MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----- December 21, 2017

PAYABLES AND PAYROLL			
10/30/2017	Payroll	241,086.33	
10/30/2017	Payroll by Check	2,292.52	
10/30/2017	Payroll by Check-Deductions Not Taken	(39.03)	
10/30/2017	Payroll Liabilities	86,480.24	
11/2/2017	Weekly Payables	412,748.57	
11/6/2017	McKesson Drugs	2,096.95	
11/9/2017	Weekly Payables	232,588.29	
11/14/2017	McKesson Drugs	3,538.14	
11/14/2017	Payroll	252,484.35	
11/14/2017	Payroll by Check	2,460.29	
11/14/2017	Payroll Liabilities	92,202.28	
11/15/2017	TDCRS	110,513.04	
11/20/2017	Weekly Payables	307,363.35	
11/20/2017	Weekly Payables	10,671.39	
11/20/2017	Weekly Payables	1,035.00	
11/20/2017	Credit Card Invoice	2,511.21	
11/20/2017	Weekly Payables	589.16	
11/20/2017	Weekly Payables (Indigent Care)	347.26	
11/20/2017	McKesson Drugs	2,896.18	
11/21/2017	Weekly Payables	141,512.32	
11/24/2017	Returned Check 506	30.00	
11/27/2017	Payroll	248,667.73	
11/27/2017	Payroll by Check	2,507.57	
11/28/2017	Weekly Payables	672.32	
11/28/2017	McKesson Drugs	2,707.48	
11/30/2017	Weekly Payables	276,286.90	
11/30/2017	Patient Refunds	306.46	
11/30/2017	Payroll Liabilities	90,198.76	
11/30/2017	Monthly Electronic Transfers for Payroll Expenses(not incl above)	427.62	
11/30/2017	Monthly Electronic Transfers for Operating Expenses	6,850.93	
	Total Payables and Payroll		**$ 2,534,033.61**
INTER-GOVERNMENT TRANSFERS			
11/1/2017	Inter-Government Transfers - 2018 2nd DSH Adv Pmt	67,291.78	
11/13/2017	IGT March 2018 Uniform Hospital Rate Increase Program	92,435.00	
	Total Inter-Government Transfers		**$ 159,726.78**
INTRA-ACCOUNT TRANSFERS			
	Total Intra-Account Transfers		**$ -**
SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS			**$ 2,693,760.39**
INDIGENT HEALTHCARE FUND EXPENSES			**$ 17,611.20**
NURSING HOME UPL EXPENSES FOR November 2017			**$ 3,549,755.02**
IGT November 2017 MPAP NH Program			**$ 1,008,279.00**
MMC Construction			**$ -**
GRAND TOTAL DISBURSEMENTS APPROVED December 21, 2017			**$ 7,269,405.61**

APPROVED
DEC 21 2017
CALHOUN COUNTY
COMMISSIONERS COURT

From IBC Bank to Prosperity Bank

Date	Check#	Name	Amount
11/14/2017	172380	MMC Operating	542,190.86
11/20/2017	172381	MMC Operating	$496,186.58
11/30/2017	172383	MMC Operating	150,196.05

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- December 21, 2017

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic		718.12
Clinical Pathology Labs		191.97
Michelle M. Cummins MD		649.43
ESS of Port Lavaca LLC		367.04
HEB Pharmacy (Medimpact) Pharmacy Reimbursement		678.32
MMCenter (In-patient $2,564.96 / Out-patient $7,988.99 / ER $1,766.59)		12,320.54
Memorial Medical Clinic		2,719.24
Port Lavaca Clinic		703.79
Regional Employee Assistance		673.24
Singleton Associates, PA		406.02
Victoria Anesthesiology Assoc		193.85
Victoria Kidney & Dialysis		112.89
SUBTOTAL		**19,734.45**
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)		**4,166.67**
	Subtotal	23,901.12
Co-pays adjustments for November 2017		**(370.00)**
Reimbursement from Medicaid		**(5,919.92)**
TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES		**17,611.20**

800 12212017 01	CALHOUN COUNTY, TEXAS

DATE: 12/21/2017

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			$17,611.20
	approved by Commissioners Court on 12/21/2017			
1000-001-46010	November Interest ($7.92)			($7.92)
				$17,603.28

COUNTY AUDITOR APPROVAL ONLY

APPROVED ON DEC 15 2017 BY CALHOUN COUNTY AUDITOR

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

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

BY: Michael D Pyle 12/21/17

DEPARTMENT HEAD DATE

MEMORIAL MEDICAL CENTER - IBC

COMMISSIONERS COURT APPROVAL LIST FOR ---- December 21, 2017

Nursing Home UPL

Weekly Cantex Transfer

IN	OUT		ACH Deposits	ACH Transfers
10/23/17 - 10/31/17	11/1/17 - 11/8/17	Ashford-4553	140,359.02	140,359.02
11/2/17- 11/3/17	11/8/2017	Ashford-4553	15,232.13	15,232.13
11/6/17 - 11/30/17	11/28/2017	Ashford-4553	129,934.58	73,970.27
11/21/17 - 11/30/17		Ashford-4553	55,964.31	
10/24/17 - 10/31/17	11/1/17 - 11/8/17	Broadmoor-4596	135,620.67	135,620.67
11/3/2017	11/8/2017	Broadmoor-4596	23,354.77	23,354.77
11/7/17 - 11/20/17	11/28/2017	Broadmoor-4596	4,417.92	4,417.92
11/21/2017 - 11/30/17		Broadmoor-4596	8,877.35	
		Broadmoor-4596		
10/23/17 - 10/31/17	11/1/17 - 11/8/17	Crescent-4588	51,646.89	51,646.89
11/2/2017	11/8/2017	Crescent-4588	2,339.65	2,339.65
11/7/17 - 11/20/17	11/28/2017	Crescent-4588	37,963.64	37,963.64
11/21/17 - 11/29/17		Crescent-4588	36,886.41	
		Crescent-4588		
10/16/17 - 10/31/17	11/1/17 - 11/8/17	Fort Bend-4618	54,816.40	54,816.40
11/2/2017	11/8/2017	Fort Bend-4618	1,456.70	1,456.70
11/6/17 - 11/20/17	11/28/2017	Fort Bend-4618	41,947.37	41,947.37
11/21/17 - 11/30/17		Fort Bend-4618	40,440.48	
10/23/17 - 10/31/17	11/1/17 - 11/8/17	Solera-4561	49,452.98	49,452.98
11/2/17 - 11/3/17	11/8/2017	Solera-4561	57,979.36	57,979.36
11/6/17 - 11/20/17	11/28/2017	Solera-4561	43,076.37	43,076.37
11/21/17 - 11/30/17		Solera-4561	35,422.51	
		Solera-4561		
	SUBTOTAL		535,293.55	733,634.14

MMC to NH Transfer

Total

		ACH Transfers
IGT October 2017 MPAP NHP		-
SUBTOTAL	**$ -**	**$ -**

TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS	**733,634.14**

MEMORIAL MEDICAL CENTER - Prosperity Bank

COMMISSIONERS COURT APPROVAL LIST FOR ---- December 21, 2017

IN	OUT		Nursing Home UPL Weekly Cantex Transfer	ACH Deposits	ACH Transfers
				100.00	
10/27/17 - 10/31/17		11/9/2017	Ashford - 4381	84,584.15	84,584.15
8/31/17-9/30/17	earnings		Ashford-4381	74.14	
10/31/2017	earnings		Ashford-4381	18.01	
11/30/2017	earnings		Ashford-4381	55.54	
11/2/2017		11/9/2017	Ashford-4381	109,000.35	109,135.35
11/9/17 - 11/17/17		11/22/2017	Ashford-4553	95,944.91	95,944.91
11/2/17 - 11/30/17			Ashford-4553	362,231.07	
				100.00	
10/31/2017	earnings			7.96	
8/31/17 - 9/30/17	earnings		Broadmoor-4403	217.15	
11/30/2017	earnings		Broadmoor-4403	81.15	
11/1/17 - 11/2/17		11/9/2017	Broadmoor-4403	58,324.62	58,324.62
11/9/17 - 11/17/17		11/22/2017	Broadmoor-4403	84,617.72	84,617.72
11/21/17 - 11/30/17			Broadmoor-4403	324,955.30	
				100.00	
9/26/17 - 9/30/17		10/3/2017	Crescent-4411	16,004.36	16,004.36
8/31/17 - 9/30/17	earnings		Crescent-4411	16.38	
10/31/2017	earnings		Crescent-4411	18.98	
11/30/2017	earnings		Crescent-4411	117.48	
11/2/2017		11/9/2017	Crescent-4411	21,544.90	21,701.54
11/6/17 - 11/17/17		11/29/2017	Crescent-4411	477,769.43	477,769.43
11/21/17 - 11/30/17			Crescent-4588	245,374.32	
				100.00	
10/27/17 - 10/31/17		11/9/2017	Fort Bend-4446	34,693.46	34,693.46
8/31/17 - 9/3017	earnings		Fort Bend-4446	49.33	
10/31/2017	earnings		Fort Bend-4446	7.78	
11/30/2017	earnings		Fort Bend-4446	41.59	
11/1/17 - 11/2/17		11/9/2017	Fort Bend-4446	66,028.41	40,541.33
11/7/17 - 11/17/17		11/22/2017	Fort Bend-4618	227,954.01	227,954.01
11/21/17 - 11/30/17			Fort Bend-4618	136,622.43	
				100.00	
10/23/17 - 10/31/17	11/3/17 - 11/9/17		Solera-4438	544,988.62	544,988.62
8/31/17 - 9/30/17	earnings		Solera-4438	20.19	
10/31/2017	earnings		Solera-4438	49.67	
11/30/2017	earnings		Solera-4438	209.52	
11/1/17 - 11/2/17		11/9/2017	Solera-4438	30,893.30	16,337.02
11/10/17 - 11/17/17		11/29/2017	Solera-4561	812,611.96	812,611.96
11/20/17 - 11/30/17				447,853.46	
				100.00	
8/31/17 - 9/30/17	earnings			61.22	
10/31/2017	earnings		Golden Creek - 4454	4.03	
11/30/2017	earnings		Golden Creek - 4454	35.67	
11/2/2017		11/9/2017	Golden Creek - 4454	49,581.99	49,581.99
11/2/17 - 11/22/17		11/29/2017	Golden Creek - 4454	160,447.50	118,010.41
11/30/2017				45,043.38	
	SUBTOTAL			4,393,598.12	2,790,085.28
	Transfer of Funds to		Ashford Gardens		492.31
			Broadmoor at Creekside Park		6,974.80
			Solera West Houston		18,568.49
	Total				2,816,120.88
					ACH Transfers
			IGT November 2017 MPAP NHP		1,008,279.00
	SUBTOTAL				**$ 1,008,279.00**
	TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS				**3,824,399.88**

©IHS
Issued 12/11/17

Source Totals Report

Calhoun Indigent Health Care
Batch Dates 12/01/2017 through 12/01/2017
For Source Group Indigent Health Care
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	20,018.72	2,926.74
01-2	Physician Services- Anesthesia	702.00	193.85
02	Prescription Drugs	678.32	678.32
05	Lab/x-ray	704.25	195.62
08	Rural Health Clinics	4,272.57	3,419.38
13	Mmc - Inpatient Hospital	4,932.62	2,564.96
14	Mmc - Hospital Outpatient	24,406.68	7,988.99
15	Mmc - Er Bills	5,520.56	1,766.59
	Expenditures	61,379.06	19,877.79
	Reimb/Adjustments	-143.34	-143.34
	Grand Total	**61,235.72**	**19,734.45**

Medicaid Reimb	<-5,919.92>
Copays	<-370.00>
Expenses	4,166.66
Totals	17,611.18

20

APPROVED
ON

NOV 13 2017

BY
CALHOUN COUNTY AUDITOR

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P A Y E E: Calhoun County Indigent Account

Date Requested: 12/8/2017

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

AMOUNT: $370.00

G/L NUMBER: 50240000

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

November 2017

REQUESTED BY: Adam Machicek

AUTHORIZED BY: Adam Machicek

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	11/14/17	476453	CA	[redacted]	10.00	10.00			00/00/00	VTT		2
50240.000	11/21/17	477102	VI		10.00	10.00			00/00/00	VTT		2
TOTAL 50240.000 COUNTY INDIGENT COPAYS						370.00						
[redacted]												
50510.000	11/13/17	476374	CA	CAFE	233.22	233.22			00/00/00	CAS		2
50510.000	11/13/17	476375	AE	CAFE	10.57	10.57			00/00/00	CAS		2
50510.000	11/13/17	476376	VI	CAFE	86.85	86.85			00/00/00	CAS		2
50510.000	11/13/17	476377	MC	CAFE	16.23	16.23			00/00/00	CAS		2
50510.000	11/01/17	475526	VI	CAFE	70.07	70.07			00/00/00	PLB		1
50510.000	11/01/17	475527	MC	CAFE	14.85	14.85			00/00/00	PLB		1
50510.000	11/01/17	475528	AE	CAFE	2.24	2.24			00/00/00	PLB		1
50510.000	11/01/17	475529	CA	CAFE	107.73	107.73			00/00/00	PLB		1
50510.000	11/02/17	475675	VI	CAFE	81.52	81.52			00/00/00	PLB		2
50510.000	11/02/17	475676	MC	CAFE	44.71	44.71			00/00/00	PLB		2
50510.000	11/02/17	475677	AE	CAFE	7.60	7.60			00/00/00	PLB		2
50510.000	11/02/17	475678	CA	CAFE	248.64	248.64			00/00/00	PLB		2
50510.000	11/03/17	475788	CA	CAFE	309.12	309.12			00/00/00	PLB		2
50510.000	11/06/17	475954	VI	CAFE	48.07	48.07			00/00/00	PLB		2
50510.000	11/06/17	475955	MC	CAFE	19.15	19.15			00/00/00	PLB		2
50510.000	11/06/17	475956	CA	CAFE	169.33	169.33			00/00/00	PLB		2
50510.000	11/06/17	476008	VI	CAFE	18.11	18.11			00/00/00	PLB		2
50510.000	11/06/17	476009	CA	CAFE	85.89	85.89			00/00/00	PLB		2
50510.000	11/06/17	476012	VI	CAFE	28.85	28.85			00/00/00	PLB		2
50510.000	11/06/17	476013	MC	CAFE	6.83	6.83			00/00/00	PLB		2
50510.000	11/06/17	476014	CA	CAFE	98.16	98.16			00/00/00	PLB		2
50510.000	11/07/17	476079	VI	CAFE	128.88	128.88			00/00/00	PLB		2
50510.000	11/07/17	476080	MC	CAFE	14.08	14.08			00/00/00	PLB		2
50510.000	11/07/17	476081	AE	CAFE	10.57	10.57			00/00/00	PLB		2
50510.000	11/07/17	476082	CA	CAFE	187.23	187.23			00/00/00	PLB		2
50510.000	11/07/17	476112	MC	CAFE	14.08-	14.08-			00/00/00	PLB		2
50510.000	11/07/17	476113	CA	CAFE	187.23-	187.23-			00/00/00	PLB		2
50510.000	11/07/17	476114	VI	CAFE	14.05	14.05			00/00/00	PLB		2
50510.000	11/07/17	476115	CA	CAFE	187.26	187.26			00/00/00	PLB		2
50510.000	11/07/17	476116	VI	CAFE	14.05-	14.05-			00/00/00	PLB		2
50510.000	11/07/17	476117	MC	CAFE	14.05	14.05			00/00/00	PLB		2
50510.000	11/08/17	476182	VI	CAFE	98.52	98.52			00/00/00	PLB		2
50510.000	11/08/17	476183	MC	CAFE	28.36	28.36			00/00/00	PLB		2
50510.000	11/08/17	476184	CA	CAFE	295.89	295.89			00/00/00	PLB		2
50510.000	11/09/17	476240	VI	CAFE	93.06	93.06			00/00/00	PLB		2
50510.000	11/09/17	476241	MC	CAFE	18.17	18.17			00/00/00	PLB		2
50510.000	11/09/17	476242	AE	CAFE	1.03	1.03			00/00/00	PLB		2
50510.000	11/09/17	476243	CA	CAFE	168.70	168.70			00/00/00	PLB		2
50510.000	11/10/17	476301	VI	CAFE	127.26	127.26			00/00/00	PLB		2
50510.000	11/10/17	476302	MC	CAFE	16.74	16.74			00/00/00	PLB		2
50510.000	11/10/17	476303	AE	CAFE	5.03	5.03			00/00/00	PLB		2

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	11/06/17	475866	CA	[redacted]	10.00	10.00			00/00/00	ARK		2
50240.000	11/06/17	475901	CA		10.00	10.00			00/00/00	ARK		2
50240.000	11/08/17	476136	CA		10.00	10.00			00/00/00	ARK		2
50240.000	11/17/17	476791	CA		10.00	10.00			00/00/00	ARK		2
50240.000	11/22/17	477186	CA		10.00	10.00			00/00/00	ARK		2
50240.000	11/24/17	477248	CA		10.00	10.00			00/00/00	ARK		2
50240.000	11/24/17	477253	CA		10.00	10.00			00/00/00	ARK		2
50240.000	11/24/17	477265	CA		10.00	10.00			00/00/00	ARK		2
50240.000	11/28/17	477592	CA		10.00	10.00			00/00/00	ARK		2
50240.000	11/09/17	476228	CA		10.00	10.00			00/00/00	CAS		2
50240.000	11/13/17	476341	CA		10.00	10.00			00/00/00	CAS		2
50240.000	11/13/17	476342	CK		10.00	10.00			00/00/00	CAS		2
50240.000	11/13/17	476371	CA		10.00	10.00			00/00/00	CAS		2
50240.000	11/13/17	476372	CA		10.00-	10.00-			00/00/00	CAS		2
50240.000	11/13/17	476378	CA		10.00	10.00			00/00/00	CAS		2
50240.000	11/24/17	477283	CA		10.00	10.00			00/00/00	CAS		2
50240.000	11/29/17	477718	CA		10.00	10.00			00/00/00	CAS		2
50240.000	11/01/17	475499	CA		10.00	10.00			00/00/00	PLB		1
50240.000	11/01/17	475552	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/03/17	475718	MC		10.00	10.00			00/00/00	PLB		2
50240.000	11/06/17	475867	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/06/17	475878	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/06/17	475908	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	11/06/17	475911	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/06/17	475950	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/06/17	475962	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/07/17	476030	MC		10.00	10.00			00/00/00	PLB		2
50240.000	11/08/17	476155	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/10/17	476297	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/13/17	476416	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/14/17	476443	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/14/17	476487	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/14/17	476492	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	11/17/17	476714	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/17/17	476803	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/20/17	476838	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/20/17	476858	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/20/17	476862	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	11/23/17	477252	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/23/17	477262	CA		10.00-	10.00-			00/00/00	PLB		2
50240.000	11/24/17	477263	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/29/17	477692	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/30/17	477749	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/30/17	477755	CA		10.00	10.00			00/00/00	PLB		2
50240.000	11/13/17	476413	CA		10.00	10.00			00/00/00	SP		2

MEMORIAL MEDICAL CENTER

So Much...So Close!

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

Date: 11/28/2017
Invoice # 10
For: November

Bill To:
Calhoun County

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

Total $ 4,166.67

Jason Anglin
CEO

Calhoun County Indigent Care Patient Caseload 2017

	Approved	Denied	Removed	Active	Pending
January	11	1	4	67	4
February	5	3	9	63	0
March	6	2	5	64	2
April	6	16	8	62	0
May	5	8	3	64	0
June	10	3	6	68	0
July	13	5	4	77	1
August	3	4	4	76	3
September	6	5	2	80	2
October	1	4	2	79	3
November	5	4	17	67	4
December					
YTD					
Monthly Avg	6	5	6	70	2
December 2016 Active		60			

APPROVED
ON
NOV 02 2017
16:07
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 11/10/2017

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11576	ACCOUNTING JOHNGSELF + PARTNER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
003468	PURCHASED SERVICES	10/31/20	10/25/20	11/09/20		18,800.00	0.00	0.00	18,800.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11576	ACCOUNTING JOHNGSELF + PARTNER	18,800.00	0.00	0.00	18,800.00

Vendor#	Vendor Name	Class	Pay Code
11564	ACOSTA ELECTRIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5093	ELECTRICAL WORK	10/26/20	09/12/20	11/04/20		2,290.64	0.00	0.00	2,290.64

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11564	ACOSTA ELECTRIC	2,290.64	0.00	0.00	2,290.64

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
40941	SUPPLIES	11/01/20	09/06/20	10/06/20		717.18	0.00	0.00	717.18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1748	AMERICAN CATHETER CORPORATION	717.18	0.00	0.00	717.18

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4299356	PHARM EQUIPMENT RENTAL	10/31/20	10/12/20	11/01/20		6,145.37	0.00	0.00	6,145.37

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
56530154	SUPPLIES	10/04/20	10/10/20	11/09/20		343.53	0.00	0.00	343.53

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	343.53	0.00	0.00	343.53

Vendor#	Vendor Name	Class	Pay Code
B1266	BECKMAN COULTER CAPITAL	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
106622993	SUPPLIES	10/23/20	10/05/20	11/04/20		607.30	0.00	0.00	607.30
4316909	SUPPLIES	10/23/20	10/05/20	11/04/20		6,026.00	0.00	0.00	6,026.00
106628457	SUPPLIES	10/23/20	10/09/20	11/08/20		7,175.90	0.00	0.00	7,175.90
106627664	SUPPLIES	10/23/20	10/09/20	11/08/20		3,287.39	0.00	0.00	3,287.39
106630425	SUPPLIES	10/23/20	10/10/20	11/09/20		260.84	0.00	0.00	260.84

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	B1266	BECKMAN COULTER CAPITAL				17,357.43	0.00	0.00	17,357.43

Vendor#	Vendor Name			Class	Pay Code				
B1680	BOUND TREE MEDICAL, LLC ✓			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	82650137 ✓		10/04/20	10/09/20	10/31/20	223.02	0.00	0.00	223.02 ✓
		SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1680	BOUND TREE MEDICAL, LLC	223.02	0.00	0.00	223.02

Vendor#	Vendor Name			Class	Pay Code				
B0437	C R BARD INC ✓			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	77068190 ✓		10/04/20	10/09/20	11/08/20	344.62	0.00	0.00	344.62 ✓
		SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B0437	C R BARD INC	344.62	0.00	0.00	344.62

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
	000371		11/01/20	10/24/20	11/09/20	73.95	0.00	0.00	73.95 ✓
		FUEL							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1048	CALHOUN COUNTY	73.95	0.00	0.00	73.95

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
	HGK0053 ✓		10/31/20	03/20/20	04/19/20	186.91	0.00	0.00	186.91 ✓
		IT EQUIPMENT							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	186.91	0.00	0.00	186.91

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
	0092364560 ✓		10/04/20	10/09/20	11/08/20	896.39	0.00	0.00	896.39 ✓
		SUPPLIES							
	0092365572 ✓		10/04/20	10/10/20	11/09/20	196.32	0.00	0.00	196.32 ✓
		SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,092.71	0.00	0.00	1,092.71

Vendor#	Vendor Name			Class	Pay Code				
11372	CHUBB GROUP ON INSURANCE CO ✓								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	000360		10/31/20	08/31/20		44.00	0.00	0.00	44.00 ✓
		LEGAL SERVICES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11372	CHUBB GROUP ON INSURANCE CO	44.00	0.00	0.00	44.00

Vendor#	Vendor Name			Class	Pay Code				
C1730	CITY OF PORT LAVACA ✓			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	000369		10/31/20	10/02/20	11/06/20	55.09	0.00	0.00	55.09 ✓
		UTILITIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	C1730 CITY OF PORT LAVACA					55.09	0.00	0.00	55.09
Vendor#	Vendor Name				Class	Pay Code			
10212	CLINICAL PATHOLOGY LABS				ICP				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	2017090		10/12/20	09/30/20	11/05/20		8,134.63	0.00	0.00	8,134.63
		PURCH SERV LAB								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10212	CLINICAL PATHOLOGY LABS				8,134.63	0.00	0.00	8,134.63
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
	502210		10/04/20	10/19/20	10/31/20		178.50	0.00	0.00	178.50
		SUPPLIES								
	502226		10/04/20	10/19/20	10/31/20		89.25	0.00	0.00	89.25
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1970	CONMED CORPORATION				267.75	0.00	0.00	267.75
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
	RT00171043		10/31/20	09/22/20	11/01/20		7,682.67	0.00	0.00	7,682.67
		EQUIP 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				
10368	DEWITT POTH & SON									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	5160060		10/04/20	09/27/20	10/22/20		664.14	0.00	0.00	664.14
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON				664.14	0.00	0.00	664.14
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
	MMC103117		10/31/20	11/01/20	11/01/20		110,172.10	0.00	0.00	110,172.10
		PHYSICIAN SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10789	DISCOVERY MEDICAL NETWORK INC				110,172.10	0.00	0.00	110,172.10
Vendor#	Vendor Name				Class	Pay Code				
D1710	DOWNTOWN CLEANERS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000368		10/31/20	09/30/20	10/10/20		86.70	0.00	0.00	86.70
		LAUNDRY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		D1710	DOWNTOWN CLEANERS				86.70	0.00	0.00	86.70
Vendor#	Vendor Name				Class	Pay Code				
D1785	DYNATRONICS CORPORATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	974445		10/04/20	10/10/20	10/31/20		182.25	0.00	0.00	182.25
		SUPPLIES								
	975141		10/04/20	10/13/20	10/31/20		47.90	0.00	0.00	47.90

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1785	DYNATRONICS CORPORATION	230.15	0.00	0.00	230.15

Vendor#	Vendor Name	Class	Pay Code
11046	E-MDS, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
19327		11/01/20	09/12/20	10/12/20		39,733.70	0.00	0.00	39,733.70
19892		11/01/20	10/17/20	11/01/20		11,068.90	0.00	0.00	11,068.90

SOFTWARE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11046	E-MDS, INC	50,802.60	0.00	0.00	50,802.60

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
35656		10/31/20	10/31/20	11/10/20		40,062.50	0.00	0.00	40,062.50

ED PHYSICIANS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	40,062.50	0.00	0.00	40,062.50

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
446155		10/04/20	10/19/20	10/31/20		153.50	0.00	0.00	153.50

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10042	ERBE USA INC SURGICAL SYSTEMS	153.50	0.00	0.00	153.50

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
A1709071378		10/31/20	09/07/20	10/02/20		19,494.00	0.00	0.00	19,494.00
	SOFTWARE								
A1710041378		10/31/20	10/04/20	10/29/20		16,744.00	0.00	0.00	16,744.00
	SOFTWARE								
T1710091378		10/31/20	10/09/20	11/03/20		12,576.69	0.00	0.00	12,576.69
	CONSULTING SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	48,814.69	0.00	0.00	48,814.69

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
10A17MMC		10/31/20	10/01/20	10/16/20		495.00	0.00	0.00	495.00

WEBSITE

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
595919253		10/31/20	10/12/20	11/06/20		9.48	0.00	0.00	9.48

SHIPPING

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	9.48	0.00	0.00	9.48

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
5419394 ✓		10/04/20	10/05/20	10/30/20		41.87	0.00	0.00	41.87 ✓
5601145 ✓		10/04/20	10/09/20	11/03/20		89.49	0.00	0.00	89.49 ✓
	SUPPLIES								
5755844 ✓		10/04/20	10/11/20	11/05/20		64.90	0.00	0.00	64.90 ✓
	SUPPLIES								
5884732 ✓		10/04/20	10/13/20	11/07/20		656.82	0.00	0.00	656.82 ✓
	SUPPLIES								
5949253 ✓		10/04/20	10/16/20	11/10/20		355.28	0.00	0.00	355.28 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	1,208.36	0.00	0.00	1,208.36

Vendor# Vendor Name — Class — Pay Code

11183 FRONTIER ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000296		10/31/20	10/02/20	11/02/20	920.13	993.08	0.00	0.00	993.08 920.13
	INTERNET								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	920.13 993.08	0.00	0.00	993.08 920.13

Vendor# Vendor Name — Class — Pay Code

G1001 GETINGE USA ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6990499710 ✓		10/04/20	10/13/20	11/10/20		133.87	0.00	0.00	133.87 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1001	GETINGE USA	133.87	0.00	0.00	133.87

Vendor# Vendor Name — Class — Pay Code

C1470 GI SUPPLY ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
622033 ✓		10/04/20	10/16/20	10/31/20		322.00	0.00	0.00	322.00 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1470	GI SUPPLY	322.00	0.00	0.00	322.00

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
1364607 ✓		10/04/20	08/16/20	09/15/20		57.40	0.00	0.00	57.40 ✓
	SUPPLES								
1393157 ✓		10/04/20	10/10/20	11/09/20		335.39	0.00	0.00	335.39 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	392.79	0.00	0.00	392.79

Vendor# Vendor Name — Class — Pay Code

H1050 HAVEL'S INCORPORATED ✓ M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SI069558 ✓		10/31/20	10/10/20	10/31/20		165.95	0.00	0.00	165.95 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1050	HAVEL'S INCORPORATED	165.95	0.00	0.00	165.95

Vendor#	Vendor Name				Class	Pay Code				
10829	HEALTHSTREAM, INC.									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0040944		10/31/20	01/13/20	02/12/20		1,879.00	0.00	0.00	1,879.00
	0040949	PT SURVEYS	10/31/20	01/13/20	02/12/20		1,807.05	0.00	0.00	1,807.05
	0081461	ED PT SURVEYS	10/31/20	10/06/20	11/05/20		1,479.71	0.00	0.00	1,479.71
		SURVEY SYSTEM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10829	HEALTHSTREAM, INC.				5,165.76	0.00	0.00	5,165.76
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
	PGL0084		10/31/20	09/30/20	10/30/20		280.66	0.00	0.00	280.66
		SHRED SERVICE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11200	IRON MOUNTAIN				280.66	0.00	0.00	280.66
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
	918533835		10/31/20	09/25/20	10/25/20		220.22	0.00	0.00	220.22
		SUPPLIES								
	918591104		10/31/20	10/09/20	11/08/20		381.49	0.00	0.00	381.49
		SUPPLIES								
	918701881		10/31/20	10/11/20	11/10/20		41.17	0.00	0.00	41.17
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				642.88	0.00	0.00	642.88
Vendor#	Vendor Name				Class	Pay Code				
10720	LIFESOURCE EDUCATIONAL SRV LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	17048		10/31/20	08/17/20	08/22/20		600.00	0.00	0.00	600.00
		CONTINUING EDUCATION								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10720	LIFESOURCE EDUCATIONAL SRV LLC				600.00	0.00	0.00	600.00
Vendor#	Vendor Name				Class	Pay Code				
11568	MARK HAGEN									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000361		10/31/20	10/16/20	11/01/20		205.44	0.00	0.00	205.44
		INTERVIEW CANDIDATE TRAV								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11568	MARK HAGEN				205.44	0.00	0.00	205.44
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
	1835515186		10/30/20	09/26/20	10/21/20		31.51	0.00	0.00	31.51
	1836438026		10/30/20	10/10/20	11/04/20		28.96	0.00	0.00	28.96
	1836438023		10/30/20	10/10/20	11/04/20		40.35	0.00	0.00	40.35

1836608690	10/30/20	10/10/20	11/04/20	6.80	0.00	0.00	6.80
1836438024	10/30/20	10/10/20	11/04/20	6.80	0.00	0.00	6.80
1836438027	10/30/20	10/10/20	11/04/20	242.49	0.00	0.00	242.49
1836608692	10/30/20	10/12/20	11/06/20	11.45	0.00	0.00	11.45
1836608689	10/30/20	10/12/20	11/06/20	10.76	0.00	0.00	10.76
1836608693	10/30/20	10/12/20	11/06/20	362.51	0.00	0.00	362.51
1836608694	10/30/20	10/12/20	11/06/20	90.22	0.00	0.00	90.22
1836682533	10/30/20	10/13/20	11/07/20	28.28	0.00	0.00	28.28
1836682531	10/30/20	10/13/20	11/07/20	1,197.71	0.00	0.00	1,197.71
1836682536	10/30/20	10/13/20	11/07/20	26.80	0.00	0.00	26.80
1836682534	10/30/20	10/13/20	11/07/20	28.00	0.00	0.00	28.00
1836682535	10/30/20	10/13/20	11/07/20	60.85	0.00	0.00	60.85

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	2,173.49	0.00	0.00	2,173.49

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
000370	PAYROLL DEDUCTIONS	10/31/20	10/31/20	11/05/20			55.00	0.00	0.00	55.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10680	MMC EMPLOYEES ACTIVITES TEAM	55.00	0.00	0.00	55.00

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
1827968	INVENT PHARM	10/24/20	09/27/20	11/04/20			313.40	0.00	0.00	313.40
1876543	INVENT PHARM	10/24/20	10/09/20	11/04/20			291.18	0.00	0.00	291.18

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC	604.58	0.00	0.00	604.58

Vendor# 11472 Vendor Name: OCCUPRO LLC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8145	CONTINUING ED	10/23/20	10/11/20	11/05/20			412.50	0.00	0.00	412.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC	412.50	0.00	0.00	412.50

Vendor# 10204 Vendor Name: PHARMEDIUM SERVICES LLC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A2078621		10/23/20	10/12/20	11/06/20		399.54	0.00	0.00	399.54
	INVENT PHARM								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC				399.54	0.00	0.00	399.54

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
000372		10/31/20	10/17/20	11/01/20		2,127.07	0.00	0.00	2,127.07
	EMPLOYEE LIFE INS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10326	PRINCIPAL LIFE				2,127.07	0.00	0.00	2,127.07

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMCPLA20173		10/31/20	09/21/20	11/10/20		2,547.35	0.00	0.00	2,547.35
	CARPET REPLACEMENT								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	R1250	RANDY'S FLOOR COMPANY				2,547.35	0.00	0.00	2,547.35

Vendor#	Vendor Name	Class	Pay Code
11009	RECONDO		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV11931		10/31/20	09/01/20	09/26/20		4,050.00	0.00	0.00	4,050.00
	PFS BILLING SYSTEM								
INV12110		10/31/20	10/01/20	10/26/20		4,050.00	0.00	0.00	4,050.00
	PFS BILLING SYSTEM								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11009	RECONDO				8,100.00	0.00	0.00	8,100.00

Vendor#	Vendor Name	Class	Pay Code
I0520	RICOH USA, INC.	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
99324880		10/31/20	08/31/20	09/19/20		5,909.84	0.00	0.00	5,909.84
	COPIERS								
99482571		10/31/20	09/30/20	10/19/20		8,242.06	0.00	0.00	8,242.06
	COPIERS								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	I0520	RICOH USA, INC.				14,151.90	0.00	0.00	14,151.90

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
000366		10/31/20	10/26/20	11/05/20		442.75	0.00	0.00	442.75
	CONTRACT EMPLOYEE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D1080	RITA DAVIS				442.75	0.00	0.00	442.75

Vendor#	Vendor Name	Class	Pay Code
11560	ROMAN FIKAC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000365		10/30/20	10/25/20	11/01/20		5,567.60	0.00	0.00	5,567.60
	Yard work and Sprinkler System Repairs								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11560	ROMAN FIKAC				5,567.60	0.00	0.00	5,567.60

Vendor#	Vendor Name	Class	Pay Code

S1001 SANOFI PASTEUR INC ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
908853230A ✓		10/18/20	09/20/20	11/01/20		4,185.74	0.00	0.00	4,185.74 ✓
909050381 ✓	INVENT PHARM	10/23/20	09/28/20	10/28/20		3,746.99	0.00	0.00	3,746.99 ✓
	INVENT PHARM								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC	7,932.73	0.00	0.00	7,932.73

Vendor# Vendor Name — Class — Pay Code

S2345 SOUTHEAST TEXAS HEALTH SYS ✓ W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
25951 ✓		10/31/20	10/01/20	10/31/20		5,000.00	0.00	0.00	5,000.00 ✓
	MEMBERSHIP DUES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2345	SOUTHEAST TEXAS HEALTH SYS	5,000.00	0.00	0.00	5,000.00

Vendor# Vendor Name — Class — Pay Code

V0540 SYLVIA VARGAS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000367		10/31/20	10/20/20	11/01/20	33.60	35.60	0.00	0.00	35.60 33.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V0540	SYLVIA VARGAS	33.60 35.60	0.00	0.00	35.60 33.60

Vendor# Vendor Name — Class — Pay Code

11572 TACORE MEDICAL, INC. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1049 ✓		10/31/20	10/25/20	11/01/20		1,000.00	0.00	0.00	1,000.00 ✓
	PHYSICIAN SEARCH								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11572	TACORE MEDICAL, INC.	1,000.00	0.00	0.00	1,000.00

Vendor# Vendor Name — Class — Pay Code

11006 THE HARTFORD ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000297		10/31/20	10/02/20	11/02/20		2,390.00	0.00	0.00	2,390.00 ✓
	INSURANCE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11006	THE HARTFORD	2,390.00	0.00	0.00	2,390.00

Vendor# Vendor Name — Class — Pay Code

11169 TXU ENERGY ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
052002748951 ✓		10/31/20	10/24/20	11/10/20		31,868.44	0.00	0.00	31,868.44 ✓
	ELECTRICITY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11169	TXU ENERGY	31,868.44	0.00	0.00	31,868.44

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
8150781001 ✓		10/23/20	10/10/20	11/04/20		17.00	0.00	0.00	17.00 ✓
	LAUNDRY								
8150781081 ✓		10/23/20	10/10/20	11/04/20		18.21	0.00	0.00	18.21 ✓
	LAUNDRY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	U1054 UNIFIRST HOLDINGS				35.21	0.00	0.00	35.21

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
8400258545 ✓	LAUNDRY HSKPNG	10/12/20	10/10/20	11/04/20			131.07	0.00	0.00	131.07 ✓
8400258546 ✓	LAUNDRY	10/23/20	10/10/20	11/04/20			88.45	0.00	0.00	88.45 ✓
8400258547 ✓	LAUNDRY	10/23/20	10/10/20	11/04/20			47.15	0.00	0.00	47.15 ✓
8400258544 ✓	LAUNDRY	10/23/20	10/10/20	11/04/20			90.99	0.00	0.00	90.99 ✓
8400258595 ✓	LAUNDRY	10/23/20	10/10/20	11/04/20			924.59	0.00	0.00	924.59 ✓
8400258641 ✓	LAUNDRY	10/23/20	10/10/20	11/04/20			76.04	0.00	0.00	76.04 ✓
8400258548 ✓	LAUNDRY	10/23/20	10/10/20	11/04/20			56.78	0.00	0.00	56.78 ✓
8400258926 ✓	LAUNDRY	10/23/20	10/13/20	11/07/20			696.82	0.00	0.00	696.82 ✓
8400258891 ✓	LAUNDRY	10/23/20	10/13/20	11/07/20			148.95	0.00	0.00	148.95 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	2,260.84	0.00	0.00	2,260.84

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
0000778941377 ✓		10/31/20	09/16/20	10/16/20			357.77	0.00	0.00	357.77 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	357.77	0.00	0.00	357.77

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	412,823.52	0.00	0.00	412,823.52

pg 5 correction { <993.08> +920.13

pg 9 correction { <35.60> +33.60

412,823.52+
993.08-
920.13+
35.60-
33.60+
412,748.57*

$412,748.57

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

NOV 02 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 173345 +o #173402

11560

COPY

RECEIPT ☑

ESTIMATE ☐

Roman Fikac

DBA: JUST ASK

Property Enhancement

POSTED

Roman Fikac: 361.894.1544
Matt Boyle: 361.218.2244

Date: 10/25/17

☐ Cash
☐ Credit Card
☐ Billable

000365

517 Ivanhoe

407 Versailles Dr.
Victoria, Tx 77904

Customer: Memorial Medical Center
815 North Virgina St.
Port Lavaca TX 77979

Qty	Description	Unit Price	Amount
	Contract Labor: T/Haul-off Excess gravel		
	T/ Install bend-A-board edging, move cover rock & haul/ level top soil in proposed seeding areas, Trucking Cost		$ 4820.60
	Materials/Sod Layment, Bend-A-board edging & Steaks,		$ 382.60
	Materials: Sprinkler System Parts		$ 135.00
	Labor: Sprinkler System Repair work		$ 225.50
		Subtotal	$ 5567.60
		Tax	
		Total	$ 5567.60
		Amount Pd	$ 5567.60 OK

APPROVED ON
NOV 02 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Chuck Semaan Sylvia Vargas
Customer Signature 10-25-17

BANK--CHECK# CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	173[illegible]	11/02/17	18,800.00	ACCOUNTING JOHNGSELF + PARTNER
A/P	173[illegible]	11/02/17	2,290.64	ACOSTA ELECTRIC
A/P	173[illegible]	11/02/17	717.18	AMERICAN CATHETER CORPORATION
A/P	173[illegible]	11/02/17	6,145.37	BANK OF THE WEST
A/P	173[illegible]	11/02/17	343.53	BAXTER HEALTHCARE CORP
A/P	173[illegible]	11/02/17	17,357.43	BECKMAN COULTER CAPITAL
A/P	173[illegible]	11/02/17	223.02	BOUND TREE MEDICAL, LLC
A/P	173[illegible]	11/02/17	344.62	C R BARD INC
A/P	173[illegible]	11/02/17	73.95	CALHOUN COUNTY
A/P	173[illegible]	11/02/17	186.91	CDW GOVERNMENT, INC.
A/P	173[illegible]	11/02/17	1,092.71	CENTURION MEDICAL PRODUCTS
A/P	173[illegible]	11/02/17	44.00	CHUBB GROUP ON INSURANCE CO
A/P	173[illegible]	11/02/17	55.09	CITY OF PORT LAVACA
A/P	173[illegible]	11/02/17	8,134.63	CLINICAL PATHOLOGY LABS
A/P	173[illegible]	11/02/17	267.75	CONMED CORPORATION
A/P	173[illegible]	11/02/17	7,682.67	CSI LEASING INC
A/P	173[illegible]	11/02/17	664.14	DEWITT POTH & SON
A/P	173[illegible]	11/02/17	110,172.10	DISCOVERY MEDICAL NETWORK INC
A/P	173[illegible]	11/02/17	86.70	DOWNTOWN CLEANERS
A/P	173[illegible]	11/02/17	230.15	DYNATRONICS CORPORATION
A/P	173[illegible]	11/02/17	60,302.60	E-MDS, INC
A/P	173[illegible]	11/02/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	173[illegible]	11/02/17	153.50	ERBE USA INC SURGICAL SYSTEMS
A/P	173[illegible]	11/02/17	48,814.69	EVIDENT
A/P	173[illegible]	11/02/17	495.00	FASTHEALTH CORPORATION
A/P	17[illegible]	11/02/17	9.48	FEDERAL EXPRESS CORP.
A/P	17[illegible]	11/02/17	1,298.36	FISHER HEALTHCARE
A/P	173[illegible]	11/02/17	920.13	FRONTIER
A/P	173[illegible]	11/02/17	133.87	GETINGE USA
A/P	173[illegible]	11/02/17	322.00	GI SUPPLY
A/P	173[illegible]	11/02/17	392.79	GULF COAST PAPER COMPANY
A/P	173[illegible]	11/02/17	165.95	HAVEL'S INCORPORATED
A/P	173[illegible]	11/02/17	5,165.76	HEALTHSTREAM, INC.
A/P	173[illegible]	11/02/17	280.66	IRON MOUNTAIN
A/P	173[illegible]	11/02/17	642.88	J & J HEALTH CARE SYSTEMS, INC
A/P	173[illegible]	11/02/17	600.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	173[illegible]	11/02/17	205.44	MARK HAGEN
A/P	173[illegible]	11/02/17	.00	VOIDED
A/P	173[illegible]	11/02/17	2,173.49	MEDLINE INDUSTRIES INC
A/P	173[illegible]	11/02/17	55.00	MMC EMPLOYEES ACTIVITES TEAM
A/P	173[illegible]	11/02/17	604.58	MORRIS & DICKSON CO, LLC
A/P	173[illegible]	11/02/17	412.50	OCCUPRO LLC
A/P	173[illegible]	11/02/17	199.54	PHARMEDIUM SERVICES LLC
A/P	173[illegible]	11/02/17	3,127.07	PRINCIPAL LIFE
A/P	173[illegible]	11/02/17	2,547.35	RANDY'S FLOOR COMPANY
A/P	173[illegible]	11/02/17	8,100.00	RECONDO
A/P	173[illegible]	11/02/17	14,151.90	RICOH USA, INC.
A/P	173[illegible]	11/02/17	442.75	RITA DAVIS
A/P	173[illegible]	11/02/17	5,567.60	ROMAN FIKAC
A/P	173[illegible]	11/02/17	7,932.73	SANOFI PASTEUR INC

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	173[illegible]	11/02/17	5,000.00	SOUTHEAST TEXAS HEALTH SYS
A/P	173[illegible]	11/02/17	33.60	SYLVIA VARGAS
A/P	173[illegible]	11/02/17	1,000.00	TACORE MEDICAL, INC.
A/P	173[illegible]	11/02/17	2,390.00	THE HARTFORD
A/P	173[illegible]	11/02/17	31,868.44	TXU ENERGY
A/P	173[illegible]	11/02/17	35.21	UNIFIRST HOLDINGS
A/P	173[illegible]	11/02/17	2,260.84	UNIFIRST HOLDINGS INC
A/P	173[illegible]	11/02/17	357.77	UPS
TOTALS:			412,748.57	

APPROVED
ON

NOV 02 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: 11/03/2017
DC: 8115
Territory:
Customer: 632536
Date: 11/04/2017

Page: 002

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

As of: 11/03/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 11/04/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,149.52 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 11/07/2017,
Pay This Amount: 2,096.95 USD

If Paid After 11/07/2017,
Pay this Amount: 2,149.52 USD

Due If Paid On Time:
USD 2,096.95
Disc lost if paid late:
52.57
Due If Paid Late:
USD 2,149.52

ck# 953

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

425·68+
680·98+
990·29+
2,096·95*

APPROVED
ON
NOV 06 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#000953

340B Prescription Expenses

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: 11/03/2017 Page: 001

DC: 8115

Territory: 400

Customer: 262252
Date: 11/04/2017

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

As of: 11/03/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 11/04/2017 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									
10/30/2017	11/07/2017	7837569636	1001107157	115Invoice	0.44	21.98	21.54 ✓	7837569636	
10/30/2017	11/07/2017	7837569637	1001107769	115Invoice	0.35	17.62	17.27 ✓	7837569637	
10/30/2017	11/07/2017	7837569638	1001108193	115Invoice	2.09	104.58	102.49 ✓	7837569638	
10/30/2017	11/07/2017	7837569639	1001108193	115Invoice	0.02	1.24	1.22 ✓	7837569639	
10/31/2017	11/07/2017	7837793314	1001108583	115Invoice	0.63	31.41	30.78 ✓	7837793314	
11/01/2017	11/07/2017	7838013410	1001109199	115Invoice	0.13	6.68	6.55 ✓	7838013410	
11/01/2017	11/07/2017	7838013411	1001109199	115Invoice	0.05	2.65	2.60 ✓	7838013411	
11/02/2017	11/07/2017	7838222966	1001109987	115Invoice	1.27	63.44	62.17 ✓	7838222966	
11/02/2017	11/07/2017	7838222967	1001109987	115Invoice	0.66	32.83	32.17 ✓	7838222967	
11/03/2017	11/07/2017	7838505361	1001110576	115Invoice	3.08	154.05	150.97 ✓	7838505361	
11/03/2017	11/07/2017	7838572317	MFC PR CORR CR	Pricing Cor		36.41-	36.41- ✓	7838572317	
11/03/2017	11/07/2017	7838572318	MFC PR CORR CR	Pricing Cor		36.41-	36.41- ✓	7838572318	
11/03/2017	11/07/2017	7838572319	MFC PR CORR IN	Pricing Cor	0.72	36.09	35.37 ✓	7838572319	
11/03/2017	11/07/2017	7838572320	MFC PR CORR IN	Pricing Cor	0.72	36.09	35.37 ✓	7838572320	

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: 435.84 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,609.58
10/30/2017

If Paid By 11/07/2017,
Pay This Amount: 425.68 ✓USD

If Paid After 11/07/2017,
Pay this Amount: 435.84 USD

Due If Paid On Time:
USD 425.68

Disc lost if paid late:
10.16

Due If Paid Late:
USD 435.84

APPROVED
ON

NOV 06 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: 11/03/2017 Page: 001

DC: 8115

Territory: 400

Customer: 190813
Date: 11/04/2017

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

As of: 11/03/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 11/04/2017 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											
10/30/2017	11/07/2017	7837566192	1001107155	115Invoice	0.24	12.07		11.83		7837566192	
10/30/2017	11/07/2017	7837566193	1001107767	115Invoice	2.49	124.58		122.09		7837566193	
10/30/2017	11/07/2017	7837566195	1001107767	115Invoice		0.24		0.24		7837566195	
10/30/2017	11/07/2017	7837566197	1001108191	115Invoice	2.48	124.07		121.59		7837566197	
10/31/2017	11/07/2017	7837766427	1001108581	115Invoice	0.97	48.63		47.66		7837766427	
11/01/2017	11/07/2017	7838015885	1001109197	115Invoice	0.15	7.64		7.49		7838015885	
11/02/2017	11/07/2017	7838225049	1001109985	115Invoice	3.70	184.86		181.16		7838225049	
11/03/2017	11/07/2017	7838504759	1001110574	115Invoice	3.94	197.02		193.08		7838504759	
11/03/2017	11/07/2017	7838570022	MFC PR CORR CR	Pricing Cor		72.72-		72.72-		7838570022	
11/03/2017	11/07/2017	7838570023	MFC PR CORR CR	Pricing Cor		66.89-		66.89-		7838570023	
11/03/2017	11/07/2017	7838570024	MFC PR CORR CR	Pricing Cor		66.89-		66.89-		7838570024	
11/03/2017	11/07/2017	7838570025	MFC PR CORR IN	Pricing Cor	1.44	72.08		70.64		7838570025	
11/03/2017	11/07/2017	7838570026	MFC PR CORR IN	Pricing Cor	1.34	67.19		65.85		7838570026	
11/03/2017	11/07/2017	7838570027	MFC PR CORR IN	Pricing Cor	1.34	67.19		65.85		7838570027	

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: 699.07 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,609.58
10/30/2017

If Paid By 11/07/2017,
Pay This Amount: 680.98 USD

If Paid After 11/07/2017,
Pay this Amount: 699.07 USD

Due If Paid On Time:
USD 680.98

Disc lost if paid late:
18.09

Due If Paid Late:
USD 699.07

APPROVED
ON
NOV 06 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 11/03/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 11/04/2017

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

As of: 11/03/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342 PLEASE CHECK ANY
Date: 11/04/2017 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											
10/30/2017	11/07/2017	7837546655	1106100	115Invoice	0.01	0.32		0.31		7837546655	
10/30/2017	11/07/2017	7837546656	2007400912	115Invoice	6.40	319.86		313.46		7837546656	
10/30/2017	11/07/2017	7837546657	1029170107-00	115Invoice	0.01	0.32		0.31		7837546657	
10/31/2017	11/07/2017	7837780177	2007400915	115Invoice	8.49	424.67		416.18		7837780177	
10/31/2017	11/07/2017	7837780178	1030170212-00	115Invoice	2.48	124.02		121.54		7837780178	
11/01/2017	11/07/2017	7838028567	2007400918	115Invoice	0.01	0.41		0.40		7838028567	
11/01/2017	11/07/2017	7838028568	1029170204-00	115Invoice	0.04	1.90		1.86		7838028568	
11/02/2017	11/07/2017	7838233162	WMAutoship110120	115Invoice	0.01	0.51		0.50		7838233162	
11/02/2017	11/07/2017	7838233163	2007400921	115Invoice		0.16		0.16		7838233163	
11/02/2017	11/07/2017	7838233164	1101170243-00	115Invoice	0.42	20.79		20.37		7838233164	
11/03/2017	11/07/2017	7838490753	2007400924	115Invoice	0.18	8.78		8.60		7838490753	
11/03/2017	11/07/2017	7838490754	1102170311-00	115Invoice	2.24	111.96		109.72		7838490754	
11/03/2017	11/07/2017	7838578615	MFC PR CORR CR	Pricing Cor		200.67-		200.67-		7838578615	
11/03/2017	11/07/2017	7838578616	MFC PR CORR IN	Pricing Cor	4.03	201.58		197.55		7838578616	

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: 1,014.61 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 4,609.58
10/30/2017

If Paid By 11/07/2017,
Pay This Amount: 990.29 USD

If Paid After 11/07/2017,
Pay this Amount: 1,014.61 USD

Due If Paid On Time:
USD 990.29

Disc lost if paid late:
24.32

Due If Paid Late:
USD 1,014.61

APPROVED
ON

NOV 06 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ø

RUN DATE:11/06/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:33 CHECK REGISTER GLCKREG
11/06/17 THRU 11/06/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	000953	11/06/17	2,096.95	MCKESSON
TOTALS:			2,096.95	

APPROVED
ON

NOV 06 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/07/2017 MEMORIAL MEDICAL CENTER 0
15:52 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11492	MMC OPERATING PROSPERITY ACC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000386		11/07/20	11/06/20	11/07/20			542,190.86	0.00	0.00	542,190.86
	TRANSFER FUNDS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11492	MMC OPERATING PROSPERITY ACC	542,190.86	0.00	0.00	542,190.86

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	542,190.86	0.00	0.00	542,190.86

APPROVED
ON

NOV 0 7 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK # 172380

Michael J. Pfeifer
Calhoun County Judge
Date: 11-4-17

Ø

RUN.DATE:11/07/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:19 CHECK REGISTER GLCKREG
11/07/17 THRU 11/07/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172379	11/07/17	542,190.86	MMC OPERATING PROSPERITY ACC
TOTALS:			542,190.86	

APPROVED
ON
NOV 07 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/6/2017

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Interest Earned	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	4381	99,783.66	77,180.40	222,175.43	92.15	-	53,807.04	-	-	244,778.69	190,779.50

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Account # 4257

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Interest Earned	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	4438	496,684.58	490,580.15	79,167.00	69.86	-	14,356.08	-	-	85,271.43	70,745.49
Crescent	4411	133,851.24	132,132.78	39,966.16	35.36	-	3,843.36	-	-	41,684.62	37,705.90
Broadmoor	4403	68,587.63	68,270.48	58,332.58	225.11	-	-	-	-	58,649.73	58,324.62
Fort Bend	4446	52,886.46	46,281.69	84,274.21	57.11	-	15,486.48	-	-	90,878.98	75,235.39
											242,011.40

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
NOV 07 2017
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

E:\NH Weekly Transfers\NH UPL Transfer Summary 11-6-17.xlsx

Prosperity Bank Activity
10/30/17 through 11/5/17

Ashford Gardens					Transfer-Out	Transfer-In
11/2/2017	4381	Deposit				128,200.94
10/30/2017	4381	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS		005 2		38,635.96
11/2/2017	4381	Deposit				31,377.92
10/31/2017	4381	ACH Deposit MOLINA HEALTHCAR MOLINAACH (	!235	0019		14,365.68
10/30/2017	4381	ACH Deposit NOVITAS SOLUTION HCCLAIMPM	5423	0156		7,949.52
10/31/2017	4381	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT	423	0170		1,203.87
11/2/2017	4381	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT	423	0165		423.53
10/31/2017	4381	Accr Earning Pymt Added to Account				18.01
10/31/2017	4381	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD			77,180.40	
					77,180.40	**222,175.43**

Broadmoor					Transfer-Out	Transfer-In
11/2/2017	4403	Deposit				57,822.94
11/1/2017	4403	ACH Deposit NOVITAS SOLUTION HCCLAIMPM	5357	0159		501.68
10/31/2017	4403	Accr Earning Pymt Added to Account				7.96
10/31/2017	4403	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III			68,270.48	
					68,270.48	**58,332.58**

Crescent					Transfer-Out	Transfer-In
11/2/2017	4411	Deposit				19,752.22
10/30/2017	4411	ACH Deposit NOVITAS SOLUTION HCCLAIMPM	5323	0156		13,376.16
11/2/2017	4411	ACH Deposit NOVITAS SOLUTION HCCLAIMPM	323	0165		3,551.40
11/2/2017	4411	Deposit				2,241.28
10/31/2017	4411	ACH Deposit MOLINA HEALTHCAR MOLINAACH (	!246	0019		1,026.12
10/31/2017	4411	Accr Earning Pymt Added to Account				18.98
10/31/2017	4411	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III			132,132.78	
					132,132.78	**39,966.16**

Fort Bend					Transfer-Out	Transfer-In
11/2/2017	4446	Deposit				40,601.95
10/30/2017	4446	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT	5663	0156		24,103.36
11/2/2017	4446	Deposit				9,031.04
11/1/2017	4446	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT	5663	0159		6,395.42
10/31/2017	4446	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00	5324	0019		4,134.66
10/31/2017	4446	Accr Earning Pymt Added to Account				7.78
10/31/2017	4446	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III			46,281.69	
					46,281.69	**84,274.21**

Solera at We ton					Transfer-Out	Transfer-In
10/31/2017	4438	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT	5310	0170		29,508.43
11/2/2017	4438	Deposit				17,752.83
10/30/2017	4438	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT	5310	0156		15,082.94
11/2/2017	4438	Deposit				8,371.84
11/1/2017	4438	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT	5310	0159		4,568.43
10/31/2017	4438	ACH Deposit MOLINA HEALTHCAR MOLINAACH	2257	0019		3,832.86
10/31/2017	4438	Accr Earning Pymt Added to Account				49.67
11/3/2017	4438	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III			490,580.15	
					490,580.15	**79,167.00**

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆	$704,839.33	$620,125.42
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆	$100.12	$100.12
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆	$817,520.24	$817,520.24
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$244,778.69	$244,778.69
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$58,649.73	$58,649.73
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$42,184.55	$41,684.62
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$85,271.43	$85,271.43
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$90,878.98	$90,878.98
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$73,114.80	$73,114.80
CAL CO INDIGENT HEALTHCARE *4551 ☆	$9,055.97	$9,055.97
TOTAL	$2,126,393.84	$2,041,180.00

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/6/2017

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Interest Earned	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Nexion Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek	4454	112,721.58	112,560.36	72,953.58	65.25	-	23,367.56	-	-	73,114.80	49,581.99

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Fargo Bank, N.A.
ABA 0248
Account: 0323

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: 12-4-17

APPROVED
NOV 07 201
COUNTY AUDITOR

Nexion Prosperity Bank Activity
10/30/17 through 11/5/17

Golden Creek			Transfer-Out	Transfer-In
11/2/2017	2655	Deposit		49,581.99
11/2/2017	2655	Deposit		23,367.56
10/31/2017	2655	Accr Earning Pymt Added to Account		4.03
10/31/2017	2655	CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	112,560.36	
			112,560.36	**72,953.58**

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
11/6/2017

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	96,336.79	96,236.79	59,354.36	-	-	-	-	59,454.36	59,354.36

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	34,922.73	34,822.73	72,609.61	-	-	-	-	72,709.61	72,609.61
Crescent	4588	32,127.56	32,027.56	21,958.98	-	-	-	-	22,058.98	21,958.98
Broadmoor	4596	110,178.33	110,078.33	48,897.11	-	-	-	-	48,997.11	48,897.11
Fort Bend	4618	47,735.43	47,635.43	8,637.67	-	-	-	-	8,737.67	8,637.67
										152,103.37

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

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: 12-4-17

APPROVED
NOV 07 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 11-6-17.xlsx

IBC Bank Activity
10/30/17 through 11/5/17

						Transfer-Out	Transfer-In	
Ashford Gardens								
10/30/2017	113105025	4553	142	ACH CREDIT RECEIVED			16,912.50	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN* \
10/31/2017	113105025	4553	142	ACH CREDIT RECEIVED			5,672.88	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN* \
10/31/2017	113105025	4553	142	ACH CREDIT RECEIVED			13,846.37	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*
10/31/2017	113105025	4553	142	ACH CREDIT RECEIVED			7,690.48	AMERIGROUP CORPO HCCLAIMPMT|Ashford Gardens|TRN*
11/1/2017	113105025	4553	495	OUTGOING MONEY TRANSFER		96,236.79		ASHFORD HEALTH CARE CENTER LTD
11/2/2017	113105025	4553	142	ACH CREDIT RECEIVED			8,025.97	Molina HC of TX HCCLAIMPMT|ASHFORD GARDENS|TRN*1*
11/3/2017	113105025	4553	142	ACH CREDIT RECEIVED			7,206.16	HHP HCCLAIMPMT|Ashford Gardens|DISDATA-OPTIONAL|TR \
						96,236.79	59,354.36	
Solera at West Houston						**Transfer-Out**	**Transfer-In**	
10/30/2017	113105025	4561	142	ACH CREDIT RECEIVED			1,776.55	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4896281*1201494502\
10/30/2017	113105025	4561	142	ACH CREDIT RECEIVED			7,158.24	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017102617001082*1752603231\
10/31/2017	113105025	4561	142	ACH CREDIT RECEIVED			594.17	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017102711501840*1752603231\
10/31/2017	113105025	4561	142	ACH CREDIT RECEIVED			1,453.95	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017102718200157*1752603231\
10/31/2017	113105025	4561	142	ACH CREDIT RECEIVED			3,647.34	AMERIGROUP CORPO HCCLAIMPMT|Solera at West Houston|TRN*1*017102812204327*1752603231\
11/1/2017	113105025	4561	495	OUTGOING MONEY TRANSFER		34,822.73		CANTEX HEALTH CARE CENTERS LLC
11/2/2017	113105025	4561	142	ACH CREDIT RECEIVED			876.03	Molina HC of TX HCCLAIMPMT|SOLERA AT WEST HOUSTON|TRN*1*EFT4907753*1201494502\
11/3/2017	113105025	4561	142	ACH CREDIT RECEIVED			31,236.08	HHP HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001270016039432*1611013183\
11/3/2017	113105025	4561	142	ACH CREDIT RECEIVED			25,867.25	HUMANA INS CO HCCLAIMPMT|Solera at West Houston|DISDATA-OPTIONAL|TRN*1*001290034550144*1391263473\
						34,822.73	72,609.61	
Crescent						**Transfer-Out**	**Transfer-In**	
10/30/2017	113105025	4588	142	ACH CREDIT RECEIVED			5,164.75	HUMANA INS CO EFPAYMENT|The Crescent|DISDATA-OPTIONAL|TRN*1*001290034466559*1391263473\
10/31/2017	113105025	4588	142	ACH CREDIT RECEIVED			10,518.23	HUMANA INS CO HCCLAIMPMT|The Crescent|DISDATA-OPTIONAL|TRN*1*001290034487003*1391263473\
10/31/2017	113105025	4588	142	ACH CREDIT RECEIVED			3,060.71	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017102711501835*1752603231\
10/31/2017	113105025	4588	142	ACH CREDIT RECEIVED			875.64	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017102812204322*1752603231\
11/1/2017	113105025	4588	495	OUTGOING MONEY TRANSFER		32,027.56		CANTEX HEALTH CARE CENTERS III
11/2/2017	113105025	4588	142	ACH CREDIT RECEIVED			2,339.65	AMERIGROUP CORPO HCCLAIMPMT|The Crescent|TRN*1*017103112201969*1752603231\
						32,027.56	21,958.98	
Broadmoor						**Transfer-Out**	**Transfer-In**	
10/30/2017	113105025	4596	142	ACH CREDIT RECEIVED			17,763.51	NOVITAS SOLUTION HCCLAIMPMT|MEMORIAL MEDICAL CENTE|04011|TRN*1*EFT4595388*1205296137*000004011\
10/31/2017	113105025	4596	142	ACH CREDIT RECEIVED			902.95	HUMANA INS CO HCCLAIMPMT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001290034487002*1391263473\
10/31/2017	113105025	4596	142	ACH CREDIT RECEIVED			6,875.88	HHP TEXAS HCCLAIMPMT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*003690012074735*1610994632\
11/1/2017	113105025	4596	495	OUTGOING MONEY TRANSFER		110,078.33		CANTEX HEALTH CARE CENTERS III
11/3/2017	113105025	4596	142	ACH CREDIT RECEIVED			23,354.77	HUMANA INS CO HCCLAIMPMT|The Broadmoor at Creek|DISDATA-OPTIONAL|TRN*1*001290034550143*1391263473\
						110,078.33	48,897.11	
Fort Bend						**Transfer-Out**	**Transfer-In**	
10/31/2017	113105025	4618	142	ACH CREDIT RECEIVED			637.92	CENTENE CORP HCCLAIMPMT|FORT BEND HEALTHCARE C|TRN*1*0903206523*1742770542\
10/31/2017	113105025	4618	142	ACH CREDIT RECEIVED			5,251.39	AMERIGROUP CORPO HCCLAIMPMT|Fort Bend Healthcare C|TRN*1*017102711501836*1752603231\
10/31/2017	113105025	4618	142	ACH CREDIT RECEIVED			1,291.66	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4898670*1201494502\
11/1/2017	113105025	4618	495	OUTGOING MONEY TRANSFER		47,635.43		CANTEX HEALTH CARE CENTERS III
11/2/2017	113105025	4618	142	ACH CREDIT RECEIVED			1,456.70	Molina HC of TX HCCLAIMPMT|FORT BEND CONTINUING C|TRN*1*EFT4907662*1201494502\
						47,635.43	8,637.67	

Account Portfolio as of 11/06/2017 8:33:20 AM

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

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	4553	$59,454.36	$59,860.88
Memorial Medical Center	4561	$72,709.61	$77,383.57
Memorial Medical Center	4588	$22,058.98	$22,058.98
Memorial Medical Center	4596	$48,997.11	$48,997.11
Memorial Medical Center	4618	$8,737.67	$9,370.53
Memorial Medical Center Operat	0301	$568,852.24	$621,706.48
County of Calhoun Indigent	1101	$190.01	$190.01
Totals		**$780,999.98**	**$839,567.56**

APPROVED ON
NOV 09 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/09/2017 MEMORIAL MEDICAL CENTER 0
09:44 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/17/2017

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
	116510		10/31/20	10/10/20	11/10/20		-45.37	0.00	0.00	-45.37
	116509		10/31/20	10/10/20	11/10/20		90.87	0.00	0.00	90.87
		SUPPLIES								
	116517		10/31/20	10/11/20	11/11/20		29.98	0.00	0.00	29.98
		SUPPLIES								
	116682		10/31/20	10/16/20	11/16/20		25.47	0.00	0.00	25.47
		SUPPLIES								
	116694		10/31/20	10/17/20	11/17/20		13.98	0.00	0.00	13.98
		SUPPLEIS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11283	ACE HARDWARE 15521				114.93	0.00	0.00	114.93
Vendor#	Vendor Name				Class	Pay Code				
11062	AIRESPRING INC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000387		11/08/20	10/16/20	11/16/20		1,794.76	0.00	0.00	1,794.76
		PHONE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11062	AIRESPRING INC				1,794.76	0.00	0.00	1,794.76
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
	9652233988		10/04/20	10/17/20	11/16/20		1,547.70	0.00	0.00	1,547.70
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1690	ALCON LABORATORIES, INC.				1,547.70	0.00	0.00	1,547.70
Vendor#	Vendor Name				Class	Pay Code				
A1705	ALIMED INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	RPSV02629199		11/07/20	09/29/20	10/29/20		86.50	0.00	0.00	86.50
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1705	ALIMED INC.				86.50	0.00	0.00	86.50
Vendor#	Vendor Name				Class	Pay Code				
B1075	BAXTER HEALTHCARE CORP				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	56629565		10/04/20	10/18/20	11/17/20		126.26	0.00	0.00	126.26
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP				126.26	0.00	0.00	126.26
Vendor#	Vendor Name				Class	Pay Code				
B1210	BECKMAN COULTER, INC.				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	106623853		10/31/20	10/06/20	11/06/20		810.50	0.00	0.00	810.50
		SUPPLIES								

106623780		10/31/20	10/06/20	11/06/20	420.75	0.00	0.00	420.75
SUPPLIES								
106625570		10/31/20	10/08/20	11/08/20	130.44	0.00	0.00	130.44
SUPPLIES								
106625654		10/31/20	10/08/20	11/08/20	374.02	0.00	0.00	374.02
SUPPLIES								
106641993		10/31/20	10/16/20	11/16/20	248.94	0.00	0.00	248.94
SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1210	BECKMAN COULTER, INC.	1,984.65	0.00	0.00	1,984.65

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
707819		10/31/20	10/06/20	11/06/20			470.04	0.00	0.00	470.04
SUPPLIES										
707823		10/31/20	10/14/20	11/14/20			697.99	0.00	0.00	697.99
SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11211	BHB MACHINE & PUMP REPAIR, LLC	1,168.03	0.00	0.00	1,168.03

Vendor# 11072 Vendor Name: BIO-RAD LABORATORIES, INC — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
902390923		10/31/20	10/04/20	11/04/20			2,967.21	0.00	0.00	2,967.21
SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11072	BIO-RAD LABORATORIES, INC	2,967.21	0.00	0.00	2,967.21

Vendor# B1650 Vendor Name: BOSART LOCK & KEY INC — Class: M — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
111760A		10/23/20	10/13/20	11/12/20			18.00	0.00	0.00	18.00
REPAIRS										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1650	BOSART LOCK & KEY INC	18.00	0.00	0.00	18.00

Vendor# 11224 Vendor Name: CABLES AND SENSORS — Class: — Pay Code: —

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
39046		10/31/20	08/21/20	09/21/20			281.00	0.00	0.00	281.00
SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11224	CABLES AND SENSORS	281.00	0.00	0.00	281.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8001460822		10/31/20	10/04/20	11/03/20			244.73	0.00	0.00	244.73
SUPPLIES										

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	244.73	0.00	0.00	244.73

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9108087007		10/31/20	10/16/20	11/15/20			69.75	0.00	0.00	69.75
SUPPLIES										

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10650	CAREFUSION 2200, INC				69.75	0.00	0.00	69.75

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
KLZ2519	SUPPLIES	10/31/20	10/12/20	11/11/20			221.27	0.00	0.00	221.27
KNJ3656	SUPPLIES	10/31/20	10/18/20	11/17/20			2,694.83	0.00	0.00	2,694.83

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1992	CDW GOVERNMENT, INC.	2,916.10	0.00	0.00	2,916.10

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
0092368424	SUPPLIES	10/04/20	10/13/20	11/12/20			87.00	0.00	0.00	87.00
0092369358		10/04/20	10/16/20	11/15/20			544.60	0.00	0.00	544.60
0092371346	SUPPLIES	10/04/20	10/18/20	11/17/20			748.20	0.00	0.00	748.20
0092361784		11/08/20	10/04/20	11/03/20			528.50	0.00	0.00	528.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10350	CENTURION MEDICAL PRODUCTS	1,908.30	0.00	0.00	1,908.30

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
000006	PURCH SERV	11/01/20	11/01/20	11/10/20			240.00	0.00	0.00	240.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10105	CHRIS KOVAREK	240.00	0.00	0.00	240.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000376	UTILITIES	10/31/20	10/20/20	11/06/20			352.23	0.00	0.00	352.23

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1730	CITY OF PORT LAVACA	352.23	0.00	0.00	352.23

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
OE136771	SUPPLIES	10/31/20	06/02/20	07/12/20			165.00	0.00	0.00	165.00
WO208721	SUPPLIES	10/31/20	10/06/20	11/06/20			170.56	0.00	0.00	170.56
WO208711	SUPPLIES	10/31/20	10/06/20	11/06/20			58.83	0.00	0.00	58.83

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	394.39	0.00	0.00	394.39

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
499045		10/04/20	10/16/20	11/16/20		457.87	0.00	0.00	457.87
	SUPPLIES								
502096		10/04/20	10/19/20	11/11/20		178.50	0.00	0.00	178.50
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1970	CONMED CORPORATION	636.37	0.00	0.00	636.37

Vendor#	Vendor Name	Class	Pay Code
C2297	COVER ONE	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
13603		10/31/20	10/31/20	11/01/20		154.00	0.00	0.00	154.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2297	COVER ONE	154.00	0.00	0.00	154.00

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
228771		10/31/20	09/25/20	10/25/20		307.37	0.00	0.00	307.37
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10006	CUSTOM MEDICAL SPECIALTIES	307.37	0.00	0.00	307.37

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
664672		11/07/20	08/31/20			162.81	0.00	0.00	162.81
	INTERPRETATION SERVICES								
679412		11/07/20	09/30/20	10/30/20		161.19	0.00	0.00	161.19
	INTERPRETATION SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11368	CYRACOM LLC	324.00	0.00	0.00	324.00

Vendor#	Vendor Name	Class	Pay Code
11287	DELTA HEALTHCARE PROVIDERS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
174050058		10/31/20	10/08/20	11/08/20		2,896.40	0.00	0.00	2,896.40
	PURCH SERV								
174150198		10/31/20	10/15/20	11/15/20		3,227.42	0.00	0.00	3,227.42
	PURCH SERVICE								
17450062		10/31/20	10/15/20	11/15/20		2,896.40	0.00	0.00	2,896.40
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11287	DELTA HEALTHCARE PROVIDERS	9,020.22	0.00	0.00	9,020.22

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5184940		10/04/20	10/23/20	11/17/20		345.52	0.00	0.00	345.52
	SUPPLIES								
5170900		10/23/20	10/23/20	11/17/20		454.40	0.00	0.00	454.40
	SUPPLIES								
5169690		10/31/20	10/06/20	10/31/20		50.24	0.00	0.00	50.24
	SUPPLIES								
5169640		10/31/20	10/06/20	10/31/20		299.44	0.00	0.00	299.44
	SUPPLIES								

5171820		10/31/20	10/09/20	11/03/20	28.56	0.00	0.00	28.56
	SUPPLIES							
5170700		10/31/20	10/11/20	11/05/20	76.13	0.00	0.00	76.13
	SUPPLIES							
5173050		10/31/20	10/11/20	11/05/20	33.19	0.00	0.00	33.19
	SUPPLIES							
5177400		10/31/20	10/13/20	11/07/20	143.14	0.00	0.00	143.14
	SUPPLIES							
5178330		10/31/20	10/16/20	11/10/20	42.63	0.00	0.00	42.63
	SUPPLIES							
5178280		10/31/20	10/16/20	11/10/20	26.74	0.00	0.00	26.74
	SUPPLIES							
5178850		10/31/20	10/16/20	11/10/20	287.85	0.00	0.00	287.85
	SUPPLIES							
5178310		10/31/20	10/16/20	11/10/20	135.70	0.00	0.00	135.70
	SUPPLIES							
5179380		10/31/20	10/17/20	11/11/20	200.00	0.00	0.00	200.00
	SUPPLIES							
5182290		10/31/20	10/19/20	11/13/20	73.13	0.00	0.00	73.13
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON			2,196.67	0.00	0.00	2,196.67

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
35677		11/07/20	09/30/20	11/16/20			10,000.00	0.00	0.00	10,000.00
	EMERGENCY PHYSICIANS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11284	EMERGENCY STAFFING SOLUTIONS	10,000.00	0.00	0.00	10,000.00

Vendor#	Vendor Name	Class	Pay Code
F1050	FASTENAL COMPANY	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TXPOT180428		11/06/20	10/06/20	11/05/20			5.00	0.00	0.00	5.00
	FREIGHT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	5.00	0.00	0.00	5.00

Vendor#	Vendor Name	Class	Pay Code
10003	FILTER TECHNOLOGY CO, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
94731A		11/08/20	10/13/20	11/12/20			3,858.36	0.00	0.00	3,858.36
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10003	FILTER TECHNOLOGY CO, INC	3,858.36	0.00	0.00	3,858.36

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
6024488		10/04/20	10/17/20	11/11/20			755.06	0.00	0.00	755.06
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	755.06	0.00	0.00	755.06

Vendor#	Vendor Name	Class	Pay Code

10678 FIVE STAR STERILIZER SERVICES

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5167		11/03/20	07/12/20	08/06/20			1,523.15	0.00	0.00	1,523.15

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES	1,523.15	0.00	0.00	1,523.15

Vendor# 11149 Vendor Name: GARDNER & WHITE, INC. Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
48100600-9	LIFE INSURANCE EMPL	10/13/20	11/01/20	11/15/20			3,622.84	0.00	0.00	3,622.84

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE, INC.	3,622.84	0.00	0.00	3,622.84

Vendor# 10283 Vendor Name: GE HEALTHCARE Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
60008729A		10/31/20	10/01/20	10/26/20			3,236.62	0.00	0.00	3,236.62

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10283	GE HEALTHCARE	3,236.62	0.00	0.00	3,236.62

Vendor# 10901 Vendor Name: GENESIS DIAGNOSTICS Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
47723	SUPPLIES	10/10/20	10/23/20	11/11/20			102.96	0.00	0.00	102.96

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10901	GENESIS DIAGNOSTICS	102.96	0.00	0.00	102.96

Vendor# 10642 Vendor Name: GLAXOSMITHKLINE PHARMACUETICAL Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
34227942		10/12/20	09/25/20	11/11/20			5,449.86	0.00	0.00	5,449.86
34247741	INVENT PHARM	10/23/20	10/04/20	11/11/20			3,247.50	0.00	0.00	3,247.50

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL	8,697.36	0.00	0.00	8,697.36

Vendor# W1300 Vendor Name: GRAINGER Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9579465874		10/31/20	10/10/20	11/04/20			85.10	0.00	0.00	85.10

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1300	GRAINGER	85.10	0.00	0.00	85.10

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
1373424A	SUPPLIES	10/31/20	09/05/20	10/05/20			258.98	0.00	0.00	258.98
1393695	SUPPLIES	10/31/20	10/11/20	11/10/20			633.90	0.00	0.00	633.90
1396922	SUPPLIES	10/31/20	10/17/20	11/16/20			236.15	0.00	0.00	236.15

1381299	11/06/20 09/19/20 10/19/20		305.65	0.00	0.00	305.65		

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	1,434.68	0.00	0.00	1,434.68

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
6433620	SUPPLIES	10/31/20	10/16/20	11/10/20			224.60	0.00	0.00	224.60

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10334	HEALTH CARE LOGISTICS INC	224.60	0.00	0.00	224.60

Vendor# 11588 Vendor Name: HHSC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000388	LICENSING FEE	11/09/20	11/08/20	11/15/20			995.00	0.00	0.00	995.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11588	HHSC	995.00	0.00	0.00	995.00

Vendor# H1399 Vendor Name: HILL-ROM COMPANY, INC — Class: M — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
527611	SUPPLIES	10/31/20	10/05/20	11/04/20			154.70	0.00	0.00	154.70

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC	154.70	0.00	0.00	154.70

Vendor# 10298 Vendor Name: HITACHI MEDICAL SYSTEMS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
PJIN0108718	MAINT CONTRACT	10/31/20	10/15/20	11/15/20			8,333.33	0.00	0.00	8,333.33

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

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1901101015679	BATTERY	10/31/20	10/10/20	11/09/20			248.95	0.00	0.00	248.95

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10442	INTERSTATE ALL BATTERY CENTER	248.95	0.00	0.00	248.95

Vendor# J0150 Vendor Name: J & J HEALTH CARE SYSTEMS, INC — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
918612191		10/31/20	10/13/20	11/12/20			2,557.49	0.00	0.00	2,557.49

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC	2,557.49	0.00	0.00	2,557.49

Vendor# J1300 Vendor Name: JECKER FLOOR & GLASS — Class: W — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
75359A	FLOORING	10/31/20	06/23/20	07/03/20			2,530.90	0.00	0.00	2,530.90

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	J1300	JECKER FLOOR & GLASS				2,530.90	0.00	0.00	2,530.90

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
6010778	SUPPLIES	10/31/20	10/11/20	10/21/20			118.14	0.00	0.00	118.14

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	J1415	JOHNSTONE SUPPLY	118.14	0.00	0.00	118.14

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
108508166	AD	10/31/20	10/02/20	11/01/20			400.00	0.00	0.00	400.00

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
10578	LUMINANT ENERGY COMPANY LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
INV0544410	GAS	10/23/20	10/02/20	11/17/20			1,065.52	0.00	0.00	1,065.52

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC	1,065.52	0.00	0.00	1,065.52

Vendor#	Vendor Name	Class	Pay Code
10710	MAGNACOUSTICS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
34983	REPAIRS	10/31/20	10/17/20	11/17/20			725.00	0.00	0.00	725.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10710	MAGNACOUSTICS	725.00	0.00	0.00	725.00

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
IN00156194		10/31/20	10/10/20	11/10/20			146.88	0.00	0.00	146.88

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M1511	MARKETLAB, INC	146.88	0.00	0.00	146.88

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
13217360	SUPPLIES	10/31/20	10/23/20	11/15/20			2,731.87	0.00	0.00	2,731.87

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	2,731.87	0.00	0.00	2,731.87

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0665562	SUPPLIES	10/31/20	10/16/20	11/16/20			91.00	0.00	0.00	91.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11203	MEDI-DOSE, INC	91.00	0.00	0.00	91.00

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
	1835941155	SUPPLIES	10/23/20	10/23/20	11/17/20		48.02	0.00	0.00	48.02
	1836608691		10/30/20	10/12/20	11/12/20		383.16	0.00	0.00	383.16
	1836951499	Supplies	10/30/20	10/18/20	11/12/20		74.64	0.00	0.00	74.64
	1836951902	Supplies	10/30/20	10/18/20	11/12/20		2.48	0.00	0.00	2.48
	1834877918	Supplies	10/31/20	09/14/20	10/09/20		184.53	0.00	0.00	184.53
	1836116071	SUPPLIES	10/31/20	10/05/20	10/30/20		184.56	0.00	0.00	184.56
	1836810934	SUPPLIES	10/31/20	10/16/20	11/10/20		394.99	0.00	0.00	394.99
	1836897562	Supplies	10/31/20	10/17/20	11/11/20		196.77	0.00	0.00	196.77
	1836897565	SUPPLIES	10/31/20	10/17/20	11/11/20		993.98	0.00	0.00	993.98
	1836897568	SUPPLIES	10/31/20	10/17/20	11/11/20		31.52	0.00	0.00	31.52
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2470	MEDLINE INDUSTRIES INC				2,494.65	0.00	0.00	2,494.65
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
	57J9901	INSURANCE	11/02/20	10/01/20	11/01/20		258.52	0.00	0.00	258.52
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2650	METLIFE				258.52	0.00	0.00	258.52
Vendor#	Vendor Name				Class	Pay Code				
M2621	MMC AUXILIARY GIFT SHOP				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000376	PAYROLL DED GIFT SHOP	10/31/20	10/24/20	11/01/20		67.10	0.00	0.00	67.10
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2621	MMC AUXILIARY GIFT SHOP				67.10	0.00	0.00	67.10
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
	000382	EMPLOYEE INSURANCE	10/31/20	10/16/20	11/10/20		31,164.19	0.00	0.00	31,164.19
	000383	EMP INSURANCE	11/07/20	11/06/20	11/10/20		30,724.93	0.00	0.00	30,724.93
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				61,889.12	0.00	0.00	61,889.12
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
	1886474		10/31/20	10/11/20	10/12/20		43.46	0.00	0.00	43.46

1889374	INVENTORY PHARM	10/31/20	10/11/20	10/12/20	160.02	0.00	0.00	160.02
1889372	INVENTORY PHARM	10/31/20	10/11/20	10/12/20	1,797.51	0.00	0.00	1,797.51
1890236	INVENTORY PHARM	10/31/20	10/11/20	10/12/20	33.24	0.00	0.00	33.24
1889136	INVENTORY PHARM	10/31/20	10/11/20	10/12/20	13.36	0.00	0.00	13.36
1889373	INVETNORY PHARM	10/31/20	10/11/20	10/12/20	199.03	0.00	0.00	199.03
1886475	INVENTORY PHARM	10/31/20	10/11/20	10/12/20	471.14	0.00	0.00	471.14
1898875	INVENTORY PHARM	10/31/20	10/13/20	10/14/20	2,297.87	0.00	0.00	2,297.87
1898874	INVENTORY PHARM	10/31/20	10/13/20	10/14/20	3.18	0.00	0.00	3.18
1898605	INVENTORY PHARM	10/31/20	10/13/20	10/14/20	36.96	0.00	0.00	36.96
1898876	INVENTORY PHARM	10/31/20	10/13/20	10/14/20	288.70	0.00	0.00	288.70
1898606	INVENTORY PHARM	10/31/20	10/13/20	10/14/20	111.15	0.00	0.00	111.15
1912936	INVENTORY PHARM	10/31/20	10/17/20	10/18/20	177.47	0.00	0.00	177.47
1912937	INVENTORY PHARM	10/31/20	10/17/20	10/18/20	1,438.15	0.00	0.00	1,438.15
1918716	INVENTORY PHARM	10/31/20	10/17/20	10/18/20	481.43	0.00	0.00	481.43
1912935	INVENTORY PHARM	10/31/20	10/17/20	10/18/20	240.06	0.00	0.00	240.06
1911535	INVENTORY PHARM	10/31/20	10/17/20	10/18/20	359.14	0.00	0.00	359.14
1918717	INVENTORY PHARM	10/31/20	10/17/20	10/18/20	537.31	0.00	0.00	537.31
1917381	INVENTORY PHARM	10/31/20	10/18/20	10/19/20	256.76	0.00	0.00	256.76
1918474	INVENTORY PHARM	10/31/20	10/18/20	10/19/20	22.70	0.00	0.00	22.70
1918714	INVENTORY PHARM	10/31/20	10/18/20	10/19/20	464.83	0.00	0.00	464.83
1918713	INVENTORY PHARM	10/31/20	10/18/20	10/19/20	343.60	0.00	0.00	343.60
1917380	INVENTORY PHARM	10/31/20	10/18/20	10/19/20	2.60	0.00	0.00	2.60
1918712	INVENTORY PHARM	10/31/20	10/18/20	10/19/20	7.01	0.00	0.00	7.01
1918715	INVENTORY PHARM	10/31/20	10/18/20	10/19/20	53.68	0.00	0.00	53.68
1926494	INVENTORY PHARM	10/31/20	10/20/20	10/21/20	798.00	0.00	0.00	798.00
1928373	INVENT PHARM	10/31/20	10/20/20	10/21/20	23.88	0.00	0.00	23.88

1928672	INVENTORY PHARM	10/31/20	10/20/20	10/21/20	126.00	0.00	0.00	126.00
1948970	INVENT PHARM	10/31/20	10/25/20	10/26/20	23.88	0.00	0.00	23.88
1947264	INVENTORY PHARM	10/31/20	10/25/20	10/26/20	86.68	0.00	0.00	86.68
1952682	INVENTORY PHARM	10/31/20	10/25/20	10/26/20	53.85	0.00	0.00	53.85
1949183	INVENTORY PHARM	10/31/20	10/25/20	10/26/20	2.94	0.00	0.00	2.94
1948971	INVENTORY PHARM	10/31/20	10/25/20	10/26/20	349.12	0.00	0.00	349.12
1953812	INVENTORY PHARM	10/31/20	10/26/20	10/27/20	177.97	0.00	0.00	177.97
1953810	INVENTORY PHARM	10/31/20	10/26/20	10/27/20	753.23	0.00	0.00	753.23
1953811	INVENTORY PHARM	10/31/20	10/26/20	10/27/20	461.81	0.00	0.00	461.81
1953809	INVETNORY PHARM	10/31/20	10/26/20	10/27/20	57.89	0.00	0.00	57.89
1958335	INVENTORY PHARM	10/31/20	10/27/20	10/28/20	31.88	0.00	0.00	31.88
1958333	INVENTORY PHARM	10/31/20	10/27/20	10/28/20	142.00	0.00	0.00	142.00
1957124	INVENTORY PHARM	10/31/20	10/27/20	10/28/20	15.10	0.00	0.00	15.10
1958334	INVENTORY PHARM	10/31/20	10/27/20	10/28/20	1,025.18	0.00	0.00	1,025.18
SC7047	INVENTORY PHARM	10/31/20	10/30/20	10/31/20	130.85	0.00	0.00	130.85
1965909	PHARM INVENTORY	10/31/20	10/30/20	10/31/20	475.68	0.00	0.00	475.68
1965330	INVENTORY PHARM	10/31/20	10/30/20	10/31/20	74.54	0.00	0.00	74.54
1965907	INVENTORY PHARM	10/31/20	10/30/20	10/31/20	55.05	0.00	0.00	55.05
1965908	INVENTORY	10/31/20	10/30/20	10/31/20	376.53	0.00	0.00	376.53
1972184	INVENTORY	10/31/20	10/31/20	11/01/20	31.75	0.00	0.00	31.75
1971316	INVENTORY PHARM	10/31/20	10/31/20	11/01/20	40.09	0.00	0.00	40.09
1971317	INVENTORY PHARM	10/31/20	10/31/20	11/01/20	440.87	0.00	0.00	440.87
1975414	INVENTORY PHARM	10/31/20	11/01/20	11/02/20	370.56	0.00	0.00	370.56
1975415	INVETNORY PHARM	10/31/20	11/01/20	11/02/20	1,586.32	0.00	0.00	1,586.32
1977289	INVENTORY	10/31/20	11/01/20	11/02/20	86.21	0.00	0.00	86.21
	INVENTORY PHARM							

1975328		10/31/20	11/01/20	11/02/20	288.25	0.00	0.00	288.25
	INVENTORY PHARM							
1975327		10/31/20	11/01/20	11/02/20	36.61	0.00	0.00	36.61
	INVENTORY PHARM							
1977288		10/31/20	11/01/20	11/02/20	319.52	0.00	0.00	319.52
	INVENTORY PHARM							
1977287		10/31/20	11/01/20	11/02/20	1,471.04	0.00	0.00	1,471.04
	INVENTORY PHARM							
1942182		11/03/20	10/24/20	10/25/20	884.84	0.00	0.00	884.84
	INVENTORY PHARM							
1942181		11/03/20	10/24/20	10/25/20	3,532.36	0.00	0.00	3,532.36
	INVENTORY PHARM							
1942183		11/03/20	10/24/20	10/25/20	362.69	0.00	0.00	362.69
	INVENTORY PHARM							
1935574		11/07/20	10/20/20	10/21/20	86.64	0.00	0.00	86.64
	INVENTORY PHARM							
1928734		11/07/20	10/20/20	10/21/20	55.64	0.00	0.00	55.64
	INVENTORY PHARM							
1935573		11/07/20	10/20/20	10/21/20	4.18	0.00	0.00	4.18
	INVENTORY PHARM							
1935745		11/07/20	10/20/20	10/21/20	427.53	0.00	0.00	427.53
	INVENTORY PHARM							
1928669		11/07/20	10/20/20	10/21/20	102.11	0.00	0.00	102.11
	INVENTORY PHARM							
1928670		11/07/20	10/20/20	10/21/20	417.18	0.00	0.00	417.18
	INVENTORY PHARM							
1928671		11/07/20	10/20/20	10/21/20	244.15	0.00	0.00	244.15
	INVENTORY PHARM							
1935744		11/07/20	10/20/20	10/21/20	435.27	0.00	0.00	435.27
	INVENTORY PHARM							
1928668		11/07/20	10/20/20	10/21/20	95.53	0.00	0.00	95.53
	INVENTORY PHARM							
1935746		11/07/20	10/20/20	10/21/20	49.65	0.00	0.00	49.65
	INVENTORY PHARM							
1928375		11/07/20	10/20/20	10/21/20	18.55	0.00	0.00	18.55
	INVENTORY PHARM							
SC7048A		11/08/20	10/30/20	10/31/20	53.89	0.00	0.00	53.89
	INVENTORY PHARM							
1971318A		11/09/20	10/31/20	11/01/20	422.58	0.00	0.00	422.58
	INVENTORY PHARM							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			26,946.43	0.00	0.00	26,946.43

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
2031023657		10/31/20	09/26/20	10/26/20	199.45	199.54	0.00	0.00	199.54 199.45
2031120411		10/31/20	09/28/20	10/28/20		174.65	0.00	0.00	174.65
	SUPPLIES								
2031239885		10/31/20	10/03/20	11/02/20		69.28	0.00	0.00	69.28
	SUPPLIES								
2031438128		10/31/20	10/10/20	11/09/20		49.39	0.00	0.00	49.39

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	492.86	0.00	0.00	492.86

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
000385		11/07/20	11/06/20	11/10/20		1,215.00	0.00	0.00	1,215.00

CONTRACT EMPLOYEE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11069	PABLO GARZA	1,215.00	0.00	0.00	1,215.00

Vendor#	Vendor Name	Class	Pay Code
S0905	PERFORMANCE HEALTH	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN89602067		10/31/20	10/06/20	10/31/20		50.77	0.00	0.00	50.77

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S0905	PERFORMANCE HEALTH	50.77	0.00	0.00	50.77

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
935273687		10/31/20	08/29/20	09/23/20		2,627.00	0.00	0.00	2,627.00
935477470A		10/31/20	10/06/20	10/31/20		995.00	0.00	0.00	995.00

REPAIRS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10032	PHILIPS HEALTHCARE	3,622.00	0.00	0.00	3,622.00

Vendor#	Vendor Name	Class	Pay Code
R1045	R & D BATTERIES INC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1328851		10/24/20	06/20/20	11/11/20		25.39	0.00	0.00	25.39

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1045	R & D BATTERIES INC	25.39	0.00	0.00	25.39

Vendor#	Vendor Name	Class	Pay Code
11080	RADSOURCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SC56242		10/31/20	10/16/20	11/10/20		1,625.00	0.00	0.00	1,625.00

EQUIPMENT

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
2119		10/31/20	10/12/20	11/11/20		50.00	0.00	0.00	50.00

SIGN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11251	RAPID PRINTING LLC	50.00	0.00	0.00	50.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MLVAC29793		10/31/20	10/03/20	10/28/20		2,132.85	0.00	0.00	2,132.85

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10987	REVCYCLE+, INC.	2,132.85	0.00	0.00	2,132.85

Vendor# 10688 Vendor Name: SAN ANTONIO ENA ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000378		11/06/20	11/02/20	11/10/20		1,440.00	0.00	0.00	1,440.00 ✓
	TRAUMA NURSE COURSE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10688	SAN ANTONIO ENA	1,440.00	0.00	0.00	1,440.00

Vendor# S1800 Vendor Name: SHERWIN WILLIAMS ✓ Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
72702 ✓		10/31/20	09/21/20	10/06/20		19.80	0.00	0.00	19.80 ✓
	PAINT								
000359		10/31/20	10/25/20	11/09/20		222.58	0.00	0.00	222.58 ✓
	PAINT								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	242.38	0.00	0.00	242.38

Vendor# 10995 Vendor Name: SHIFTHOUND (ABILITY NETWORK) ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
17S0001482 ✓		10/31/20	10/31/20	11/01/20		558.00	0.00	0.00	558.00 ✓
	SCHEDULER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10995	SHIFTHOUND (ABILITY NETWORK)	558.00	0.00	0.00	558.00

Vendor# K0536 Vendor Name: SHIRLEY KARNEI ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000380		11/06/20	11/05/20	11/10/20		711.04	0.00	0.00	711.04 ✓
	CONTRACT EMPLOYEE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	711.04	0.00	0.00	711.04

Vendor# 11296 Vendor Name: SOUTH TEXAS BLOOD & TISSUE CEN ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90030839 ✓		10/31/20	10/17/20	11/11/20		-2,736.24	0.00	0.00	-2,736.24 ✓
	SUPPLIES CREDIT								
90030904 ✓		10/31/20	10/17/20	11/11/20		3,834.95	0.00	0.00	3,834.95 ✓
	BLOOD								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11296	SOUTH TEXAS BLOOD & TISSUE CEN	1,098.71	0.00	0.00	1,098.71

Vendor# 10494 Vendor Name: SPECTRA CORP ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
00012813RH ✓		11/08/20	10/06/20	11/06/20		3,726.46	0.00	0.00	3,726.46 ✓
	PURCHASED SERVICES								
00012814RH ✓		11/09/20	10/06/20	11/06/20		452.19	0.00	0.00	452.19 ✓
00012812RH ✓	Purchased Services	11/09/20	10/06/20	11/06/20		78.13	0.00	0.00	78.13 ✓
00012811RH	Purchased Services	11/09/20	10/06/20	11/06/20		505.20	0.00	0.00	505.20 ✓

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10494	SPECTRA CORP	4,761.98	0.00	0.00	4,761.98

Vendor# 10220 Vendor Name: SPECTRUM TECHNOLOGIES ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
11801083 ✓		10/31/20	09/27/20	10/27/20			1,350.97	0.00	0.00	1,350.97 ✓
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10220	SPECTRUM TECHNOLOGIES	1,350.97	0.00	0.00	1,350.97

Vendor# 11097 Vendor Name: TEXAS A&M HEALTH SCIENCE CENT ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0272017IQA ✓		10/31/20	09/25/20	10/25/20			6,125.00	0.00	0.00	6,125.00 ✓
	PURCH SERV									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11097	TEXAS A&M HEALTH SCIENCE CENT	6,125.00	0.00	0.00	6,125.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000375		10/31/20	10/31/20	10/31/20			3,690.52	0.00	0.00	3,690.52 ✓
	EQUIP LEASE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11140	TEXAS ADVANTAGE COMMUNITY BANK	3,690.52	0.00	0.00	3,690.52

Vendor# 11302 Vendor Name: TEXAS DEPART OF PUBLIC SAFETY ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000381		11/01/20	11/01/20	11/10/20			300.00	0.00	0.00	300.00 ✓
	BACKGROUND CHECKS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11302	TEXAS DEPART OF PUBLIC SAFETY	300.00	0.00	0.00	300.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
10293750		10/31/20	10/04/20	10/29/20			9,000.00	0.00	0.00	9,000.00 ✓
	SOFTWARE									

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# U1054 Vendor Name: UNIFIRST HOLDINGS ✓ Class: W Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8150781746 ✓		10/31/20	10/17/20	11/11/20			18.21	0.00	0.00	18.21 ✓
	LAUNDRY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	18.21	0.00	0.00	18.21

Vendor# U1064 Vendor Name: UNIFIRST HOLDINGS INC ✓ Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8400259107 ✓		10/23/20	10/17/20	11/11/20			135.25	0.00	0.00	135.25 ✓
	LAUNDRY									
8400259147 ✓		10/31/20	10/17/20	11/11/20			60.90	0.00	0.00	60.90 ✓

	LAUNDRY							
8400259152		10/31/20	10/17/20	11/11/20	917.61	0.00	0.00	917.61
	LAUNDRY							
8400259109		10/31/20	10/17/20	11/11/20	47.15	0.00	0.00	47.15
	LAUNDRY							
8400259191		10/31/20	10/17/20	11/11/20	84.61	0.00	0.00	84.61
	LAUNDRY							
84000259110		10/31/20	10/17/20	11/11/20	56.78	0.00	0.00	56.78
	LAUNDRY							
8400259106		10/31/20	10/17/20	11/11/20	94.29	0.00	0.00	94.29
	LAUNDRY							
8400259108A		10/31/20	10/17/20	11/11/20	88.45	0.00	0.00	88.45
	LAUNDRY							
8400259458		10/31/20	10/20/20	11/14/20	533.65	0.00	0.00	533.65
	LAUNDRY							
8400259426		10/31/20	10/20/20	11/14/20	148.95	0.00	0.00	148.95
	LAUNDRY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			2,167.64	0.00	0.00	2,167.64

Vendor#	Vendor Name				Class	Pay Code				
10968	UNITED RENTALS (NORTH AMERICA)									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	150814887001		10/31/20	10/10/20	11/10/20		1,435.06	0.00	0.00	1,435.06
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10968	UNITED RENTALS (NORTH AMERICA)				1,435.06	0.00	0.00	1,435.06

Vendor#	Vendor Name				Class	Pay Code				
V0554	VCS SECURITY SYSTEMS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	113759		10/31/20	10/17/20	11/17/20		5,671.50	0.00	0.00	5,671.50
		EQUIPMENT								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		V0554	VCS SECURITY SYSTEMS				5,671.50	0.00	0.00	5,671.50

Vendor#	Vendor Name				Class	Pay Code				
10768	VICTORIA MEDICAL FOUNDATION									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	162		10/31/20	10/13/20	11/13/20		650.00	0.00	0.00	650.00
		DUES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10768	VICTORIA MEDICAL FOUNDATION				650.00	0.00	0.00	650.00

Vendor#	Vendor Name				Class	Pay Code				
11580	WILLIAM CROWLEY III, DO									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000384		11/07/20	11/06/20	11/06/20		10,000.00	0.00	0.00	10,000.00
		PHYSICIAN SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11580	WILLIAM CROWLEY III, DO				10,000.00	0.00	0.00	10,000.00

APPROVED ON NOV 09 2017
COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	232,588.38	0.00	0.00	232,588.38

232,588.38
199.54 -
199.45 +
232,588.29

pg 12 correction
CKS# 173403 to 173486

<199.54>
+199.45
$232,588.29

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P		173403	11/09/17	114.93	ACE HARDWARE 15521
A/P		173404	11/09/17	1,794.76	AIRESPRING INC
A/P		173405	11/09/17	1,547.70	ALCON LABORATORIES, INC.
A/P		173406	11/09/17	86.50	ALIMED INC.
A/P		173407	11/09/17	126.26	BAXTER HEALTHCARE CORP
A/P		173408	11/09/17	1,984.65	BECKMAN COULTER, INC.
A/P		173409	11/09/17	1,168.03	BHB MACHINE & PUMP REPAIR, LLC
A/P		173410	11/09/17	2,967.21	BIO-RAD LABORATORIES, INC
A/P		173411	11/09/17	18.00	BOSART LOCK & KEY INC
A/P		173412	11/09/17	281.00	CABLES AND SENSORS
A/P		173413	11/09/17	244.73	CARDINAL HEALTH 414,LLC
A/P		173414	11/09/17	69.75	CAREFUSION 2200, INC
A/P		173415	11/09/17	2,916.10	CDW GOVERNMENT, INC.
A/P		173416	11/09/17	1,908.30	CENTURION MEDICAL PRODUCTS
A/P		173417	11/09/17	240.00	CHRIS KOVAREK
A/P		173418	11/09/17	352.23	CITY OF PORT LAVACA
A/P		173419	11/09/17	394.39	COASTAL OFFICE SOLUTONS
A/P		173420	11/09/17	636.37	CONMED CORPORATION
A/P		173421	11/09/17	154.00	COVER ONE
A/P		173422	11/09/17	307.37	CUSTOM MEDICAL SPECIALTIES
A/P		173423	11/09/17	324.00	CYRACOM LLC
A/P		173424	11/09/17	9,020.22	DELTA HEALTHCARE PROVIDERS
A/P		173425	11/09/17	.00	VOIDED
A/P		173426	11/09/17	2,196.67	DEWITT POTH & SON
A/P		173427	11/09/17	10,000.00	EMERGENCY STAFFING SOLUTIONS
A/P		173428	11/09/17	5.00	FASTENAL COMPANY
A/P		173429	11/09/17	3,858.36	FILTER TECHNOLOGY CO, INC
A/P		173430	11/09/17	755.06	FISHER HEALTHCARE
A/P		173431	11/09/17	1,523.15	FIVE STAR STERILIZER SERVICES
A/P		173432	11/09/17	3,622.84	GARDNER & WHITE, INC.
A/P		173433	11/09/17	3,236.62	GE HEALTHCARE
A/P		173434	11/09/17	102.96	GENESIS DIAGNOSTICS
A/P		173435	11/09/17	8,697.36	GLAXOSMITHKLINE PHARMACUETICAL
A/P		173436	11/09/17	85.10	GRAINGER
A/P		173437	11/09/17	1,434.68	GULF COAST PAPER COMPANY
A/P		173438	11/09/17	224.60	HEALTH CARE LOGISTICS INC
A/P		173439	11/09/17	995.00	HHSC
A/P		173440	11/09/17	154.70	HILL-ROM COMPANY, INC
A/P		173441	11/09/17	8,333.33	HITACHI MEDICAL SYSTEMS
A/P		173442	11/09/17	248.95	INTERSTATE ALL BATTERY CENTER
A/P		173443	11/09/17	2,557.49	J & J HEALTH CARE SYSTEMS, INC
A/P		173444	11/09/17	2,530.90	JECKER FLOOR & GLASS
A/P		173445	11/09/17	118.14	JOHNSTONE SUPPLY
A/P		173446	11/09/17	400.00	LAMAR COMPANIES
A/P		173447	11/09/17	1,065.52	LUMINANT ENERGY COMPANY LLC
A/P		173448	11/09/17	725.00	MAGNACOUSTICS
A/P		173449	11/09/17	146.88	MARKETLAB, INC
A/P		173450	11/09/17	2,731.87	MCKESSON MEDICAL SURGICAL INC
A/P		173451	11/09/17	91.00	MEDI-DOSE, INC
A/P		173452	11/09/17	.00	VOIDED

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	173453	11/09/17	2,494.65	MEDLINE INDUSTRIES INC
A/P	173454	11/09/17	258.52	METLIFE
A/P	173455	11/09/17	67.10	MMC AUXILIARY GIFT SHOP
A/P	173456	11/09/17	61,889.12	MMC EMPLOYEE BENEFIT PLAN
A/P	173457	11/09/17	.00	VOIDED
A/P	173458	11/09/17	.00	VOIDED
A/P	173459	11/09/17	.00	VOIDED
A/P	173460	11/09/17	.00	VOIDED
A/P	173461	11/09/17	26,946.43	MORRIS & DICKSON CO, LLC
A/P	173462	11/09/17	492.77	OWENS & MINOR
A/P	173463	11/09/17	1,215.00	PABLO GARZA
A/P	173464	11/09/17	50.77	PERFORMANCE HEALTH
A/P	173465	11/09/17	3,622.00	PHILIPS HEALTHCARE
A/P	173466	11/09/17	25.39	R & D BATTERIES INC
A/P	173467	11/09/17	1,625.00	RADSOURCE
A/P	173468	11/09/17	50.00	RAPID PRINTING LLC
A/P	173469	11/09/17	2,132.85	REVCYCLE+, INC.
A/P	173470	11/09/17	1,440.00	SAN ANTONIO ENA
A/P	173471	11/09/17	242.38	SHERWIN WILLIAMS
A/P	173472	11/09/17	558.00	SHIFTHOUND (ABILITY NETWORK)
A/P	173473	11/09/17	711.04	SHIRLEY KARNEI
A/P	173474	11/09/17	1,098.71	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	173475	11/09/17	4,761.98	SPECTRA CORP
A/P	173476	11/09/17	1,350.97	SPECTRUM TECHNOLOGIES
A/P	173477	11/09/17	6,125.00	TEXAS A&M HEALTH SCIENCE CENT
A/P	173478	11/09/17	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	173479	11/09/17	300.00	TEXAS DEPART OF PUBLIC SAFETY
A/P	173480	11/09/17	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	173481	11/09/17	18.21	UNIFIRST HOLDINGS
A/P	173482	11/09/17	2,167.64	UNIFIRST HOLDINGS INC
A/P	173483	11/09/17	1,435.06	UNITED RENTALS (NORTH AMERICA)
A/P	173484	11/09/17	5,671.50	VCS SECURITY SYSTEMS
A/P	173485	11/09/17	650.00	VICTORIA MEDICAL FOUNDATION
A/P	173486	11/09/17	10,000.00	WILLIAM CROWLEY III, DO
TOTALS:			232,588.29	

APPROVED
ON

NOV 09 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: 11/10/2017

DC: 8115

Territory:

Customer: 632536
Date: 11/11/2017

Page: 002

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

As of: 11/10/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 11/11/2017 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: 3,610.34 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 11/14/2017,
Pay This Amount: 3,538.14 USD

If Paid After 11/14/2017,
Pay this Amount: 3,610.34 USD

Due If Paid On Time:
USD 3,538.14
Disc lost if paid late: 72.20
Due If Paid Late:
USD 3,610.34

ck# 954

APPROVED
ON
NOV 13 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CR#000954

340B Prescription Expenses

911.30+
1,933.40+
693.44+
3,538.14*

Mary Pfeil
12-4-17

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: 11/10/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 11/11/2017

Page: 001

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

As of: 11/10/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 11/11/2017 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											
11/06/2017	11/14/2017	7838806119	1001111300	115Invoice	3.28	163.88		160.60		7838806119	
11/06/2017	11/14/2017	7838806120	1001111940	115Invoice	0.63	31.48		30.85		7838806120	
11/06/2017	11/14/2017	7838806121	1001112388	115Invoice	0.73	36.35		35.62		7838806121	
11/07/2017	11/14/2017	7839046838	1001112801	115Invoice	1.84	91.98		90.14		7839046838	
11/08/2017	11/14/2017	7839262793	1001113451	115Invoice	1.04	51.97		50.93		7839262793	
11/09/2017	11/14/2017	7839503885	1001114298	115Invoice	2.91	145.70		142.79		7839503885	
11/10/2017	11/14/2017	7839703987	1001114942	115Invoice	8.11	405.30		397.19		7839703987	
11/10/2017	11/14/2017	7839703989	1001114942	115Invoice	0.06	3.24		3.18		7839703989	

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: 929.90 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,096.95
11/06/2017

If Paid By 11/14/2017,
Pay This Amount: 911.30 USD ✓

If Paid After 11/14/2017,
Pay this Amount: 929.90 USD

Due If Paid On Time:
USD 911.30
Disc lost if paid late:
18.60
Due If Paid Late:
USD 929.90

APPROVED
ON
NOV 13 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: 11/10/2017

DC: 8115

Territory: 400

Customer: 190813
Date: 11/11/2017

Page: 001

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

As of: 11/10/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 11/11/2017 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											
11/06/2017	11/14/2017	7838792099	1001111298	115Invoice	2.01	100.64		98.63		7838792099	
11/06/2017	11/14/2017	7838792100	1001111938	115Invoice	18.64	931.99		913.35		7838792100	
11/06/2017	11/14/2017	7838792101	1001112386	115Invoice	10.51	525.73		515.22		7838792101	
11/07/2017	11/14/2017	7839019690	1001112799	115Invoice	4.35	217.64		213.29		7839019690	
11/08/2017	11/14/2017	7839254126	1001113449	115Invoice	1.46	73.17		71.71		7839254126	
11/09/2017	11/14/2017	7839497103	1001114296	115Invoice	2.47	123.67		121.20		7839497103	

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: 1,972.84 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,096.95
11/06/2017

If Paid By 11/14/2017,
Pay This Amount: 1,933.40 ✓ USD

If Paid After 11/14/2017,
Pay this Amount: 1,972.84 USD

Due If Paid On Time:
USD 1,933.40
Disc lost if paid late:
39.44
Due If Paid Late:
USD 1,972.84

APPROVED
ON
NOV 13 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

Company: 8000

As of: 11/10/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 11/11/2017

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: 11/10/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/11/2017 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											
11/06/2017	11/14/2017	7838777106	2007400927	115Invoice	6.72	335.88		329.16		7838777106	
11/06/2017	11/14/2017	7838777107	1103170252-00	115Invoice	0.04	1.90		1.86		7838777107	
11/08/2017	11/14/2017	7839263217	2007400933	115Invoice	1.10	54.88		53.78		7839263217	
11/08/2017	11/14/2017	7839263219	1107170436-00	115Invoice	2.59	129.52		126.93		7839263219	
11/09/2017	11/14/2017	7839492644	WMAutoship110820	115Invoice	0.01	0.51		0.50		7839492644	
11/10/2017	11/14/2017	7839705935	2007400939	115Invoice	3.70	184.91		181.21		7839705935	

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: 707.60 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,096.95
11/06/2017

If Paid By 11/14/2017,
Pay This Amount: 693.44 USD ✓

If Paid After 11/14/2017,
Pay this Amount: 707.60 USD

Due If Paid On Time:
USD 693.44
Disc lost if paid late: 14.16
Due If Paid Late:
USD 707.60

APPROVED
ON

NOV 13 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Ø

RUN DATE:11/13/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:14:11 CHECK REGISTER GLCKREG
11/13/17 THRU 11/13/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P *	000954	11/13/17	3,538.14	MCKESSON *
A/P	172380	11/13/17	542,190.86	MMC OPERATING PROSPERITY ACC
TOTALS:			545,729.00	

*CK Register For
CK # 000954

APPROVED
ON

NOV 13 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/17/2017 MEMORIAL MEDICAL CENTER 0
09:38 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11492	MMC OPERATING PROSPERITY ACC ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
00418		11/17/20	11/16/20	11/30/20			496,186.58	0.00	0.00	496,186.58 ✓
	TRANSFER FUNDS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11492	MMC OPERATING PROSPERITY ACC	496,186.58	0.00	0.00	496,186.58

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	496,186.58	0.00	0.00	496,186.58

APPROVED
ON
NOV 20 2017 CK# 172381

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

RUN DATE:11/20/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:10:09 CHECK REGISTER GLCKREG
11/20/17 THRU 11/20/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172381	11/20/17	496,186.58	MMC OPERATING PROSPERITY ACC
TOTALS:			496,186.58	

APPROVED ON
NOV 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/16/2017 MEMORIAL MEDICAL CENTER 0
14:16 AP Open Invoice List ap_open_invoice.template
Due Dates Through: 11/29/2017

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
116737	SUPPLIES	10/31/20	10/18/20	11/18/20		57.08	0.00	0.00	57.08
116802	SUPPLIES	11/13/20	10/20/20	11/20/20		4.99	0.00	0.00	4.99
116918	SUPPLIES	11/13/20	10/25/20	11/25/20		7.50	0.00	0.00	7.50
116990	SUPPLIES	11/13/20	10/27/20	11/17/20		20.43	0.00	0.00	20.43

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	90.00	0.00	0.00	90.00

Vendor#	Vendor Name	Class	Pay Code
10950	ACUTE CARE INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
23418	ER SERVICES	11/14/20	10/20/20	11/20/20		1,400.00	0.00	0.00	1,400.00

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

Vendor#	Vendor Name	Class	Pay Code
A1787	AMERICAN COLLEGE OF HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
7085011	DUES	11/13/20	11/01/20	11/15/20		325.00	0.00	0.00	325.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1787	AMERICAN COLLEGE OF HEALTHCARE	325.00	0.00	0.00	325.00

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
56674984	EQUIPMENT LEASE	10/31/20	10/23/20	11/22/20		2,367.50	0.00	0.00	2,367.50
56451087	SUPPLIES	11/13/20	10/02/20	11/01/20		563.23	0.00	0.00	563.23

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1075	BAXTER HEALTHCARE CORP	2,930.73	0.00	0.00	2,930.73

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
106656015	SUPPLIES	11/13/20	10/04/20	10/29/20		65.22	0.00	0.00	65.22
5378094	SUPPLIES	11/13/20	10/12/20	11/06/20		4,233.46	0.00	0.00	4,233.46

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	4,298.68	0.00	0.00	4,298.68

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

	24999203		11/14/20	10/16/20	11/07/20	1,272.54	0.00	0.00	1,272.54
		PHONE							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11050	BIRCH COMMUNICATIONS			1,272.54	0.00	0.00	1,272.54
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
	113222		11/15/20	10/20/20	11/19/20	15.20	0.00	0.00	15.20
		SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		B1650	BOSART LOCK & KEY INC			15.20	0.00	0.00	15.20
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
	000362		11/14/20	11/15/20	10/30/20	582.53	0.00	0.00	582.53
		PURCHASED SERVICES							
	000363		11/14/20	11/15/20	10/30/20	71.37 64.11	0.00	0.00	71.37 64.11
		PURCHASED SERVICES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		C1010	CABLE ONE			~~653.90~~	0.00	0.00	~~653.90~~ 646.64
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
	000394		11/14/20	11/08/20		800.00	0.00	0.00	800.00
		TRANSFER INDIGENT COPAY:							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11295	CALHOUN COUNTY INDIGENT ACCOUN			800.00	0.00	0.00	800.00
Vendor#	Vendor Name				Class	Pay Code			
A1825	CARDINAL HEALTH 414,LLC				M				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	8001466277		11/13/20	09/30/20	10/30/20	171.54	0.00	0.00	171.54
		SUPPLIES							
	8001473821		11/13/20	10/07/20	11/06/20	421.02	0.00	0.00	421.02
		SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		A1825	CARDINAL HEALTH 414,LLC			592.56	0.00	0.00	592.56
Vendor#	Vendor Name				Class	Pay Code			
10381	CAREFUSION 211, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	000286		11/15/20	11/20/20	11/20/20	4,492.07	0.00	0.00	4,492.07
		SERVICE AGREEMENT							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10381	CAREFUSION 211, INC			4,492.07	0.00	0.00	4,492.07
Vendor#	Vendor Name				Class	Pay Code			
10650	CAREFUSION 2200, INC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	9108048783		11/13/20	09/27/20	10/27/20	59.10	0.00	0.00	59.10
		SUPPLIES							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10650	CAREFUSION 2200, INC			59.10	0.00	0.00	59.10
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
WO212031		10/31/20	10/19/20	11/19/20		48.25	0.00	0.00	48.25
	SUPPLIES								
WO214521		11/14/20	11/02/20	11/12/20		190.30	0.00	0.00	190.30
	SUPPLIES								
WO214681		11/14/20	11/02/20	11/12/20		36.24	0.00	0.00	36.24
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	274.79	0.00	0.00	274.79

Vendor#	Vendor Name	Class	Pay Code
10813	COKER GROUP HOLDINGS, LLC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
105385		11/13/20	10/31/20	11/15/20		1,932.00	0.00	0.00	1,932.00
	PURCHASED SERVICES								
105193		11/14/20	09/30/20	10/30/20		378.00	0.00	0.00	378.00
	BUSINESS ADVISORY								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10813	COKER GROUP HOLDINGS, LLC	2,310.00	0.00	0.00	2,310.00

Vendor#	Vendor Name	Class	Pay Code
10509	DA&E		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10178		10/31/20	10/20/20	11/20/20		1,300.00	0.00	0.00	1,300.00
	CPA ASSISTANCE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10509	DA&E	1,300.00	0.00	0.00	1,300.00

Vendor#	Vendor Name	Class	Pay Code
11287	DELTA HEALTHCARE PROVIDERS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
174250194A		10/31/20	10/29/20	11/29/20		3,113.20	0.00	0.00	3,113.20
173750090		11/14/20	09/17/20	10/17/20		3,284.33	0.00	0.00	3,284.33
	PHYS THERAPY SERVICES								
174450164		11/14/20	11/05/20	11/10/20		3,366.70	0.00	0.00	3,366.70
	PHYS THER SERVICES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11287	DELTA HEALTHCARE PROVIDERS	9,764.23	0.00	0.00	9,764.23

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
5178440		11/13/20	10/16/20	11/10/20		399.81	0.00	0.00	399.81
	SUPPLIES								
5189850		11/13/20	10/26/20	11/20/20		88.20	0.00	0.00	88.20
	SUPPLIES								
5191380		11/13/20	10/30/20	11/24/20		45.73	0.00	0.00	45.73
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	533.74	0.00	0.00	533.74

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
MMC093017		11/14/20	09/27/20	10/27/20		93,071.79	0.00	0.00	93,071.79

PHYSICIAN SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	93,071.79	0.00	0.00	93,071.79

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
102003 ✓		10/31/20	10/20/20	11/20/20		300.00	0.00	0.00	300.00 ✓
	AD								

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
11284	EMERGENCY STAFFING SOLUTIONS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
35722 ✓		11/14/20	11/15/20	11/25/20		40,062.50	0.00	0.00	40,062.50 ✓
	ER SERVICES								

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
11448	EPIPHANY ARCHANGEL ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000405		11/14/20	11/07/20	11/08/20		92.00	0.00	0.00	92.00 ✓
	EMPLOYEE DINE AND TRAVEI								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11448	EPIPHANY ARCHANGEL	92.00	0.00	0.00	92.00

10/30-10/31 Management For new supervisors workshop

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
935485 ✓		11/14/20	10/13/20	11/07/20		1,240.23	0.00	0.00	1,240.23 ✓
	SOFTWARE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C2510	EVIDENT	1,240.23	0.00	0.00	1,240.23

Vendor#	Vendor Name	Class	Pay Code
F1050	FASTENAL COMPANY ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
TXPOT181160 ✓		11/13/20	10/25/20	11/24/20		6.00	0.00	0.00	6.00 ✓
	SHIPPING								
TXPOT181220 ✓		11/13/20	10/26/20	11/25/20		5.67	0.00	0.00	5.67 ✓
	SHIPPING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	11.67	0.00	0.00	11.67

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
11A17MMC ✓		11/13/20	11/01/20	11/16/20		495.00	0.00	0.00	495.00 ✓
	WEBSITE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION	495.00	0.00	0.00	495.00

Vendor#	Vendor Name	Class	Pay Code
F1400	FISHER HEALTHCARE ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3804082 ✓		11/13/20	10/23/20	11/17/20		850.00	0.00	0.00	850.00 ✓
	SUPPLIES LAB								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1400	FISHER HEALTHCARE	850.00	0.00	0.00	850.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5331		11/14/20	10/30/20	11/24/20			1,529.28	0.00	0.00	1,529.28
	PURCHASED SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES	1,529.28	0.00	0.00	1,529.28

Vendor#	Vendor Name	Class	Pay Code
11183	FRONTIER		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000400		11/14/20	10/19/20	11/13/20			59.42	0.00	0.00	59.42
	PHONE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11183	FRONTIER	59.42	0.00	0.00	59.42

Vendor#	Vendor Name	Class	Pay Code
G0930	GRAPHIC CONTROLS LLC	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
MX3863		11/13/20	10/13/20	11/13/20			118.56	0.00	0.00	118.56
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G0930	GRAPHIC CONTROLS LLC	118.56	0.00	0.00	118.56

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
1566		11/13/20	10/27/20	11/26/20			900.00	0.00	0.00	900.00
	SUPPLIES									

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

Vendor#	Vendor Name	Class	Pay Code
11552	HEALTHCARE EQUIPMENT FINANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
~~4919.41~~ 8724812	LEASE	11/14/20	10/08/20	11/01/20			4,919.41	0.00	0.00	4,919.41

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11552	HEALTHCARE EQUIPMENT FINANCE	4,919.41	0.00	0.00	4,919.41

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
1126954		11/14/20	07/31/20	08/31/20			575.00	0.00	0.00	575.00
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1399	HILL-ROM COMPANY, INC	575.00	0.00	0.00	575.00

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
PJIN0106177		11/13/20	08/15/20				8,333.33	0.00	0.00	8,333.33

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

Vendor#	Vendor Name				Class	Pay Code				
10922	HUNTER PHARMACY SERVICES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2582		11/14/20	10/31/20	11/20/20		14,893.50	0.00	0.00	14,893.50
		PHARMACY SERVICES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES				14,893.50	0.00	0.00	14,893.50
Vendor#	Vendor Name				Class	Pay Code				
11167	LAMAR COMPANIES									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	108581806		11/13/20	10/30/20	11/29/20		400.00	0.00	0.00	400.00
		ADVERTSING								
	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				
11099	MARLIN BUSINESS BANK									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	15385787		11/14/20	10/16/20	11/05/20		662.27	0.00	0.00	662.27
		COMPUTER SYSYTEM								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11099	MARLIN BUSINESS BANK				662.27	0.00	0.00	662.27
Vendor#	Vendor Name				Class	Pay Code				
M1950	MARTIN PRINTING CO				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	7099171013		11/13/20	10/23/20	11/22/20		727.35	0.00	0.00	727.35
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M1950	MARTIN PRINTING CO				727.35	0.00	0.00	727.35
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
	12012028		11/13/20	10/04/20	11/03/20		163.33	0.00	0.00	163.33
		SUPPLIES								
	12785658		11/13/20	10/16/20	11/15/20		439.52	0.00	0.00	439.52
		SUPPLIES								
	12752660		11/13/20	10/16/20	11/15/20		207.30	0.00	0.00	207.30
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				810.15	0.00	0.00	810.15
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
	1837063355		11/13/20	10/19/20	11/13/20		789.56	0.00	0.00	789.56
		SUPPLIES								
	1837063353		11/13/20	10/19/20	11/13/20		69.64	0.00	0.00	69.64
		SUPPLIES								
	1837063351		11/13/20	10/19/20	11/13/20		6.84	0.00	0.00	6.84
	1837063359		11/13/20	10/19/20	11/13/20		107.79	0.00	0.00	107.79
		SUPPLIES								
	1837063358		11/13/20	10/19/20	11/13/20		25.81	0.00	0.00	25.81
		SUPPLIES								

1837063350	11/13/20	10/19/20	11/13/20		1,185.35	0.00	0.00	1,185.35
SUPPLIES								
1837063352	11/13/20	10/19/20	11/13/20		69.60	0.00	0.00	69.60
SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	2,254.59	0.00	0.00	2,254.59

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10546		11/14/20	10/25/20	11/04/20	125.65	125.68	0.00	0.00	125.68 125.65

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.	125.65 125.68	0.00	0.00	125.68 125.65

Vendor# 10182 Vendor Name: MERCEDES MEDICAL Class: Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1980268		11/13/20	10/09/20	11/08/20		73.69	0.00	0.00	73.69

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL	73.69	0.00	0.00	73.69

Vendor# M2590 Vendor Name: MERCURY MEDICAL Class: M Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
848789		11/13/20	10/09/20	11/13/20		105.73	0.00	0.00	105.73
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2590	MERCURY MEDICAL	105.73	0.00	0.00	105.73

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8800130479		11/13/20	09/25/20	10/25/20		876.49	0.00	0.00	876.49
	SUPPLIES								
8800136479		11/13/20	10/04/20	11/03/20		179.73	0.00	0.00	179.73
	SUPPLIES								
8800140905		11/13/20	10/12/20	11/11/20		178.67	0.00	0.00	178.67
	SUPPLIES								
8800142479		11/13/20	10/16/20	11/15/20		1,047.17	0.00	0.00	1,047.17
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA	2,282.06	0.00	0.00	2,282.06

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
000399		11/13/20	10/30/20	11/10/20		24,021.46	0.00	0.00	24,021.46
	EMPLOYEE INSURANCE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	24,021.46	0.00	0.00	24,021.46

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
000397		11/13/20	11/02/20	11/02/20		200.00	0.00	0.00	200.00

EAT COMMITTEE PAYMENT

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10680	MMC EMPLOYEES ACTIVITES TEAM	200.00	0.00	0.00	200.00

Vendor#	Vendor Name	Class	Pay Code
M2662	MMC VOLUNTEERS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
671238		11/13/20	11/01/20	11/15/20		147.29	0.00	0.00	147.29

GIFTSHOP PURCHASES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2662	MMC VOLUNTEERS	147.29	0.00	0.00	147.29

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2016270		11/13/20	11/10/20	11/11/20		37.53	0.00	0.00	37.53
2016271	INVENTORY	11/13/20	11/10/20	11/11/20		1.25	0.00	0.00	1.25
SC5223	INVENTORY	11/14/20	03/27/20	03/28/20		122.31	0.00	0.00	122.31
1138491	INVENTORY	11/14/20	04/10/20	04/11/20		1,500.00	0.00	0.00	1,500.00
SC5464	INVENTORY	11/14/20	04/25/20	04/26/20		24.17	0.00	0.00	24.17
SC5704	INVENTORY	11/14/20	05/26/20	05/27/20		32.32	0.00	0.00	32.32
1504301	INVENTORY	11/14/20	07/10/20	07/11/20		1,500.00	0.00	0.00	1,500.00
1629576	INVENTORY	11/14/20	08/09/20	08/10/20		1,500.00	0.00	0.00	1,500.00
1752408	INVENTORY	11/14/20	09/08/20	09/09/20		1,500.00	0.00	0.00	1,500.00
1982968	INVENTORY	11/14/20	11/02/20	11/03/20		71.37	0.00	0.00	71.37
1982969	INVENTORY	11/14/20	11/02/20	11/03/20		1,120.56	0.00	0.00	1,120.56
1982970	INVENTORY	11/14/20	11/02/20	11/03/20		86.57	0.00	0.00	86.57
1986843	INVENTORY	11/14/20	11/03/20	11/04/20		88.78	0.00	0.00	88.78
1986978	INVENTORY	11/14/20	11/03/20	11/04/20		75.10	0.00	0.00	75.10
1986976	INVENTORY	11/14/20	11/03/20	11/04/20		3,729.99	0.00	0.00	3,729.99
1986977	SUPPLIES	11/14/20	11/03/20	11/04/20		1,006.11	0.00	0.00	1,006.11
1994127	INVENTORY	11/14/20	11/06/20	11/07/20		208.51	0.00	0.00	208.51
1992962	INVENTORY	11/14/20	11/06/20	11/07/20		476.32	0.00	0.00	476.32
1994125	INVENTORY	11/14/20	11/06/20	11/07/20		291.48	0.00	0.00	291.48
1994228	INVENTORY	11/14/20	11/06/20	11/07/20		125.45	0.00	0.00	125.45

	INVENTORY							
1994126 ✓		11/14/20	11/06/20	11/07/20	2,977.77	0.00	0.00	2,977.77 ✓
	INVENTORY							
2002570 ✓		11/14/20	11/07/20	11/08/20	2,180.01	0.00	0.00	2,180.01 ✓
	INVENTORY							
2002571 ✓		11/14/20	11/07/20	11/08/20	338.05	0.00	0.00	338.05 ✓
	INVENTORY							
2002572 ✓		11/14/20	11/07/20	11/08/20	606.29	0.00	0.00	606.29 ✓
	INVENTORY							
2002268 ✓		11/14/20	11/07/20	11/08/20	627.26	0.00	0.00	627.26 ✓
	INVENTORY							
2007689 ✓		11/14/20	11/08/20	11/09/20	22.20	0.00	0.00	22.20 ✓
	INVENTORY							
2007978 ✓		11/14/20	11/08/20	11/09/20	316.63	0.00	0.00	316.63 ✓
	INVENTORY							
2007979 ✓		11/14/20	11/08/20	11/09/20	18.34	0.00	0.00	18.34 ✓
	INVENTORY							
2007977 ✓		11/14/20	11/08/20	11/09/20	2,088.36	0.00	0.00	2,088.36 ✓
	INVENTORY							
2013518 ✓		11/14/20	11/09/20	11/10/20	43.52	0.00	0.00	43.52 ✓
	INVENTORY							
2013519 ✓		11/14/20	11/09/20	11/10/20	3,356.66	0.00	0.00	3,356.66 ✓
	INVENTORY							
2013520 ✓		11/14/20	11/09/20	11/10/20	211.49	0.00	0.00	211.49 ✓
	INVENTORY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			26,284.40	0.00	0.00	26,284.40

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
	000403		11/14/20	11/09/20	11/10/20		27.18	0.00	0.00	27.18 ✓
		EMPLOYEE TRAVEL								
	Vendor Totals	Number	Name	10/24: 11/8 travel to Seadrift Colo			Gross	Discount	No-Pay	Net
		A2252	NADINE GARNER	to give flu shots			27.18	0.00	0.00	27.18

Vendor#	Vendor Name				Class	Pay Code				
11144	NAZARIO HERNANDEZ ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000402		11/14/20	11/06/20	11/07/20		30.60	0.00	0.00	30.60 ✓
		EMPLOYEE TRAVEL	travel to Citizens Medical Center on 11/6/17							
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11144	NAZARIO HERNANDEZ				30.60	0.00	0.00	30.60

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
	1850464678 ✓		11/13/20	10/17/20	11/16/20		803.32	0.00	0.00	803.32 ✓
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		O1416	ORTHO CLINICAL DIAGNOSTICS				803.32	0.00	0.00	803.32

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

2031022680	11/13/20 09/26/20 10/26/20	36.71	0.00	0.00	36.71	
SUPPLIES						
2031022671	11/13/20 09/26/20 10/26/20	107.05	0.00	0.00	107.05	
SUPPLIES						
2031022174	11/13/20 09/26/20 10/26/20	27.80	0.00	0.00	27.80	
SUPPLIES						
2031023030	11/13/20 09/26/20 10/26/20	994.08	0.00	0.00	994.08	
SUPPLIES						
2031022086	11/13/20 09/26/20 10/26/20	847.44	0.00	0.00	847.44	
SUPPLIES						
2031024046	11/13/20 09/26/20 10/26/20	1,193.87	0.00	0.00	1,193.87	
SUPPLIES						
2031086132	11/13/20 09/27/20 10/27/20	273.46	0.00	0.00	273.46	
Supplies						
2031113586	11/13/20 09/28/20 10/28/20	97.72	0.00	0.00	97.72	
SUPPLIES						
2031121412	11/13/20 09/28/20 10/28/20	160.40	0.00	0.00	160.40	
SUPPLIES						
2031121548	11/13/20 09/28/20 10/28/20	681.22	0.00	0.00	681.22	
SUPPLIES						
2031116427	11/13/20 09/28/20 10/28/20	66.81	0.00	0.00	66.81	
SUPPLIES						
2031114783	11/13/20 09/28/20 10/28/20	104.83	0.00	0.00	104.83	
SUPPLIES						
2031116436	11/13/20 09/28/20 10/28/20	84.65	0.00	0.00	84.65	
SUPPLIES						
2031239258	11/13/20 10/03/20 11/02/20	21.93	0.00	0.00	21.93	
SUPPLIES						
2031239091	11/13/20 10/03/20 11/02/20	16.98	0.00	0.00	16.98	
SUPPLIES						
2031238412	11/13/20 10/03/20 11/02/20	84.97	0.00	0.00	84.97	
SUPPLIES						
2031238408	11/13/20 10/03/20 11/02/20	10.24	0.00	0.00	10.24	
SUPPLIES						
2031239269	11/13/20 10/03/20 11/02/20	7.31	0.00	0.00	7.31	
SUPPLIES						
2031238603	11/13/20 10/03/20 11/02/20	4.15	0.00	0.00	4.15	
SUPPLIES						
2031238596	11/13/20 10/03/20 11/02/20	424.94	0.00	0.00	424.94	
SUPPLIES						
2031315393	11/13/20 10/05/20 11/04/20	665.99	0.00	0.00	665.99	
SUPPLIES						
2031307177	11/13/20 10/05/20 11/04/20	94.47	0.00	0.00	94.47	
SUPPLIES						
2031307172	11/13/20 10/05/20 11/04/20	116.87	0.00	0.00	116.87	
SUPPLIES						
2031308374	11/13/20 10/05/20 11/04/20	60.07	0.00	0.00	60.07	
SUPPLIES						
2031437795	11/13/20 10/10/20 11/09/20	2.56	0.00	0.00	2.56	
Supplies						
2031439525	11/13/20 10/10/20 11/09/20	3.05	0.00	0.00	3.05	
SUPPLIES						

2031437107	11/13/20	10/10/20	11/09/20	34.50	0.00	0.00	34.50	
SUPPLIES								
2031436234	11/13/20	10/10/20	11/09/20	34.50	0.00	0.00	34.50	
SUPPLIES								
2031437214	11/13/20	10/10/20	11/09/20	37.90	0.00	0.00	37.90	
SUPPLIES								
2031522575	11/13/20	10/12/20	11/11/20	4.15	0.00	0.00	4.15	
SUPPLIES								
2031523768	11/13/20	10/12/20	11/11/20	22.75	0.00	0.00	22.75	
SUPPLIES								
2031521431	11/13/20	10/12/20	11/11/20	3.22	0.00	0.00	3.22	
SUPPLIES								
2031523197	11/13/20	10/12/20	11/11/20	61.74	0.00	0.00	61.74	
SUPPLIES								
2031522168	11/13/20	10/12/20	11/11/20	4.19	0.00	0.00	4.19	
SUPPLIES								
2031631238	11/13/20	10/17/20	11/16/20	1,250.72	0.00	0.00	1,250.72	
SUPPLIES								
2031641407	11/13/20	10/17/20	11/16/20	26.88	0.00	0.00	26.88	
SUPPLIES								
2031641196	11/13/20	10/17/20	11/16/20	231.38	0.00	0.00	231.38	
SUPPLIES								
2031714809	11/13/20	10/19/20	11/18/20	29.72	0.00	0.00	29.72	
SUPPLIES								
2031716474	11/13/20	10/19/20	11/18/20	183.58	0.00	0.00	183.58	
SUPPLIES								
2031722313	11/13/20	10/19/20	11/18/20	1,844.91	0.00	0.00	1,844.91	
SUPPLIES								
2031731734	11/13/20	10/19/20	11/18/20	69.42	0.00	0.00	69.42	
SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	10,029.13	0.00	0.00	10,029.13

Vendor#	Vendor Name	Class	Pay Code
P0706	PALACIOS BEACON	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
33054928		11/13/20	10/12/20	11/12/20			165.00	0.00	0.00	165.00
	NEWSPAPER AD									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	P0706	PALACIOS BEACON	165.00	0.00	0.00	165.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000398		11/13/20	11/13/20	11/13/20			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
P2200	POWER HARDWARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
B35688		11/14/20	11/08/20	11/18/20			3.89	0.00	0.00	3.89
	SUPPLIES									

Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	P2200	POWER HARDWARE				3.89	0.00	0.00	3.89

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3930182	SUPPLIES	11/13/20	09/26/20	10/26/20			237.65	0.00	0.00	237.65

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10372	PRECISION DYNAMICS CORP (PDC)	237.65	0.00	0.00	237.65

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
10201724	MARKETING	11/13/20	10/16/20	11/16/20			240.00	0.00	0.00	240.00

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
10288	SANDRA BRAUN		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000404A	EMPLYOYEE DINE AND TRAVI	11/14/20	11/07/20	11/08/20			224.68	0.00	0.00	224.68

10/30-10/31 Management for new Supervisors workshop

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10288	SANDRA BRAUN	224.68	0.00	0.00	224.68

Vendor#	Vendor Name	Class	Pay Code
11592	SARAH ELLIS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000395	EMPLOYEE REFUND	11/14/20	11/08/20	11/09/20			662.40	0.00	0.00	662.40

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11592	SARAH ELLIS	662.40	0.00	0.00	662.40

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
103145	SUPPLIES	11/13/20	10/11/20	11/11/20			47.62	0.00	0.00	47.62

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
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
89458	PAINT	11/13/20	10/27/20	11/11/20			55.87	0.00	0.00	55.87
89466	PAINT	11/13/20	10/27/20	11/11/20			201.23	0.00	0.00	201.23

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS	257.10	0.00	0.00	257.10

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
115513886		11/13/20	10/18/20	11/12/20			751.58	0.00	0.00	751.58

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	S2001	SIEMENS MEDICAL SOLUTIONS INC				751.58	0.00	0.00	751.58
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
	218095		11/13/20	10/20/20	10/30/20		775.00	0.00	0.00	775.00
		SUPPLIES								
	218417		11/13/20	10/31/20	11/10/20		420.00	0.00	0.00	420.00
		ADVERTISING								
	218598		11/13/20	11/01/20	11/11/20		380.00	0.00	0.00	380.00
		ADVERTISING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.				1,575.00	0.00	0.00	1,575.00
Vendor#	Vendor Name				Class	Pay Code				
S2270	SMILE MAKERS				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	8168238		11/14/20	10/25/20	11/19/20		66.43	0.00	0.00	66.43
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2270	SMILE MAKERS				66.43	0.00	0.00	66.43
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
	93923261		11/13/20	09/18/20	10/18/20		792.98	0.00	0.00	792.98
		SUPPLIES								
	93934855		11/13/20	09/25/20	10/25/20		502.85	0.00	0.00	502.85
		SUPPLIES								
	93951111		11/13/20	10/03/20	11/13/20		1,257.51	0.00	0.00	1,257.51
		SUPPLIES								
	93960092		11/13/20	10/09/20	11/09/20		265.14	0.00	0.00	265.14
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW				2,818.48	0.00	0.00	2,818.48
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
	15014094		11/13/20	10/10/20	11/13/20		351.63	0.00	0.00	351.63
		SUPPLIES								
	15019751		11/13/20	10/17/20	11/17/20		332.48	0.00	0.00	332.48
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2353	SMITHS MEDICAL ASD INC				684.11	0.00	0.00	684.11
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
	90031047		11/14/20	10/31/20	11/25/20		-3,192.28	0.00	0.00	-3,192.28
		BLOOD								
	90031126		11/14/20	10/31/20	11/25/20		7,586.87	0.00	0.00	7,586.87
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11296	SOUTH TEXAS BLOOD & TISSUE CEN				4,394.59	0.00	0.00	4,394.59
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
3161516	SUPPLIES	11/13/20	10/03/20	11/02/20		102.56	0.00	0.00	102.56

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10735	STRYKER SUSTAINABILITY	102.56	0.00	0.00	102.56

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
000396	WRK COMP INS	11/13/20	11/07/20	11/15/20		3,771.00	0.00	0.00	3,771.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2204	TEXAS MUTUAL INSURANCE CO	3,771.00	0.00	0.00	3,771.00

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
01884093017	LAB SERVICES	11/14/20	09/30/20	10/25/20		450.00	0.00	0.00	450.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	D1641	THE DOCTORS' CENTER	450.00	0.00	0.00	450.00

Vendor# Vendor Name — Class — Pay Code

11006 THE HARTFORD

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000393	INSURANCE	11/13/20	11/01/20	11/21/20		2,390.00	0.00	0.00	2,390.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11006	THE HARTFORD	2,390.00	0.00	0.00	2,390.00

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
8150782429	LAUDNRY	10/31/20	10/24/20	11/18/20		18.21	0.00	0.00	18.21
8150782347	LAUNDRY	10/31/20	10/24/20	11/18/20		17.00	0.00	0.00	17.00
8150783019	LAUNDRY	11/14/20	10/31/20	11/25/20		17.00	0.00	0.00	17.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS	52.21	0.00	0.00	52.21

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
8400259690	LAUNDRY	10/31/20	10/24/20	11/18/20		997.07	0.00	0.00	997.07
8400259645	LAUNDRY	10/31/20	10/24/20	11/18/20		56.78	0.00	0.00	56.78
8400259644	LAUNDRY	10/31/20	10/24/20	11/18/20		47.15	0.00	0.00	47.15
8400259730	LAUNDRY	10/31/20	10/24/20	11/18/20		85.96	0.00	0.00	85.96
8400259643	LAUNDRY	10/31/20	10/24/20	11/18/20		96.45	0.00	0.00	96.45
8400259641		10/31/20	10/24/20	11/18/20		94.29	0.00	0.00	94.29

	LAUNDRY							
8400259683		10/31/20	10/24/20	11/18/20	50.10	0.00	0.00	50.10
	LAUNDRY							
8400260181		10/31/20	10/31/20	11/25/20	162.62	0.00	0.00	162.62
	LAUNDRY							
8400259642		11/13/20	10/24/20	11/18/20	145.54	0.00	0.00	145.54
	SUPPLIES							
8400260007		11/14/20	10/27/20	11/21/20	420.75	0.00	0.00	420.75
	LAUNDRY							
8400259975		11/14/20	10/27/20	11/21/20	148.95	0.00	0.00	148.95
	LAUNDRY							
8400260266		11/14/20	10/31/20	11/25/20	99.87	0.00	0.00	99.87
	LAUNDRY							
8400260222		11/14/20	10/31/20	11/25/20	60.90	0.00	0.00	60.90
	LAUNDRY							
8400260182		11/14/20	10/31/20	11/25/20	88.75	0.00	0.00	88.75
	LAUNDRY							
8400260183		11/14/20	10/31/20	11/25/20	47.15	0.00	0.00	47.15
	LAUNDRY							
8400260184		11/14/20	10/31/20	11/25/20	52.60	0.00	0.00	52.60
	LAUNDRY							
8400260180		11/14/20	10/31/20	11/25/20	94.29	0.00	0.00	94.29
	LAUNDRY							
8400260227		11/14/20	10/31/20	11/25/20	1,030.08	0.00	0.00	1,030.08
	LAUNDRY							
8400260530		11/14/20	11/03/20	11/28/20	784.06	0.00	0.00	784.06
	LAUNDRY							
8400260498		11/14/20	11/03/20	11/28/20	148.95	0.00	0.00	148.95
	LAUNDRY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC			4,712.31	0.00	0.00	4,712.31

Vendor#	Vendor Name			Class	Pay Code				
10968	UNITED RENTALS (NORTH AMERICA)								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
151597838001		11/14/20	10/30/20	10/31/20			378.67	0.00	0.00	378.67
	EQUIPMENT RENTAL									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10968	UNITED RENTALS (NORTH AMERICA)					378.67	0.00	0.00	378.67

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
9794635178		11/14/20	10/16/20	11/16/20			218.43	0.00	0.00	218.43
	PHONE									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	V0559	VERIZON WIRELESS					218.43	0.00	0.00	218.43

Vendor#	Vendor Name			Class	Pay Code				
11280	VICTORIA ADVOCATE								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000401		11/14/20	10/31/20	11/15/20			258.86	0.00	0.00	258.86
	AD									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	11280 VICTORIA ADVOCATE				258.86	0.00	0.00	258.86

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
17100250	ADVERTISING	11/13/20	10/31/20			210.00	0.00	0.00	210.00
17100253	ADVERTISING	11/13/20	10/31/20	11/10/20		120.00	0.00	0.00	120.00
17100251	ADVERTISING	11/13/20	10/31/20	11/10/20		300.00	0.00	0.00	300.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	V1471	VICTORIA RADIOWORKS, LTD	630.00	0.00	0.00	630.00

Vendor# Vendor Name — Class — Pay Code

I1110 WERFEN USA LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9110430290	SUPPLIES	11/13/20	09/26/20	10/21/20		2,156.07	0.00	0.00	2,156.07
9110436138	SUPPLIES	11/14/20	10/16/20	11/10/20		1,571.67	0.00	0.00	1,571.67

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	I1110	WERFEN USA LLC	3,727.74	0.00	0.00	3,727.74

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	307,370.64	0.00	0.00	307,370.64

page 2 correction { <71.37> +64.11

page 7 correction { <125.68> +125.65

$307,363.35

307,370.64+
71.37-
64.11+
125.68-
125.65+
307,363.35*

APPROVED ON
NOV 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 173487 to #173570

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

RUN DATE: 11/20/17
TIME: 13:43

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER	PAYEE NAME	DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]	[redacted]	111717	219.95		2	REFUND FOR	[redacted]
		111717	2538.93		2	REFUND FOR	
		111717	232.03		2	REFUND FOR	
		111717	425.47		2	REFUND FOR	
		111717	435.32		2	REFUND FOR	
		111717	301.12		2	REFUND FOR	
		111717	106.88		2	REFUND FOR	
		111717	64.91		2	REFUND FOR	
		111717	749.76		2	REFUND FOR	
		111717	1624.00		2	REFUND FOR	
		111717	50.88		2	REFUND FOR	
		111717	43.57		2	REFUND FOR	
		111717	1529.60		2	REFUND FOR	
		111717	142.12		2	REFUND FOR	
		111717	784.24		3	REFUND FOR	
		111717	162.28		2	REFUND FOR	
		111717	418.72		2	REFUND FOR	

RUN DATE: 11/20/17 MEMORIAL MEDICAL CENTER PAGE 2
TIME: 13:43 EOIT LIST FOR PATIENT REFUNDS ARID=0001 APCDEOIT

PATIENT NUMBER	PAYEE NAME			DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]				111717	420.14 ✓	2		REFUND FOR	
				111717	421.47 ✓	3		REFUND FOR	
				063017	492.31	2		~~REFUND~~ FOR ASHFORD GARDENS	
	7210 NORTHLINE DRIVE								
	HOUSTON	TX	770761517						
BROAD600 01	THE BROADMOOR AT CREEK			031516	789.60	2		TRANSFER TO THE BROADMOOR AT CREEK	
	5665 CREEKSIDE								
	FOREST DRIVE								
	SPRING	TX	77389						
BROAD600 02	THE BROADMOOR AT CREEK			111717	526.40	2		REFUND FOR THE BROADMOOR AT CREEK	
	5665 CREEKSIDE								
	FOREST DRIVE								
	SPRING	TX	77389						
BROAD600 03	THE BROADMOOR AT CREEK			111717	1710.80	2		REFUND FOR THE BROADMOOR AT CREEK	
	5665 CREEKSIDE								
	FOREST DRIVE								
	SPRING	TX	77389						
BROAD600 04	THE BROADMOOR AT CREEK			111717	526.40	2		REFUND FOR THE BROADMOOR AT CREEK	
	5665 CREEKSIDE								
	FOREST DRIVE								
	SPRING	TX	77389						
SOLER600 01	SOLERA WEST HOUSTON			031516	9606.80	2		TRANSFER TO SOLERA WEST HOUSTON	
	2101 GREENHOUSE ROAD								
	HOUSTON	TX	770846108						
SOLER600 02	SOLERA WEST HOUSTON			111717	8554.00	2		REFUND FOR SOLERA WEST HOUSTON	
	2101 GREENHOUSE ROAD								
	HOUSTON	TX	770846108						
	TOTAL				32877.70				

Took off - Not approved - No Approval Signature from MMC

219.95 +	
2,538.93 +	
232.03 +	
425.47 +	
435.32 +	
301.12 +	
106.88 +	492.31 +
64.91 +	789.60 +
749.76 +	526.40 +
1,624.00 +	1,710.80 +
50.88 +	526.40 +
43.57 +	9,606.80 +
1,529.60 +	8,554.00 +
142.12 +	22,206.31 *
784.24 +	
162.28 +	22,206.31 -
418.72 +	32,877.70 +
420.14 +	10,671.39 *
421.47 +	
10,671.39 *	

32877.70
<22,206.31> NoApproval from MMC

10,671.39 = Patient Refunds

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

APPROVED ON
NOV 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS # 173591 to 173609

VOIDS= #173572 - 137590

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P *	000955	11/20/17	2,896.18	MCKESSON
A/P	137589	11/20/17	420.14CR	[redacted]
A/P *	137590	11/20/17	421.47CR	[redacted]
A/P	173487	11/20/17	90.00	ACE HARDWARE 15521
A/P	173488	11/20/17	1,400.00	ACUTE CARE INC
A/P	173489	11/20/17	325.00	AMERICAN COLLEGE OF HEALTHCARE
A/P	173490	11/20/17	2,930.73	BAXTER HEALTHCARE CORP
A/P	173491	11/20/17	4,298.68	BECKMAN COULTER INC
A/P	173492	11/20/17	1,272.54	BIRCH COMMUNICATIONS
A/P	173493	11/20/17	15.20	BOSART LOCK & KEY INC
A/P	173494	11/20/17	646.64	CABLE ONE
A/P	173495	11/20/17	800.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	173496	11/20/17	592.56	CARDINAL HEALTH 414,LLC
A/P	173497	11/20/17	4,492.07	CAREFUSION 211, INC
A/P	173498	11/20/17	59.10	CAREFUSION 2200, INC
A/P	173499	11/20/17	274.79	COASTAL OFFICE SOLUTONS
A/P	173500	11/20/17	2,310.00	COKER GROUP HOLDINGS, LLC
A/P	173501	11/20/17	1,300.00	DA&E
A/P	173502	11/20/17	9,764.23	DELTA HEALTHCARE PROVIDERS
A/P	173503	11/20/17	533.74	DEWITT POTH & SON
A/P	173504	11/20/17	93,071.79	DISCOVERY MEDICAL NETWORK INC
A/P	173505	11/20/17	300.00	DOLPHIN TALK
A/P	173506	11/20/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	173507	11/20/17	92.00	EPIPHANY ARCHANGEL
A/P	173508	11/20/17	1,240.23	EVIDENT
A/P	173509	11/20/17	11.67	FASTENAL COMPANY
A/P	173510	11/20/17	495.00	FASTHEALTH CORPORATION
A/P	173511	11/20/17	850.00	FISHER HEALTHCARE
A/P	173512	11/20/17	1,529.28	FIVE STAR STERILIZER SERVICES
A/P	173513	11/20/17	59.42	FRONTIER
A/P	173514	11/20/17	118.56	GRAPHIC CONTROLS LLC
A/P	173515	11/20/17	900.00	GULF COAST REGIONAL
A/P	173516	11/20/17	4,919.41	HEALTHCARE EQUIPMENT FINANCE
A/P	173517	11/20/17	575.00	HILL-ROM COMPANY, INC
A/P	173518	11/20/17	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	173519	11/20/17	14,893.50	HUNTER PHARMACY SERVICES
A/P	173520	11/20/17	400.00	LAMAR COMPANIES
A/P	173521	11/20/17	662.27	MARLIN BUSINESS BANK
A/P	173522	11/20/17	727.35	MARTIN PRINTING CO
A/P	173523	11/20/17	810.15	MCKESSON MEDICAL SURGICAL INC
A/P	173524	11/20/17	2,254.59	MEDLINE INDUSTRIES INC
A/P	173525	11/20/17	125.65	MELSTAN, INC.
A/P	173526	11/20/17	73.69	MERCEDES MEDICAL
A/P	173527	11/20/17	105.73	MERCURY MEDICAL
A/P	173528	11/20/17	2,282.06	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	173529	11/20/17	24,021.46	MMC EMPLOYEE BENEFIT PLAN
A/P	173530	11/20/17	200.00	MMC EMPLOYEES ACTIVITES TEAM
A/P	173531	11/20/17	147.29	MMC VOLUNTEERS
A/P	173532	11/20/17	.00	VOIDED
A/P	173533	11/20/17	.00	VOIDED

Separate CK Register > VOIDS

BANK	CODE	NUMBER	DATE	AMOUNT	PAYEE
	A/P	173534	11/20/17	26,284.40	MORRIS & DICKSON CO, LLC
	A/P	173535	11/20/17	27.18	NADINE GARNER
	A/P	173536	11/20/17	30.60	NAZARIO HERNANDEZ
	A/P	173537	11/20/17	803.32	ORTHO CLINICAL DIAGNOSTICS
	A/P	173538	11/20/17	.00	VOIDED
	A/P	173539	11/20/17	.00	VOIDED
	A/P	173540	11/20/17	.00	VOIDED
	A/P	173541	11/20/17	.00	VOIDED
	A/P	173542	11/20/17	.00	VOIDED
	A/P	173543	11/20/17	10,029.13	OWENS & MINOR
	A/P	173544	11/20/17	165.00	PALACIOS BEACON
	A/P	173545	11/20/17	11,001.20	PORT LAVACA RETAIL GROUP LLC
	A/P	173546	11/20/17	3.89	POWER HARDWARE
	A/P	173547	11/20/17	237.65	PRECISION DYNAMICS CORP (PDC)
	A/P	173548	11/20/17	240.00	REVISTA de VICTORIA
	A/P	173549	11/20/17	224.68	SANDRA BRAUN
	A/P	173550	11/20/17	662.40	SARAH ELLIS
	A/P	173551	11/20/17	47.62	SCAN SOUND, INC
	A/P	173552	11/20/17	257.10	SHERWIN WILLIAMS
	A/P	173553	11/20/17	751.58	SIEMENS MEDICAL SOLUTIONS INC
	A/P	173554	11/20/17	1,575.00	SIGN AD, LTD.
	A/P	173555	11/20/17	66.43	SMILE MAKERS
	A/P	173556	11/20/17	2,818.48	SMITH & NEPHEW
	A/P	173557	11/20/17	684.11	SMITHS MEDICAL ASD INC
	A/P	173558	11/20/17	4,394.59	SOUTH TEXAS BLOOD & TISSUE CEN
	A/P	173559	11/20/17	102.56	STRYKER SUSTAINABILITY
	A/P	173560	11/20/17	3,771.00	TEXAS MUTUAL INSURANCE CO
	A/P	173561	11/20/17	450.00	THE DOCTORS' CENTER
	A/P	173562	11/20/17	2,390.00	THE HARTFORD
	A/P	173563	11/20/17	52.21	UNIFIRST HOLDINGS
	A/P	173564	11/20/17	.00	VOIDED
	A/P	173565	11/20/17	4,712.31	UNIFIRST HOLDINGS INC
	A/P	173566	11/20/17	378.67	UNITED RENTALS (NORTH AMERICA)
	A/P	173567	11/20/17	218.43	VERIZON WIRELESS
	A/P	173568	11/20/17	258.86	VICTORIA ADVOCATE
	A/P	173569	11/20/17	630.00	VICTORIA RADIOWORKS, LTD
	A/P *	173570	11/20/17	3,727.74	WERFEN USA LLC
	A/P	173572	11/20/17	.00	AETNA INC.
	A/P	173573	11/20/17	.00	AETNA INC.
	A/P	173574	11/20/17	.00	AETNA INC.
	A/P	173575	11/20/17	.00	CALHOUN COUNTY INDIGENT
	A/P	173576	11/20/17	.00	CALHOUN COUNTY INDIGENT
	A/P	173577	11/20/17	.00	CALHOUN COUNTY INDIGENT
	A/P	173578	11/20/17	.00	CALHOUN COUNTY INDIGENT
	A/P	173579	11/20/17	.00	CALHOUN COUNTY INDIGENT
	A/P	173580	11/20/17	.00	CALHOUN COUNTY INDIGENT
	A/P	173581	11/20/17	.00	CALHOUN COUNTY INDIGENT
	A/P	173582	11/20/17	.00	CALHOUN COUNTY INDIGENT
	A/P	173583	11/20/17	.00	CALHOUN COUNTY INDIGENT
	A/P	173584	11/20/17	.00	CALHOUN COUNTY INDIGENT
	A/P	173585	11/20/17	.00	173585

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	173586	11/20/17	.00	CIGNA HEALTHCARE OVERPA
A/P	173587	11/20/17	.00	CIGNA HEALTHCARE OVERPA
A/P	173588	11/20/17	.00	[redacted]
A/P	173589	11/20/17	420.14	[redacted] VOIDED
A/P	173590	11/20/17	421.47	[redacted]
A/P	173591	11/20/17	219.95	[redacted]
A/P	173592	11/20/17	435.32	AETNA INC.
A/P	173593	11/20/17	64.91	AETNA INC.
A/P	173594	11/20/17	425.47	CALHOUN COUNTY INDIGENT
A/P	173595	11/20/17	301.12	CALHOUN COUNTY INDIGENT
A/P	173596	11/20/17	106.88	CALHOUN COUNTY INDIGENT
A/P	173597	11/20/17	749.76	CALHOUN COUNTY INDIGENT
A/P	173598	11/20/17	1,624.00	CALHOUN COUNTY INDIGENT
A/P	173599	11/20/17	43.57	CALHOUN COUNTY INDIGENT
A/P	173600	11/20/17	1,529.60	CALHOUN COUNTY INDIGENT
A/P	173601	11/20/17	142.12	CALHOUN COUNTY INDIGENT
A/P	173602	11/20/17	784.24	CALHOUN COUNTY INDIGENT
A/P	173603	11/20/17	162.28	CALHOUN COUNTY INDIGENT
A/P	173604	11/20/17	50.88	CALHOUN COUTNY INDIGENT
A/P	173605	11/20/17	2,538.93	CIGNA HEALTHCARE OVERPA
A/P	173606	11/20/17	232.03	CIGNA HEALTHCARE OVERPA
A/P	173607	11/20/17	418.72	[redacted]
A/P	173608	11/20/17	420.14	[redacted]
A/P	173609	11/20/17	421.47	[redacted]
TOTALS:			320,930.92	

APPROVED ON
NOV 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/20/2017 MEMORIAL MEDICAL CENTER 0
13:50 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
	000431		11/20/20	11/20/20	11/21/20			1,035.00	0.00	0.00	1,035.00
		CONTRACT EMPLOYEE 11/7 - 11/19/17									
Vendor Totals	Number	Name						Gross	Discount	No-Pay	Net
	11069	PABLO GARZA						1,035.00	0.00	0.00	1,035.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	1,035.00	0.00	0.00	1,035.00

APPROVED ON
NOV 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 173610

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

11/20/2017 MEMORIAL MEDICAL CENTER 0
13:51 AP Open Invoice List ap_open_invoice.template
Dates Through:

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
000429		11/20/20	11/18/20	11/19/20			589.16	0.00	0.00	589.16
	CONTRACT EMPLOYEE Transcription 11/6-11/18/17									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	K0536	SHIRLEY KARNEI	589.16	0.00	0.00	589.16

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	589.16	0.00	0.00	589.16

APPROVED
ON

NOV 20 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CK# 173611

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

RUN DATE:11/21/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:08:37 CHECK REGISTER GLCKREG
11/21/17 THRU 11/21/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	173610	11/21/17	1,035.00	PABLO GARZA
A/P	173611	11/21/17	589.16	SHIRLEY KARNEI
TOTALS:			1,624.16	

APPROVED ON
NOV 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

11/17/2017 — AP Open Invoice List — 0

16:36 — Dates Through: — ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
10613	MEDIMPACT HEALTHCARE SYS, INC.	A/P	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000428		11/17/20	11/14/20	11/14/20			347.26	0.00	0.00	347.26
	INDIGENT CARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10613	MEDIMPACT HEALTHCARE SYS, INC.	347.26	0.00	0.00	347.26

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	347.26	0.00	0.00	347.26

APPROVED ON NOV 20 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

RUN DATE:11/17/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:16:40 CHECK REGISTER GLCKREG
11/17/17 THRU 11/17/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
ICP	012033	11/17/17	347.26	MEDIMPACT HEALTHCARE SYS, INC.
TOTALS:			347.26	

APPROVED ON
NOV 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: 11/17/2017

DC: 8115

Territory:

Customer: 632536
Date: 11/18/2017

Page: 002

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

As of: 11/17/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 11/18/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,955.28 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 08/07/2017 2,451.97

If Paid By 11/21/2017, Pay This Amount: 2,896.18 USD

If Paid After 11/21/2017, Pay this Amount: 2,955.28 USD

Due If Paid On Time: USD 2,896.18
Disc lost if paid late: 59.10
Due If Paid Late: USD 2,955.28

clk# 955

999.60 +
1,896.58 +
2,896.18 *

2,896.18 +
2,896.18 -
0.00 *

340 B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

APPROVED
ON
NOV 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#000955

McKESSON

STATEMENT

Company: 8000

As of: 11/17/2017

Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 11/18/2017

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

As of: 11/17/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

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

Cust: 256342 PLEASE CHECK ANY
Date: 11/18/2017 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											
11/13/2017	11/21/2017	7839990209	2007401246	115Invoice	0.01	0.63		0.62		7839990209	
11/13/2017	11/21/2017	7839990210	1109170622-00	115Invoice	1.45	72.27		70.82		7839990210	
11/14/2017	11/21/2017	7840254151	2007406923	115Invoice		0.16		0.16		7840254151	
11/14/2017	11/21/2017	7840254152	1106480	115Invoice	0.02	0.96		0.94		7840254152	
11/14/2017	11/21/2017	7840254153	MH11132017—	115Invoice	0.01	0.63		0.62		7840254153	
11/16/2017	11/21/2017	7840758893	WMAutoship111520	115Invoice	0.01	0.51		0.50		7840758893	
11/16/2017	11/21/2017	7840758894	6757528289	115Invoice	8.74	436.98		428.24		7840758894	
11/17/2017	11/21/2017	7840973763	9257521610	115Invoice	5.17	258.69		253.52		7840973763	
11/17/2017	11/21/2017	7840973764	1106607	115Invoice	2.50	125.12		122.62		7840973764	
11/17/2017	11/21/2017	7840973765	1116170337-00	115Invoice	2.48	124.04		121.56		7840973765	

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: 1,019.99 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,538.14
11/13/2017

If Paid By 11/21/2017,
Pay This Amount: 999.60 USD

If Paid After 11/21/2017,
Pay this Amount: 1,019.99 USD

Due If Paid On Time:
USD 999.60

Disc lost if paid late:
20.39

Due If Paid Late:
USD 1,019.99

APPROVED
ON

NOV 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: 11/17/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 11/18/2017

Page: 001

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

As of: 11/17/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 11/18/2017 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											
11/13/2017	11/21/2017	7840030874	1001115677	115Invoice	2.14	107.06		104.92		7840030874	
11/13/2017	11/21/2017	7840030875	1001115677	115Invoice	0.02	1.24		1.22		7840030875	
11/13/2017	11/21/2017	7840030876	1001116341	115Invoice	1.04	51.95		50.91		7840030876	
11/13/2017	11/21/2017	7840030877	1001116779	115Invoice	1.50	75.12		73.62		7840030877	
11/14/2017	11/21/2017	7840248688	1001117188	115Invoice	2.16	107.92		105.76		7840248688	
11/15/2017	11/21/2017	7840506159	1001117900	115Invoice	0.08	3.76		3.68		7840506159	
11/16/2017	11/21/2017	7840778677	1001118756	115Invoice	18.69	934.31		915.62		7840778677	
11/17/2017	11/21/2017	7840972011	1001119399	115Invoice	13.08	653.93		640.85		7840972011	

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: 1,935.29 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 3,538.14
11/13/2017

If Paid By 11/21/2017,
Pay This Amount: 1,896.58 USD

If Paid After 11/21/2017,
Pay this Amount: 1,935.29 USD

Due If Paid On Time:
USD 1,896.58

Disc lost if paid late:
38.71

Due If Paid Late:
USD 1,935.29

APPROVED
ON
NOV 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:11/20/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:40 CHECK REGISTER GLCKREG
11/20/17 THRU 11/20/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	* 000955	11/20/17	2,896.18	MCKESSON
A/P	173487	11/20/17	90.00	ACE HARDWARE 15521
A/P	173488	11/20/17	1,400.00	ACUTE CARE INC
A/P	173489	11/20/17	325.00	AMERICAN COLLEGE OF HEALTHCARE
A/P	173490	11/20/17	2,930.73	BAXTER HEALTHCARE CORP
A/P	173491	11/20/17	4,298.68	BECKMAN COULTER INC
A/P	173492	11/20/17	1,272.54	BIRCH COMMUNICATIONS
A/P	173493	11/20/17	15.20	BOSART LOCK & KEY INC
A/P	173494	11/20/17	646.64	CABLE ONE
A/P	173495	11/20/17	800.00	CALHOUN COUNTY INDIGENT ACCOUN
A/P	173496	11/20/17	592.56	CARDINAL HEALTH 414,LLC
A/P	173497	11/20/17	4,492.07	CAREFUSION 211, INC
A/P	173498	11/20/17	59.10	CAREFUSION 2200, INC
A/P	173499	11/20/17	274.79	COASTAL OFFICE SOLUTONS
A/P	173500	11/20/17	2,310.00	COKER GROUP HOLDINGS, LLC
A/P	173501	11/20/17	1,300.00	DA&E
A/P	173502	11/20/17	9,764.23	DELTA HEALTHCARE PROVIDERS
A/P	173503	11/20/17	533.74	DEWITT POTH & SON
A/P	173504	11/20/17	93,071.79	DISCOVERY MEDICAL NETWORK INC
A/P	173505	11/20/17	300.00	DOLPHIN TALK
A/P	173506	11/20/17	40,062.50	EMERGENCY STAFFING SOLUTIONS
A/P	173507	11/20/17	92.00	EPIPHANY ARCHANGEL
A/P	173508	11/20/17	1,240.23	EVIDENT
A/P	173509	11/20/17	11.67	FASTENAL COMPANY
A/P	173510	11/20/17	495.00	FASTHEALTH CORPORATION
A/P	173511	11/20/17	850.00	FISHER HEALTHCARE
A/P	173512	11/20/17	1,529.28	FIVE STAR STERILIZER SERVICES
A/P	173513	11/20/17	59.42	FRONTIER
A/P	173514	11/20/17	118.56	GRAPHIC CONTROLS LLC
A/P	173515	11/20/17	900.00	GULF COAST REGIONAL
A/P	173516	11/20/17	4,919.41	HEALTHCARE EQUIPMENT FINANCE
A/P	173517	11/20/17	575.00	HILL-ROM COMPANY, INC
A/P	173518	11/20/17	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	173519	11/20/17	14,893.50	HUNTER PHARMACY SERVICES
A/P	173520	11/20/17	400.00	LAMAR COMPANIES
A/P	173521	11/20/17	662.27	MARLIN BUSINESS BANK
A/P	173522	11/20/17	727.35	MARTIN PRINTING CO
A/P	173523	11/20/17	810.15	MCKESSON MEDICAL SURGICAL INC
A/P	173524	11/20/17	2,254.59	MEDLINE INDUSTRIES INC
A/P	173525	11/20/17	125.65	MELSTAN, INC.
A/P	173526	11/20/17	73.69	MERCEDES MEDICAL
A/P	173527	11/20/17	105.73	MERCURY MEDICAL
A/P	173528	11/20/17	2,282.06	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	173529	11/20/17	24,021.46	MMC EMPLOYEE BENEFIT PLAN
A/P	173530	11/20/17	200.00	MMC EMPLOYEES ACTIVITES TEAM
A/P	173531	11/20/17	147.29	MMC VOLUNTEERS
A/P	173532	11/20/17	.00	VOIDED
A/P	173533	11/20/17	.00	VOIDED
A/P	173534	11/20/17	26,284.40	MORRIS & DICKSON CO, LLC
A/P	173535	11/20/17	27.18	NADINE GARNER

ck Register for ck# 000955

BANK--CHECK-- CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	173536	11/20/17	30.60	NAZARIO HERNANDEZ
A/P	173537	11/20/17	803.32	ORTHO CLINICAL DIAGNOSTICS
A/P	173538	11/20/17	.00	VOIDED
A/P	173539	11/20/17	.00	VOIDED
A/P	173540	11/20/17	.00	VOIDED
A/P	173541	11/20/17	.00	VOIDED
A/P	173542	11/20/17	.00	VOIDED
A/P	173543	11/20/17	10,029.13	OWENS & MINOR
A/P	173544	11/20/17	165.00	PALACIOS BEACON
A/P	173545	11/20/17	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	173546	11/20/17	3.89	POWER HARDWARE
A/P	173547	11/20/17	237.65	PRECISION DYNAMICS CORP (PDC)
A/P	173548	11/20/17	240.00	REVISTA de VICTORIA
A/P	173549	11/20/17	224.68	SANDRA BRAUN
A/P	173550	11/20/17	662.40	SARAH ELLIS
A/P	173551	11/20/17	47.62	SCAN SOUND, INC
A/P	173552	11/20/17	257.10	SHERWIN WILLIAMS
A/P	173553	11/20/17	751.58	SIEMENS MEDICAL SOLUTIONS INC
A/P	173554	11/20/17	1,575.00	SIGN AD, LTD.
A/P	173555	11/20/17	66.43	SMILE MAKERS
A/P	173556	11/20/17	2,818.48	SMITH & NEPHEW
A/P	173557	11/20/17	684.11	SMITHS MEDICAL ASD INC
A/P	173558	11/20/17	4,394.59	SOUTH TEXAS BLOOD & TISSUE CEN
A/P	173559	11/20/17	102.56	STRYKER SUSTAINABILITY
A/P	173560	11/20/17	3,771.00	TEXAS MUTUAL INSURANCE CO
A/P	173561	11/20/17	450.00	THE DOCTORS' CENTER
A/P	173562	11/20/17	2,390.00	THE HARTFORD
A/P	173563	11/20/17	52.21	UNIFIRST HOLDINGS
A/P	173564	11/20/17	.00	VOIDED
A/P	173565	11/20/17	4,712.31	UNIFIRST HOLDINGS INC
A/P	173566	11/20/17	378.67	UNITED RENTALS (NORTH AMERICA)
A/P	173567	11/20/17	218.43	VERIZON WIRELESS
A/P	173568	11/20/17	258.86	VICTORIA ADVOCATE
A/P	173569	11/20/17	630.00	VICTORIA RADIOWORKS, LTD
A/P	173570	11/20/17	3,727.74	WERFEN USA LLC
TOTALS:			310,259.53	

Elan™

November 2017 Statement
Open Date: 10/05/2017 Closing Date: 11/03/2017

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

New Balance	**$2,511.21**
Minimum Payment Due	**$26.00**
Payment Due Date	**12/01/2017**

Cardmember Service
BUS 30 ELN 8

Activity Summary

Previous Balance	+	$1,895.29
Payments	-	$1,895.29CR
Other Credits		$0.00
Purchases	+	$2,511.21
Balance Transfers		$0.00
Advances		$0.00
Other Debits		$0.00
Fees Charged		$0.00
Interest Charged		$0.00
New Balance	=	**$2,511.21**
Past Due		**$0.00**
Minimum Payment Due		**$26.00**
Credit Line		$10,000.00
Available Credit		$7,488.79
Days in Billing Period		30

Mailed 11/29 12-4-17

118·65+
412·50+
136·96+
299·00+
299·00+
297·18+
297·18+
131·74+
450·00+
22·00+
12·00+
35·00+
2,511·21=

Signature to legal
Michael J. Pfeifer
Calhoun County Judge
Date:

$2,511.21
APPROVED ON
NOV 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MMC will pay by phone

Payment Options:

Mail payment coupon with a check

Pay online at

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

Elan™

Payment Due Date	12/01/2017
New Balance	$2,511.21
Minimum Payment Due	$26.00

Amount Enclosed $_____

. to pay by phone
. to change your address

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

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

Elan™

November 2017 Statement 10/05/2017 - 11/03/2017

MEMORIAL MEDICAL CNT
JASON W ANGLIN

Cardmember Service

Important Messages

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

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

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
10/18	10/18		PAYMENT THANK YOU	$1,895.29CR	✓
			TOTAL THIS PERIOD	**$1,895.29CR**	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
10/10	10/05	5429	YO RANCH RESORT KERRVILLE TX 10/04/17 FOLIO: 0000902500	$118.65	✓
10/12	10/11	7838	OCCUPRO 262-6523004 WI	$412.50	✓
10/13	10/12	8718	DIY AWARDS 800-810-1216 CT	$136.96	✓
10/17	10/16	0671	SKILLPATH NATIONAL 913-3623900 KS	$299.00	✓
10/17	10/16	0689	SKILLPATH NATIONAL 913-3623900 KS	$299.00	✓
10/19	10/17	3504	HOLIDAY INN HOUSTON HOUSTON TX 10/29/17 FOR 01 NIGHTS FOLIO: 12237109	$297.18	✓
10/19	10/17	1184	HOLIDAY INN HOUSTON HOUSTON TX 10/29/17 FOR 01 NIGHTS FOLIO: 12237108	$297.18	✓
10/19	10/18	2092	MOMENTUM RENTAL AND SA PORT LAVACA TX	$131.74	✓
10/23	10/20	7825	ACT*Eide Bailly LLP 877-551-5560 TX	$450.00	✓
10/25	10/23	5895	OMNI CORPUS CHRISTI CORPUS CHRIST TX	$22.00	✓
10/27	10/26	0132	NPDB NPDB.HRSA.GOV 800-767-6732 VA	$12.00	✓
11/02	11/01	0180	SMK*SURVEYMONKEY.COM 971-2445555 CA	$35.00	✓
			TOTAL THIS PERIOD	**$2,511.21**	

2017 Totals Year-to-Date

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

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

Signature/Approval: _____ Accounting Code: _____

Continued on Next Page

MEMORIAL MEDICAL CENTER
PURCHASE ORDER

(1)

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

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

Vendor Name: Cardmember Service

Date: 11/13/17

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Yo Ranch Resort - Jason			118.65 ✓
2			Anglin hotel stay for THIE			
3			Hot Topics			
4	—		Occupro - Continuing Educ.			412.50 ✓
5	—		DIY Awards - Plaque for			136.96 ✓
6			Dr. Steinberg's Retirement			
7	—		Skill Path National - Registration			299.00 ✓
8			for Sandra Braun			
9	—		Skill Path National - Registration			299.00 ✓
10			for Epiphany Archangel			

Est. Freight _____ Est. Total Cost _____ TOTAL COST ~~1266.11~~

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

(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 Servica

Date: 11/13/17

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form #9401

Date Required | Expense # | Department | Deliver To

Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Holiday Inn Houston - Sandra		✓	297.18
2			Braun - Seminar - New Supervisors Workshop			
3	—		Holiday Inn Houston - Epiphany		✓	297.18
4			Archangel - Seminar - New Supervisors Workshop			
5	—		Momentum Rental - SA		✓	131.74
6	—		ACT - Elde Bailey - Webinar		✓	450.00
7			for Admin			
8	—		Omni Corpus Christi - Roshanda		✓	22.00
9			Thomas - Valet Parking			
10	—		NPDB - 6 Queries (Providers)		✓	12.00
	—		Survey Monkey - Advertisement		✓	35.00

Est. Freight _____ Est. Total Cost _____ TOTAL COST ~~1245.10~~

NOTES:

Charges made to Mr. Arafin's card. Total of Page 1 1/2 $2,511.21

Contact: | Date:

Quoted By:

Buyer: | E.T.A.

Dept. Director _____

Dir. Nursing _____

Adm. Dir. Clinical Service _____

CFO _____

Administrator _____

MOMENTUM RENTAL & SALES
809 South Highway 35
Port Lavaca, TX 77979
MomentumRentalandSales.com
361 552-7368 Phone
361 482-0415 Fax

Status: Completed
Invoice #: 47765-1
Invoice Date: Wed 10/18/2017
Date Out: Mon 10/16/2017 1:54PM

Operator: Chris Bordovsky

Customer #: 5921

MEMORIAL MEDICAL CENTER

Job Descr: MEMORIAL MEDICAL CENTER

Port Lavaca, TX 77979 **PO #:** CREDIT CARD **Job No:** CREDIT CARD

Ordered By: RANDY CABELLO
Salesman: House Account
Used at Address: MEMORIAL MED CENTER ; Port Lavaca, TX 77979

Qty	Key	Items Rented	Rental Period	Status	Rental Period	Price
1	500-3080#303906	7/8'-1-3/4" ROTARY HAMMER SDS	Mon 10/16/2017 to Wed 10/18/2017	Returned	Mon 10/16/2017 1:54PM to Wed 10/18/2017 11:56AM	$80.00
	1day $40.00 1week $119.00 4weeks $314.00					

Qty	Key	Items Sold	Part#	Status	Each	Price
2	MET-48-62-4075-1	SDS-MAX 12" BULL POINT	48-62-4075	Sold	$13.25	$26.50
1	MET-48-62-4079-1	SDS-MAX 12" FLAT CHISEL	48-62-4079	Sold	$12.04	$12.04

APPROVED
ON
NOV 20 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payments made on this contract:

Rental/Sale Paid	$131.74	Wed 10/18/2017 11:58AM Credit Card Visa	Auth:118185
Total	**$131.74**		

Rental:	Damage Waiver:	Sales:			
$80.00	$11.20	$38.54			
Subtotal:	**Env. Fee:**		**Total:**	**Paid:**	**Amount Due:**
$129.74	$2.00		$131.74	$131.74	$0.00

THIS RENTAL AND SALES AGREEMENT CONSISTS OF THIS PAGE, THE TERMS AND CONDITIONS ON THE REVERSE SIDE, WHICH TOGETHER CONSTITUTE THE ENTIRE AGREEMENT OF THE PARTIES RELATING TO THE SALE OR RENTAL OF THE EQUIPMENT, SERVICES OR ACCESSORIES DESCRIBED ABOVE. PLEASE READ CAREFULLY THE TERMS ON BOTH THE FRONT AND BACK OF THIS PAGE. This agreement is effective upon the earlier of Customer's signature below or delivery of the Equipment, either of which constitute Customer's acknowledgement that Customer has read and accepted the terms and conditions of this agreement. THE EQUIPMENT IS BEING RENTED OR SOLD "AS IS" WITHOUT WARRANTY OF ANY KIND. All Equipment is available for sale at all times, even while being rented. Any disputes arising from this transaction or this agreement must be brought in Calhoun County, Texas.

Equipment Sales Additional Terms and conditions (to be initialed by customer only if being sold the
"As Is" Sale-Warranty Disclaimer
Customer who purchases the equipment, hereinafter referred as "Purchaser", further understands and agrees that any risk as to the quality and performance of any of the product(s) is entirely with the Purchaser and should the goods prove defective following this purchase, the Purchaser will assume the entire cost of any necessary service or repairs. Furthermore, Purchaser agrees to defend, indemnify and hold harmless MRS from any and all claims and liabilities, whether such claims or liabilities concern loss of property (real or personal) or any injury to person(s) at any time following the execution of this agreement. Purchaser also agrees to pay all court costs, attorney fees and any other expense as part of its obligation to defend MRS from any actions asserted against MRS by any persons, partnerships, corporations or any other entities under this contract concerning the Product(s) or Equipment sold. By Purchaser's initialing of this section, and of their signature to this form, he/she hereby acknowledges that they have read this entire contract and understands that it is an "AS IS" sale of goods, that they have the authority to sign on the Purchaser's behalf, and that they have a full and fair opportunity to request legal counsel to review this contract, and they waive any claims under the Texas Deceptive Trade and Practices Act. _____

Print/Signature: _____

MEMORIAL MEDICAL CENTER

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
IBC Accounts
11/20/2017

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Pending Deposits	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	59,454.36	59,354.36	59,517.39	14,452.88	-	-	-	74,070.27	73,970.27

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	Pending Deposits	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	72,709.61	72,609.61	33,805.50	9,270.87	-	-	-	43,176.37	43,076.37
Crescent	4588	22,058.98	21,958.98	29,124.57	8,839.07	-	-	-	38,063.64	37,963.64
Broadmoor	4596	48,997.11	48,897.11	4,324.32	93.60	-	-	-	4,517.92	4,417.92
Fort Bend	4618	8,737.67	8,637.67	40,603.65	1,343.72	-	-	-	42,047.37	41,947.37
										127,405.30

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:
Cantex Health Care Centers III LLC
JP M 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: 12-4-17

APPROVED
NOV 21 2017
COUNTY AUDITOR

E:\NH Weekly Transfers\NH UPL Transfer Summary 11-20-17.xlsx

Accounts

Memorial Medical Center Operat *0301
Available Balance
$700,719.31

County of Calhoun Indigent *1101
Available Balance
$190.01

Memorial Medical Center *4553
Available Balance
$74,070.27

Memorial Medical Center *4561
Available Balance
$43,176.37

Memorial Medical Center *4588
Available Balance
$38,063.64

Memorial Medical Center *4596
Available Balance
$4,517.92

Memorial Medical Center *4618
Available Balance
$42,047.37

I8C Bank Activity
11/6/17 through 11/19/17

Ashford Gardens			Transfer-Out	Transfer-In
*4553	11/6/2017	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		406.52
*4553	11/7/2017	ACH Deposit - Molina HC of TX HCCLAIMPMT		978D.64
*4553	11/7/2017	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		3009.8
*4553	11/8/2017	Wire Debit - 0135 ASHFORD HEALTH CARE CENTER LTD811	59354.36	
*4553	11/9/2017	ACH Deposit - Molina HC of TX HCCLAIMPMT		4497.07
*4553	11/9/2017	ACH Deposit - Molina HC of TX HCCLAIMPMT		3796.64
*4553	11/13/2017	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		17075.04
*4553	11/14/2017	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		7609.23
*4553	11/14/2017	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		2368.17
*4553	11/14/2017	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		2004.95
*4553	11/14/2017	ACH Deposit - Molina HC of TX HCCLAIMPMT		1278.87
*4553	11/15/2017	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		1873.31
*4553	11/15/2017	ACH Deposit - MANAGEANDNET1718 MN5 PMNT		769.5
*4553	11/16/2017	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		1372.11
*4553	11/17/2017	ACH Deposit - Molina HC of TX HCCLAIMPMT		2224.3
*4553	11/17/2017	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		765.59
*4553	11/17/2017	ACH Deposit - Molina HC of TX HCCLAIMPMT		685.65
			59,354.36	59,517.39

Solera at West Houston			Transfer-Out	Transfer-In
*4561	43045	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		4673.96
*4561	43047	ACH Deposit - Molina HC of TX HCCLAIMPMT		215.43
*4561	43047	Wire Debit - 0137 CANTEX HEALTH CARE CENTERS LLC811	72609.61	
*4561	43048	ACH Deposit - Molina HC of TX HCCLAIMPMT		156
*4561	43049	ACH Deposit - Molina HC of TX HCCLAIMPMT		9189.1
*4561	43049	ACH Deposit - Molina HC of TX HCCLAIMPMT		4275.5
*4561	43049	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		1636.77
*4561	43049	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		1284.59
*4561	43052	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		273.34
*4561	43053	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		6692.7
*4561	43053	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		4493.06
*4561	43055	ACH Deposit - Molina HC of TX HCCLAIMPMT		915.05
			72,609.61	33,805.50

Crescent			Transfer-Out	Transfer-In
*4588	43046	ACH Deposit - Molina HC of TX HCCLAIMPMT		3,302.02
*4588	43046	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		430.80
*4588	43047	ACH Deposit - Molina HC of TX HCCLAIMPMT		284.48
*4588	43047	Wire Debit - 0138 CANTEX HEALTH CARE CENTERS III811	21,958.98	
*4588	43048	ACH Deposit - Molina HC of TX HCCLAIMPMT		11,627.61
*4588	43048	ACH Deposit - MANAGEANDNET1718 MN5 PMNT		127.66
*4588	43052	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		3,607.91
*4588	43052	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		1,313.46
*4588	43053	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		2,31D.00
*4588	43053	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		1,313.46
*4588	43056	ACH Deposit - HUMANA IN5 CO EFPAYMENT		4,807.17
			21,958.98	29,124.57

Broadmoor			Transfer-Out	Transfer-In
*4596	43046	ACH Deposit - Molina HC of TX HCCLAIMPMT		1,706.24
*4596	43047	Wire Debit - 0139 CANTEX HEALTH CARE CENTERS III811	48,897.11	
*4596	43048	ACH Deposit - Molina HC of TX HCCLAIMPMT		1,365.72
*4596	43053	ACH Deposit - Molina HC of TX HCCLAIMPMT		1,252.36
			48,897.11	4,324.32

Fort Bend			Transfer-Out	Transfer-In
*4618	43045	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		632.86
*4618	43046	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		804.26
*4618	43047	Wire Debit - 0140 CANTEX HEALTH CARE CENTERS III811	8,637.67	
*4618	43049	ACH Deposit - Molina HC of TX HCCLAIMPMT		7,118.80
*4618	43052	ACH Deposit - CENTENE CORP HCCLAIMPMT		935.28
*4618	43053	ACH Deposit - HUMANA IN5 CO EFPAYMENT		15,489.77
*4618	43053	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		7,792.41
*4618	43053	ACH Deposit - HUMANA IN5 CO EFPAYMENT		6,761.15
*4618	43053	ACH Deposit - AMERIGROUP CORPO HCCLAIMPMT		662.34
*4618	43055	ACH Deposit - HUMANA IN5 CO HCCLAIMPMT		406.78
			8,637.67	40,603.65

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
Prosperity Accounts
11/20/2017

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Interest Earned	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	4381	244,778.69	190,779.50	95,944.81	92.15	-	53,807.04	-	-	149,944.00	95,944.81

Routing Information for Ashford Gardens:
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 0614
Account # 4257

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Interest Earned	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	4438	85,271.43	70,745.49	812,811.86	69.86	-	14,356.08	-	-	827,337.80	812,811.86
Crescent	4411	41,684.62	37,705.90	477,763.43	35.36	-	3,843.36	-	-	481,742.15	477,763.43
Broadmoor	4403	58,649.73	58,324.62	84,617.72	225.11	-	-	-	-	84,942.83	84,617.72
Fort Bend	4446	90,878.98	75,235.39	227,984.01	57.11	-	15,486.48	-	-	243,627.60	227,984.01
											1,603,177.02

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
NOV 21 2017
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

E:\NH Weekly Transfers\NH UPL Transfer Summary 11-20-17.xlsx

Cantex Prosperity Bank Activity
11-6-17 through 11-19-17

Ashford Gardens			Transfer-Out	Transfer-In
11/17/201	4381	Deposit		39,404.39
11/13/201	4381	Deposit		32,398.85
11/17/201	4381	ACH Deposit AMERIGROUP CORPO E-PAYMENT		21,962.64
11/9/201	4381	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS		2,087.37
11/13/201	4381	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS		91.56
11/9/201	4381	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	190,779.50	
			190,779.50	**95,944.81**

Broadmoor			Transfer-Out	Transfer-In
11/13/201	4403	Deposit		65,989.59
11/17/201	4403	Deposit		10,919.99
11/15/201	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS		5,922.00
11/9/201	4403	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS		1,786.14
11/9/201	4403	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	58,324.62	
			58,324.62	**84,617.72**

Crescent			Transfer-Out	Transfer-In
11/14/201	4411	Wire Transfer Dep WIRE IN CANTEX HEALTH CARE CENTERS III LLC		429,846.70
11/13/201	4411	Deposit		26,516.94
11/17/201	4411	Deposit		18,377.74
11/17/201	4411	ACH Deposit AMERIGROUP CORPO E-PAYMENT		1,568.76
11/9/201	4411	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS		953.36
11/6/201	4411	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS		499.93
11/9/201	4411	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	37,705.90	
			37,705.90	**477,763.43**

Fort Bend			Transfer-Out	Transfer-In
11/14/201	4446	Wire Transfer Dep WIRE IN CANTEX HEALTH CARE CENTERS III LLC		203,784.89
11/13/201	4446	Deposit		12,510.47
11/17/201	4446	ACH Deposit AMERIGROUP CORPO E-PAYMENT		6,321.18
11/7/201	4446	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS		5,099.50
11/10/201	4446	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS		267.97
11/9/201	4446	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	75,235.39	
			75,235.39	**227,984.01**

Solera at W ton			Transfer-Out	Transfer-In
11/14/201	4438	Wire Transfer Dep WIRE IN CANTEX HEALTH CARE CENTERS III LLC		695,663.67
11/17/201	4438	Deposit		64,306.36
11/13/201	4438	Deposit		44,619.11
11/17/201	4438	ACH Deposit AMERIGROUP CORPO E-PAYMENT		5,859.78
11/10/201	4438	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS		2,362.94
11/9/201	4438	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	70,745.49	
			70,745.49	**812,811.86**

Home

ALL ACCOUNTS FAVORITES ☆

Sort By: Account Number

Checking	Available	Previous Day
MEMORIAL MEDICAL CENTER - OPERATING *4357 ☆	$281,467.91	$258,675.70
MEMORIAL MEDICAL CENTER - CLINIC SERIES 2014 *4365 ☆	$100.12	$100.12
MEMORIAL MEDICAL CENTER - PRIVATE WAIVER CLEARING *4373 ☆	$817,520.24	$817,520.24
MEMORIAL MEDICAL CENTER / NH ASHFORD *4381 ☆	$151,512.32	$149,944.00
MEMORIAL MEDICAL CENTER / NH BROADMOOR *4403 ☆	$84,942.83	$84,942.83
MEMORIAL MEDICAL CENTER / NH CRESCENT *4411 ☆	$481,742.15	$481,742.15
MEMORIAL MEDICAL CENTER / SOLERA AT WEST HOUSTON *4438 ☆	$829,107.82	$827,337.80
MEMORIAL MEDICAL CENTER / NH FORT BEND *4446 ☆	$243,627.60	$243,627.60
MEMORIAL MEDICAL / NH GOLDEN CREEK HEALTHCARE *4454 ☆	$141,543.22	$141,543.22
CAL CO INDIGENT HEALTHCARE *4551 ☆	$40,455.90	$40,455.90
TOTAL	$3,072,020.11	$3,045,889.56

Memorial Medical Center
Nursing Home UPL
Weekly Nexion Transfer
Prosperity Accounts
11/20/2017

Nursing Home	Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	Interest Earned	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Nexion Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Golden Creek	'4454	73,114.80	49,581.99	118,010.41	65.25	-	23,367.56	-	-	141,543.22	118,010.41

Routing Information for Golden Creek:
Nexion Health at Golden Creek
Wells Forgo Bank, N.A.
AE 024R
Account 0323

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
NOV 2 1 2017
COUNTY AUDITOR

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

E:\NH Weekly Transfers\NH UPL Transfer Summary 11-20-17.xlsx

Nexion Prosperity Bank Activity
11/6/17 through 11/19/17

Golden Creek			Transfer-Out	Transfer-In
11/13/2017	2655	Deposit		117,146.16
11/17/2017	2655	Deposit		864.25
11/9/2017	2655	CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	49,581.99	
			49,581.99	**118,010.41**

APPROVED ON NOV 21 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS

11/21/2017 14:37

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/08/2017

0
ap_open_invoice.template

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
	9069239880		11/21/20	10/31/20	11/25/20		2,094.54	0.00	0.00	2,094.54
		EQUIPMENT RENTAL								
	9948966529		11/21/20	10/31/20	11/25/20		384.37	0.00	0.00	384.37
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1680	AIRGAS USA, LLC - CENTRAL DIV				2,478.91	0.00	0.00	2,478.91
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
	9652112708		11/21/20	09/27/20	10/27/20		6,143.85	0.00	0.00	6,143.85
		SUPPLIES SURGERY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		A1690	ALCON LABORATORIES, INC.				6,143.85	0.00	0.00	6,143.85
Vendor#	Vendor Name				Class	Pay Code				
11299	ALLSTATE									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	~~000438~~		11/21/20	11/06/20	11/25/20		11,830.22	0.00	0.00	11,830.22
	Coul683000	EMPLOYEE INS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11299	ALLSTATE				11,830.22	0.00	0.00	11,830.22
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
	56652976		11/21/20	10/20/20	11/19/20		76.87	0.00	0.00	76.87
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP				76.87	0.00	0.00	76.87
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
	000391		11/21/20	10/30/20	11/30/20		55.40	0.00	0.00	55.40
		ENERGY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		E1270	CENTERPOINT ENERGY				55.40	0.00	0.00	55.40
Vendor#	Vendor Name				Class	Pay Code				
C1870	COLLEGE OF AMERICAN PATHOLOGIS				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2216930		10/13/20	09/28/20	12/01/20		337.34	0.00	0.00	337.34
		LAB PREPAREDNESS EXERCI								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		C1870	COLLEGE OF AMERICAN PATHOLOGIS				337.34	0.00	0.00	337.34
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
	RT00173685		10/31/20	10/24/20	12/01/20		2,965.64	0.00	0.00	2,965.64

EQUIP RENTAL

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11004	CSI LEASING INC	2,965.64	0.00	0.00	2,965.64

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
555X02772606 ✓		11/21/20	10/31/20	11/25/20			390.00	0.00	0.00	390.00 ✓
	WATER									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA	390.00	0.00	0.00	390.00

Vendor#	Vendor Name	Class	Pay Code
11287	DELTA HEALTHCARE PROVIDERS ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0000012758A ✓		11/21/20	11/12/20	11/15/20			171.76	0.00	0.00	171.76 ✓
	CANDIDATE TRAVEL									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11287	DELTA HEALTHCARE PROVIDERS	171.76	0.00	0.00	171.76

Vendor#	Vendor Name	Class	Pay Code
11011	DIAMOND HEALTHCARE CORP ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
IN20051273 ✓		11/21/20	10/31/20	11/25/20			19,166.67	0.00	0.00	19,166.67 ✓
	CPR PROGRAM									
IN20051265 ✓		11/21/20	10/31/20	11/25/20			34,408.58	0.00	0.00	34,408.58 ✓
	BEHAVIORAL HEALTH PROGF									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11011	DIAMOND HEALTHCARE CORP	53,575.25	0.00	0.00	53,575.25

Vendor#	Vendor Name	Class	Pay Code
F1050	FASTENAL COMPANY ✓	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
TXPOT181396 ✓		11/14/20	10/31/20	11/30/20			38.80	0.00	0.00	38.80 ✓
	FREIGHT									
TXPOT180895 ✓		11/21/20	10/18/20	11/17/20			17.50	0.00	0.00	17.50 ✓
	FREIGHT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1050	FASTENAL COMPANY	56.30	0.00	0.00	56.30

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
596644532 ✓		11/21/20	10/19/20	11/13/20			88.37	0.00	0.00	88.37 ✓
	FREIGHT									
598116749 ✓		11/21/20	11/02/20	11/27/20			18.18	0.00	0.00	18.18 ✓
	FREIGHT									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.	106.55	0.00	0.00	106.55

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
000424		11/21/20	11/09/20	11/10/20			75.00	0.00	0.00	75.00 ✓
	PAYROLL DEDUCTIONS									

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

10678 FIVE STAR STERILIZER SERVICES ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5334 ✓		11/21/20	10/30/20	11/24/20		85.60	0.00	0.00	85.60 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10678	FIVE STAR STERILIZER SERVICES	85.60	0.00	0.00	85.60

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
1404460 ✓		11/13/20	10/31/20	11/30/20		383.23	0.00	0.00	383.23 ✓
	SUPPLIES								
1404451 ✓		11/13/20	10/31/20	11/30/20		57.40	0.00	0.00	57.40 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	G1210	GULF COAST PAPER COMPANY	440.63	0.00	0.00	440.63

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
PJY6991 ✓		11/13/20	10/31/20	11/30/20		282.74	0.00	0.00	282.74 ✓
	SHREDDING								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11200	IRON MOUNTAIN	282.74	0.00	0.00	282.74

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
F004867 ✓		11/21/20	10/31/20	11/10/20		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
11600	LEGAL SHIELD ✓		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000435		11/21/20	11/15/20	11/16/20		443.65	0.00	0.00	443.65 ✓
	EMP INSURANCE								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11600	LEGAL SHIELD	443.65	0.00	0.00	443.65

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
000423		11/21/20	11/09/20	11/10/20		1,215.00	0.00	0.00	1,215.00 ✓
	PAYROLL DEDUCTIONS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10972	M G TRUST	1,215.00	0.00	0.00	1,215.00

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
1834877919 ✓		11/15/20	09/14/20	11/30/20		43.60	0.00	0.00	43.60 ✓
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2470	MEDLINE INDUSTRIES INC	43.60	0.00	0.00	43.60

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
000426		11/21/20	11/09/20	11/10/20			61.29	0.00	0.00	61.29

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10963	MEMORIAL MEDICAL CLINIC	61.29	0.00	0.00	61.29

Vendor# Vendor Name — Class — Pay Code

11604 MICHAEL PFIEL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000436		11/21/20	10/25/20	11/25/20			32.15	0.00	0.00	32.15
	EMPLOYEE REIMBURSEMENT	lab coat								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11604	MICHAEL PFIEL	32.15	0.00	0.00	32.15

Vendor# Vendor Name — Class — Pay Code

M2621 MMC AUXILIARY GIFT SHOP — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000439		11/21/20	11/15/20	11/15/20			113.67	0.00	0.00	113.67
	PAYROLL DED GIFT SHOP									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2621	MMC AUXILIARY GIFT SHOP	113.67	0.00	0.00	113.67

Vendor# Vendor Name — Class — Pay Code

10810 MMC EMPLOYEE BENEFIT PLAN

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000437		11/21/20	11/13/20	11/14/20			35,063.49	0.00	0.00	35,063.49
	EMPLOYEE INSURANCE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN	35,063.49	0.00	0.00	35,063.49

Vendor# Vendor Name — Class — Pay Code

11472 OCCUPRO LLC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8345		11/14/20	11/07/20	12/07/20			426.56	0.00	0.00	426.56
	PHYS THER SERVICES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11472	OCCUPRO LLC	426.56	0.00	0.00	426.56

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
2031113582		11/13/20	11/13/20	11/30/20			179.17	0.00	0.00	179.17
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR	179.17	0.00	0.00	179.17

Vendor# Vendor Name — Class — Pay Code

11155 PARA

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
3400		11/06/20	11/01/20	12/01/20			2,000.00	0.00	0.00	2,000.00
	SOFTWARE									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11155	PARA	2,000.00	0.00	0.00	2,000.00

Vendor# Vendor Name — Class — Pay Code

10737 PEM FILINGS

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
0009985PEM		11/21/20	10/06/20	10/16/20			52.08	0.00	0.00	52.08

	PRO FEES							
00009984		11/21/20	10/06/20	10/16/20	336.80	0.00	0.00	336.80
	PRO FEES							
0009987PEM		11/21/20	10/06/20	10/16/20	301.46	0.00	0.00	301.46
	PRO FEES							
00009986PEM		11/21/20	10/06/20	10/16/20	2,484.31	0.00	0.00	2,484.31
	PRO FEES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10737	PEM FILINGS	3,174.65	0.00	0.00	3,174.65

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
A2085565		11/21/20	10/19/20	11/13/20			450.90	0.00	0.00	450.90
	INVENTORY PHARM									
A2089637		11/21/20	10/24/20	11/18/20			339.75	0.00	0.00	339.75
	SUPPLIES									
A2094405		11/21/20	10/30/20	11/24/20			271.80	0.00	0.00	271.80
	INVENTORY PHARM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10204	PHARMEDIUM SERVICES LLC	1,062.45	0.00	0.00	1,062.45

Vendor#	Vendor Name	Class	Pay Code
11608	RELIANCE WHOLESALE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
109850		11/21/20	10/30/20	11/30/20			602.30	0.00	0.00	602.30
	SUPPLIES									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11608	RELIANCE WHOLESALE, INC	602.30	0.00	0.00	602.30

Vendor#	Vendor Name	Class	Pay Code
11560	ROMAN FIKAC, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000420		11/21/20	11/12/20	11/13/20			335.00	0.00	0.00	335.00
	LABOR						641.00			641.00
000419		11/21/20	11/12/20	11/13/20			641.60	0.00	0.00	641.60
	CONTRACT LABOR									
000434		11/21/20	11/21/20	11/22/20			285.00	0.00	0.00	285.00
	CONTRACT LABOR									
000433		11/21/20	11/21/20	11/22/20			315.00	0.00	0.00	315.00
	CONTRACT LABOR									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11560	ROMAN FIKAC, INC	1,576.60	0.00	0.00	1,576.60

Vendor#	Vendor Name	Class	Pay Code
S1001	SANOFI PASTEUR INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
909050380		10/23/20	09/28/20	12/01/20			3,999.68	0.00	0.00	3,999.68
	INVENT PHARM									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC	3,999.68	0.00	0.00	3,999.68

Vendor#	Vendor Name	Class	Pay Code
S3960	STERICYCLE, INC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4007413627		11/21/20	11/01/20	12/01/20			1,903.45	0.00	0.00	1,903.45

DISPOSAL SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S3960	STERICYCLE, INC	1,903.45	0.00	0.00	1,903.45

Vendor#	Vendor Name	Class	Pay Code
T2539	T-SYSTEM, INC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
205EV30129		11/13/20	10/31/20	11/30/20			4,555.00	0.00	0.00	4,555.00

ED SOFTWARE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2539	T-SYSTEM, INC	4,555.00	0.00	0.00	4,555.00

Vendor#	Vendor Name	Class	Pay Code
T2250	THYSSENKRUPP ELEVATOR CORP	M	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5000770162		11/21/20	10/26/20	11/26/20			565.50	0.00	0.00	565.50

ELEVATOR WORK

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T2250	THYSSENKRUPP ELEVATOR CORP	565.50	0.00	0.00	565.50

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
8400260709		11/14/20	11/07/20	12/02/20			168.72	0.00	0.00	168.72

LAUNDRY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC	168.72	0.00	0.00	168.72

Vendor#	Vendor Name	Class	Pay Code
10968	UNITED RENTALS (NORTH AMERICA)		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
151289538001		11/21/20	10/25/20	11/25/20			213.21	0.00	0.00	213.21

SUPPLIES RENTAL

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10968	UNITED RENTALS (NORTH AMERICA)	213.21	0.00	0.00	213.21

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
0000778941427		11/21/20	10/21/20	11/21/20			512.59	0.00	0.00	512.59

DELIVERY SERVICES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	U1350	UPS	512.59	0.00	0.00	512.59

Vendor#	Vendor Name	Class	Pay Code
11212	US STANDARD PRODUCTS		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
NJ0000166073		11/21/20	10/06/20	11/06/20			1,178.68	0.00	0.00	1,178.68

SUPPLIES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11212	US STANDARD PRODUCTS	1,178.68	0.00	0.00	1,178.68

Vendor#	Vendor Name	Class	Pay Code
10082	VICTORIA EYE CENTER	ICP	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000374A		11/17/20	09/22/20	11/30/20			268.90	0.00	0.00	268.90

INDIGETN CARE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10082	VICTORIA EYE CENTER	268.90	0.00	0.00	268.90

Vendor#	Vendor Name				Class	Pay Code				
10793	WAGEWORKS ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	000425		11/21/20	11/09/20	11/10/20		2,029.01	0.00	0.00	2,029.01 ✓
		PAYROLL DEDUCTIONS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10793	WAGEWORKS				2,029.01	0.00	0.00	2,029.01
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
	117280 ✓		11/21/20	10/27/20	11/26/20		58.60	0.00	0.00	58.60 ✓
		SHIRT ORDERS								
	117354 ✓		11/21/20	10/31/20	11/30/20		990.50	0.00	0.00	990.50 ✓
		SHIRT ORDER								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1040	WATERMARK GRAPHICS INC				1,049.10	0.00	0.00	1,049.10

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	141,512.92	0.00	0.00	141,512.92

pg 5 correction { <641.60> +641.00

$141,512.32

141,512.92+
641.60-
641.00+
141,512.32*

APPROVED ON
NOV 21 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 173612 to # 173653

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

copy

RECEIPT ☑

ESTIMATE ☐

Roman Fikac INC

DBA. ~~JUST ASK~~

~~Property Enhancement~~

POSTED

Roman Fikac: 361.894.1544
Matt Boyle: 361.218.2244

Date: 11/12/2017

☐ Cash
☐ Credit Card
☐ Billable

000420

517 Ivanhoe

~~407 Versailles Dr.~~
Victoria, Tx ~~77904~~ 77901

Customer: Memorial Medical Clinic
1016 North Virginia St.
Port Lavaca TX 77979

Qty	Description	Unit Price	Amount
	Contract Labor T/ mow (Approx 2.6 acres), edge all Curbs/side walks/ parking lots. Trash picks up & disposal		
	Work Completed 10/30/2017		$335.00
	APPROVED ON NOV 21 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS		
		Subtotal	$335.00
		Tax	
		Total	
		Amount Pd	

Customer Signature

RECEIPT ☑

ESTIMATE ☐

Roman Fikac Inc

DBA: ~~JUST ASK~~ Property Enhancement

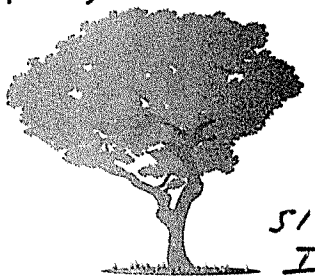
Roman Fikac: 361.894.1544
Matt Boyle: 361.218.2244

POSTED

Date: 11/12/2017

☐ Cash
☐ Credit Card
☐ Billable

000419



517 Ivanhoe
~~407 Versailles Dr.~~
Victoria, Tx ~~77904~~ 77901

357·50+
221·00+
62·50+
641·00*

r: Memorial Medical Center
615 North Virginia St.
Port Lavaca TX 77979

Qty	Description	Unit Price	Amount
	Contract Labor T/		
	Mow All grass areas, edge		
	All curbs/sidewalks/parking lots.		
	Trash Pick-up & disposal		$357.50
	Work Completed 10/30/2017		
	APPROVED ON NOV 2 1 2017 COUNTY AUDITOR CALHOUN COUNTY, TEXAS		
	Time & Materials for repairing		
	Sprinkler system		
	(8.5 hrs) Labor ($221.00) (62.50) parts		283.50
		Subtotal	$641.00
		Tax	
		Total	$641.00
		Amount Pd	

Work Completed Nov 2, 2017

Customer Signature

41-40510

RECEIPT ☑

ESTIMATE ☐

Roman Fikac

DBA: JUST ASK
Property Enhancement

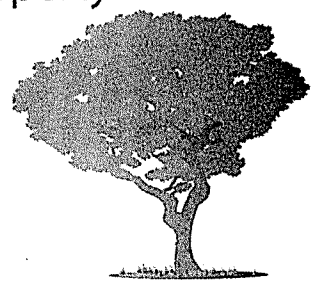
Roman Fikac: 361.894.1544
Matt Boyle: 361.218.2244

Date: 11/21/2017

POSTED

☐ Cash
☐ Credit Card
☐ Billable

000434



407 Versailles Dr.
Victoria, Tx 77904

Customer: Memorial Medical Clinic
1016 North Virginia St.
Port Lavaca TX 77979

Qty	Description	Unit Price	Amount
	Contract Labor T/ mow, weed eat & edge all areas around the Medical Clinic.		$285.00
	Rubbish pick up /disposal		
	Completed 11/20/2017		
	APPROVED ON		
		Subtotal	$285.00
		Tax	
		Total	
		Amount Pd	

NOV 21 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Customer Signature

61 40510

RECEIPT ☑

ESTIMATE ☐

Roman Fikac Inc.

DBA: ~~JUST ASK~~ ~~Property Enhancement~~

Roman Fikac: 361.894.1544
Matt Boyle: 361.218.2244

POSTED

Date: Nov 21, 2017

☐ Cash
☐ Credit Card
☐ Billable

000433

517 Ivanhoe

~~407 Versailles~~ Dr.
Victoria, Tx 77904

Customer: Memorial Medical Center
815 North Virginia St.
Port Lavaca Tx 77979

Qty	Description	Unit Price	Amount
	Contract Labor T/ mow, weedeat & edge all areas Around the Medical Center, rubbish pick-up & disposal.		$315.00
	Completed 11/20/2017		
		Subtotal	$315.00
		Tax	
		Total	
		Amount Pd	

APPROVED ON NOV 21 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Customer Signature

RUN DATE:11/22/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:31 CHECK REGISTER GLCKREG
11/22/17 THRU 11/22/17

BANK	CHECK	DATE	AMOUNT	PAYEE
A/P	173612	11/22/17	2,478.91	AIRGAS USA, LLC - CENTRAL DIV
A/P	173613	11/22/17	6,143.85	ALCON LABORATORIES, INC.
A/P	173614	11/22/17	11,830.22	ALLSTATE
A/P	173615	11/22/17	76.87	BAXTER HEALTHCARE CORP
A/P	173616	11/22/17	55.40	CENTERPOINT ENERGY
A/P	173617	11/22/17	337.34	COLLEGE OF AMERICAN PATHOLOGIS
A/P	173618	11/22/17	2,965.64	CSI LEASING INC
A/P	173619	11/22/17	390.00	CULLIGAN OF VICTORIA
A/P	173620	11/22/17	171.76	DELTA HEALTHCARE PROVIDERS
A/P	173621	11/22/17	53,575.25	DIAMOND HEALTHCARE CORP
A/P	173622	11/22/17	56.30	FASTENAL COMPANY
A/P	173623	11/22/17	106.55	FEDERAL EXPRESS CORP.
A/P	173624	11/22/17	75.00	FIRST CLEARING
A/P	173625	11/22/17	85.60	FIVE STAR STERILIZER SERVICES
A/P	173626	11/22/17	440.63	GULF COAST PAPER COMPANY
A/P	173627	11/22/17	282.74	IRON MOUNTAIN
A/P	173628	11/22/17	2.44	JOHNSTONE SUPPLY
A/P	173629	11/22/17	443.65	LEGAL SHIELD
A/P	173630	11/22/17	1,215.00	M G TRUST
A/P	173631	11/22/17	43.60	MEDLINE INDUSTRIES INC
A/P	173632	11/22/17	61.29	MEMORIAL MEDICAL CLINIC
A/P	173633	11/22/17	32.15	MICHAEL PFIEL
A/P	173634	11/22/17	113.67	MMC AUXILIARY GIFT SHOP
A/P	173635	11/22/17	35,063.49	MMC EMPLOYEE BENEFIT PLAN
A/P	173636	11/22/17	426.56	OCCUPRO LLC
A/P	173637	11/22/17	179.17	OWENS & MINOR
A/P	173638	11/22/17	2,000.00	PARA
A/P	173639	11/22/17	3,174.65	PEM FILINGS
A/P	173640	11/22/17	1,062.45	PHARMEDIUM SERVICES LLC
A/P	173641	11/22/17	602.30	RELIANCE WHOLESALE, INC
A/P	173642	11/22/17	1,576.00	ROMAN FIKAC, INC
A/P	173643	11/22/17	3,999.68	SANOFI PASTEUR INC
A/P	173644	11/22/17	1,903.45	STERICYCLE, INC
A/P	173645	11/22/17	4,555.00	T-SYSTEM, INC
A/P	173646	11/22/17	565.50	THYSSENKRUPP ELEVATOR CORP
A/P	173647	11/22/17	168.72	UNIFIRST HOLDINGS INC
A/P	173648	11/22/17	213.21	UNITED RENTALS (NORTH AMERICA)
A/P	173649	11/22/17	512.59	UPS
A/P	173650	11/22/17	1,178.68	US STANDARD PRODUCTS
A/P	173651	11/22/17	268.90	VICTORIA EYE CENTER
A/P	173652	11/22/17	2,029.01	WAGEWORKS
A/P	173653	11/22/17	1,049.10	WATERMARK GRAPHICS INC
TOTALS:			141,512.32	

APPROVED
ON

NOV 2 1 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: 11/24/2017

DC: 8115

Territory:

Customer: 632536
Date: 11/25/2017

Page: 002

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

As of: 11/24/2017 Page: 002
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 632536 PLEASE CHECK ANY
Date: 11/25/2017 ITEMS NOT PAID (✓)

National Account 632536

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	

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

TOTAL: National Acct 632536 MEMORIAL MEDICAL CENTER

Subtotals: 2,762.73 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,451.97
08/07/2017

If Paid By 11/28/2017,
Pay This Amount: 2,707.48 USD

If Paid After 11/28/2017,
Pay this Amount: 2,762.73 USD

Due If Paid On Time:
USD 2,707.48
Disc lost if paid late: 55.25
Due If Paid Late:
USD 2,762.73

ck# 956

1,196.36+
1,511.12+
2,707.48*

APPROVED
ON
NOV 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK# 000956

340B Prescription Expenses

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

McKESSON

STATEMENT

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for Information only

As of: 11/24/2017 Page: 001

DC: 8115

Territory: 400

Customer: 256342
Date: 11/25/2017

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

As of: 11/24/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342 PLEASE CHECK ANY
Date: 11/25/2017 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											
11/20/2017	11/28/2017	7841266839	9257526688	115Invoice	6.16	308.23		✓302.07	✓	7841266839	
11/20/2017	11/28/2017	7841266840	1106637	115Invoice	5.12	256.10		✓250.98	✓	7841266840	
11/20/2017	11/28/2017	7841266842	1119170335-00	115Invoice	8.42	421.09		✓412.67	✓	7841266842	
11/21/2017	11/28/2017	7841499315	9257529945	115Invoice		0.08		✓0.08	✓	7841499315	
11/21/2017	11/28/2017	7841499316	1120170425-00	115Invoice	2.57	128.38		✓125.81	✓	7841499316	
11/22/2017	11/28/2017	7841752688	1121170859-00	115Invoice	6.16	308.19		✓302.03	✓	7841752688	
11/24/2017	11/28/2017	7841977410	3807538670	115Invoice	2.40	119.88		✓117.48	✓	7841977410	

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: 1,541.95 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,896.18
11/20/2017

If Paid By 11/28/2017,
Pay This Amount: 1,511.12 USD

If Paid After 11/28/2017,
Pay this Amount: 1,541.95 USD

Due If Paid On Time:
USD 1,511.12

Disc lost if paid late:
30.83

Due If Paid Late:
USD 1,541.95

APPROVED
ON

NOV 28 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: 11/24/2017

DC: 8115

Territory: 400

Customer: 262252
Date: 11/25/2017

Page: 001

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

As of: 11/24/2017 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 11/25/2017 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											
11/20/2017	11/28/2017	7841282042	1001120140	115Invoice	8.13	406.67		398.54		7841282042	
11/20/2017	11/28/2017	7841282047	1001120140	115Invoice	0.02	0.89		0.87		7841282047	
11/20/2017	11/28/2017	7841282049	1001120806	115Invoice	6.33	316.27		309.94		7841282049	
11/20/2017	11/28/2017	7841282053	1001121251	115Invoice	0.75	37.60		36.85		7841282053	
11/21/2017	11/28/2017	7841501014	1001121657	115Invoice	6.78	338.81		332.03		7841501014	
11/22/2017	11/28/2017	7841752787	1001122346	115Invoice	0.06	3.02		2.96		7841752787	
11/24/2017	11/28/2017	7841979367	1001123206	115Invoice	2.35	117.52		115.17		7841979367	

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: 1,220.78 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 2,896.18
11/20/2017

If Paid By 11/28/2017,
Pay This Amount: 1,196.36 USD

If Paid After 11/28/2017,
Pay this Amount: 1,220.78 USD

Due If Paid On Time:
USD 1,196.36

Disc lost if paid late:
24.42

Due If Paid Late:
USD 1,220.78

APPROVED
ON

NOV 28 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:11/28/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:13:56 CHECK REGISTER GLCKREG
11/28/17 THRU 11/28/17

BANK--CHECK	NUMBER	DATE	AMOUNT	PAYEE
A/P	000956	11/28/17	2,707.48	MCKESSON
TOTALS:			2,707.48	

APPROVED
ON

NOV 2 8 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/28/2017
15:27

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Dates Through:

0
ap_open_invoice.template

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
86683372	SUPPLIES	11/28/20	10/04/20	11/03/20		185.10	0.00	0.00	185.10
88295499	FINANCE CHARGE	11/28/20	10/31/20	11/30/20		8.42	0.00	0.00	8.42
90039438	FINANCE CHARGE	11/28/20	11/30/20	12/30/20		6.80	0.00	0.00	6.80
93658894	FINANCE CHARGE	11/28/20	11/30/20	01/31/20		2.05	0.00	0.00	2.05
95366038	FINANCE CHARGE	11/28/20	02/28/20	03/30/20		3.10	0.00	0.00	3.10
97293613	FINANCE CHARGE	11/28/20	03/31/20	04/30/20		4.02	0.00	0.00	4.02
2336921	FINANCE CHARGE	11/28/20	04/30/20	05/30/20		15.47	0.00	0.00	15.47
4232811	FINANCE CHARGE	11/28/20	05/31/20	06/30/20		1.35	0.00	0.00	1.35
6137076	FINANCE CHARGE	11/28/20	06/30/20	07/30/20		9.67	0.00	0.00	9.67
7895404	FINANCE CHARGE	11/28/20	07/31/20	08/30/20		2.60	0.00	0.00	2.60
9897235	FINANCE CHARGE	11/28/20	08/31/20	09/30/20		12.16	0.00	0.00	12.16
10834813	Supplies	11/28/20	09/17/20	10/17/20		137.45	0.00	0.00	137.45
11759181	FINCANCE CHARGE	11/28/20	09/30/20	10/30/20		2.71	0.00	0.00	2.71
13810166	FINANCE CHARGE	11/28/20	10/31/20	11/30/20		6.52	0.00	0.00	6.52
5538817	Supplies	11/28/20	11/28/20	12/28/20		137.45	0.00	0.00	137.45
2306619	Supplies	11/28/20	11/28/20	12/28/20		137.45	0.00	0.00	137.45

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	M2178	MCKESSON MEDICAL SURGICAL INC	672.32	0.00	0.00	672.32

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	672.32	0.00	0.00	672.32

APPROVED
ON
NOV 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS
CK#173655

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

Ø

RUN DATE:11/28/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:15:49 CHECK REGISTER GLCKREG
11/28/17 THRU 11/28/17

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P *	000956	11/28/17	2,707.48	MCKESSON
A/P	173654	11/28/17	.00	VOIDED
A/P	173655	11/28/17	672.32	MCKESSON MEDICAL SURGICAL INC
TOTALS:			3,379.80	

This Check Register for
CK # 173655

APPROVED
ON
NOV 28 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/30/2017 MEMORIAL MEDICAL CENTER 0
09:36 AP Open Invoice List ap_open_invoice.template
Dates Through:

Vendor#	Vendor Name	Class	Pay Code
11492	MMC OPERATING PROSPERITY ACC		

	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
	000440		11/28/20	11/20/20	12/20/20			150,196.05	0.00	0.00	150,196.05
		TRANSFER FUNDS									
	000455		11/30/20	11/30/20	12/16/20			342,746.08	0.00	0.00	342,746.08
		TRANSFER FUNDS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11492	MMC OPERATING PROSPERITY ACC	492,942.13	0.00	0.00	492,942.13

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	492,942.13	0.00	0.00	492,942.13

APPROVED
ON
NOV 30 2017 CKH 172383
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

RUN DATE:11/30/17 MEMORIAL MEDICAL CENTER PAGE 1
TIME:09:39 CHECK REGISTER GLCKREG
11/30/17 THRU 11/30/17

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

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	172383	11/30/17	492,942.13	MMC OPERATING PROSPERITY ACC
TOTALS:			492,942.13	

172382 = VOID

APPROVED ON

NOV 30 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

11/28/2017
15:47

MEMORIAL MEDICAL CENTER
AP Open Invoice List
Due Dates Through: 12/15/2017

0
ap_open_invoice.template

Vendor#	Vendor Name	Class	Pay Code
11283	ACE HARDWARE 15521		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
117105	SUPPLIES	11/27/20	11/01/20	12/01/20		9.96	0.00	0.00	9.96
117133	SUPPLIES	11/27/20	11/02/20	12/01/20		13.98	0.00	0.00	13.98
117317	SUPPLIES	11/27/20	11/08/20	12/01/20		34.05	0.00	0.00	34.05
117662	SUPPLIES	11/28/20	11/20/20	12/01/20		16.55	0.00	0.00	16.55

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11283	ACE HARDWARE 15521	74.54	0.00	0.00	74.54

Vendor#	Vendor Name	Class	Pay Code
11564	ACOSTA ELECTRIC		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5094	ELECTRICAL WORK	11/27/20	10/29/20	11/29/20		2,406.36	0.00	0.00	2,406.36
5095	ELECTRICAL WORK	11/27/20	10/29/20	11/29/20		769.23	0.00	0.00	769.23

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11564	ACOSTA ELECTRIC	3,175.59	0.00	0.00	3,175.59

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
9069314567	SUPPLIES	11/27/20	11/02/20	11/27/20		52.10	0.00	0.00	52.10

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS USA, LLC - CENTRAL DIV	52.10	0.00	0.00	52.10

Vendor#	Vendor Name	Class	Pay Code
10931	AMERICAN APPLIANCE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
25136	REFRIDGERATOR	11/28/20	11/20/20	12/05/20		499.00	0.00	0.00	499.00

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

Vendor#	Vendor Name	Class	Pay Code
A1787	AMERICAN COLLEGE OF HEALTHCARE	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1092023	MEMBERSHIP DUES - Roshanda Thomas	11/27/20	11/14/20	12/01/20		325.00	0.00	0.00	325.00

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1787	AMERICAN COLLEGE OF HEALTHCARE	325.00	0.00	0.00	325.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
848441	SUPPLIES	11/27/20	11/15/20	11/30/20		27.99	0.00	0.00	27.99

848439	11/27/20	11/15/20	11/30/20	51.70	0.00	0.00	51.70	
LAUNDRY								
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net	
	A2600	AUTO PARTS & MACHINE CO.		79.69	0.00	0.00	79.69	

Vendor# Vendor Name — Class — Pay Code

10938 BANK OF THE WEST

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
4324138	EQUIP LEASE	11/27/20	11/13/20	12/01/20			6,452.64	0.00	0.00	6,452.64

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

Vendor# Vendor Name — Class — Pay Code

B1220 BECKMAN COULTER INC — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
106676854	SUPPLIES	11/28/20	11/02/20	11/27/20			2,558.90	0.00	0.00	2,558.90
106678356	SUPPLIES	11/28/20	11/02/20	11/27/20			1,557.87	0.00	0.00	1,557.87
106676495	SUPPLIES	11/28/20	11/02/20	11/27/20			180.58	0.00	0.00	180.58
106678515	SUPPLIES	11/28/20	11/03/20	11/28/20			405.39	0.00	0.00	405.39
106678543	SUPPLIES	11/28/20	11/03/20	11/28/20			313.26	0.00	0.00	313.26
106679915	SUPPLIES	11/28/20	11/05/20	11/30/20			303.60	0.00	0.00	303.60
106684153	SUPPLIES	11/28/20	11/07/20	12/02/20			5,494.92	0.00	0.00	5,494.92
106684095	SUPPLIES	11/28/20	11/07/20	12/02/20			41.72	0.00	0.00	41.72
106692626	SUPPLIES	11/28/20	11/09/20	12/04/20			65.22	0.00	0.00	65.22

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	B1220	BECKMAN COULTER INC	10,921.46	0.00	0.00	10,921.46

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
9103460552	SUPPLIES	11/28/20	10/18/20	11/17/20			1,320.51	0.00	0.00	1,320.51

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10024	BECTON, DICKINSON & CO (BD)	1,320.51	0.00	0.00	1,320.51

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
8001479058	SUPPLIES	11/28/20	10/14/20	11/13/20			197.16	0.00	0.00	197.16
8001484686	SUPPLIES	11/28/20	10/21/20	11/20/20			135.83	0.00	0.00	135.83

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1825	CARDINAL HEALTH 414,LLC	332.99	0.00	0.00	332.99

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
WO214501		11/27/20	11/02/20	12/01/20		91.82	0.00	0.00	91.82
	SUPPLIES								
WO216061		11/27/20	11/09/20	12/09/20		97.40	0.00	0.00	97.40
	SUPPLIES								
OEQT65791		11/27/20	11/16/20	12/01/20		316.00	0.00	0.00	316.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	C1166	COASTAL OFFICE SOLUTONS	505.22	0.00	0.00	505.22

Vendor# 11616 Vendor Name: CONTROL SOLUTIONS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
CS46957		11/27/20	11/09/20	12/01/20		304.00	0.00	0.00	304.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11616	CONTROL SOLUTIONS	304.00	0.00	0.00	304.00

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000421		11/27/20	11/15/20	12/10/20		741.00	0.00	0.00	741.00
	WATER								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	R1050	CULLIGAN OF VICTORIA	741.00	0.00	0.00	741.00

100K off - Need Invoice

Vendor# 11287 Vendor Name: DELTA HEALTHCARE PROVIDERS — Class: — Pay Code:

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
174550160		11/27/20	11/12/20	12/12/20		2,873.20	0.00	0.00	2,873.20
	PURCH SERV 11/6 - 10/2017 (mengers, Emily)								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11287	DELTA HEALTHCARE PROVIDERS	2,873.20	0.00	0.00	2,873.20

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5199280	Supplies	11/27/20	11/07/20	12/02/20		8.22	0.00	0.00	8.22
5200770		11/27/20	11/08/20	12/03/20		18.02	0.00	0.00	18.02
	SUPPLIES								
5209610		11/27/20	11/16/20	12/11/20		19.58	0.00	0.00	19.58
	SUPPLIES								
5210940		11/27/20	11/20/20	12/15/20		135.55	0.00	0.00	135.55
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10368	DEWITT POTH & SON	181.37	0.00	0.00	181.37

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MMC111517		11/27/20	11/15/20	12/01/20		123,864.20	0.00	0.00	123,864.20
	PHYSICIAN SERV NOV 1-15, 2017								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10789	DISCOVERY MEDICAL NETWORK INC	123,864.20	0.00	0.00	123,864.20

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
000442		11/28/20	11/20/20	12/15/20		276.20	0.00	0.00	276.20
	LAB KIT FORMS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10175	DSHS CENTRAL LAB MC2004	276.20	0.00	0.00	276.20

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
13568		11/27/20	11/01/20	12/01/20		4,262.76	0.00	0.00	4,262.76
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11147	ENVIRONMENTAL SAFETY, INC	4,262.76	0.00	0.00	4,262.76

Vendor# Vendor Name — Class — Pay Code

F1653 FORT BEND SERVICES, INC

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0212316IN		11/27/20	11/01/20	12/01/20		530.00	0.00	0.00	530.00
	WATER TREATMENT								

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

Vendor# Vendor Name — Class — Pay Code

11149 GARDNER & WHITE, INC.

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
48100600-10		11/27/20	12/01/20	12/01/20		9,868.06	0.00	0.00	9,868.06 4,895.22
	EMP LIFE INS								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11149	GARDNER & WHITE, INC.	9,868.06	0.00	0.00	9,868.06 4,895.22

Vendor# Vendor Name — Class — Pay Code

10642 GLAXOSMITHKLINE PHARMACUETICAL

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
34274183		11/27/20	10/17/20	01/01/20		5,449.86	0.00	0.00	5,449.86
	INVENTORY PHARM								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10642	GLAXOSMITHKLINE PHARMACUETICAL	5,449.86	0.00	0.00	5,449.86

Vendor# Vendor Name — Class — Pay Code

H1100 HAYES ELECTRIC SERVICE — W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
A217110211		11/27/20	11/02/20	11/12/20		60.00	0.00	0.00	60.00
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1100	HAYES ELECTRIC SERVICE	60.00	0.00	0.00	60.00

Vendor# Vendor Name — Class — Pay Code

H1600 HOBART SALES & SERVICE — M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
83165159		11/28/20	07/31/20	08/31/20		569.01	0.00	0.00	569.01

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	H1600	HOBART SALES & SERVICE	569.01	0.00	0.00	569.01

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
851139816		11/28/20	10/01/20	10/31/20		11.25	0.00	0.00	11.25

	SERVICE FEE								
	851138335	11/28/20	10/01/20	11/01/20		11.25	0.00	0.00	11.25
	SERVICE FEE								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	H1850	HOSPIRA WORLDWIDE, INC				22.50	0.00	0.00	22.50
Vendor#	Vendor Name				Class	Pay Code			
11628	INSIGHT HEALTH CORP.								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	145287		11/27/20	10/16/20	11/16/20		20,050.00	0.00	0.00	20,050.00
		MOBILE CT UNIT								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11628	INSIGHT HEALTH CORP.					20,050.00	0.00	0.00	20,050.00
Vendor#	Vendor Name				Class	Pay Code			
J1300	JECKER FLOOR & GLASS				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	75949	Repairs	11/27/20	10/18/20	10/28/20		194.00	0.00	0.00	194.00
	75960		11/27/20	10/19/20	10/29/20		68.50	0.00	0.00	68.50
		SUPPLIES								
	75969		11/27/20	10/20/20	10/30/20		28.50	0.00	0.00	28.50
		REPAIRS								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	J1300	JECKER FLOOR & GLASS					291.00	0.00	0.00	291.00
Vendor#	Vendor Name				Class	Pay Code			
10578	LUMINANT ENERGY COMPANY LLC								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV0544766		11/27/20	11/01/20	12/01/20		2,116.21	0.00	0.00	2,116.21
		ENERGY								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10578	LUMINANT ENERGY COMPANY LLC					2,116.21	0.00	0.00	2,116.21
Vendor#	Vendor Name				Class	Pay Code			
11612	MASA								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	00001		11/27/20	11/20/20	12/01/20		720.00	0.00	0.00	720.00
		AIR TRANS INS - Employees deduction								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11612	MASA					720.00	0.00	0.00	720.00
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
	09361		11/28/20	11/20/20	11/30/20		16.95	0.00	0.00	16.95
		SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.					16.95	0.00	0.00	16.95
Vendor#	Vendor Name				Class	Pay Code			
10904	MERCK SHARP & DOHME CORP								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	7010917024A		11/28/20	11/02/20	12/02/20		849.76	0.00	0.00	849.76
		SUPPLIES								
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10904	MERCK SHARP & DOHME CORP					849.76	0.00	0.00	849.76

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
	000448		11/27/20	11/20/20	12/01/20		11,741.85	0.00	0.00	11,741.85
		EMP INSURANCE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				11,741.85	0.00	0.00	11,741.85
Vendor#	Vendor Name				Class	Pay Code				
10536	MORRIS & DICKSON CO, LLC									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	7471		11/27/20	11/08/20	11/09/20		17.10	0.00	0.00	17.10
		SUPPLIES								
	7941		11/27/20	11/09/20	11/10/20		8.55	0.00	0.00	8.55
		INVENTORY PHARM								
	2023113		11/27/20	11/13/20	11/14/20		1,275.71	0.00	0.00	1,275.71
		SUPPLIES								
	2024032		11/27/20	11/13/20	11/14/20		285.88	0.00	0.00	285.88
		SUPPLIES								
	2024030		11/27/20	11/13/20	11/14/20		289.04	0.00	0.00	289.04
		SUPPLIES								
	2024353		11/27/20	11/13/20	11/14/20		108.15	0.00	0.00	108.15
		SUPPLIES								
	2024031		11/27/20	11/13/20	11/14/20		2,387.78	0.00	0.00	2,387.78
		SUPPLIES								
	2024033		11/27/20	11/13/20	11/14/20		5.63	0.00	0.00	5.63
		SUPPLIES								
	2024352		11/27/20	11/13/20	11/14/20		37.21	0.00	0.00	37.21
		SUPPLIES								
	2032838		11/27/20	11/14/20	11/15/20		2,480.93	0.00	0.00	2,480.93
		SUPPLIES								
	2032837		11/27/20	11/14/20	11/15/20		17.76	0.00	0.00	17.76
		SUPPLIES								
	2032839		11/27/20	11/14/20	11/15/20		322.91	0.00	0.00	322.91
		SUPPLIES								
	2031399		11/27/20	11/14/20	11/15/20		18.39	0.00	0.00	18.39
		SUPPLIES								
	2034894		11/27/20	11/15/20	11/16/20		52.08	0.00	0.00	52.08
		SUPPLIES								
	2038597		11/27/20	11/15/20	11/16/20		517.72	0.00	0.00	517.72
		SUPPLIES								
	2038598		11/27/20	11/15/20	11/16/20		18.66	0.00	0.00	18.66
		SUPPLIES PHARM								
	2038595		11/27/20	11/15/20	11/16/20		37.52	0.00	0.00	37.52
		SUPPLIES								
	2038596		11/27/20	11/15/20	11/16/20		19.30	0.00	0.00	19.30
		SUPPLIES								
	2041207		11/27/20	11/16/20	11/17/20		115.80	0.00	0.00	115.80
		SUPPLIES								
	2043346		11/27/20	11/16/20	11/17/20		41.88	0.00	0.00	41.88
		SUPPLIES								
	2041209		11/27/20	11/16/20	11/17/20		365.93	0.00	0.00	365.93
		SUPPLIES								

2041208		11/27/20	11/16/20	11/17/20	376.01	0.00	0.00	376.01
	SUPPLIES							
2043347		11/27/20	11/16/20	11/17/20	982.76	0.00	0.00	982.76
	SUPPLIES							
2043348		11/27/20	11/16/20	11/17/20	62.73	0.00	0.00	62.73
	SUPPLIES							
2041206		11/27/20	11/16/20	11/17/20	98.44	0.00	0.00	98.44
	SUPPLIES							
2041205		11/27/20	11/16/20	11/17/20	59.29	0.00	0.00	59.29
	SUPPLIES							
2048480		11/28/20	11/17/20	11/18/20	436.09	0.00	0.00	436.09
	INVENTORY							
2048481		11/28/20	11/17/20	11/18/20	480.44	0.00	0.00	480.44
	INVENTORY							
2048482		11/28/20	11/17/20	11/18/20	128.07	0.00	0.00	128.07
	INVENTORY							
2046874		11/28/20	11/17/20	11/18/20	1,884.17	0.00	0.00	1,884.17
	INVENTORY							
2046873		11/28/20	11/17/20	11/18/20	20.42	0.00	0.00	20.42
	INVENTORY							
2048483		11/28/20	11/17/20	11/18/20	83.57	0.00	0.00	83.57
	INVENTORY							
2057376		11/28/20	11/20/20	11/21/20	106.47	0.00	0.00	106.47
	INVENTORY							
2057375		11/28/20	11/20/20	11/21/20	143.31	0.00	0.00	143.31
	INVENTORY							
2056477		11/28/20	11/20/20	11/21/20	1,234.11	0.00	0.00	1,234.11
	INVENTORY							
2057377		11/28/20	11/20/20	11/21/20	3,138.89	0.00	0.00	3,138.89
	SUPPLIES							
2054389		11/28/20	11/20/20	11/21/20	115.80	0.00	0.00	115.80
	INVENTORY							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	10536	MORRIS & DICKSON CO, LLC			17,774.50	0.00	0.00	17,774.50

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
2031523080		11/13/20	11/13/20	12/13/20			53.92	0.00	0.00	53.92
	SUPPLIES									
2031121385		11/13/20	11/13/20	12/13/20			1,379.85	0.00	0.00	1,379.85
	SUPPLIES									
2031426451		11/13/20	11/13/20	12/13/20			1,124.60	0.00	0.00	1,124.60
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	OM425	OWENS & MINOR					2,558.37	0.00	0.00	2,558.37

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
A2110734		11/27/20	11/16/20	12/11/20			258.40	0.00	0.00	258.40
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net

	10204	PHARMEDIUM SERVICES LLC				258.40	0.00	0.00	258.40
Vendor#	Vendor Name				Class	Pay Code			
P1470	PHILIP THOMAE PHOTOGRAPHER				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	10165		11/27/20	11/16/20	12/01/20		85.00	0.00	0.00	85.00
		PHOTO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P1470	PHILIP THOMAE PHOTOGRAPHER				85.00	0.00	0.00	85.00
Vendor#	Vendor Name				Class	Pay Code			
P2200	POWER HARDWARE				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	B35293		11/13/20	11/30/20	12/10/20		14.87	0.00	0.00	14.87
		SUPPLIES								
	B35709		11/27/20	11/08/20	11/18/20		6.38	0.00	0.00	6.38
		SUPPLIES								
	B35741		11/27/20	11/09/20	11/19/20		12.68	0.00	0.00	12.68
		SUPPLIES								
	B35723		11/27/20	11/09/20	11/19/20		7.18	0.00	0.00	7.18
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2200	POWER HARDWARE				41.11	0.00	0.00	41.11
Vendor#	Vendor Name				Class	Pay Code			
11195	PSYCHEMEDICS CORPORATION								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	500014		11/28/20	10/31/20			48.50	0.00	0.00	48.50
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11195	PSYCHEMEDICS CORPORATION				48.50	0.00	0.00	48.50
Vendor#	Vendor Name				Class	Pay Code			
11080	RADSOURCE								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	SC56379		11/28/20	11/16/20	12/11/20		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			
11009	RECONDO								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV12354		11/28/20	11/01/20	11/26/20		4,050.00	0.00	0.00	4,050.00
		SUBSCRIPTION SERVICE								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11009	RECONDO				4,050.00	0.00	0.00	4,050.00
Vendor#	Vendor Name				Class	Pay Code			
R1200	RED HAWK FIRE AND SECURITY								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	322112		11/27/20	11/01/20	11/26/20		43.72	0.00	0.00	43.72
		SUPPLIES								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1200	RED HAWK FIRE AND SECURITY				43.72	0.00	0.00	43.72
Vendor#	Vendor Name				Class	Pay Code			
S1001	SANOFI PASTEUR INC				W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net

909190046A		11/27/20 10/11/20 01/01/20			1,255.72	0.00	0.00	1,255.72
	SUPPLIES							
909275971		11/27/20 10/18/20 11/18/20			1,119.25	0.00	0.00	1,119.25
	SUPPLIES							
Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
	S1001	SANOFI PASTEUR INC			2,374.97	0.00	0.00	2,374.97

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
000427		11/27/20	11/16/20	12/01/20			30.92	0.00	0.00	30.92
	EMP TRAVEL 11/9/17									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	10625	SARA RUBIO					30.92	0.00	0.00	30.92

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
700940355		11/27/20	11/09/20	12/09/20			488.40	0.00	0.00	488.40
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S1405	SERVICE SUPPLY OF VICTORIA INC					488.40	0.00	0.00	488.40

Vendor#	Vendor Name	Class	Pay Code
S1800	SHERWIN WILLIAMS	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
92296		11/27/20	11/03/20	11/18/20			183.48	0.00	0.00	183.48
	SUPPLIES									
92940		11/27/20	11/06/20	11/21/20			55.87	0.00	0.00	55.87
	SUPPLIES									
92858		11/27/20	11/06/20	11/21/20			55.87	0.00	0.00	55.87
	SUPPLIES									
93708		11/27/20	11/07/20	11/22/20			44.92	0.00	0.00	44.92
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	S1800	SHERWIN WILLIAMS					340.14	0.00	0.00	340.14

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
4633541		11/28/20	11/16/20	11/06/20			1,333.33	0.00	0.00	1,333.33
	EQUIPMENT 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
11636	SOUTH TEXAS STEEL SERVICE		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
000440		11/28/20	11/20/20	12/01/20			177.66	0.00	0.00	177.66
	SUPPLIES									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	11636	SOUTH TEXAS STEEL SERVICE					177.66	0.00	0.00	177.66

Took off. Need Invoice

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
113951744		11/27/20	11/02/20	11/22/20			314.23	0.00	0.00	314.23

	FOOD SUPPLIES							
113971240		11/27/20	11/09/20	11/29/20	924.28	0.00	0.00	924.28
113990606		11/27/20	11/16/20	12/06/20	381.61	0.00	0.00	381.61
	FOOD SUPPLIES							

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	S2951	SYSCO FOOD SERVICES OF	1,620.12	0.00	0.00	1,620.12

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
340369720		11/27/20	11/03/20	11/28/20		1,286.81	0.00	0.00	1,286.81
	PURCH SERV								
340369719		11/27/20	11/03/20	11/28/20		232.87	0.00	0.00	232.87
	PURCH SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11100	THE US CONSULTING GROUP	1,519.68	0.00	0.00	1,519.68

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
3003518340		11/27/20	11/01/20	12/01/20		1,190.37	0.00	0.00	1,190.37
	ELEVATOR MAINT								

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
11624	TMLIRP		

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
000452		11/27/20	10/16/20	11/16/20		80.00	0.00	0.00	80.00
	ATTORNEY REFUND – Workers Comp filed in error.								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	11624	TMLIRP	80.00	0.00	0.00	80.00

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
10298217		11/28/20	11/03/20	11/28/20		9,000.00	0.00	0.00	9,000.00
	MAINT CONTRACT								

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
T3334	TRINITY PHYSICS CONSULTING LLC	W	

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
033634		11/27/20	09/25/20	10/25/20		3,100.00	0.00	0.00	3,100.00
	RAD EQUIPMENT EVAL								
0834		11/27/20	09/25/20	10/25/20		1,200.00	0.00	0.00	1,200.00
	YEARLY EVAL								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	T3334	TRINITY PHYSICS CONSULTING LLC	4,300.00	0.00	0.00	4,300.00

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
8150783692		11/27/20	11/07/20	12/02/20		27.34	0.00	0.00	27.34
	LAUNDRY								
8150783772		11/27/20	11/07/20	12/02/20		21.25	0.00	0.00	21.25

	LAUNDRY								
8150784418		11/27/20	11/14/20	12/09/20		21.25	0.00	0.00	21.25
	LAUNDRY								
8150734335		11/27/20	11/14/20	12/09/20		17.00	0.00	0.00	17.00
	LAUNDRY								
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	U1054	UNIFIRST HOLDINGS				86.84	0.00	0.00	86.84

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
8400260792		11/27/20	11/07/20	12/02/20			91.74	0.00	0.00	91.74
	LAUNDRY									
8400260746		11/27/20	11/07/20	12/02/20			60.90	0.00	0.00	60.90
	LAUNDRY									
8400260753		11/27/20	11/07/20	12/02/20			989.18	0.00	0.00	989.18
	LAUNDRY									
8400260711		11/27/20	11/07/20	12/02/20			47.15	0.00	0.00	47.15
	LAUNDRY									
8400260710		11/27/20	11/07/20	12/02/20			88.45	0.00	0.00	88.45
	LAUNDRY									
8400260708		11/27/20	11/07/20	12/02/20			94.29	0.00	0.00	94.29
	LAUNDRY									
8400260712		11/27/20	11/07/20	12/02/20			64.60	0.00	0.00	64.60
	LAUNDRY									
8400261024		11/27/20	11/10/20	12/05/20			148.95	0.00	0.00	148.95
	LAUNDRY									
8400261056		11/27/20	11/10/20	12/05/20			709.44	0.00	0.00	709.44
	LAUNDRY									
8400261265		11/27/20	11/14/20	12/09/20			60.90	0.00	0.00	60.90
	LAUNDRY									
8400261233		11/27/20	11/14/20	12/09/20			52.60	0.00	0.00	52.60
	LAUNDRY									
8400261232		11/27/20	11/14/20	12/09/20			47.15	0.00	0.00	47.15
	LAUNDRY									
8400261229		11/27/20	11/14/20	12/09/20			94.29	0.00	0.00	94.29
	LAUNDRY									
8400261231		11/27/20	11/14/20	12/09/20			88.45	0.00	0.00	88.45
	LAUNDRY									
8400261270		11/27/20	11/14/20	12/09/20			1,117.58	0.00	0.00	1,117.58
	LAUNDRY									
8400261308		11/27/20	11/14/20	12/09/20			103.95	0.00	0.00	103.95
	LAUNDRY									
8400261230		11/27/20	11/14/20	12/09/20			151.52	0.00	0.00	151.52
	LAUNDRY									
8400261533		11/27/20	11/17/20	12/12/20			148.95	0.00	0.00	148.95
	LAUNDRY									
8400261566		11/27/20	11/17/20	12/12/20			876.71	0.00	0.00	876.71
	LAUNDRY									
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net
	U1064	UNIFIRST HOLDINGS INC					5,036.80	0.00	0.00	5,036.80

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
5086337		11/27/20	10/16/20	11/05/20		3,293.34	0.00	0.00	3,293.34
	SUPPLIES								
5156446		11/27/20	10/19/20	11/08/20		1,639.75	0.00	0.00	1,639.75
	SUPPLIES								
5219965		11/27/20	10/23/20	11/12/20		1,569.76	0.00	0.00	1,569.76
	SUPPLIES								
5358766		11/27/20	10/30/20	11/19/20		1,138.86	0.00	0.00	1,138.86
	FOOD SUPPLIES								
5422431		11/27/20	11/02/20	11/22/20		69.58	0.00	0.00	69.58
	FOOD SUPPLIES								
~~63747237~~ 5422435		11/27/20	11/02/20	11/22/20		1,799.78	0.00	0.00	1,799.78
	FOOD SUPPLIES								
5483112		11/27/20	11/06/20	11/26/20		1,750.10	0.00	0.00	1,750.10
	FOOD SUPPLIES								
5554275		11/27/20	11/09/20	11/29/20		1,639.53	0.00	0.00	1,639.53
	SUPPLIES								
5616122		11/27/20	11/13/20	12/03/20		2,201.34	0.00	0.00	2,201.34
	SUPPLIES								
5616121		11/27/20	11/13/20	12/03/20		577.45	0.00	0.00	577.45
5688226		11/27/20	11/16/20	12/06/20		1,878.85	0.00	0.00	1,878.85
	SUPPLIES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10172	US FOOD SERVICE	17,558.34	0.00	0.00	17,558.34

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10651461		11/27/20	11/09/20	12/01/20		702.56	0.00	0.00	702.56
	LEGAL SERV								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10943	WALLER,LANSDEN, DORTCH & DAVIS	702.56	0.00	0.00	702.56

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

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
524633		11/28/20	10/31/20	11/30/20		668.00	0.00	0.00	668.00
	DUES								
524811		11/28/20	10/31/20	11/30/20		659.00	0.00	0.00	659.00
	DUES								

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	W1270	WISCONSIN STATE LABORATORY	1,327.00	0.00	0.00	1,327.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	282,178.40	0.00	0.00	282,178.40

Pg. 3 (741.00)
Pg 4 (9,868.06) + 4,895.22
Pg 9 (177.66)
276,286.90

APPROVED ON NOV 30 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CR3# 173656 to #173713

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

RUN DATE: 11/28/17
TIME: 10:51

MEMORIAL MEDICAL CENTER
EDIT LIST FOR PATIENT REFUNDS ARID=0001

PAGE 1
APCDEDIT

PATIENT NUMBER / PATIENT NAME			DATE	AMOUNT	PAY CODE	PAT TYPE	DESCRIPTION	GL NUM
[redacted]			112817	306.46	2		REFUND FOR [redacted]	
ASH600 01 ASHFORD GARDENS		77979	112817	492.31	2		Transfer REFUND FOR ASHFORD GARDENS	
7210 NORTHLINE DRIVE								
HOUSTON	TX	770761517						
BROAD600 01 THE BROADMOOR AT CREEK			112817	789.60	2		Transfer REFUND FOR THE BROADMOOR AT CREEK	
5665 CREEKSIDE								
FOREST DRIVE								
SPRING	TX	77389						
BROAD600 02 THE BROADMOOR AT CREEK			112817	526.40	2		Transfer REFUND FOR THE BROADMOOR AT CREEK	
5665 CREEKSIDE								
FOREST DRIVE								
SPRING	TX	77389						
BROAD600 03 THE BROADMOOR AT CREEK			112817	1710.80	2		Transfer REFUND FOR THE BROADMOOR AT CREEK	
5665 CREEKSIDE								
FOREST DRIVE								
SPRING	TX	77389						
BROAD600 04 THE BROADMOOR AT CREEK			112817	~~526.40~~ 6	2		~~Transfer~~ ~~REFUND FOR THE BROADMOOR AT CREEK~~ Duplicate	
5665 CREEKSIDE								
FOREST DRIVE								
SPRING	TX	77389						
BROAD600 05 THE BROADMOOR AT CREEK			112817	3948.00	2		Transfer REFUND FOR THE BROADMOOR AT CREEK	
5665 CREEKSIDE								
FOREST DRIVE								
SPRING	TX	77389						
SOLER600 01 SOLERA WEST HOUSTON			112817	407.69	2		Transfer REFUND FOR SOLERA WEST HOUSTON	
2101 GREENHOUSE ROAD								
HOUSTON	TX	770846108						
SOLER600 02 SOLERA WEST HOUSTON			112817	9606.80	2		Transfer REFUND FOR SOLERA WEST HOUSTON	
2101 GREENHOUSE ROAD								
HOUSTON	TX	770846108						
SOLER600 03 SOLERA WEST HOUSTON			112817	8554.00	2		Transfer REFUND FOR SOLERA WEST HOUSTON	
2101 GREENHOUSE ROAD								
HOUSTON	TX	770846108						

ARID=0001 TOTAL ~~26868.46~~

TOTAL 26868.46

<526.40> Duplicate - same Trace Number

26,342.06 Total

<26,035.60> Less Transfers

306.46 = Patient Refund

Michael J. Pfeifer
Calhoun County Judge
Date: 12-4-17

CRS# 173714
to
173722

APPROVED
ON
NOV 30 2017
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

BANK	CHECK NUMBER	DATE	AMOUNT	PAYEE
A/P	173656	12/01/17	74.54	ACE HARDWARE 15521
A/P	173657	12/01/17	3,175.59	ACOSTA ELECTRIC
A/P	173658	12/01/17	52.10	AIRGAS USA, LLC - CENTRAL DIV
A/P	173659	12/01/17	499.00	AMERICAN APPLIANCE
A/P	173660	12/01/17	325.00	AMERICAN COLLEGE OF HEALTHCARE
A/P	173661	12/01/17	79.69	AUTO PARTS & MACHINE CO.
A/P	173662	12/01/17	6,452.64	BANK OF THE WEST
A/P	173663	12/01/17	10,921.46	BECKMAN COULTER INC
A/P	173664	12/01/17	1,320.51	BECTON, DICKINSON & CO (BD)
A/P	173665	12/01/17	332.99	CARDINAL HEALTH 414,LLC
A/P	173666	12/01/17	505.22	COASTAL OFFICE SOLUTONS
A/P	173667	12/01/17	304.00	CONTROL SOLUTIONS
A/P	173668	12/01/17	2,873.20	DELTA HEALTHCARE PROVIDERS
A/P	173669	12/01/17	181.37	DEWITT POTH & SON
A/P	173670	12/01/17	123,864.20	DISCOVERY MEDICAL NETWORK INC
A/P	173671	12/01/17	276.20	DSHS CENTRAL LAB MC2004
A/P	173672	12/01/17	4,262.76	ENVIRONMENTAL SAFETY, INC
A/P	173673	12/01/17	530.00	FORT BEND SERVICES, INC
A/P	173674	12/01/17	4,895.22	GARDNER & WHITE, INC.
A/P	173675	12/01/17	5,449.86	GLAXOSMITHKLINE PHARMACUETICAL
A/P	173676	12/01/17	60.00	HAYES ELECTRIC SERVICE
A/P	173677	12/01/17	569.01	HOBART SALES & SERVICE
A/P	173678	12/01/17	22.50	HOSPIRA WORLDWIDE, INC
A/P	173679	12/01/17	20,050.00	INSIGHT HEALTH CORP.
A/P	173680	12/01/17	291.00	JECKER FLOOR & GLASS
A/P	173681	12/01/17	2,116.21	LUMINANT ENERGY COMPANY LLC
A/P	173682	12/01/17	720.00	MASA
A/P	173683	12/01/17	16.95	MELSTAN, INC.
A/P	173684	12/01/17	849.76	MERCK SHARP & DOHME CORP
A/P	173685	12/01/17	11,741.85	MMC EMPLOYEE BENEFIT PLAN
A/P	173686	12/01/17	.00	VOIDED
A/P	173687	12/01/17	.00	VOIDED
A/P	173688	12/01/17	17,774.50	MORRIS & DICKSON CO, LLC
A/P	173689	12/01/17	2,558.37	OWENS & MINOR
A/P	173690	12/01/17	258.40	PHARMEDIUM SERVICES LLC
A/P	173691	12/01/17	85.00	PHILIP THOMAE PHOTOGRAPHER
A/P	173692	12/01/17	41.11	POWER HARDWARE
A/P	173693	12/01/17	48.50	PSYCHEMEDICS CORPORATION
A/P	173694	12/01/17	1,625.00	RADSOURCE
A/P	173695	12/01/17	4,050.00	RECONDO
A/P	173696	12/01/17	43.72	RED HAWK FIRE AND SECURITY
A/P	173697	12/01/17	2,374.97	SANOFI PASTEUR INC
A/P	173698	12/01/17	30.92	SARA RUBIO
A/P	173699	12/01/17	488.40	SERVICE SUPPLY OF VICTORIA INC
A/P	173700	12/01/17	340.14	SHERWIN WILLIAMS
A/P	173701	12/01/17	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	173702	12/01/17	1,620.12	SYSCO FOOD SERVICES OF
A/P	173703	12/01/17	1,519.68	THE US CONSULTING GROUP
A/P	173704	12/01/17	1,190.37	THYSSENKRUPP ELEVATOR CORP
A/P	173705	12/01/17	80.00	TMLIRP

BANK--CHECK CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	173706	12/01/17	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	173707	12/01/17	4,300.00	TRINITY PHYSICS CONSULTING LLC
A/P	173708	12/01/17	86.84	UNIFIRST HOLDINGS
A/P	173709	12/01/17	.00	VOIDED
A/P	173710	12/01/17	5,036.80	UNIFIRST HOLDINGS INC
A/P	173711	12/01/17	17,558.34	US FOOD SERVICE
A/P	173712	12/01/17	702.56	WALLER,LANSDEN, DORTCH & DAVIS
A/P	173713	12/01/17	1,327.00	WISCONSIN STATE LABORATORY
A/P	173714	12/01/17	492.31	ASHFORD GARDENS
A/P	173715	12/01/17	407.69	SOLERA WEST HOUSTON
A/P	173716	12/01/17	9,606.80	SOLERA WEST HOUSTON
A/P	173717	12/01/17	8,554.00	SOLERA WEST HOUSTON
A/P	173718	12/01/17	306.46	[redacted]
A/P	173719	12/01/17	789.60	THE BROADMOOR AT CREEK
A/P	173720	12/01/17	526.40	THE BROADMOOR AT CREEK
A/P	173721	12/01/17	1,710.80	THE BROADMOOR AT CREEK
A/P	173722	12/01/17	3,948.00	THE BROADMOOR AT CREEK
TOTALS:			302,628.96	

APPROVED
ON

NOV 30 2017

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

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"	★	941	#
☐ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☐ "ENTER 2-DIGIT TAX FILING YEAR"	★	17	
☐ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 86,480.24	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 40,732.80	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 9,773.22	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 35,974.22	#
CHECK		$ -	
☐ "6-DIGIT SETTLEMENT DATE"	★	11/3/2017	
"1 TO CONFIRM"		1	
☐ ACKNOWLEDGEMENT NUMBER		625841O4	

CALLED IN BY:	A.H.
CALLED IN DATE:	10/30/2017
CALLED IN TIME:	1533

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED *3/18/2014*

		ENTER VOID CKS AS NEGATIVE NUMBERS				
PAY PERIOD: BEGIN	10/13/17	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	10/26/17					
PAY DATE:	11/02/17					
GROSS PAY:	$ 363,368.95					$ 363,368.95
DEDUCTIONS:						
A/R	$ 960.00					$ 960.00
ADVANC						$ -
BOOTS	$ 204.04					$ 204.04
CAFÉ-1	$ 1,641.84					$ 1,641.84
CAFÉ-2	$ 1,099.22					$ 1,099.22
CAFE-3						$ -
CAFÉ-4	$ 346.54					$ 346.54
CAFÉ-5	$ 376.58					$ 376.58
CAFÉ-D	$ 1,605.09					$ 1,605.09
CAFÉ-H	$ 17,701.61					$ 17,701.61
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 271.76					$ 271.76
CANCER						$ -
CHILD	$ 213.81					$ 213.81
CLINIC	$ 151.29					$ 151.29
COMBIN	$ 928.80					$ 928.80
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
DIS-LF	$ 1,812.59					$ 1,812.59
EAT						$ -
FED TAX	$ 35,974.22					$ 35,974.22
FICA-M	$ 4,887.25					$ 4,887.25
FICA-O	$ 20,368.82					$ 20,368.82
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,029.01					$ 2,029.01
FLX-FE						$ -
GIFT S	$ 50.00					$ 50.00
GRP-IN	$ 129.26					$ 129.26
GTL						$ -
HOSP-I						$ -
LEGAL SHEILD	$ 204.72					
MISC						$ -
OTHER	$ 2,004.96					$ 2,004.96
PHI						$ -
PR FIN	$ 345.29					$ 345.29
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,215.00					$ 1,215.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 25,432.43					$ 25,432.43
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 120,029.13	$ -	$ -	$ -	$ -	$ 120,029.13
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
NET PAY:	$ 243,339.82	$ -	$ -	$ -	$ -	$ 243,339.82
	SHOULD MATCH REPORT	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	**SHOULD MATCH REPORT**	
TOTAL CAFÉ 125 PLAN:	$ 26,361.65	Less Exempt:				
TAXABLE PAY:	$ 337,007.30	$ 328,490.30				

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 4,886.61		
FICA - MED (EE)	1.45%	$ 4,886.61	$ 4,887.25	$ (0.64)
FICA - SOC SEC (ER)	6.20%	$ 20,366.40		
FICA - SOC SEC (EE)	6.20%	$ 20,366.40	$ 20,368.82	$ (2.42)
FED WITHHOLDING		$ 35,974.22	$ 35,974.22	
TAX DEPOSIT:		$ 86,480.24	$ 86,486.36	$ (6.12)

FICA - MEDICARE	2.90%	$ 9,773.22
FICA - SOCIAL SECURITY	12.40%	$ 40,732.80
FED WITHHOLDING		$ 35,974.22
TOTAL TAX:		$ 86,480.24

	Exempt Amt:
Employees over FICA-SS Cap:	
Jason Anglin	$ 8,517.00
Jerry	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ 8,517.00

PREPARED BY: Ashley Hall

PREPARED DATE: 10/30/2017

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"	★	941	#
☑ "IF FEDERAL TAX DEPOSIT ENTER 1"		1	
☑ "ENTER 2-DIGIT TAX FILING YEAR"	★	17	
☑ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12	
1ST QTR - 03 (MARCH) - Jan, Feb, Mar			
2ND QTR - 06 (JUNE) - Apr, May, June			
3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept			
4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec			
☑ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 92,202.28	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 42,984.66	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,310.00	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 38,907.62	#
	CHECK	$ -	
☑ "6-DIGIT SETTLEMENT DATE"	★	11/17/2017	
"1 TO CONFIRM"		1	
☑ ACKNOWLEDGEMENT NUMBER		15918453	

CALLED IN BY:	AK
CALLED IN DATE:	11/14/2017
CALLED IN TIME:	8:15 AM

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	10/27/17					
PAY PERIOD: END	11/09/17					
PAY DATE:	11/16/17					
GROSS PAY:	$ 382,434.10					$ 382,434.10
DEDUCTIONS:						
A/R	$ 943.85					$ 943.85
ADVANC						$ -
BOOTS	$ -					$ -
CAFÉ-1	$ 1,655.80					$ 1,655.80
CAFÉ-2	$ 1,099.22					$ 1,099.22
CAFE-3						$ -
CAFÉ-4	$ 346.54					$ 346.54
CAFÉ-5	$ 376.58					$ 376.58
CAFÉ-D	$ 1,649.00					$ 1,649.00
CAFÉ-H	$ 18,198.75					$ 18,198.75
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 271.76					$ 271.76
CANCER						$ -
CHILD	$ 213.81					$ 213.81
CLINIC	$ 61.29					$ 61.29
COMBIN	$ 928.80					$ 928.80
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
DIS-LF	$ 1,911.61					$ 1,911.61
EAT						$ -
FED TAX	$ 38,907.62					$ 38,907.62
FICA-M	$ 5,154.94					$ 5,154.94
FICA-O	$ 21,492.34					$ 21,492.34
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,029.01					$ 2,029.01
FLX-FE						$ -
GIFT S	$ 37.63					$ 37.63
GRP-IN	$ 129.26					$ 129.26
GTL						$ -
HOSP-I						$ -
LEGAL SHEILD	$ 204.72					
MISC						$ -
OTHER	$ 3,122.79					$ 3,122.79
PHI/MASA	$ 348.50					$ 348.50
PR FIN	$ 345.29					$ 345.29
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,215.00					$ 1,215.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 26,770.35					$ 26,770.35
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 127,489.46	$ -	$ -	$ -	$ -	$ 127,489.46
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$ 254,944.64	$ -	$ -	$ -	$ -	$ 254,944.64
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	

TOTAL CAFÉ 125 PLAN: $ 26,916.66 **Less Exempt:**

TAXABLE PAY: $ 355,517.44 $ 346,650.44

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,155.00		
FICA - MED (EE)	1.45%	$ 5,155.00	$ 5,154.94	$ 0.06
FICA - SOC SEC (ER)	6.20%	$ 21,492.33		
FICA - SOC SEC (EE)	6.20%	$ 21,492.33	$ 21,492.34	$ (0.01)
FED WITHHOLDING		$ 38,907.62	$ 38,907.62	
TAX DEPOSIT:		$ 92,202.28	$ 92,202.18	$ 0.10

FICA - MEDICARE	2.90%	$ 10,310.00
FICA - SOCIAL SECURITY	12.40%	$ 42,984.66
FED WITHHOLDING		$ 38,907.62
TOTAL TAX:		$ 92,202.28

	Exempt Amt:
Employees over FICA-SS Cap:	
Jason Anglin	$ 8,867.00
Jerry	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ 8,867.00

PREPARED BY: Ali King

PREPARED DATE: 11/13/2017

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"	★	941 #
☑ "IF FEDERAL TAX DEPOSIT ENTER 1"		1
☑ "ENTER 2-DIGIT TAX FILING YEAR"	★	17
☑ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	12

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

☑ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	$ 90,198.76	#
"1 TO CONFIRM"		1	
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	$ 42,394.58	#
"ENTER W/CENTS AMOUNT OF MEDICARE"		$ 10,204.72	#
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		$ 37,599.46	#
	CHECK	$ -	
☑ "6-DIGIT SETTLEMENT DATE"	★	~~11/3/2017~~	11/30/17
"1 TO CONFIRM"		1	
☑ ACKNOWLEDGEMENT NUMBER		10975002	

CALLED IN BY:	AK
CALLED IN DATE:	11/30/2017
CALLED IN TIME:	11:48 am

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	11/10/17					
PAY PERIOD: END	11/23/17					
PAY DATE:	11/30/17					
GROSS PAY:	$ 377,170.42					$ 377,170.42
DEDUCTIONS:						
A/R	$ 902.80					$ 902.80
ADVANC						$ -
BOOTS	$ -					$ -
CAFÉ-1	$ 1,655.80					$ 1,655.80
CAFÉ-2	$ 1,099.22					$ 1,099.22
CAFE-3						$ -
CAFÉ-4	$ 346.54					$ 346.54
CAFÉ-5	$ 376.58					$ 376.58
CAFÉ-D	$ 1,654.00					$ 1,654.00
CAFÉ-H	$ 18,088.75					$ 18,088.75
CAFÉ-I						$ -
CAFÉ-L						$ -
CAFÉ-P	$ 271.76					$ 271.76
CANCER						$ -
CHILD	$ 213.81					$ 213.81
CLINIC	$ 339.69					$ 339.69
COMBIN	$ 890.89					$ 890.89
CREDUN						$ -
DENTAL						$ -
DEP-LF						$ -
DIS-LF	$ 1,877.13					$ 1,877.13
EAT	$ 30.00					$ 30.00
FED TAX	$ 37,599.46					$ 37,599.46
FICA-M	$ 5,123.83					$ 5,123.83
FICA-O	$ 21,197.36					$ 21,197.36
FIRST C	$ 75.00					$ 75.00
FLEX S	$ 2,029.01					$ 2,029.01
FLX-FE						$ -
GIFT S	$ 282.45					$ 282.45
GRP-IN	$ 129.26					$ 129.26
GTL						$ -
HOSP-I						$ -
LEGAL SHEILD	$ 204.72					
MISC						$ -
OTHER	$ 3,339.26					$ 3,339.26
PHI/MASA	$ 355.50					$ 355.50
PR FIN	$ 345.29					$ 345.29
RELAY						$ -
REPAY						$ -
STONEDF	$ 1,165.00					$ 1,165.00
STONE						$ -
STONE 2						$ -
STUDEN						$ -
TSA-R	$ 26,402.01					$ 26,402.01
UW/HOS						$ -
TOTAL DEDUCTIONS:	$ 125,995.12	$ -	$ -	$ -	$ -	$ 125,995.12
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	
NET PAY:	$ 251,175.30	$ -	$ -	$ -	$ -	$ 251,175.30
	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	"SHOULD MATCH REPORT"	

TOTAL CAFÉ 125 PLAN:	$ 26,761.66	Less Exempt:		
TAXABLE PAY:	$ 350,408.76	$ 341,891.76		

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	$ 5,080.93		
FICA - MED (EE)	1.45%	$ 5,123.79	$ 5,123.83	$ (0.04)
FICA - SOC SEC (ER)	6.20%	$ 21,197.29		
FICA - SOC SEC (EE)	6.20%	$ 21,197.29	$ 21,197.36	$ (0.07)
FED WITHHOLDING		$ 37,599.46	$ 37,599.46	
TAX DEPOSIT:		$ 90,198.76	$ 90,241.84	$ (43.08)
FICA - MEDICARE	2.90%	$ 10,204.72		
FICA - SOCIAL SECURITY	12.40%	$ 42,394.58		
FED WITHHOLDING		$ 37,599.46		
TOTAL TAX:		$ 90,198.76		

Exempt Amt:	
Employees over FICA-SS Cap:	
Jason Anglin	$ 8,517.00
Jerry	
Paycode S - Employee Reimb.:	
Roshanda S. Gray	
TOTAL:	$ 8,517.00

PREPARED BY: Ali King

PREPARED DATE: 11/30/2017

MEMORIAL MEDICAL CENTER
IBC
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- NOVEMBER 2017

Monthly Electronic Transfers for Operating Expenses

11/2/2017	IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
11/6/2017	Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
11/17/2017	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
11/20/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
11/21/2017	Telecheck	- Credit Card Processing Fee	5.00
		Total Electronic Payments	366.38

Jason Anglin
MMC Chief Executive Officer

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

CUSTOMER

8/NE/131/019/1149
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

9

CUSTOMER NO.	PAGE NO.
	1 of 7

11/01/2017 to 11/30/2017
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
927,404.23	278	1,730,969.04	13	2,111,094.41	547,278.86

Deposits (Credits)

Date	Deposit#	Amount
11/10		542,190.86

Checks (Debits)

Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
11/21	61903	25.00	11/13 *	172310	151.94	11/14	172380	542,190.86
11/02 *	164238	808.83	11/01 *	172378	529,034.57	11/21	172381	496,186.58
11/20 *	171924	139.39	11/09	172379	542,190.86			

* Indicates a skip in check number sequence

Electronic Activity

	Credits		
11/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	37,307.85
11/01	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	17,458.93
11/01	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17303E00440730	3,933.42
11/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	3,704.30
11/01	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	2,237.96
11/01	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	1,274.07
11/01	Electronic Deposit	CIGNA EDGE TRANS HCCLAIMPMT 600900091041	1,191.75
11/01	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17303E00440750	1,002.31
11/01	Electronic Deposit	NOVITAS HCCLAIMPMT 1689630865	380.51
11/01	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	274.83
11/01	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	272.06
11/01	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17303E00440740	262.30
11/01	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589	165.11
11/01	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	113.60
11/01	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	97.98
11/01	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113000	18.00
11/02	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	8,733.06
11/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	4,327.84
11/02	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17304E00588780	2,787.83
11/02	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1497153589	1,416.56
11/02	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17304E00588790	152.61
11/02	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	142.51
11/02	Electronic Deposit	AETNA A04 HCCLAIMPMT 1497153589	126.02
11/02	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	85.92
11/03	Electronic Deposit	TMHP HCCLAIMPMT xxxxx9111	16,212.48
11/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	15,921.13
11/03	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	15,886.05
11/03	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	11,343.06
11/03	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	7,788.26
11/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	5,835.75
11/03	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17305E00731990	4,453.05

CUSTOMER

8/NE/131/019/1154
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

9

CUSTOMER NO.	PAGE NO.
	6 of 7

11/01/2017 to 11/30/2017
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.

11/24	Electronic Deposit	DRISCOLL HEALTH HCCLAIMPMT MEMORIAL MEDICA	98.60
11/24	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	97.10
11/24	Electronic Deposit	CIGNA HCCLAIMPMT xxxxx3411	87.06
11/24	Electronic Deposit	AETNA A04 HCCLAIMPMT 1497153589	39.64
11/27	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17326E03025000	18,580.85
11/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	9,264.61
11/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	5,272.87
11/27	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17326E03025040	2,289.86
11/27	Electronic Deposit	NOVITAS HCCLAIMPMT 1689630865	763.57
11/27	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	634.69
11/27	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17326E26748400	283.20
11/27	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17326E03025030	180.20
11/27	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17326E03025010	43.12
11/27	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	19.33
11/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	24,830.22
11/28	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	1,765.60
11/28	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	30.20
11/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 45Z356	39,074.56
11/29	Electronic Deposit	CVS EDI/ACH 2843C	9,333.21
11/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	7,009.29
11/29	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17331E03197290	4,061.45
11/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	2,322.89
11/29	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17331E03197300	1,041.28
11/29	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	888.30
11/29	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	675.08
11/29	Electronic Deposit	DRISCOLL CHILDRE HCCLAIMPMT MEMORIAL MEDICA	438.28
11/29	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17331E03197310	399.42
11/29	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	337.98
11/29	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	178.56
11/29	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589	115.64
11/29	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497153589	87.62
11/29	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	85.00
11/29	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1497153589	56.03
11/29	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	24.00
11/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	41,503.28
11/30	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1689630865	17,336.53
11/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17332E03353580	5,186.29
11/30	Electronic Deposit	AETNA H09 HCCLAIMPMT 1497143259	3,750.00
11/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	2,992.71
11/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17332E03353600	1,174.72
11/30	Electronic Deposit	AETNA A04 HCCLAIMPMT 1689630865	818.38
11/30	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1497153589	557.70
11/30	Electronic Deposit	NOVITAS HCCLAIMPMT 1689630865	498.58
11/30	Electronic Deposit	HEALTH HUMAN SVC INV-PAYMTS 17460034113000	86.60
11/30	Electronic Deposit	AETNA A04 HCCLAIMPMT 1497153589	55.49
11/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C17332E03353610	12.69

Debits

11/02	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95

IBC

BANK

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

CUSTOMER

8/NE/131/019/1155
MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

9

CUSTOMER NO.	PAGE NO.
	7 of 7

11/01/2017 to 11/30/2017
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.

11/06	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136	99.00
11/17	Electronic Payment	CLOVER APP MRKT CLOVER APP	81.20
11/20	Electronic Payment	FDGL LEASE PYMT	151.23
11/21	Electronic Payment	Telecheck INV112017D xxxxx9736	5.00

Daily Ending Balance

11/01	468,064.64	11/10	784,412.42	11/21	216,172.71
11/02	484,998.21	11/13	828,793.09	11/22	265,515.77
11/03	568,852.24	11/14	328,829.54	11/24	343,218.98
11/06	621,706.48	11/15	374,953.87	11/27	380,551.28
11/07	646,299.63	11/16	575,550.26	11/28	407,177.30
11/08	682,722.68	11/17	644,969.77	11/29	473,305.89
11/09	192,279.56	11/20	700,579.92	11/30	547,278.86

MEMORIAL MEDICAL CENTER
PROSPERITY BANK
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- NOVEMBER 2017

Monthly Electronic Transfers for Operating Expenses

11/1/2017	State Comptrlr Texnet	- 2018 2ND DSH Adv Pmt, IGT	67,291.78
11/2/2017	Expertpay	- Child Support	213.81
11/2/2017	Memorial Medical Payroll	- Payroll	241,086.33 10/30/17
11/3/2017	IRS USATAXPYMT	- Payroll Taxes	86,480.24 10/30/17
11/3/2017	Merch Bank Discount	- Credit Card Processing Fee	12.00
11/3/2017	State Comptrlr Texnet	- QIPP IGT 6MO REQUEST (3/1/18-8/31/18) NH	1,008,279.00
11/6/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
11/6/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
11/6/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
11/6/2017	Merch Bank Interchng	- Credit Card Processing Fee	98.88
11/6/2017	Merch Bank Interchng	- Credit Card Processing Fee	1,603.39
11/6/2017	Merch Bank Interchng	- Credit Card Processing Fee	112.99
11/6/2017	Merch Bank Interchng	- Credit Card Processing Fee	64.26
11/6/2017	Merch Bank Fee	- Credit Card Processing Fee	69.35
11/8/2017	Merch Bank Fee	- Credit Card Processing Fee	114.12
11/6/2017	Merch Bank Fee	- Credit Card Processing Fee	9.95
11/6/2017	Merch Bank Fee	- Credit Card Processing Fee	57.47
11/6/2017	Merch Bank Fee	- Credit Card Processing Fee	79.10
11/6/2017	Merch Bank Discount	- Credit Card Processing Fee	1,531.54
11/8/2017	Merch Bank Discount	- Credit Card Processing Fee	261.14
11/6/2017	Merch Bank Discount	- Credit Card Processing Fee	248.11
11/6/2017	Merch Bank Discount	- Credit Card Processing Fee	81.48
11/8/2017	Merch Bank Discount	- Credit Card Processing Fee	1,035.66
11/7/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
11/7/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	2,096.95 11/6/17
11/10/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
11/13/2017	State Comptrlr Texnet	- March 2018 Uniform Hospital Rate Increase Progm, IGT	92,435.00
11/13/2017	Deposit Returned in Error from 11/8/17; redeposit 11/13/17	-IBC Opertg transf to Prosperity Opertg	542,190.86
11/14/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	3,538.14 11/13/17
11/15/2017	Texas County DRS	- Retirement Funding	110,513.04
11/16/2017	Memorial Medical Payroll	- Payroll	252,484.35
11/17/2017	IRS USATAXPYMT	- Payroll Taxes	92,202.28
11/17/2017	Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	16.25
11/17/2017	Expertpay	- Child Support	213.81
11/20/2017	FDGL Lease Payment	- Credit Card Machine Lease Expense	26.98
11/21/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	2,896.18 11/20/17
11/21/2017	Webfile Tax Pymt	- Sales Tax	796.66
11/24/2017	Deposit Item Returned Ck 506	- Returned check	30.00
11/28/2017	Mckesson Drug Auto ACH	- 340B Drug Program Expense	2,707.48 11/28/17
11/29/2017	Cardmember Service Elect Pymt	- Credit Card Invoice	2,511.21 11/20/17
11/30/2017	Memorial Medical Payroll	- Payroll	248,667.73
		Total Electronic Payments	2,762,322.74

2762689.12

Jason Anglin
MMC Chief Executive Officer

APPROVED
ON
NOV 13 2017
BY
CALHOUN COUNTY AUDITOR

PROSPERITY BANK®

Statement Date 11/30/2017
Account No

MEMORIAL MEDICAL CENTER
OPERATING
202 S ANN ST STE A
PORT LAVACA TX 77979

2295

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

11/01/2017	Beginning Balance			$2,199,491.42
	252 Deposits/Other Credits		+	$2,804,556.63
	362 Checks/Other Debits		-	$4,068,032.16
11/30/2017	Ending Balance	30 Days in Statement Period		$936,015.89
	Total Enclosures			423

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/01/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000106122959	$247.14
11/01/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000106122961	$1,013.94
11/01/2017	Deposit	$431.00
11/01/2017	Deposit	$8,478.44
11/01/2017	Deposit	$369.15
11/02/2017	Deposit	$9,249.27
11/02/2017	Deposit	$438.96
11/02/2017	Deposit	$190.25
11/02/2017	Deposit	$46.90
11/03/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000102890701	$168.99
11/03/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000102890699	$5,602.43
11/03/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160910883 11490252000	$1,651.27
11/03/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160911881 11490252000	$25.00
11/03/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160913887 11490252000	$157.16
11/03/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160914885 11490252000	$806.18
11/03/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160915882 11490252000	$1,262.42
11/03/2017	Deposit	$25,368.11
11/03/2017	Deposit	$1,331.49
11/03/2017	Deposit	$65.00
11/03/2017	Deposit	$11.97
11/03/2017	Deposit	$413.00
11/06/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000108182331	$337.98
11/06/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000108182333	$995.97
11/06/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000108194789	$364.56
11/06/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160910883 11490252000	$4,376.72
11/06/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160913887 11490252000	$133.83
11/06/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160911881 11490252000	$425.63
11/06/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160915882 11490252000	$585.30

0000

10N011 : 00229501

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
173543*	11-27	$10,029.13	173592	11-27	$435.32	173619	11-29	$390.00
173545*	11-27	$11,001.20	173593	11-27	$64.91	173621*	11-29	$53,575.25
173546	11-28	$3.89	173594	11-30	$425.47	173622	11-29	$56.30
173548*	11-24	$240.00	173595	11-30	$301.12	173625*	11-29	$85.60
173549	11-24	$224.68	173596	11-30	$106.88	173626	11-28	$440.63
173552*	11-27	$257.10	173597	11-30	$749.76	173627	11-30	$282.74
173553	11-29	$751.58	173598	11-30	$1,624.00	173628	11-28	$2.44
173554	11-28	$1,575.00	173599	11-30	$43.57	173630*	11-28	$1,215.00
173555	11-29	$66.43	173600	11-30	$1,529.60	173632*	11-28	$61.29
173556	11-27	$2,818.48	173601	11-30	$142.12	173633	11-30	$32.15
173557	11-30	$684.11	173602	11-30	$784.24	173637*	11-29	$179.17
173558	11-28	$4,394.59	173603	11-30	$162.28	173638	11-29	$2,000.00
173559	11-28	$102.56	173604	11-30	$50.88	173639	11-28	$3,174.65
173560	11-27	$3,771.00	173607*	11-22	$418.72	173640	11-29	$1,062.45
173561	11-24	$450.00	173608	11-22	$420.14	173641	11-29	$602.30
173562	11-29	$2,390.00	173609	11-24	$421.47	173642	11-27	$1,576.00
173563	11-29	$52.21	173610	11-22	$1,035.00	173643	11-29	$3,999.68
173565*	11-29	$4,712.31	173611	11-22	$589.16	173644	11-29	$1,903.45
173566	11-27	$378.67	173612	11-29	$2,478.91	173646*	11-27	$565.50
173567	11-30	$218.43	173613	11-29	$6,143.85	173647	11-30	$168.72
173568	11-27	$258.86	173615*	11-30	$76.87	173648	11-28	$213.21
173570*	11-29	$3,727.74	173617*	11-30	$337.34	173650*	11-29	$1,178.68
173591*	11-27	$219.95	173618	11-30	$2,965.64	173652*	11-29	$2,029.01

OTHER DEBITS

Date	Description	Amount
11/01/2017	ACH Payment STATE COMPTRLR TEXNET 28730002/71031 2100002	$67,291.78
11/02/2017	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000017539249	$213.81
11/02/2017	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122652252433	$241,086.33
11/03/2017	ACH Payment IRS USATAXPYMT 220770762584104 6103601000429	$86,480.24
11/03/2017	ACH Payment MERCH BNKCD DISCOUNT 971160915882 1149025200	$12.00
11/03/2017	ACH Payment STATE COMPTRLR TEXNET 28667297/71102 2100002	$1,008,279.00
11/06/2017	ACH Payment FDGL LEASE PYMT 052-0802937-000 410001288908	$86.30
11/06/2017	ACH Payment FDGL LEASE PYMT 052-0802938-000 410001288908	$59.25
11/06/2017	ACH Payment FDGL LEASE PYMT 052-0802939-000 410001288908	$59.25
11/06/2017	ACH Payment MERCH BNKCD INTERCHNG 971160911881 *****2520	$98.88
11/06/2017	ACH Payment MERCH BNKCD INTERCHNG 971160910883 *****2520	$1,603.39
11/06/2017	ACH Payment MERCH BNKCD INTERCHNG 971160914885 *****2520	$112.99
11/06/2017	ACH Payment MERCH BNKCD INTERCHNG 971160913887 *****2520	$64.26
11/06/2017	ACH Payment MERCH BNKCD FEE 971160914885 114902520001036	$69.35
11/06/2017	ACH Payment MERCH BNKCD FEE 971160913887 114902520001035	$114.12
11/06/2017	ACH Payment MERCH BNKCD FEE 971160912889 114902520001034	$9.95
11/06/2017	ACH Payment MERCH BNKCD FEE 971160911881 114902520001033	$57.47
11/06/2017	ACH Payment MERCH BNKCD FEE 971160910883 114902520001032	$79.10
11/06/2017	ACH Payment MERCH BNKCD DISCOUNT 971160910883 1149025200	$1,531.54
11/06/2017	ACH Payment MERCH BNKCD DISCOUNT 971160914885 1149025200	$261.14
11/06/2017	ACH Payment MERCH BNKCD DISCOUNT 971160911881 1149025200	$248.11
11/06/2017	ACH Payment MERCH BNKCD DISCOUNT 971160913887 1149025200	$81.48
11/06/2017	ACH Payment MERCH BNKCD DISCOUNT 971160915882 1149025200	$1,035.66
11/07/2017	ACH Payment FDGL LEASE PYMT 052-1300412-000 410001246324	$30.25
11/07/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03288120 910000117	$2,096.95

0000

OTHER DEBITS

Date	Description	Amount
11/10/2017	ACH Payment FDGL LEASE PYMT 052-1038879-000 410001223717	$30.17
11/13/2017	ACH Payment STATE COMPTRLR TEXNET 28806187/71110 2100002	$92,435.00
11/13/2017	Deposit Item Ret CK 172379	$542,190.86
11/14/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03297439 910000102	$3,538.14
11/15/2017	ACH Payment TEXAS COUNTY DRS RECEIVABLE 0419 21000025949	$110,513.04
11/16/2017	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122653199021	$252,484.35
11/17/2017	ACH Payment IRS USATAXPYMT 220772115918453 6103601000337	$92,202.28
11/17/2017	ACH Payment CLOVER APP MRKT CLOVER APP 899-9043311-000 1	$16.25
11/17/2017	ACH Payment EXPERTPAY EXPERTPAY 746003411 91000015946190	$213.81
11/20/2017	ACH Payment FDGL LEASE PYMT 052-1405221-000 410001284045	$26.98
11/21/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03301292 910000106	$2,896.18
11/21/2017	ACH Payment WEBFILE TAX PYMT DD 902/28954523 21000024653	$796.66
11/24/2017	Deposit Item Ret ck 49235970	$30.00
11/28/2017	ACH Payment MCKESSON DRUG AUTO ACH ACH03310373 910000109	$2,707.48
11/29/2017	ACH Payment CARDMEMBER SERV ELECT PYMT **********4378 4	$2,511.21
11/30/2017	ACH Payment PAYROLL ONLINE TRF PAYROLL 113122654062455	$248,667.73

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	$1,953,986.56	11-10	$973,905.10	11-21	$813,331.77
11-02	$1,679,886.83	11-13	$826,995.79	11-22	$783,581.59
11-03	$620,125.42	11-14	$759,275.95	11-24	$864,921.28
11-06	$669,040.91	11-15	$597,035.12	11-27	$946,151.13
11-07	$595,249.35	11-16	$333,794.77	11-28	$864,113.98
11-08	$1,016,251.60	11-17	$258,675.70	11-29	$667,878.95
11-09	$1,016,605.34	11-20	$802,067.48	11-30	$936,015.89

0000

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$264.28	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$1,807.04	Days in Earnings Period	30

00N015 : 00229505

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/10/2017	Deposit	$454.62
11/13/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000101427671	$1,653.15
11/13/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000101430283	$154.27
11/13/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160914885 11490252000	$402.83
11/13/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160915882 11490252000	$1,247.96
11/13/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160910883 11490252000	$1,256.35
11/13/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160911881 11490252000	$130.41
11/13/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160913887 11490252000	$112.26
11/13/2017	Deposit	$542,190.86
11/13/2017	Deposit	$39,225.07
11/13/2017	Deposit	$235.00
11/13/2017	Deposit	$558.80
11/13/2017	Deposit	$733.79
11/13/2017	Deposit	$285.00
11/14/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160910883 11490252000	$27.46
11/14/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160911881 11490252000	$2.30
11/14/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160913887 11490252000	$113.65
11/14/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160914885 11490252000	$195.40
11/14/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160915882 11490252000	$1,630.53
11/14/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160910883 11490252000	$1,224.88
11/14/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160911881 11490252000	$154.41
11/14/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160913887 11490252000	$15.22
11/14/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160914885 11490252000	$85.00
11/14/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160915882 11490252000	$619.00
11/14/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160913887 11490252000	$219.03
11/14/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160914885 11490252000	$166.49
11/14/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160915882 11490252000	$628.41
11/14/2017	Deposit	$5,703.28
11/14/2017	Deposit	$268.80
11/14/2017	Deposit	$656.00
11/14/2017	Deposit	$870.72
11/14/2017	Deposit	$2,579.33
11/15/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000104961572	$2,196.87
11/15/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000104961574	$5,430.98
11/15/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000104965976	$168.99
11/15/2017	ACH Deposit CENTENE CORP HCCLAIMPMT 61000104965978	$67.49
11/15/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160910883 11490252000	$1,755.37
11/15/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160911881 11490252000	$403.84
11/15/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160913887 11490252000	$49.49
11/15/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160914885 11490252000	$148.11
11/15/2017	Deposit	$10,075.79
11/15/2017	Deposit	$3,319.88
11/15/2017	Deposit	$189.83
11/15/2017	Deposit	$663.00
11/15/2017	Deposit	$31.00
11/16/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160910883 11490252000	$938.95
11/16/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160911881 11490252000	$327.70
11/16/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160913887 11490252000	$161.25
11/16/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160914885 11490252000	$253.75
11/16/2017	ACH Deposit MERCH BNKCD DEPOSIT 971160915882 11490252000	$1,294.06
11/16/2017	Deposit	$8,728.72
11/16/2017	Deposit	$242.91

0000

00N012 : 00229502

PROSPERITY BANK®

Statement Date 11/30/2017
Account No

THE COUNTY OF CALHOUN TEXAS
CAL CO INDIGENT HEALTHCARE
202 S ANN ST STE A
PORT LAVACA TX 77979

13129

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

11/01/2017	Beginning Balance				$10,111.67
	5 Deposits/Other Credits			+	$38,606.97
	9 Checks/Other Debits			-	$33,495.35
11/30/2017	Ending Balance	30	Days in Statement Period		$15,223.29
	Total Enclosures				13

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/13/2017	Deposit	$31,722.01
11/21/2017	Deposit	$800.00
11/21/2017	Deposit	$157.12
11/30/2017	Deposit	$5,919.92
11/30/2017	Accr Earning Pymt Added to Account	$7.92

0000

CHECKS

Check Number	Date	Amount	Check Number	Date	Amount	Check Number	Date	Amount
12011	11-06	$322.08	12025*	11-24	$28,568.17	12030*	11-28	$392.69
12017*	11-01	$786.80	12026	11-29	$2,166.43	12031	11-27	$157.65
12020*	11-03	$268.90	12028*	11-28	$485.37	12033*	11-29	$347.26

102091 : 01312901

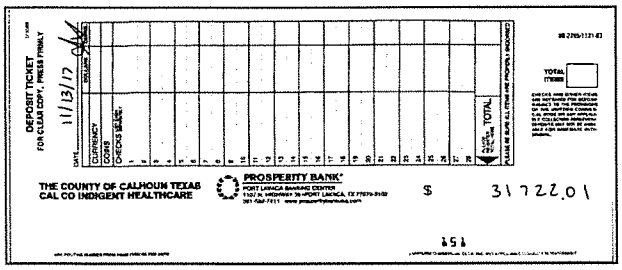
DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	$9,324.87	11-21	$41,413.02	11-29	$9,295.45
11-03	$9,055.97	11-24	$12,844.85	11-30	$15,223.29
11-06	$8,733.89	11-27	$12,687.20		
11-13	$40,455.90	11-28	$11,809.14		

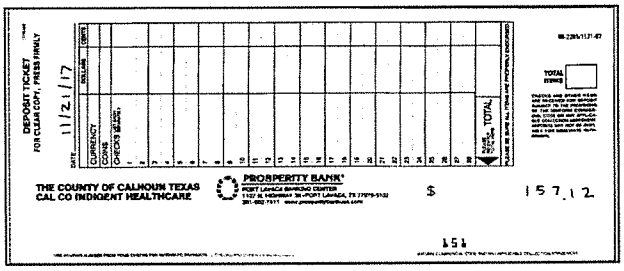
EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

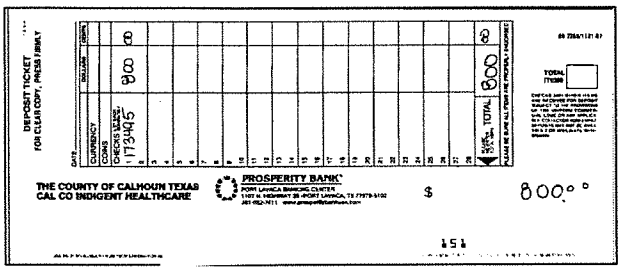
Interest Paid This Period	$7.92	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$30.68	Days in Earnings Period	30



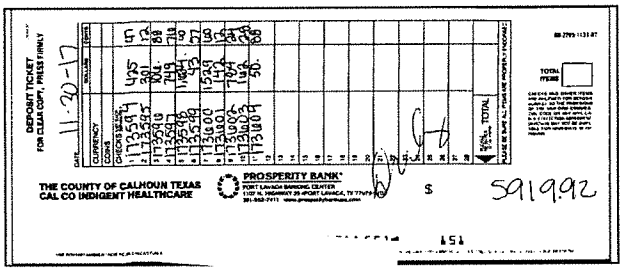
11/13/2017 $31,722.01



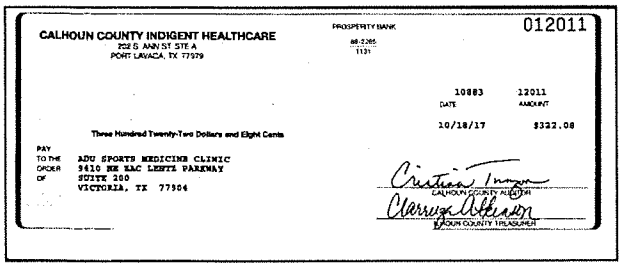
11/21/2017 $157.12



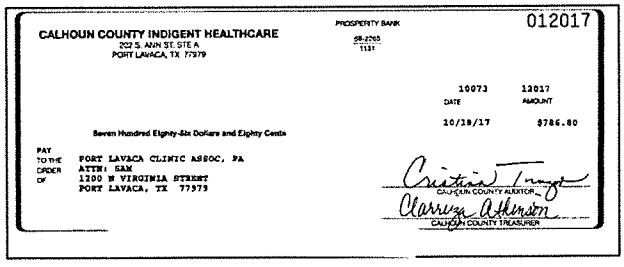
11/21/2017 $800.00



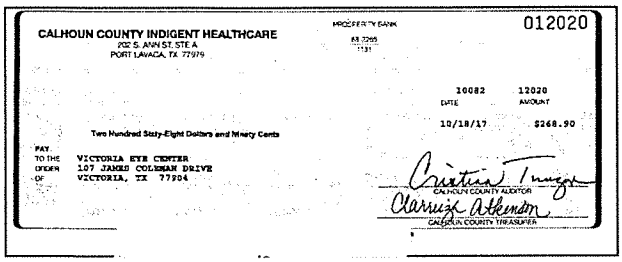
11/30/2017 $5,919.92



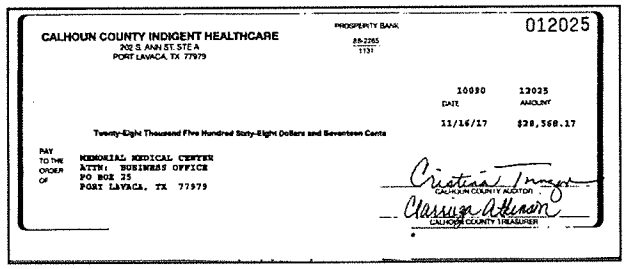
11/6/2017 12011 $322.08



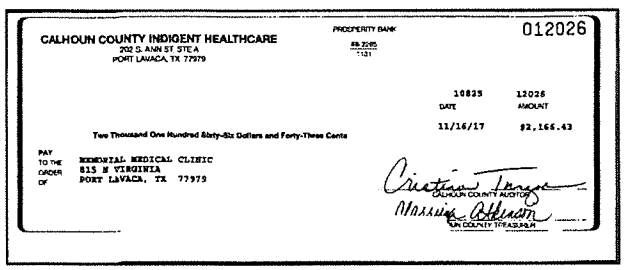
11/1/2017 12017 $786.80



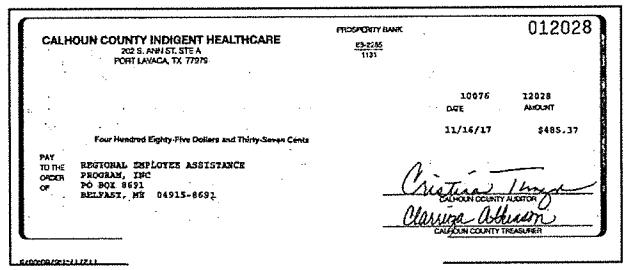
11/3/2017 12020 $268.90



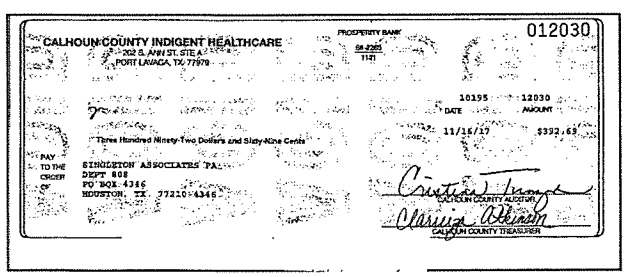
11/24/2017 12025 $28,568.17



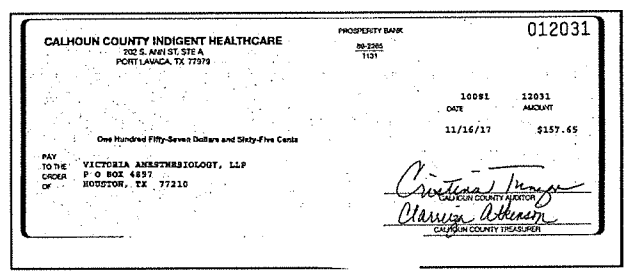
11/29/2017 12026 $2,166.43



11/28/2017 12028 $485.37



11/28/2017 12030 $392.69



11/27/2017 12031 $157.65

0000

IBC

BANK

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

CUSTOMER

8/NE/131/019/1156

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

STATEMENT

CUSTOMER NO.	PAGE NO.
	1 of 1

11/01/2017 to 11/30/2017
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
190.01	0	0.00	0	0.00	190.01

PROSPERITY BANK®

Statement Date 11/30/2017
Account No

MEMORIAL MEDICAL CENTER
CLINIC SERIES 2014
202 S ANN ST STE A
PORT LAVACA TX 77979

13114

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

11/01/2017	Beginning Balance				$100.12
	1 Deposits/Other Credits			+	$0.04
	0 Checks/Other Debits			-	$0.00
11/30/2017	Ending Balance	30	Days in Statement Period		$100.16

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/30/2017	Accr Earning Pymt Added to Account	$0.04

DAILY ENDING BALANCE

Date	Balance	Date	Balance
11-01	$100.12	11-30	$100.16

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$0.04	Annual Percentage Yield Earned	0.49 %
Interest Paid YTD	$0.16	Days in Earnings Period	30

0000

101441 : 01311401

PROSPERITY BANK®

Statement Date 11/30/2017
Account No

MEMORIAL MEDICAL CENTER
PRIVATE WAVIER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

13115

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

11/01/2017	Beginning Balance				$817,520.24
	1 Deposits/Other Credits			+	$302.37
	0 Checks/Other Debits			-	$0.00
11/30/2017	Ending Balance	30	Days in Statement Period		$817,822.61

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/30/2017	Accr Earning Pymt Added to Account	$302.37

DAILY ENDING BALANCE

Date	Balance	Date	Balance
11-01	$817,520.24	11-30	$817,822.61

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$302.37	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$1,228.94	Days in Earnings Period	30

0000

101451 : 01311501

PROSPERITY BANK®

Statement Date 11/30/2017
Account No

MEMORIAL MEDICAL CENTER
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

13116

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

11/01/2017	Beginning Balance			$84,776.30
	20 Deposits/Other Credits		+	$618,241.81
	2 Checks/Other Debits		-	$286,724.31
11/30/2017	Ending Balance	30 Days in Statement Period		$416,293.80
	Total Enclosures			6

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/02/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000165	$423.53
11/02/2017	Deposit	$31,377.92
11/02/2017	Deposit	$128,200.94
11/09/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2	$2,087.37
11/13/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2	$91.56
11/13/2017	Deposit	$32,398.85
11/17/2017	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51584424 111000	$21,962.64
11/17/2017	Deposit	$39,404.39
11/20/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2	$1,568.32
11/21/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000108	$130,878.51
11/22/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000181	$2,379.90
11/24/2017	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00730456 42000011	$13,880.16
11/27/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000168	$59,246.97
11/28/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2	$4,621.62
11/28/2017	Deposit	$71,274.00
11/29/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2	$844.48
11/30/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113005 2	$2,856.84
11/30/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675423 420000145	$8,683.38
11/30/2017	Deposit	$65,996.89
11/30/2017	Accr Earning Pymt Added to Account	$63.54

OTHER DEBITS

Date	Description	Amount
11/09/2017	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$190,779.50
11/22/2017	CM Wire Domestic WIRE OUT ASHFORD HEALTH CARE CENTER LTD	$95,944.81

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	$84,776.30	11-20	$151,512.32	11-28	$337,848.67
11-02	$244,778.69	11-21	$282,390.83	11-29	$338,693.15
11-09	$56,086.56	11-22	$188,825.92	11-30	$416,293.80
11-13	$88,576.97	11-24	$202,706.08		
11-17	$149,944.00	11-27	$261,953.05		

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$63.54	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$155.69	Days in Earnings Period	30

0000

IBC

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

CUSTOMER

8/NE/131/019/983
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO. | PAGE NO.
1 of 2

11/01/2017 to 11/30/2017
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
140,459.02	29	145,166.71	3	229,561.42	56,064.31

Electronic Activity

	Credits		
11/02	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	8,025.97
11/03	Electronic Deposit	HHP HCCLAIMPMT 390860	7,206.16
11/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17110210502586	406.52
11/07	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	9,780.64
11/07	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17110313101166	3,009.80
11/09	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	4,497.07
11/09	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	3,796.64
11/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17110911502450	17,075.04
11/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	7,609.23
11/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17111116301019	2,368.17
11/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	2,004.95
11/14	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	1,278.87
11/15	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17111316901235	1,873.31
11/15	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 93	769.50
11/16	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17111412501634	1,372.11
11/17	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	2,224.30
11/17	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17111516200212	765.59
11/17	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	685.65
11/20	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	8,820.61
11/20	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	5,632.27
11/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17111815900116	26,053.22
11/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17112116201001	904.77
11/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17112219501381	11,294.14
11/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17112216501410	3,387.55
11/28	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 93	5,611.00
11/28	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	2,067.54
11/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17112517702715	1,289.64
11/28	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	574.56
11/30	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1326436189	4,781.89
	Debits		
11/01	Outgoing Wire	0143 ASHFORD HEALTH CARE CENTER LTD	96,236.79
11/08	Outgoing Wire	0135 ASHFORD HEALTH CARE CENTER LTD	59,354.36
11/28	Outgoing Wire	0105 ASHFORD HEALTH CARE CENTER LTD	73,970.27

Daily Ending Balance

11/01	44,222.23	11/08	13,296.96	11/16	55,941.85
11/02	52,248.20	11/09	21,590.67	11/17	59,617.39
11/03	59,454.36	11/13	38,665.71	11/20	74,070.27
11/06	59,860.88	11/14	51,926.93	11/21	100,123.49
11/07	72,651.32	11/15	54,569.74	11/24	101,028.26

PROSPERITY BANK®

Statement Date 11/30/2017
Account No --

MEMORIAL MEDICAL CENTER
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

13117

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

11/01/2017	Beginning Balance			$325.11
	14 Deposits/Other Credits		+	$667,958.83
	2 Checks/Other Debits		-	$142,942.34
11/30/2017	Ending Balance	30 Days in Statement Period		$525,341.60
	Total Enclosures			5

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/01/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000159	$501.68
11/02/2017	Deposit	$57,822.94
11/09/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$1,786.14
11/13/2017	Deposit	$65,989.59
11/15/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$5,922.00
11/17/2017	Deposit	$10,919.99
11/21/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000107	$368,444.82
11/28/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000168	$64,007.51
11/28/2017	Deposit	$38,563.61
11/29/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113004 2	$845.39
11/29/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000148	$6,302.42
11/30/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676357 420000144	$19,816.59
11/30/2017	Deposit	$26,974.96
11/30/2017	Accr Earning Pymt Added to Account	$61.19

OTHER DEBITS

Date	Description	Amount
11/09/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$58,324.62
11/22/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$84,617.72

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	$826.79	11-15	$74,022.84	11-28	$471,341.05
11-02	$58,649.73	11-17	$84,942.83	11-29	$478,488.86
11-09	$2,111.25	11-21	$453,387.65	11-30	$525,341.60
11-13	$68,100.84	11-22	$368,769.93		

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$61.19	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$286.30	Days in Earnings Period	30

0000

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

CUSTOMER

8/NE/131/019/987
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
	1 of 1

11/01/2017 to 11/30/2017
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
135,720.67	9	36,650.04	3	163,393.36	8,977.35

Electronic Activity

Credits

11/03	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390861	23,354.77
11/07	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	1,706.24
11/09	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	1,365.72
11/14	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	1,252.36
11/20	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	93.60
11/21	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	3,963.07
11/21	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	1,968.24
11/30	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	1,791.02
11/30	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860433	1,155.02

441

Debits

11/01	Outgoing Wire	0146 CANTEX HEALTH CARE CENTERS III	110,078.33
11/08	Outgoing Wire	0139 CANTEX HEALTH CARE CENTERS III	48,897.11
11/28	Outgoing Wire	0144 CANTEX HEALTH CARE CENTERS III	4,417.92

Daily Ending Balance

11/01	25,642.34	11/09	3,171.96	11/21	10,449.23
11/03	48,997.11	11/14	4,424.32	11/28	6,031.31
11/07	50,703.35	11/20	4,517.92	11/30	8,977.35
11/08	1,806.24				

PROSPERITY BANK®

Statement Date 11/30/2017
Account No

MEMORIAL MEDICAL CENTER
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

13118

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

11/01/2017	Beginning Balance			$16,139.72
	16 Deposits/Other Credits		+	$748,800.14
	2 Checks/Other Debits		-	$515,469.33
11/30/2017	Ending Balance	30 Days in Statement Period		$249,470.53
	Total Enclosures			6

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/02/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000165	$3,551.40
11/02/2017	Deposit	$2,241.28
11/02/2017	Deposit	$19,752.22
11/06/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2	$499.93
11/09/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113008 2	$953.36
11/13/2017	Deposit	$26,516.94
11/14/2017	Wire Transfer Dep WIRE IN CANTEX HEALTH CARE CENTERS III LLC	$429,846.70
11/17/2017	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51584423 111000	$1,568.76
11/17/2017	Deposit	$18,377.74
11/21/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000107	$199,142.34
11/24/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000184	$8,435.96
11/24/2017	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00730589 42000011	$991.44
11/27/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676323 420000167	$830.52
11/28/2017	Deposit	$17,801.55
11/30/2017	Deposit	$18,172.51
11/30/2017	Accr Earning Pymt Added to Account	$117.49

OTHER DEBITS

Date	Description	Amount
11/09/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$37,705.90
11/29/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$477,763.43

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	$16,139.72	11-06	$42,184.55	11-13	$31,948.95
11-02	$41,684.62	11-09	$5,432.01	11-14	$461,795.65

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-17	$481,742.15	11-27	$691,142.41	11-30	$249,470.53
11-21	$680,884.49	11-28	$708,943.96		
11-24	$690,311.89	11-29	$231,180.53		

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$117.49	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$152.85	Days in Earnings Period	30

0000

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

CUSTOMER

8/NE/131/019/986
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
	1 of 1

11/01/2017 to 11/30/2017
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
51,746.89	22	77,189.70	3	91,950.18	36,986.41

Electronic Activity

Credits

11/02	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17103112201969	2,339.65
11/07	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	3,302.02
11/07	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17110315402302	430.80
11/08	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	284.48
11/09	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	11,627.61
11/09	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 3268	127.66
11/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17110911502448	3,607.91
11/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17110915700585	1,313.46
11/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17111114500715	2,310.00
11/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17111117200583	1,313.46
11/17	Electronic Deposit	HUMANA INS CO EFPAYMENT 390864	4,807.17
11/20	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1669860425	8,839.07
11/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17111815900113	2,995.71
11/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17111816700244	1,897.22
11/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17111815300135	181.73
11/27	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 3268	4,059.90
11/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17112219501380	1,897.22
11/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17112216501407	1,704.64
11/28	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 3268	11,033.20
11/28	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390864	6,409.57
11/28	Electronic Deposit	HHP HCCLAIMPMT 390864	5,854.02
11/29	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 3268	853.20

Debits

11/01	Outgoing Wire	0145 CANTEX HEALTH CARE CENTERS III	32,027.56
11/08	Outgoing Wire	0138 CANTEX HEALTH CARE CENTERS III	21,958.98
11/28	Outgoing Wire	0108 CANTEX HEALTH CARE CENTERS III	37,963.64

Daily Ending Balance

11/01	19,719.33	11/13	20,793.94	11/21	43,138.30
11/02	22,058.98	11/14	24,417.40	11/27	50,800.06
11/07	25,791.80	11/17	29,224.57	11/28	36,133.21
11/08	4,117.30	11/20	38,063.64	11/29	36,986.41
11/09	15,872.57				

PROSPERITY BANK®

Statement Date 11/30/2017
Account No

MEMORIAL MEDICAL CENTER
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

13120

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

11/01/2017	Beginning Balance			$34,850.57
	19 Deposits/Other Credits		+	$420,680.44
	2 Checks/Other Debits		-	$303,219.40
11/30/2017	Ending Balance	30 Days in Statement Period		$152,311.61
	Total Enclosures			5

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/01/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000159	$6,395.42
11/02/2017	Deposit	$9,031.04
11/02/2017	Deposit	$40,601.95
11/07/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2	$5,099.50
11/10/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2	$267.97
11/13/2017	Deposit	$12,510.47
11/14/2017	Wire Transfer Dep WIRE IN CANTEX HEALTH CARE CENTERS III LLC	$203,784.89
11/17/2017	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51584421 111000	$6,321.18
11/21/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2	$12,151.58
11/21/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000107	$55,818.82
11/22/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2	$5,988.24
11/24/2017	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00730492 42000011	$3,994.92
11/27/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000167	$23,558.85
11/28/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2	$1,110.10
11/28/2017	Deposit	$11,802.27
11/29/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113006 2	$597.75
11/30/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 675663 420000144	$75.83
11/30/2017	Deposit	$21,524.07
11/30/2017	Accr Earning Pymt Added to Account	$45.59

OTHER DEBITS

Date	Description	Amount
11/09/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$75,235.39
11/22/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$227,984.01

0000

102501 : 01312001

PROSPERITY BANK®

MEMORIAL MEDICAL CENTER

Statement Date 11/30/2017
Account No

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	$41,245.99	11-13	$33,521.53	11-24	$93,597.15
11-02	$90,878.98	11-14	$237,306.42	11-27	$117,156.00
11-07	$95,978.48	11-17	$243,627.60	11-28	$130,068.37
11-09	$20,743.09	11-21	$311,598.00	11-29	$130,666.12
11-10	$21,011.06	11-22	$89,602.23	11-30	$152,311.61

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$45.59	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$102.70	Days in Earnings Period	30

0000

IBC

BANK

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

CUSTOMER

8/NE/131/019/988
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
	1 of 1

11/01/2017 to 11/30/2017
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 - 2810244618

Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
54,916.40	19	83,844.55	3	98,220.47	40,540.48

Electronic Activity

	Credits		
11/02	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	1,456.70
11/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17110210502583	632.86
11/07	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17110411803059	804.26
11/10	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	7,118.80
11/13	Electronic Deposit	CENTENE CORP HCCLAIMPMT	935.28
11/14	Electronic Deposit	HUMANA INS CO EFPAYMENT 390863	15,489.77
11/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17111012103646	7,792.41
11/14	Electronic Deposit	HUMANA INS CO EFPAYMENT 390863	6,761.15
11/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17111116301016	662.34
11/16	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390863	406.78
11/20	Electronic Deposit	CENTENE CORP HCCLAIMPMT	1,343.72
11/21	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	9,846.80
11/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17111815900114	9,336.93
11/21	Electronic Deposit	HUMANA INS CO EFPAYMENT 390863	875.29
11/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17112216501408	8,543.75
11/27	Electronic Deposit	CENTENE CORP HCCLAIMPMT	723.54
11/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17112312602440	3,839.68
11/28	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	2,622.89
11/30	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1730577503	4,651.60
	Debits		
11/01	Outgoing Wire	0147 CANTEX HEALTH CARE CENTERS III	47,635.43
11/08	Outgoing Wire	0140 CANTEX HEALTH CARE CENTERS III	8,637.67
11/28	Outgoing Wire	0106 CANTEX HEALTH CARE CENTERS III	41,947.37

Daily Ending Balance

11/01	7,280.97	11/10	8,655.92	11/21	62,106.39
11/02	8,737.67	11/13	9,591.20	11/27	71,373.68
11/06	9,370.53	11/14	40,296.87	11/28	35,888.88
11/07	10,174.79	11/16	40,703.65	11/30	40,540.48
11/08	1,537.12	11/20	42,047.37		

PROSPERITY BANK®

Statement Date 11/30/2017
Account No [redacted]

MEMORIAL MEDICAL CENTER
NH SOLERA AT WEST HOUSTON
202 S ANN ST STE A
PORT LAVACA TX 77979

13119

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No [redacted]

11/01/2017	Beginning Balance			$545,158.48
	19 Deposits/Other Credits		+	$1,291,567.96
	3 Checks/Other Debits		-	$1,374,137.50
11/30/2017	Ending Balance	30 Days in Statement Period		$462,588.94
	Total Enclosures			6

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/01/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000159	$4,568.43
11/02/2017	Deposit	$8,371.84
11/02/2017	Deposit	$17,752.83
11/10/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2	$2,362.94
11/13/2017	Deposit	$44,619.11
11/14/2017	Wire Transfer Dep WIRE IN CANTEX HEALTH CARE CENTERS III LLC	$695,663.67
11/17/2017	ACH Deposit AMERIGROUP CORPO E-PAYMENT EE51584422 111000	$5,859.78
11/17/2017	Deposit	$64,306.36
11/20/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2	$1,770.02
11/21/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000107	$2,774.72
11/22/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000180	$313,962.40
11/24/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000184	$39,612.54
11/24/2017	ACH Deposit MOLINA HEALTHCAR MOLINAACH 00730576 42000011	$3,703.32
11/27/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000167	$3,801.35
11/28/2017	ACH Deposit NOVITAS SOLUTION HCCLAIMPMT 676310 420000168	$3,959.86
11/28/2017	Deposit	$30,323.98
11/29/2017	ACH Deposit HEALTH HUMAN SVC INV-PAYMTS 17460034113007 2	$953.09
11/30/2017	Deposit	$46,992.20
11/30/2017	Accr Earning Pymt Added to Account	$209.52

OTHER DEBITS

Date	Description	Amount
11/03/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$490,580.15
11/09/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$70,745.49
11/29/2017	CM Wire Domestic WIRE OUT CANTEX HEALTH CARE CENTERS III	$812,811.86

0000

102491 : 01311901

DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	$549,726.91	11-14	$757,171.66	11-27	$1,192,962.15
11-02	$575,851.58	11-17	$827,337.80	11-28	$1,227,245.99
11-03	$85,271.43	11-20	$829,107.82	11-29	$415,387.22
11-09	$14,525.94	11-21	$831,882.54	11-30	$462,588.94
11-10	$16,888.88	11-22	$1,145,844.94		
11-13	$61,507.99	11-24	$1,189,160.80		

EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

Interest Paid This Period	$209.52	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$279.38	Days in Earnings Period	30

0000

IBC

BANK

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

CUSTOMER

8/NE/131/019/985
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO.	PAGE NO.
	1 of 1

11/01/2017 to 11/30/2017
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
49,552.98	24	136,478.24	3	150,508.71	35,522.51

Electronic Activity

Credits

11/02	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	876.03
11/03	Electronic Deposit	HHP HCCLAIMPMT 390862	31,236.08
11/03	Electronic Deposit	HUMANA INS CO HCCLAIMPMT 390862	25,867.25
11/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17110210502588	4,673.96
11/08	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	215.43
11/09	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	156.00
11/10	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	9,189.10
11/10	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	4,275.50
11/10	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17110816002011	1,636.77
11/10	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17110816001731	1,284.59
11/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17110910604001	273.34
11/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	6,692.70
11/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT	4,493.06
11/16	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	915.05
11/20	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	6,116.20
11/20	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	3,154.67
11/21	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	10,930.50
11/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17111815900118	1,281.41
11/22	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	5,927.50
11/24	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	312.30
11/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 17112219501383	5,611.41
11/27	Electronic Deposit	HUMANA INS CO EFPAYMENT 390862	1,809.25
11/30	Electronic Deposit	MANAGEANDNET1718 MNS PMNT 2482	6,256.80
11/30	Electronic Deposit	Molina HC of TX HCCLAIMPMT PN1497143259	3,293.34

Debits

11/01	Outgoing Wire	0144 CANTEX HEALTH CARE CENTERS LLC	34,822.73
11/08	Outgoing Wire	0137 CANTEX HEALTH CARE CENTERS LLC	72,609.61
11/28	Outgoing Wire	0107 CANTEX HEALTH CARE CENTERS LLC	43,076.37

Daily Ending Balance

11/01	14,730.25	11/10	21,531.35	11/22	61,315.78
11/02	15,606.28	11/13	21,804.69	11/24	61,628.08
11/03	72,709.61	11/14	32,990.45	11/27	69,048.74
11/06	77,383.57	11/16	33,905.50	11/28	25,972.37
11/08	4,989.39	11/20	43,176.37	11/30	35,522.51
11/09	5,145.39	11/21	55,388.28		

PROSPERITY BANK®

Statement Date 11/30/2017
Account No

MEMORIAL MEDICAL CENTER
NH GOLDEN CREEK HEALTHCARE & REHAB
202 S ANN ST STE A
PORT LAVACA TX 77979

13121

Effective January 1, 2018: Accounts with a balance of less than $50 with no customer initiated debits or credits in the prior 180 days will be charged a $10 monthly inactivity fee.

STATEMENT SUMMARY — Public Fund Contractual Ckg w Int Account No

11/01/2017	Beginning Balance			$165.25
	7 Deposits/Other Credits		+	$255,108.54
	2 Checks/Other Debits		-	$167,592.40
11/30/2017	Ending Balance	30 Days in Statement Period		$87,681.39
	Total Enclosures			5

DEPOSITS/OTHER CREDITS

Date	Description	Amount
11/02/2017	Deposit	$23,367.56
11/02/2017	Deposit	$49,581.99
11/13/2017	Deposit	$117,146.16
11/17/2017	Deposit	$864.25
11/22/2017	ACH Deposit Centene Manageme CCD+ 38888463 3110020872247	$19,069.53
11/30/2017	Deposit	$45,043.38
11/30/2017	Accr Earning Pymt Added to Account	$35.67

160,447
R 42,437.

OTHER DEBITS

Date	Description	Amount
11/09/2017	CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	$49,581.99
11/29/2017	CM Wire Domestic WIRE OUT NEXION HEALTH AT GOLDEN CREEK	$118,010.41

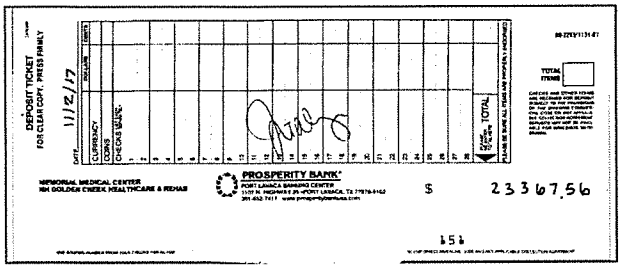
DAILY ENDING BALANCE

Date	Balance	Date	Balance	Date	Balance
11-01	$165.25	11-13	$140,678.97	11-29	$42,602.34
11-02	$73,114.80	11-17	$141,543.22	11-30	$87,681.39
11-09	$23,532.81	11-22	$160,612.75		

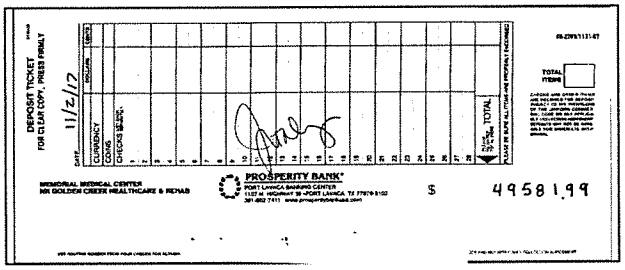
EARNINGS SUMMARY

** Below is an itemization of the Earnings paid this period. **

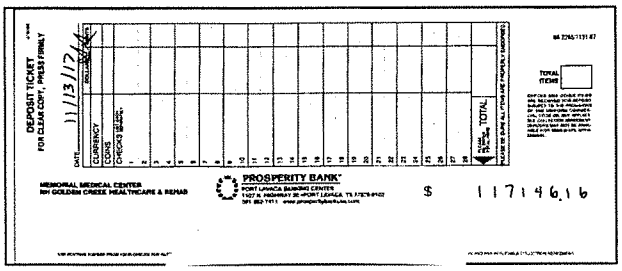
Interest Paid This Period	$35.67	Annual Percentage Yield Earned	0.45 %
Interest Paid YTD	$100.92	Days in Earnings Period	30



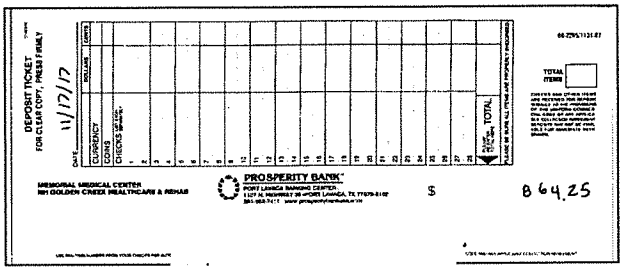
11/2/2017 $23,367.56



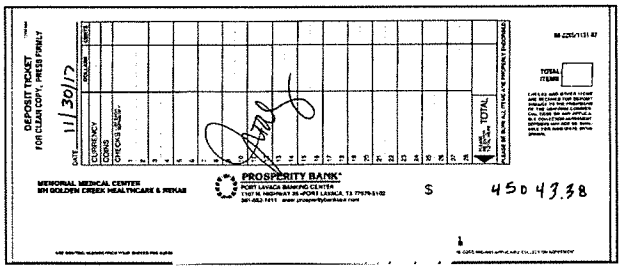
11/2/2017 $49,581.99



11/13/2017 $117,146.16



11/17/2017 $864.25



11/30/2017 $45,043.38

0000