58	0.00	0.00	31,144.58
		PURCH SER								
	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				
11291	DOWELL PEST CONTROL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	4712		04/30/20	04/30/20	05/30/20		505.00	0.00	0.00	505.00
		PURCH SER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11291	DOWELL PEST CONTROL				505.00	0.00	0.00	505.00
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
	946856		05/16/20	05/04/20	05/31/20		13.90	0.00	0.00	13.90
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1785	DYNATRONICS CORPORATION				13.90	0.00	0.00	13.90
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
	17180		05/19/20	05/10/20	05/24/20		400.00	0.00	0.00	400.00
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11046	E-MDS, INC				400.00	0.00	0.00	400.00
Vendor#	Vendor Name				Class	Pay Code				
11218	ERIN WISDOM									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	22071		05/19/20	05/18/20	05/30/20		173.52	0.00	0.00	173.52
		TRAVEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11218	ERIN WISDOM				173.52	0.00	0.00	173.52
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
	929206		04/30/20	04/26/20	05/26/20		2,000.00	0.00	0.00	2,000.00
		MAJOR MOVABLE EQUIP								
	929236		04/30/20	04/27/20	05/27/20		2,000.00	0.00	0.00	2,000.00
		MAJOR MOVABLE EQUIP								
	929283		04/30/20	04/28/20	05/28/20		2,000.00	0.00	0.00	2,000.00
		MAJOR MOVABLE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2510	EVIDENT				6,000.00	0.00	0.00	6,000.00
Vendor#	Vendor Name				Class	Pay Code				
10689	FASTHEALTH CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	05A17MMC		05/08/20	05/01/20	05/31/20		495.00	0.00	0.00	495.00
		PURCH SERV								
	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
	579831281		05/19/20	05/11/20	05/30/20		9.50	0.00	0.00	9.50
		FREIGHT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	F1100	FEDERAL EXPRESS CORP.				9.50	0.00	0.00	9.50
Vendor#	Vendor Name				Class	Pay Code			
10788	FIRETROL PROTECTION SYSTEMS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	100476564		05/22/20	05/11/20	05/24/20		205.00	0.00	0.00	205.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10788	FIRETROL PROTECTION SYSTEMS				205.00	0.00	0.00	205.00
Vendor#	Vendor Name				Class	Pay Code			
11037	FIRST CLEARING								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22050		05/19/20	05/11/20	05/30/20		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
	0320503		05/15/20	04/25/20	05/25/20		137.62	0.00	0.00	137.62
		SUPPLIES								
	0320499		05/15/20	04/25/20	05/25/20		19.35	0.00	0.00	19.35
		SUPPLIES								
	0320504		05/15/20	04/25/20	05/25/20		1,256.62	0.00	0.00	1,256.62
		SUPPLIES								
	0401101		05/15/20	04/26/20	05/26/20		1,572.44	0.00	0.00	1,572.44
		SUPPLIES								
	0401100		05/15/20	04/26/20	05/26/20		425.29	0.00	0.00	425.29
		SUPPLIES								
	0475264		05/15/20	04/27/20	05/27/20		1,048.21	0.00	0.00	1,048.21
		SUPPLIES								
	0475265		05/15/20	04/27/20	05/27/20		387.00	0.00	0.00	387.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE				4,846.53	0.00	0.00	4,846.53
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
	0208942IN		05/15/20	05/02/20	05/28/20		530.00	0.00	0.00	530.00
		MAINT CONT								
	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			
11183	FRONTIER								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22063		05/19/20	05/07/20	05/31/20		6.02	0.00	0.00	6.02
		TELEPHONE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11183	FRONTIER				6.02	0.00	0.00	6.02
Vendor#	Vendor Name				Class	Pay Code			
G0321	GALLS,LLC				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

006982185		05/19/20	02/13/20	03/13/20		27.21	0.00	0.00	27.21
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	G0321	GALLS,LLC				27.21	0.00	0.00	27.21

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
6000766467	MAINT CONT	05/19/20	05/01/20	05/24/20			3,173.16	0.00	0.00	3,173.16

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
10488	GE HEALTHCARE IITS USA CORP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
OC27506	DUES LATE CHARGE	05/15/20	04/30/20	05/30/20			20.39	0.00	0.00	20.39

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10488	GE HEALTHCARE IITS USA CORP	20.39	0.00	0.00	20.39

Vendor#	Vendor Name	Class	Pay Code
G0120	GE MEDICAL SYSTEMS, INFO TECH		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
30241248	PREPAID	05/15/20	05/02/20	05/30/20			1,140.00	0.00	0.00	1,140.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0120	GE MEDICAL SYSTEMS, INFO TECH	1,140.00	0.00	0.00	1,140.00

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
1312182	SUPPLIES	04/30/20	04/25/20	05/25/20			280.18	0.00	0.00	280.18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	280.18	0.00	0.00	280.18

Vendor#	Vendor Name	Class	Pay Code
11182	HEATHER MUTCHLER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22072	TRAVEL	05/19/20	05/18/20	05/30/20			173.52	0.00	0.00	173.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11182	HEATHER MUTCHLER	173.52	0.00	0.00	173.52

Vendor#	Vendor Name	Class	Pay Code
10298	HITACHI MEDICAL SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
PJIN0101359	MAINT CONT	04/24/20	04/17/20	05/25/20			8,333.33	0.00	0.00	8,333.33

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

Vendor#	Vendor Name	Class	Pay Code
H1850	HOSPIRA WORLDWIDE, INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
851126290	MAINT CONT	05/15/20	05/01/20	05/31/20			11.25	0.00	0.00	11.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	H1850	HOSPIRA WORLDWIDE, INC				11.25	0.00	0.00	11.25
Vendor#	Vendor Name				Class	Pay Code			
11200	IRON MOUNTAIN								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	NUM6122		04/30/20	04/30/20	05/30/20		258.85	0.00	0.00	258.85
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11200	IRON MOUNTAIN				258.85	0.00	0.00	258.85
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
	2003696		05/08/20	05/04/20	05/25/20		862.69	0.00	0.00	862.69
		PROF FEES								
	376277		05/19/20	05/10/20	05/24/20		10,598.75	0.00	0.00	10,598.75
		PROF FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11230	JACKSON & COKER LOCUM TENENS,				11,461.44	0.00	0.00	11,461.44
Vendor#	Vendor Name				Class	Pay Code				
10285	JAMES A DANIEL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22060		05/19/20	05/01/20	05/24/20		750.00	0.00	0.00	750.00
		LEASE RENTAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10285	JAMES A DANIEL				750.00	0.00	0.00	750.00
Vendor#	Vendor Name				Class	Pay Code				
10972	M G TRUST									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22049		05/19/20	05/11/20	05/30/20		1,490.00	0.00	0.00	1,490.00
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10972	M G TRUST				1,490.00	0.00	0.00	1,490.00
Vendor#	Vendor Name				Class	Pay Code				
11384	MARIA OBRAIN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	38288		05/19/20	05/03/20	05/30/20		80.00	0.00	0.00	80.00
		UNDIST A/R								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11384	MARIA OBRAIN				80.00	0.00	0.00	80.00
Vendor#	Vendor Name				Class	Pay Code				
R1452	MARISSA SUTHERLAND				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22062		05/19/20	05/18/20	05/24/20		185.00	0.00	0.00	185.00
		DUES AND SUBS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1452	MARISSA SUTHERLAND				185.00	0.00	0.00	185.00
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
	IN00032647		05/16/20	05/01/20	05/31/20		115.04	0.00	0.00	115.04
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	M1511 MARKETLAB, INC					115.04	0.00	0.00	115.04
Vendor#	Vendor Name			Class	Pay Code				
M1500	MARKS PLUMBING PARTS			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV001602089		05/19/20	03/27/20	04/26/20		116.05	0.00	0.00	116.05
		SUPPLIES								
	INV001608269		05/19/20	04/18/20	05/18/20		547.49	0.00	0.00	547.49
		SUPPLIES								
	INV001608434		05/19/20	04/19/20	05/19/20		742.60	0.00	0.00	742.60
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M1500	MARKS PLUMBING PARTS				1,406.14	0.00	0.00	1,406.14
Vendor#	Vendor Name				Class	Pay Code				
11099	MARLIN BUSINESS BANK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	14985302		05/15/20	05/15/20	05/30/20		756.64	0.00	0.00	756.64
		LEASE RENTAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11099	MARLIN BUSINESS BANK				756.64	0.00	0.00	756.64
Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	02089709		04/30/20	04/26/20	05/26/20		68.11	0.00	0.00	68.11
		SUPPLIES								
	02203791		04/30/20	04/27/20	05/27/20		277.30	0.00	0.00	277.30
		INVENT C/S								
	1855498		05/19/20	12/04/20	05/24/20		175.18	0.00	0.00	175.18
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				520.59	0.00	0.00	520.59
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
	109593		05/15/20	04/30/20	05/28/20		3,486.52	0.00	0.00	3,486.52
		COLLECTION EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11141	MEDICAL DATA SYSTEMS, INC.				3,486.52	0.00	0.00	3,486.52
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
	1826825678		04/30/20	04/29/20	05/29/20		7.64	0.00	0.00	7.64
		INVENT C/S								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				7.64	0.00	0.00	7.64
Vendor#	Vendor Name				Class	Pay Code				
10963	MEMORIAL MEDICAL CLINIC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22052		05/19/20	05/11/20	05/30/20		105.00	0.00	0.00	105.00
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				105.00	0.00	0.00	105.00
Vendor#	Vendor Name				Class	Pay Code				

M2659 MERRY X-RAY/SOURCEONE HEALTHCA M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8800055259	SUPPLIES	04/30/20	04/27/20	05/27/20		179.67	0.00	0.00	179.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	179.67	0.00	0.00	179.67

Vendor# Vendor Name Class Pay Code

10928 MINORITIES & SUCCESS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MS35110	EMPL RECR	05/19/20	02/08/20	03/08/20		995.00	0.00	0.00	995.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10928	MINORITIES & SUCCESS	995.00	0.00	0.00	995.00

Vendor# Vendor Name Class Pay Code

M2621 MMC AUXILIARY GIFT SHOP W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22055	EPML EXP	05/19/20	05/18/20	05/24/20		307.22	0.00	0.00	307.22

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	307.22	0.00	0.00	307.22

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
22065	EMPL EXP	05/19/20	05/15/20	05/30/20		14,164.29	0.00	0.00	14,164.29

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	14,164.29	0.00	0.00	14,164.29

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
9059	INVENT PHARM	05/19/20	05/10/20	05/11/20		-39.10	0.00	0.00	-39.10
1270416	INVENT PHARM	05/19/20	05/11/20	05/12/20		565.90	0.00	0.00	565.90
1270414	INVENT PHARM	05/19/20	05/11/20	05/12/20		47.86	0.00	0.00	47.86
1270499	INVENT PHARM	05/19/20	05/11/20	05/12/20		1,991.90	0.00	0.00	1,991.90
1270417	INVENT PHARM	05/19/20	05/11/20	05/12/20		76.90	0.00	0.00	76.90
1270717	INVENT PHARM	05/19/20	05/11/20	05/12/20		180.46	0.00	0.00	180.46
1270415	INVENT PHARM	05/19/20	05/11/20	05/12/20		279.37	0.00	0.00	279.37
1270413	INVENT PHARM	05/19/20	05/11/20	05/12/20		161.76	0.00	0.00	161.76
1282767	INVENT PHARM	05/19/20	05/15/20	05/16/20		225.89	0.00	0.00	225.89
1282771	INVENT PHARM	05/19/20	05/15/20	05/16/20		6.68	0.00	0.00	6.68
1283771	INVENT PHARM	05/19/20	05/15/20	05/16/20		981.35	0.00	0.00	981.35

	INVENT PHARM							
1282770	05/19/20	05/15/20	05/16/20		4,758.89	0.00	0.00	4,758.89
	INVENT PHARM							
1283772	05/19/20	05/15/20	05/16/20		18.53	0.00	0.00	18.53
	INVENT PHARM							
1281286	05/19/20	05/15/20	05/16/20		3,750.23	0.00	0.00	3,750.23
	INVENT PHARM							
1282769	05/19/20	05/15/20	05/16/20		85.76	0.00	0.00	85.76
	INVENT PHARM							
1289264	05/19/20	05/16/20	05/17/20		172.68	0.00	0.00	172.68
	INVENT PHARM							
1289265	05/19/20	05/16/20	05/17/20		84.83	0.00	0.00	84.83
	INVENT PHARM							
1289523	05/19/20	05/16/20	05/17/20		766.64	0.00	0.00	766.64
	INVENT PHARM							
1289266	05/19/20	05/16/20	05/17/20		143.96	0.00	0.00	143.96
	INVENT PHARM							
1294020	05/19/20	05/17/20	05/18/20		74.31	0.00	0.00	74.31
	INVENT PHARM							
1294757	05/19/20	05/17/20	05/18/20		1,567.05	0.00	0.00	1,567.05
	INVENT PHARM							
1294019	05/19/20	05/17/20	05/18/20		45.84	0.00	0.00	45.84
	INVENT PHARM							
1294021	05/19/20	05/17/20	05/18/20		222.92	0.00	0.00	222.92
	INVENT PHARM							
1294755	05/19/20	05/17/20	05/18/20		270.20	0.00	0.00	270.20
	INVENT PHARM							
1292497	05/19/20	05/17/20	05/18/20		981.35	0.00	0.00	981.35
	INVENT PHARM							
1292498	05/19/20	05/17/20	05/18/20		981.35	0.00	0.00	981.35
	INVENT PHARM							
1294756	05/19/20	05/17/20	05/18/20		695.54	0.00	0.00	695.54
	INVENT PHARM							
1294018	05/19/20	05/17/20	05/18/20		26.75	0.00	0.00	26.75
	INVENT PHARM							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			19,125.80	0.00	0.00	19,125.80

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
22074		05/22/20	05/18/20	05/24/20		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
O1410	ON-SITE TESTING SPECIALISTS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
24398		05/16/20	05/01/20	05/31/20		264.98	0.00	0.00	264.98
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O1410	ON-SITE TESTING SPECIALISTS				264.98	0.00	0.00	264.98

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
1850313059	SUPPLIES	04/30/20	04/25/20	05/25/20		418.84	0.00	0.00	418.84

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS	418.84	0.00	0.00	418.84

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
2026947929	SUPPLIES	04/25/20	04/25/20	05/25/20		53.14	0.00	0.00	53.14
2026948345	INVENT C/S	04/25/20	04/25/20	05/25/20		121.45	0.00	0.00	121.45
2026947421	SUPPLIES	04/30/20	04/25/20	05/25/20		72.00	0.00	0.00	72.00
2026938675	SUPPLIES	04/30/20	04/25/20	05/25/20		955.12	0.00	0.00	955.12
2026939232	INVENT C/S	04/30/20	04/25/20	05/25/20		1,153.11	0.00	0.00	1,153.11
2026947219	INVENT C/S	04/30/20	04/25/20	05/25/20		79.61	0.00	0.00	79.61
2026947710	SUPPLIES	04/30/20	04/25/20	05/25/20		18.58	0.00	0.00	18.58
2026938694	SUPPLIES	04/30/20	04/25/20	05/25/20		94.47	0.00	0.00	94.47
2026947430	INVENT C/S	04/30/20	04/25/20	05/25/20		20.60	0.00	0.00	20.60
2027035393	INVENT C/S	04/30/20	04/27/20	05/27/20		761.32	0.00	0.00	761.32
2027036213	INVENT	04/30/20	04/27/20	05/27/20		16.49	0.00	0.00	16.49
2027034000	SUPPLIES	04/30/20	04/27/20	05/27/20		207.84	0.00	0.00	207.84
2027036480	SUPPLIES	04/30/20	04/27/20	05/27/20		6.90	0.00	0.00	6.90
2027036460	SUPPLIES	04/30/20	04/27/20	05/27/20		69.29	0.00	0.00	69.29
2027036211	INVENT C/S	05/16/20	04/27/20	05/27/20		92.88	0.00	0.00	92.88

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	3,722.80	0.00	0.00	3,722.80

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
22056	PURCH SERV	05/19/20	05/15/20	05/24/20		585.00	0.00	0.00	585.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	585.00	0.00	0.00	585.00

Vendor# Vendor Name — Class — Pay Code

11155 PARA

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

2766		05/01/20	05/01/20	05/31/20		2,000.00	0.00	0.00	2,000.00
PURCH SERV									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11155	PARA				2,000.00	0.00	0.00	2,000.00
Vendor#	Vendor Name				Class	Pay Code			
T2790	PATTI THUMANN				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22068		05/19/20	05/18/20	05/30/20		173.52	0.00	0.00	173.52
TRAVEL									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2790	PATTI THUMANN				173.52	0.00	0.00	173.52
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
92102598		05/15/20	05/01/20	05/29/20		1,250.00	0.00	0.00	1,250.00
MAINT CONT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P1260	PENTAX MEDICAL COMPANY				1,250.00	0.00	0.00	1,250.00
Vendor#	Vendor Name				Class	Pay Code			
S0905	PERFORMANCE HEALTH				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN132681		04/30/20	04/25/20	05/25/20		65.94	0.00	0.00	65.94
SUPPLIES									
IN155872		05/19/20	04/28/20	05/28/20		20.47	0.00	0.00	20.47
40220050									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH				86.41	0.00	0.00	86.41
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
A1934866		05/19/20	04/25/20	05/25/20		523.80	0.00	0.00	523.80
INVENT PHARM									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC				523.80	0.00	0.00	523.80
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
934654388		05/15/20	04/28/20	05/28/20		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#	Vendor Name				Class	Pay Code			
P1970	PORT LAVACA CLINIC				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
PJW05172017		05/19/20	05/17/20	05/30/20		1,500.00	0.00	0.00	1,500.00
MINOR EQUIPMENT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P1970	PORT LAVACA CLINIC				1,500.00	0.00	0.00	1,500.00
Vendor#	Vendor Name				Class	Pay Code			
11125	PORT LAVACA RETAIL GROUP LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22044		05/15/20	05/01/20	05/28/20		11,001.20	0.00	0.00	11,001.20

LEASE RENTAL

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

Vendor#	Vendor Name	Class	Pay Code
11195	PSYCHEMEDICS CORPORATION ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
488693 ✓		05/22/20	04/30/20	05/24/20			48.50	0.00	0.00	48.50 ✓

PURCH SERV

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11195	PSYCHEMEDICS CORPORATION	48.50	0.00	0.00	48.50

Vendor#	Vendor Name	Class	Pay Code
R1200	RED HAWK FIRE AND SECURITY ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
290295 ✓		05/08/20	05/01/20	05/31/20			41.25	0.00	0.00	41.25 ✓

PURCH SERV

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1200	RED HAWK FIRE AND SECURITY	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
935288135 ✓		04/30/20	04/27/20	05/27/20			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
MLVAC24889 ✓		04/30/20	04/30/20	05/30/20			1,961.75	0.00	0.00	1,961.75 ✓

MAINT CONT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	1,961.75	0.00	0.00	1,961.75

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
98714068 ✓		04/30/20	04/30/20	05/30/20			5,909.84	0.00	0.00	5,909.84 ✓

LEASE AND RENTAL

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

Vendor#	Vendor Name	Class	Pay Code
K0536	SHIRLEY KARNEI ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22075		05/22/20	05/22/20	05/24/20			597.30	0.00	0.00	597.30 ✓

PURCH SER

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	597.30	0.00	0.00	597.30

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
4607839 ✓		05/22/20	05/06/20	05/24/20			1,333.33	0.00	0.00	1,333.33 ✓

LEASE RENTAL

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

10936	SIEMENS FINANCIAL SERVICES				1,333.33	0.00	0.00	1,333.33
Vendor#	Vendor Name			Class	Pay Code			
S2001	SIEMENS MEDICAL SOLUTIONS INC			M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
115441514		05/15/20	04/29/20	05/29/20		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			
S2353	SMITHS MEDICAL ASD INC							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
14847166		04/30/20	04/25/20	05/25/20		117.21	0.00	0.00	117.21
	INVENT C/S								
14776461		05/22/20	02/21/20	03/21/20		117.21	0.00	0.00	117.21
	INVENT C/S								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC				234.42	0.00	0.00	234.42
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
4007045886		05/05/20	05/01/20	05/31/20		1,919.87	0.00	0.00	1,919.87
	PURCH SERV								
4006857061		05/19/20	02/01/20	03/03/20		1,863.46	0.00	0.00	1,863.46
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC				3,783.33	0.00	0.00	3,783.33
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
65049A		04/30/20	04/25/20	05/25/20		284.40	0.00	0.00	284.40
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S2830	STRYKER SALES CORP				284.40	0.00	0.00	284.40
Vendor#	Vendor Name			Class	Pay Code			
10128	TERRYBERRY								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
D59869		04/30/20	04/26/20	05/26/20		963.95	0.00	0.00	963.95
	EMPL BEN								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10128	TERRYBERRY				963.95	0.00	0.00	963.95
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
71535672		05/15/20	05/10/20	05/28/20		4,091.00	0.00	0.00	4,091.00
	INS WORK COMP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO				4,091.00	0.00	0.00	4,091.00
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
22066		05/19/20	05/11/20	05/30/20		114.41	0.00	0.00	114.41
	EMPL EXP								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2303	TG				114.41	0.00	0.00	114.41

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
8150764930	LAUNDRY	04/28/20	04/25/20	05/25/20			34.42	0.00	0.00	34.42
8150764840	LAUNDRY	04/28/20	04/25/20	05/25/20			60.66	0.00	0.00	60.66

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
8400245372	LAUNDRY	04/28/20	04/25/20	05/25/20			125.24	0.00	0.00	125.24
8400245373	LAUNDRY	04/28/20	04/25/20	05/25/20			257.40	0.00	0.00	257.40
8400245418	LAUNDRY	04/28/20	04/25/20	05/25/20			160.92	0.00	0.00	160.92
8400245370	LAUNDRY	04/28/20	04/25/20	05/25/20			141.03	0.00	0.00	141.03
8400245485	LAUNDRY	04/28/20	04/25/20	05/25/20			790.42	0.00	0.00	790.42
8400245371	LAUNDRY	04/28/20	04/25/20	05/25/20			113.01	0.00	0.00	113.01
8400245757	PURCH SER	04/30/20	04/28/20	05/28/20			844.48	0.00	0.00	844.48
8400245714	PURCH SER	04/30/20	04/28/20	05/28/20			487.59	0.00	0.00	487.59

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	2,920.09	0.00	0.00	2,920.09

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
22057	POSTAGE	05/19/20	05/17/20	05/18/20			220.00	0.00	0.00	220.00
22058	POSTAGE	05/19/20	05/17/20	05/30/20			1,000.00	0.00	0.00	1,000.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U2000	US POSTAL SERVICE	1,220.00	0.00	0.00	1,220.00

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
22070	TRAVEL	05/19/20	05/18/20	05/30/20			173.52	0.00	0.00	173.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1184	VERONICA RAGUSIN	173.52	0.00	0.00	173.52

Vendor#	Vendor Name	Class	Pay Code
K1751	VICKY KALISEK	W	

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

	22064		05/19/20	04/29/20	05/30/20		590.00	0.00	0.00	590.00
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		K1751	VICKY KALISEK				590.00	0.00	0.00	590.00
Vendor#	Vendor Name				Class	Pay Code				
V1471	VICTORIA RADIOWORKS, LTD				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	17040234		04/30/20	04/30/20	05/30/20		300.00	0.00	0.00	300.00
		PUBL REL								
	17040233		04/30/20	04/30/20	05/30/20		210.00	0.00	0.00	210.00
		PUBL REL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1471	VICTORIA RADIOWORKS, LTD				510.00	0.00	0.00	510.00
Vendor#	Vendor Name				Class	Pay Code				
10915	WAGEWORKS									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22051		05/19/20	05/11/20	05/30/20		2,215.54	0.00	0.00	2,215.54
		FLEX SPENDING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10915	WAGEWORKS				2,215.54	0.00	0.00	2,215.54
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
	9110390630		04/30/20	04/25/20	05/25/20		840.24	0.00	0.00	840.24
		SUPPLIES								
	9110390485		04/30/20	04/25/20	05/25/20		235.30	0.00	0.00	235.30
		SUPPLIES								
	9110391566		05/16/20	05/01/20	05/31/20		576.80	0.00	0.00	576.80
		SUPPLIES								
	9110391908		05/16/20	05/01/20	05/31/20		4,046.92	0.00	0.00	4,046.92
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				5,699.26	0.00	0.00	5,699.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	254,762.27	0.00	0.00	254,762.27

pg 2 correction { <34.57> +19.57

$ 254,747.27

CKS# 171288 +0 #171389

APPROVED ON MAY 23 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 5-24-17

254,762.27 +
34.57 -
19.57 +
254,747.27 =

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	171288	05/24/17	2,627.00	PHILIPS HEALTHCARE
A/P	171289	05/24/17	963.95	TERRYBERRY
A/P	171290	05/24/17	523.80	PHARMEDIUM SERVICES LLC
A/P	171291	05/24/17	462.38	4IMPRINT
A/P	171292	05/24/17	3,173.16	GE HEALTHCARE
A/P	171293	05/24/17	750.00	JAMES A DANIEL
A/P	171294	05/24/17	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	171295	05/24/17	711.34	CENTURION MEDICAL PRODUCTS
A/P	171296	05/24/17	1,489.85	DEWITT POTH & SON
A/P	171297	05/24/17	20.39	GE HEALTHCARE IITS USA CORP
A/P	171298	05/24/17	80.00	ALERE NORTH AMERICA INC
A/P	171299	05/24/17	.00	VOIDED
A/P	171300	05/24/17	19,125.80	MORRIS & DICKSON CO, LLC
A/P	171301	05/24/17	30,525.00	BKD, LLP
A/P	171302	05/24/17	495.00	FASTHEALTH CORPORATION
A/P	171303	05/24/17	9,054.68	CLINICAL PATHOLOGY
A/P	171304	05/24/17	205.00	FIRETROL PROTECTION SYSTEMS
A/P	171305	05/24/17	14,164.29	MMC EMPLOYEE BENEFIT PLAN
A/P	171306	05/24/17	2,215.54	WAGEWORKS
A/P	171307	05/24/17	995.00	MINORITIES & SUCCESS
A/P	171308	05/24/17	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	171309	05/24/17	6,145.37	BANK OF THE WEST
A/P	171310	05/24/17	1,400.00	ACUTE CARE INC
A/P	171311	05/24/17	105.00	MEMORIAL MEDICAL CLINIC
A/P	171312	05/24/17	1,490.00	M G TRUST
A/P	171313	05/24/17	173.52	CONNIE LUNA
A/P	171314	05/24/17	1,961.75	REVCYCLE+, INC.
A/P	171315	05/24/17	50,311.25	DIAMOND HEALTHCARE WEST
A/P	171316	05/24/17	75.00	FIRST CLEARING
A/P	171317	05/24/17	400.00	E-MDS, INC
A/P	171318	05/24/17	2,413.00	AIRESPRING INC
A/P	171319	05/24/17	585.00	PABLO GARZA
A/P	171320	05/24/17	756.64	MARLIN BUSINESS BANK
A/P	171321	05/24/17	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	171322	05/24/17	3,486.52	MEDICAL DATA SYSTEMS, INC.
A/P	171323	05/24/17	2,000.00	PARA
A/P	171324	05/24/17	173.52	HEATHER MUTCHLER
A/P	171325	05/24/17	6.02	FRONTIER
A/P	171326	05/24/17	48.50	PSYCHEMEDICS CORPORATION
A/P	171327	05/24/17	258.85	IRON MOUNTAIN
A/P	171328	05/24/17	173.52	ERIN WISDOM
A/P	171329	05/24/17	11,461.44	JACKSON & COKER LOCUM TENENS,
A/P	171330	05/24/17	31.19	ADRIANNA GALVAN
A/P	171331	05/24/17	.00	VOIDED
A/P	171332	05/24/17	701.13	ACE HARDWARE 15521
A/P	171333	05/24/17	505.00	DOWELL PEST CONTROL
A/P	171334	05/24/17	131.22	CYRACOM LLC
A/P	171335	05/24/17	80.00	MARIA OBRAIN
A/P	171336	05/24/17	5.79	ABBOTT LABORATORIES
A/P	171337	05/24/17	29.09	AQUA BEVERAGE COMPANY

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		171338	05/24/17	54.66	BARD PERIPHERAL VASCULAR
A/P		171339	05/24/17	3.74	BAXTER HEALTHCARE CORP
A/P		171340	05/24/17	663.19	BAXTER HEALTHCARE
A/P		171341	05/24/17	5,422.50	BECKMAN COULTER INC
A/P		171342	05/24/17	457.00	BOSTON SCIENTIFIC CORPORATION
A/P		171343	05/24/17	185.00	BUCKEYE CLEANING CENTER
A/P		171344	05/24/17	25.00	CAL COM FEDERAL CREDIT UNION
A/P		171345	05/24/17	1,431.17	CDW GOVERNMENT, INC.
A/P		171346	05/24/17	6,000.00	EVIDENT
A/P		171347	05/24/17	13.90	DYNATRONICS CORPORATION
A/P		171348	05/24/17	9.50	FEDERAL EXPRESS CORP.
A/P		171349	05/24/17	4,846.53	FISHER HEALTHCARE
A/P		171350	05/24/17	530.00	FORT BEND SERVICES, INC
A/P		171351	05/24/17	1,140.00	GE MEDICAL SYSTEMS, INFO TECH
A/P		171352	05/24/17	27.21	GALLS,LLC
A/P		171353	05/24/17	280.18	GULF COAST PAPER COMPANY
A/P		171354	05/24/17	11.25	HOSPIRA WORLDWIDE, INC
A/P		171355	05/24/17	5,909.84	RICOH USA, INC.
A/P		171356	05/24/17	5,699.26	WERFEN USA LLC
A/P		171357	05/24/17	99.60	BAKER AND TAYLOR, DEPT R
A/P		171358	05/24/17	597.30	SHIRLEY KARNEI
A/P		171359	05/24/17	590.00	VICKY KALISEK
A/P		171360	05/24/17	1,406.14	MARKS PLUMBING PARTS
A/P		171361	05/24/17	115.04	MARKETLAB, INC
A/P		171362	05/24/17	520.59	MCKESSON MEDICAL SURGICAL INC
A/P		171363	05/24/17	7.64	MEDLINE INDUSTRIES INC
A/P		171364	05/24/17	307.22	MMC AUXILIARY GIFT SHOP
A/P		171365	05/24/17	179.67	MERRY X-RAY/SOURCEONE HEALTHCA
A/P		171366	05/24/17	173.52	BILLIE DUCKWORTH
A/P		171367	05/24/17	3,000.00	NUTRITION OPTIONS
A/P		171368	05/24/17	264.98	ON-SITE TESTING SPECIALISTS
A/P		171369	05/24/17	418.84	ORTHO CLINICAL DIAGNOSTICS
A/P		171370	05/24/17	.00	VOIDED
A/P		171371	05/24/17	3,722.80	OWENS & MINOR
A/P		171372	05/24/17	1,250.00	PENTAX MEDICAL COMPANY
A/P		171373	05/24/17	1,500.00	PORT LAVACA CLINIC
A/P		171374	05/24/17	173.52	VERONICA RAGUSIN
A/P		171375	05/24/17	41.25	RED HAWK FIRE AND SECURITY
A/P		171376	05/24/17	185.00	MARISSA SUTHERLAND
A/P		171377	05/24/17	179.88	RESPIRONICS, INC.
A/P		171378	05/24/17	86.41	PERFORMANCE HEALTH
A/P		171379	05/24/17	633.33	SIEMENS MEDICAL SOLUTIONS INC
A/P		171380	05/24/17	234.42	SMITHS MEDICAL ASD INC
A/P		171381	05/24/17	284.40	STRYKER SALES CORP
A/P		171382	05/24/17	3,783.33	STERICYCLE, INC
A/P		171383	05/24/17	4,091.00	TEXAS MUTUAL INSURANCE CO
A/P		171384	05/24/17	114.41	TG
A/P		171385	05/24/17	173.52	PATTI THUMANN
A/P		171386	05/24/17	95.08	UNIFIRST HOLDINGS
A/P		171387	05/24/17	2,920.09	UNIFIRST HOLDINGS INC
A/P		171388	05/24/17	1,220.00	US POSTAL SERVICE *

this ck voided and
Reissued with checks
#171390 for 200.00
and
#171391 for 1,000.00

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171389	05/24/17	510.00	VICTORIA RADIOWORKS, LTD
TOTALS:			254,747.27	

APPROVED
ON

MAY 23 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	$537.79	$537.79	$0.00	$268.90	$268.90	$268.89	$537.79
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	$0.00	$0.00
			$537.79	$537.79	$0.00	$268.90	$268.90	$268.89	$537.79

December MPAP - MMC Portion

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

CK# 016
NH Broadmoor
268.90

APPROVED
ON
MAY 24 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Cantex Deposit
2/2/2017

Ashford 4553	Broadmoor 4596	Crescent 4588	Fort Bend 4618	Solera 4561	
0.00	537.79	0.00	0.00	0.00	MPAP - DEC 2016
62,564.84	1,111.43	8,090.38	52,081.61	28,241.58	MPAP - JAN 2017
17,337.92	2,855.98	4,965.51	0.30	1,981.28	
31,519.47	7,222.64	2,052.79	3,653.27	5,474.84	
5,167.20	2,177.30	5,163.74	13,468.44	6,214.72	
15,423.00	4,976.69	24,773.03		1,664.69	
11,431.54	2,093.00	8,741.62		4,789.22	
2,185.14	7,344.64			6,276.92	
926.80	2,030.56			8,855.95	
6,513.17	3,381.00			22,319.92	
9,416.96					
3,120.00					
165,606.04	33,731.03	53,787.07	69,203.62	85,819.12	

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

016
88-502/1131

5/24/17
Date

Pay to the Order of Memorial Medical Center $ 268.90XX

Two Hundred Sixty Eight + 90 Dollars

Security Features Details on Back

IBC Bank
Port Lavaca, TX 77979

For MPAP - Del Superior MP

⑈ ⑆025⑆ 4596

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAY TO THE ORDER OF: Memorial Medical Center Operating

Date Requested: 5/24/2017

APPROVED ON MAY 24 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

AMOUNT: $1,010,436.00

G/L NUMBER: 10000000

EXPLANATION: To transfer funds from the Private Waiver account to the MMC Operating account.

Funds to be used to cover Minimum Payment Program IGT with settlement date of 5/31/17.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

CK# 012
MMC - Private
Waiver Clearing Fund

Memorial Medical Center
Private Waiver Clearing Fund
815 N. Virginia Street
Port Lavaca, TX 77979
3615526713

012
88-502/1131

5/24/2017
Date

Pay to the Order of Memorial Medical Center $ 1,010,436.00

One Million Ten Thousand Four Hundred Thirty Six & 00/xx Dollars

Security Features Details on Back.

IBC Bank
Port Lavaca, TX 77979

For Transfer to Cover Min. Payment IGT

⑈ 150251⑈ 3387

05/24/2017
14:59

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10814	ALLIED BENEFIT SYSTEMS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22076		05/24/20	04/10/20	05/15/20			31,597.83	0.00	0.00	31,597.83
	EMPL EXP Insurance									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS	31,597.83	0.00	0.00	31,597.83

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	31,597.83	0.00	0.00	31,597.83

ck#171392

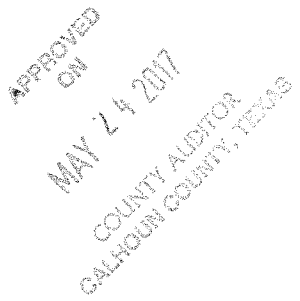
Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

APPROVED
ON
MAY 24 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ø

RUN DATE:05/25/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:30 CHECK REGISTER GLCKREG
05/25/17 THRU 05/25/17

BANK	CODE	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P		171392	05/25/17	31,597.83	ALLIED BENEFIT SYSTEMS
TOTALS:				31,597.83	



Elan

May 2017 Statement
Open Date: 04/06/2017 Closing Date: 05/04/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service
BUS 30 ELN 78 (

New Balance	**$6,184.02**
Minimum Payment Due	**$62.00**
Payment Due Date	**06/01/2017**

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	+	$6,761.59
Payments	-	$6,761.59CR
Other Credits		$0.00
Purchases	+	$6,184.02
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$6,184.02**
Past Due		**$0.00**
Minimum Payment Due		**$62.00**
Credit Line		$10,000.00
Available Credit		$3,815.98
Days in Billing Period		29

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

6,184.02

APPROVED ON
MAY 25 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MMC
Will Pay By Phone

Payment Options:

Mail payment coupon with a check

Pay online at (

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

Elan

24-Hour Cardmember Service:

(. to pay by phone
. to change your address

Payment Due Date	6/01/2017
New Balance	$6,184.02
Minimum Payment Due	$62.00

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

Elan™

May 2017 Statement 04/06/2017 - 05/04/2017

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.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
04/13	04/13		PAYMENT THANK YOU	$6,761.59CR	
			TOTAL THIS PERIOD	**$6,761.59CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
04/07	04/06	4780	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
04/07	04/07	5258	AMA*CREDENTIALING 800-621-8335 IL	$43.00	
04/14	04/12	0045	TEXAS HOSPITAL ASSOC 512-465-1000 TX	$2,040.00	
04/20	04/19	6662	EB TEXAS TRAUMA COORD 801-413-7200 CA	$50.00	
04/21	04/20	0742	AMAZON MKTPLACE PMTS AMZN.COM/BILL WA	$337.25	
04/24	04/20	6644	HYATT HOTELS DALLAS DALLAS TX 04/17/17 FOR 03 NIGHTS FOLIO: 0019981204200	$689.37	
04/25	04/24	4702	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
04/25	04/25	9371	AMA*CREDENTIALING 800-621-8335 IL	$86.00	
04/26	04/24	8688	SHELLFISH SPORTS BAR A PORT LAVACA TX	$48.54	
04/27	04/25	7682	FIESTA FACTORY PORT LAVACA TX	$50.00	
04/27	04/25	0075	TEXAS HOSPITAL ASSOC 512-465-1000 TX	$396.00	
04/28	04/26	6768	WYNDHAM SAN ANTONIO RI SAN ANTONIO TX 04/23/17 FOR 03 NIGHTS FOLIO: 0426000199993	$660.81	
04/28	04/26	6735	WYNDHAM SAN ANTONIO RI SAN ANTONIO TX	$626.17	
05/01	04/27	0079	TEXAS HOSPITAL ASSOC 512-465-1000 TX	* $415.00	
05/01	04/28	9546	DIY AWARDS 800-810-1216 CT	$471.93	
05/04	05/03	9641	DIY AWARDS 800-810-1216 CT	$265.95	
			TOTAL THIS PERIOD	**$6,184.02**	

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)*

* 100.00 Golf Fee Reimb to MMC

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: 5/23/17

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 physician			2.00 ✓
2	—		AMA - Init + Cont. Monitoring			43.00 ✓
3			1 physician			
4	—	J. Anglin R. Reyes	Texas Hosp. Assoc. - Registration			2040.00 ✓
5		m. Chavana R. Cain	for Admin + Board Members			
6			THT Conference			
7	—		EB Texas Trauma Coor.			50.00 ✓
8			Registration for Sara Rubio			
9	—		Amazon - Hall Research URA-SKU			337.25 ✓
10			Video + Audio - Med/Surg			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 2472.25

NOTES:
Charges made to Jason's credit 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: 5/24/17

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 Hotels Dallas - Jason			689.37 ✓
2			Anglin - TORCH Conference			
3	—		NPDB - 1 Physician			2.00 ✓
4	—		AMA Credentialing - 2 DRS	43		86.00 ✓
5			Init + Cont. Monitoring			
6	—		Shellfish Sports Bar + Grille			48.54 ✓
7			Dinner (mtg.) With Dr. Jenkins			
8	—		Fiesta Factory - Balloon for			50.00 ✓
9			Kids (Health Fair) Deposit			
10	—		THA - Webinar Series - CMS CoPs			396.00 ✓

Est. Freight _____ Est. Total Cost _____ TOTAL COST 1271.91 ✓

NOTES:

Charges made to Jason's credit 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

(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: 5/23/17

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	—		Wyndham San Antonio			660.81
2			Hotel 4/23-26/2017			
3	—		Wyndham San Antonio			62.17
4			Hotel 4/23-26/2017			
5	—		THA - Registration for Jack			415.00
6			Wu - Board Member $100.00 Golf Fee Reimb to MMC			
7			Trustees Conference			
8	—		DIY Awards - Emp Awards 10@9.99			471.93
9			(X4) Rising Star Awards			
10	—		(2) DIY Awards - Emp Retirement + Trustees President Award			265.95

Est. Freight _____ Est. Total Cost _____ TOTAL COST 2439.86

NOTES:

Charges made to Jason's credit card XXX

pg 1 = 2,472.25
pg 2 = 1,271.91
pg 3 = 2,439.86
6,184.02

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

APPROVED ON MAY 25 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

↑ Total Approved

Elan

May 2017 Statement
Open Date: 04/06/2017 Closing Date: 05/04/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service
BUS 30 ELN 78 3

New Balance	**$3,189.10**
Minimum Payment Due	**$32.00**
Payment Due Date	**06/01/2017**

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	+	$2,964.68
Payments	-	$2,964.68CR
Other Credits	-	$379.00CR
Purchases	+	$3,568.10
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$3,189.10**
Past Due		**$0.00**
Minimum Payment Due		**$32.00**
Credit Line		$10,000.00
Available Credit		$6,810.90
Days in Billing Period		29

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

$3,189.10

MMC will pay by phone

APPROVED ON MAY 25 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:

Mail payment coupon with a check

Pay online at

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

Elan

Payment Due Date	6/01/2017
New Balance	$3,189.10
Minimum Payment Due	$32.00

. to pay by phone
. to change your address

Amount Enclosed $_____

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

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

Elan™

May 2017 Statement 04/06/2017 - 05/04/2017

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.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notatior
04/24	04/24		PAYMENT THANK YOU	$2,964.68CR	
05/01	04/28	0096	TEXAS HOSPITAL ASSOC 5124651000 TX MERCHANDISE/SERVICE RETURN	$379.00CR	
			TOTAL THIS PERIOD	**$3,343.68CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notatior
04/06	04/05	2092	GULF COAST PAPER COMPA 361-5761237 TX	$398.77	
04/07	04/06	0438	WPY*KnowledgeConnex 855-469-3729 CA	$60.00	
04/14	04/12	0052	TEXAS HOSPITAL ASSOC 512-465-1000 TX	$2,040.00	
04/21	04/20	0274	ARROW INTERNATIONAL 919-5448000 NC	$536.64	
04/26	04/25	8992	EXPEDIA 7261622038644 EXPEDIA.COM WA	$4.00	
04/26	04/25	9008	EXPEDIA 7261622038644 EXPEDIA.COM WA	$19.00	
04/27	04/25	1067	AMERICAN 0017996997274 FORT WORTH TX BRAUN/SANDRA A 05/13/17 HOUSTON TO MIAMI, FL MIAMI, FL TO ORLANDO FLA	$95.80	
04/27	04/25	6941	SPIRIT AI4870149278936 MIRAMAR FL BRAUN/SANDRA 05/18/17 ORLANDO FLA TO HOUSTON	$94.19	
04/28	04/27	2191	EMBASSY SUITES SAN MAR SAN MARCOS TX 04/24/17 FOR 03 NIGHTS FOLIO: 0000481252	$319.70	
			TOTAL THIS PERIOD	**$3,568.10**	

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

(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: 5/23/17

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	—		Gulf Coast Paper - supplies			398.77 ✓
2	—		WPY - Knowledge Connex	30		60.00 ✓
3			Registration for Shannon			
4			Jacildo & Marissa Sutherland			
5	—	J. Pickett R. Thomas AM Odofey T. Sizer	THA - Registration for Board			2,040.00 ✓
6			of Managers - Trustees Conf.			
7	—		Arrow International - Multi			536.64 ✓
8			lumen Cent. Vein Cath			
9	—		Expedia Booking Fee - Sandra Braun			4.00 ✓
10	—		Expedia Cancellation Plan - Flight			19.00 ✓

Est. Freight _____ Sandra Braun

Est. Total Cost Refund of Registration Fee (379.00) ✓

~~TOTAL COST~~

NOTES:

Charges made to Jerry's card xoxo

2,679.41

pg 1 total =

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: 5/23/17

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	—		Arrerican - Flight for Sandra			95.80 ✓
2			Braun to Miami - Conference			
3	—		Spirit - Flight for Sandra			94.19 ✓
4			Braun from Miami - Return Flight			
5	—		Embassy Suites - Nadine			319.70
6			Garner - THA Conference			
7				Total pg 2		509.69
8				Total pg 1		2,679.41
9						
10				Total Approved		3,189.10 ✓

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

NOTES:

Charges made to Jerry's card XXXX

APPROVED ON
MAY 25 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

RUN DATE:05/30/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:12:28 CHECK REGISTER and Payables List GLCKREG
05/30/17 THRU 05/30/17

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000930	05/30/17	2,480.82	MCKESSON
TOTALS:			2,480.82	

340B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

APPROVED ON
MAY 30 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

MEMORIAL MEDICAL CENTER
AP
815 N VIRGINIA STREET
PORT LAVACA TX 77979

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 05/26/2017 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 05/27/2017

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

As of: 05/26/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 05/27/2017 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

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,531.45 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0.00

If Paid By 05/30/2017,
Pay This Amount: 2,480.82 USD

If Paid After 05/30/2017,
Pay this Amount: 2,531.45 USD

Due If Paid On Time:
USD 2,480.82

Disc lost if paid late:
50.63

Due If Paid Late:
USD 2,531.45

McKesson

5-30-17

	CVS	HEB	Walmart
	338.39	131.75	57.73
	280.97	138.75	172.64
	10.82	42.18	172.19
	316.84	45.78	
	26.98	135.26	
	1.93	181.88	
	191.94	6.85	
	8.21	197.74	
	21.38		
	0.61		
totals	1,198.07	880.19	402.56
		grand tl	2,480.82

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: 05/26/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 05/27/2017

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

As of: 05/26/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 05/27/2017 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											
05/22/2017	05/30/2017	7809417126	1001017806	115Invoice	6.91	345.30		✓ 338.39	✓	7809417126	
05/22/2017	05/30/2017	7809417127	1001018401	115Invoice	5.73	286.70		✓ 280.97	✓	7809417127	
05/22/2017	05/30/2017	7809417128	1001018401	115Invoice	0.22	11.04		✓ 10.82	✓	7809417128	
05/22/2017	05/30/2017	7809417129	1001018809	115Invoice	6.47	323.31		✓ 316.84	✓	7809417129	
05/23/2017	05/30/2017	7809660043	1001019179	115Invoice	0.55	27.53		✓ 26.98	✓	7809660043	
05/24/2017	05/30/2017	7809857278	1001019791	115Invoice	0.04	1.97		✓ 1.93	✓	7809857278	
05/25/2017	05/30/2017	7810095881	1001020470	115Invoice	3.92	195.86		✓ 191.94	✓	7810095881	
05/25/2017	05/30/2017	7810095882	1001020470	115Invoice	0.17	8.38		✓ 8.21	✓	7810095882	
05/26/2017	05/30/2017	7810357745	1001021034	115Invoice	0.44	21.82		✓ 21.38	✓	7810357745	
05/26/2017	05/30/2017	7810357748	1001021034	115Invoice	0.01	0.62		✓ 0.61		7810357748	

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: 1,222.53 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,564.00
05/22/2017

If Paid By 05/30/2017,
Pay This Amount: ✓ 1,198.07 USD

If Paid After 05/30/2017,
Pay this Amount: 1,222.53 USD

Due If Paid On Time:
USD 1,198.07

Disc lost if paid late:
24.46

Due If Paid Late:
USD 1,222.53

5-29-17

APPROVED
ON
MAY 30 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: 05/26/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 05/27/2017

Page: 001

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

As of: 05/26/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 05/27/2017 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											
05/22/2017	05/30/2017	7809404844	1001017804	115Invoice	2.69	134.44		✓131.75	✓	7809404844	
05/22/2017	05/30/2017	7809404845	1001017804	115Invoice	2.83	141.58		✓138.75	✓	7809404845	
05/22/2017	05/30/2017	7809404847	1001018399	115Invoice	0.86	43.04		✓ 42.18	✓	7809404847	
05/22/2017	05/30/2017	7809404848	1001018399	115Invoice	0.93	46.71		✓ 45.78	✓	7809404848	
05/22/2017	05/30/2017	7809404849	1001018807	115Invoice	2.76	138.02		✓135.26	✓	7809404849	
05/23/2017	05/30/2017	7809628850	1001019177	115Invoice	3.71	185.59		✓181.88	✓	7809628850	
05/24/2017	05/30/2017	7809860632	1001019789	115Invoice	0.14	6.99		✓ 6.85	✓	7809860632	
05/26/2017	05/30/2017	7810357588	1001021032	115Invoice	4.04	201.78		✓197.74	✓	7810357588	

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: 898.15 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,564.00
05/22/2017

If Paid By 05/30/2017,
Pay This Amount: 880.19 USD

If Paid After 05/30/2017,
Pay this Amount: 898.15 USD

Due If Paid On Time:
USD 880.19

Disc lost if paid late:
17.96

Due If Paid Late:
USD 898.15

5-29-17

APPROVED
ON
MAY 30 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: 05/26/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 05/27/2017

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

As of: 05/26/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 05/27/2017 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 256342 WALMART 1098/MEM MED PHS											
05/22/2017	05/30/2017	7809389474	9857043135	115Invoice	1.18	58.91		✓ 57.73	✓	7809389474	
05/24/2017	05/30/2017	7809839002	2607052352	115Invoice	3.52	176.16		✓ 172.64		7809839002	
05/26/2017	05/30/2017	7810350420	6157050370	115Invoice	3.51	175.70		✓ 172.19	✓	7810350420	

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: 410.77 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,564.00
05/22/2017

If Paid By 05/30/2017,
Pay This Amount: 402.56 USD

If Paid After 05/30/2017,
Pay this Amount: 410.77 USD

Due If Paid On Time:
USD 402.56

Disc lost if paid late:
8.21

Due If Paid Late:
USD 410.77

✓

5.29.17

APPROVED
ON
MAY 30 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

05/30/2017 MEMORIAL MEDICAL CENTER 0
12:33 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
T2063	TEXAS MEDICAID & HEALTHCARE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22103		05/30/20	05/29/20	05/30/20			23,752.00	0.00	0.00	23,752.00
	THIRD PARTY REC									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2063	TEXAS MEDICAID & HEALTHCARE	23,752.00	0.00	0.00	23,752.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	23,752.00	0.00	0.00	23,752.00

CK # 171393

APPROVED ON

MAY 30 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

RUN DATE:05/30/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:03 CHECK REGISTER GLCKREG
05/30/17 THRU 05/30/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P *	000930	05/30/17	2,480.82	MCKESSON
A/P	171393	05/30/17	23,752.00	TEXAS MEDICAID & HEALTHCARE *
TOTALS:			26,232.82	

- 340B CHECK

* This CK Register only for #171393

APPROVED
ON
MAY 30 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
5/31/2017

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	303,988.32	303,888.32	141,041.62	-	-	-	-	141,141.62	141,041.62

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 10614
Accour 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	127,694.11	127,594.11	402,681.98	-	-	-	-	402,781.98	402,681.98
Crescent	4588	328,187.22	328,087.22	91,063.55	-	-	-	-	91,163.55	91,063.55
Broadmoor	4596	304,096.73	304,265.63	203,438.01	-	-	-	-	203,269.11	203,169.11
Fort Bend	4618	107,540.64	107,440.64	38,728.05	-	-	-	-	38,828.05	38,728.05
										735,642.69

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA : 10614
Account : 2922

Approved:

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

Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-17

APPROVED
MAY 31 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 5-31-17.xlsx

lio as of 05/31/2017 8:31:01 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	$816,593.67	$816,593.67
Memorial Medical Center	[redacted]4154	$0.00	$100.00
Memorial Medical Center	[redacted]4553	$141,141.62	$153,332.85
Memorial Medical Center	[redacted]4561	$402,781.98	$415,318.62
Memorial Medical Center	[redacted]4588	$91,163.55	$94,544.09
Memorial Medical Center	[redacted]4596	$203,269.11	$216,398.43
Memorial Medical Center	[redacted]4618	$38,828.05	$54,409.34
NH Green NH Green Acres of Bay	[redacted]4855	$100.00	$100.00
NH Humber Healthcare Center	[redacted]4863	$100.00	$100.00
NH Allenbrook Heathcare	[redacted]4871	$100.00	$100.00
NH Golden Creek Healthcare	[redacted]4901	$100.00	$100.00
Memorial Medical Center Operat	[redacted]0301	$2,862,217.29	$1,513,443.33
County of Calhoun Indigent	[redacted]1101	$5,182.66	$5,182.66
Totals		**$4,561,577.93**	**$3,269,722.99**

IBC Bank Activity
5/22/17 through 5/30/17

Ashford Gardens

					Transfer-Out	Transfer-In	
5/22/2017	113105025	4553	142	ACH CREDIT RECEIVED		12,175.58	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/22/2017	113105025	4553	142	ACH CREDIT RECEIVED		14,093.41	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4435519*1201494502\
5/22/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,736.95	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4433409*1201494502\
5/22/2017	113105025	4553	142	ACH CREDIT RECEIVED		4,470.94	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6614193*1205296137*000004911\
5/22/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	303,888.32		ASHFORD HEALTH CARE CENTER LTD
5/23/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,350.87	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017052015802320*1752603231\
5/23/2017	113105025	4553	142	ACH CREDIT RECEIVED		31,422.87	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017052015802347*1752603231\
5/23/2017	113105025	4553	301	COMMERCIAL DEPOSIT		25,637.83	
5/24/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,478.72	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6615424*1205296137*000004911\
5/25/2017	113105025	4553	142	ACH CREDIT RECEIVED		6,916.30	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017052313000592*1752603231\
5/26/2017	113105025	4553	142	ACH CREDIT RECEIVED		25.28	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/30/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,097.07	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017052511501335*1752603231\
5/30/2017	113105025	4553	142	ACH CREDIT RECEIVED		2,608.73	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4456699*1201494502\
5/30/2017	113105025	4553	142	ACH CREDIT RECEIVED		11,913.01	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017052510502674*1752603231\
5/30/2017	113105025	4553	142	ACH CREDIT RECEIVED		18,252.43	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017052511501369*1752603231\
5/30/2017	113105025	4553	142	ACH CREDIT RECEIVED		4,861.63	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					303,888.32	141,041.62	

Solera at West Houston

					Transfer-Out	Transfer-In	
5/22/2017	113105025	4561	142	ACH CREDIT RECEIVED		317,813.86	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4436683*1205296137*000004011\
5/22/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	127,594.11		CANTEX HEALTH CARE CENTERS LLC
5/23/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,996.66	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017052015802349*1752603231\
5/23/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,631.90	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017052015802332*1752603231\
5/23/2017	113105025	4561	301	COMMERCIAL DEPOSIT		25,397.59	
5/23/2017	113105025	4561	142	ACH CREDIT RECEIVED		22,077.54	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4439173*1205296137*000004011\
5/24/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,745.29	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/25/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,754.21	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4442185*1205296137*000004011\
5/26/2017	113105025	4561	142	ACH CREDIT RECEIVED		126.87	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/26/2017	113105025	4561	142	ACH CREDIT RECEIVED		21,050.52	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4443721*1205296137*000004011\
5/30/2017	113105025	4561	142	ACH CREDIT RECEIVED		974.68	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/30/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,979.43	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017052511501371*1752603231\
5/30/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,133.43	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017052511501347*1752603231\
					127,594.11	402,681.98	

Crescent

					Transfer-Out	Transfer-In	
5/22/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	328,087.22		CANTEX HEALTH CARE CENTERS III
5/22/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,574.45	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4436687*1205296137*000004011\
5/23/2017	113105025	4588	142	ACH CREDIT RECEIVED		4,235.00	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017052014902421*1752603231\
5/23/2017	113105025	4588	142	ACH CREDIT RECEIVED		12,001.31	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017052015802344*1752603231\
5/23/2017	113105025	4588	142	ACH CREDIT RECEIVED		12,688.90	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4439178*1205296137*000004011\
5/23/2017	113105025	4588	142	ACH CREDIT RECEIVED		10,185.29	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4438612*1201494502\
5/23/2017	113105025	4588	301	COMMERCIAL DEPOSIT		11,239.50	
5/23/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,189.10	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017052011400247*1452485907\
5/24/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,273.80	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4440878*1205296137*000004011\
5/25/2017	113105025	4588	142	ACH CREDIT RECEIVED		25,625.14	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4442191*1205296137*000004011\
5/25/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,802.17	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017052313000590*1752603231\
5/30/2017	113105025	4588	142	ACH CREDIT RECEIVED		547.09	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4454784*1201494502\
5/30/2017	113105025	4588	142	ACH CREDIT RECEIVED		3,680.22	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017052511501366*1752603231\
5/30/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,021.58	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017052517800006*1452485907\
					328,087.22	91,063.55	

IBC Bank Activity
5/22/17 through 5/30/17

Broadmoor					Transfer-Out	Transfer-In	
5/22/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	303,996.73		CANTEX HEALTH CARE CENTERS III
5/22/2017	113105025	4596	142	ACH CREDIT RECEIVED		71,133.00	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4436705*1205296137*000004011\
5/23/2017	113105025	4596	142	ACH CREDIT RECEIVED		1,277.82	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4438503*1201494502\
5/23/2017	113105025	4596	301	COMMERCIAL DEPOSIT		37,562.64	
5/23/2017	113105025	4596	142	ACH CREDIT RECEIVED		13,626.08	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4439190*1205296137*000004011\
5/24/2017	113105025	4596	142	ACH CREDIT RECEIVED		22,805.63	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4440891*1205296137*000004011\
5/25/2017	113105025	4596	475	CHECK PAID	268.90		
5/26/2017	113105025	4596	142	ACH CREDIT RECEIVED		3,014.10	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4447835*1201494502\
5/26/2017	113105025	4596	142	ACH CREDIT RECEIVED		35,162.06	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4443735*1205296137*000004011\
5/30/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,818.76	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4454702*1201494502\
5/30/2017	113105025	4596	142	ACH CREDIT RECEIVED		16,037.92	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4445304*1205296137*000004011\
					304,265.63	203,438.01	

Fort Bend					Transfer-Out	Transfer-In	
5/22/2017	113105025	4618	142	ACH CREDIT RECEIVED		2,114.35	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/22/2017	113105025	4618	142	ACH CREDIT RECEIVED		11,942.22	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4433408*1201494502\
5/22/2017	113105025	4618	142	ACH CREDIT RECEIVED		570.14	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4436307*1205296137*000004011\
5/22/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,594.80	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902789592*1742770542\
5/22/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	107,440.64		CANTEX HEALTH CARE CENTERS III
5/23/2017	113105025	4618	142	ACH CREDIT RECEIVED		8,483.72	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017052015802345*1752603231\
5/23/2017	113105025	4618	142	ACH CREDIT RECEIVED		2,645.07	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017051910901058*1752603231\
5/23/2017	113105025	4618	301	COMMERCIAL DEPOSIT		1,126.91	
5/24/2017	113105025	4618	142	ACH CREDIT RECEIVED		474.82	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4443015*1201494502\
5/25/2017	113105025	4618	142	ACH CREDIT RECEIVED		3,659.16	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017052313000591*1752603231\
5/26/2017	113105025	4618	142	ACH CREDIT RECEIVED		824.08	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4447833*1201494502\
5/30/2017	113105025	4618	142	ACH CREDIT RECEIVED		986.70	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/30/2017	113105025	4618	142	ACH CREDIT RECEIVED		1,107.24	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017052511501367*1752603231\
5/30/2017	113105025	4618	142	ACH CREDIT RECEIVED		2,454.60	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4454701*1201494502\
5/30/2017	113105025	4618	142	ACH CREDIT RECEIVED		744.24	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902808757*1742770542\
					107,440.64	38,728.05	

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

		1/5/2017 ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		1/12/2017	
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	17	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	6	CHANGE THIS DATE ACCORDINGLY
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 96,003.80	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"		0 $ 44,702.42	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,454.60	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 40,846.78	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★	5/30/2017	
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:	MDO
CALLED IN DATE:	5/30/2017
CALLED IN TIME:	12:50

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

	####	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		#
☐ "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"	★	$ 92,741.87	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 43,489.36	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,170.90	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 39,081.61	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★	5/10/2017	
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:	
CALLED IN DATE:	5/9/2017
CALLED IN TIME:	

941 REC/TAX DEPOSIT FOR MMC PAYROLL # 9 pd 5/4/17 REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	04/14/17					
PAY PERIOD: END	04/27/17					
PAY DATE:	05/04/17			04/20/17		
GROSS PAY:	$ 377,442.21			$ -		$ 377,442.21
DEDUCTIONS:						
A/R	$ 918.04					$ 918.04
ADVANC	$ -					$ -
BOOTS	$ -					$ -
CAFÉ-1	$ 1,672.48					$ 1,672.48
CAFÉ-2	$ 1,174.08					$ 1,174.08
CAFE-3	$ 50.70					$ 50.70
CAFÉ-4	$ 337.56					$ 337.56
CAFÉ-5	$ 348.07					$ 348.07
CAFÉ-D	$ 1,616.05					$ 1,616.05
CAFÉ-H	$ 17,642.12					$ 17,642.12
CAFÉ-I	$ -					$ -
CAFÉ-L	$ -					$ -
CAFÉ-P	$ 275.01					$ 275.01
CANCER	$ -					$ -
CHILD	$ 212.31					$ 212.31
CLINIC	$ 60.00					$ 60.00
COMBIN	$ 989.73					$ 989.73
CREDUN	$ 25.00					$ 25.00
DENTAL	$ -					$ -
DEP-LF	$ -					$ -
DIS-LF	$ 1,865.47					$ 1,865.47
EAT	$ -					$ -
FED TAX	$ 39,081.61					$ 39,081.61
FICA-M	$ 5,085.51					$ 5,085.51
FICA-O	$ 21,744.77					$ 21,744.77
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,140.54					$ 2,140.54
FLX-FE	$ -					$ -
GIFT S	$ 249.55					$ 249.55
GRP-IN	$ 129.26					$ 129.26
GTL	$ -					$ -
HOSP-I	$ -					$ -
MISC	$ -					$ -
OTHER	$ 1,729.20					$ 1,729.20
PHI	$ -					$ -
PR FIN	$ 351.06					$ 351.06
RELAY	$ -					$ -
REPAY	$ -					$ -
STONEDF	$ 1,390.00					$ 1,390.00
STONE	$ -					$ -
STONE 2	$ -					$ -
STUDEN	$ 146.69					$ 146.69
TSA-R	$ 26,421.02					$ 26,421.02
UW/HOS	$ -					$ -
TOTAL DEDUCTIONS:	$ 125,730.83	$ -	$ -	$ -	$ -	$ 125,730.83
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 251,711.38	$ -	$ -	$ -	$ -	$ 251,711.38
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 26,721.61	Less Exempt:				
TAXABLE PAY:	$ 350,720.60	$ 350,720.60				

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,085.45		
FICA - MED (EE)	1.45%	$ 5,085.45	$ 5,085.51	$ (0.06)
FICA - SOC SEC (ER)	6.20%	$ 21,744.68		
FICA - SOC SEC (EE)	6.20%	$ 21,744.68	$ 21,744.77	$ (0.09)
FED WITHHOLDING		$ 39,081.61	$ 39,081.61	
TAX DEPOSIT:		$ 92,741.87	$ 92,742.17	$ (0.30)
FICA - MEDICARE	2.90%	$ 10,170.90		
FICA - SOCIAL SECURITY	12.40%	$ 43,489.36		
FED WITHHOLDING		$ 39,081.61		
TOTAL TAX:		$ 92,741.87		

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

PREPARED BY: Clarri Atkinson

PREPARED DATE: 6/13/2017

#9

paid 5/4/17

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8305.75	N		N	N		168305.54
1	REGULAR PAY-S1	1027.25	N		N	N	N	42609.00
1	REGULAR PAY-S1	158.50	N		N	Y		4697.84
1	REGULAR PAY-S1	239.25	Y		N	N		5369.37
2	REGULAR PAY-S2	2368.75	N		N	N		51594.51
2	REGULAR PAY-S2	144.25	N		N	Y		4941.99
2	REGULAR PAY-S2	97.25	Y		N	N		2265.03
3	REGULAR PAY-S3	1503.25	N		N	N		38997.80
3	REGULAR PAY-S3	114.75	N		N	Y		4594.15
3	REGULAR PAY-S3	55.00	Y		N	N		1950.67
C	CALL PAY	3067.25	N	1	N	N		6134.50
E	EXTRA WAGES		N		N	N	N	300.00
E	EXTRA WAGES		N	1	N	N	N	1340.50
F	FUNERAL LEAVE	36.00	N	1	N	N		804.84
I	INSERVICE	105.75	N	1	N	N		3410.52
K	EXTENDED-ILLNESS-BANK	8.00	N		N	N	N	263.60
K	EXTENDED-ILLNESS-BANK	146.00	N	1	N	N		3148.14
M	MEAL REIMBURSEMENT		N	1	N	N	N	12.00
P	PAID-TIME-OFF	106.00	N		N	N	N	2018.68
P	PAID-TIME-OFF	1444.08	N	1	N	N		32745.06
X	CALL PAY 2	160.00	N	1	N	N		320.00
Y	YMCA/CURVES		N		N	N	N	15.00
Z	CALL PAY 3	72.00	N	1	N	N		216.00
p	PAID TIME OFF - PROBATION	28.00	N	1	N	N		777.47
t	PHONE & DATA		N	1	N	N	N	610.00

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	918.04	ADVANC		AWARDS	
BOOTS		CAFE H		CAFE-1	1672.48
CAFE-2	1174.08	CAFE-3	50.70	CAFE-4	337.56
CAFE-5	348.07	CAFE-C		CAFE-D	1616.05
CAFE-F		CAFE-H	17642.12	CAFE-I	
CAFE-L		CAFE-P	275.01	CANCER	
CHILD	212.31	CLINIC	60.00	COMBIN	989.73
CREDUN	25.00	DD ADV		DENTAL	
DEP-LF		DIS-LF	1865.47	EAT	
FEDTAX	39081.61	FICA-M	5085.51	FICA-O	21744.77
FIRSTC	75.00	FLEX S	2140.54	FLX FE	
FORT D		FUTA		GIFT S	249.55
GRANT		GRP-IN	129.26	GTL	
HOSP-I		ID TFT		LEAF	
MISC		MISC/		OTHER	1729.20
PHI		PHI***		PR FIN	351.06
RELAY		REPAY		SIGNON	
ST-TX		STONDF	1390.00	STONE	
STONE2		STUDEN	146.69	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	26421.02	TUTION		UW/HOS	

Grand Totals: 19187.08 ------- (Gross: 377442.21 Deductions: 125730.83 Net: 251711.38)

Checks Count:- FT 191 PT 11 Other 37 Female 208 Male 30 Credit OverAmt 18 ZeroNet Term Total: 238

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

		1/5/2017 ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		1/12/2017	
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	17	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	6	CHANGE THIS DATE ACCORDINGLY
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"	★	$ 93,688.39	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"		0 $ 43,979.10	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,285.44	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 39,423.85	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★	5/17/2017	
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			
CALLED IN BY:		MDO	
CALLED IN DATE:		5/16/2017	
CALLED IN TIME:		1:01	

941 REC/TAX DEPOSIT FOR MMC PAYROLL #10

REVISED *3/18/2014*

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	04/28/17					
PAY PERIOD: END	05/11/17					
PAY DATE:	05/18/17					
GROSS PAY:	$ 381,505.66			$ -		$ 381,505.66
DEDUCTIONS:						
A/R	$ 823.05					$ 823.05
ADVANC						$ -
BOOTS						$ -
CAFÉ-1	$ 1,672.48					$ 1,672.48
CAFÉ-2	$ 1,168.70					$ 1,168.70
CAFE-3	$ 50.70					$ 50.70
CAFÉ-4	$ 337.56					$ 337.56
CAFÉ-5	$ 376.58					$ 376.58
CAFÉ-D	$ 1,608.47					$ 1,608.47
CAFÉ-H	$ 17,553.40					$ 17,553.40
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 287.11					$ 287.11
CANCER						$ -
CHILD	$ 212.31					$ 212.31
CLINIC	$ 105.00					$ 105.00
COMBIN	$ 1,014.95					$ 1,014.95
CREDUN	$ 25.00					$ 25.00
DENTAL						$ -
DEP-LF	$ 1,897.71					$ 1,897.71
DIS-LF						$ -
EAT						$ -
FED TAX	$ 39,423.85					$ 39,423.85
FICA-M	$ 5,142.77					$ 5,142.77
FICA-O	$ 21,989.59					$ 21,989.59
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,215.54					$ 2,215.54
FLX-FE						$ -
GIFT S	$ 128.10					$ 128.10
GRP-IN	$ 129.26					$ 129.26
GTL						$ -
HOSP-I						$ -
MISC						$ -
OTHER	$ 2,005.62					$ 2,005.62
PHI						$ -
PR FIN	$ 370.42					$ 370.42
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,490.00					$ 1,490.00
STONE						$ -
STONE 2						$ -
STUDEN	$ 114.41					$ 114.41
TSA-R	$ 26,705.48					$ 26,705.48
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 126,923.06	$ -	$ -	$ -	$ -	$ 126,923.06
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 254,582.60	$ -	$ -	$ -	$ -	$ 254,582.60
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 26,835.54	Less Exempt:				
TAXABLE PAY:	$ 354,670.12	$ 354,670.12				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,142.72		
FICA - MED (EE)	1.45%	$ 5,142.72	$ 5,142.77	$ (0.05)
FICA - SOC SEC (ER)	6.20%	$ 21,989.55		
FICA - SOC SEC (EE)	6.20%	$ 21,989.55	$ 21,989.59	$ (0.04)
FED WITHHOLDING		$ 39,423.85	$ 39,423.85	
TAX DEPOSIT:		$ 93,688.39	$ 93,688.57	$ (0.18)
FICA - MEDICARE	2.90%	$ 10,285.44		
FICA - SOCIAL SECURITY	12.40%	$ 43,979.10		
FED WITHHOLDING		$ 39,423.85		
TOTAL TAX:		$ 93,688.39		

Employees over FICA-SS Cap:
Jason Anglin
Jerry

Paycode S - Employee Reimb.:
Roshanda S. Gray

TOTAL: $ -

PREPARED BY: Maria D. Ortiz

PREPARED DATE: 6/16/2017

#10 paid 5/18/2017

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9064.50	N		N	N		185661.79
1	REGULAR PAY-S1	936.50	N		N	N	N	41320.28
1	REGULAR PAY-S1	327.75	Y		N	N		7603.85
2	REGULAR PAY-S2	2607.25	N		N	N		57526.45
2	REGULAR PAY-S2	136.50	Y		N	N		3166.60
3	REGULAR PAY-S3	1608.75	N		N	N		43025.38
3	REGULAR PAY-S3	56.75	Y		N	N		2146.46
C	CALL PAY	2910.00	N	1	N	N		5820.00
E	EXTRA WAGES		N	1	N	N		12.00
E	EXTRA WAGES		N	1	N	N	N	1521.75
I	INSERVICE	40.25	N	1	N	N		1040.77
I	INSERVICE	2.00	Y	1	N	N		96.60
J	JURY LEAVE	8.00	N	1	N	N		265.36
K	EXTENDED-ILLNESS-BANK	110.00	N	1	N	N		2647.94
P	PAID-TIME-OFF	88.00	N		N	N	N	2097.28
P	PAID-TIME-OFF	1347.26	N	1	N	N		26717.97
P	PAID-TIME-OFF	-10.00	N	1	N	N	N	-300.00
X	CALL PAY 2	160.00	N	1	N	N		320.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	12.00	N	1	N	N		527.18

Deductions Summary

Code	Amount				
A/R	* 823.05	ADVANC		AWARDS	
BOOTS		CAFE H		CAFE-1	1672.48
CAFE-2	1168.70	CAFE-3	50.70	CAFE-4	337.56
CAFE-5	376.58	CAFE-C		CAFE-D	1608.47
CAFE-F		CAFE-H	17553.40	CAFE-I	
CAFE-L		CAFE-P	287.11	CANCER	
CHILD	. 212.31	CLINIC	105.00	COMBIN	1014.95
CREDUN	25.00	DD ADV		DENTAL	
DEP-LF		DIS-LF	1897.71	EAT	
FEDTAX	39423.85	FICA-M	5142.77	FICA-O	21989.59
FIRSTC	75.00	FLEX S	2215.54	FLX FE	
FORT D		FUTA		GIFT S	128.10
GRANT		GRP-IN	129.26	GTL	
HOSP-I		ID TFT		LEAF	
MISC		MISC/		OTHER	2005.62
PHI		PHI***		PR FIN	370.42
RELAY		REPAY		SIGNON	
ST-TX		STONDF	1490.00	STONE	
STONE2		STUDEN	114.41	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	26705.48	TUTION		UW/HOS	

Grand Totals: 19501.51 ------- (Gross: 381505.66 Deductions: 126923.06 Net: 254582.60)

Checks Count:- FT 189 PT 12 Other 38 Female 205 Male 33 Credit OverAmt 20 ZeroNet Term Total: 238

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

	####	ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	###		
☐ "ENTER YOUR 4-DIGIT PIN"			
☐ "MAKE A PAYMENT, PRESS 1"		1	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★		#
☐ "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"	★	$ 135.34	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 103.20	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 24.14	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 8.00	#
	CHECK	$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★	5/12/2017	
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:	
CALLED IN DATE:	5/11/2017
CALLED IN TIME:	

941 REC/TAX DEPOSIT FOR MMC PAYROLL 4A pcl 5-8-17

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	04/14/17					
PAY PERIOD: END	04/27/17					
PAY DATE:	05/08/17					
GROSS PAY:	$ 832.27			$ -		$ 832.27
DEDUCTIONS:						
A/R						$ -
ADVANC						$ -
BOOTS						$ -
CAFÉ-1						$ -
CAFÉ-2						$ -
CAFE-3						$ -
CAFÉ-4						$ -
CAFÉ-5						$ -
CAFÉ-D						$ -
CAFÉ-H						$ -
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P						$ -
CANCER						$ -
CHILD						$ -
CLINIC						$ -
COMBIN						$ -
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
DIS-LF						$ -
EAT						$ -
FED TAX	$ 8.00					$ 8.00
FICA-M	$ 12.07					$ 12.07
FICA-O	$ 51.61					$ 51.61
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	$ 58.25					$ 58.25
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 129.93	$ -	$ -	$ -	$ -	$ 129.93
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 702.34	$ -	$ -	$ -	$ -	$ 702.34
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ -	Less Exempt:				
TAXABLE PAY:	$ 832.27	$ 832.27				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 12.07		
FICA - MED (EE)	1.45%	$ 12.07	$ 12.07	$ -
FICA - SOC SEC (ER)	6.20%	$ 51.60		
FICA - SOC SEC (EE)	6.20%	$ 51.60	$ 51.61	$ (0.01)
FED WITHHOLDING		$ 8.00	$ 8.00	
TAX DEPOSIT:		$ 135.34	$ 135.36	$ (0.02)
FICA - MEDICARE	2.90%	$ 24.14		
FICA - SOCIAL SECURITY	12.40%	$ 103.20		
FED WITHHOLDING		$ 8.00		
TOTAL TAX:		$ 135.34		

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

PREPARED BY: Clarri Atkinson

PREPARED DATE: 6/13/2017

#9A Paid 5/4/17

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WB	HO	CB	Gross
P		83.29	N		N	N	N	832.27

Deductions Summary

Code	Amount				
A/R		ADVANC		AWARDS	
BOOTS		CAFE H		CAFE-1	
CAFE-2		CAFE-3		CAFE-4	
CAFE-5		CAFE-C		CAFE-D	
CAFE-F		CAFE-H		CAFE-I	
CAFE-L		CAFE-P		CANCER	
CHILD		CLINIC		COMBIN	
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF		EAT	
FEDTAX	8.00	FICA-M	12.07	FICA-O	51.61
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	
HOSP-I		ID TFT		LEAF	
MISC		MISC/		OTHER	
PHI		PHI***		PR FIN	
RELAY		REPAY		SIGNON	
ST-TX		STONDF		STONE	
STONE2		STUDEN		TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	58.25	TUTION		UW/HOS	

Grand Totals: 83.29 (Gross: 832.27 Deductions: 129.93 Net: 702.34)

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

#9 paid 5/4/17

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- MAY 2017

Monthly Electronic Transfers for Operating Expenses

5/1/2017 Deposit Item Returned	- Returned Check	686.32
5/2/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
5/2/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	31.20
5/2/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,128.39
5/3/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	9.95
5/3/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	53.97
5/3/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	71.12
5/3/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	95.05
5/3/2017 Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
5/3/2017 IBC Merch Bank Interchng	- Credit Card Processing Fee	119.80
5/3/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	128.25
5/3/2017 IBC Merch Bank Interchng	- Credit Card Processing Fee	136.65
5/3/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	138.65
5/3/2017 IBC Merch Bank Interchng	- Credit Card Processing Fee	154.56
5/3/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	254.67
5/3/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	318.63
5/3/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	846.75
5/3/2017 IBC Merch Bank Interchng	- Credit Card Processing Fee	1,598.04
5/3/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	1,913.09
5/4/2017 Expertpay	- Child Support	213.81
5/4/2017 IBC Merch Bank Deposit	- Credit Card Processing Fee	2,657.53
5/4/2017 Memorial Medical Payroll	- Payroll	250,373.39
5/8/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
5/4/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
5/8/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
5/8/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
5/9/2017 Deposit Item Returned	- Returned Check	391.00
5/9/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	2,557.21
5/10/2017 Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25
5/10/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
5/10/2017 Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
5/10/2017 IRS USATAXPYMT	- Payroll Taxes	(92,741.87)
5/12/2017 IRS USATAXPYMT	- Payroll Taxes	(135.34)
5/15/2017 Texas County DRS	- Retirement Funding	115,404.28
5/16/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	3,152.10
5/17/2017 IRS USATAXPYMT	- Payroll Taxes	(93,688.39)
5/18/2017 Expertpay	- Child Support	213.81
5/18/2017 Memorial Medical Payroll	- Payroll	253,613.14
5/19/2017 Telecheck	- Credit Card Processing Fee	5.00
5/19/2017 Webfile Tax Portal	- Sales Tax	966.33
5/22/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	26.98
5/22/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
5/24/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	3,564.00
5/30/2017 Cardmember Service	- IBC Credit Card Invoice	3,189.10
5/30/2017 Cardmember Service	- IBC Credit Card Invoice	6,184.02
5/31/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	2,480.82
5/31/2017 IRS USATAXPYMT	- Payroll Taxes	(96,003.80)
5/31/2017 State Comptrlr Texnet	- QIPP IGT	1,010,436.00
	Total Electronic Payments	1,946,315.86

Jason Anglin
MMC Chief Executive Officer

APPROVED
JUN 20 2017
COUNTY AUDITOR

L:\2017\Electronic Transfer Activity

IBC

BANK

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

CUSTOMER

8/NE/131/019/1216
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

646

CUSTOMER NO.	PAGE NO.
	1 of 15

05/01/2017 to 05/31/2017
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
2,369,614.09	542	2,845,116.75	576	3,613,134.71	1,601,596.13

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
05/01		36,378.63	05/09		10.00	05/19		6,598.38
05/01		874.00	05/10		35,455.62	05/19		1,420.21
05/01		535.18	05/10		833.61	05/19		792.07
05/01		194.00	05/10		504.00	05/19		492.00
05/01		128.91	05/10		341.72	05/19		165.00
05/01		89.00	05/11		17,770.33	05/19		32.00
05/02		9,061.27	05/11		1,280.35	05/22		21,186.52
05/02		1,431.58	05/11		663.95	05/22		611.37
05/02		1,039.00	05/11		365.00	05/22		238.94
05/02		954.25	05/11		105.00	05/22		190.00
05/02		801.79	05/12		31,655.37	05/22		65.00
05/02		455.00	05/12		5,111.85	05/22		20.00
05/02		130.00	05/12		1,063.63	05/23		4,583.53
05/03		4,132.48	05/12		722.83	05/23		2,515.87
05/03		1,963.08	05/12		275.00	05/23		2,448.62
05/03		608.72	05/12		224.00	05/23		730.00
05/03		355.26	05/15		23,392.05	05/23		477.06
05/04		31,338.83	05/15		1,207.36	05/24		3,262.09
05/04		671.72	05/15		652.00	05/24		464.00
05/04		420.98	05/15		558.60	05/24		176.07
05/04		81.86	05/15		438.40	05/24		42.99
05/05		74,822.95	05/15		95.00	05/25		1,033,527.79
05/05		1,274.80	05/15		50.00	05/25		769.00
05/05		554.00	05/16		9,841.30	05/25		177.28
05/05		254.58	05/16		3,798.05	05/26		37,595.24
05/08		44,558.01	05/16		1,170.09	05/26		2,507.29
05/08		5,073.63	05/16		519.00	05/26		569.00
05/08		1,491.03	05/16		127.89	05/26		55.00
05/08		275.00	05/16		39.00	05/26		10.00
05/08		82.75	05/16		23.94	05/30		23,868.06
05/08		75.00	05/17		11,461.59	05/30		522.00
05/09		13,589.09	05/17		6,852.80	05/30		84.00
05/09		5,068.72	05/17		830.96	05/30		30.00
05/09		1,685.34	05/17		339.70	05/30		25.22
05/09		1,508.68	05/17		168.99	05/31		2,826.55
05/09		1,278.91	05/18		40,155.22	05/31		2,793.79
05/09		1,262.71	05/18		1,266.55	05/31		1,060.33
05/09		681.00	05/18		670.44	05/31		324.17
05/09		542.43	05/18		541.42	05/31		287.00
05/09		16.00						

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CUSTOMER

8/NE/131/019/1229
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 646

CUSTOMER NO.	PAGE NO.
	14 of 15

05/01/2017 to 05/31/2017
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.

05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881			334.27
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887			177.25
05/31	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885			101.00
05/31	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17146E87267470			57.77
				10,159.07	
	Debits				
05/01	Dep Item Returned	(Tracer# 17000087)			686.32
05/02	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993			19.95
05/02	Electronic Payment	IBC MERCH BNKCD FEE 674200009993			31.20
05/02	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03119548		5/1	1,128.39
05/03	Electronic Payment	IBC MERCH BNKCD FEE 971160912889			9.95
05/03	Electronic Payment	IBC MERCH BNKCD FEE 971160911881			53.97
05/03	Electronic Payment	IBC MERCH BNKCD FEE 971160914885			71.12
05/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887			95.05
05/03	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136			99.00
05/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887			119.80
05/03	Electronic Payment	IBC MERCH BNKCD FEE 971160913887			128.25
05/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885			136.65
05/03	Electronic Payment	IBC MERCH BNKCD FEE 971160910883			138.65
05/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881			154.56
05/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881			254.67
05/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885			318.63
05/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160915882			846.75
05/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883			1,598.04
05/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883			1,913.09
05/04	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411 - child support	427.62		213.81
05/04	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160910883			2,657.53
05/04	Electronic Payment	MEMORIAL MEDICAL PAYROLL			250,373.39
05/08	Electronic Payment	FDGL LEASE PYMT			30.25
05/08	Electronic Payment	FDGL LEASE PYMT			59.25
05/08	Electronic Payment	FDGL LEASE PYMT			59.25
05/08	Electronic Payment	FDGL LEASE PYMT			86.30
05/09	Dep Item Returned	(Tracer# 17000133)			391.00
05/09	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03122990		5/8	2,557.21
05/10	Electronic Payment	CLOVER APP MRKT CLOVER APP			16.25
05/10	Electronic Payment	FDGL LEASE PYMT			30.17
05/10	Electronic Payment	CLOVER APP MRKT CLOVER APP			81.20
05/10	Electronic Payment	IRS USATAXPYMT 220753054929367			92,741.87
05/12	Electronic Payment	IRS USATAXPYMT 220753234145972			135.34
05/15	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419 - Retirement			115,404.28
05/16	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03132587		5/15	3,152.10
05/17	Electronic Payment	IRS USATAXPYMT 220753772743597			93,688.39
05/18	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411 - child support			213.81
05/18	Electronic Payment	MEMORIAL MEDICAL PAYROLL			253,613.14
05/19	Electronic Payment	Telecheck INV052017D xxxxx9736			5.00
05/19	Electronic Payment	WEBFILE TAX PYMT DD 902/27267847 - sales tax			966.33
05/22	Electronic Payment	FDGL LEASE PYMT			26.98
05/22	Electronic Payment	FDGL LEASE PYMT			151.23
05/24	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03136002		5/22	3,564.00

IBC

BANK

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311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1230
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 646

CUSTOMER NO.	PAGE NO.
	15 of 15

05/01/2017 to 05/31/2017
STATEMENT PERIOD

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05/30	Electronic Payment	CARDMEMBER SERV ELECT PYMT	5/25 ✓	3,189.10 ✓
05/30	Electronic Payment	CARDMEMBER SERV ELECT PYMT	5/25 ✓	6,184.02 ✓
05/31	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03145334	5/20 ✓	2,480.82 ✓
05/31	Electronic Payment	IRS USATAXPYMT 220755112933467	✓	96,003.80 ✓
05/31	Electronic Payment	STATE COMPTRLR TEXNET 27287856/70530	✓	1,010,436.00 ✓

Daily Ending Balance

05/01	2,335,920.89	05/11	2,231,843.28	05/22	1,914,336.54
05/02	2,281,648.62	05/12	2,298,159.31	05/23	1,667,418.34
05/03	2,374,022.76	05/15	2,257,851.63	05/24	1,639,059.27
05/04	2,128,738.71	05/16	2,091,730.32	05/25	2,709,820.91
05/05	2,294,555.12	05/17	2,005,330.61	05/26	2,861,281.76
05/08	2,401,716.23	05/18	1,830,127.27	05/30	2,862,217.29
05/09	2,394,675.49	05/19	1,891,864.64	05/31	1,601,596.13
05/10	2,325,728.91				

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CUSTOMER

8/NE/131/019/1062
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202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

3

CUSTOMER NO.	PAGE NO.
	1 of 2

05/01/2017 to 05/31/2017
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
126,197.57	41	585,672.13	3	558,536.85	153,332.85

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
05/05		113,507.49	05/16		54,521.07	05/23		25,637.83

Electronic Activity

	Credits		
05/01	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	4,286.05
05/01	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17042717700037	3,335.81
05/05	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	7,421.61
05/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	16,457.18
05/08	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	7,278.14
05/08	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	2,656.52
05/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	1,688.83
05/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17050614206308	29,458.51
05/09	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,942.77
05/09	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,224.02
05/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17050512404121	706.59
05/11	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	663.55
05/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17051013000565	13,121.84
05/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17051011703329	3,055.00
05/12	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,739.87
05/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17051211000780	18,815.80
05/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17051214400648	11,137.04
05/16	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	2,562.34
05/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	134,673.94
05/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17051714800571	2,185.31
05/22	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	14,093.41
05/22	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	12,175.58
05/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	4,470.94
05/22	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	3,736.95
05/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052015802347	31,422.87
05/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052015802320	2,350.87
05/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	1,478.72
05/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052313000592	6,916.30
05/26	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	25.28
05/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052511501369	18,252.43
05/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052510502674	11,913.01
05/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	4,861.63
05/30	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	2,608.73
05/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052511501335	1,097.07
05/31	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	8,246.91
05/31	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,743.91
05/31	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,573.46
05/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	626.95

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CUSTOMER
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202 S ANN ST STE A
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STATEMENT

3

CUSTOMER NO.	PAGE NO.
	2 of 2

05/01/2017 to 05/31/2017
STATEMENT PERIOD

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	Debits		
05/03	Outgoing Wire	0325 ASHFORD HEALTH CARE CENTER LTD	126,097.57
05/11	Outgoing Wire	0002 ASHFORD HEALTH CARE CENTER LTD	128,550.96
05/22	Outgoing Wire	0251 ASHFORD HEALTH CARE CENTER LTD	303,888.32

Daily Ending Balance

05/01	133,819.43	05/12	80,092.82	05/24	95,467.17
05/03	7,721.86	05/16	167,129.07	05/25	102,383.47
05/05	128,650.96	05/19	303,988.32	05/26	102,408.75
05/08	156,731.63	05/22	34,576.88	05/30	141,141.62
05/09	190,063.52	05/23	93,988.45	05/31	153,332.85
05/11	62,176.11				

IBC

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CUSTOMER

8/NE/131/019/1066
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
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STATEMENT

4

CUSTOMER NO.	PAGE NO.
	1 of 1

05/01/2017 to 05/31/2017
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
69,524.22	19	566,097.10	4	419,222.89	216,398.43

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
05/05		44,941.47	05/16		116,829.55	05/23		37,562.64

Checks (Debits)

Date	Check #	Amount
05/25	16	268.90

Electronic Activity

	Credits		
05/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	591.49
05/04	Electronic Deposit	PaySpan PaySpan	0.08
05/08	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	1,444.35
05/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	406.31
05/09	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	4,008.04
05/16	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	937.87
05/18	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	180,370.61
05/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	71,133.00
05/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	13,626.08
05/23	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	1,277.82
05/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	22,805.63
05/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	35,162.06
05/26	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	3,014.10
05/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	16,037.92
05/30	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	2,818.76
05/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	13,129.32
	Debits		
05/03	Outgoing Wire	0328 CANTEX HEALTH CARE CENTERS III	69,424.22
05/11	Outgoing Wire	0005 CANTEX HEALTH CARE CENTERS III	45,533.04
05/22	Outgoing Wire	0254 CANTEX HEALTH CARE CENTERS III	303,996.73

Daily Ending Balance

05/03	691.49	05/11	5,958.70	05/24	146,505.17
05/04	691.57	05/16	123,726.12	05/25	146,236.27
05/05	45,633.04	05/18	304,096.73	05/26	184,412.43
05/08	47,483.70	05/22	71,233.00	05/30	203,269.11
05/09	51,491.74	05/23	123,699.54	05/31	216,398.43

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CUSTOMER

8/NE/131/019/1065
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STATEMENT

3

CUSTOMER NO.	PAGE NO.
	1 of 1

05/01/2017 to 05/31/2017
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
97,781.09	28	498,163.49	3	501,400.49	94,544.09

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
05/05		70,572.77	05/16		45,938.88	05/23		11,239.50

Electronic Activity

Credits

05/01	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	2,583.05
05/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	1,147.48
05/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	64.99
05/05	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	1,263.89
05/08	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	4,598.99
05/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	2,370.16
05/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17050614206306	8,364.78
05/09	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	2,084.06
05/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17050616204096	2,043.16
05/11	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17050912400601	839.45
05/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17051319900593	7,700.00
05/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	254,147.74
05/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	2,574.45
05/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	12,688.90
05/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052015802344	12,001.31
05/23	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	10,185.29
05/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052014902421	4,235.00
05/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052011400247	2,189.10
05/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	2,273.80
05/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	25,625.14
05/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052313000590	2,802.17
05/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052511501366	3,680.22
05/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052517800006	1,021.58
05/30	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	547.09
05/31	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	3,380.54

Debits

05/03	Outgoing Wire	0327 CANTEX HEALTH CARE CENTERS III	97,681.09
05/11	Outgoing Wire	0004 CANTEX HEALTH CARE CENTERS III	75,632.18
05/22	Outgoing Wire	0253 CANTEX HEALTH CARE CENTERS III	328,087.22

Daily Ending Balance

05/01	100,364.14	05/09	95,193.33	05/23	55,213.55
05/02	101,511.62	05/11	20,400.60	05/24	57,487.35
05/03	3,895.52	05/16	74,039.48	05/25	85,914.66
05/05	75,732.18	05/19	328,187.22	05/30	91,163.55
05/08	82,701.33	05/22	2,674.45	05/31	94,544.09

IBC

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CUSTOMER

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MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
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202 S ANN ST STE A
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STATEMENT

3

CUSTOMER NO.	PAGE NO.
	1 of 2

05/01/2017 to 05/31/2017
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
53,730.02	32	197,102.61	3	196,423.29	54,409.34

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
05/05		30,718.35 ✓	05/16		22,316.81✓	05/23		1,126.91✓

Electronic Activity

Credits

05/01	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	122.57
05/02	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	3,724.50
05/03	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	256.81
05/05	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	530.40
05/08	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	5,432.57
05/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	3,563.42
05/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17050614206307	5,697.44
05/09	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	588.40
05/17	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	1,343.53
05/18	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	518.47
05/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	63,864.48
05/19	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	4,115.52
05/22	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	11,942.22
05/22	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	2,114.35
05/22	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,594.80
05/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	570.14
05/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052015802345	8,483.72
05/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17051910901058	2,645.07
05/24	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	474.82
05/25	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052313000591	3,659.16
05/26	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	824.08
05/30	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	2,454.60
05/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052511501367	1,107.24
05/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	986.70
05/30	Electronic Deposit	CENTENE CORP HCCLAIMPMT	744.24
05/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052612202085	5,183.09
05/31	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	4,400.39
05/31	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	3,207.23
05/31	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	2,790.58

Debits

05/03	Outgoing Wire	0329 CANTEX HEALTH CARE CENTERS III	53,630.02
05/11	Outgoing Wire	0006 CANTEX HEALTH CARE CENTERS III	35,352.63
05/22	Outgoing Wire	0255 CANTEX HEALTH CARE CENTERS III	107,440.64

IBC

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311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1064
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

3

CUSTOMER NO.	PAGE NO.
	1 of 1

05/01/2017 to 05/31/2017
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
94,235.80	26	626,793.32	3	305,710.50	415,318.62

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
05/05		74,331.66	05/16		100,148.83	05/23		25,397.59

Electronic Activity

Credits

05/03	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	3,780.20
05/05	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	5,849.76
05/05	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	18.97
05/08	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	8,517.42
05/08	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	1,486.56
05/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17050614206310	2,757.63
05/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17050614206289	2,335.52
05/12	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17051013000567	11,255.36
05/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17051319900594	615.45
05/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17051713600267	477.34
05/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	317,813.86
05/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	22,077.54
05/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052015802349	2,996.66
05/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052015802332	2,631.90
05/24	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	4,745.29
05/25	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	1,754.21
05/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	21,050.52
05/26	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	126.87
05/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052511501371	1,979.43
05/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052511501347	1,133.43
05/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	974.68
05/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052716404068	12,424.49
05/31	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17052612202087	112.15

Debits

05/03	Outgoing Wire	0326 CANTEX HEALTH CARE CENTERS LLC	94,135.80
05/11	Outgoing Wire	0003 CANTEX HEALTH CARE CENTERS LLC	83,980.59
05/22	Outgoing Wire	0252 CANTEX HEALTH CARE CENTERS LLC	127,594.11

Daily Ending Balance

05/03	3,880.20	05/12	26,452.49	05/24	375,762.84
05/05	84,080.59	05/16	127,216.77	05/25	377,517.05
05/08	94,084.57	05/19	127,694.11	05/26	398,694.44
05/09	99,177.72	05/22	317,913.86	05/30	402,781.98
05/11	15,197.13	05/23	371,017.55	05/31	415,318.62

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

CUSTOMER

8/NE/131/019/1087
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ALLENBROOK HEALTHCARE CENTER
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

0

CUSTOMER NO.	PAGE NO.
	1 of 1

05/01/2017 to 05/31/2017
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	1	5.00	95.00

Electronic Activity

05/31	Debits Service Fee	Inactive Account Fee	5.00

Daily Ending Balance

05/31	95.00

BANK

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

CUSTOMER

8/NE/131/019/1089
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

05/01/2017 to 05/31/2017
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
100.00	0	0.00	1	5.00	95.00

Electronic Activity

05/31	Debits Service Fee	Inactive Account Fee	5.00

Daily Ending Balance

05/31	95.00

IBC

BANK

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

CUSTOMER

8/NE/131/019/999
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.
1 of 1

05/01/2017 to 05/31/2017
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	1	1,010,436.00	816,593.67

Checks (Debits)

Date	Check #	Amount
05/25	12	1,010,436.00

Daily Ending Balance

05/25	816,593.67

IBC

BANK

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

CUSTOMER

8/NE/131/019/1231
COUNTY OF CALHOUN TEXAS
INDIGENT HEALTHCARE
202 S Ann St Ste A
Port Lavaca TX 77979

STATEMENT

17

CUSTOMER NO.	PAGE NO.
	1 of 1

05/01/2017 to 05/31/2017
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
4,652.36	3	53,764.43	14	53,234.13	5,182.66

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
05/03		52,132.41	05/11		952.02	05/16		680.00

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
05/11	10400	116.56	05/05	10405	41,697.93	05/23	10411	585.40
05/10	10401	750.50	05/08 *	10407	3,388.00	05/11	10412	475.54
05/10	10402	135.41	05/16	10408	349.58	05/05	10413	4,166.67
05/09	10403	387.51	05/25	10409	79.62	05/23 *	11944	521.72
05/22	10404	268.90	05/11	10410	310.79			

* Indicates a skip in check number sequence

Daily Ending Balance

05/03	56,784.77	05/10	6,258.75	05/22	6,369.40
05/05	10,920.17	05/11	6,307.88	05/23	5,262.28
05/08	7,532.17	05/16	6,638.30	05/25	5,182.66
05/09	7,144.66				

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CUSTOMER
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MEMORIAL MEDICAL CENTER CONSTRUCTION COU
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202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
	1 of 1

05/01/2017 to 05/31/2017
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