MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- July 27, 2017

APPROVED
JUL 27 2017
CALHOUN COUNTY
COMMISSIONERS COURT

PAYABLES AND PAYROLL			
5/29/2017	Payroll	255,796.34	
5/29/2017	Payroll by checks	2,359.16	
6/1/2017	Weekly Payables	273,769.21	
6/2/2017	Patient Refunds	15,251.62	
6/2/2017	Transfer to Solera Nursing Home	2,985.82	
6/5/2017	McKesson Drugs	5,176.00	
6/6/2017	Weekly Payables	45.00	
6/6/2017	Return Check	25.00	
6/7/2017	Weekly Payables	345,116.84	
6/8/2017	Return Check	44.98	
6/12/2017	McKesson Drugs	3,880.11	
6/12/2017	Payroll	244,492.86	
6/12/2017	Payroll by checks	3,058.78	
6/14/2017	Payroll Liabilities (overpaid by $25.80)	93,134.96	
6/15/2017	TDCRS	114,318.48	
6/20/2017	McKesson Drugs	3,437.55	
6/22/2017	Weekly Payables	442,851.41	
6/22/2017	Credit Card Invoice	2,052.10	
6/23/2017	Credit Card Invoice	876.20	
6/26/2017	McKesson Drugs	4,883.30	
6/26/2017	Payroll	261,731.19	
6/26/2017	Payroll by checks	2,597.35	
6/27/2017	Weekly Payables	22,518.00	
6/30/2017	Payroll Liabilities	97,527.53	
	Monthly Electronic Transfers for Payroll Expenses(not incl above)	641.43	
	Monthly Electronic Transfers for Operating Expenses	9,969.25	
	Total Payables and Payroll		**$ 2,208,540.47**
INTER-GOVERNMENT TRANSFERS			
	Inter-Government Transfers for June 2017	126,327.56	
	Inter-Government Transfers for June 2017	168,427.20	
	Total Inter-Government Transfers		**$ 294,754.76**
INTRA-ACCOUNT TRANSFERS			
	Total Intra-Account Transfers		**$ -**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS			**$ 2,503,295.23**
INDIGENT HEALTHCARE FUND EXPENSES			**$ 50,237.80**
NURSING HOME UPL EXPENSES FOR June 2017			**$ 3,763,409.75**
IGT June 2017 MPAP NH Program			**$ 669,845.00**
MMC Construction			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED July 27, 2017			**$ 6,986,787.78**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- July 27, 2017

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		1056.64
Clinical Pathology Labs		30.32
Community Pathology Association		38.76
William J. Crowley D.O.		475.54
Richard Arroyo-Diaz		102.11
Singleton Associates, PA		2,151.39
Victoria Heart & Vascular Center		33.27
Mau-Shong Lin MD		46.73
MMCenter (In-patient $17,985.69 / Out-patient $16,150.07 / ER $2,918.32)		37,054.08
Memorial Medical Clinic		3,837.43
The Medicine Man		421.02
Port Lavaca Clinic		876.00
Regional Employee Assistance		340.12
Victoria Anesthesiology Assoc		303.27
Victoria Eye Center		134.45
SUBTOTAL		**46,901.13**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		4,166.67
	Subtotal	51,067.80
Co-pays adjustments for June 2017		**(830.00)**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**50,237.80**

800 07272017 01 CALHOUN COUNTY, TEXAS

DATE: 7/27/2017

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			$50,237.80
	approved by Commissioners Court on 07/27/2017			
1000-001-46010	June Interest $0.00			$0.00
				$50,237.80

COUNTY AUDITOR APPROVAL ONLY

APPROVED JUL 24 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: _____ 7/27/17

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 7/1/2017
Invoice # 5
For: June

Bill To:
Calhoun County

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

Total $ 4,166.67

CEO Signature

APPROVED
JUL 24 2017
COUNTY AUDITOR

KC

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----July 27, 2017

Nursing Home UPL

IN	Weekly Cantex Transfer OUT		ACH Deposits	ACH Transfers
5/22/17-5/30/17	6/1/2017	Ashford-4553	$ 141,041.62	$ 141,041.62
5/31/17 - 6/2/17	6/7/2017	Ashford-4553	112,035.86	112,035.86
6/5/17 - 6/9/17	6/13/2017	Ashford-4553	74,251.82	74,251.82
6/13/17 - 6/16/17	6/22/2017	Ashford-4553	907,548.37	478,482.87
6/20/17 - 6/26/17	6/29/2017	Ashford-4553	178,271.76	178,271.76
6/27/17 - 6/30/17		Ashford-4553	102,898.45	
5/22/17 - 5/30/17	6/1/2017	Broadmoor-4596	$ 203,169.11	$ 203,169.11
5/31/17 - 6/2/17	6/7/2017	Broadmoor-4596	108,439.72	108,439.72
6/7/17 - 6/9/17	6/13/2017	Broadmoor-4596	52,463.59	52,463.59
6/13/17 - 6/16/17	6/22/2017	Broadmoor-4596	15,562.50	15,562.50
6/20/17 - 6/26/17	6/29/2017	Broadmoor-4596	391,243.83	391,243.83
6/29/2017		Broadmoor-4596	27,885.58	
5/22/17 - 5/30/17	6/1/2017	Crescent-4588	$ 91,063.55	$ 91,063.55
5/31/17 - 6/2/17	6/7/2017	Crescent-4588	53,541.79	53,541.79
6/5/17 - 6/9/17	6/13/2017	Crescent-4588	39,607.05	39,607.05
6/13/17 - 6/16/17	6/22/2017	Crescent-4588	83,056.55	54,360.05
6/20/17 - 6/26/17	6/29/2017	Crescent-4588	294,813.23	294,813.23
6/27/17 - 6/30/17		Crescent-4588	20,407.43	
5/22/17 - 5/30/17	6/1/2017	Fort Bend-4618	$ 38,728.05	$ 38,728.05
5/31/17 - 6/2/17	6/7/2017	Fort Bend-4618	64,823.93	64,823.93
6/5/17 - 6/9/17	6/13/2017	Fort Bend-4618	16,516.22	16,516.22
6/12/17 - 6/16/17	6/22/2017	Fort Bend-4618	287,146.23	152,767.23
6/20/17 - 6/26/17	6/29/2017	Fort Bend-4618	99,823.18	99,823.18
6/27/17 - 6/30/17		Fort Bend-4618	47,183.40	
5/22/17 - 5/30/17	6/1/2017	Solera-4561	$ 402,681.98	$ 402,681.68
5/31/17 - 6/2/17	6/7/2017	Solera-4561	117,821.15	117,821.15
6/6/17 - 6/9/17	6/13/2017	Solera-4561	88,443.29	88,443.29
6/13/17 - 6/19/17	6/22/2017	Solera-4561	199,022.67	120,317.67
6/20/17 - 6/26/17	6/29/2017	Solera-4561	373,138.80	373,138.80
6/27/17 - 6/30/17		Solera-4561	36,294.98	
	SUBTOTAL		3,792,240.58	3,763,409.75

APPROVED

JUL 24 2017

COUNTY AUDITOR

MPAP/Checks to MMC		
	Ashford Check #016	429,065.50
	Broadmoor Check #012	28,696.50
	Crescent	-
	Fort Bend check #013	134,378.00
	Solera Check #012	77,705.00
SUBTOTAL		669,845.00

TOTAL APPROVED NURSING HOME WEEKLY CAN	**3,763,409.75**

MEMORIAL MEDICAL CENTER
CHECK REQUEST

PAYEE: Calhoun County Indigent Account

Date Requested: 7/10/2017

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

AMOUNT: $830.00

G/L NUMBER: 50240000

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

June 2017

REQUESTED BY: Adam Machicek

AUTHORIZED BY:

G/L NUMBER	RECEIPT DATE	PAY NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
[redacted]												
50240.000	06/26/17	465946	CA	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	06/30/17	466486	CA		10.00	10.00			00/00/00	ARK		2
50240.000	06/12/17	464969	CA		10.00	10.00			00/00/00	CAS		2
50240.000	06/12/17	464970	CA		10.00	10.00			00/00/00	CAS		2
50240.000	06/12/17	464983	CA		10.00	10.00			00/00/00	CAS		2
50240.000	06/12/17	464992	CA		10.00	10.00			00/00/00	CAS		2
50240.000	06/19/17	465475	CA		10.00	10.00			00/00/00	CAS		2
50240.000	06/19/17	465476	CA		10.00	10.00			00/00/00	CAS		2
50240.000	06/29/17	466325	VI		10.00	10.00			00/00/00	CAS		2
50240.000	06/15/17	465235	CA		10.00	10.00			00/00/00	FAG		2
50240.000	06/05/17	464327	CA		10.00	10.00			00/00/00	MKG		2
50240.000	06/01/17	464070	CA		10.00	10.00			00/00/00	PLB		2
50240.000	06/01/17	464073	CA		10.00	10.00			00/00/00	PLB		2
50240.000	06/01/17	464082	CA		10.00	10.00			00/00/00	PLB		2
50240.000	06/01/17	464095	CA		10.00	10.00			00/00/00	PLB		2
50240.000	06/01/17	464128	CA		10.00	10.00			00/00/00	PLB		2
50240.000	06/01/17	464190	CA		10.00	10.00			00/00/00	PLB		2
50240.000	06/01/17	464191	CA		10.00	10.00			00/00/00	PLB		2
50240.000	06/02/17	464250	VI		10.00	10.00			00/00/00	PLB		2
50240.000	06/02/17	464299	CA		10.00	10.00			00/00/00	PLB		2
50240.000	06/02/17	464300	CA		10.00	10.00			00/00/00	PLB		2
50240.000	06/05/17	464319	CA		10.00	10.00			00/00/00	PLB		2
50240.000	06/05/17	464328	MO		10.00	10.00			00/00/00	PLB		2
50240.000	06/05/17	464358	MC		10.00	10.00			00/00/00	PLB		2
50240.000	06/05/17	464361	CK		10.00	10.00			00/00/00	PLB		2
50240.000	06/05/17	464392	CA		10.00	10.00			00/00/00	PLB		2

G/L NUMBER	DATE	RECEIPT NUMBER	PAY TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL INIT	GL CODE	CASH ACCOUNT
50240.000	06/05/17	464398	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/05/17	464524	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/05/17	464525	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	06/06/17	464519	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/06/17	464526	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/07/17	464528	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/07/17	464549	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/07/17	464634	MC	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/07/17	464664	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/07/17	464688	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	06/08/17	464689	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/08/17	464755	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/09/17	464806	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/09/17	464809	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/09/17	464854	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/12/17	464936	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/12/17	464954	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/12/17	465028	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/14/17	465162	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/14/17	465231	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/16/17	465343	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/19/17	465433	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/19/17	465450	MC	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/19/17	465454	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/19/17	465457	MC	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/19/17	465459	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/20/17	465538	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/20/17	465668	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/21/17	465720	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/21/17	465763	CA	[redacted]	10.00-	10.00-			00/00/00	PLB		2
50240.000	06/21/17	465783	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/22/17	465835	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/26/17	465943	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/26/17	465980	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/26/17	465981	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/27/17	466020	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/27/17	466032	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/27/17	466034	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/27/17	466036	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/27/17	466079	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/27/17	466094	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/28/17	466172	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/28/17	466218	CK	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/28/17	466259	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/29/17	466265	VI	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/29/17	466296	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/30/17	466505	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/30/17	466507	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/30/17	466510	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/30/17	466512	CA	[redacted]	10.00	10.00			00/00/00	PLB		2
50240.000	06/19/17	465498	CA	[redacted]	10.00	10.00			00/00/00	SP		2
50240.000	06/05/17	464329	CA	[redacted]	10.00	10.00			00/00/00	TJC		2
50240.000	06/05/17	464378	CA	[redacted]	10.00	10.00			00/00/00	TJC		2
50240.000	06/21/17	465762	CA	[redacted]	10.00	10.00			00/00/00	TJC		2

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	06/22/17	465792	CA	[redacted]	10.00	10.00			00/00/00	TJC		2
50240.000	06/02/17	464188	VI	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	06/02/17	464205	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	06/06/17	464509	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	06/06/17	464517	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	06/12/17	464935	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	06/12/17	464953	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	06/12/17	464959	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	06/20/17	465640	CA	[redacted]	10.00	10.00			00/00/00	VTT		2

TOTAL 50240.000 COUNTY INDIGENT COPAYS 830.00

[redacted]

Issued 07/24/17

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 07/01/2017 through 07/01/2017
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	33,004.81	4,409.33
01-2	Physician Services- Anesthesia	1,326.00	303.27
02	Prescription Drugs	816.47	421.02
08	Rural Health Clinics	5,160.00	4,713.43
13	Mmc - Inpatient Hospital	37,123.07	17,985.69
14	Mmc - Hospital Outpatient	49,328.30	16,150.07
15	Mmc - Er Bills	9,119.76	2,918.32
	Expenditures	135,878.41	46,901.13
	Reimb/Adjustments	0.00	0.00
	Grand Total	**135,878.41**	**46,901.13**

Copays	<-830.00>
Expenses	4,166.67
Total	50.237.80

APPROVED
JUL 24 2017
COUNTY AUDITOR

MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

COMMISSIONERS COURT APPROVAL LIST FOR ----July 27, 2017

PAYABLES

GRAND TOTAL DISBURSEMENTS APPROVED July 27, 2017	-

APPROVED

JUL 24 2017

COUNTY AUDITOR

APPROVED
ON
JUN 0 1 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

05/31/2017 MEMORIAL MEDICAL CENTER 0
13:03 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 06/07/2017

Vendor#	Vendor Name	Class	Pay Code
10419	AMBU INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
217059380	INVET C/S	05/22/20	05/08/20	06/01/20		108.24	0.00	0.00	108.24

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10419	AMBU INC	108.24	0.00	0.00	108.24

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
2686397	PURCH SERV	05/30/20	05/23/20	06/02/20		1,669.61	0.00	0.00	1,669.61

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.	1,669.61	0.00	0.00	1,669.61

Vendor#	Vendor Name	Class	Pay Code
11388	ANNA GOODMAN COUNTY CLERK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22090	LEGAL	05/30/20	05/22/20	05/30/20		86.00	0.00	0.00	86.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11388	ANNA GOODMAN COUNTY CLERK	86.00	0.00	0.00	86.00

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
54779492	INVENT C/S	05/22/20	05/08/20	06/07/20		358.66	0.00	0.00	358.66
54601561	SUPPLIES	05/30/20	04/24/20	05/24/20		286.53	0.00	0.00	286.53

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE	645.19	0.00	0.00	645.19

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
54722795	LEASE	05/15/20	05/02/20	06/01/20		2,767.00	0.00	0.00	2,767.00
54722677	LEASE	05/15/20	05/02/20	06/01/20		190.50	0.00	0.00	190.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	2,957.50	0.00	0.00	2,957.50

Vendor#	Vendor Name	Class	Pay Code
B1220	BECKMAN COULTER INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
106312029	SUPPLIES	05/15/20	05/03/20	06/02/20		1,077.97	0.00	0.00	1,077.97
106313751	SUPPLIES	05/15/20	05/04/20	06/03/20		2,133.99	0.00	0.00	2,133.99
106313003	SUPPLIES	05/15/20	05/04/20	06/03/20		653.34	0.00	0.00	653.34

106312171	05/15/20	05/04/20	06/03/20	1,717.14	0.00	0.00	1,717.14
SUPPLIES							
106313855	05/15/20	05/04/20	06/03/20	185.54	0.00	0.00	185.54
SUPPLIES							
106313314	05/15/20	05/04/20	06/03/20	389.08	0.00	0.00	389.08
SUPPLIES							
106316384	05/22/20	05/07/20	06/06/20	544.92	0.00	0.00	544.92
SUPPLIES							
106316420	05/22/20	05/07/20	06/06/20	30.96	0.00	0.00	30.96
SUPPLIES							
106316411	05/22/20	05/07/20	06/06/20	3,173.21	0.00	0.00	3,173.21
SUPPLIES							
106317984	05/22/20	05/08/20	06/07/20	180.58	0.00	0.00	180.58
SUPPLIES							
106317807	05/22/20	05/08/20	06/07/20	30.96	0.00	0.00	30.96
SUPPLIES							
106317780	05/22/20	05/08/20	06/07/20	214.00	0.00	0.00	214.00
SUPPLIES							
106319239	05/22/20	05/08/20	06/07/20	181.13	0.00	0.00	181.13
SUPPLIES							
106317749	05/22/20	05/08/20	06/07/20	5,728.22	0.00	0.00	5,728.22
SUPPLIES							
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC		16,241.04	0.00	0.00	16,241.04

Vendor#	Vendor Name			Class	Pay Code				
B1320	BEEKLEY MEDICAL			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV1098928		05/30/20	05/17/20	05/30/20			125.95	0.00	0.00	125.95
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1320	BEEKLEY MEDICAL					125.95	0.00	0.00	125.95

Vendor#	Vendor Name			Class	Pay Code				
11050	BIRCH COMMUNICATIONS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
24024501		05/30/20	05/16/20	05/30/20			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				
10599	BKD, LLP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
BK00738816		05/15/20	05/02/20	06/01/20			5,408.00	0.00	0.00	5,408.00
AUDITING FEES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10599	BKD, LLP					5,408.00	0.00	0.00	5,408.00

Vendor#	Vendor Name			Class	Pay Code				
C1010	CABLE ONE			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22086		05/30/20	05/24/20	05/30/20			48.02	0.00	0.00	48.02
PURCH SERV										
22087		05/30/20	05/24/20	05/30/20			418.85	0.00	0.00	418.85
PURCH SERV										

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1010	CABLE ONE				466.87	0.00	0.00	466.87

Vendor#	Vendor Name	Class	Pay Code
A1825	CARDINAL HEALTH 414,LLC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8001335678	SUPPLIES	05/30/20	04/30/20	05/30/20			248.62	0.00	0.00	248.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	248.62	0.00	0.00	248.62

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
22097	PURCH SERV	05/30/20	04/30/20	05/30/20			165.00	0.00	0.00	165.00
22098	PURCH SERV	05/30/20	04/30/20	05/30/20			151.25	0.00	0.00	151.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	Z0850	CARMEN C. ZAPATA-ARROYO	316.25	0.00	0.00	316.25

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
92255570	INVENT C/S	05/16/20	05/02/20	06/01/20			104.16	0.00	0.00	104.16
92256652	INVENT C/S	05/16/20	05/03/20	06/02/20			223.80	0.00	0.00	223.80
92258278	SUPPLIES	05/22/20	05/05/20	06/04/20			639.00	0.00	0.00	639.00
92258850	SUPPLIES	05/22/20	05/08/20	06/07/20			404.54	0.00	0.00	404.54
92258849	SUPPLIES	05/22/20	05/08/20	06/07/20			92.16	0.00	0.00	92.16

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,463.66	0.00	0.00	1,463.66

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
22083	WATER SEWER	05/30/20	05/22/20	06/01/20			430.15	0.00	0.00	430.15

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	430.15	0.00	0.00	430.15

Vendor#	Vendor Name	Class	Pay Code
C1970	CONMED CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
403921	SUPPLIES	05/22/20	05/08/20	06/04/20			89.25	0.00	0.00	89.25

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	89.25	0.00	0.00	89.25

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
5031800		05/15/20	05/05/20	06/04/20			110.97	0.00	0.00	110.97

	OFF SUPPLIES								
	5032550		05/15/20	05/08/20	06/07/20	121.65	0.00	0.00	121.65
	OFFICE SUPPLIES								
	5029400		05/16/20	05/03/20	06/02/20	620.27	0.00	0.00	620.27
	INVENT C/S								
	5030010		05/16/20	05/03/20	06/02/20	18.84	0.00	0.00	18.84
	OFF SUPPLIES								
	5030110		05/16/20	05/03/20	06/02/20	25.00	0.00	0.00	25.00
	OFF SUPPLIES								
	5033540		05/16/20	05/08/20	06/07/20	217.70	0.00	0.00	217.70
	INVENT C/S								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON			1,114.43	0.00	0.00	1,114.43
Vendor#	Vendor Name				Class	Pay Code			
D1752	DLE PAPER & PACKAGING				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9193		05/08/20	05/03/20	06/03/20		185.60	0.00	0.00	185.60
		FORMS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1752	DLE PAPER & PACKAGING				185.60	0.00	0.00	185.60
Vendor#	Vendor Name				Class	Pay Code				
10026	DONN STRINGO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22100		05/30/20	05/24/20	05/30/20		90.76 90.42	0.00	0.00	90.76 90.42
		TRAVEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10026	DONN STRINGO				90.76 90.42	0.00	0.00	90.76 90.42
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
	35053		05/31/20	05/31/20	06/01/20		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				
C2510	EVIDENT				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	A1705031378		05/15/20	05/03/20	06/02/20		17,502.00	0.00	0.00	17,502.00
		SOFTWARE MAINT								
	929391		05/15/20	05/03/20	06/02/20		2,000.00	0.00	0.00	2,000.00
		MAJOR MOVABLE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C2510	EVIDENT				19,502.00	0.00	0.00	19,502.00
Vendor#	Vendor Name				Class	Pay Code				
R1185	FARAH JANAK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22091		05/30/20	05/24/20	05/30/20		408.80	0.00	0.00	408.80
		TRAVEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1185	FARAH JANAK				408.80	0.00	0.00	408.80
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
22078		05/30/20	06/01/20	06/01/20			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# 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
0742605	SUPPLIES	05/15/20	05/02/20	06/01/20			324.50	0.00	0.00	324.50
0891871	SUPPLIES	05/15/20	05/03/20	06/02/20			246.63	0.00	0.00	246.63
1189661	SUPPLIES	05/22/20	05/05/20	06/04/20			1,005.57	0.00	0.00	1,005.57
0742606	SUPPLIES	05/24/20	05/02/20	06/01/20			3,429.18	0.00	0.00	3,429.18
1050660	SUPPLIES	05/24/20	05/04/20	06/03/20			324.50	0.00	0.00	324.50
7355835	SUPPLIES	05/30/20	12/28/20	01/27/20			818.08	0.00	0.00	818.08
8812139	SUPPLIES	05/30/20	01/20/20	02/19/20			143.19	0.00	0.00	143.19

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	6,291.65	0.00	0.00	6,291.65

Vendor# 11183 Vendor Name FRONTIER Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22088	TELEPHONE	05/30/20	05/19/20	06/01/20			50.42	0.00	0.00	50.42

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	50.42	0.00	0.00	50.42

Vendor# 10488 Vendor Name GE HEALTHCARE IITS USA CORP Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
030469781	DUES	05/15/20	05/05/20	06/04/20			827.01	0.00	0.00	827.01

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10488	GE HEALTHCARE IITS USA CORP	827.01	0.00	0.00	827.01

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1317516	SUPPLIES	05/16/20	05/04/20	06/03/20			205.95	0.00	0.00	205.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	205.95	0.00	0.00	205.95

Vendor# 11285 Vendor Name ITA RESOURCES INC Class Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC52017	PURCH SERV	05/30/20	05/22/20	05/30/20			22,768.00	0.00	0.00	22,768.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	11285 ITA RESOURCES INC					22,768.00	0.00	0.00	22,768.00
Vendor#	Vendor Name				Class	Pay Code			
J0150	J & J HEALTH CARE SYSTEMS, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	917989789		05/22/20	05/08/20	06/07/20		555.12	0.00	0.00	555.12
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				555.12	0.00	0.00	555.12
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
	376612		05/30/20	05/17/20	05/30/20		10,200.00	0.00	0.00	10,200.00
		PROF FEES								
	2004089		05/30/20	05/17/20	05/30/20		528.04	0.00	0.00	528.04
		PROF FEES								
	2004200		05/30/20	05/18/20	05/30/20		257.54	0.00	0.00	257.54
		PROF FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11230	JACKSON & COKER LOCUM TENENS,				10,985.58	0.00	0.00	10,985.58
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
	22094		05/30/20	06/01/20	06/05/20		750.00	0.00	0.00	750.00
		RENT								
	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				
10341	JENISE SVETLIK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22092		05/30/20	05/22/20	05/30/20		479.24	0.00	0.00	479.24
		TRAVEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10341	JENISE SVETLIK				479.24	0.00	0.00	479.24
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
	22077		05/30/20	06/01/20	06/01/20		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				
10778	MAGAW MEDICAL									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	13574		05/16/20	05/03/20	06/01/20		65.00	0.00	0.00	65.00
		INVENT C/S								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10778	MAGAW MEDICAL				65.00	0.00	0.00	65.00
Vendor#	Vendor Name				Class	Pay Code				
M1950	MARTIN PRINTING CO				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	7007070166		05/15/20	05/05/20	06/04/20		143.62	0.00	0.00	143.62
		FORMS								

	70223 70224		05/30/20	05/08/20	06/07/20		406.10	0.00	0.00	406.10
		OFF SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M1950	MARTIN PRINTING CO				549.72	0.00	0.00	549.72
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
	02832005		05/22/20	05/08/20	06/07/20		353.68	0.00	0.00	353.68
		SUPPLES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				353.68	0.00	0.00	353.68
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
	1827327379		05/22/20	05/09/20	06/06/20		199.41	0.00	0.00	199.41
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				199.41	0.00	0.00	199.41
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
	22080		05/30/20	06/01/20	06/01/20		25.00	0.00	0.00	25.00
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				25.00	0.00	0.00	25.00
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
	32590547218		05/15/20	05/02/20	06/01/20		266.67	0.00	0.00	266.67
		PURCH SERV								
	8800059105		05/22/20	05/05/20	06/04/20		1,718.66	0.00	0.00	1,718.66
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				1,985.33	0.00	0.00	1,985.33
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
	22085		05/30/20	05/24/20	06/01/20		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				
10810	MMC EMPLOYEE BENEFIT PLAN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22102		05/30/20	05/22/20	05/30/20		50,007.04	0.00	0.00	50,007.04
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				50,007.04	0.00	0.00	50,007.04
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

1300587	05/30/20 05/18/20 05/19/20		10.90	0.00	0.00	10.90
1300590	INVENT PHARM 05/30/20 05/18/20 05/19/20		1,027.53	0.00	0.00	1,027.53
1258	INVENT PHARM 05/30/20 05/18/20 05/19/20		-4.99	0.00	0.00	-4.99
1300588	INVENT PHARM 05/30/20 05/18/20 05/19/20		3,218.36	0.00	0.00	3,218.36
1257	INVENT PHARM 05/30/20 05/18/20 05/19/20		-2.12	0.00	0.00	-2.12
1302057	INVENT PHARM 05/30/20 05/18/20 05/19/20		249.61	0.00	0.00	249.61
1312543	INVENT PHARM 05/30/20 05/22/20 05/23/20		1,456.04	0.00	0.00	1,456.04
1312546	INVENT PHARM 05/30/20 05/22/20 05/23/20		42.16	0.00	0.00	42.16
1312545	INVENT PHARM 05/30/20 05/22/20 05/23/20		142.19	0.00	0.00	142.19
1312544	INVENT PHARM 05/30/20 05/22/20 05/23/20		22.20	0.00	0.00	22.20
1319560	INVENT PHARM 05/30/20 05/23/20 05/24/20		72.87	0.00	0.00	72.87
1319558	INVENT PHARM 05/30/20 05/23/20 05/24/20		362.95	0.00	0.00	362.95
1319559	INVENT PHARM 05/30/20 05/23/20 05/24/20		1,320.16	0.00	0.00	1,320.16
2007	INVENT PHARM 05/30/20 05/23/20 05/24/20		-1.76	0.00	0.00	-1.76
1324485	INVENT PHARM 05/30/20 05/24/20 05/25/20		86.00	0.00	0.00	86.00
1320738	INVENT PHARM 05/30/20 05/24/20 05/25/20		8.78	0.00	0.00	8.78
1320739	INVENT PHARM 05/30/20 05/24/20 05/25/20		69.48	0.00	0.00	69.48
1323561	INVENT PHARM 05/30/20 05/24/20 05/25/20		159.35	0.00	0.00	159.35
1323562	INVENT PHARM 05/30/20 05/24/20 05/25/20		5.50	0.00	0.00	5.50
1321154	INVENT PHARM 05/30/20 05/24/20 05/25/20		29.95	0.00	0.00	29.95
1323563	INVENT PHARM 05/30/20 05/24/20 05/25/20		461.83	0.00	0.00	461.83
4199	INVENT PHARM 05/30/20 05/25/20 05/26/20		-5.00	0.00	0.00	-5.00
2920	INVENT PHARM 05/30/20 05/25/20 05/26/20		-5.00	0.00	0.00	-5.00
2915	INVENT PHARM 05/30/20 05/25/20 05/26/20		-4.99	0.00	0.00	-4.99
1328887	INVENT PHARM 05/30/20 05/25/20 05/26/20		3,149.87	0.00	0.00	3,149.87
1328736	INVENT PHARM 05/30/20 05/25/20 05/26/20		5.07	0.00	0.00	5.07
	INVENT PHARM					

2918		05/30/20	05/25/20	05/26/20	-3.80	0.00	0.00	-3.80
	INVENT PHARM							
2917		05/30/20	05/25/20	05/26/20	-1.27	0.00	0.00	-1.27
	INVENT PHARM							
2919		05/30/20	05/25/20	05/26/20	-7.77	0.00	0.00	-7.77
	INVENT PHARM							
4198		05/30/20	05/25/20	05/26/20	-5.00	0.00	0.00	-5.00
	INVENT PHARM							
1328886		05/30/20	05/25/20	05/26/20	352.37	0.00	0.00	352.37
	INVENT PHARM							
2916		05/30/20	05/25/20	05/26/20	-4.99	0.00	0.00	-4.99
	INVENT PHARM							
1328735		05/30/20	05/25/20	05/26/20	16.41	0.00	0.00	16.41
	INVENT PHARM							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			12,222.89	0.00	0.00	12,222.89

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
22099		05/30/20	05/24/20	05/30/20		33.92	0.00	0.00	33.92
	TRAVLE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	A2252	NADINE GARNER				33.92	0.00	0.00	33.92

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
1850318897		05/16/20	05/03/20	06/02/20		116.26	0.00	0.00	116.26
	SUPPLIES								
1850318896		05/16/20	05/03/20	06/02/20		441.98	0.00	0.00	441.98
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS				558.24	0.00	0.00	558.24

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
2027133272		05/16/20	05/02/20	06/01/20		84.92	0.00	0.00	84.92
	SUPPLIES								
2027132547		05/16/20	05/02/20	06/01/20		34.91	0.00	0.00	34.91
	INVENT C/S								
2027138378		05/16/20	05/02/20	06/01/20		809.41	0.00	0.00	809.41
	INVENT C/S								
2027145133		05/16/20	05/02/20	06/01/20		62.50	0.00	0.00	62.50
	SUPPLIES								
2027197179		05/16/20	05/04/20	06/03/20		1,028.68	0.00	0.00	1,028.68
	INVENT C/S								
2027205370		05/16/20	05/04/20	06/03/20		5.59	0.00	0.00	5.59
	INVENT C/S								
2027205675		05/16/20	05/04/20	06/03/20		22.24	0.00	0.00	22.24
	INVENT C/S								
2027190742		05/16/20	05/04/20	06/03/20		5.59	0.00	0.00	5.59
	INVENT C/S								

2027193450	05/16/20 05/04/20 06/03/20		1,457.43	0.00	0.00	1,457.43
SUPPLIES						
2026266788	05/22/20 03/30/20 06/01/20		1,758.71	0.00	0.00	1,758.71
INVENT C/S						
2027137089	05/30/20 05/02/20 06/01/20		645.28	0.00	0.00	645.28
SUPPLIES						

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	5,915.26	0.00	0.00	5,915.26

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
22095		05/30/20	05/17/20	05/30/20			149.99	0.00	0.00	149.99
TRAVEL										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2790	PATTI THUMANN	149.99	0.00	0.00	149.99

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
A1944654		05/30/20	05/05/20	06/04/20			513.90	0.00	0.00	513.90
INVENT PHARM										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	513.90	0.00	0.00	513.90

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
22093		05/30/20	06/01/20	06/05/20			11,001.20	0.00	0.00	11,001.20
RENT										

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22082		05/30/20	04/30/20	05/30/20			1,605.50	0.00	0.00	1,605.50
PUBLIC REL										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P2100	PORT LAVACA WAVE	1,605.50	0.00	0.00	1,605.50

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
3774197		05/16/20	05/02/20	06/01/20			276.44	0.00	0.00	276.44
INVENT C/S										
3775885		05/16/20	05/03/20	06/02/20			116.98	0.00	0.00	116.98
SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	393.42	0.00	0.00	393.42

Vendor#	Vendor Name	Class	Pay Code
10326	PRINCIPAL LIFE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22089		05/30/20	05/17/20	05/30/20			2,142.03	0.00	0.00	2,142.03
PREPAID INS										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE	2,142.03	0.00	0.00	2,142.03

Vendor#	Vendor Name				Class	Pay Code				
11024	REED, CLAYMON, MEEKER & HARGET									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	22101		05/30/20	05/08/20	05/30/20		15,000.00	0.00	0.00	15,000.00
		LEGAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11024	REED, CLAYMON, MEEKER & HARGET				15,000.00	0.00	0.00	15,000.00
Vendor#	Vendor Name				Class	Pay Code				
G0425	ROBERTS, ROBERTS & ODEFEY, LLP				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	152		05/30/20	05/18/20	05/30/20		2,538.25	0.00	0.00	2,538.25
		LEGAL								
	50		05/30/20	05/18/20	05/30/20		3,169.34	0.00	0.00	3,169.34
		LEGAL								
	82		05/30/20	05/18/20	05/30/20		68.75	0.00	0.00	68.75
		LEGAL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		G0425	ROBERTS, ROBERTS & ODEFEY, LLP				5,776.34	0.00	0.00	5,776.34
Vendor#	Vendor Name				Class	Pay Code				
10746	RR DONNELLEY									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	385675078		05/19/20	05/08/20	06/07/20		122.86	0.00	0.00	122.86
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10746	RR DONNELLEY				122.86	0.00	0.00	122.86
Vendor#	Vendor Name				Class	Pay Code				
11252	RX WASTE SYSTEMS LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1277		05/30/20	05/02/20	06/01/20		386.55	0.00	0.00	386.55
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11252	RX WASTE SYSTEMS LLC				386.55	0.00	0.00	386.55
Vendor#	Vendor Name				Class	Pay Code				
10343	SCAN SOUND, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	101300		05/30/20	05/03/20	06/02/20		47.62	0.00	0.00	47.62
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10343	SCAN SOUND, INC				47.62	0.00	0.00	47.62
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
	784731		05/30/20	05/26/20	06/01/20		10.00	0.00	0.00	10.00
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S1850	SHIP SHUTTLE TAXI SERVICE				10.00	0.00	0.00	10.00
Vendor#	Vendor Name				Class	Pay Code				
S2362	SMITH & NEPHEW									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	93691054		05/30/20	05/08/20	06/07/20		267.15	0.00	0.00	267.15
		SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	267.15	0.00	0.00	267.15

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
SIN023108	PURCH SERVICE	05/31/20	01/31/20	02/28/20			508.75	0.00	0.00	508.75

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11083	STRATUS VIDEO INTERPRETING	508.75	0.00	0.00	508.75

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
3037167	SUPPLIES	05/30/20	05/08/20	06/07/20			258.59	0.00	0.00	258.59

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	258.59	0.00	0.00	258.59

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TX0002753	PROF FEES	05/30/20	05/01/20	05/01/20			2,752.90	0.00	0.00	2,752.90

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10611	TELE-PHYSICIANS, P.A. (TX)	2,752.90	0.00	0.00	2,752.90

Vendor#	Vendor Name	Class	Pay Code
11140	TEXAS ADVANTAGE COMMUNITY BANK		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22084	LEASE RENTAL	05/30/20	05/22/20	06/01/20			3,690.52	0.00	0.00	3,690.52

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
T2303	TG	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22081	EMPL EXP	05/30/20	06/01/20	06/01/20			114.41	0.00	0.00	114.41

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
11100	THE US CONSULTING GROUP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
340367713	PURCH SERV	05/15/20	05/05/20	06/01/20			1,174.58	0.00	0.00	1,174.58
340367712	PURCH SERV	05/15/20	05/05/20	06/01/20			232.87	0.00	0.00	232.87

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,407.45	0.00	0.00	1,407.45

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
10271374	MAINT CONT	05/15/20	05/04/20	06/04/20			9,000.00	0.00	0.00	9,000.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

T1724	TOSHIBA AMERICA MEDICAL SYST.	9,000.00	0.00	0.00	9,000.00			

Vendor#	Vendor Name	Class	Pay Code
U1054	UNIFIRST HOLDINGS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8150765522	PURCH SERV	05/08/20	05/02/20	06/01/20			60.66	0.00	0.00	60.66
8150765614	PURCH SER	05/08/20	05/02/20	06/01/20			34.42	0.00	0.00	34.42

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

Vendor#	Vendor Name	Class	Pay Code
U1064	UNIFIRST HOLDINGS INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400245955	PURCH SER	05/08/20	05/02/20	06/01/20			1,363.06	0.00	0.00	1,363.06
8400245904	PURCH SER	05/08/20	05/02/20	06/01/20			148.65	0.00	0.00	148.65
8400245903	PURCH SER	05/08/20	05/02/20	06/01/20			327.29	0.00	0.00	327.29
8400245906	PURCH SER	05/08/20	05/02/20	06/01/20			127.86	0.00	0.00	127.86
8400245907	PURCH SER	05/08/20	05/02/20	06/01/20			101.25	0.00	0.00	101.25
8400245905	PURCH SER	05/08/20	05/02/20	06/01/20			141.08	0.00	0.00	141.08
8400245946	PURCH SER	05/08/20	05/02/20	06/01/20			173.07	0.00	0.00	173.07
8400246287	LAUNDRY	05/19/20	05/05/20	06/04/20			1,044.54	0.00	0.00	1,044.54
8400246245	LAUNDRY	05/19/20	05/05/20	06/04/20			426.40	0.00	0.00	426.40
8400245369	LAUNDRY	05/30/20	04/25/20	05/25/20			322.39	0.00	0.00	322.39

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	4,175.59	0.00	0.00	4,175.59

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
4502619	FOOD SUPPLIES	05/31/20	04/13/20	05/03/20			53.69	0.00	0.00	53.69
4683500	SUPPLIES	05/31/20	04/21/20	05/11/20			125.05	0.00	0.00	125.05
4742010	FOOD SUPPLIES	05/31/20	04/25/20	05/15/20			82.98	0.00	0.00	82.98
4824095	FOOD SUPPLIES	05/31/20	04/29/20	05/19/20			93.40	0.00	0.00	93.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	355.12	0.00	0.00	355.12

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

	22059		05/19/20	05/31/20	06/05/20		1,200.00	0.00	0.00	1,200.00 ✓
		POSTAGE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U2000	US POSTAL SERVICE				1,200.00	0.00	0.00	1,200.00
Vendor#	Vendor Name				Class	Pay Code				
10915	WAGEWORKS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	22079		05/30/20	06/01/20	06/01/20			2,245.54	0.00	0.00	2,245.54 ✓
		ACCRUED FLEX SPENDING									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10915	WAGEWORKS					2,245.54	0.00	0.00	2,245.54
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
	9110393460	✓	05/22/20	05/08/20	06/07/20			1,118.00	0.00	0.00	1,118.00 ✓
		SUPPLIES									
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC					1,118.00	0.00	0.00	1,118.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	273,769.55	0.00	0.00	273,769.55

pg 4 correction

<90.76>
+90.42
273,769.21

273,769.55 +
90.76 -
90.42 +
273,769.21 *

Michael J. Pfeifer
Calhoun County Judge
Date: 6-15-17

APPROVED ON
JUN 01 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CRS# 171394
+0
#171466

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	171394	06/01/17	90.42	DONN STRINGO
A/P	171395	06/01/17	355.12	US FOOD SERVICE
A/P	171396	06/01/17	513.90	PHARMEDIUM SERVICES LLC
A/P	171397	06/01/17	750.00	JAMES A DANIEL
A/P	171398	06/01/17	2,142.03	PRINCIPAL LIFE
A/P	171399	06/01/17	479.24	JENISE SVETLIK
A/P	171400	06/01/17	47.62	SCAN SOUND, INC
A/P	171401	06/01/17	1,463.66	CENTURION MEDICAL PRODUCTS
A/P	171402	06/01/17	1,114.43	DEWITT POTH & SON
A/P	171403	06/01/17	393.42	PRECISION DYNAMICS CORP (PDC)
A/P	171404	06/01/17	108.24	AMBU INC
A/P	171405	06/01/17	827.01	GE HEALTHCARE IITS USA CORP
A/P	171406	06/01/17	.00	VOIDED
A/P	171407	06/01/17	.00	VOIDED
A/P	171408	06/01/17	12,222.89	MORRIS & DICKSON CO, LLC
A/P	171409	06/01/17	5,408.00	BKD, LLP
A/P	171410	06/01/17	2,752.90	TELE-PHYSICIANS, P.A. (TX)
A/P	171411	06/01/17	258.59	STRYKER SUSTAINABILITY
A/P	171412	06/01/17	122.86	RR DONNELLEY
A/P	171413	06/01/17	65.00	MAGAW MEDICAL
A/P	171414	06/01/17	50,007.04	MMC EMPLOYEE BENEFIT PLAN
A/P	171415	06/01/17	2,245.54	WAGEWORKS
A/P	171416	06/01/17	25.00	MEMORIAL MEDICAL CLINIC
A/P	171417	06/01/17	1,490.00	M G TRUST
A/P	171418	06/01/17	15,000.00	REED, CLAYMON, MEEKER & HARGET
A/P	171419	06/01/17	75.00	FIRST CLEARING
A/P	171420	06/01/17	1,158.64	BIRCH COMMUNICATIONS
A/P	171421	06/01/17	508.75	STRATUS VIDEO INTERPRETING
A/P	171422	06/01/17	1,407.45	THE US CONSULTING GROUP
A/P	171423	06/01/17	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	171424	06/01/17	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	171425	06/01/17	50.42	FRONTIER
A/P	171426	06/01/17	10,985.58	JACKSON & COKER LOCUM TENENS,
A/P	171427	06/01/17	1,669.61	AMN HEALTHCARE ALLIED, INC.
A/P	171428	06/01/17	386.55	RX WASTE SYSTEMS LLC
A/P	171429	06/01/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	171430	06/01/17	22,768.00	ITA RESOURCES INC
A/P	171431	06/01/17	86.00	ANNA GOODMAN COUNTY CLERK
A/P	171432	06/01/17	248.62	CARDINAL HEALTH 414,LLC
A/P	171433	06/01/17	33.92	NADINE GARNER
A/P	171434	06/01/17	2,957.50	BAXTER HEALTHCARE CORP
A/P	171435	06/01/17	645.19	BAXTER HEALTHCARE
A/P	171436	06/01/17	16,241.04	BECKMAN COULTER INC
A/P	171437	06/01/17	125.95	BEEKLEY MEDICAL
A/P	171438	06/01/17	466.87	CABLE ONE
A/P	171439	06/01/17	430.15	CITY OF PORT LAVACA
A/P	171440	06/01/17	89.25	CONMED CORPORATION
A/P	171441	06/01/17	19,502.00	EVIDENT
A/P	171442	06/01/17	185.60	DLE PAPER & PACKAGING
A/P	171443	06/01/17	6,291.65	FISHER HEALTHCARE

BANK--CHECK	NUMBER	DATE	AMOUNT	PAYEE
A/P	171444	06/01/17	5,776.34	ROBERTS, ROBERTS & ODEFEY, LLP
A/P	171445	06/01/17	205.95	GULF COAST PAPER COMPANY
A/P	171446	06/01/17	1,118.00	WERFEN USA LLC
A/P	171447	06/01/17	555.12	J & J HEALTH CARE SYSTEMS, INC
A/P	171448	06/01/17	549.72	MARTIN PRINTING CO
A/P	171449	06/01/17	353.68	MCKESSON MEDICAL SURGICAL INC
A/P	171450	06/01/17	199.41	MEDLINE INDUSTRIES INC
A/P	171451	06/01/17	258.52	METLIFE
A/P	171452	06/01/17	1,985.33	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	171453	06/01/17	558.24	ORTHO CLINICAL DIAGNOSTICS
A/P	171454	06/01/17	.00	VOIDED
A/P	171455	06/01/17	5,915.26	OWENS & MINOR
A/P	171456	06/01/17	1,605.50	PORT LAVACA WAVE
A/P	171457	06/01/17	408.80	FARAH JANAK
A/P	171458	06/01/17	10.00	SHIP SHUTTLE TAXI SERVICE
A/P	171459	06/01/17	267.15	SMITH & NEPHEW
A/P	171460	06/01/17	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	171461	06/01/17	114.41	TG
A/P	171462	06/01/17	149.99	PATTI THUMANN
A/P	171463	06/01/17	95.08	UNIFIRST HOLDINGS
A/P	171464	06/01/17	4,175.59	UNIFIRST HOLDINGS INC
A/P	171465	06/01/17	1,200.00	US POSTAL SERVICE
A/P	171466	06/01/17	316.25	CARMEN C. ZAPATA-ARROYO
TOTALS:			273,769.21	

APPROVED
ON

JUN 0 1 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE: 06/01/17
TIME: 08:11

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]	052217	1224.23		2	[redacted]	
		040715	531.15		3		
		011917	88.92		3		
		011917	99.40		2		
		011917	1471.60		2		
		011917	54.40		3		
		011917	25.80		3		
		011917	73.10		3		
		052217	2803.32		2		
		011917	879.85		3		
		011917	393.00		3		
		042717	52.60		2		
		052217	78.29		2		
		052217	266.59		3		
		042617	389.66		2		
		011917	186.11		2		

RUN DATE: 06/01/17
TIME: 08:11

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]	042617	1021.17				
		042617	409.52				
		042617	66.20				
		011917	1288.00				
		121616	515.89				
		052217	1344.10				
		052217	19.57				
		042617	283.20				
		042617	283.20				
		042617	994.76				
		052217	16.00				
		052217	50.00				
		042617	291.99				
		052217	50.00				
		031516	2985.82	2		TRANSFER TO SOLERA WEST HOUSTON	

ARID=0001 TOTAL 18237.44

TOTAL 18237.44

APPROVED
ON
JUN 02 [illegible]

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS#171467 *
to
171497

Michael J. Pfeifer
Calhoun County Judge
Date: 6-15-17

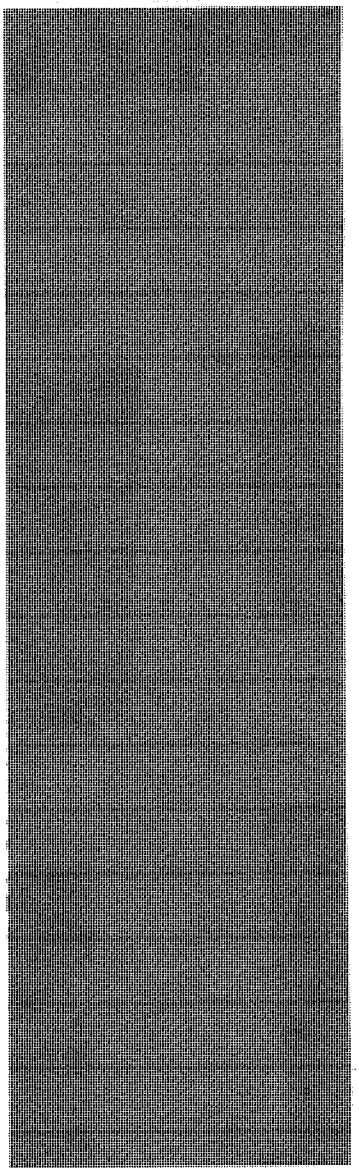
* Patient Refunds
15,251.62

→ Transfer Back to Nursing Home
2,985.82

18,237.44 *
2,985.82 ← Not patient refund, transfer back to Nursing Home. Received in Error
15,251.62 * ← Total Patient refunds

RUN DATE:06/02/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:11 CHECK REGISTER GLCKREG
06/02/17 THRU 06/02/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171467	06/02/17	1,224.23	
A/P	171468	06/02/17	531.15	
A/P	171469	06/02/17	88.92	
A/P	171470	06/02/17	99.40	
A/P	171471	06/02/17	1,471.60	
A/P	171472	06/02/17	54.40	
A/P	171473	06/02/17	25.80	
A/P	171474	06/02/17	73.10	
A/P	171475	06/02/17	2,803.32	
A/P	171476	06/02/17	879.85	
A/P	171477	06/02/17	393.00	
A/P	171478	06/02/17	52.60	
A/P	171479	06/02/17	78.29	
A/P	171480	06/02/17	266.59	
A/P	171481	06/02/17	389.66	
A/P	171482	06/02/17	186.11	
A/P	171483	06/02/17	1,021.17	
A/P	171484	06/02/17	409.52	
A/P	171485	06/02/17	66.20	
A/P	171486	06/02/17	1,288.00	
A/P	171487	06/02/17	515.89	
A/P	171488	06/02/17	1,344.10	
A/P	171489	06/02/17	19.57	
A/P	171490	06/02/17	283.20	
A/P	171491	06/02/17	283.20	
A/P	171492	06/02/17	994.76	
A/P	171493	06/02/17	16.00	
A/P	171494	06/02/17	50.00	
A/P	171495	06/02/17	291.99	
A/P	171496	06/02/17	50.00	
A/P	171497	06/02/17	2,985.82	
TOTALS:			18,237.44	



APPROVED
ON

JUN 02 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
6/5/2017

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	141,141.62	141,041.62	112,035.86	-	-	-	-	112,135.86	**112,035.86**

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	402,781.98	402,681.98	117,821.15	-	-	-	-	117,921.15	**117,821.15**
Crescent	4588	91,163.55	91,063.55	53,541.79	-	-	-	-	53,641.79	**53,541.79**
Broadmoor	4596	203,269.11	203,169.11	108,439.72	-	-	-	-	108,539.72	**108,439.72**
Fort Bend	4618	38,828.05	38,728.05	64,823.93	-	-	-	-	64,923.93	**64,823.93**
										344,626.59

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: 6-15-17

APPROVED
JUN 05 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 6-5-17.xlsx

Account Portfolio as of 06/05/2017 8:30:50 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	$816,593.67	$816,593.67
Memorial Medical Center	4154	$0.00	$100.00
Memorial Medical Center	4553	$112,135.86	$113,519.15
Memorial Medical Center	4561	$117,921.15	$117,921.15
Memorial Medical Center	4588	$53,641.79	$56,666.78
Memorial Medical Center	4596	$108,539.72	$108,539.72
Memorial Medical Center	4618	$64,923.93	$65,018.91
NH Green NH Green Acres of Bay	4855	$95.00	$95.00
NH Humber Healthcare Center	4863	$95.00	$95.00
NH Allenbrook Heathcare	4871	$95.00	$95.00
NH Golden Creek Healthcare	4901	$95.00	$95.00
Memorial Medical Center Operat	0301	$1,306,578.85	$1,362,404.41
County of Calhoun Indigent	1101	$5,182.66	$5,182.66
Totals		**$2,585,897.63**	**$2,646,326.45**

IBC Bank Activity
5/31/17 through 6/4/17

Ashford Gardens					Transfer-Out	Transfer-In	
5/31/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,573.46	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4461972*1201494502\
5/31/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,743.91	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4459783*1201494502\
5/31/2017	113105025	4553	142	ACH CREDIT RECEIVED		8,246.91	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/31/2017	113105025	4553	142	ACH CREDIT RECEIVED		626.95	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6617741*1205296137*000004911\
6/1/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	141,041.62		ASHFORD HEALTH CARE CENTER LTD
6/1/2017	113105025	4553	301	COMMERCIAL DEPOSIT		44,756.80	
6/1/2017	113105025	4553	142	ACH CREDIT RECEIVED		8,171.09	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
6/2/2017	113105025	4553	301	COMMERCIAL DEPOSIT		46,916.74	
					141,041.62	112,035.86	

Solera at West Houston					Transfer-Out	Transfer-In	
5/31/2017	113105025	4561	142	ACH CREDIT RECEIVED		12,424.49	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017052716404068*1752603231\
5/31/2017	113105025	4561	142	ACH CREDIT RECEIVED		112.15	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017052612202087*1752603231\
6/1/2017	113105025	4561	301	COMMERCIAL DEPOSIT		52,534.40	
6/1/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,606.00	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
6/1/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	402,681.98		CANTEX HEALTH CARE CENTERS LLC
6/1/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,744.65	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4447980*1205296137*000004011\
6/2/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,938.50	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017053112201707*1752603231\
6/2/2017	113105025	4561	301	COMMERCIAL DEPOSIT		36,041.10	
6/2/2017	113105025	4561	142	ACH CREDIT RECEIVED		3,419.86	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					402,681.98	117,821.15	

Crescent					Transfer-Out	Transfer-In	
5/31/2017	113105025	4588	142	ACH CREDIT RECEIVED		3,380.54 P	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4459902*1201494502\
6/1/2017	113105025	4588	301	COMMERCIAL DEPOSIT		31,039.77	
6/1/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	91,063.55		CANTEX HEALTH CARE CENTERS III
6/2/2017	113105025	4588	301	COMMERCIAL DEPOSIT		19,121.48	
					91,063.55	53,541.79	

Broadmoor					Transfer-Out	Transfer-In	
5/31/2017	113105025	4596	142	ACH CREDIT RECEIVED		13,129.32	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4446890*1205296137*000004011\
6/1/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	203,169.11		CANTEX HEALTH CARE CENTERS III
6/1/2017	113105025	4596	301	COMMERCIAL DEPOSIT		8,503.04	
6/2/2017	113105025	4596	142	ACH CREDIT RECEIVED		2,722.00 P	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4468000*1201494502\
6/2/2017	113105025	4596	301	COMMERCIAL DEPOSIT		84,085.36	
					203,169.11	108,439.72	

Fort Bend					Transfer-Out	Transfer-In	
5/31/2017	113105025	4618	142	ACH CREDIT RECEIVED		2,790.58 P	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4459782*1201494502\
5/31/2017	113105025	4618	142	ACH CREDIT RECEIVED		3,207.23	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
5/31/2017	113105025	4618	142	ACH CREDIT RECEIVED		4,400.39	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4446484*1205296137*000004011\
5/31/2017	113105025	4618	142	ACH CREDIT RECEIVED		5,183.09	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017052612202085*1752603231\
6/1/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	38,728.05		CANTEX HEALTH CARE CENTERS III
6/1/2017	113105025	4618	301	COMMERCIAL DEPOSIT		25,232.97	
6/2/2017	113105025	4618	301	COMMERCIAL DEPOSIT		24,009.67	
					38,728.05	64,823.93	

RUN DATE:06/05/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:58 CHECK REGISTER and Open Invoice List GLCKREG
06/05/17 THRU 06/05/17

BANK--CHECK---------- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000931	06/05/17	5,176.00	MCKESSON
TOTALS:			5,176.00	

340 B Prescription Expenses

APPROVED
ON

JUN 05 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 6-13-17

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: 06/02/2017

DC: 8115

Territory:

Customer: 632536
Date: 06/03/2017

Page: 002

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

As of: 06/02/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 06/03/2017 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: 5,281.67 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0.00

If Paid By 06/06/2017,
Pay This Amount: 5,176.00 USD ✓

If Paid After 06/06/2017,
Pay this Amount: 5,281.67 USD

Due If Paid On Time:
USD 5,176.00

Disc lost if paid late:
105.67

Due If Paid Late:
USD 5,281.67

chk# 931

1,556.81 +
1,318.14 +
2,301.05 +
5,176.00 *

APPROVED
ON
JUN 05 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: 06/02/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 06/03/2017

Page: 001

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

As of: 06/02/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 06/03/2017 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											
05/30/2017	06/06/2017	7810681327	1001021603	115Invoice	2.39	119.29		✓116.90	✓	7810681327	
05/30/2017	06/06/2017	7810681328	1001022020	115Invoice	5.57	278.33		✓272.76	✓	7810681328	
05/30/2017	06/06/2017	7810681329	1001022427	115Invoice	0.14	6.78		✓6.64	✓	7810681329	
05/30/2017	06/06/2017	7810681330	1001022801	115Invoice	1.10	54.84		✓53.74	✓	7810681330	
05/31/2017	06/06/2017	7810954218	1001023303	115Invoice	3.90	194.82		✓190.92	✓	7810954218	
06/02/2017	06/06/2017	7811440111	1001024636	115Invoice	4.82	241.10		✓236.28	✓	7811440111	
06/02/2017	06/06/2017	7811440112	1001024636	115Invoice	13.87	693.44		✓679.57	✓	7811440112	

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: 1,588.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,480.82
05/30/2017

If Paid By 06/06/2017, Pay This Amount: ✓1,556.81 USD

If Paid After 06/06/2017, Pay this Amount: 1,588.60 USD

Due If Paid On Time: USD 1,556.81

Disc lost if paid late: 31.79

Due If Paid Late: USD 1,588.60

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: 06/02/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 06/03/2017

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

As of: 06/02/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 06/03/2017 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											
05/30/2017	06/06/2017	7810697761	1001021605	115Invoice	1.67	83.45		81.78	✓	7810697761	
05/30/2017	06/06/2017	7810697762	1001022022	115Invoice	0.99	49.61		48.62	✓	7810697762	
05/30/2017	06/06/2017	7810697763	1001022429	115Invoice	2.25	112.49		110.24	✓	7810697763	
05/30/2017	06/06/2017	7810697764	1001022803	115Invoice	1.27	63.30		62.03	✓	7810697764	
05/31/2017	06/06/2017	7810901053	1001023305	115Invoice	0.04	2.02		1.98	✓	7810901053	
06/01/2017	06/06/2017	7811196212	1001024113	115Invoice	11.27	563.70		552.43	✓	7811196212	
06/01/2017	06/06/2017	7811196213	1001024113	115Invoice	0.16	7.89		7.73	✓	7811196213	
06/02/2017	06/06/2017	7811444594	1001024638	115Invoice	9.17	458.32		449.15	✓	7811444594	
06/02/2017	06/06/2017	7811444595	1001024638	115Invoice	0.09	4.27		4.18	✓	7811444595	

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: 1,345.05 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,480.82
05/30/2017

If Paid By 06/06/2017,
Pay This Amount: 1,318.14 USD ✓

If Paid After 06/06/2017,
Pay this Amount: 1,345.05 USD

Due If Paid On Time:
USD 1,318.14

Disc lost if paid late:
26.91

Due If Paid Late:
USD 1,345.05

McKESSON

STATEMENT

Company: 8000

As of: 06/02/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 06/03/2017

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: 06/02/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 06/03/2017 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											
05/30/2017	06/06/2017	7810683116	6157051805	115Invoice	11.92	595.85		583.93	✓	7810683116	
05/30/2017	06/06/2017	7810687217	6157056461	115Invoice	1.19	59.59		58.40	✓	7810687217	
05/31/2017	06/06/2017	7810942019	1102481	115Invoice	8.18	408.80		400.62	✓	7810942019	
06/01/2017	06/06/2017	7811190474	6411865163	115Invoice	8.62	431.11		422.49	✓	7811190474	
06/01/2017	06/06/2017	7811190475	1102516	115Invoice	0.01	0.32		0.31	✓	7811190475	
06/02/2017	06/06/2017	7811422580	9057062108	115Invoice	17.05	852.35		835.30	✓	7811422580	

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: 2,348.02 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,480.82
05/30/2017

If Paid By 06/06/2017,
Pay This Amount: 2,301.05 USD

If Paid After 06/06/2017,
Pay this Amount: 2,348.02 USD

Due If Paid On Time:
USD 2,301.05

Disc lost if paid late:
46.97

Due If Paid Late:
USD 2,348.02

06/06/2017
12:39

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 05/31/2017

0
ap_open_invoice.template

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
22116		06/06/20	05/01/20	05/31/20			45.00	0.00	0.00	45.00
	DUES AND SUBS - Permit									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	45.00	0.00	0.00	45.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	45.00	0.00	0.00	45.00

APPROVED
ON
JUN 06 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 171498

Michael J. Pfeifer
Calhoun County Judge
Date: 6-15-17

RUN DATE:06/06/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:36 CHECK REGISTER GLCKREG
06/06/17 THRU 06/06/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171498	06/06/17	45.00	CITY OF PORT LAVACA
TOTALS:			45.00	

APPROVED
ON

JUN 06 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON
JUN 07 2017
COUNTY AUDITOR
GREGG COUNTY, TEXAS

06/07/2017
09:10

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 06/14/2017

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
	5402393	HLTH FAIR	05/19/20	05/08/20	06/08/20		472.13	0.00	0.00	472.13
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10250	4IMPRINT				472.13	0.00	0.00	472.13
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
	112050	SUPPLIES	05/31/20	05/03/20	06/02/20		37.26	0.00	0.00	37.26
	112093	SUPPLIES	05/31/20	05/04/20	06/03/20		3.49	0.00	0.00	3.49
	112100	SUPPLIES	05/31/20	05/04/20	06/03/20		17.99	0.00	0.00	17.99
	112095	SUPPLIES	05/31/20	05/04/20	06/04/20		12.76	0.00	0.00	12.76
	112096	SUPPLIES	05/31/20	05/04/20	06/04/20		7.49	0.00	0.00	7.49
	112252	SUPPLIES	05/31/20	05/10/20	06/10/20		24.25	0.00	0.00	24.25
	112244	SUPPLIES	05/31/20	05/10/20	06/10/20		12.96	0.00	0.00	12.96
	112268	SUPPLIES	05/31/20	05/10/20	06/10/20		67.34	0.00	0.00	67.34
	112419	SUPPLIES	05/31/20	05/16/20	06/10/20		24.76	0.00	0.00	24.76
	112451	SUPPLIES	05/31/20	05/17/20	06/10/20		42.98	0.00	0.00	42.98
	112488	SUPPLIES	05/31/20	05/18/20	06/10/20		56.52	0.00	0.00	56.52
	112500	SUPPLIES	05/31/20	05/18/20	06/10/20		37.99	0.00	0.00	37.99
	112708	SUPPLIES	05/31/20	05/26/20	06/10/20		14.99	0.00	0.00	14.99
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11283	ACE HARDWARE 15521				360.78	0.00	0.00	360.78
Vendor#	Vendor Name				Class	Pay Code				
A1680	AIRGAS USA, LLC - CENTRAL DIV				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	9063248908	HLTH FAIR	05/19/20	05/09/20	06/08/20		230.46	0.00	0.00	230.46
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1680	AIRGAS USA, LLC - CENTRAL DIV				230.46	0.00	0.00	230.46
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

0000394891		05/30/20	05/15/20	06/12/20		31,711.57	0.00	0.00	31,711.57
EMPL EXP									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10814	ALLIED BENEFIT SYSTEMS				31,711.57	0.00	0.00	31,711.57

Vendor#	Vendor Name				Class	Pay Code				
10668	ALLIED FIRE PROTECTION SA, LP									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	SI204721		05/30/20	05/11/20	06/10/20			195.00	0.00	0.00	195.00
	PURCH SERV										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10668	ALLIED FIRE PROTECTION SA, LP					195.00	0.00	0.00	195.00

Vendor#	Vendor Name				Class	Pay Code				
A1760	AMERICAN ACADEMY OF PEDIATRICS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	13605647		05/30/20	05/12/20	06/10/20			93.90	0.00	0.00	93.90
	SUPPLIES										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		A1760	AMERICAN ACADEMY OF PEDIATRICS					93.90	0.00	0.00	93.90

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
	831640		05/31/20	05/23/20	06/07/20			139.11	0.00	0.00	139.11
	SUPPLIES										
	831878		05/31/20	05/25/20	06/09/20			196.46	0.00	0.00	196.46
	SUPPLIES										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		A2600	AUTO PARTS & MACHINE CO.					335.57	0.00	0.00	335.57

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
	5461893		05/31/20	05/01/20	05/31/20			117.00	0.00	0.00	117.00
	FREIGHT										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP					117.00	0.00	0.00	117.00

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
	5370141		05/22/20	05/12/20	06/11/20			4,233.46	0.00	0.00	4,233.46
	SUPPLIES										
	106331166		05/22/20	05/14/20	06/13/20			235.50	0.00	0.00	235.50
	SUPPLIES										
	106334771		05/22/20	05/15/20	06/14/20			1,272.93	0.00	0.00	1,272.93
	SUPPLIES										
	106334745		05/22/20	05/15/20	06/14/20			2,651.77	0.00	0.00	2,651.77
	PURCH SERV										
	106334729		05/22/20	05/15/20	06/14/20			739.21	0.00	0.00	739.21
	SUPPLIES										
	105899491		05/31/20	10/04/20	11/03/20			359.20	0.00	0.00	359.20
	SUPPLIES										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		B1220	BECKMAN COULTER INC					9,492.07	0.00	0.00	9,492.07

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
707736 ✓		05/31/20	05/24/20	06/10/20		45.00	0.00	0.00	45.00 ✓
	REPAIRS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11211	BHB MACHINE & PUMP REPAIR, LLC	45.00	0.00	0.00	45.00

Vendor# Vendor Name — Class — Pay Code

10599 BKD, LLP ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
BK00744395 ✓		05/22/20	05/12/20	06/11/20		2,803.00	0.00	0.00	2,803.00 ✓
	AUDITING FEES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10599	BKD, LLP	2,803.00	0.00	0.00	2,803.00

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
954890729 ✓		05/30/20	05/15/20	06/14/20		309.00	0.00	0.00	309.00 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1655	BOSTON SCIENTIFIC CORPORATION	309.00	0.00	0.00	309.00

Vendor# Vendor Name — Class — Pay Code

B1800 BRIGGS HEALTHCARE ✓ — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8814253RI ✓		05/19/20	05/10/20	06/09/20		246.25	0.00	0.00	246.25 ✓
	SUPPLIES								
8819374RI ✓		05/30/20	05/15/20	06/14/20		305.60	0.00	0.00	305.60 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1800	BRIGGS HEALTHCARE	551.85	0.00	0.00	551.85

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
139020 ✓		05/31/20	05/09/20	06/08/20		852.60	0.00	0.00	852.60 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1835	BUCKEYE CLEANING CENTER	852.60	0.00	0.00	852.60

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
HRZ3883 ✓		05/31/20	05/02/20	06/01/20		771.55	0.00	0.00	771.55 ✓
	FIXED ASSETS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	771.55	0.00	0.00	771.55

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
22104		05/31/20	05/30/20	06/13/20		49.49	0.00	0.00	49.49 ✓
	FUEL								

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

Vendor# Vendor Name — Class — Pay Code

10350 CENTURION MEDICAL PRODUCTS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
92261420		05/22/20	05/10/20	06/09/20		305.25	0.00	0.00	305.25
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	305.25	0.00	0.00	305.25

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
22105		05/31/20	05/22/20	06/08/20		11,579.16	0.00	0.00	11,579.16
	WATER SEWER								
22106		05/31/20	05/22/20	06/08/20		116.73	0.00	0.00	116.73
	WATER SEWER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	11,695.89	0.00	0.00	11,695.89

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
OE108521		05/31/20	12/12/20	01/12/20		59.26	0.00	0.00	59.26
	OFF SUPPLIES								
WO165281		05/31/20	02/14/20	03/14/20		84.80	0.00	0.00	84.80
	OFF SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	144.06	0.00	0.00	144.06

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
RT00160702		05/31/20	05/23/20	06/10/20		7,682.67	0.00	0.00	7,682.67
	LEASE RENTAL								

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

Vendor# Vendor Name — Class — Pay Code

C1443 CYGNUS MEDICAL LLC — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
216522		05/22/20	05/09/20	06/08/20		448.00	0.00	0.00	448.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1443	CYGNUS MEDICAL LLC	448.00	0.00	0.00	448.00

Vendor# Vendor Name — Class — Pay Code

11008 DERRI HART

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22117		06/06/20	06/05/20	06/06/20		160.27	0.00	0.00	160.27
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11008	DERRI HART	160.27	0.00	0.00	160.27

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
5036010		05/15/20	05/10/20	06/09/20		8.64	0.00	0.00	8.64
	OFF SUPPLIES								
5036450		05/22/20	05/10/20	06/09/20		294.36	0.00	0.00	294.36
	INVENT C/S								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON				303.00	0.00	0.00	303.00

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
22108		05/31/20	05/30/20	06/10/20			118,957.54	0.00	0.00	118,957.54 ✓
	PRO FEES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	118,957.54	0.00	0.00	118,957.54

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
4380 ✓		05/31/20	03/31/20	04/30/20			505.00	0.00	0.00	505.00 ✓
	PURCH SERV									

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
D1710	DOWNTOWN CLEANERS ✓	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1230		05/31/20	05/02/20	05/12/20			26.10	0.00	0.00	26.10 ✓
	PURCH SERV									
22113		05/31/20	05/08/20	05/18/20			28.00	0.00	0.00	28.00 ✓
	PURCH SERV									
1248		05/31/20	05/15/20	05/25/20			6.10	0.00	0.00	6.10 ✓
	PURCH SERV									
1297		05/31/20	05/23/20	06/02/20			6.10	0.00	0.00	6.10 ✓
	PURCH SERV									
1338		05/31/20	05/30/20	06/09/20			6.10	0.00	0.00	6.10 ✓
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	72.40	0.00	0.00	72.40

Vendor#	Vendor Name	Class	Pay Code
11147	ENVIRONMENTAL SAFETY, INC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
13163 ✓		05/31/20	03/23/20	04/22/20			3,880.32	0.00	0.00	3,880.32 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11147	ENVIRONMENTAL SAFETY, INC	3,880.32	0.00	0.00	3,880.32

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
425489 ✓		05/30/20	05/15/20	06/14/20			153.99	0.00	0.00	153.99 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	153.99	0.00	0.00	153.99

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
T1705091378 ✓		05/19/20	05/09/20	06/08/20			14,380.68	0.00	0.00	14,380.68 ✓
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	C2510 EVIDENT					14,380.68	0.00	0.00	14,380.68
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
	580620629 ✓		05/31/20 05/18/20	06/10/20		40.08	0.00	0.00	40.08 ✓
		FREIGHT							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		F1100 FEDERAL EXPRESS CORP.				40.08	0.00	0.00	40.08
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
	1441396 ✓		05/22/20 05/09/20	06/08/20		145.53	0.00	0.00	145.53 ✓
		SUPPLIES							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		F1400 FISHER HEALTHCARE				145.53	0.00	0.00	145.53
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
	26233 ✓		05/31/20 04/29/20	05/28/20		235.68	0.00	0.00	235.68 ✓
		SUPPLIES							
	26253 ✓		05/31/20 05/03/20	06/10/20		107.60	0.00	0.00	107.60 ✓
		SUPPLIES							
	26270 ✓		05/31/20 05/06/20	06/10/20		145.56	0.00	0.00	145.56 ✓
		SUPPLIES							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		G0370 GARDENLAND NURSERY				488.84	0.00	0.00	488.84
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
	22112-A		06/07/20 05/01/20	05/30/20		5,341.77	0.00	0.00	5,341.77 ✓
		EMPL EXP							
	22111-A		06/07/20 06/01/20	06/10/20		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				
G1210	GULF COAST PAPER COMPANY ✓			M					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1319837 ✓		05/16/20 05/09/20	06/08/20		22.15	0.00	0.00	22.15 ✓
		SUPPLIES							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		G1210 GULF COAST PAPER COMPANY				22.15	0.00	0.00	22.15
Vendor#	Vendor Name			Class	Pay Code				
11102	GULF COAST REGIONAL ✓								
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1387 ✓		05/15/20 05/10/20	06/09/20		500.00	0.00	0.00	500.00 ✓
		PURCH SERV							
	Vendor Totals	Number Name				Gross	Discount	No-Pay	Net
		11102 GULF COAST REGIONAL				500.00	0.00	0.00	500.00
Vendor#	Vendor Name			Class	Pay Code				
H1399	HILL-ROM COMPANY, INC ✓			M					
	Invoice#	Comment	Tran Dt Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

447299		05/30/20	05/11/20	06/10/20		121.14	0.00	0.00	121.14
	REPAIRS								
448863		05/30/20	05/15/20	06/13/20		360.47	0.00	0.00	360.47
	REPAIRS								
449571		05/30/20	05/16/20	06/14/20		91.66	0.00	0.00	91.66
	REPAIRS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC				573.27	0.00	0.00	573.27
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
920859313		05/30/20	05/15/20	06/14/20		314.98	0.00	0.00	314.98
	INVENT C/S								
851121062		05/31/20	02/01/20	03/03/20		11.25	0.00	0.00	11.25
	MAINT CONT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC				326.23	0.00	0.00	326.23
Vendor#	Vendor Name				Class	Pay Code			
11396	IMPACT PROMOTIONS								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2123		05/30/20	05/11/20	06/10/20		3,291.00	0.00	0.00	3,291.00
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11396	IMPACT PROMOTIONS				3,291.00	0.00	0.00	3,291.00
Vendor#	Vendor Name				Class	Pay Code			
J0150	J & J HEALTH CARE SYSTEMS, INC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
918016606		05/30/20	05/15/20	06/14/20		231.60	0.00	0.00	231.60
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC				231.60	0.00	0.00	231.60
Vendor#	Vendor Name				Class	Pay Code			
10833	JAIME'S AUTO SHOP								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
079666		05/31/20	05/15/20	06/10/20		100.00	0.00	0.00	100.00
	REPAIRS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10833	JAIME'S AUTO SHOP				100.00	0.00	0.00	100.00
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
6007516		05/31/20	05/26/20	06/05/20		257.68	0.00	0.00	257.68
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY				257.68	0.00	0.00	257.68
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
108088993		05/31/20	05/15/20	06/14/20		400.00	0.00	0.00	400.00
	PUBL REL								
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			
M1511	MARKETLAB, INC				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	IN00043096	SUPPLIES	05/30/20	05/15/20	06/14/20		40.70	0.00	0.00	40.70
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M1511	MARKETLAB, INC				40.70	0.00	0.00	40.70
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
	03270557	SUPPLIES	05/30/20	05/15/20	06/14/20		732.57	0.00	0.00	732.57
	03260892	SUPPLIES	05/30/20	05/15/20	06/14/20		52.18	0.00	0.00	52.18
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				784.75	0.00	0.00	784.75
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
	1827489433	SUPPLIES	05/19/20	05/11/20	06/11/20		40.24	0.00	0.00	40.24
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				40.24	0.00	0.00	40.24
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
	8800060943	SUPPLIES	05/22/20	05/10/20	06/09/20		526.31	0.00	0.00	526.31
	8800061564	SUPPLIES	05/22/20	05/11/20	06/10/20		443.57	0.00	0.00	443.57
	8800001380	SUPPLIES	05/31/20	01/11/20	02/10/20		1,473.98	0.00	0.00	1,473.98
	8800054377	SUPPLIES	05/31/20	04/26/20	05/26/20		151.48	0.00	0.00	151.48
	8800055258	SUPPLIES	05/31/20	04/27/20	05/27/20		1,899.78	0.00	0.00	1,899.78
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				4,495.12	0.00	0.00	4,495.12
Vendor#	Vendor Name				Class	Pay Code				
11392	MICHAEL LEACH									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	LEAMIK0001	PT REFUND	05/31/20	05/30/20	06/10/20		55.55	0.00	0.00	55.55
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11392	MICHAEL LEACH				55.55	0.00	0.00	55.55
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
	4104033	INVENT C/S	05/31/20	05/09/20	06/08/20		284.52	0.00	0.00	284.52
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	M2685	MICROTEK MEDICAL INC					284.52	0.00	0.00	284.52
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
	22107		05/31/20	05/30/20	06/01/20		26,804.28	0.00	0.00	26,804.28
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				26,804.28	0.00	0.00	26,804.28
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1334902		05/31/20	05/26/20	05/27/20		144.90	0.00	0.00	144.90
		INVENT PHARM								
	1334901		05/31/20	05/26/20	05/27/20		243.95	0.00	0.00	243.95
		INVENT PHARM								
	1334900		05/31/20	05/26/20	05/27/20		13.77	0.00	0.00	13.77
		INVENT PHARM								
	1332860		05/31/20	05/26/20	05/27/20		0.19	0.00	0.00	0.19
		INVENT PHARM								
	SC5705		05/31/20	05/26/20	05/27/20		38.42	0.00	0.00	38.42
		SERVICE CHARGE								
	1342388		05/31/20	05/30/20	05/31/20		352.34	0.00	0.00	352.34
		INVENT PHARM								
	6071		05/31/20	05/30/20	05/31/20		-0.09	0.00	0.00	-0.09
		INVENT PHARM								
	1342390		05/31/20	05/30/20	05/31/20		18.34	0.00	0.00	18.34
		INVENT PHARM								
	1342389		05/31/20	05/30/20	05/31/20		1,178.57	0.00	0.00	1,178.57
		INVENT PHARM								
	1342802		05/31/20	05/30/20	05/31/20		2,655.87	0.00	0.00	2,655.87
		INVENT PHARM								
	1348611		05/31/20	05/31/20	06/01/20		530.52	0.00	0.00	530.52
		INVENT PHARM								
	1348828		05/31/20	05/31/20	06/01/20		327.43	0.00	0.00	327.43
		INVENT PHARM								
	1349141		05/31/20	05/31/20	06/01/20		0.74	0.00	0.00	0.74
		INVENT PHARM								
	1349142		05/31/20	05/31/20	06/01/20		1,115.42	0.00	0.00	1,115.42
		INVENT PHARM								
	1349140		05/31/20	05/31/20	06/01/20		250.90	0.00	0.00	250.90
		INVENT PHARM								
	CM94046		06/05/20	06/01/20	06/02/20		-31.83	0.00	0.00	-31.83
		INVENT C/S								
	1353722		06/05/20	06/01/20	06/02/20		360.70	0.00	0.00	360.70
		INVENT C/S								
	1353724		06/05/20	06/01/20	06/02/20		54.85	0.00	0.00	54.85
		INVENT C/S								
	1353553		06/05/20	06/01/20	06/02/20		40.05	0.00	0.00	40.05
		INVENT C/S								
	1353723		06/05/20	06/01/20	06/02/20		656.46	0.00	0.00	656.46
		INVENT C/S								

1353557		06/05/20	06/01/20	06/02/20		22.20	0.00	0.00	22.20
	INVENT C/S								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC				7,973.70	0.00	0.00	7,973.70

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
926546376001		05/30/20	05/09/20	06/08/20			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
OM425	OWENS & MINOR		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
2027318501		05/22/20	05/09/20	06/08/20			53.14	0.00	0.00	53.14
	INVENT C/S									
2027324422		05/22/20	05/09/20	06/08/20			755.04	0.00	0.00	755.04
	SUPPLIES									
2027324161		05/22/20	05/09/20	06/08/20			3,392.28	0.00	0.00	3,392.28
	INVENT C/S									
2027405078		05/22/20	05/11/20	06/10/20			57.07	0.00	0.00	57.07
	INVENT C/S									
2027404920		05/22/20	05/11/20	06/10/20			10.24	0.00	0.00	10.24
	INVENT C/S									
2027406360		05/22/20	05/11/20	06/10/20			1,459.89	0.00	0.00	1,459.89
	INVENT C/S									
2027406148		05/22/20	05/11/20	06/10/20			1,177.03	0.00	0.00	1,177.03
	SUPPLIES									
2027405327		05/22/20	05/11/20	06/10/20			73.37	0.00	0.00	73.37
	INVENT									
2027405159		05/22/20	05/11/20	06/10/20			69.42	0.00	0.00	69.42
	INVENT C/S									
2026744652		05/31/20	04/18/20	05/18/20			113.93	0.00	0.00	113.93
	INVENT C/S									
2027145310		05/31/20	05/02/20	06/01/20			91.04	0.00	0.00	91.04
	SUPPLIES									
2027190917		05/31/20	05/04/20	06/03/20			7.01	0.00	0.00	7.01
	INVENT C/S									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR					7,259.46	0.00	0.00	7,259.46

Vendor#	Vendor Name	Class	Pay Code
11069	PABLO GARZA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22096		05/30/20	05/22/20	06/08/20			165.00	0.00	0.00	165.00
	PURCH SERV									
22115		05/30/20	06/05/20	06/10/20			607.50	0.00	0.00	607.50
	PURCH SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11069	PABLO GARZA					772.50	0.00	0.00	772.50

Vendor#	Vendor Name	Class	Pay Code
11142	PAETEC		

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

69066240		05/31/20	05/22/20	06/10/20		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				
10204	PHARMEDIUM SERVICES LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	A1951039		05/30/20	05/12/20	06/11/20			198.90	0.00	0.00	198.90
	INVENT PHARM										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10204	PHARMEDIUM SERVICES LLC					198.90	0.00	0.00	198.90

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
	97933656		05/30/20	05/10/20	06/09/20			303.49	0.00	0.00	303.49
	SUPPLIES										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10896	QIAGEN INC					303.49	0.00	0.00	303.49

Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	SC55549		05/19/20	05/12/20	06/11/20			1,667.00	0.00	0.00	1,667.00
	PURCH SERV										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		11080	RADSOURCE					1,667.00	0.00	0.00	1,667.00

Vendor#	Vendor Name				Class	Pay Code				
10645	REVISTA de VICTORIA									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	05201724		05/31/20	05/18/20	06/01/20			240.00	0.00	0.00	240.00
	PUBL REL										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		10645	REVISTA de VICTORIA					240.00	0.00	0.00	240.00

Vendor#	Vendor Name				Class	Pay Code				
S0900	SAM'S CLUB DIRECT				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	22110		05/31/20	05/20/20	06/10/20			554.96	0.00	0.00	554.96
	SUPPLIES										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		S0900	SAM'S CLUB DIRECT					554.96	0.00	0.00	554.96

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
	22114		05/30/20	06/05/20	06/10/20			679.25	0.00	0.00	679.25
	PURCH SERVICE										
	Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
		K0536	SHIRLEY KARNEI					679.25	0.00	0.00	679.25

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
	212888		05/31/20	05/31/20	06/10/20			775.00	0.00	0.00	775.00
	PUBL REL										

213253		06/01/20	06/01/20	06/11/20	450.00	0.00	0.00	450.00
	PUBL REL							
213263		06/01/20	06/01/20	06/11/20	400.00	0.00	0.00	400.00
	PUBL REL							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10699	SIGN AD, LTD.			1,625.00	0.00	0.00	1,625.00

Vendor#	Vendor Name	Class	Pay Code
S2362	SMITH & NEPHEW		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
93702427	SUPPLIES	05/30/20	05/15/20	06/14/20			502.54	0.00	0.00	502.54

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW	502.54	0.00	0.00	502.54

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
90027394	SUPPLIES	05/22/20	05/18/20	06/10/20			-1,368.12	0.00	0.00	-1,368.12
90027482	SUPPLIES	05/22/20	05/18/20	06/10/20			5,037.82	0.00	0.00	5,037.82

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	3,669.70	0.00	0.00	3,669.70

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
113431877	SUPPLIES	05/31/20	04/27/20	05/17/20			279.44	0.00	0.00	279.44
113492273	SUPPLIES	05/31/20	05/18/20	06/07/20			321.23	0.00	0.00	321.23

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	600.67	0.00	0.00	600.67

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
054003709017	ELECTRICITY	05/31/20	05/24/20	06/12/20			26,837.04	0.00	0.00	26,837.04

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	26,837.04	0.00	0.00	26,837.04

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
8150766311	LAUNDRY	05/19/20	05/09/20	06/08/20			34.42	0.00	0.00	34.42
8150766222	LAUNDRY	05/19/20	05/09/20	06/08/20			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
8400246438	LAUNDRY	05/19/20	05/09/20	06/08/20			139.36	0.00	0.00	139.36

8400246440	05/19/20	05/09/20	06/08/20	98.64	0.00	0.00	98.64	
LAUNDRY								
8400246491	05/19/20	05/09/20	06/08/20	982.78	0.00	0.00	982.78	
LAUNDRY								
8400246439	05/19/20	05/09/20	06/08/20	125.24	0.00	0.00	125.24	
LAUNDRY								
8400246482	05/19/20	05/09/20	06/08/20	153.43	0.00	0.00	153.43	
LAUNDRY								
8400246437	05/19/20	05/09/20	06/08/20	156.90	0.00	0.00	156.90	
LAUNDRY								
8400246436	05/19/20	05/09/20	06/08/20	322.39	0.00	0.00	322.39	
LAUNDRY								
8400246824	05/19/20	05/12/20	06/11/20	845.11	0.00	0.00	845.11	
LAUNDRY								
8400246783	05/19/20	05/12/20	06/11/20	426.40	0.00	0.00	426.40	
LAUNDRY								
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	U1064	UNIFIRST HOLDINGS INC		3,250.25	0.00	0.00	3,250.25	

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
0000778941207		05/31/20	05/20/20	06/10/20			1,039.71	0.00	0.00	1,039.71
	FREIGHT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1350	UPS					1,039.71	0.00	0.00	1,039.71

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
4951288		05/30/20	05/05/20	05/25/20			124.88	0.00	0.00	124.88
	SUPPLIES									
5032134		05/30/20	05/10/20	05/30/20			200.26	0.00	0.00	200.26
	SUPPLIES									
4698947		05/31/20	04/24/20	05/14/20			1,639.77	0.00	0.00	1,639.77
	SUPPLIES									
4769553		05/31/20	04/27/20	05/17/20			949.19	0.00	0.00	949.19
	SUPPLIES									
4829338		05/31/20	05/01/20	05/21/20			1,352.07	0.00	0.00	1,352.07
	SUPPLIES									
4829339		05/31/20	05/01/20	05/21/20			67.21	0.00	0.00	67.21
	SUPPLIES									
4899475		05/31/20	05/04/20	05/24/20			1,934.64	0.00	0.00	1,934.64
	SUPPLIES									
4899476		05/31/20	05/04/20	05/24/20			1,379.14	0.00	0.00	1,379.14
	SUPPLIES									
4974977		05/31/20	05/08/20	05/28/20			1,326.84	0.00	0.00	1,326.84
	SUPPLIES									
4974974		05/31/20	05/08/20	05/28/20			90.60	0.00	0.00	90.60
	SUPPLIES									
4974976		05/31/20	05/08/20	05/28/20			1,935.16	0.00	0.00	1,935.16
	SUPPLIES									
5049181		05/31/20	05/11/20	05/31/20			1,515.63	0.00	0.00	1,515.63

	SUPPLIES								
5098522		05/31/20	05/15/20	06/04/20		1,736.33	0.00	0.00	1,736.33
	SUPPLIES								
5173001		05/31/20	05/18/20	06/07/20		597.08	0.00	0.00	597.08
	SUPPLIES								
5231285		05/31/20	05/22/20	06/11/20		1,397.70	0.00	0.00	1,397.70
	SUPPLIES								
5299420		05/31/20	05/25/20	06/14/20		1,195.90	0.00	0.00	1,195.90
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE				17,442.40	0.00	0.00	17,442.40
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
	9785885240		05/31/20	05/16/20	06/10/20		217.70	0.00	0.00	217.70
		TELEPHONE								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	V0559	VERIZON WIRELESS					217.70	0.00	0.00	217.70
Vendor#	Vendor Name				Class	Pay Code			
W1005	WALMART COMMUNITY				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	003953		05/31/20	04/16/20	06/10/20		20.30	0.00	0.00	20.30
		SUPPLIES								
	001855		05/31/20	04/16/20	06/10/20		4.90	0.00	0.00	4.90
		SUPPLIES								
	001766A		05/31/20	04/20/20	06/10/20		24.34	0.00	0.00	24.34
		SUPPLIES								
	002892A		05/31/20	04/25/20	06/10/20		73.81	0.00	0.00	73.81
		SUPPLIES								
	006845		05/31/20	04/25/20	06/10/20		119.14	0.00	0.00	119.14
		SUPPLIES								
	008060		05/31/20	04/27/20	06/10/20		59.28	0.00	0.00	59.28
		SUPPLIES								
	008061		05/31/20	04/27/20	06/10/20		28.48	0.00	0.00	28.48
		SUPPLIES								
	003805		05/31/20	05/04/20	06/10/20		11.40	0.00	0.00	11.40
		SUPPLIES								
	003808		05/31/20	05/04/20	06/10/20		6.96	0.00	0.00	6.96
		SUPPLIES								
	003806		05/31/20	05/04/20	06/10/20		54.89	0.00	0.00	54.89
		SUPPLIES								
	006900		05/31/20	05/05/20	06/10/20		112.18	0.00	0.00	112.18
		SUPPLIES								
	008267		05/31/20	05/11/20	06/10/20		22.77	0.00	0.00	22.77
		SUPPLIES								
	008268		05/31/20	05/11/20	06/10/20		23.36	0.00	0.00	23.36
		SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	W1005	WALMART COMMUNITY					561.81	0.00	0.00	561.81
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

9110394820	05/30/20 05/11/20 06/10/20	26.52	0.00	0.00	26.52
SUPPLIES					
9110394737	05/30/20 05/11/20 06/10/20	1,124.76	0.00	0.00	1,124.76
SUPPLIES					
9110339203	05/31/20 10/10/20 11/09/20	432.60	0.00	0.00	432.60
SUPPLIES					
9110359848	05/31/20 01/03/20 02/02/20	59.25	0.00	0.00	59.25
SUPPLIES					
9110372163	05/31/20 02/15/20 03/17/20	618.00	0.00	0.00	618.00
SUPPLIES					
9110381356	05/31/20 03/21/20 04/20/20	144.20	0.00	0.00	144.20
SUPPLIES					
9110395413	05/31/20 05/15/20 06/14/20	1,571.67	0.00	0.00	1,571.67
LEASE RENTAL					

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	3,977.00	0.00	0.00	3,977.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV001811057	PURCH SERV	05/31/20	04/30/20	05/30/20			371.86	0.00	0.00	371.86

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11166	WEST INTERACTIVE SERVICES CORP	371.86	0.00	0.00	371.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	345,116.84	0.00	0.00	345,116.84

APPROVED
ON
JUN 07 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 171499
to
#171574

Michael J. Pfeifer
Calhoun County Judge
Date: 6-15-17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171499	06/07/17	153.99	ERBE USA INC SURGICAL SYSTEMS
A/P	171500	06/07/17	.00	VOIDED
A/P	171501	06/07/17	17,442.40	US FOOD SERVICE
A/P	171502	06/07/17	198.90	PHARMEDIUM SERVICES LLC
A/P	171503	06/07/17	472.13	4IMPRINT
A/P	171504	06/07/17	305.25	CENTURION MEDICAL PRODUCTS
A/P	171505	06/07/17	303.00	DEWITT POTH & SON
A/P	171506	06/07/17	.00	VOIDED
A/P	171507	06/07/17	7,973.70	MORRIS & DICKSON CO, LLC
A/P	171508	06/07/17	2,803.00	BKD, LLP
A/P	171509	06/07/17	240.00	REVISTA de VICTORIA
A/P	171510	06/07/17	195.00	ALLIED FIRE PROTECTION SA, LP
A/P	171511	06/07/17	1,625.00	SIGN AD, LTD.
A/P	171512	06/07/17	118,957.54	DISCOVERY MEDICAL NETWORK INC
A/P	171513	06/07/17	26,804.28	MMC EMPLOYEE BENEFIT PLAN
A/P	171514	06/07/17	31,711.57	ALLIED BENEFIT SYSTEMS
A/P	171515	06/07/17	100.00	JAIME'S AUTO SHOP
A/P	171516	06/07/17	303.49	QIAGEN INC
A/P	171517	06/07/17	7,682.67	CSI LEASING INC
A/P	171518	06/07/17	160.27	DERRI HART
A/P	171519	06/07/17	772.50	PABLO GARZA
A/P	171520	06/07/17	1,667.00	RADSOURCE
A/P	171521	06/07/17	500.00	GULF COAST REGIONAL
A/P	171522	06/07/17	8,482.56	PAETEC
A/P	171523	06/07/17	3,880.32	ENVIRONMENTAL SAFETY, INC
A/P	171524	06/07/17	10,683.54	GARDNER & WHITE, INC.
A/P	171525	06/07/17	371.86	WEST INTERACTIVE SERVICES CORP
A/P	171526	06/07/17	400.00	LAMAR COMPANIES
A/P	171527	06/07/17	26,837.04	TXU ENERGY
A/P	171528	06/07/17	45.00	BHB MACHINE & PUMP REPAIR, LLC
A/P	171529	06/07/17	360.78	ACE HARDWARE 15521
A/P	171530	06/07/17	505.00	DOWELL PEST CONTROL
A/P	171531	06/07/17	3,669.70	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	171532	06/07/17	55.55	MICHAEL LEACH
A/P	171533	06/07/17	3,291.00	IMPACT PROMOTIONS
A/P	171534	06/07/17	230.46	AIRGAS USA, LLC - CENTRAL DIV
A/P	171535	06/07/17	93.90	AMERICAN ACADEMY OF PEDIATRICS
A/P	171536	06/07/17	335.57	AUTO PARTS & MACHINE CO.
A/P	171537	06/07/17	117.00	BAXTER HEALTHCARE CORP
A/P	171538	06/07/17	9,492.07	BECKMAN COULTER INC
A/P	171539	06/07/17	309.00	BOSTON SCIENTIFIC CORPORATION
A/P	171540	06/07/17	551.85	BRIGGS HEALTHCARE
A/P	171541	06/07/17	852.60	BUCKEYE CLEANING CENTER
A/P	171542	06/07/17	144.06	COASTAL OFFICE SOLUTONS
A/P	171543	06/07/17	448.00	CYGNUS MEDICAL LLC
A/P	171544	06/07/17	11,695.89	CITY OF PORT LAVACA
A/P	171545	06/07/17	771.55	CDW GOVERNMENT, INC.
A/P	171546	06/07/17	14,380.68	EVIDENT
A/P	171547	06/07/17	72.40	DOWNTOWN CLEANERS
A/P	171548	06/07/17	49.49	CENTERPOINT ENERGY

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171549	06/07/17	40.08	FEDERAL EXPRESS CORP.
A/P	171550	06/07/17	145.53	FISHER HEALTHCARE
A/P	171551	06/07/17	488.84	GARDENLAND NURSERY
A/P	171552	06/07/17	22.15	GULF COAST PAPER COMPANY
A/P	171553	06/07/17	573.27	HILL-ROM COMPANY, INC
A/P	171554	06/07/17	326.23	HOSPIRA WORLDWIDE, INC
A/P	171555	06/07/17	3,977.00	WERFEN USA LLC
A/P	171556	06/07/17	231.60	J & J HEALTH CARE SYSTEMS, INC
A/P	171557	06/07/17	257.68	JOHNSTONE SUPPLY
A/P	171558	06/07/17	679.25	SHIRLEY KARNEI
A/P	171559	06/07/17	40.70	MARKETLAB, INC
A/P	171560	06/07/17	784.75	MCKESSON MEDICAL SURGICAL INC
A/P	171561	06/07/17	40.24	MEDLINE INDUSTRIES INC
A/P	171562	06/07/17	4,495.12	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	171563	06/07/17	284.52	MICROTEK MEDICAL INC
A/P	171564	06/07/17	149.14	OFFICE DEPOT
A/P	171565	06/07/17	.00	VOIDED
A/P	171566	06/07/17	7,259.46	OWENS & MINOR
A/P	171567	06/07/17	554.96	SAM'S CLUB DIRECT
A/P	171568	06/07/17	502.54	SMITH & NEPHEW
A/P	171569	06/07/17	600.67	SYSCO FOOD SERVICES OF
A/P	171570	06/07/17	95.08	UNIFIRST HOLDINGS
A/P	171571	06/07/17	3,250.25	UNIFIRST HOLDINGS INC
A/P	171572	06/07/17	1,039.71	UPS
A/P	171573	06/07/17	217.70	VERIZON WIRELESS
A/P	171574	06/07/17	561.81	WALMART COMMUNITY
TOTALS:			345,116.84	

APPROVED
ON

JUN 07 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 6-15-17

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
6/12/2017

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	112,135.86	112,035.86	74,251.82	-	-	-	-	74,351.82	74,251.82

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	117,921.15	117,821.15	88,443.29	-	-	-	-	88,543.29	88,443.29
Crescent	4588	53,641.79	53,541.79	39,607.05	-	-	-	-	39,707.05	39,607.05
Broadmoor	4596	108,539.72	108,439.72	52,463.59	-	-	-	-	52,563.59	52,463.59
Fort Bend	4618	64,923.93	64,823.93	16,516.22	-	-	-	-	16,616.22	16,516.22
										197,030.15

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

Approved:

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

APPROVED
JUN 12 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 6-5-17.xlsx

Account Portfolio as of 06/12/2017 8:15:00 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	$816,593.67	$816,593.67
Memorial Medical Center	4154	$0.00	$100.00
Memorial Medical Center	4553	$74,351.82	$74,351.82
Memorial Medical Center	4561	$88,543.29	$88,543.29
Memorial Medical Center	4588	$39,707.05	$39,707.05
Memorial Medical Center	4596	$52,563.59	$52,563.59
Memorial Medical Center	4618	$16,616.22	$25,485.53
NH Green NH Green Acres of Bay	4855	$95.00	$95.00
NH Humber Healthcare Center	4863	$95.00	$95.00
NH Allenbrook Heathcare	4871	$95.00	$95.00
NH Golden Creek Healthcare	4901	$95.00	$95.00
Memorial Medical Center Operat	0301	$1,359,108.34	$1,406,088.07
County of Calhoun Indigent	1101	$5,182.66	$5,182.66
Totals		**$2,453,046.64**	**$2,508,995.68**

IBC Bank Activity
6/5/17 through 6/11/17

						Transfer-Out	Transfer-In	
Ashford Gardens								
6/5/2017	113105025	4553	142	ACH CREDIT RECEIVED			1,383.29	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017060113300111*1752603231\
6/6/2017	113105025	4553	142	ACH CREDIT RECEIVED			5,380.61	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017060215101794*1752603231\
6/7/2017	113105025	4553	495	OUTGOING MONEY TRANSFER		112,035.86		ASHFORD HEALTH CARE CENTER LTD
6/8/2017	113105025	4553	142	ACH CREDIT RECEIVED			1,881.35	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4483961*1201494502\
6/8/2017	113105025	4553	142	ACH CREDIT RECEIVED			17,542.10	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4484856*1201494502\
6/9/2017	113105025	4553	301	COMMERCIAL DEPOSIT			48,064.47	
						112,035.86	74,251.82	
Solera at West Houst						**Transfer-Out**	**Transfer-In**	
6/6/2017	113105025	4561	142	ACH CREDIT RECEIVED			8,470.53	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4451966*1205296137*000004011\
6/6/2017	113105025	4561	142	ACH CREDIT RECEIVED			609.46	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017060318500026*1752603231\
6/6/2017	113105025	4561	142	ACH CREDIT RECEIVED			4,737.04	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017060215101796*1752603231\
6/6/2017	113105025	4561	142	ACH CREDIT RECEIVED			284.42	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017060217500018*1752603231\
6/7/2017	113105025	4561	495	OUTGOING MONEY TRANSFER		117,821.15		CANTEX HEALTH CARE CENTERS LLC
6/9/2017	113105025	4561	301	COMMERCIAL DEPOSIT			73,088.67	
6/9/2017	113105025	4561	142	ACH CREDIT RECEIVED			1,253.17	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
						117,821.15	88,443.29	
Crescent						**Transfer-Out**	**Transfer-In**	
6/5/2017	113105025	4588	142	ACH CREDIT RECEIVED			3,024.99	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4471865*1201494502\
6/7/2017	113105025	4588	495	OUTGOING MONEY TRANSFER		53,541.79		CANTEX HEALTH CARE CENTERS III
6/8/2017	113105025	4588	142	ACH CREDIT RECEIVED			5,137.77	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4484033*1201494502\
6/9/2017	113105025	4588	301	COMMERCIAL DEPOSIT			31,444.29	
						53,541.79	39,607.05	
Broadmoor						**Transfer-Out**	**Transfer-In**	
6/7/2017	113105025	4596	495	OUTGOING MONEY TRANSFER		108,439.72		CANTEX HEALTH CARE CENTERS III
6/8/2017	113105025	4596	142	ACH CREDIT RECEIVED			2,249.77	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4483963*1201494502\
6/9/2017	113105025	4596	301	COMMERCIAL DEPOSIT			50,213.82	
						108,439.72	52,463.59	
Fort Bend						**Transfer-Out**	**Transfer-In**	
6/5/2017	113105025	4618	142	ACH CREDIT RECEIVED			94.98	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4471780*1201494502\
6/6/2017	113105025	4618	142	ACH CREDIT RECEIVED			20.90	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4476031*1201494502\
6/7/2017	113105025	4618	495	OUTGOING MONEY TRANSFER		64,823.93		CANTEX HEALTH CARE CENTERS III
6/8/2017	113105025	4618	142	ACH CREDIT RECEIVED			5,332.59	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4483960*1201494502\
6/9/2017	113105025	4618	301	COMMERCIAL DEPOSIT			9,799.14	
6/9/2017	113105025	4618	142	ACH CREDIT RECEIVED			1,268.61	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
						64,823.93	16,516.22	

RUN DATE:06/12/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:02 CHECK REGISTER and Open Invoice List GLCKREG
06/12/17 THRU 06/12/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000932	06/12/17	3,880.11	MCKESSON
TOTALS:			3,880.11	

340-B Prescription Expenses

APPROVED
ON
JUN 12 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 6-15-17

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: 06/09/2017

DC: 8115

Territory:

Customer: 632536
Date: 06/10/2017

Page: 002

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

As of: 06/09/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 06/10/2017 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: 3,959.30 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0.00

If Paid By 06/13/2017,
Pay This Amount: 3,880.11 USD

If Paid After 06/13/2017,
Pay this Amount: 3,959.30 USD

Due If Paid On Time:
USD 3,880.11

Disc lost if paid late:
79.19

Due If Paid Late:
USD 3,959.30

ck# 932

APPROVED ON JUN 12 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

0 • C

1,433.62 +
887.17 +
1,559.32 +
3,880.11 =

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: 06/09/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 06/10/2017

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

As of: 06/09/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 06/10/2017 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											
06/05/2017	06/13/2017	7811721497	1001025231	115Invoice	1.47	73.37		✓ 71.90 ✓		7811721497	
06/05/2017	06/13/2017	7811721498	1001025231	115Invoice	0.42	21.11		✓ 20.69 ✓		7811721498	
06/05/2017	06/13/2017	7811721499	1001025840	115Invoice	10.26	512.95		✓ 502.69 ✓		7811721499	
06/05/2017	06/13/2017	7811721500	1001026243	115Invoice	0.02	0.95		✓ 0.93 ✓		7811721500	
06/06/2017	06/13/2017	7811945788	1001026619	115Invoice	0.56	27.97		✓ 27.41 ✓		7811945788	
06/07/2017	06/13/2017	7812185353	1001027326	115Invoice	3.11	155.28		✓ 152.17 ✓		7812185353	
06/08/2017	06/13/2017	7812420412	1001028064	115Invoice	1.43	71.55		✓ 70.12 ✓		7812420412	
06/09/2017	06/13/2017	7812664834	1001028655	115Invoice	11.99	599.70		✓ 587.71 ✓		7812664834	

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: 1,462.88 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,176.00
06/05/2017

If Paid By 06/13/2017,
Pay This Amount: ✓ 1,433.62 USD

If Paid After 06/13/2017,
Pay this Amount: 1,462.88 USD

Due If Paid On Time:
USD 1,433.62

Disc lost if paid late:
29.26

Due If Paid Late:
USD 1,462.88

APPROVED ON
JUN 12 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: 06/09/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 06/10/2017

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

As of: 06/09/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 06/10/2017 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											
06/05/2017	06/13/2017	7811719235	9057066233	115Invoice	3.27	163.41		✓ 160.14	✓	7811719235	
06/06/2017	06/13/2017	7811942496	2057071450	115Invoice	0.01	0.27		✓ 0.26	✓	7811942496	
06/07/2017	06/13/2017	7812196699	2057074651	115Invoice	1.19	59.43		✓ 58.24	✓	7812196699	
06/07/2017	06/13/2017	7812196700	1102670	115Invoice	2.73	136.45		✓ 133.72	✓	7812196700	
06/09/2017	06/13/2017	7812669818	5757072698	115Invoice	10.91	545.72		✓ 534.81	✓	7812669818	

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: 905.28 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,176.00
06/05/2017

If Paid By 06/13/2017,
Pay This Amount: ✓ 887.17 USD

If Paid After 06/13/2017,
Pay this Amount: 905.28 USD

Due If Paid On Time:
USD 887.17

Disc lost if paid late:
18.11

Due If Paid Late:
USD 905.28

APPROVED ON
JUN 12 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: 06/09/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 06/10/2017

Page: 001

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

As of: 06/09/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 06/10/2017 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											
06/05/2017	06/13/2017	7811720834	1001025233	115Invoice	0.71	35.26		✓34.55	✓	7811720834	
06/05/2017	06/13/2017	7811720837	1001025233	115Invoice	0.01	0.62		✓ 0.61	✓	7811720837	
06/05/2017	06/13/2017	7811720840	1001025842	115Invoice	16.60	829.88		✓813.28	✓	7811720840	
06/05/2017	06/13/2017	7811720846	1001025842	115Invoice	0.02	1.06		✓ 1.04	✓	7811720846	
06/05/2017	06/13/2017	7811720847	1001026245	115Invoice	1.77	88.45		✓ 86.68	✓	7811720847	
06/05/2017	06/13/2017	7811720848	1001026245	115Invoice	1.29	64.70		✓ 63.41	✓	7811720848	
06/06/2017	06/13/2017	7811977283	1001026621	115Invoice	2.19	109.69		✓107.50	✓	7811977283	
06/06/2017	06/13/2017	7811977284	1001026621	115Invoice	0.03	1.50		✓ 1.47	✓	7811977284	
06/07/2017	06/13/2017	7812186077	1001027328	115Invoice	0.45	22.57		✓ 22.12	✓	7812186077	
06/08/2017	06/13/2017	7812443872	1001028066	115Invoice	7.20	359.78		✓352.58	✓	7812443872	
06/09/2017	06/13/2017	7812665161	1001028657	115Invoice	1.55	77.63		✓ 76.08	✓	7812665161	

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: 1,591.14 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 5,176.00
06/05/2017

If Paid By 06/13/2017,
Pay This Amount: 1,559.32 USD

If Paid After 06/13/2017,
Pay this Amount: 1,591.14 USD

Due If Paid On Time:
USD 1,559.32

Disc lost if paid late:
31.82

Due If Paid Late:
USD 1,591.14

APPROVED ON
JUN 12 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
6/20/2017

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	74,351.82	74,251.82	907,548.37	-	-	429,065.50	429,065.50	907,648.37	478,482.87

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	88,543.29	88,443.29	198,022.87	-	-	77,705.00	77,705.00	198,122.87	120,317.87
Crescent	4588	39,707.05	39,607.05	83,056.55	-	-	28,696.50	28,696.50	83,156.55	54,360.05
Broadmoor	4596	52,563.59	52,463.59	15,562.50	-	-	-	-	15,662.50	15,562.50
Fort Bend	4618	16,616.22	16,516.22	287,145.23	-	-	134,378.00	134,378.00	287,245.23	152,767.23
										343,007.65

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: 7-6-17

APPROVED
JUN 20 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 6-20-17.xlsx

Account Portfolio as of 06/20/2017 8:10:53 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	$816,593.67	$816,593.67
Memorial Medical Center	4154	$0.00	$100.00
Memorial Medical Center	4553	$907,648.37	$992,929.59
Memorial Medical Center	4561	$198,122.87	$487,563.42
Memorial Medical Center	4588	$83,156.55	$322,903.11
Memorial Medical Center	4596	$15,662.50	$281,322.52
Memorial Medical Center	4618	$287,245.23	$338,311.19
NH Golden Creek Healthcare	4901	$95.00	$95.00
Memorial Medical Center Operat	0301	$1,435,025.82	$1,471,826.73
County of Calhoun Indigent	1101	$57,494.30	$57,494.30
Totals		**$3,801,044.31**	**$4,769,139.53**

IBC Bank Activity
6/12/17 through 6/19/17

Ashford Gardens					Transfer-Out	Transfer-In	
6/13/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	74,251.82		ASHFORD HEALTH CARE CENTER LTD
6/13/2017	113105025	4553	142	ACH CREDIT RECEIVED		5,781.04	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017061017100177*1752603231\
6/13/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,410.52	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017061013501888*1752603231\
6/13/2017	113105025	4553	142	ACH CREDIT RECEIVED		18,166.75	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017061013501924*1752603231\
6/13/2017	113105025	4553	142	ACH CREDIT RECEIVED		858,131.00	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
6/14/2017	113105025	4553	142	ACH CREDIT RECEIVED		5,287.19	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017061215801800*1752603231\
6/15/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,213.43	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017061312400832*1752603231\
6/15/2017	113105025	4553	142	ACH CREDIT RECEIVED		7,094.09	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017061312100726*1752603231\
6/16/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,304.77	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4510523*1201494502\
6/16/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,650.54	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
6/16/2017	113105025	4553	301	COMMERCIAL DEPOSIT		5,243.79	
6/16/2017	113105025	4553	142	ACH CREDIT RECEIVED		86.60	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017061412303127*1752603231\
6/16/2017	113105025	4553	142	ACH CREDIT RECEIVED		178.65	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017061414500132*1752603231\
					74,251.82	907,548.37	

Solera at West Houstor					Transfer-Out	Transfer-In	
6/13/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,441.50	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
6/13/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,457.26	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017061013501902*1752603231\
6/13/2017	113105025	4561	142	ACH CREDIT RECEIVED		155,410.00	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
6/13/2017	113105025	4561	142	ACH CREDIT RECEIVED		821.58	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017061013501926*1752603231\
6/13/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	88,443.29		CANTEX HEALTH CARE CENTERS LLC
6/15/2017	113105025	4561	142	ACH CREDIT RECEIVED		4,293.15	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017061312100728*1752603231\
6/15/2017	113105025	4561	142	ACH CREDIT RECEIVED		5,275.62	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017061312400834*1752603231\
6/16/2017	113105025	4561	301	COMMERCIAL DEPOSIT		22,790.11	
6/19/2017	113105025	4561	142	ACH CREDIT RECEIVED		847.05	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4462579*1205296137*000004011\
6/19/2017	113105025	4561	142	ACH CREDIT RECEIVED		2,686.60	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017061513301607*1752603231\
					88,443.29	198,022.87	

Crescent					Transfer-Out	Transfer-In	
6/13/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,313.46	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017061015100638*1452485907\
6/13/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	39,607.05		CANTEX HEALTH CARE CENTERS III
6/13/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,214.39	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017061013501921*1752603231\
6/13/2017	113105025	4588	142	ACH CREDIT RECEIVED		57,393.00	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
6/15/2017	113105025	4588	142	ACH CREDIT RECEIVED		1,227.01	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4503783*1201494502\
6/15/2017	113105025	4588	142	ACH CREDIT RECEIVED		5,721.64	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017061312100724*1752603231\
6/16/2017	113105025	4588	301	COMMERCIAL DEPOSIT		15,187.05	
					39,607.05	83,056.55	

Broadmoor					Transfer-Out	Transfer-In	
6/13/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	52,463.59		CANTEX HEALTH CARE CENTERS III
6/15/2017	113105025	4596	142	ACH CREDIT RECEIVED		6,277.80	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4459896*1205296137*000004011\
6/16/2017	113105025	4596	301	COMMERCIAL DEPOSIT		3,716.61	
6/16/2017	113105025	4596	142	ACH CREDIT RECEIVED		5,568.09	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4461139*1205296137*000004011\
					52,463.59	15,562.50	

Fort Bend					Transfer-Out	Transfer-In	
6/12/2017	113105025	4618	142	ACH CREDIT RECEIVED		956.88	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0902843885*1742770542\
6/12/2017	113105025	4618	142	ACH CREDIT RECEIVED		7,912.43	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
6/13/2017	113105025	4618	495	OUTGOING MONEY TRANSFER	16,516.22		CANTEX HEALTH CARE CENTERS III
6/13/2017	113105025	4618	142	ACH CREDIT RECEIVED		268,756.00	AMERIGROUP CORPO E-PAYMENT|MEMORIAL MEDICAL|ISA*00* *00* *ZZ*BCCACP401
6/13/2017	113105025	4618	142	ACH CREDIT RECEIVED		7,851.94	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017061013501922*1752603231\
6/16/2017	113105025	4618	301	COMMERCIAL DEPOSIT		1,667.98	
					16,516.22	287,145.23	

Vendor	Fac ID	Legal Entity Name	Facility Name	Final Payment	Superior	United	Amerigroup	Molina	Cigna	Total MCO Payments
516	4811	Memorial Medical Center	Ashford Gardens	858,131	-	-	858,131	-	-	858,131
524	5670	Memorial Medical Center	The Broadmoor at Creekside Park	29,253	29,253	-	-	-	-	29,253
584	5637	Memorial Medical Center	The Crescent	57,393	-	-	57,393	-	-	57,393
585	5620	Memorial Medical Center	Solera at West Houston	155,410	-	-	155,410	-	-	155,410
586	4628	Memorial Medical Center	Fort Bend Healthcare Center	268,756	-	-	268,756	-	-	268,756
				1,368,943	29,253	-	1,339,690	-	-	1,368,943

Deposited into IBC account 6/13

RUN DATE:06/20/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:26 CHECK REGISTER and Open Invoice List GLCKREG
06/20/17 THRU 06/20/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000933	06/20/17	3,437.55	MCKESSON
TOTALS:			3,437.55	

340B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 7-6-17

APPROVED
ON
JUN 20 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: 06/16/2017

DC: 8115

Territory:

Customer: 632536
Date: 06/17/2017

Page: 002

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

As of: 06/16/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 06/17/2017 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: 3,507.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0.00

If Paid By 06/20/2017,
Pay This Amount: 3,437.55 USD

If Paid After 06/20/2017,
Pay this Amount: 3,507.68 USD

Due If Paid On Time:
USD 3,437.55

Disc lost if paid late:
70.13

Due If Paid Late:
USD 3,507.68

ck# 933

APPROVED ON
JUN 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

6-20-17

O • C

962•05 +
1,816•55 +
658•95 +
3,437•55 *

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: 06/16/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 06/17/2017

Page: 001

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

As of: 06/16/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 06/17/2017 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											
06/12/2017	06/20/2017	7812953735	1001029191	115Invoice	0.24	11.81		✓11.57	✓	7812953735	
06/12/2017	06/20/2017	7812953737	1001029779	115Invoice	11.20	560.01		✓548.81	✓	7812953737	
06/12/2017	06/20/2017	7812953738	1001030185	115Invoice	1.81	90.59		✓88.78	✓	7812953738	
06/13/2017	06/20/2017	7813192577	1001030558	115Invoice	0.93	46.71		✓45.78	✓	7813192577	
06/14/2017	06/20/2017	7813402823	1001031127	115Invoice	1.71	85.45		✓ 83.74	✓	7813402823	
06/15/2017	06/20/2017	7813634905	1001031684	115Invoice	0.08	4.23		✓ 4.15	✓	7813634905	
06/16/2017	06/20/2017	7813879265	1001032264	115Invoice	3.66	182.88		✓179.22	✓	7813879265	

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: 981.68 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,880.11
06/12/2017

If Paid By 06/20/2017,
Pay This Amount: 962.05 USD

If Paid After 06/20/2017,
Pay this Amount: 981.68 USD

Due If Paid On Time:
USD 962.05

Disc lost if paid late:
19.63

Due If Paid Late:
USD 981.68

APPROVED
ON
JUN 20 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: 06/16/2017

DC: 8115

Territory: 400

Customer: 256342
Date: 06/17/2017

Page: 001

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

As of: 06/16/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 06/17/2017 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											
06/13/2017	06/20/2017	7813185088	1857093074	115Invoice		0.03		✓ 0.03 ✓		7813185088	
06/13/2017	06/20/2017	7813185089	0611170341-00	115Invoice	11.29	564.45		✓553.16 ✓		7813185089	
06/14/2017	06/20/2017	7813415692	1857096123	115Invoice	7.68	383.90		✓376.22 ✓		7813415692	
06/15/2017	06/20/2017	7813645205	5057092863	115Invoice	4.67	233.68		✓ 229.01 ✓		7813645205	
06/15/2017	06/20/2017	7813645206	1102873	115Invoice	0.93	46.71		✓ 45.78 ✓		7813645206	
06/15/2017	06/20/2017	7813645207	0614170459-00	115Invoice	2.80	140.14		✓137.34 ✓		7813645207	
06/16/2017	06/20/2017	7813896936	5057095985	115Invoice	4.18	208.99		✓ 204.81 ✓		7813896936	
06/16/2017	06/20/2017	7813896937	0615170233-00	115Invoice	5.51	275.71		✓ 270.20 ✓		7813896937	

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: 1,853.61 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,880.11
06/12/2017

If Paid By 06/20/2017, Pay This Amount: ✓ 1,816.55 USD

If Paid After 06/20/2017, Pay this Amount: 1,853.61 USD

Due If Paid On Time: USD 1,816.55

Disc lost if paid late: 37.06

Due If Paid Late: USD 1,853.61

APPROVED ON
JUN 20 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: 06/16/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 06/17/2017

Page: 001

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

As of: 06/16/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 06/17/2017 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											
06/12/2017	06/20/2017	7812966907	1001029193	115Invoice	1.43	71.39		✓69.96	✓	7812966907	
06/12/2017	06/20/2017	7812966912	1001029781	115Invoice	2.44	121.88		✓119.44	✓	7812966912	
06/12/2017	06/20/2017	7812970318	1001030187	115Invoice	0.32	16.21		✓15.89	✓	7812970318	
06/13/2017	06/20/2017	7813184539	1001030560	115Invoice	2.46	123.07		✓120.61	✓	7813184539	
06/14/2017	06/20/2017	7813416979	1001031129	115Invoice	0.51	25.74		✓ 25.23	✓	7813416979	
06/15/2017	06/20/2017	7813636301	1001031686	115Invoice	5.13	256.73		✓251.60	✓	7813636301	
06/16/2017	06/20/2017	7813894140	1001032266	115Invoice	1.15	57.37		✓ 56.22	✓	7813894140	

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: 672.39 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,880.11
06/12/2017

If Paid By 06/20/2017, Pay This Amount: 658.95 USD

If Paid After 06/20/2017, Pay this Amount: 672.39 USD

Due If Paid On Time: USD 658.95

Disc lost if paid late: 13.44

Due If Paid Late: USD 672.39

APPROVED ON
JUN 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
6/20/2017

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	74,351.82	74,251.82	907,548.37	-	-	429,065.50 ✓	✓ 429,065.50	907,648.37	478,482.87

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	88,543.29	88,443.29	198,022.87	-	-	77,705.00 ✓	✓ 77,705.00	198,122.87	120,317.87
Crescent	4588	39,707.05	39,607.05	83,056.55	-	-	28,696.50 ✓	✓ 28,696.50	83,156.55	54,360.05
Broadmoor	4596	52,563.59	52,463.59	15,562.50	-	-	-	-	15,662.50	15,562.50
Fort Bend	4618	16,616.22	16,516.22	287,145.23	-	-	134,378.00 ✓	✓ 134,378.00	287,245.23	152,767.23
										343,007.65

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

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

Michael J. Pfeifer
Calhoun County Judge
Date: 7-6-17

Approved:

O • C

CK# 016 NH Ashford 429,065.50 +
CK# 012 NH Solera 77,705.00 +
CK# 012 NH Crescent 28,696.50 +
CK# 013 NH Fort Bend 134,378.00 +
669,845.00 *

APPROVED ON
JUN 21 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
NHA	000016	06/21/17	429,065.50	MEMORIAL MEDICAL CENTER
TOTALS:			429,065.50	

APPROVED
ON
JUN 21 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
NHB	000013	06/21/17	134,378.00	MEMORIAL MEDICAL CENTER
TOTALS:			134,378.00	

APPROVED
ON
JUN 21 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
NHC	000012	06/21/17	28,696.50	MEMORIAL MEDICAL CENTER
TOTALS:			28,696.50	

BANK--CHECK				
CODE	NUMBER	DATE	AMOUNT	PAYEE
NHS	000012	06/21/17	77,705.00	MEMORIAL MEDICAL CENTER
TOTALS:			77,705.00	

APPROVED
ON
JUN 21 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

06/21/2017 MEMORIAL MEDICAL CENTER 0
13:31 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 06/28/2017

Vendor#	Vendor Name	Class	Pay Code
10569	AHRA		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22147	DUES / SUBSC.	06/16/20	06/15/20	06/16/20		220.00	0.00	0.00	220.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10569	AHRA	220.00	0.00	0.00	220.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9061926913	O2	06/07/20	03/30/20	06/15/20		137.03	0.00	0.00	137.03
9943945024	O2	06/07/20	03/31/20	04/30/20		420.84	0.00	0.00	420.84
9943945025	PURCH SERV	06/07/20	03/31/20	04/30/20		381.79	0.00	0.00	381.79
9062212637	O2	06/07/20	04/07/20	05/07/20		163.09	0.00	0.00	163.09
9062212638	PURCH SERV	06/07/20	04/07/20	05/07/20		51.62	0.00	0.00	51.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	1,154.37	0.00	0.00	1,154.37

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
9651293320	LENSES	05/31/20	05/23/20	06/20/20		1,431.00	0.00	0.00	1,431.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	1,431.00	0.00	0.00	1,431.00

Vendor#	Vendor Name	Class	Pay Code
10592	AMERICAN PROFICIENCY INSTITUTE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
456015	DUES / SUBSC	06/16/20	05/24/20	06/18/20		15.00	0.00	0.00	15.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10592	AMERICAN PROFICIENCY INSTITUTE	15.00	0.00	0.00	15.00

Vendor#	Vendor Name	Class	Pay Code
A1360	AMERISOURCEBERGEN DRUG CORP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
921157705	INVENT PHARM	06/13/20	06/07/20	06/14/20		103.50	0.00	0.00	103.50
921396533	INVENT PHARM	06/16/20	06/13/20	06/19/20		103.50	0.00	0.00	103.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1360	AMERISOURCEBERGEN DRUG CORP	207.00	0.00	0.00	207.00

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

2692031		06/07/20	06/01/20	06/11/20		2,754.00	0.00	0.00	2,754.00
PURCH SERV									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11232	AMN HEALTHCARE ALLIED, INC.				2,754.00	0.00	0.00	2,754.00

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
771845		06/07/20	05/31/20	06/20/20			29.09	0.00	0.00	29.09
SUPPLIES										
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
I7011731		06/16/20	05/31/20	06/25/20			51.05	0.00	0.00	51.05
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J0356	BAKER AND TAYLOR, DEPT R					51.05	0.00	0.00	51.05

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
54910222		05/30/20	05/19/20	06/18/20			514.42	0.00	0.00	514.42
SUPPLIES										
54973809		05/31/20	05/25/20	06/24/20			392.88	0.00	0.00	392.88
SUPPLIES										
11515072		06/07/20	05/27/20	06/26/20			3.73	0.00	0.00	3.73
LATE FEE										
55034232		06/19/20	06/01/20	06/26/20			308.19	0.00	0.00	308.19
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	B1150	BAXTER HEALTHCARE					1,219.22	0.00	0.00	1,219.22

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
6005189907		05/30/20	05/18/20	06/17/20			858.48	0.00	0.00	858.48
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2485	BAYER HEALTHCARE					858.48	0.00	0.00	858.48

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
5371102		06/16/20	05/30/20	06/24/20			3,507.27	0.00	0.00	3,507.27
LEASE RENTAL										
106363998		06/16/20	05/31/20	06/25/20			1,334.73	0.00	0.00	1,334.73
SUPPLIES										
106369860		06/16/20	06/02/20	06/27/20			5,880.47	0.00	0.00	5,880.47
SUPPLIES										
106369263		06/16/20	06/02/20	06/27/20			404.14	0.00	0.00	404.14
SUPPLIES										
106369462		06/16/20	06/02/20	06/27/20			1,195.08	0.00	0.00	1,195.08
SUPPLIES										
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	B1220	BECKMAN COULTER INC				12,321.69	0.00	0.00	12,321.69
Vendor#	Vendor Name				Class	Pay Code			
10024	BECTON, DICKINSON & CO (BD)								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	9103012321		05/31/20	05/16/20	06/15/20		1,729.86	0.00	0.00	1,729.86
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10024	BECTON, DICKINSON & CO (BD)				1,729.86	0.00	0.00	1,729.86
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
	707732		06/07/20	05/12/20	05/12/20		60.00	0.00	0.00	60.00
		REPAIR								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11211	BHB MACHINE & PUMP REPAIR, LLC				60.00	0.00	0.00	60.00
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
	112113		05/31/20	05/26/20	06/25/20		409.95	0.00	0.00	409.95
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1650	BOSART LOCK & KEY INC				409.95	0.00	0.00	409.95
Vendor#	Vendor Name				Class	Pay Code				
C1033	CAD SOLUTIONS, INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	2170430		06/16/20	04/30/20	05/30/20		488.00	0.00	0.00	488.00
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1033	CAD SOLUTIONS, INC				488.00	0.00	0.00	488.00
Vendor#	Vendor Name				Class	Pay Code				
C1048	CALHOUN COUNTY				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22150		06/16/20	05/24/20	06/15/20		206.67	0.00	0.00	206.67
		FUEL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1048	CALHOUN COUNTY				206.67	0.00	0.00	206.67
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
	22140		06/13/20	06/12/20	06/14/20		730.00	0.00	0.00	730.00
		INDIGENT COPAYS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11295	CALHOUN COUNTY INDIGENT ACCOUN				730.00	0.00	0.00	730.00
Vendor#	Vendor Name				Class	Pay Code				
C1111	CALHOUN COUNTY ISD				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22119		06/07/20	06/06/20	06/15/20		1,000.00	0.00	0.00	1,000.00
		PUBL REL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1111	CALHOUN COUNTY ISD				1,000.00	0.00	0.00	1,000.00
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
448774	PURCH SERV	06/07/20	06/01/20	06/15/20			5.00	0.00	0.00	5.00

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
8001343464	SUPPLIES	06/16/20	05/06/20	06/10/20			406.32	0.00	0.00	406.32
8001348940	SUPPLIES	06/16/20	05/13/20	06/17/20			366.83	0.00	0.00	366.83
8001354451	SUPPLIES	06/16/20	05/20/20	06/14/20			441.14	0.00	0.00	441.14
8001368165	SUPPLIES	06/16/20	05/31/20	06/25/20			878.85	0.00	0.00	878.85

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1325	CARDINAL HEALTH 414, INC.	2,093.14	0.00	0.00	2,093.14

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
HWB6442	OFF SUPPLIES	05/30/20	05/16/20	06/15/20			51.16	0.00	0.00	51.16
HWF5384	OFF SUPPLIES	05/30/20	05/17/20	06/16/20			137.60	0.00	0.00	137.60
HXT2123	OFF SUPPLIES	05/31/20	05/24/20	06/23/20			747.59	0.00	0.00	747.59

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	936.35	0.00	0.00	936.35

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
92265249	SUPPLIES	05/30/20	05/16/20	06/15/20			37.20	0.00	0.00	37.20
92265726	SUPPLIES	05/30/20	05/17/20	06/16/20			629.16	0.00	0.00	629.16
92269161	SUPPLIES	05/30/20	05/22/20	06/21/20			610.00	0.00	0.00	610.00
92271152	SUPPLIES	05/31/20	05/24/20	06/23/20			625.64	0.00	0.00	625.64

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,902.00	0.00	0.00	1,902.00

Vendor# Vendor Name — Class — Pay Code

11202 CFI MECHANICAL INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SD963	REPAIRS	06/07/20	05/31/20	06/21/20			1,058.55	0.00	0.00	1,058.55

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11202	CFI MECHANICAL INC	1,058.55	0.00	0.00	1,058.55

Vendor# Vendor Name — Class — Pay Code

10105 CHRIS KOVAREK

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22126		06/07/20	06/05/20	06/15/20		160.00	0.00	0.00	160.00
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK				160.00	0.00	0.00	160.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22125		06/07/20	06/01/20	06/21/20		240.00	0.00	0.00	240.00
	CONT EDU								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C1611	CITIZENS MEDICAL CENTER				240.00	0.00	0.00	240.00

Vendor#	Vendor Name	Class	Pay Code
10786	CLINICAL PATHOLOGY		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2017050		06/15/20	05/31/20	06/25/20		6,673.18	0.00	0.00	6,673.18
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10786	CLINICAL PATHOLOGY				6,673.18	0.00	0.00	6,673.18

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
22121		06/07/20	05/31/20	06/15/20		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
L1430	CONMED LINVATEC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2566461		05/31/20	05/22/20	06/20/20		284.28	0.00	0.00	284.28
	SUPPLIES								
2566417		05/31/20	05/22/20	06/20/20		49.44	0.00	0.00	49.44
	SUPPLIES								
2570494		06/19/20	05/26/20	06/26/20		49.44	0.00	0.00	49.44
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	L1430	CONMED LINVATEC				383.16	0.00	0.00	383.16

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
555X02532208		05/31/20	05/31/20	06/20/20		465.50	0.00	0.00	465.50
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA				465.50	0.00	0.00	465.50

Vendor#	Vendor Name	Class	Pay Code
10006	CUSTOM MEDICAL SPECIALTIES		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
223295		05/30/20	05/17/20	06/16/20		307.29	0.00	0.00	307.29
	SUPPLIES								
223427		05/30/20	05/19/20	06/18/20		82.33	0.00	0.00	82.33
	SUPPLIES								

223485		05/30/20	05/22/20	06/21/20		80.07	0.00	0.00	80.07
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES				469.69	0.00	0.00	469.69
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
628933		06/16/20	05/31/20	06/25/20			103.68	0.00	0.00	103.68
	PURCH SERV								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC					103.68	0.00	0.00	103.68
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
22156		06/19/20	06/19/20	06/20/20			474.43	0.00	0.00	474.43
	PURCH SERV								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11008	DERRI HART					474.43	0.00	0.00	474.43
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
5042630		05/19/20	05/16/20	06/15/20			99.06	0.00	0.00	99.06
	OFF SUPPLIES								
5042120		05/19/20	05/16/20	06/15/20			12.35	0.00	0.00	12.35
	OFF SUPPLIES								
5042110		05/19/20	05/16/20	06/15/20			34.91	0.00	0.00	34.91
	OFF SUPPLIES								
5043140		05/22/20	05/17/20	06/16/20			475.35	0.00	0.00	475.35
	INVENT C/S								
5046190		05/30/20	05/19/20	06/18/20			133.63	0.00	0.00	133.63
	OFF SUPPLIES								
5048050		05/30/20	05/22/20	06/21/20			150.68	0.00	0.00	150.68
	SUPPLIES								
5048380		05/30/20	05/22/20	06/21/20			17.86	0.00	0.00	17.86
	OFF SUPPLIES								
5047750		05/30/20	05/22/20	06/21/20			73.66	0.00	0.00	73.66
	SUPPLIES								
5048400		05/30/20	05/22/20	06/21/20			67.34	0.00	0.00	67.34
	OFF SUPPLIES								
5047730		05/30/20	05/22/20	06/21/20			525.18	0.00	0.00	525.18
	SUPPLIES								
5048360		05/30/20	05/22/20	06/21/20			90.35	0.00	0.00	90.35
	SUPPLIES								
5048040		05/30/20	05/22/20	06/21/20			51.98	0.00	0.00	51.98
	SUPPLIES								
5050550		05/30/20	05/24/20	06/23/20			33.09	0.00	0.00	33.09
	SUPPLIES								
5052340		05/31/20	05/26/20	06/25/20			183.96	0.00	0.00	183.96
	INVENT C/S								
5054141		06/19/20	05/31/20	06/25/20			33.44	0.00	0.00	33.44
	INVENT								
5055290		06/19/20	06/01/20	06/26/20			144.00	0.00	0.00	144.00

INVENT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	2,126.84	0.00	0.00	2,126.84

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
MMC061517		06/16/20	06/14/20	06/21/20		93,900.42	0.00	0.00	93,900.42

PRO FEES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	93,900.42	0.00	0.00	93,900.42

Vendor#	Vendor Name	Class	Pay Code
D1664	DOLPHIN TALK	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
051904		05/31/20	05/22/20	06/21/20		300.00	0.00	0.00	300.00

PUBL REL

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1664	DOLPHIN TALK	300.00	0.00	0.00	300.00

Vendor#	Vendor Name	Class	Pay Code
D1710	DOWNTOWN CLEANERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1220		06/07/20	05/02/20	05/12/20		26.10	0.00	0.00	26.10
	PURCH SERV								
19		06/07/20	05/24/20	06/03/20		276.50	0.00	0.00	276.50
	HEALTH FAIR								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS	302.60	0.00	0.00	302.60

Vendor#	Vendor Name	Class	Pay Code
10175	DSHS CENTRAL LAB MC2004		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22148		06/16/20	06/02/20	06/27/20		552.40	0.00	0.00	552.40

PURCH SERV

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004	552.40	0.00	0.00	552.40

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
35100		06/16/20	06/15/20	06/15/20		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
E1268	ENTERPRISE RENT-A-CAR	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13501800		05/30/20	05/23/20	06/20/20		346.42	0.00	0.00	346.42

TRAVEL

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	E1268	ENTERPRISE RENT-A-CAR	346.42	0.00	0.00	346.42

Vendor#	Vendor Name	Class	Pay Code
T0383	ERIN CLEVENGER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22137		06/13/20	06/09/20	06/14/20		233.78	0.00	0.00	233.78

6/7/17- 6/8/17 THA CAHQI and HIN Conference

	TRAVEL								
	22152		06/16/20	06/16/20	06/21/20		53.39	0.00	0.00	53.39
	TRAVEL	6/15/17 CNO Collaborative Meeting							
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	T0383	ERIN CLEVENGER					287.17	0.00	0.00	287.17
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
	903104300		05/31/20	05/17/20	06/16/20			219.02	0.00	0.00	219.02
		SUPPLIES									
	903112256		06/16/20	05/24/20	06/18/20			939.06	0.00	0.00	939.06
		MAINT CONT									
	903112255		06/16/20	05/24/20	06/23/20			934.29	0.00	0.00	934.29
		MAINT CONT									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	S0501	EVOQUA WATER TECHNOLOGIES LLC						2,092.37	0.00	0.00	2,092.37
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
	06A17MMC		06/07/20	06/01/20	06/21/20			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
	581365619		06/16/20	05/25/20	06/19/20			60.32	0.00	0.00	60.32
		FREIGHT									
	582070026		06/16/20	06/01/20	06/26/20			18.88	0.00	0.00	18.88
		FREIGHT									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.						79.20	0.00	0.00	79.20
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
	22132		06/13/20	06/12/20	06/14/20			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
	1847744		06/07/20	05/12/20	06/11/20			45.97	0.00	0.00	45.97
		SUPPLIES									
	2190473		06/07/20	05/16/20	06/15/20			1,260.69	0.00	0.00	1,260.69
		SUPPLIES									
	2497058		06/07/20	05/17/20	06/16/20			6,894.44	0.00	0.00	6,894.44
		SUPPLIES									
	2497051		06/07/20	05/17/20	06/16/20			2,084.13	0.00	0.00	2,084.13
		SUPPLIES									
	B 431618		06/07/20	05/19/20	06/18/20			493.53	0.00	0.00	493.53
		SUPPLIES									

4318640		06/07/20	05/19/20	06/18/20	72.20	0.00	0.00	72.20
	SUPPLIES							
4773031		06/07/20	05/22/20	06/21/20	54.35	0.00	0.00	54.35
	SUPPLIES							
5161861		06/07/20	05/23/20	06/22/20	300.90	0.00	0.00	300.90
	SUPPLIES							
5553330		06/07/20	05/24/20	06/23/20	828.72	0.00	0.00	828.72
	SUPPLIES							
7117940		06/15/20	06/01/20	06/26/20	218.82	0.00	0.00	218.82
	SUPPLIES							
7345528		06/15/20	06/02/20	06/27/20	316.04	0.00	0.00	316.04
	SUPPLIES							
5958867		06/16/20	05/25/20	06/19/20	464.94	0.00	0.00	464.94
	SUPPLIES							
6916719		06/16/20	05/31/20	06/25/20	2,799.94	0.00	0.00	2,799.94
	SUPPLIES							
6916713		06/16/20	05/31/20	06/25/20	826.08	0.00	0.00	826.08
	SUPPLIES							
6916717		06/16/20	05/31/20	06/25/20	54.35	0.00	0.00	54.35
	SUPPLIES							
6916690		06/16/20	05/31/20	06/25/20	19.35	0.00	0.00	19.35
	SUPPLIES							
6916710		06/16/20	05/31/20	06/25/20	54.35	0.00	0.00	54.35
	SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	16,788.80	0.00	0.00	16,788.80

Vendor# 10678 Vendor Name: FIVE STAR STERILIZER SERVICES | Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4969		06/16/20	03/14/20	04/08/20		171.77	0.00	0.00	171.77
	REPAIRS								
4970		06/16/20	03/15/20	04/09/20		85.55	0.00	0.00	85.55
	REPAIRS								
4988		06/16/20	03/18/20	04/12/20		92.48	0.00	0.00	92.48
	REPAIRS								
4977		06/16/20	03/20/20	04/14/20		268.75	0.00	0.00	268.75
	REPAIRS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES	618.55	0.00	0.00	618.55

Vendor# F1653 Vendor Name: FORT BEND SERVICES, INC | Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0209520IN		06/07/20	06/01/20	06/21/20		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# 11183 Vendor Name: FRONTIER | Class | Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22122		06/07/20	06/02/20	06/20/20		855.57	0.00	0.00	855.57
	TELEPHONE								

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11183	FRONTIER				855.57	0.00	0.00	855.57

Vendor#	Vendor Name	Class	Pay Code
11408	GARY PAUL		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
PAUGAR0001	CLINIC PT REFUND	06/16/20	06/13/20	06/14/20			153.22	0.00	0.00	153.22

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11408	GARY PAUL	153.22	0.00	0.00	153.22

Vendor#	Vendor Name	Class	Pay Code
W1300	GRAINGER	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9462165615	SUPPLIES	06/16/20	06/02/20	06/27/20			91.79	0.00	0.00	91.79
9461925043	SUPPLIES	06/16/20	06/02/20	06/27/20			164.30	0.00	0.00	164.30

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	256.09	0.00	0.00	256.09

Vendor#	Vendor Name	Class	Pay Code
G1050	GREENHOUSE FLORAL DESIGNERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1628	HEALTH FAIR	06/07/20	05/03/20	06/15/20			165.00	0.00	0.00	165.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1050	GREENHOUSE FLORAL DESIGNERS	165.00	0.00	0.00	165.00

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
751230	PURCH SERV	06/07/20	05/02/20	06/01/20			25.00	0.00	0.00	25.00
751231	PURCH SERV	06/07/20	05/02/20	06/01/20			25.00	0.00	0.00	25.00
751232	PURCH SERV	06/07/20	05/10/20	06/09/20			25.00	0.00	0.00	25.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0401	GULF COAST DELIVERY	75.00	0.00	0.00	75.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1326745	SUPPLIES	05/30/20	05/23/20	06/22/20			472.46	0.00	0.00	472.46

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	472.46	0.00	0.00	472.46

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
090841	FOOD SUPPLIES	05/31/20	02/06/20	06/15/20			43.62	0.00	0.00	43.62
058917	FOOD SUPPLIES	05/31/20	03/06/20	06/15/20			46.68	0.00	0.00	46.68
065804	FOOD SUPPLIES	05/31/20	03/09/20	06/15/20			10.53	0.00	0.00	10.53

OC38811		05/31/20	03/29/20	06/15/20	6.29	0.00	0.00	6.29
	LATE FEES							
OC39145		05/31/20	04/26/20	06/15/20	2.51	0.00	0.00	2.51
	LATE FEES							
024100		06/07/20	04/03/20	04/23/20	22.48	0.00	0.00	22.48
	SUPPLIES							
023528		06/07/20	04/03/20	04/23/20	11.16	0.00	0.00	11.16
	SUPPLIES							
041119		06/07/20	04/10/20	04/30/20	50.94	0.00	0.00	50.94
	SUPPLIES							
078259		06/07/20	04/26/20	05/16/20	11.64	0.00	0.00	11.64
	SUPPLIES							
005042		06/07/20	05/07/20	05/27/20	2.48	0.00	0.00	2.48
	SUPPLIES							
010330		06/07/20	05/09/20	05/29/20	12.46	0.00	0.00	12.46
	SUPPLIES							
031648		06/07/20	05/22/20	06/11/20	6.32	0.00	0.00	6.32
	SUPPLIES							
036301		06/07/20	05/24/20	06/13/20	1.85	0.00	0.00	1.85
	SUPPLIES							
041058		06/07/20	05/26/20	06/15/20	7.34	0.00	0.00	7.34
	SPPLIES							
050563		06/07/20	05/30/20	06/19/20	17.79	0.00	0.00	17.79
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	H0030	H E BUTT GROCERY			254.09	0.00	0.00	254.09

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
6274551		05/31/20	05/23/20	06/20/20			43.10	0.00	0.00	43.10
	SUPPLIES									
6274508		05/31/20	05/23/20	06/20/20			29.23	0.00	0.00	29.23
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1135	HEALTH CARE LOGISTICS INC	72.33	0.00	0.00	72.33

Vendor#	Vendor Name	Class	Pay Code
10804	HEALTHCARE CODING & CONSULTING		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6363		06/07/20	05/31/20	06/21/20			3,377.00	0.00	0.00	3,377.00
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10804	HEALTHCARE CODING & CONSULTING	3,377.00	0.00	0.00	3,377.00

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
PJIN0102314		06/07/20	05/15/20	06/15/20			8,333.33	0.00	0.00	8,333.33
	40120036									

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
11114	HOSPITALPORTAL.NET		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
13956		06/07/20	06/01/20	06/27/20			3,592.12	0.00	0.00	3,592.12
	MAINT CONT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11114	HOSPITALPORTAL.NET					3,592.12	0.00	0.00	3,592.12

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
2253		06/13/20	05/31/20	06/20/20			14,661.32	0.00	0.00	14,661.32
	PURCH SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10922	HUNTER PHARMACY SERVICES					14,661.32	0.00	0.00	14,661.32

Vendor#	Vendor Name	Class	Pay Code
11200	IRON MOUNTAIN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
NXA7332		06/07/20	05/31/20	06/21/20			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
J0150	J & J HEALTH CARE SYSTEMS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
918041822		05/30/20	05/22/20	06/21/20			763.36	0.00	0.00	763.36
	SUPPLIES									
918044006		05/31/20	05/22/20	06/21/20			1,292.55	0.00	0.00	1,292.55
	SUPPLIES									
918068277		06/19/20	05/26/20	06/25/20			56.28	0.00	0.00	56.28
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC					2,112.19	0.00	0.00	2,112.19

Vendor#	Vendor Name	Class	Pay Code
11412	JACOBS LADDER LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
060617MMC		06/16/20	06/16/20	06/21/20			2,097.50	0.00	0.00	2,097.50
	SUPPLIES PT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11412	JACOBS LADDER LLC					2,097.50	0.00	0.00	2,097.50

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
F004010		06/07/20	05/31/20	06/10/20			2.44	0.00	0.00	2.44
	SERVICE CHARGE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY					2.44	0.00	0.00	2.44

Vendor#	Vendor Name	Class	Pay Code
K1134	KING'S PARTY RENTALS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
471954A		06/16/20	05/11/20	06/11/20			38.50	0.00	0.00	38.50
	HEALTH FAIR									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	K1134	KING'S PARTY RENTALS					38.50	0.00	0.00	38.50

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
22129		06/13/20	06/08/20	06/14/20		29.75	0.00	0.00	29.75
	TRAVEL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11275	KYLE DANIEL	29.75	0.00	0.00	29.75

Vendor# Vendor Name — Class — Pay Code

L0100 L.A.W. PUBLICATIONS — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22118		06/07/20	05/31/20	06/15/20		599.00	0.00	0.00	599.00
	PUB RELAT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0100	L.A.W. PUBLICATIONS	599.00	0.00	0.00	599.00

Vendor# Vendor Name — Class — Pay Code

L0700 LABCORP OF AMERICA HOLDINGS — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
55512357		06/15/20	06/03/20	06/28/20		53.00	0.00	0.00	53.00
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L0700	LABCORP OF AMERICA HOLDINGS	53.00	0.00	0.00	53.00

Vendor# Vendor Name — Class — Pay Code

L1288 LANGUAGE LINE SERVICES — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4073620		06/16/20	05/31/20	06/25/20		4.50	0.00	0.00	4.50
	PUCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1288	LANGUAGE LINE SERVICES	4.50	0.00	0.00	4.50

Vendor# Vendor Name — Class — Pay Code

L1640 LOWE'S HOME CENTERS INC — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
53447		06/16/20	05/02/20	06/01/20		954.62	0.00	0.00	954.62
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	L1640	LOWE'S HOME CENTERS INC	954.62	0.00	0.00	954.62

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
22130		06/13/20	06/12/20	06/14/20		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

M1950 MARTIN PRINTING CO — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
70239		05/30/20	05/19/20	06/18/20		200.99	0.00	0.00	200.99
	OFF SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1950	MARTIN PRINTING CO	200.99	0.00	0.00	200.99

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

03440100		05/30/20	05/17/20	06/16/20		527.33	0.00	0.00	527.33
	INVENT C/S								
3659019		05/31/20	05/22/20	06/21/20		1,993.64	0.00	0.00	1,993.64
	SUPPLIES								
3857501		05/31/20	05/24/20	06/23/20		550.58	0.00	0.00	550.58
	INVENT C/S								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	3,071.55	0.00	0.00	3,071.55

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
110782		06/07/20	05/31/20	06/21/20			1,919.58	0.00	0.00	1,919.58
	COLLECTION EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.	1,919.58	0.00	0.00	1,919.58

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
1827727907		05/30/20	05/16/20	06/15/20			237.23	0.00	0.00	237.23
	SUPPLIES									
1828228349		05/31/20	05/24/20	06/20/20			43.33	0.00	0.00	43.33
	SUPPLIES									
1828228348		05/31/20	05/24/20	06/20/20			26.98	0.00	0.00	26.98
	SUPPLIES									
1828228347		05/31/20	05/24/20	06/20/20			13.78	0.00	0.00	13.78
	SUPPLIES									
1828228352		05/31/20	05/24/20	06/22/20			15.83	0.00	0.00	15.83
	INVENT C/S									
1828228351		05/31/20	05/24/20	06/22/20			198.94	0.00	0.00	198.94
	INVENT C/S									
1828473160		06/19/20	05/27/20	06/27/20			22.58	0.00	0.00	22.58
	INVENT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	558.67	0.00	0.00	558.67

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
13678		06/16/20	06/02/20	06/12/20			36.75	0.00	0.00	36.75
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.	36.75	0.00	0.00	36.75

Vendor#	Vendor Name	Class	Pay Code
10963	MEMORIAL MEDICAL CLINIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22133		06/13/20	06/12/20	06/14/20			45.00	0.00	0.00	45.00
	EMPL EXP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	45.00	0.00	0.00	45.00

Vendor#	Vendor Name	Class	Pay Code
M2658	MERRITT, HAWKINS & ASSOCIATES	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
SINV128155		06/13/20	05/31/20	06/10/20			12,000.00	0.00	0.00	12,000.00

PHY REC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2658	MERRITT, HAWKINS & ASSOCIATES	12,000.00	0.00	0.00	12,000.00

Vendor# M2659 Vendor Name: MERRY X-RAY/SOURCEONE HEALTHCA Class: M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8800065163		05/31/20	05/19/20	06/18/20		1,709.84	0.00	0.00	1,709.84
	SUPPLIES								
8800067344		05/31/20	05/25/20	06/24/20		176.23	0.00	0.00	176.23
	SUPPLIES								
8800068096		06/19/20	05/26/20	06/25/20		39.23	0.00	0.00	39.23
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	1,925.30	0.00	0.00	1,925.30

Vendor# M2621 Vendor Name: MMC AUXILIARY GIFT SHOP Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22138		06/13/20	06/12/20	06/14/20		141.81	0.00	0.00	141.81
	EMPL EXP								
22141		06/16/20	06/15/20	06/21/20		170.96	0.00	0.00	170.96
	EMPL EXP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	312.77	0.00	0.00	312.77

Vendor# 10810 Vendor Name: MMC EMPLOYEE BENEFIT PLAN Class: Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22123		06/07/20	06/05/20	06/15/20		16,091.20	0.00	0.00	16,091.20
	EMPL EXP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	16,091.20	0.00	0.00	16,091.20

Vendor# 10680 Vendor Name: MMC EMPLOYEES ACTIVITES TEAM Class: Pay Code

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22151		06/16/20	06/16/20	06/25/20		3,070.00	0.00	0.00	3,070.00
	EMPL EXP								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10680	MMC EMPLOYEES ACTIVITES TEAM	3,070.00	0.00	0.00	3,070.00

Vendor# M2662 Vendor Name: MMC VOLUNTEERS Class: W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
671232		06/13/20	06/01/20	06/14/20		111.49	0.00	0.00	111.49
	MISC ADMIN								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS	111.49	0.00	0.00	111.49

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6198		06/07/20	05/31/20	06/01/20		-3.06	0.00	0.00	-3.06
	INVENT PHARM								
6479		06/07/20	06/01/20	06/02/20		-4.99	0.00	0.00	-4.99
	INVENT PHARM								

6480	06/07/20 06/01/20 06/02/20	-4.99	0.00	0.00	-4.99	
1357590	INVENT PHARM 06/07/20 06/02/20 06/03/20	0.97	0.00	0.00	0.97	
CM94649	INVENT PHARM 06/07/20 06/02/20 06/03/20	-21.00	0.00	0.00	-21.00	
1358747	INVENT PHARM 06/07/20 06/02/20 06/03/20	3,039.77	0.00	0.00	3,039.77	
1358554	INVENT PHARM 06/07/20 06/02/20 06/03/20	9.65	0.00	0.00	9.65	
1358746	INVENT PHARM 06/07/20 06/02/20 06/03/20	460.10	0.00	0.00	460.10	
1358553	INVENT PHARM 06/07/20 06/02/20 06/03/20	38.21	0.00	0.00	38.21	
1358748	INVENT PHARM 06/07/20 06/02/20 06/03/20	52.06	0.00	0.00	52.06	
1366121	INVENT PHARM 06/07/20 06/05/20 06/06/20	565.90	0.00	0.00	565.90	
1366340	INVENT PHARM 06/07/20 06/05/20 06/06/20	306.29	0.00	0.00	306.29	
1366119	INVENT PHARM 06/07/20 06/05/20 06/06/20	1,507.84	0.00	0.00	1,507.84	
1366120	INVENT PHARM 06/07/20 06/05/20 06/06/20	1,749.03	0.00	0.00	1,749.03	
8293	INVENT PHARM 06/13/20 06/05/20 06/06/20	-0.31	0.00	0.00	-0.31	
8292	INVENT PHARM 06/13/20 06/05/20 06/06/20	-0.22	0.00	0.00	-0.22	
8297	INVENT PHARM 06/13/20 06/05/20 06/06/20	-1.27	0.00	0.00	-1.27	
8288	INVENT PHARM 06/13/20 06/05/20 06/06/20	-6.32	0.00	0.00	-6.32	
8290	INVENT PHARM 06/13/20 06/05/20 06/06/20	-0.05	0.00	0.00	-0.05	
8295	INVENT PHARM 06/13/20 06/05/20 06/06/20	-0.38	0.00	0.00	-0.38	
8304	INVENT PHARM 06/13/20 06/05/20 06/06/20	-4.99	0.00	0.00	-4.99	
8291	INVENT PHARM 06/13/20 06/05/20 06/06/20	-0.18	0.00	0.00	-0.18	
8294	INVENT PHARM 06/13/20 06/05/20 06/06/20	-0.32	0.00	0.00	-0.32	
8296	INVENT PHARM 06/13/20 06/05/20 06/06/20	-2.98	0.00	0.00	-2.98	
8289	INVENT PHARM 06/13/20 06/05/20 06/06/20	-0.01	0.00	0.00	-0.01	
8298	INVENT PHARM 06/13/20 06/05/20 06/06/20	-3.69	0.00	0.00	-3.69	
1372318	INVENT PHARM 06/13/20 06/06/20 06/07/20	425.38	0.00	0.00	425.38	
1372317	INVENT PHARM 06/13/20 06/06/20 06/07/20	306.74	0.00	0.00	306.74	
	INVENT PHARM					

1370033	06/13/20 06/06/20 06/07/20		464.91	0.00	0.00	464.91
1372316	INVENT PHARM 06/13/20 06/06/20 06/07/20		1,890.87	0.00	0.00	1,890.87
1375870	INVENT PHARM 06/13/20 06/07/20 06/08/20		49.22	0.00	0.00	49.22
1377647	INVENT PHARM 06/13/20 06/07/20 06/08/20		161.86	0.00	0.00	161.86
1377052	INVENT PHARM 06/13/20 06/07/20 06/08/20		45.84	0.00	0.00	45.84
CM96006	INVENT PHARM 06/13/20 06/07/20 06/08/20		-441.59	0.00	0.00	-441.59
1377309	INVENT PHARM 06/13/20 06/07/20 06/08/20		38.21	0.00	0.00	38.21
1375866	INVENT PHARM 06/13/20 06/07/20 06/08/20		65.14	0.00	0.00	65.14
1375871	INVENT PHARM 06/13/20 06/07/20 06/08/20		266.57	0.00	0.00	266.57
1377648	INVENT PHARM 06/13/20 06/07/20 06/08/20		232.10	0.00	0.00	232.10
1377310	INVENT PHARM 06/13/20 06/07/20 06/08/20		22.20	0.00	0.00	22.20
1375867	INVENT PHARM 06/13/20 06/07/20 06/08/20		32.81	0.00	0.00	32.81
1375865	INVENT PHARM 06/13/20 06/07/20 06/08/20		20.02	0.00	0.00	20.02
1375868	INVENT PHARM 06/13/20 06/07/20 06/08/20		16.41	0.00	0.00	16.41
1375869	INVENT PHARM 06/13/20 06/07/20 06/08/20		42.70	0.00	0.00	42.70
1377646	INVENT PHARM 06/13/20 06/07/20 06/08/20		58.45	0.00	0.00	58.45
1384085	INVENT PHARM 06/13/20 06/08/20 06/09/20		336.84	0.00	0.00	336.84
1384704	INVENT PHARM 06/13/20 06/08/20 06/09/20		38.60	0.00	0.00	38.60
1384705	INVENT PHARM 06/13/20 06/08/20 06/09/20		373.06	0.00	0.00	373.06
1384703	INVENT PHARM 06/13/20 06/08/20 06/09/20		57.61	0.00	0.00	57.61
1381661	INVENT PHARM 06/13/20 06/08/20 06/09/20		186.78	0.00	0.00	186.78
1388792	INVENT PHARM 06/13/20 06/09/20 06/10/20		56.03	0.00	0.00	56.03
1388791	INVENT PHARM 06/13/20 06/09/20 06/10/20		56.03	0.00	0.00	56.03
1388933	INVENT PHARM 06/13/20 06/09/20 06/10/20		8.04	0.00	0.00	8.04
1388932	INVENT PHARM 06/13/20 06/09/20 06/10/20		1,208.38	0.00	0.00	1,208.38
CM97690	INVENT PHARM 06/13/20 06/09/20 06/10/20		-182.72	0.00	0.00	-182.72

1388931	INVENT PHARM 06/13/20 06/09/20 06/10/20	239.53	0.00	0.00	239.53	
1381004	INVENT PHARM 06/16/20 06/08/20 06/09/20	1,500.00	0.00	0.00	1,500.00	
CM99702	INVENT PHARM 06/16/20 06/12/20 06/13/20	-306.29	0.00	0.00	-306.29	
1396258	INVENT PHARM 06/16/20 06/12/20 06/13/20	22.20	0.00	0.00	22.20	
1396517	INVENT PHARM 06/16/20 06/12/20 06/13/20	2,054.67	0.00	0.00	2,054.67	
1396519	INVENT PHARM 06/16/20 06/12/20 06/13/20	625.59	0.00	0.00	625.59	
1394038	INVENT PHARM 06/16/20 06/12/20 06/13/20	21.95	0.00	0.00	21.95	
1396518	INVENT PHARM 06/16/20 06/12/20 06/13/20	826.89	0.00	0.00	826.89	
CM99703	INVENT PHARM 06/16/20 06/12/20 06/13/20	-9.94	0.00	0.00	-9.94	
1401502	INVENT PHARM 06/16/20 06/13/20 06/14/20	426.64	0.00	0.00	426.64	
0531	INVENT PHARM 06/16/20 06/13/20 06/14/20	-22.98	0.00	0.00	-22.98	
1401505	INVENT PHARM 06/16/20 06/13/20 06/14/20	291.90	0.00	0.00	291.90	
1401503	INVENT PHARM 06/16/20 06/13/20 06/14/20	9.46	0.00	0.00	9.46	
1401504	INVENT PHARM 06/16/20 06/13/20 06/14/20	112.26	0.00	0.00	112.26	
1406448	INVENT PHARM 06/16/20 06/14/20 06/15/20	144.20	0.00	0.00	144.20	
1406447	INVENT PHARM 06/16/20 06/14/20 06/15/20	1,668.17	0.00	0.00	1,668.17	
1404910	INVENT PHARM 06/16/20 06/14/20 06/15/20	23.56	0.00	0.00	23.56	
CM10502	INVENT PHARM 06/16/20 06/14/20 06/15/20	-25.96	0.00	0.00	-25.96	
1406260	INVENT PHARM 06/16/20 06/14/20 06/15/20	13.51	0.00	0.00	13.51	
1404911	INVENT PHARM 06/16/20 06/14/20 06/15/20	70.97	0.00	0.00	70.97	
1406446	INVENT PHARM 06/16/20 06/14/20 06/15/20	70.24	0.00	0.00	70.24	
1406259	INVENT PHARM 06/16/20 06/14/20 06/15/20	9.23	0.00	0.00	9.23	
1411977	INVENT PHARM 06/16/20 06/15/20 06/16/20	2,869.19	0.00	0.00	2,869.19	
1410664	INVENT PHARM 06/16/20 06/15/20 06/16/20	26.06	0.00	0.00	26.06	
1410667	INVENT PHARM 06/16/20 06/15/20 06/16/20	83.26	0.00	0.00	83.26	
1242	INVENT PHARM 06/16/20 06/15/20 06/16/20	-1.54	0.00	0.00	-1.54	

		INVENT PHARM							
	1411976		06/16/20	06/15/20	06/16/20	8.30	0.00	0.00	8.30
		INVENT PHARM							
	1411975		06/16/20	06/15/20	06/16/20	76.11	0.00	0.00	76.11
		INVENT PHARM							
	1410669		06/16/20	06/15/20	06/16/20	425.57	0.00	0.00	425.57
		INVENT PHARM							
	1241A		06/16/20	06/15/20	06/16/20	-2.23	0.00	0.00	-2.23
		INVENT PHARM							
	1240		06/16/20	06/15/20	06/16/20	-4.99	0.00	0.00	-4.99
		INVENT PHARM							
	1236		06/16/20	06/15/20	06/16/20	-5.00	0.00	0.00	-5.00
		INVENT PHARM							
	1410668		06/16/20	06/15/20	06/16/20	21.95	0.00	0.00	21.95
		INVENT PHARM							
	1410666		06/16/20	06/15/20	06/16/20	5.00	0.00	0.00	5.00
		INVENT PHARM							
	1237		06/16/20	06/15/20	06/16/20	-5.00	0.00	0.00	-5.00
		INVENT PHARM							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10536	MORRIS & DICKSON CO, LLC			24,774.03	0.00	0.00	24,774.03
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
	22135		06/13/20	06/09/20	06/14/20		69.00	0.00	0.00	69.00
		TRAVEL 6/7/17-6/8/17 Quality Improv. Workshop								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		A2252	NADINE GARNER			69.00	0.00	0.00	69.00
Vendor#	Vendor Name				Class	Pay Code			
11404	NICHOLAS REGAN & ROSS								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22139		06/13/20	06/07/20	06/14/20		400.00	0.00	0.00	400.00
		SUPPLIES								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11404	NICHOLAS REGAN & ROSS			400.00	0.00	0.00	400.00
Vendor#	Vendor Name				Class	Pay Code			
N1225	NUTRITION OPTIONS				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22146		06/16/20	06/13/20	06/21/20		3,750.00	0.00	0.00	3,750.00
		PURCH SERV								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		N1225	NUTRITION OPTIONS			3,750.00	0.00	0.00	3,750.00
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
	1850335360		05/30/20	05/18/20	06/17/20		116.26	0.00	0.00	116.26
		SUPPLIES								
	1850331208		05/31/20	05/16/20	06/15/20		566.20	0.00	0.00	566.20
		SUPPLIES								
	1850338549		05/31/20	05/23/20	06/22/20		418.84	0.00	0.00	418.84
		SUPPLIES								

1850318103		06/07/20	05/02/20	06/01/20	745.26	0.00	0.00	745.26
SUPPLIES								
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	O1416	ORTHO CLINICAL DIAGNOSTICS			1,846.56	0.00	0.00	1,846.56

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
2027513645	INVENT C/S	05/30/20	05/16/20	06/15/20			10.24	0.00	0.00	10.24
2027513737	SUPPLIES	05/30/20	05/16/20	06/15/20			54.93	0.00	0.00	54.93
2027519259	INVENT CS	05/30/20	05/16/20	06/15/20			950.43	0.00	0.00	950.43
2027514159	INVENT C/S	05/30/20	05/16/20	06/15/20			4.15	0.00	0.00	4.15
2027518514	SUPPLIES	05/30/20	05/16/20	06/15/20			769.91	0.00	0.00	769.91
2027513632	SUPPLIES	05/30/20	05/16/20	06/15/20			108.27	0.00	0.00	108.27
2027514168	SUPPLIES	05/30/20	05/16/20	06/15/20			61.20	0.00	0.00	61.20
2027563153	SUPPLIES	05/30/20	05/18/20	06/17/20			30.27	0.00	0.00	30.27
2027564268	INVENT	05/30/20	05/18/20	06/17/20			5.59	0.00	0.00	5.59
2027568410	SUPPLIES	05/30/20	05/18/20	06/17/20			1,118.80	0.00	0.00	1,118.80
2027563136	SUPPLIES	05/30/20	05/18/20	06/17/20			5.77	0.00	0.00	5.77
2027563577	INVENT C/S	05/30/20	05/18/20	06/17/20			5.59	0.00	0.00	5.59
2027562399	SUPPLIES	05/30/20	05/18/20	06/17/20			69.29	0.00	0.00	69.29
2027677911	INVENT	05/30/20	05/23/20	06/22/20			3.33	0.00	0.00	3.33
2027677144	INVENT	05/30/20	05/23/20	06/22/20			5.59	0.00	0.00	5.59
2027677181	SUPPLIES	05/30/20	05/23/20	06/22/20			80.63	0.00	0.00	80.63
2027676835	INVENT	05/30/20	05/23/20	06/22/20			45.29	0.00	0.00	45.29
2027676968	INVENT	05/30/20	05/23/20	06/22/20			10.71	0.00	0.00	10.71
2027677357	SUPPLIES	05/30/20	05/23/20	06/22/20			62.68	0.00	0.00	62.68
2027682452	INVENT	05/30/20	05/23/20	06/22/20			983.72	0.00	0.00	983.72
2027683750	SUPPLIES	05/30/20	05/23/20	06/22/20			1,168.60	0.00	0.00	1,168.60
2027676931	SUPPLIES	05/30/20	05/23/20	06/22/20			109.91	0.00	0.00	109.91
2027768579		05/31/20	05/25/20	06/24/20			49.96	0.00	0.00	49.96

	INVENT C/S							
2027776090		05/31/20	05/25/20	06/24/20	785.85	0.00	0.00	785.85
	SUPPLIES							
2027775938		05/31/20	05/25/20	06/24/20	2,002.85	0.00	0.00	2,002.85
	INVENT C/S							
2027767935		05/31/20	05/25/20	06/24/20	62.14	0.00	0.00	62.14
	INVENT C/S							
2027767919		05/31/20	05/25/20	06/24/20	96.24	0.00	0.00	96.24
	INVENT C/S							
2027774947		05/31/20	05/25/20	06/24/20	41.72	0.00	0.00	41.72
	SUPPLIES							
2021742918		06/16/20	10/13/20	11/12/20	48.18	0.00	0.00	48.18
	SUPPLIES							
2023801931		06/16/20	12/30/20	01/29/20	11.20	0.00	0.00	11.20
	SUPPLIES							
2021164911		06/19/20	09/22/20	10/22/20	330.47	0.00	0.00	330.47
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR			9,093.51	0.00	0.00	9,093.51

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
22155		06/19/20	06/19/20	06/25/20			525.00	0.00	0.00	525.00
	PURCH SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11069	PABLO GARZA					525.00	0.00	0.00	525.00

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
92105352		06/16/20	06/01/20	06/26/20			1,250.00	0.00	0.00	1,250.00
	SERV 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				
10204	PHARMEDIUM SERVICES LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A1957150		06/13/20	05/19/20	06/18/20			126.00	0.00	0.00	126.00
	INVENT PHARM									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC					126.00	0.00	0.00	126.00

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
934805327		06/16/20	05/30/20	06/24/20			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				
P2200	POWER ELECTRIC			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
FCH2850		06/16/20	02/01/20	02/11/20			4.77	0.00	0.00	4.77

	FINANCE CHARGE								
FCH12116		06/16/20	02/28/20	03/10/20		8.41	0.00	0.00	8.41
	FINANCE CHARGE								
A32285		06/16/20	05/05/20	05/15/20		7.18	0.00	0.00	7.18
	SUPPLIES								
A32467		06/16/20	05/12/20	05/22/20		9.78	0.00	0.00	9.78
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P2200	POWER ELECTRIC				30.14	0.00	0.00	30.14
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
	3796260		05/31/20	05/23/20	06/22/20		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#	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
	22109		05/31/20	05/30/20	06/15/20		6,775.00	0.00	0.00	6,775.00
		PURCH SERV								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	P1725	PREMIER SLEEP DISORDERS CENTER					6,775.00	0.00	0.00	6,775.00
Vendor#	Vendor Name				Class	Pay Code				
R1268	RADIOLOGY UNLIMITED, PA				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	RB117		06/16/20	01/15/20	01/25/20		1,200.00	0.00	0.00	1,200.00
		PRO FEES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	R1268	RADIOLOGY UNLIMITED, PA					1,200.00	0.00	0.00	1,200.00
Vendor#	Vendor Name				Class	Pay Code				
11080	RADSOURCE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	SC55558		05/30/20	05/16/20	06/15/20		1,625.00	0.00	0.00	1,625.00
		PURCH SERV								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11080	RADSOURCE					1,625.00	0.00	0.00	1,625.00
Vendor#	Vendor Name				Class	Pay Code				
11251	RAPID PRINTING LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1590		05/30/20	05/21/20	06/15/20		175.00	0.00	0.00	175.00
		PUBL REL								
	1591		05/30/20	05/21/20	06/20/20		25.00	0.00	0.00	25.00
		PUBL REL								
	1597		05/30/20	05/22/20	06/21/20		75.00	0.00	0.00	75.00
		PUBLIC REL								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC					275.00	0.00	0.00	275.00
Vendor#	Vendor Name				Class	Pay Code				
11137	REALITY MEDICAL IMAGING OF TX									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	1506		06/07/20	06/01/20	06/15/20		2,817.50	0.00	0.00	2,817.50

MAINT CONT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11137	REALITY MEDICAL IMAGING OF TX	2,817.50	0.00	0.00	2,817.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
295878		06/16/20	06/01/20	06/26/20		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
I0520	RICOH USA, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
98868461		06/07/20	05/31/20	06/15/20		6,205.40	0.00	0.00	6,205.40
	RENT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I0520	RICOH USA, INC.	6,205.40	0.00	0.00	6,205.40

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
22153		06/19/20	06/15/20	06/25/20		336.95	0.00	0.00	336.95
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1080	RITA DAVIS	336.95	0.00	0.00	336.95

Vendor#	Vendor Name	Class	Pay Code
G0425	ROBERTS, ROBERTS & ODEFEY, LLP	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
47		06/15/20	11/18/20	06/28/20		365.75	0.00	0.00	365.75
	LEGAL								
149		06/19/20	11/18/20	06/28/20		4,606.25	0.00	0.00	4,606.25
	LEGAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0425	ROBERTS, ROBERTS & ODEFEY, LLP	4,972.00	0.00	0.00	4,972.00

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
22136		06/13/20	06/09/20	06/14/20		30.33	0.00	0.00	30.33
	TRAVEL								
22145		06/16/20	06/13/20	06/21/20		30.06	0.00	0.00	30.06
	TRAVEL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10625	SARA RUBIO	60.39	0.00	0.00	60.39

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22418		06/07/20	05/04/20	05/19/20		20.39	0.00	0.00	20.39
	SUPPLIES								
24687		06/07/20	05/10/20	05/25/20		172.16	0.00	0.00	172.16
	SUPPLIES								
25155		06/07/20	05/11/20	05/26/20		19.89	0.00	0.00	19.89
	SUPPLIES								

26336		06/07/20	05/15/20	05/30/20		10.68	0.00	0.00	10.68
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS				223.12	0.00	0.00	223.12

Vendor#	Vendor Name			Class	Pay Code				
K0536	SHIRLEY KARNEI								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
22154		06/19/20	06/19/20	06/25/20			631.51	0.00	0.00	631.51
	PURCH SERV									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI					631.51	0.00	0.00	631.51

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
4612094		06/16/20	06/06/20	06/24/20			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
115450480		06/07/20	05/18/20	06/17/20			832.25	0.00	0.00	832.25
	MAINT CONT									
200662803		06/16/20	05/23/20	06/17/20			7,567.22	0.00	0.00	7,567.22
	MAINT CONT									
115453611		06/16/20	05/30/20	06/24/20			633.33	0.00	0.00	633.33
	MAINT CONT									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2001	SIEMENS MEDICAL SOLUTIONS INC					9,032.80	0.00	0.00	9,032.80

Vendor#	Vendor Name			Class	Pay Code				
S2270	SMILE MAKERS			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8024578		06/16/20	04/07/20	05/07/20			58.92	0.00	0.00	58.92
	SUPPLIES									
8067510		06/16/20	06/09/20	06/25/20			66.91	0.00	0.00	66.91
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2270	SMILE MAKERS					125.83	0.00	0.00	125.83

Vendor#	Vendor Name			Class	Pay Code				
S2362	SMITH & NEPHEW								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
93707988		05/30/20	05/17/20	06/16/20			267.66	0.00	0.00	267.66
	SUPPLIES									
93715232		05/31/20	05/22/20	06/20/20			265.03	0.00	0.00	265.03
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S2362	SMITH & NEPHEW					532.69	0.00	0.00	532.69

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
14871650		05/30/20	05/17/20	06/16/20			117.21	0.00	0.00	117.21
	SUPPLIES									

14877700		05/31/20	05/23/20	06/21/20	331.94	0.00	0.00	331.94
	SUPPLIES							
14882145		06/19/20	05/26/20	06/15/20	117.21	0.00	0.00	117.21
	INVENT							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	S2353	SMITHS MEDICAL ASD INC			566.36	0.00	0.00	566.36

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
90027714		06/07/20	05/31/20	06/28/20		-3,876.34	0.00	0.00	-3,876.34
90027794	SUPPLIES	06/07/20	05/31/20	06/28/20		8,027.88	0.00	0.00	8,027.88
	SUPPLIES								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN				4,151.54	0.00	0.00	4,151.54

Vendor#	Vendor Name	Class	Pay Code
S3940	STERIS CORPORATION	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6867404		06/16/20	05/31/20	06/25/20		123.76	0.00	0.00	123.76
	REPAIRS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	S3940	STERIS CORPORATION				123.76	0.00	0.00	123.76

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
22127		06/13/20	06/08/20	06/14/20		4,050.00	0.00	0.00	4,050.00
	INS WRK COMP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO				4,050.00	0.00	0.00	4,050.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A934318		06/07/20	06/01/20	06/15/20		63.95	0.00	0.00	63.95
A934319	PURCH SERV	06/07/20	06/01/20	06/15/20		73.95	0.00	0.00	73.95
	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
T2303	TG	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
22134		06/13/20	06/12/20	06/14/20		168.74	0.00	0.00	168.74
	EMPL EXP								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	T2303	TG				168.74	0.00	0.00	168.74

Vendor#	Vendor Name	Class	Pay Code
D1641	THE DOCTORS' CENTER	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
01884053117		06/16/20	05/31/20	06/25/20		75.00	0.00	0.00	75.00
	PURCH SERV								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	D1641	THE DOCTORS' CENTER				75.00	0.00	0.00	75.00
Vendor#	Vendor Name				Class	Pay Code			
11100	THE US CONSULTING GROUP								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	340368023		06/16/20	05/26/20	06/20/20		232.87	0.00	0.00	232.87
		PUCH SERV								
	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				
V1050	THE VICTORIA ADVOCATE				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	22141		06/15/20	05/31/20	06/10/20		1,388.72	0.00	0.00	1,388.72
		PUBL REL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1050	THE VICTORIA ADVOCATE				1,388.72	0.00	0.00	1,388.72
Vendor#	Vendor Name				Class	Pay Code				
T2250	THYSSENKRUPP ELEVATOR CORP				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	3003191640		06/16/20	05/01/20	06/01/20		1,190.37	0.00	0.00	1,190.37
		MAINT CONT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T2250	THYSSENKRUPP ELEVATOR CORP				1,190.37	0.00	0.00	1,190.37
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
	10275408		06/16/20	06/03/20	06/28/20		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				
T3130	TRI-ANIM HEALTH SERVICES INC				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	62689329		06/19/20	06/05/20	06/19/20		293.02	0.00	0.00	293.02
		INVENT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T3130	TRI-ANIM HEALTH SERVICES INC				293.02	0.00	0.00	293.02
Vendor#	Vendor Name				Class	Pay Code				
11171	TRI-TECH FORENSICS, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	146131		06/16/20	05/26/20	06/20/20		102.06	0.00	0.00	102.06
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11171	TRI-TECH FORENSICS, INC.				102.06	0.00	0.00	102.06
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
	35FK061700		06/16/20	06/01/20	06/26/20		2,172.80	0.00	0.00	2,172.80
		PURCH SERV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11067	TRIZETTO PROVIDER SOLUTIONS				2,172.80	0.00	0.00	2,172.80
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
00843988	REPAIRS	06/07/20	05/17/20	06/15/20			75.00	0.00	0.00	75.00

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
U1054	UNIFIRST HOLDINGS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8150767005	LAUNDRY	05/19/20	05/16/20	06/15/20			34.42	0.00	0.00	34.42
8150766917	LAUNDRY	05/19/20	05/16/20	06/15/20			60.66	0.00	0.00	60.66
8150767684	LAUNDRY	05/30/20	05/23/20	06/22/20			34.42	0.00	0.00	34.42
8150767598	LAUNDRY	05/30/20	05/23/20	06/22/20			60.66	0.00	0.00	60.66

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	190.16	0.00	0.00	190.16

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
8400246979	LAUNDRY	05/19/20	05/16/20	06/15/20			89.51	0.00	0.00	89.51
8400246978	LAUNDRY	05/19/20	05/16/20	06/15/20			125.24	0.00	0.00	125.24
8400247018	LAUNDRY	05/19/20	05/16/20	06/15/20			151.56	0.00	0.00	151.56
8400247027	LAUNDRY	05/19/20	05/16/20	06/15/20			869.95	0.00	0.00	869.95
8400246977	LAUNDRY	05/19/20	05/16/20	06/15/20			139.36	0.00	0.00	139.36
8400246976	LAUNDRY	05/19/20	05/16/20	06/15/20			184.87	0.00	0.00	184.87
8400246975	LAUNDRY	05/19/20	05/16/20	06/15/20			322.39	0.00	0.00	322.39
8400247321	LAUNDRY	05/30/20	05/19/20	06/18/20			426.40	0.00	0.00	426.40
8400247364	LAUNDRY	05/30/20	05/19/20	06/18/20			778.99	0.00	0.00	778.99
8400247524	LAUNDRY	05/30/20	05/23/20	06/22/20			89.10	0.00	0.00	89.10
8400247525	LAUNDRY	05/30/20	05/23/20	06/22/20			294.36	0.00	0.00	294.36
8400247570	LAUNDRY	05/30/20	05/23/20	06/22/20			39.16	0.00	0.00	39.16
8400247522	LAUNDRY	05/30/20	05/23/20	06/22/20			149.59	0.00	0.00	149.59
8400247639	LAUNDRY	05/30/20	05/23/20	06/22/20			90.81	0.00	0.00	90.81
8400247523	LAUNDRY	05/30/20	05/23/20	06/22/20			137.90	0.00	0.00	137.90

8400247579		05/30/20 05/23/20 06/22/20			932.23	0.00	0.00	932.23
	LAUNDRY							
8400247521		05/30/20 05/23/20 06/22/20			90.99	0.00	0.00	90.99
	LAUNDRY							
8400247916		05/31/20 05/26/20 06/25/20			811.46	0.00	0.00	811.46
	LAUNDRY							
8400247875		05/31/20 05/26/20 06/25/20			151.47	0.00	0.00	151.47
	LAUNDRY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			5,875.34	0.00	0.00	5,875.34

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
200802		06/16/20	03/30/20	04/14/20			36.00	0.00	0.00	36.00
	UNIFORM									
7665073		06/16/20	04/07/20	04/22/20			124.93	0.00	0.00	124.93
	EMP EXP VANESSA GUARDIO									
7665150		06/16/20	04/07/20	04/22/20			169.91	0.00	0.00	169.91
	EMPL EXP STEPHANIE GILMO									
7665124		06/16/20	04/07/20	04/22/20			181.69	0.00	0.00	181.69
	EMP EXP V. BROOME									
7665094		06/16/20	04/07/20	04/22/20			85.36	0.00	0.00	85.36
	EMP EXP KAYLA GARZA									
7665063		06/16/20	04/07/20	04/22/20			354.86	0.00	0.00	354.86
	EMPL EXP ALEJANDRA ROBLI									
7677350		06/16/20	04/12/20	04/27/20			21.59	0.00	0.00	21.59
	EMPL EXP KAYLA GARZA									
7689508		06/16/20	04/18/20	05/03/20			23.98	0.00	0.00	23.98
	EMPL EXP V. BROOME									
7807106		06/16/20	06/05/20	06/20/20			160.92	0.00	0.00	160.92
	EMPL EXP STEPHANIE GILMO									
7807105		06/16/20	06/05/20	06/20/20			146.88	0.00	0.00	146.88
	EMPL EXP IRENE VENECIA									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1056	UNIFORM ADVANTAGE					1,306.12	0.00	0.00	1,306.12

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
4875388		06/07/20	05/02/20	05/22/20			191.92	0.00	0.00	191.92
	SUPPLIES									
5485864		06/07/20	06/05/20	06/25/20			1,503.62	0.00	0.00	1,503.62
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE					1,695.54	0.00	0.00	1,695.54

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
22120		06/07/20	06/06/20	06/15/20			1,192.00	0.00	0.00	1,192.00
	PO BOX RENT									
22144		06/16/20	06/14/20	06/14/20			1,000.00	0.00	0.00	1,000.00
	POSTAGE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	U2000	US POSTAL SERVICE				2,192.00	0.00	0.00	2,192.00
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
	22124		06/07/20	05/31/20	06/21/20		41,761.56	0.00	0.00	41,761.56
		PROF FEES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V1058	VICTORIA ANESTHESIOLOGY				41,761.56	0.00	0.00	41,761.56
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
	17050252		06/07/20	05/31/20	06/15/20		210.00	0.00	0.00	210.00
		PUBL REL								
	17050253		06/07/20	05/31/20	06/15/20		300.00	0.00	0.00	300.00
		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
	22131		06/13/20	06/12/20	06/14/20		2,245.54	0.00	0.00	2,245.54
		ACCRUED FLEX SPENDING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10915	WAGEWORKS				2,245.54	0.00	0.00	2,245.54
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
	115277		06/07/20	05/17/20	06/16/20		1,895.49	0.00	0.00	1,895.49
		EMPL EXP								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1040	WATERMARK GRAPHICS INC				1,895.49	0.00	0.00	1,895.49
Vendor#	Vendor Name				Class	Pay Code				
11400	WEST COAST MEDICAL RESOURCES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV019778		06/16/20	06/02/20	06/22/20		238.00	0.00	0.00	238.00
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11400	WEST COAST MEDICAL RESOURCES				238.00	0.00	0.00	238.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	442,851.41	0.00	0.00	442,851.41

APPROVED ON

JUN 22 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 7-6-17

CK# 171575
+o
171720

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171575	06/22/17	469.69	CUSTOM MEDICAL SPECIALTIES
A/P	171576	06/22/17	1,729.86	BECTON, DICKINSON & CO (BD)
A/P	171577	06/22/17	2,627.00	PHILIPS HEALTHCARE
A/P	171578	06/22/17	160.00	CHRIS KOVAREK
A/P	171579	06/22/17	1,695.54	US FOOD SERVICE
A/P	171580	06/22/17	552.40	DSHS CENTRAL LAB MC2004
A/P	171581	06/22/17	126.00	PHARMEDIUM SERVICES LLC
A/P	171582	06/22/17	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	171583	06/22/17	1,902.00	CENTURION MEDICAL PRODUCTS
A/P	171584	06/22/17	.00	VOIDED
A/P	171585	06/22/17	2,126.84	DEWITT POTH & SON
A/P	171586	06/22/17	336.70	PRECISION DYNAMICS CORP (PDC)
A/P	171587	06/22/17	.00	VOIDED
A/P	171588	06/22/17	.00	VOIDED
A/P	171589	06/22/17	.00	VOIDED
A/P	171590	06/22/17	.00	VOIDED
A/P	171591	06/22/17	.00	VOIDED
A/P	171592	06/22/17	24,774.03	MORRIS & DICKSON CO, LLC
A/P	171593	06/22/17	220.00	AHRA
A/P	171594	06/22/17	15.00	AMERICAN PROFICIENCY INSTITUTE
A/P	171595	06/22/17	60.39	SARA RUBIO
A/P	171596	06/22/17	618.55	FIVE STAR STERILIZER SERVICES
A/P	171597	06/22/17	3,070.00	MMC EMPLOYEES ACTIVITES TEAM
A/P	171598	06/22/17	495.00	FASTHEALTH CORPORATION
A/P	171599	06/22/17	6,673.18	CLINICAL PATHOLOGY
A/P	171600	06/22/17	93,900.42	DISCOVERY MEDICAL NETWORK INC
A/P	171601	06/22/17	3,377.00	HEALTHCARE CODING & CONSULTING
A/P	171602	06/22/17	16,091.20	MMC EMPLOYEE BENEFIT PLAN
A/P	171603	06/22/17	2,245.54	WAGEWORKS
A/P	171604	06/22/17	14,661.32	HUNTER PHARMACY SERVICES
A/P	171605	06/22/17	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	171606	06/22/17	45.00	MEMORIAL MEDICAL CLINIC
A/P	171607	06/22/17	1,490.00	M G TRUST
A/P	171608	06/22/17	474.43	DERRI HART
A/P	171609	06/22/17	2,539.30	COMBINED INSURANCE CO
A/P	171610	06/22/17	75.00	FIRST CLEARING
A/P	171611	06/22/17	2,172.80	TRIZETTO PROVIDER SOLUTIONS
A/P	171612	06/22/17	525.00	PABLO GARZA
A/P	171613	06/22/17	1,625.00	RADSOURCE
A/P	171614	06/22/17	232.87	THE US CONSULTING GROUP
A/P	171615	06/22/17	3,592.12	HOSPITALPORTAL.NET
A/P	171616	06/22/17	2,817.50	REALITY MEDICAL IMAGING OF TX
A/P	171617	06/22/17	1,919.58	MEDICAL DATA SYSTEMS, INC.
A/P	171618	06/22/17	102.06	TRI-TECH FORENSICS, INC.
A/P	171619	06/22/17	855.57	FRONTIER
A/P	171620	06/22/17	258.85	IRON MOUNTAIN
A/P	171621	06/22/17	1,058.55	CFI MECHANICAL INC
A/P	171622	06/22/17	60.00	BHB MACHINE & PUMP REPAIR, LLC
A/P	171623	06/22/17	2,754.00	AMN HEALTHCARE ALLIED, INC.
A/P	171624	06/22/17	75.00	TROEMNER, LLC

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	171625	06/22/17	275.00	RAPID PRINTING LLC
A/P	171626	06/22/17	29.75	KYLE DANIEL
A/P	171627	06/22/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	171628	06/22/17	730.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	171629	06/22/17	4,151.54	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	171630	06/22/17	103.68	CYRACOM LLC
A/P	171631	06/22/17	238.00	WEST COAST MEDICAL RESOURCES
A/P	171632	06/22/17	400.00	NICHOLAS REGAN & ROSS
A/P	171633	06/22/17	153.22	GARY PAUL
A/P	171634	06/22/17	2,097.50	JACOBS LADDER LLC
A/P	171635	06/22/17	207.00	AMERISOURCEBERGEN DRUG CORP
A/P	171636	06/22/17	1,154.37	AIRGAS USA, LLC - CENTRAL DIV
A/P	171637	06/22/17	1,431.00	ALCON LABORATORIES, INC.
A/P	171638	06/22/17	29.09	AQUA BEVERAGE COMPANY
A/P	171639	06/22/17	69.00	NADINE GARNER
A/P	171640	06/22/17	1,219.22	BAXTER HEALTHCARE
A/P	171641	06/22/17	12,321.69	BECKMAN COULTER INC
A/P	171642	06/22/17	409.95	BOSART LOCK & KEY INC
A/P	171643	06/22/17	488.00	CAD SOLUTIONS, INC
A/P	171644	06/22/17	206.67	CALHOUN COUNTY
A/P	171645	06/22/17	1,000.00	CALHOUN COUNTY ISD
A/P	171646	06/22/17	5.00	CALHOUN COUNTY WASTE MGMT
A/P	171647	06/22/17	2,093.14	CARDINAL HEALTH 414, INC.
A/P	171648	06/22/17	240.00	CITIZENS MEDICAL CENTER
A/P	171649	06/22/17	936.35	CDW GOVERNMENT, INC.
A/P	171650	06/22/17	336.95	RITA DAVIS
A/P	171651	06/22/17	75.00	THE DOCTORS' CENTER
A/P	171652	06/22/17	300.00	DOLPHIN TALK
A/P	171653	06/22/17	302.60	DOWNTOWN CLEANERS
A/P	171654	06/22/17	346.42	ENTERPRISE RENT-A-CAR
A/P	171655	06/22/17	79.20	FEDERAL EXPRESS CORP.
A/P	171656	06/22/17	.00	VOIDED
A/P	171657	06/22/17	16,788.80	FISHER HEALTHCARE
A/P	171658	06/22/17	530.00	FORT BEND SERVICES, INC
A/P	171659	06/22/17	75.00	GULF COAST DELIVERY
A/P	171660	06/22/17	4,972.00	ROBERTS, ROBERTS & ODEFEY, LLP
A/P	171661	06/22/17	165.00	GREENHOUSE FLORAL DESIGNERS
A/P	171662	06/22/17	472.46	GULF COAST PAPER COMPANY
A/P	171663	06/22/17	254.09	H E BUTT GROCERY
A/P	171664	06/22/17	72.33	HEALTH CARE LOGISTICS INC
A/P	171665	06/22/17	6,205.40	RICOH USA, INC.
A/P	171666	06/22/17	2,112.19	J & J HEALTH CARE SYSTEMS, INC
A/P	171667	06/22/17	51.05	BAKER AND TAYLOR, DEPT R
A/P	171668	06/22/17	2.44	JOHNSTONE SUPPLY
A/P	171669	06/22/17	631.51	SHIRLEY KARNEI
A/P	171670	06/22/17	38.50	KING'S PARTY RENTALS
A/P	171671	06/22/17	599.00	L.A.W. PUBLICATIONS
A/P	171672	06/22/17	53.00	LABCORP OF AMERICA HOLDINGS
A/P	171673	06/22/17	4.50	LANGUAGE LINE SERVICES
A/P	171674	06/22/17	383.16	CONMED LINVATEC
A/P	171675	06/22/17	954.62	LOWE'S HOME CENTERS INC

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	171676	06/22/17	200.99	MARTIN PRINTING CO
A/P	171677	06/22/17	3,071.55	MCKESSON MEDICAL SURGICAL INC
A/P	171678	06/22/17	558.67	MEDLINE INDUSTRIES INC
A/P	171679	06/22/17	858.48	BAYER HEALTHCARE
A/P	171680	06/22/17	36.75	MELSTAN, INC.
A/P	171681	06/22/17	312.77	MMC AUXILIARY GIFT SHOP
A/P	171682	06/22/17	12,000.00	MERRITT, HAWKINS & ASSOCIATES
A/P	171683	06/22/17	1,925.30	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	171684	06/22/17	111.49	MMC VOLUNTEERS
A/P	171685	06/22/17	3,750.00	NUTRITION OPTIONS
A/P	171686	06/22/17	1,846.56	ORTHO CLINICAL DIAGNOSTICS
A/P	171687	06/22/17	.00	VOIDED
A/P	171688	06/22/17	.00	VOIDED
A/P	171689	06/22/17	.00	VOIDED
A/P	171690	06/22/17	9,093.51	OWENS & MINOR
A/P	171691	06/22/17	1,250.00	PENTAX MEDICAL COMPANY
A/P	171692	06/22/17	6,775.00	PREMIER SLEEP DISORDERS CENTER
A/P	171693	06/22/17	30.14	POWER ELECTRIC
A/P	171694	06/22/17	465.50	CULLIGAN OF VICTORIA
A/P	171695	06/22/17	41.25	RED HAWK FIRE AND SECURITY
A/P	171696	06/22/17	1,200.00	RADIOLOGY UNLIMITED, PA
A/P	171697	06/22/17	2,092.37	EVOQUA WATER TECHNOLOGIES LLC
A/P	171698	06/22/17	223.12	SHERWIN WILLIAMS
A/P	171699	06/22/17	9,032.80	SIEMENS MEDICAL SOLUTIONS INC
A/P	171700	06/22/17	125.83	SMILE MAKERS
A/P	171701	06/22/17	566.36	SMITHS MEDICAL ASD INC
A/P	171702	06/22/17	532.69	SMITH & NEPHEW
A/P	171703	06/22/17	123.76	STERIS CORPORATION
A/P	171704	06/22/17	287.17	ERIN CLEVENGER
A/P	171705	06/22/17	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	171706	06/22/17	4,050.00	TEXAS MUTUAL INSURANCE CO
A/P	171707	06/22/17	137.90	TEXAS WIRED MUSIC INC
A/P	171708	06/22/17	1,190.37	THYSSENKRUPP ELEVATOR CORP
A/P	171709	06/22/17	168.74	TG
A/P	171710	06/22/17	293.02	TRI-ANIM HEALTH SERVICES INC
A/P	171711	06/22/17	190.16	UNIFIRST HOLDINGS
A/P	171712	06/22/17	1,306.12	UNIFORM ADVANTAGE
A/P	171713	06/22/17	.00	VOIDED
A/P	171714	06/22/17	5,875.34	UNIFIRST HOLDINGS INC
A/P	171715	06/22/17	2,192.00	US POSTAL SERVICE
A/P	171716	06/22/17	1,388.72	THE VICTORIA ADVOCATE
A/P	171717	06/22/17	41,761.56	VICTORIA ANESTHESIOLOGY
A/P	171718	06/22/17	510.00	VICTORIA RADIOWORKS, LTD
A/P	171719	06/22/17	1,895.49	WATERMARK GRAPHICS INC
A/P	171720	06/22/17	256.09	GRAINGER
TOTALS:			442,851.41	

APPROVED
ON

JUN 22 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Elan™

June 2017 Statement
Open Date: 05/05/2017 Closing Date: 06/05/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT (

Cardmember Service
BUS 30 ELN 78

New Balance	**$2,054.57**
Minimum Payment Due	**$21.00**
Payment Due Date	**07/01/2017**

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	+	$3,189.10
Payments	-	$3,189.10CR
Other Credits		$0.00
Purchases	+	$2,054.57
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	~~$2,054.57~~ **$2,054.57**
Past Due		**$0.00**
Minimum Payment Due		**$21.00**
Credit Line		$10,000.00
Available Credit		$7,945.43
Days in Billing Period		32

Michael J. Pfeifer
Calhoun County Judge
Date: 7-6-17

MMC will pay by Phone

* 0 • C
2,054.57 +
2.47 -
2,052.10 *

Pay 2,052.10 ✓

APPROVED ON
JUN 22 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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

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

Elan™

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

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

Account Number	
Payment Due Date	7/01/2017
New Balance	2,052.10 ~~$2,054.57~~
Minimum Payment Due	$21.00

Amount Enclosed $_____

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

Elan™

June 2017 Statement 05/05/2017 - 06/05/2017

MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service

Important Messages

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

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

Having good credit is important.
Find out how you can use credit to make the most out of life. Check out smartcreditmatters.com to get tools on how to improve your credit score, pay down debt, or even tips on buying a car or house.
smartcreditmatters.com, get more!

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
05/26	05/26		PAYMENT THANK YOU	$3,189.10CR	
			TOTAL THIS PERIOD	$3,189.10CR	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
05/12	05/11	3668	LOGMEIN*GOTOMEETING 855-837-1750 CA	$288.00	✓
05/12	05/11	2421	HILTON HOTELS SANDESTI MIRAMAR BEACH FL 05/10/17 FOLIO: 0002290505	$1,242.20	✓
05/18	05/15	8522	HOTEL TEXAS HALLETTSVILLE TX	$101.65	✓
05/18	05/15	8530	HOTEL TEXAS HALLETTSVILLE TX	$101.65	✓
05/18	05/15	8548	HOTEL TEXAS HALLETTSVILLE TX	$101.65	✓
05/23	05/22	6772	SP * CODING LEADER CODINGLEADER. FL	$187.00	✓
05/26	05/25	3330	DRI*ABLEBITS COM element5.info MN	* $32.42	✓
			TOTAL THIS PERIOD	$2,054.57	

* <2.47> Sales Tax credit given
2,052.10

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: —

2,054.57 +-
2.47 -
2,052.10 *

Accounting Code: _____

* D called 6/22/17. Sales Tax Credit is posted to acct, so I took off of this bill.

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: 6/20/17

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	—		Logmein GoToMeeting - IT		✓	288.00
2			auto renewal			
3	—		Hotel expense for Jenise		✓	1,242.20
4			Svetlik, Clinical IT - 2017			
5			CPSI User Conference - Florida			
6	—		Hotel expense - Hallettsville		✓	101.65
7	—		Hotel expense - Hallettsville		✓	101.65
8	—		Hotel expense - Hallettsville		✓	101.65
9	—	8	SP Coding Leader - Webinar for			✓ 187.00
10			MM clinic			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 2022.15 ✓

NOTES:

Charges made to Jerry's credit card

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: 6/20/17

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	—		DRI ABLEBITS COM - IT			32.42
2			Dept			
3						
4						
5						
6						
7						
8						
9						
10						

Credit Sales tax (2.47)
I checked and this Credit is showing on acct.
Pay 6.27.17
6-22

Est. Freight _____ Est. Total Cost _____ TOTAL COST 32.42 ✓ 29.95

NOTES:

charges made to Jerry's card

JUN 22 2017

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

Elan™

June 2017 Statement
Open Date: 05/05/2017 Closing Date: 06/05/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

New Balance	**$876.20**
Minimum Payment Due	**$10.00**
Payment Due Date	**07/01/2017**

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

Cardmember Service
BUS 30 ELN 78 3

Activity Summary

Previous Balance	+	$6,184.02
Payments	-	$6,184.02CR
Other Credits	-	$100.00CR
Purchases	+	$976.20
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$876.20**
Past Due		**$0.00**
Minimum Payment Due		**$10.00**
Credit Line		$10,000.00
Available Credit		$9,123.80
Days in Billing Period		32

Michael J. Pfeifer
Calhoun County Judge
Date: 7-6-17

876.20

MMC will Pay By Phone

APPROVED ON
JUN 23 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:

Mail payment coupon with a check

Pay online at myaccountaccess.com

Pay by phone

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

Elan™

24-Hour Cardmember Service

. to pay by phone
. to change your address

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

Payment Due Date	7/01/2017
New Balance	$876.20
Minimum Payment Due	$10.00

Amount Enclosed $_____

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

Elan™

June 2017 Statement 05/05/2017 - 06/05/2017

MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service

Important Messages

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Find out how you can use credit to make the most out of life. Check out smartcreditmatters.com to get tools on how to improve your credit score, pay down debt, or even tips on buying a car or house.
smartcreditmatters.com, get more!

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
05/26	05/26		PAYMENT THANK YOU	$6,184.02CR	
06/02	05/31	0126	TEXAS HOSPITAL ASSOC 5124651000 TX MERCHANDISE/SERVICE RETURN	$100.00CR	
			TOTAL THIS PERIOD	**$6,284.02CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
05/08	05/05	5314	RITTENHOUSE BOOKS 610-277-1414 PA	$221.95	
05/08	05/05	5511	BAUDVILLE INC. 800-728-0888 MI	$135.84	
05/09	05/08	4791	TX CII RX PADS 512-305-8014 TX	$29.96	
05/11	05/09	7539	WYNDHAM AUSTIN & WOODW AUSTIN TX 05/08/17 FOR 01 NIGHTS FOLIO: 27478753	$136.85	
05/15	05/13	1074	Amazon.com AMZN.COM/BILL WA	$105.79	
05/15	05/11	1061	FIESTA FACTORY PORT LAVACA TX	$99.00	
05/30	05/26	3331	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$26.00	
05/30	05/26	3414	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
05/30	05/26	3588	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
05/30	05/26	3661	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
05/30	05/26	3745	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$2.00	
05/30	05/27	2242	AMA*CREDENTIALING 800-621-8335 IL	$110.00	
05/30	05/27	4206	AMA*CREDENTIALING 800-621-8335 IL	$39.00	
06/01	05/31	0074	GREENHOUSE FLORAL DES 361-552-9758 TX	* $63.81	
			TOTAL THIS PERIOD	**$976.20**	

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

*Sales Tax of 4.86

Continued on Next Page

this time pay 6381. Credit for sales tax not posted yet. Aeb80 7/17

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: 6/20/17

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	—		~~Texas~~ Rittenhouse Books –			221.95 ✓
2			AORN – 2017 Guidelines (OR)			
3	—		Bandville Inc – Nurse of			135.84 ✓
4			the Year Plaques 2017 (3)			
5	—	TX CII Rx Pads	Presciption pads for Frank			29.96 ✓
6			Hinds, MD – OB/Gyn			
7	—		Wyndham Austin – ~~Jason~~			136.85 ✓
8			~~Anglin~~ Sara Rubio – Austin			
9	—		Amazon – Books for Perinatal			105.79 ✓
10			Nursing + Fetal Monitoring			

Est. Freight _____ Est. Total Cost _____ TOTAL COST 630.39

NOTES:

Charges made to Jason's card

Credit for Reimb by THA for Golf Tel <100.00> ✓

530.39

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: 6/20/17

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	—		Fiesta Factory - Jumping			✓ 99.00
2			balloon for Health Fair			
3	—		NPDB - 13 Renewals (DRS)	2.00		✓ 26.00
4	—		NPDB - 1 Doctor			✓ 2.00
5	—		NPDB - 1 Doctor			✓ 2.00
6	—		NPDB - 1 Nurse			✓ 2.00
7	—		NPDB - 1 Doctor			2.00
8	—		AMA Credentialing - 2 Doctors			✓ 110.00
9			and 1 PA			
10	—		AMA Credentialing - 3 Reappts and 1 Cont. monitoring			✓ 39.00

Est. Freight _____ Est. Total Cost _____ TOTAL COST 282.00

NOTES:

Charges made to Jason's credit card

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: 6/20/17

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	—		Greenhouse Floral - Plant for		*	63.81
2			Dr. Jeannine Griffin - from			
3			Board of Mgrs + Admin -			
4			passing of sister			
5			* Sales Tax $4.86 but credit not posted. Will take Credit on next month's Statement.			
6						
7						
8						
9						
10						

Est. Freight _____ Est. Total Cost _____ TOTAL COST 63.81

NOTES:

Charges made to Jason's credit card

RECEIVED
JUN 23 2017

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

Dept. Director _____

Dir. Nursing _____

Adm.Dir. Clinical Service _____

CFO _____

Administrator _____

Texas Hospital Association

Receipt

1108 Lavaca St., Suite 700
Austin, Texas 78701
Phone: 512/465-1060
Email: servicecenter@tha.org
Sent By: Bonnie Harrison

5/17/17

SOLD TO
Pam Villafuerte
Memorial Medical Center
PO Box 25
Port Lavaca, TX 77979
pvillafuerte@mmcportlavaca.com

Payment Method	Reference No.	Payment Date
VISA	20717	4/27/17

Description	Unit Price	Quantity	Line Total
2017 THT Health Care Governance Conference July 21-22, 2017			
Registration for: Jack Wu			
Conference	$315.00	1	$315.00
Golf	$100.00	1	$100.00
Update – 5/31/17 Cancelled golf per request Received 5/25/17	($100.00)		($100.00)
		Subtotal	$315.00
		Sales Tax	0
		Total	$315.00

Peggy Hall

From: Ashley Hall <ahall@mmcportlavaca.com>
Sent: Tuesday, June 13, 2017 3:17 PM
To: Peggy Hall
Subject: Jack Wu
Attachments: jack wu receipt.pdf

Good Afternoon,

I have attached the receipt showing that the 100.00 dollar golf charge will be reimbursed to use and will show in the next cc statement. If you have any questions please let me know.

Thank You,

Ashley Hall
Memorial Medical Center
A/P & Payroll Clerk
361-552-0256

RUN DATE:06/26/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:18 CHECK REGISTER and Open Invoice List GLCKREG
06/26/17 THRU 06/26/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000934	06/26/17	4,883.30	MCKESSON
TOTALS:			4,883.30	

340 B Prescription Expenses

APPROVED
ON

JUN 26 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 7-6-17

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: 06/23/2017 Page: 002

DC: 8115

Territory:

Customer: 632536
Date: 06/24/2017

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

As of: 06/23/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 06/24/2017 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: 4,982.94 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 0.00

If Paid By 06/27/2017,
Pay This Amount: 4,883.30 USD

If Paid After 06/27/2017,
Pay this Amount: 4,982.94 USD

Due If Paid On Time:
USD 4,883.30

Disc lost if paid late:
99.64

Due If Paid Late:
USD 4,982.94

ck# 934

APPROVED
ON
JUN 26 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

6-26-17

2,123.39 +
1,892.12 +
867.79 +
4,883.30 *

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: 06/23/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 06/24/2017

Page: 001

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

As of: 06/23/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 06/24/2017 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											
06/19/2017	06/27/2017	7814160122 ✓	1001033018	115Invoice	4.88	243.95		✓239.07	✓	7814160122	
06/19/2017	06/27/2017	7814160125 ✓	1001033434	115Invoice	20.46	1,023.16		✓1,002.70	✓	7814160125	
06/19/2017	06/27/2017	7814160131 ✓	1001033434	115Invoice	2.69	134.50		✓131.81	✓	7814160131	
06/20/2017	06/27/2017	7814400833 ✓	1001034337	115Invoice	4.89	244.57		✓239.68	✓	7814400833	
06/22/2017	06/27/2017	7814838816 ✓	1001035581	115Invoice	1.21	60.50 ✓		✓59.29	✓	7814838816	
06/23/2017	06/27/2017	7815087268 ✓	1001036159	115Invoice	9.20	460.04 ✓		✓450.84	✓	7815087268	

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

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

Subtotals: 2,166.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,437.55
06/19/2017

If Paid By 06/27/2017,
Pay This Amount: 2,123.39 USD ✓

If Paid After 06/27/2017,
Pay this Amount: 2,166.72 USD

Due If Paid On Time:
USD 2,123.39

Disc lost if paid late:
43.33

Due If Paid Late:
USD 2,166.72

06-26-17

APPROVED
ON
JUN 26 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: 06/23/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 06/24/2017

Page: 001

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

As of: 06/23/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252
Date: 06/24/2017

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											
06/19/2017	06/27/2017	7814183594	1001033020	115Invoice	6.46	323.03		316.57		7814183594	
06/19/2017	06/27/2017	7814183595	1001033020	115Invoice	0.32	16.24		15.92		7814183595	
06/19/2017	06/27/2017	7814183596	1001033436	115Invoice	21.98	1,099.19		1,077.21		7814183596	
06/19/2017	06/27/2017	7814183597	1001033436	115Invoice	0.03	1.50		1.47		7814183597	
06/20/2017	06/27/2017	7814390406	1001034339	115Invoice	4.07	203.36		199.29		7814390406	
06/21/2017	06/27/2017	7814655739	1001035034	115Invoice	0.36	18.04		17.68		7814655739	
06/21/2017	06/27/2017	7814655741	1001035034	115Invoice	0.06	3.21		3.15		7814655741	
06/22/2017	06/27/2017	7814880269	1001035583	115Invoice	3.60	180.19		176.59		7814880269	
06/23/2017	06/27/2017	7815112903	1001036161	115Invoice	1.72	85.96		84.24		7815112903	

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: 1,930.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,437.55
06/19/2017

If Paid By 06/27/2017,
Pay This Amount: 1,892.12 USD

If Paid After 06/27/2017,
Pay this Amount: 1,930.72 USD

Due If Paid On Time:
USD 1,892.12

Disc lost if paid late:
38.60

Due If Paid Late:
USD 1,930.72

APPROVED
ON

JUN 26 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: 06/23/2017

DC: 8115

Territory: 400

Customer: 256342
Date: 06/24/2017

Page: 001

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

As of: 06/23/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 06/24/2017 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											
06/19/2017	06/27/2017	7814180137	0616170203-00	115Invoice	0.90	44.89		43.99		7814180137	
06/19/2017	06/27/2017	7814180139	5057098990	115Invoice	0.93	46.71		45.78		7814180139	
06/20/2017	06/27/2017	7814400410	9607126152	115Invoice		0.03		0.03		7814400410	
06/20/2017	06/27/2017	7814400411	0619170119-00	115Invoice	3.10	154.98		151.88		7814400411	
06/21/2017	06/27/2017	7814641447	0620171250-00	115Invoice	3.09	154.41		151.32		7814641447	
06/22/2017	06/27/2017	7814869868	1107143279	115Invoice	3.77	188.48		184.71		7814869868	
06/22/2017	06/27/2017	7814869869	0621170111-00	115Invoice	4.70	234.88		230.18		7814869869	
06/23/2017	06/27/2017	7815089916	1107149009	115Invoice	1.18	59.22		58.04		7815089916	
06/23/2017	06/27/2017	7815094117	0622170251-00	115Invoice	0.04	1.90		1.86		7815094117	

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: 885.50 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,437.55
06/19/2017

If Paid By 06/27/2017,
Pay This Amount: 867.79 USD

If Paid After 06/27/2017,
Pay this Amount: 885.50 USD

Due If Paid On Time:
USD 867.79

Disc lost if paid late:
17.71

Due If Paid Late:
USD 885.50

APPROVED
ON

JUN 26 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
6/27/2017

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	907,648.37	907,548.37	178,271.76	-	-	-	-	178,371.76	178,271.76

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	198,122.87	198,022.87	373,138.80	-	-	-	-	373,238.80	373,138.80
Crescent	4588	83,156.55	83,056.55	294,813.23	-	-	-	-	294,913.23	294,813.23
Broadmoor	4596	15,662.50	15,562.50	391,243.83	-	-	-	-	391,343.83	391,243.83
Fort Bend	4618	287,245.23	287,145.23	99,823.18	-	-	-	-	99,923.18	99,823.18
										1,159,019.04

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

Approved:

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

APPROVED
JUN 27 2017
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 7-6-17

E:\NH Weekly Transfers\NH UPL Transfer Summary 6-27-17.xlsx

IBC Bank Activity
6/20/17 through 6/26/17

Ashford Gardens					Transfer-Out	Transfer-In	
6/20/2017	113105025	4553	142	ACH CREDIT RECEIVED		84,009.75	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6623187*1205296137*000004911\
6/20/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,253.00	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4517355*1201494502\
6/20/2017	113105025	4553	142	ACH CREDIT RECEIVED		18.47	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017061713402277*1752603231\
6/21/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,239.56	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017061913800467*1752603231\
6/21/2017	113105025	4553	142	ACH CREDIT RECEIVED		11,878.49	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017061913800475*1752603231\
6/22/2017	113105025	4553	142	ACH CREDIT RECEIVED		5,314.42	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4522635*1201494502\
6/22/2017	113105025	4553	142	ACH CREDIT RECEIVED		9,414.96	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4524945*1201494502\
6/22/2017	113105025	4553	301	COMMERCIAL DEPOSIT		51,788.92	
6/22/2017	113105025	4553	495	OUTGOING MONEY TRANSFER	478,482.87		ASHFORD HEALTH CARE CENTER LTD
6/22/2017	113105025	4553	142	ACH CREDIT RECEIVED		4,841.58	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6623864*1205296137*000004911\
6/23/2017	113105025	4553	142	ACH CREDIT RECEIVED		165.27	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*1*017062119700032*1752603231\
6/23/2017	113105025	4553	475	CHECK PAID	429,065.50		
6/26/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,021.27	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04911|TRN*1*EFT6625167*1205296137*000004911\
6/26/2017	113105025	4553	142	ACH CREDIT RECEIVED		1,964.57	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4531865*1201494502\
6/26/2017	113105025	4553	142	ACH CREDIT RECEIVED		3,361.50	Molina HC of TX Molina HC|ASHFORD GARDENS|TRN*1*EFT4533715*1201494502\
					907,548.37	178,271.76	

Solera at West Houston					Transfer-Out	Transfer-In	
6/20/2017	113105025	4561	142	ACH CREDIT RECEIVED		289,440.55	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4464856*1205296137*000004011\
6/22/2017	113105025	4561	301	COMMERCIAL DEPOSIT		8,063.69	
6/22/2017	113105025	4561	142	ACH CREDIT RECEIVED		20,936.57	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4467214*1205296137*000004011\
6/22/2017	113105025	4561	495	OUTGOING MONEY TRANSFER	120,317.87		CANTEX HEALTH CARE CENTERS LLC
6/23/2017	113105025	4561	142	ACH CREDIT RECEIVED		51,791.89	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4469158*1205296137*000004011\
6/23/2017	113105025	4561	475	CHECK PAID	77,705.00		
6/26/2017	113105025	4561	142	ACH CREDIT RECEIVED		945.21	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4470817*1205296137*000004011\
6/26/2017	113105025	4561	142	ACH CREDIT RECEIVED		1,960.89	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
					198,022.87	373,138.80	

Crescent					Transfer-Out	Transfer-In	
6/20/2017	113105025	4588	142	ACH CREDIT RECEIVED		239,746.56	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4464862*1205296137*000004011\
6/22/2017	113105025	4588	301	COMMERCIAL DEPOSIT		15,234.70	
6/22/2017	113105025	4588	142	ACH CREDIT RECEIVED		17,180.04	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4467221*1205296137*000004011\
6/22/2017	113105025	4588	495	OUTGOING MONEY TRANSFER	54,360.05		CANTEX HEALTH CARE CENTERS III
6/22/2017	113105025	4588	142	ACH CREDIT RECEIVED		7,278.22	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4522768*1201494502\
6/23/2017	113105025	4588	475	CHECK PAID	28,696.50		
6/23/2017	113105025	4588	142	ACH CREDIT RECEIVED		12,541.79	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4469160*1205296137*000004011\
6/26/2017	113105025	4588	142	ACH CREDIT RECEIVED		2,831.92	Molina HC of TX Molina HC|THE CRESCENT|TRN*1*EFT4531944*1201494502\
					83,056.55	294,813.23	

Broadmoor					Transfer-Out	Transfer-In	
6/20/2017	113105025	4596	142	ACH CREDIT RECEIVED		265,660.02	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4464880*1205296137*000004011\
6/22/2017	113105025	4596	301	COMMERCIAL DEPOSIT		48,628.10	
6/22/2017	113105025	4596	142	ACH CREDIT RECEIVED		5,728.68	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4522639*1201494502\
6/22/2017	113105025	4596	142	ACH CREDIT RECEIVED		14,794.64	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4467239*1205296137*000004011\
6/22/2017	113105025	4596	495	OUTGOING MONEY TRANSFER	15,562.50		CANTEX HEALTH CARE CENTERS III
6/23/2017	113105025	4596	142	ACH CREDIT RECEIVED		53,675.78	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4469177*1205296137*000004011\
6/26/2017	113105025	4596	142	ACH CREDIT RECEIVED		1,909.56	Molina HC of TX Molina HC|THE BROADMOOR AT CREEK|TRN*1*EFT4531866*1201494502\
6/26/2017	113105025	4596	142	ACH CREDIT RECEIVED		847.05	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4470838*1205296137*000004011\
					15,562.50	391,243.83	

IBC Bank Activity
6/20/17 through 6/26/17

Fort Bend					Transfer-Out	Transfer-In	
6/20/2017	113105025	[redacted]	4618	142 ACH CREDIT RECEIVED		51,065.96	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4464761*1205296137*000004011\
6/22/2017	113105025		4618	301 COMMERCIAL DEPOSIT		6,454.93	
6/22/2017	113105025		4618	142 ACH CREDIT RECEIVED		7,756.12	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4522634*1201494502\
6/22/2017	113105025		4618	495 OUTGOING MONEY TRANSFER	152,767.23		CANTEX HEALTH CARE CENTERS III
6/22/2017	113105025		4618	142 ACH CREDIT RECEIVED		2,649.84	HEALTH HUMAN SVC INV-PAYMTS|MEMORIAL MEDICAL|742638006|ISA~00~0000000000~00~0000000000~ZZ~174600008
6/22/2017	113105025		4618	142 ACH CREDIT RECEIVED		13,122.23	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4466519*1205296137*000004011\
6/23/2017	113105025		4618	475 CHECK PAID	134,378.00		
6/23/2017	113105025		4618	142 ACH CREDIT RECEIVED		15,082.94	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4468604*1205296137*000004011\
6/26/2017	113105025		4618	142 ACH CREDIT RECEIVED		3,691.16	Molina HC of TX Molina HC|FORT BEND CONTINUING C|TRN*1*EFT4531864*1201494502\
					287,145.23	99,823.18	

Account Portfolio as of 6/27/2017 8:24:25 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	$816,593.67	$816,593.67
Memorial Medical Center	4154	$0.00	$100.00
Memorial Medical Center	4553	$178,371.76	$257,310.53
Memorial Medical Center	4561	$373,238.80	$386,828.79
Memorial Medical Center	4588	$294,913.23	$307,767.60
Memorial Medical Center	4596	$391,343.83	$391,343.83
Memorial Medical Center	4618	$99,923.18	$128,674.27
NH Golden Creek Healthcare	4901	$100.00	$100.00
Memorial Medical Center Operat	0301	$2,284,489.82	$2,294,483.38
County of Calhoun Indigent	1101	$57,494.30	$57,494.30
Totals		**$4,496,468.59**	**$4,640,696.37**

06/27/2017 MEMORIAL MEDICAL CENTER 0
14:06 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11285	ITA RESOURCES INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MMC62017		06/21/20	06/20/20	06/29/20			22,518.00	0.00	0.00	22,518.00
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11285	ITA RESOURCES INC	22,518.00	0.00	0.00	22,518.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	22,518.00	0.00	0.00	22,518.00

APPROVED ON JUN 27 2017 CK# 171725

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 7-6-17

ITA Resources, Inc.

9821 Katy Freeway, Ste. 250, Houston, TX 77024

MONTHLY STATEMENT

DATE: June 20, 2017
INVOICE: MMC62017

TO: MEMORIAL MEDICAL CENTER
815 NORTH VIRGINIA
PORT LAVACA, TX 777979
ATTN: Adam Machicek

MONTH: **June 2017**

ITA Resources Professional Fee.....$ 21,950.00 ✓

CALL BACK & O.T. Hours.....$ 120.00 ✓

PPE 6/03/17 = 1.00 Hrs. X $40.00 = $40.00

PPE 6/17/17 = 2.00 Hrs. X $40.00 = $80.00

ON CALL COVERAGE....$2.00/HR. x 224.00 HRS.....$ 448.00 ✓

PPE 6/03/17 = 112.00 HRS. (5/21/17-6/03/17) X $2.00/HR. = $224.00

PPE 6/17/17 = 112.00 HRS. (6/04/17-6/17/17) X $2.00/HR. = $224.00

TOTAL AMOUNT DUE ITA RESOURCES, INC. .....$22,518.00 ✓

Please Remit.

Thank You,

Linda Rump
President/CEO

6.27.17

RUN DATE:06/28/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:56 CHECK REGISTER GLCKREG
06/28/17 THRU 06/28/17

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	171725	06/28/17	22,518.00	ITA RESOURCES INC
TOTALS:			22,518.00	

APPROVED
ON

JUN 27 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

#11 PR Ending 5-25-17

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

POSTED mdo

		1/6/2017 1/12/2017 ENTER:	
☐ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"		[ ]	
☐ "ENTER YOUR 4-DIGIT PIN"		[ ]	
☐ "MAKE A PAYMENT, PRESS 1"		[ ]	
☐ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	[ ]	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		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	– Paid in MAY
CALLED IN TIME:		12:50	

Acknowledment #
CALLED 5/30/17 for 5/31/17
Amt $ 96,003.80

mdo/mmc - Acctg

941 REC/TAX DEPOSIT FOR MMC PAYROLL #11

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	05/12/17					
PAY PERIOD: END	05/25/17					
PAY DATE:	06/01/17					
GROSS PAY:	$ 387,164.18			$ -		$ 387,164.18
DEDUCTIONS:						
A/R	$ 853.25					$ 853.25
ADVANC						$ -
BOOTS	$ -					$ -
CAFÉ-1	$ 1,652.32					$ 1,652.32
CAFÉ-2	$ 1,156.86					$ 1,156.86
CAFE-3	$ 50.70					$ 50.70
CAFÉ-4	$ 337.56					$ 337.56
CAFÉ-5	$ 387.98					$ 387.98
CAFÉ-D	$ 1,604.85					$ 1,604.85
CAFÉ-H	$ 17,368.00					$ 17,368.00
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 291.95					$ 291.95
CANCER						$ -
CHILD	$ 212.31					$ 212.31
CLINIC	$ 25.00					$ 25.00
COMBIN	$ 1,025.04					$ 1,025.04
CREDUN						$ -
DENTAL						$ -
DEP-LF	$ 1,885.63					$ 1,885.63
DIS-LF						$ -
EAT						$ -
FED TAX	$ 40,846.78					$ 40,846.78
FICA-M	$ 5,227.28					$ 5,227.28
FICA-O	$ 22,351.24					$ 22,351.24
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,245.54					$ 2,245.54
FLX-FE						$ -
GIFT S	$ 226.61					$ 226.61
GRP-IN	$ 129.26					$ 129.26
GTL						$ -
HOSP-I	$ 1,971.37					$ 1,971.37
MISC						$ -
OTHER						$ -
PHI						$ -
PR FIN	$ 378.16					$ 378.16
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,490.00					$ 1,490.00
STONE						$ -
STONE 2						$ -
STUDEN	$ 114.41					$ 114.41
TSA-R	$ 27,101.58					$ 27,101.58
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 129,008.68	$ -	$ -	$ -	$ -	$ 129,008.68
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 258,155.50	$ -	$ -	$ -	$ -	$ 258,155.50
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 26,660.76	Less Exempt:				
TAXABLE PAY:	$ 360,503.42	$ 360,503.42				Exempt Amt:

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,227.30		
FICA - MED (EE)	1.45%	$ 5,227.30	$ 5,227.28	$ 0.02
FICA - SOC SEC (ER)	6.20%	$ 22,351.21		
FICA - SOC SEC (EE)	6.20%	$ 22,351.21	$ 22,351.24	$ (0.03)
FED WITHHOLDING		$ 40,846.78	$ 40,846.78	
TAX DEPOSIT:		$ 96,003.80	$ 96,003.82	$ (0.02)
FICA - MEDICARE	2.90%	$ 10,454.60		
FICA - SOCIAL SECURITY	12.40%	$ 44,702.42		
FED WITHHOLDING		$ 40,846.78		
TOTAL TAX:		$ 96,003.80		

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

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9123.75	N		N	N		186158.29
1	REGULAR PAY-S1	1020.75	N		N	N	N	45291.95
1	REGULAR PAY-S1	301.75	Y		N	N		7486.25
2	REGULAR PAY-S2	2504.25	N		N	N		54413.75
2	REGULAR PAY-S2	124.75	Y		N	N		3484.98
3	REGULAR PAY-S3	1551.75	N		N	N		40613.72
3	REGULAR PAY-S3	51.50	Y		N	N		2141.67
C	CALL PAY	3098.50	N	1	N	N		6173.00
E	EXTRA WAGES		N		N	N	N	3875.04
E	EXTRA WAGES		N	1	N	N	N	1519.00
F	FUNERAL LEAVE	41.50	N	1	N	N		903.00
I	INSERVICE	292.50	N	1	N	N		7781.35
I	INSERVICE	60.00	Y	1	N	N		2204.43
K	EXTENDED-ILLNESS-BANK	42.00	N	1	N	N		803.52
P	PAID-TIME-OFF	6.00	N		N	N	N	317.30
P	PAID-TIME-OFF	1041.00	N	1	N	N		22679.93
X	CALL PAY 2	162.00	N	1	N	N		324.00
Y	YMCA/CURVES		N	1	N	N	N	30.00
Z	CALL PAY 3	96.00	N	1	N	N		288.00
t	PHONE & DATA		N	1	N	N	N	675.00

Deductions Summary

Code	Amount				
A/R	853.25	ADVANC		AWARDS	
BOOTS		CAFE H		CAFE-1	1652.32
CAFE-2	1156.86	CAFE-3	50.70	CAFE-4	337.56
CAFE-5	387.98	CAFE-C		CAFE-D	1604.85
CAFE-F		CAFE-H	17368.00	CAFE-I	
CAFE-L		CAFE-P	291.95	CANCER	
CHILD	212.31	CLINIC	25.00	COMBIN	1025.04
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF	1885.63	EAT	
FEDTAX	40846.78	FICA-M	5227.28	FICA-O	22351.24
FIRSTC	75.00	FLEX S	2245.54	FLX FE	
FORT D		FUTA		GIFT S	226.61
GRANT		GRP-IN	129.26	GTL	
HOSP-I		ID TFT		LEAF	
MISC		MISC/		OTHER	1971.37
PHI		PHI***		PR FIN	378.16
RELAY		REPAY		SIGNON	
ST-TX		STONDF	1490.00	STONE	
STONE2		STUDEN	114.41	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	27101.58	TUTION		UW/HOS	

Grand Totals: 19518.00 ------- (Gross: 387164.18 Deductions: 129008.68 Net: 258155.50)

Checks Count:- FT 188 PT 11 Other 47 Female 209 Male 36 Credit OverAmt 23 ZeroNet 1 Term Total: 245

MEMORIAL MEDICAL CENTER

2017 QTR 2ND QTR ENDING: JUNE 30, 2017

PR #	10	11
PAYROLL PERIOD ENDING:	5/11/2017	5/25/2017
Gross PR	381,505.66	387,164.18
Café 1	1,672.48	1,652.32
Café 2	1,168.70	1,156.86
Café 3	50.70	50.70
Café 4	337.56	337.56
Café 5	376.58	387.98
Café d	1,608.47	1,604.85
Café h	17,553.40	17,368.00
Café p	287.11	291.95
Firstc	75.00	75.00
Flex S	2,215.54	2,245.54
StondF	1,490.00	1,490.00
Sub-tl	26,835.54	26,660.76
Net	354,670.12	360,503.42
x 6.2%	21,989.55	22,351.21
PR Fica O - PR Register	21,989.59	22,351.24
Variance	(0.04)	(0.03)
PR Fica M - PR Resgister	5,142.77	5,227.28
PF FedTax - PR Register	39,423.85	40,846.78
PAY PERIOD DATES:	5/18/2017	6/1/2017
PAYROLL TAXES PAID INFO - 941 REPORT/WORKSHEET:		
SS	43,979.10	44,702.42
MEDICARE	10,285.44	10,454.60
WHT	39,423.85	40,846.78
TOTAL	93,688.39	96,003.80
CALLED-IN	5/17/2017	5/30/2017
ACKNOWLEDGE #	72743597	72743597

PR #12

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"	★	$ 93,134.96	#
	"1 TO CONFIRM"		1	
	"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 43,853.18	#
	"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,255.98	#
	"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 39,025.80	# ✓
	CHECK		$ -	
☐	"6-DIGIT SETTLEMENT DATE"	★	6/14/2017	6/15/17
	"1 TO CONFIRM"		1	
☐	ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:	AH
CALLED IN DATE:	6/14/17
CALLED IN TIME:	10:51am

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	8061.25	N		N	N		158589.04
1	REGULAR PAY-S1	959.00	N		N	N	N	41944.36
1	REGULAR PAY-S1	217.50	N		N	Y		6437.04
1	REGULAR PAY-S1	303.25	Y		N	N		6651.35
2	REGULAR PAY-S2	2392.75	N		N	N		52061.25
2	REGULAR PAY-S2	158.00	N		N	Y		5786.24
2	REGULAR PAY-S2	85.50	Y		N	N		2351.59
3	REGULAR PAY-S3	1510.75	N		N	N		39238.56
3	REGULAR PAY-S3	112.00	N		N	Y		4596.95
3	REGULAR PAY-S3	64.75	Y		N	N		2017.43
C	CALL PAY	2993.00	N	1	N	N		5986.00
E	EXTRA WAGES		N		N	N	N	186.61
E	EXTRA WAGES		N	1	N	N	N	1571.25
F	FUNERAL LEAVE	54.00	N	1	N	N		1168.80
I	INSERVICE	26.50	N	1	N	N		714.45
J	JURY LEAVE	8.50	N	1	N	N		163.46
K	EXTENDED-ILLNESS-BANK	-2.00	N		N	N	N	-67.76
K	EXTENDED-ILLNESS-BANK	134.00	N	1	N	N		2748.98
P	PAID-TIME-OFF	32.00	N		N	N	N	654.88
P	PAID-TIME-OFF	1772.00	N	1	N	N		44259.06
X	CALL PAY 2	128.00	N	1	N	N		256.00
Z	CALL PAY 3	136.00	N	1	N	N		408.00
p	PAID TIME OFF - PROBATION	102.00	N	1	N	N		2725.43

Deductions Summary

Code	Amount				
A/R	861.39	ADVANC		AWARDS	
BOOTS		CAFE H		CAFE-1	1672.14
CAFE-2	1166.32	CAFE-3	50.70	CAFE-4	337.56
CAFE-5	387.98	CAFE-C		CAFE-D	1613.28
CAFE-F		CAFE-H	17463.80	CAFE-I	
CAFE-L		CAFE-P	291.95	CANCER	
CHILD	212.31	CLINIC	45.00	COMBIN	1025.04
CREDUN		DD ADV		DENTAL	
DEP-LF		DIS-LF	1955.51	EAT	
FEDTAX	39025.80	FICA-M	5128.06	FICA-O	21926.54
FIRSTC	75.00	FLEX S	2245.54	FLX FE	
FORT D		FUTA		GIFT S	100.00
GRANT		GRP-IN	129.26	GTL	6716.00
HOSP-I		ID TFT		LEAF	
MISC		MISC/		OTHER	1799.79
PHI		PHI***		PR FIN	378.16
RELAY		REPAY		SIGNON	
ST-TX		STONDF	1490.00	STONE	
STONE2		STUDEN	168.74	TSA-1	
TSA-2		TSA-C		TSA-P	
TSA-R	26631.46	TUTION		UW/HOS	

Grand Totals: 19248.75 (Gross: 380448.97 Deductions: 132897.33 Net: 247551.64)

Checks Count:- FT 187 PT 10 Other 41 Female 204 Male 33 Credit OverAmt 15 ZeroNet Term Total: 237

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross

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		FICA-M		FICA-O	
FIRSTC		FLEX S		FLX FE	
FORT D		FUTA		GIFT S	
GRANT		GRP-IN		GTL	-6661.00
HOSP-I		ID TFT		LEAF	
MISC	-55.00	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		TUTION		UW/HOS	

Grand Totals: ------- (Gross: Deductions: -6716.00 Net: 6716.00)

Checks Count:- FT 64 PT Other 3 Female 55 Male 12 Credit OverAmt ZeroNet Term Total: 67

Revised / Corrected Copy

941 REC/TAX DEPOSIT FOR MMC PAYROLL #12

REVISED 3/18/2014

		ENTER VOID CKS AS NEGATIVE NUMBERS				
PAY PERIOD: BEGIN	05/26/17	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	06/08/17					
PAY DATE:	06/15/17					
GROSS PAY:	$ 380,448.97			$ -		$ 380,448.97
DEDUCTIONS:						
A/R	$ 861.39					$ 861.39
ADVANC						$ -
BOOTS						$ -
CAFÉ-1	$ 1,672.14					$ 1,672.14
CAFÉ-2	$ 1,166.32					$ 1,166.32
CAFE-3	$ 50.70					$ 50.70
CAFÉ-4	$ 337.56					$ 337.56
CAFÉ-5	$ 387.98					$ 387.98
CAFÉ-D	$ 1,613.28					$ 1,613.28
CAFÉ-H	$ 17,463.80					$ 17,463.80
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 291.95					$ 291.95
CANCER						$ -
CHILD	$ 212.31					$ 212.31
CLINIC	$ 45.00					$ 45.00
COMBIN	$ 1,025.04					$ 1,025.04
CREDUN						$ -
DENTAL						$ -
DEP-LF	$ 1,955.51					$ 1,955.51
DIS-LF						$ -
EAT						$ -
FED TAX	$ 39,025.80					$ 39,025.80
FICA-M	$ 5,128.06					$ 5,128.06
FICA-O	$ 21,926.54					$ 21,926.54
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,245.54					$ 2,245.54
FLX-FE						$ -
GIFT S	$ 100.00					$ 100.00
GRP-IN	$ 129.26					$ 129.26
GTL	$ 6,716.00					$ 6,716.00
HOSP-I						$ -
MISC						$ -
OTHER	$ 1,799.79					$ 1,799.79
PHI						$ -
PR FIN	$ 378.16					$ 378.16
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,490.00					$ 1,490.00
STONE	$ 168.74					$ 168.74
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 26,631.46					$ 26,631.46
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 132,897.33	$ -	$ -	$ -	$ -	$ 132,897.33
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 247,551.64	$ -	$ -	$ -	$ -	$ 247,551.64
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 26,963.01	Less Exempt:				
TAXABLE PAY:	$ 353,485.96	$ 353,485.96				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,125.55		
FICA - MED (EE)	1.45%	$ 5,125.55	$ 5,128.06	$ (2.51)
FICA - SOC SEC (ER)	6.20%	$ 21,916.13		
FICA - SOC SEC (EE)	6.20%	$ 21,916.13	$ 21,926.54	$ (10.41)
FED WITHHOLDING		$ 39,025.80	$ 39,025.80	
TAX DEPOSIT:		$ 93,109.16	$ 93,135.00	$ (25.84)
FICA - MEDICARE	2.90%	$ 10,251.10		
FICA - SOCIAL SECURITY	12.40%	$ 43,832.26		
FED WITHHOLDING		$ 39,025.80		
TOTAL TAX:		$ 93,109.16		

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

PREPARED BY: Maria D. Ortiz/Ashley Hall

PREPARED DATE: 7/19/2017

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	05/26/17					
PAY PERIOD: END	06/08/17					
PAY DATE:	06/15/17					
GROSS PAY:	$ 380,448.95			$ -		$ 380,448.95
DEDUCTIONS:						
A/R						$ -
ADVANC						$ -
BOOTS						$ -
CAFÉ-1	$ 1,672.14					$ 1,672.14
CAFÉ-2	$ 1,166.32					$ 1,166.32
CAFE-3	$ 50.70					$ 50.70
CAFÉ-4	$ 337.56					$ 337.56
CAFÉ-5	$ 387.98					$ 387.98
CAFÉ-D	$ 1,613.28					$ 1,613.28
CAFÉ-H	$ 17,463.80					$ 17,463.80
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 291.95					$ 291.95
CANCER						$ -
CHILD						$ -
CLINIC						$ -
COMBIN						$ -
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
DIS-LF						$ -
EAT						$ -
FED TAX	$ 39,025.80					$ 39,025.80
FICA-M	$ 5,128.06					$ 5,128.06
FICA-O	$ 21,926.54					$ 21,926.54
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,245.54					$ 2,245.54
FLX-FE						$ -
GIFT S						$ -
GRP-IN						$ -
GTL						$ -
HOSP-I						$ -
MISC						$ -
OTHER						$ -
PHI						$ -
PR FIN						$ -
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,490.00					$ 1,490.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 26,631.56					$ 26,631.56
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 119,506.23	$ -	$ -	$ -	$ -	$ 119,506.23
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 260,942.72	$ -	$ -	$ -	$ -	$ 260,942.72
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 26,794.27	Less Exempt:				
TAXABLE PAY:	$ 353,654.68	$ 353,654.68				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,127.99		
FICA - MED (EE)	1.45%	$ 5,127.99	$ 5,128.06	$ (0.07)
FICA - SOC SEC (ER)	6.20%	$ 21,926.59		
FICA - SOC SEC (EE)	6.20%	$ 21,926.59	$ 21,926.54	$ 0.05
FED WITHHOLDING		$ 39,025.80	$ 39,025.80	
TAX DEPOSIT:		$ 93,134.96	$ 93,135.00	$ (0.04)
FICA - MEDICARE	2.90%	$ 10,255.98		
FICA - SOCIAL SECURITY	12.40%	$ 43,853.18		
FED WITHHOLDING		$ 39,025.80		
TOTAL TAX:		$ 93,134.96		

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

PREPARED BY: Maria D. Ortiz/Ashley Hall

PREPARED DATE: 6/12/2017

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" 1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec	★		6
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★		$ 97,527.53 #
"1 TO CONFIRM"			1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"		0	$ 45,480.98 #
"ENTER W/CENTS AMOUNT OF MEDICARE"			$ 10,636.68 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"			$ 41,409.87 #
☐ "6-DIGIT SETTLEMENT DATE"	★	CHECK	$ - 6/29/2017
"1 TO CONFIRM"			1
☐ ACKNOWLEDGEMENT NUMBER			

CALLED IN BY:	Ashley
CALLED IN DATE:	~~6/29/2017~~ 6/30/17
CALLED IN TIME:	8:48am

Final Summary

PayCode Summary

PayCd	Description	Hrs	OT	SH	WE	HO	CB	Gross
1	REGULAR PAY-S1	9026.25	N		N	N		180727.35
1	REGULAR PAY-S1	1014.00	N		N	N	N	43286.93
1	REGULAR PAY-S1	362.00	Y		N	N		8786.62
2	REGULAR PAY-S2	2650.50	N		N	N		58496.24
2	REGULAR PAY-S2	93.75	Y		N	N		3148.31
3	REGULAR PAY-S3	1719.50	N		N	N		44497.66
3	REGULAR PAY-S3	49.00	Y		N	N		1874.40
C	CALL PAY	2770.25	N	1	N	N		5540.50
D	DOUBLE TIME	12.00	N	1	N	N		512.40
E	EXTRA WAGES		N		N	N	N	40.00
E	EXTRA WAGES		N	1	N	N	N	2946.76
F	FUNERAL LEAVE	2.00	N		N	N	N	66.18
F	FUNERAL LEAVE	8.00	N	1	N	N		264.72
I	INSERVICE	26.50	N	1	N	N		703.06
K	EXTENDED-ILLNESS-BANK	360.00	N	1	N	N		6176.24
P	PAID-TIME-OFF	240.00	N		N	N	N	4082.40
P	PAID-TIME-OFF	1262.00	N	1	N	N		31444.16
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	96.00	N	1	N	N		288.00
p	PAID TIME OFF - PROBATION	30.00	N	1	N	N		587.40

Deductions Summary

Code	Amount	Code	Amount	Code	Amount
A/R	804.84	A/R2	85.15	A/R3	
ADVANC		AWARDS		BOOTS	
CAFE H		CAFE-1	1675.88	CAFE-2	1158.42
CAFE-3	50.70	CAFE-4	346.54	CAFE-5	387.98
CAFE-C		CAFE-D	1633.10	CAFE-F	
CAFE-H	17686.30	CAFE-I		CAFE-L	
CAFE-P	291.95	CANCER		CHILD	212.31
CLINIC	5.00	COMBIN	1025.04	CREDUN	
DD ADV		DENTAL		DEP-LF	
DIS-LF	1955.15	EAT		FEDTAX	41409.87
FICA-M	5318.31	FICA-O	22740.53	FIRSTC	75.00
FLEX S	2226.31	FLX FE		FORT D	
FUTA		GIFT S	97.32	GRANT	
GRP-IN	129.26	GTL		HOSP-I	
ID TPT		LEAF		MISC	
MISC/		OTHER	599.99	PHI	
PHI***		PR FIN	378.16	RELAY	
REPAY		SIGNON		ST-TX	
STONDF	1490.00	STONE		STONE2	
STUDEN	126.31	TSA-1		TSA-2	
TSA-C		TSA-P		TSA-R	27566.37
TUTION		UW/HOS			

Grand Totals: 19881.75 (Gross: 393804.33 Deductions: 129475.79 Net: 264328.54)

Checks Count:- FT 188 PT 9 Other 43 Female 206 Male 33 Credit OverAmt 19 ZeroNet Term Total: 239

941 REC/TAX DEPOSIT FOR MMC PAYROLL #13

REVISED

"ENTER VOID CKS AS NEGATIVE NUMBERS"

		VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: BEGIN	06/09/17					
PAY PERIOD: END	06/22/17					
PAY DATE:	06/29/17					
GROSS PAY:	$ 393,804.33			$ -		$ 393,804.33
DEDUCTIONS:						
A/R	$ 889.99					$ 889.99
ADVANC						$ -
BOOTS						$ -
CAFÉ-1	$ 1,675.88					$ 1,675.88
CAFÉ-2	$ 1,158.42					$ 1,158.42
CAFE-3	$ 50.70					$ 50.70
CAFÉ-4	$ 346.54					$ 346.54
CAFÉ-5	$ 387.98					$ 387.98
CAFÉ-D	$ 1,633.10					$ 1,633.10
CAFÉ-H	$ 17,686.30					$ 17,686.30
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 291.95					$ 291.95
CANCER						$ -
CHILD	$ 212.31					$ 212.31
CLINIC	$ 5.00					$ 5.00
COMBIN	$ 1,025.04					$ 1,025.04
CREDUN						$ -
DENTAL						$ -
DEP-LF	$ 1,955.15					$ 1,955.15
DIS-LF						$ -
EAT						$ -
FED TAX	$ 41,409.87					$ 41,409.87
FICA-M	$ 5,318.31					$ 5,318.31
FICA-O	$ 22,740.53					$ 22,740.53
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,226.31					$ 2,226.31
FLX-FE						$ -
GIFT S	$ 97.32					$ 97.32
GRP-IN	$ 129.26					$ 129.26
GTL	$ -			$ -		$ -
HOSP-I						$ -
MISC						$ -
OTHER	$ 599.99					$ 599.99
PHI						$ -
PR FIN	$ 378.16					$ 378.16
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,490.00					$ 1,490.00
STONE						$ -
STONE 2						$ -
STUDEN	$ 126.31					$ 126.31
TSA-R	$ 27,566.37					$ 27,566.37
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 129,475.79	$ -	$ -	$ -	$ -	$ 129,475.79
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$ 264,328.54	$ -	$ -	$ -	$ -	$ 264,328.54
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	

TOTAL CAFÉ 125 PLAN:	$ 27,022.18	Less Exempt:	
TAXABLE PAY:	$ 366,782.15	$ 366,782.15	

		"CALCULATED"	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,318.34		
FICA - MED (EE)	1.45%	$ 5,318.34	$ 5,318.31	$ 0.03
FICA - SOC SEC (ER)	6.20%	$ 22,740.49		
FICA - SOC SEC (EE)	6.20%	$ 22,740.49	$ 22,740.53	$ (0.04)
FED WITHHOLDING		$ 41,409.87	$ 41,409.87	
TAX DEPOSIT:		$ 97,527.53	$ 97,527.55	$ (0.02)
FICA - MEDICARE	2.90%	$ 10,636.68		
FICA - SOCIAL SECURITY	12.40%	$ 45,480.98		
FED WITHHOLDING		$ 41,409.87		
TOTAL TAX:		$ 97,527.53		

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

PREPARED BY: Maria D. Ortiz

PREPARED DATE: 6/27/2017

MEMORIAL MEDICAL CENTER

ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- JUNE 2017

Monthly Electronic Transfers for Operating Expenses

6/1/2017 Expertpay	- Child Support	213.81
6/1/2017 Memorial Medical Payroll	- Payroll	255,796.34
6/2/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
6/2/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
6/2/2017 Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
6/2/2017 State Comptrlr Texnet	- Final DSH 2017 IGT	126,327.56
6/5/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	9.95
6/5/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	54.78
6/5/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
6/5/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
6/5/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	70.83
6/5/2017 IBC Merch Bank Interchng	- Credit Card Processing Fee	72.65
6/5/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	80.41
6/5/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
6/5/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	94.40
6/5/2017 IBC Merch Bank Fee	- Credit Card Processing Fee	106.80
6/5/2017 IBC Merch Bank Interchng	- Credit Card Processing Fee	169.58
6/5/2017 IBC Merch Bank Interchng	- Credit Card Processing Fee	188.83
6/5/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	244.64
6/5/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	270.18
6/5/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	994.07
6/5/2017 IBC Merch Bank Interchng	- Credit Card Processing Fee	1,454.87
6/5/2017 IBC Merch Bank Discount	- Credit Card Processing Fee	1,709.55
6/6/2017 Deposit Item Returned	- Returned Check	25.00
6/6/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	5,176.00
6/7/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
6/8/2017 Deposit Item Returned	- Returned Check	44.98
6/12/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
6/13/2017 Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25
6/13/2017 Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
6/13/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	3,880.11
6/15/2017 FDGL Annual Fee	- Credit Card Machine Lease Expense	30.20
6/15/2017 FDGL Annual Fee	- Credit Card Machine Lease Expense	30.20
6/15/2017 FDGL Annual Fee	- Credit Card Machine Lease Expense	30.20
6/15/2017 Expertpay	- Child Support	213.81
6/15/2017 IRS USATAXPYMT	- Payroll Taxes	93,134.96
6/15/2017 Texas County DRS	- Retirement Funding	114,318.48
6/15/2017 Memorial Medical Payroll	- Payroll	244,492.86
6/16/2017 FDGL Annual Fee	- Credit Card Machine Lease Expense	30.20
6/19/2017 Telecheck	- Credit Card Processing Fee	5.00
6/19/2017 Webfile Tax Portal	- Sales Tax	673.62
6/20/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	26.98
6/20/2017 FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
6/20/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	3,437.55
6/20/2017 State Comptrlr Texnet	- Final DSH 2017 Pass 3 IGT	168,427.20
6/27/2017 Mckesson Drug Auto ACH	- 340B Drug Program Expense	4,883.30
6/28/2017 FDGL Annual Fee	- Credit Card Machine Lease Expense	30.20
6/28/2017 Cardmember Service	- IBC Credit Card Invoice	876.20
6/28/2017 Cardmember Service	- IBC Credit Card Invoice	2,052.10
6/29/2017 Amerisource Berg Payment	- ACH 340 Testing Transaction	0.01
6/29/2017 Expertpay	- Child Support	213.81
6/29/2017 Memorial Medical Payroll	- Payroll	261,731.19
6/30/2017 IRS USATAXPYMT	- Payroll Taxes	97,527.53
	Total Electronic Payments	1,389,813.74

Jason Anglin
MMC Chief Executive Officer

APPROVED

JUL 24 2017

COUNTY AUDITOR

L:\2017\Electronic Transfer Activity

IBC

BANK

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

CUSTOMER

8/NE/131/019/2308
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT 426

CUSTOMER NO.	PAGE NO.
	1 of 14

06/01/2017 to 06/30/2017
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
1,601,596.13	557	3,300,504.15	362	2,240,286.10	2,661,814.18

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
06/01		4,038.12	06/12		211.00	06/22		10,250.79
06/01		2,104.71	06/12		66.00	06/22		564.46
06/01		565.00	06/13		29,990.44	06/22		509.00
06/01		405.53	06/13		2,775.33	06/22		396.40
06/01		190.00	06/13		177.13	06/22		51.00
06/01		170.09	06/13		140.00	06/23		669,845.00
06/01		100.84	06/14		9,606.53	06/23		8,126.04
06/02		10,870.53	06/14		6,812.04	06/23		1,636.37
06/02		1,351.92	06/14		1,650.00	06/23		911.83
06/02		455.00	06/14		1,125.00	06/23		299.00
06/02		44.98	06/14		650.66	06/26		37,328.75
06/02		40.00	06/15		95,840.86	06/26		1,455.46
06/05		47,372.08	06/15		1,005.95	06/26		1,071.28
06/05		4,063.48	06/15		310.00	06/26		318.36
06/05		520.00	06/15		203.08	06/26		265.00
06/05		290.91	06/15		105.00	06/26		241.12
06/05		267.31	06/16		5,503.69	06/26		13.00
06/05		201.80	06/16		340.80	06/27		7,583.32
06/05		194.00	06/16		275.00	06/27		1,516.88
06/05		10.00	06/16		116.00	06/27		883.00
06/06		27,839.12	06/19		42,164.75	06/27		763.03
06/06		2,367.19	06/19		1,967.39	06/27		88.18
06/06		2,210.47	06/19		468.00	06/27		24.00
06/06		495.00	06/19		400.00	06/28		7,155.29
06/06		39.40	06/19		175.00	06/28		2,037.52
06/07		12,335.84	06/19		79.08	06/28		503.90
06/07		585.80	06/19		36.00	06/28		381.00
06/07		535.13	06/19		27.00	06/28		247.00
06/07		273.71	06/19		11.21	06/28		131.69
06/07		40.00	06/20		12,788.58	06/29		9,893.25
06/08		22,895.41	06/20		4,569.46	06/29		433.00
06/08		252.00	06/20		365.00	06/29		95.55
06/09		7,410.94	06/20		288.39	06/29		80.46
06/09		2,148.76	06/21		7,145.60	06/30		46,620.38
06/09		240.00	06/21		1,795.23	06/30		15,805.21
06/09		15.00	06/21		625.00	06/30		1,286.28
06/12		27,014.32	06/21		467.88	06/30		557.00
06/12		1,185.73	06/21		232.00	06/30		59.63
06/12		359.00	06/21		139.00	06/30		16.48

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
06/19	3100	97.00	06/06 *	61848	426.16	06/05	61850	502.14
06/29 *	3100	8.00	06/02	61849	228.30	06/01	61851	1,202.56

IBC

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CUSTOMER

8/NE/131/019/2319
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

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06/28	Electronic Deposit	CENTENE CORP HCCLAIMPMT		190.94
06/28	Electronic Deposit	CENTENE CORP HCCLAIMPMT		179.64
06/28	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589		133.86
06/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113000		384,361.48
06/29	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865		17,059.17
06/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356		15,471.79
06/29	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17178E89703230		5,416.34
06/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 45Z356		4,027.80
06/29	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA		1,858.89
06/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883		1,738.87
06/29	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA		1,689.67
06/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882		1,215.92
06/29	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17178E89703250		962.22
06/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422		734.91
06/29	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012		519.82
06/29	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17178E89703260		223.36
06/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887		207.26
06/29	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012		205.28
06/29	Electronic Deposit	DRISCOLL HEALTH HCCLAIMPMT MEMORIAL MEDICA		168.99
06/29	Electronic Deposit	DRISCOLL CHILDRE HCCLAIMPMT MEMORIAL MEDICA		89.01
06/29	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589		87.62
06/29	Electronic Deposit	DRISCOLL CHILDRE HCCLAIMPMT MEMORIAL MEDICA		84.20
06/29	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012		82.83
06/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT		60.00
06/30	Incoming Wire	0476 WEST WHARTON COUNTY HOSPITAL D		178,251.01
06/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356		37,679.43
06/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17179E89821330		17,471.82
06/30	Electronic Deposit	TMHP HCCLAIMPMT xxxxx9111		16,671.84
06/30	Electronic Deposit	CVS EDI/ACH 2843C		9,797.77
06/30	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012		3,703.00
06/30	Electronic Deposit	CENTENE CORP HCCLAIMPMT		3,554.49
06/30	Electronic Deposit	TMHP HCCLAIMPMT xxxxx9112		2,737.00
06/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883		1,979.59
06/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882		840.71
06/30	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411		650.37
06/30	Electronic Deposit	CENTENE CORP HCCLAIMPMT		642.78
06/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17179E89821340		637.09
06/30	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411		562.15
06/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881		461.00
06/30	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865		372.66
06/30	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411		346.14
06/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887		206.43
06/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885		190.46
06/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422		141.17
06/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113000		47.65

996925

Debits

06/01	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411 - Child support 641.43	✓	213.81
06/01	Electronic Payment	MEMORIAL MEDICAL PAYROLL	✓	255,796.34

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06/02	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993		19.95
06/02	Electronic Payment	IBC MERCH BNKCD FEE 674200009993		29.95
06/02	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136		99.00
06/02	Electronic Payment	STATE COMPTRLR TEXNET 27363936/70601		126,327.56
06/05	Electronic Payment	IBC MERCH BNKCD FEE 971160912889		9.95
06/05	Electronic Payment	IBC MERCH BNKCD FEE 971160911881		54.78
06/05	Electronic Payment	FDGL LEASE PYMT		59.25
06/05	Electronic Payment	FDGL LEASE PYMT		59.25
06/05	Electronic Payment	IBC MERCH BNKCD FEE 971160914885		70.83
06/05	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887		72.65
06/05	Electronic Payment	IBC MERCH BNKCD FEE 971160910883		80.41
06/05	Electronic Payment	FDGL LEASE PYMT		86.30
06/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887		94.40
06/05	Electronic Payment	IBC MERCH BNKCD FEE 971160913887		106.80
06/05	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881		169.58
06/05	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885		188.83
06/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881		244.64
06/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885		270.18
06/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160915882		994.07
06/05	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883		1,454.87
06/05	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883		1,709.55
06/06	Dep Item Returned	(Tracer# 17000130)		✓25.00
06/06	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03148239	6/5	5,176.00
06/07	Electronic Payment	FDGL LEASE PYMT		30.25
06/08	Dep Item Returned	(Tracer# 17000182)		✓44.98
06/12	Electronic Payment	FDGL LEASE PYMT		30.17
06/13	Electronic Payment	CLOVER APP MRKT CLOVER APP		16.25
06/13	Electronic Payment	CLOVER APP MRKT CLOVER APP		81.20
06/13	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03157581	6/12	3,880.11
06/15	Electronic Payment	FDGL ANNUAL FEE		30.20
06/15	Electronic Payment	FDGL ANNUAL FEE		30.20
06/15	Electronic Payment	FDGL ANNUAL FEE		30.20
06/15	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411 child support		✓ 213.81
06/15	Electronic Payment	IRS USATAXPYMT 220756675224195		✓ 93,134.96
06/15	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419 - Retirement		✓114,318.48
06/15	Electronic Payment	MEMORIAL MEDICAL PAYROLL		✓ 244,492.86
06/16	Electronic Payment	FDGL ANNUAL FEE		30.20
06/19	Electronic Payment	Telecheck INV062017D xxxxx9736		5.00
06/19	Electronic Payment	WEBFILE TAX PYMT DD 902/27480326 - sales tax		673.62
06/20	Electronic Payment	FDGL LEASE PYMT		26.98
06/20	Electronic Payment	FDGL LEASE PYMT		151.23
06/20	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03161382	6/20	3,437.55
06/21	Electronic Payment	STATE COMPTRLR TEXNET 27463178/70620		168,427.20
06/27	Electronic Payment	MCKESSON DRUG AUTO ACH ACH03169777	6/26	4,883.30
06/28	Electronic Payment	FDGL ANNUAL FEE		30.20
06/28	Electronic Payment	CARDMEMBER SERV ELECT PYMT		876.20
06/28	Electronic Payment	CARDMEMBER SERV ELECT PYMT		2,052.10
06/29	Electronic Payment	AMERISOURCE BERG PAYMENTS xxxxx9365		0.01
06/29	Electronic Payment	EXPERTPAY EXPERTPAY xxxxx3411 - Child support		✓ 213.81
06/29	Electronic Payment	MEMORIAL MEDICAL PAYROLL		✓ 261,731.19

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06/30	Electronic Payment	IRS USATAXPYMT 220758115802393	✓ 97,527.53

Daily Ending Balance

06/01	1,371,514.78	06/13	1,383,269.00	06/22	1,413,801.32
06/02	1,306,578.85	06/14	1,627,993.13	06/23	2,164,064.03
06/05	1,368,197.41	06/15	1,285,086.60	06/26	2,284,489.82
06/06	1,320,130.20	06/16	1,315,526.35	06/27	2,290,272.60
06/07	1,319,330.45	06/19	1,435,025.82	06/28	2,368,795.99
06/08	1,309,762.82	06/20	1,494,447.73	06/29	2,494,370.85
06/09	1,359,108.34	06/21	1,364,543.01	06/30	2,661,814.18
06/12	1,403,094.22				

Notice to Customers: A CTR Reference Guide

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

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

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

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CUSTOMER

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STATEMENT

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06/01/2017 to 06/30/2017
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
153,332.85	44	1,362,815.03	6	1,413,149.43	102,998.45

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
06/01		44,756.80	06/09		48,064.47	06/22		51,788.92
06/02		46,916.74	06/16		5,243.79			

Checks (Debits)

Date	Check #	Amount
06/23	16	429,065.50

Electronic Activity

	Credits		
06/01	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	8,171.09
06/05	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17060113300111	1,383.29
06/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17060215101794	5,380.61
06/08	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	17,542.10
06/08	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,881.35
06/13	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51515297	858,131.00
06/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061013501924	18,166.75
06/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061017100177	5,781.04
06/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061013501888	1,410.52
06/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061215801800	5,287.19
06/15	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061312100726	7,094.09
06/15	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061312400832	3,213.43
06/16	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	1,650.54
06/16	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,304.77
06/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061414500132	178.65
06/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061412303127	86.60
06/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	84,009.75
06/20	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,253.00
06/20	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061713402277	18.47
06/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061913800475	11,878.49
06/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061913800467	3,239.56
06/22	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	9,414.96
06/22	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	5,314.42
06/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	4,841.58
06/23	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062119700032	165.27
06/26	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	3,361.50
06/26	Electronic Deposit	Molina HC of TX Molina HC PN1326436189	1,964.57
06/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	1,021.27
06/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062317801432	40,067.46
06/27	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	16,510.21
06/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423	9,424.61
06/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062316400118	6,620.14
06/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062417100748	3,974.95

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CUSTOMER

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MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
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PORT LAVACA TX 77979

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06/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062317801391	2,341.40
06/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062712100456	13,051.09
06/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	3,336.12
06/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062712100435	780.47
06/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113005	6,726.51
06/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062815901321	65.49

Debits

06/01	Outgoing Wire	0206 ASHFORD HEALTH CARE CENTER LTD	141,041.62 ✓
06/07	Outgoing Wire	0023 ASHFORD HEALTH CARE CENTER LTD	112,035.86 ✓
06/13	Outgoing Wire	0129 ASHFORD HEALTH CARE CENTER LTD	74,251.82 ✓
06/22	Outgoing Wire	0006 ASHFORD HEALTH CARE CENTER LTD	478,482.87 ✓
06/29	Outgoing Wire	0001 ASHFORD HEALTH CARE CENTER LTD	178,271.76 ✓

Daily Ending Balance

06/01	65,219.12	06/13	883,589.31	06/22	600,924.65
06/02	112,135.86	06/14	888,876.50	06/23	172,024.42
06/05	113,519.15	06/15	899,184.02	06/26	178,371.76
06/06	118,899.76	06/16	907,648.37	06/27	257,310.53
06/07	6,863.90	06/20	992,929.59	06/29	96,206.45
06/08	26,287.35	06/21	1,008,047.64	06/30	102,998.45
06/09	74,351.82				

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
216,398.43	16	582,465.90	5	770,878.75	27,985.58

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
06/01		8,503.04	06/09		50,213.82	06/22		48,628.10
06/02		84,085.36	06/16		3,716.61			

Electronic Activity

Credits

06/02	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	2,722.00
06/08	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	2,249.77
06/15	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	6,277.80
06/16	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	5,568.09
06/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	265,660.02
06/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	14,794.64
06/22	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	5,728.68
06/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	53,675.78
06/26	Electronic Deposit	Molina HC of TX Molina HC PN1669860433	1,909.56
06/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	847.05
06/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357	27,885.58

Debits

06/01	Outgoing Wire	0209 CANTEX HEALTH CARE CENTERS III	203,169.11
06/07	Outgoing Wire	0026 CANTEX HEALTH CARE CENTERS III	108,439.72
06/13	Outgoing Wire	0133 CANTEX HEALTH CARE CENTERS III	52,463.59
06/22	Outgoing Wire	0009 CANTEX HEALTH CARE CENTERS III	15,562.50
06/29	Outgoing Wire	0004 CANTEX HEALTH CARE CENTERS III	391,243.83

Daily Ending Balance

06/01	21,732.36	06/13	100.00	06/22	334,911.44
06/02	108,539.72	06/15	6,377.80	06/23	388,587.22
06/07	100.00	06/16	15,662.50	06/26	391,343.83
06/08	2,349.77	06/20	281,322.52	06/29	27,985.58
06/09	52,563.59				

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CUSTOMER

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STATEMENT PERIOD

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Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
94,544.09	23	488,045.51	6	562,082.17	20,507.43

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
06/01		31,039.77	06/09		31,444.29	06/22		15,234.70
06/02		19,121.48	06/16		15,187.05			

Checks (Debits)

Date	Check #	Amount
06/23	12	28,696.50

Electronic Activity

Credits

06/05	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	3,024.99
06/08	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	5,137.77
06/13	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51515296	57,393.00
06/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061013501921	2,214.39
06/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061015100638	1,313.46
06/15	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061312100724	5,721.64
06/15	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	1,227.01
06/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	239,746.56
06/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	17,180.04
06/22	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	7,278.22
06/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323	12,541.79
06/26	Electronic Deposit	Molina HC of TX Molina HC PN1669860425	2,831.92
06/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062317801430	10,665.27
06/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062315800723	2,189.10
06/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062712100454	2,138.50
06/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113008	1,461.04
06/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062812904593	3,223.82
06/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062814603000	729.70

Debits

06/01	Outgoing Wire	0208 CANTEX HEALTH CARE CENTERS III	91,063.55
06/07	Outgoing Wire	0025 CANTEX HEALTH CARE CENTERS III	53,541.79
06/13	Outgoing Wire	0132 CANTEX HEALTH CARE CENTERS III	39,607.05
06/22	Outgoing Wire	0008 CANTEX HEALTH CARE CENTERS III	54,360.05
06/29	Outgoing Wire	0003 CANTEX HEALTH CARE CENTERS III	294,813.23

Daily Ending Balance

06/01	34,520.31	06/09	39,707.05	06/22	308,236.02
06/02	53,641.79	06/13	61,020.85	06/23	292,081.31
06/05	56,666.78	06/15	67,969.50	06/26	294,913.23
06/07	3,124.99	06/16	83,156.55	06/27	307,767.60
06/08	8,262.76	06/20	322,903.11	06/29	16,553.91

IBC

BANK

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

CUSTOMER

8/NE/131/019/1884
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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06/01/2017 to 06/30/2017
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number - 2

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
54,409.34	26	499,910.67	6	507,036.61	47,283.40

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
06/01		25,232.97	06/09		9,799.14	06/22		6,454.93
06/02		24,009.67	06/16		1,667.98			

Checks (Debits)

Date	Check #	Amount
06/23	13	134,378.00

Electronic Activity

Credits

06/05	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	94.98
06/06	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	20.90
06/08	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	5,332.59
06/09	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	1,268.61
06/12	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	7,912.43
06/12	Electronic Deposit	CENTENE CORP HCCLAIMPMT	956.88
06/13	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51515294	268,756.00
06/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061013501922	7,851.94
06/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	51,065.96
06/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	13,122.23
06/22	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	7,756.12
06/22	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	2,649.84
06/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	15,082.94
06/26	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	3,691.16
06/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663	15,781.32
06/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062317801431	11,028.33
06/27	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	1,941.44
06/28	Electronic Deposit	CENTENE CORP HCCLAIMPMT	787.97
06/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113006	9,946.15
06/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062812904594	6,434.78
06/30	Electronic Deposit	Molina HC of TX Molina HC PN1730577503	1,263.41

Debits

06/01	Outgoing Wire	0211 CANTEX HEALTH CARE CENTERS III	38,728.05
06/07	Outgoing Wire	0027 CANTEX HEALTH CARE CENTERS III	64,823.93
06/13	Outgoing Wire	0135 CANTEX HEALTH CARE CENTERS III	16,516.22
06/22	Outgoing Wire	0010 CANTEX HEALTH CARE CENTERS III	152,767.23
06/29	Outgoing Wire	0005 CANTEX HEALTH CARE CENTERS III	99,823.18

Daily Ending Balance

06/01	40,914.26	06/05	65,018.91	06/07	215.88
06/02	64,923.93	06/06	65,039.81	06/08	5,548.47

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

CUSTOMER

8/NE/131/019/1885
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT 6

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06/01/2017 to 06/30/2017
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06/09	16,616.22	06/20	338,311.19	06/27	128,674.27
06/12	25,485.53	06/22	215,527.08	06/28	129,462.24
06/13	285,577.25	06/23	96,232.02	06/29	29,639.06
06/16	287,245.23	06/26	99,923.18	06/30	47,283.40

Notice to Customers: A CTR Reference Guide

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

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IBC

BANK

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

CUSTOMER

8/NE/131/019/1878
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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06/01/2017 to 06/30/2017
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
415,318.62	36	801,184.45	6	1,180,108.09	36,394.98

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
06/01		52,534.40	06/09		73,088.67	06/22		8,063.69
06/02		36,041.10	06/16		22,790.11			

Checks (Debits)

Date	Check #	Amount
06/23	12	77,705.00

Electronic Activity

Credits

06/01	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	4,606.00
06/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	3,744.65
06/02	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17053112201707	4,938.50
06/02	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	3,419.86
06/06	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	8,470.53
06/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17060215101796	4,737.04
06/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17060318500026	609.46
06/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17060217500018	284.42
06/09	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	1,253.17
06/13	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51515295	155,410.00
06/13	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	4,441.50
06/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061013501902	1,457.26
06/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061013501926	821.58
06/15	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061312400834	5,275.62
06/15	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061312100728	4,293.15
06/19	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17061513301607	2,686.60
06/19	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	847.05
06/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	289,440.55
06/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	20,936.57
06/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	51,791.89
06/26	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	1,960.89
06/26	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	945.21
06/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062417100750	6,895.15
06/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062317801434	3,364.00
06/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062317801405	2,421.90
06/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310	908.94
06/29	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	16,943.44
06/29	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062712100458	1,645.00
06/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113007	2,187.92
06/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062812904596	1,121.33
06/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17062812904576	807.30

IBC

BANK

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

CUSTOMER

8/NE/131/019/1879
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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06/01/2017 to 06/30/2017
STATEMENT PERIOD

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

	Debits		
06/01	Outgoing Wire	0207 CANTEX HEALTH CARE CENTERS LLC	402,681.98
06/07	Outgoing Wire	0024 CANTEX HEALTH CARE CENTERS LLC	117,821.15
06/13	Outgoing Wire	0130 CANTEX HEALTH CARE CENTERS LLC	88,443.29
06/22	Outgoing Wire	0007 CANTEX HEALTH CARE CENTERS LLC	120,317.87
06/29	Outgoing Wire	0002 CANTEX HEALTH CARE CENTERS LLC	373,138.80

Daily Ending Balance

06/01	73,521.69	06/15	171,799.11	06/23	370,332.70
06/02	117,921.15	06/16	194,589.22	06/26	373,238.80
06/06	132,022.60	06/19	198,122.87	06/27	386,828.79
06/07	14,201.45	06/20	487,563.42	06/29	32,278.43
06/09	88,543.29	06/22	396,245.81	06/30	36,394.98
06/13	162,230.34				

Notice to Customers: A CTR Reference Guide

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IBC

BANK

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311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2322

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

STATEMENT

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06/01/2017 to 06/30/2017
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
5,182.66	2	53,041.64	1	46,620.38	11,603.92

Deposits (Credits)

Date	Deposit#	Amount	Date	Deposit#	Amount
06/19		52,311.64	06/27		730.00

Checks (Debits)

Date	Check #	Amount
06/30	10419	46,620.38

Daily Ending Balance

06/19	57,494.30	06/27	58,224.30	06/30	11,603.92

Notice to Customers: A CTR Reference Guide

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IBC

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

CUSTOMER
8/NE/131/019/1841
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

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06/01/2017 to 06/30/2017
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
100.00	0	0.00	1	5.00	95.00

Electronic Activity

06/30	Debits Service Fee	Inactive Account Fee	5.00

Daily Ending Balance

06/30	95.00

Notice to Customers: A CTR Reference Guide

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IBC

BANK

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311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1804
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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06/01/2017 to 06/30/2017
STATEMENT PERIOD

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

Regular Checking — Account Recap — Account Number -

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
816,593.67	0	0.00	0	0.00	816,593.67

Notice to Customers: A CTR Reference Guide

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IBC

BANK

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311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/1909
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH GOLDEN CREEK HEALTHCARE & REHAB
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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06/01/2017 to 06/30/2017
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
95.00	1	5.00	0	0.00	100.00

Deposits (Credits)

Date	Deposit#	Amount
06/22		5.00

Daily Ending Balance

06/22	100.00

Notice to Customers: A CTR Reference Guide

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

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