

MEMORIAL MEDICAL CENTER
COMMISSIONERS COURT APPROVAL LIST FOR ----- July 28, 2016

APPROVED

JUL 28 2016

**CALHOUN COUNTY
COMMISSIONERS COURT**

PAYABLES AND PAYROLL

5/31/2016 Payroll	270,824.92
5/31/2016 Payroll by checks	1,376.02
6/1/2016 Weekly Payables	163,372.00
6/2/2016 Weekly Payables	180,200.98
6/2/2016 Patient Refunds	344.87
6/7/2016 McKesson Drugs	1,911.18
6/7/2016 Payroll Liabilities	99,808.99
6/8/2016 Weekly Payables	213,054.40
6/10/2016 Return Check	137.18
6/13/2016 McKesson Drugs	4,192.52
6/14/2016 Payroll	281,128.31
6/14/2016 Payroll by checks	2,080.43
6/15/2016 TDCRS	119,149.67
6/15/2016 Payroll Liabilities	104,506.29
6/15/2016 Weekly Payables	168,505.83
6/15/2016 Patient Refunds	397.20
6/17/2016 Weekly Payables	12,450.00
6/20/2016 McKesson Drugs	2,928.22
6/21/2016 Credit Card Invoice	799.71
6/22/2016 Patient Refunds	1,453.98
6/22/2016 Weekly Payables	247,025.43
6/27/2016 McKesson Drugs	2,874.84
6/28/2016 Lowes Credit Card Invoice	99.56
6/28/2016 Payroll	272,291.19
6/28/2016 Payroll by checks	1,286.78
6/29/2016 Payroll Liabilities	100,869.07
6/29/2016 Weekly Payables	264,147.96
6/29/2016 Patient Refunds	2,673.61
6/30/2016 Credit Card Invoice	2,599.00
6/30/2016 Monthly Electronic Transfers for Payroll Expenses(not incl above)	1,378.08
6/30/2016 Monthly Electronic Transfers for Operating Expenses	6,247.14

Total Payables and Payroll **\$ 2,530,115.36**

INTER-GOVERNMENT TRANSFERS

Inter-Government Transfers for June 2016 276,371.51

Total Inter-Government Transfers **\$ 276,371.51**

INTRA-ACCOUNT TRANSFERS

Total Intra-Account Transfers **\$ -**

SUBTOTAL MEMORIAL MEDICAL CENTER DISBURSEMENTS **\$ 2,806,486.87**

INDIGENT HEALTHCARE FUND EXPENSES **\$ 60,369.21**

NURSING HOME UPL EXPENSES FOR June 2016 **\$ 3,573,325.36**

IGT June 2016 MPAP NH Program **\$ -**

MMC Construction **\$ 375,273.94**

GRAND TOTAL DISBURSEMENTS APPROVED July 28, 2016 **\$ 6,815,455.38**

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ---- July 28, 2016

INDIGENT HEALTHCARE FUND:

INDIGENT EXPENSES

Adu Sports Medicine Clinic	517.51
Community Pathology Association	151.84
Michelle M. Cummins MD	768.09
Richard Arroyo-Diaz	47.85
HEB Pharmacy (Medimpact)	644.88
Mau-Shong Lin MD	46.73
MMCenter (In-patient \$20,725.48 / Out-patient \$24,383.96 / ER \$1,408.85)	46,562.86
Memorial Medical Clinic	1,894.62
Port Lavaca Clinic	716.34
Radiology Unlimited PA	355.77
Regional Employee Assistance	313.27
Victoria Anesthesiology Assoc	758.17
Victoria Eye Center	64.15

SUBTOTAL	52,842.08
Memorial Medical Center (Indigent Healthcare Payroll and Expenses)	8,057.13
	Subtotal 60,899.21
Co-pays adjustments for June 2016	(530.00)

TOTAL APPROVED INDIGENT HEALTHCARE FUND EXPENSES	60,369.21
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APPROVED
ON

JUL 19 2016

BY
CALHOUN COUNTY AUDITOR

800 07282016 01 CALHOUN COUNTY, TEXAS

DATE: 7/28/2016

VENDOR # 852

CC Indigent Health Care

ACCOUNT NUMBER	DESCRIPTION OF GOODS OR SERVICES	QUANTITY	UNIT PRICE	TOTAL PRICE
1000-800-98722-999	Transfer to pay bills for Indigent Health Care approved by Commissioners Court on 07/28/2016			\$60,369.21
	6/14/2016			
1000-001-46010	June Interest \$0.00			\$0.00
	6/15/2016			
				\$60,369.21

COUNTY AUDITOR APPROVAL ONLY APPROVED ON JUL 21 2016 BY CALHOUN COUNTY AUDITOR	THE ITEMS OR SERVICES SHOWN ABOVE ARE NEEDED IN THE DISCHARGE OF MY OFFICIAL DUTIES AND I CERTIFY THAT FUNDS ARE AVAILABLE TO PAY THIS OBLIGATION. I CERTIFY THAT THE ABOVE ITEMS OR SERVICES WERE RECEIVED BY ME IN GOOD CONDITION AND REQUEST THE COUNTY TREASURER TO PAY THE ABOVE OBLIGATION. BY: <i>Michael J. Pugh</i>	7/28/16
	DEPARTMENT HEAD	DATE

MEMORIAL MEDICAL CENTER

COMMISSIONERS COURT APPROVAL LIST FOR ----July 28, 2016

Nursing Home UPL

Weekly Cantex Transfer
OUT

ACH Deposits

ACH Transfers

IN				
5/23/16-5/26/16	6/9/2016	Ashford-4553		\$ 327,297.56
6/02/16-6/09/16	6/09/16-6/14/16	Ashford-4553	247,204.33	400,424.83
6/13/16-6/17/16	6/14/2016	Ashford-4553	110,048.67	110,048.67
6/21/16-6/24/16	6/28/2016	Ashford-4553	205,522.37	205,522.37
6/27/16-6/30/16		Ashford-4553	323,366.96	
5/23/16-5/27/16	6/9/2016	Broadmoor-4596		\$ 9,697.15
6/01/16-6/07/16	6/9/2016	Broadmoor-4596	68,056.30	192,128.54
6/08/16-6/10/16	6/14/2016	Broadmoor-4596	20,903.62	20,903.62
6/20/16-6/24/16	6/28/2016	Broadmoor-4596	432,028.33	432,028.33
6/27/16-6/30/16		Broadmoor-4596	77,295.60	
5/23/16-5/31/16	6/9/2016	Crescent-4588		\$ 31,845.47
6/01/16-6/07/16	6/9/2016	Crescent-4588	34,861.98	183,817.81
6/08/16-6/09/16	6/14/2016	Crescent-4588	38,851.87	38,851.87
6/13/16-6/17/16	6/21/2016	Crescent-4588	128,044.25	128,044.25
6/20/16-6/24/16	6/28/2016	Crescent-4588	259,515.49	259,515.49
6/27/16-6/30/16		Crescent-4588	67,516.51	
5/23/16-5/26/16	6/9/2016	Fort Bend-4618		\$ 102,502.05
6/02/16-6/07/16	6/9/2016	Fort Bend-4618	31,084.01	96,617.62
6/06/16-6/09/16	6/14/2016	Fort Bend-4618	8,477.92	8,477.92
6/13/16-6/17/16	6/21/2016	Fort Bend-4618	12,409.14	12,409.14
6/21/16-6/24/16	6/28/2016	Fort Bend-4618	74,284.20	74,284.20
6/27/16-6/30/16		Fort Bend-4618	91,848.49	
5/23/16-5/31/16	6/9/2016	Solera-4561		\$ 96,342.79
6/02/16-6/07/16	6/9/2016	Solera-4561	61,246.16	267,829.00
6/08/16-6/09/16	6/14/2016	Solera-4561	52,121.86	52,121.86
6/13/16-6/15/16	6/21/2016	Solera-4561	59,661.10	59,661.10
6/21/16-6/24/16	6/28/2016	Solera-4561	442,529.08	442,529.08
SUBTOTAL			2,844,988.25	3,550,910.72

Memorial Medical Center Checks - fund transfer to NH

6/22/2016 To Broadmoor	12,528.42
6/22/2016 to Solera	9,886.22

Total 22,414.64

IGT June 2016 MPAP NHP

ACH Transfers

SUBTOTAL	\$	-	\$	-
TOTAL APPROVED NURSING HOME WEEKLY CANTEX TRANSFERS				3,573,325.36

MEMORIAL MEDICAL CENTER CONSTRUCTION ACCOUNT

COMMISSIONERS COURT APPROVAL LIST FOR ----July 28, 2016

PAYABLES

6/1/2016 K & T Construction	ck 3627	154,793.59
6/1/2016 MM Center Private Waiver Clearing Fund	ck 3628	220,480.35

GRAND TOTAL DISBURSEMENTS APPROVED July 28, 2016	<u>375,273.94</u>
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		Interest	Total Indigent Expenses	Payroll	Operating
2016	January	0.00	8,021.86	7,126.05	895.81
2016	February	0.00	38,328.28	4,075.76	34,252.52
2016	March	0.00	23,369.32	8,393.34	14,975.98
2016	April	0.00	26,711.12	9,227.16	17,483.96
2016	May	0.00	21,803.29	7,779.55	14,023.74
2016	June	0.00	60,899.21	8,057.13	52,842.08
2016	July	0.00	0.00	0.00	-
2016	Aug	0.00	0.00	0.00	-
2016	Sep	0.00	0.00	0.00	-
2016	Oct	0.00	0.00	0.00	-
2016	Nov	0.00	0.00	0.00	-
2016	Dec	0.00	0.00	0.00	-
	Grand Total			44,658.99	134,474.09
	Remaining Budget			6,444.11	465,525.91

©IHS

Issued 07/14/16

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 07/01/2016 through 07/01/2016
For Vendor: All Vendors

Source	Description	Amount Billed	Amount Paid
01	Physician Services	12,909.96	2,309.78
01-2	Physician Services- Anesthesia	3,432.00	758.17
02	Prescription Drugs	647.55	644.88
05	Lab/x-ray	10.00	9.30
08	Rural Health Clinics	3,332.00	2,601.66
13	Mmc - Inpatient Hospital	42,296.89	20,725.48
14	Mmc - Hospital Outpatient	73,890.77	24,383.96
15	Mmc - Er Bills	4,269.24	1,408.85
	Expenditures	<u>141,211.60</u>	<u>53,265.27</u>
	Reimb/Adjustments	<u>-423.19</u>	<u>-423.19</u>
	Grand Total	140,788.41	52,842.08
		COPAYS	<-530.00>
		EXPENDITURES	<u>+ 8057.13</u>
			60,369.21

APPROVED
ON

JUL 21 2016

BY
CALHOUN COUNTY AUDITOR

Recorded ARM 7/8/16
Reviewed JP 7/8/16

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

JE # 061638

JUL 13 2016
BY *CT*
CALHOUN COUNTY AUDITOR

RUN DATE: 07/08/16
TIME: 14:15

MEMORIAL MEDICAL CENTER
GL DETAIL REPORT - COST CENTER SEQUENCE
FOR: 06/01/16 - 06/30/16

PAGE 1
GLGLDC

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40000074 SALARIES REG PROD	-CALHOUN C						
40000074 SALARIES REG PROD	-CALHO	BEGINNING BALANCE AS OF: 06/01/16					23,793.74
	06/01/16	REVERSE ACCRUAL		PR	19 5116 423	-920.20	
	06/09/16	PAY-P.05/27/16 06/09/16		PR	19 5138 47	3,018.86 ✓	
	06/23/16	PAY-P.06/10/16 06/23/16		PR	19 5178 39	2,483.61 ✓	
	06/30/16	Accrual--Days= 7		PR	19 5178 401	1,241.80	
	06/30	ACTIVITY/END BALANCE				5,824.07	29,617.81
40005074 SALARIES OVERTIME	-CALHO	BEGINNING BALANCE AS OF: 06/01/16					420.53
	06/01/16	REVERSE ACCRUAL		PR	19 5116 479	-15.95	
	06/09/16	PAY-P.05/27/16 06/09/16		PR	19 5138 74	62.24 ✓	
	06/23/16	PAY-P.06/10/16 06/23/16		PR	19 5178 66	163.50 ✓	
	06/30/16	Accrual--Days= 7		PR	19 5178 455	81.76	
	06/30	ACTIVITY/END BALANCE				291.55	712.08
40010074 SALARIES PTO/EIB	-CALHO	BEGINNING BALANCE AS OF: 06/01/16					3,459.62
	06/01/16	REVERSE ACCRUAL		PR	19 5116 527	-20.60	
	06/09/16	Auto PR Bene Accrual Re		PR	19 5115 87	-1,109.47	
	06/09/16	Auto PR Bene Accrual		PR	19 5137 85	1,056.27	
	06/09/16	PAY-P.05/27/16 06/09/16		PR	19 5138 101	173.04 ✓	
	06/23/16	Auto PR Bene Accrual Re		PR	19 5137 87	-1,056.27	
	06/30	ACTIVITY/END BALANCE				-957.03	2,502.59
40015074 FICA	-CALHO	BEGINNING BALANCE AS OF: 06/01/16					20.84
	06/01/16	REVERSE ACCRUAL		PR	19 5116 729	-51.95	
	06/01/16	REVERSE ACCRUAL		PR	19 5116 795	-12.15	
	06/09/16	PAY-P.05/27/16 06/09/16		PR	19 5138 389	34.53 ✓	
	06/09/16	PAY-P.05/27/16 06/09/16		PR	19 5138 422	147.68 ✓	
	06/23/16	PAY-P.06/10/16 06/23/16		PR	19 5178 542	21.18 ✓	
	06/23/16	PAY-P.06/10/16 06/23/16		PR	19 5178 575	90.54 ✓	
	06/30/16	Accrual--Days= 7		PR	19 5178 695	45.29 ✓	
	06/30/16	Accrual--Days= 7		PR	19 5178 761	10.57	
	06/30	ACTIVITY/END BALANCE				285.69	306.53
40025074 FUT	-CALHO	BEGINNING BALANCE AS OF: 06/01/16					1.55
	06/01/16	REVERSE ACCRUAL		PR	19 5116 865	-1.55	
	06/09/16	PAY-P.05/27/16 06/09/16		PR	19 5138 455	3.94 ✓	
	06/30	ACTIVITY/END BALANCE				2.39	3.94
40040074 RETIREMENT	-CALHO	BEGINNING BALANCE AS OF: 06/01/16					41.23
	06/01/16	REVERSE ACCRUAL		PR	19 5116 929	-72.75	
	06/09/16	PAY-P.05/27/16 06/09/16		PR	19 5138 488	206.65 ✓	
	06/23/16	PAY-P.06/10/16 06/23/16		PR	19 5178 641	123.98 ✓	
	06/30/16	Accrual--Days= 7		PR	19 5178 891	62.02	
	06/30	ACTIVITY/END BALANCE				319.90	341.13

RUN DATE: 07/08/16
TIME: 14:15

MEMORIAL MEDICAL CENTER
GL DETAIL REPORT - COST CENTER SEQUENCE
FOR: 06/01/16 - 06/30/16

PAGE 2
GLGLDC

ACCT NUMBER & DESC	DATE	MEMO	REFERENCE	JOURNAL	CS#/BAT/SEQ	ACTIVITY	BALANCE
40215074 FREIGHT		-CALHOUN C					
40215074 FREIGHT		-CALHO	BEGINNING BALANCE AS OF: 06/01/16				.00
	06/30/16	CDW GOVERNMENT, INC.	DMM1213	PJ	19 5210 11	47.23	
		06/30 ACTIVITY/END BALANCE				47.23	47.23
40220074 SUPPLIES GENERAL		-CALHO	BEGINNING BALANCE AS OF: 06/01/16				.00
	06/15/16	DEWITT POTH & SON	475085-0	PJ	19 5142 2	117.75	
	06/30/16	CDW GOVERNMENT, INC.	DMM1213	PJ	19 5210 10	289.34	
	06/30/16	AUTO-TRAN/EXP.REPORT	000000	MM	25 765 31	.64	
		06/30 ACTIVITY/END BALANCE				407.73	407.73
40225074 OFFICE SUPPLIES		-CALHO	BEGINNING BALANCE AS OF: 06/01/16				.00
	06/30/16	AUTO-TRAN/EXP.REPORT	000000	MM	25 765 54	10.19	
		06/30 ACTIVITY/END BALANCE				10.19	10.19
40450074 REIMBURSEMENT			BEGINNING AND ENDING BALANCE:				-26,690.38
			COST CENTER TOTAL:			6,231.72	

ENDING BALANCE GRAND TOTAL:							7,258.85
GRAND TOTAL ACTIVITY:							6,231.72

10368 DEWITT POTH & SON
 PO BOX 1222, GOLIAD, TX 77963
 MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

166938

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
475085-0 PO# 00034930.	06/13/16	117.75			117.75
475086-0 PO# 00034926.	06/13/16	227.47			227.47
475110-0	06/13/16	2.43			2.43
CHECK NO. 166938 070616		TOTALS 347.65	TOTALS		347.65

MEMORIAL MEDICAL CENTER • PORT LAVACA, TEXAS 77979

166938

REFERENCE NO.	DATE	GROSS AMOUNT	DISCOUNT %	DISCOUNT AMOUNT	NET PAYABLE
475085-0 PO# 00034930.	06/13/16	117.75			117.75
475086-0 PO# 00034926.	06/13/16	227.47			227.47
475110-0	06/13/16	2.43			2.43
CHECK NO. 166938		TOTALS 347.65	TOTALS		347.65

MEMORIAL
 MEDICAL  CENTER

815 N. Virginia Street Port Lavaca, TX 77979
 (361) 552-6713

INTERNATIONAL BANK OF COMMERCE
 PORT LAVACA, TEXAS 77979

88-502
 1131

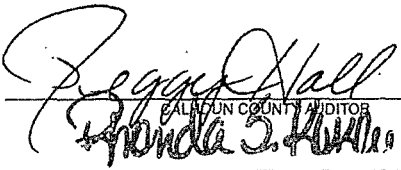
166938

10368 166938

DATE 07/06/16 AMOUNT \$347.65

Three Hundred Forty-Seven Dollars and Sixty-Five Cents

PAY
 TO THE ORDER OF DEWITT POTH & SON
 PO BOX 1222
 GOLIAD, TX 77963


 CALHOUN COUNTY AUDITOR
 CALHOUN COUNTY TREASURER

06/13/16 475085-0

DEWITT POTH & SON
P.O. BOX 487
102 WEST STREET
YOAKUM TX 77995
CUSTOMER # 12080 DEPT
BILLING ADDRESS
MEMORIAL MEDICAL CENTER

361-293-3791

CHARGE
INVOICE

SALESMAN 100
WRITER 170 PAGE 1
PHONE 361-552-0390
PO #34930
SHIPPING ADDRESS
MEMORIAL MEDICAL CENTER

815 N. VIRGINIA STREET
PORT LAVACA TX 77979

815 N. VIRGINIA STREET
PORT LAVACA TX 77979

ITEM NBR.	CO.	DESCRIPTION	UNIT	ORDER QTY	B/O QTY	SHIP QTY	UNIT D PRICE T	EXTENDED
75396	ELI	CRTDG,HEW CB540A,BK	EA	2		2	58.877 P	117.75

6/14/16 SJ

APPROVED
ON
JUL 06 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

TOTAL 117.75

PURCHASE ORDER #: 34930 PAGE 1

MEMORIAL MEDICAL CENTER
815 N. VIRGINIA ST.
P.O. BOX 25
PORT LAVACA, TX 77979
HOSP PHONE: 361-552-6713
PUR PHONE.: 361-552-0390
FAX.....: 361-552-0312

The order number must appear on all
invoices, packages, & correspondence.

MIN PO AMT...:
TAX EXEMPT #: 746003411
ACCOUNT #...: 12080

DATE VEND ----TERMS----
06/13/16 10368
----SHIP VIA--- -----FOB-----

TO: DEWITT POTH & SON
PO BOX 1222
GOLIAD, TX 77963
VEND PHONE: 800-242-0162
VEND FAX...: 361-293-7553

SHIP: MEMORIAL MEDICAL CENTER
TO: 815 N. VIRGINIA ST.
PORT LAVACA, TX 77979

LINE#/DESCRIPTION	DEPARTMENT	HOSPITAL #	CATALOG # GL NUM.	UNIT	QTY	ORD	UNIT CST EXT CST
1 PRINTER TONER	CB540A	BLACK	ELI75396	EA	2	✓	58.88
INDIGENT CARE	3109940		40220074				117.76
*** TOTALS ***					2		117.76

COMMENT: PLEASE FAX BACK CONFIRMATION WITH PRICE

6/14/16

AUTH. SIGNATURE: Sandis Brau
ENTERED BY: SAB

RUN DATE: 06/13/16
TIME: 08:39

MEMORIAL MEDICAL CENTER
DEPARTMENT REQUISITION: PICK LIST
REQUISITION SHEET DEPT. 74
CALHOUN CITY
REQUISITION CONTROL #: T002234232 SENT BY: JMB

Dewitt

PAGE 1
IVRREQ

FL

FIRST TRANS DATE: 06/13/16 TIME: 08:39

RESTOCK DEPT: 074 INDIGENT CARE PROGRAM

NONSTOCK ITEMS

TO	ORD	FROM		QTY								
DEPT	DEPT	LOC	ITEM#	UN	NEEDED	CD	DESCRIPTION	VEND#	MANUFACTURER	COST	GL#	
074	074	10368	3109940	EA	2	NS	PRINTER TONER CB540A BLAC	10368	ELI75396	58.8800	40225024	

PO# 34930

74

RUN DATE: 06/14/16
RUN TIME: 14:43
DATE RANGE: 06/14/16 THRU 06/14/16

MEMORIAL MEDICAL CENTER
INVENTORY RECEIVING REPORT

PAGE 17
IVADJR
TIME RANGE: ALL

GL#/LOC	VND/ITM	NAME/DESC	RECV DT	PO	ENT DT	TIME	INT	RECV QTY	UN	MANUFACTURER	UNIT COST	TOTAL COST

10368		DEWITT POTH & SON										
40220074	03109940	PRINTER TONER CB540A B	061416	0034930	061416	14:43	CSA	2.00	EA	ELI75396	58.8800	117.76
GL# TOTALS												
40220074												117.76
SUBTOTALS												117.76

RUN DATE: 07/08/16
RUN TIME: 13:55
DEPTS: ALL

MEMORIAL MEDICAL CENTER
EXPENSES-TRANSFERS

PAGE: 78
IVMREQ
DATES: 060116-063016

ET	CHG-TO	GL	ISS	DT	REQ#	ITEM#	DESCRIPTION	/	DESCRIPTION	CREDIT	GL	UN	QTY	UN	COST	EXT	COST	
DEPT 074 INDIGENT CARE PROGRAM																		
E	40220.074	062016	0856766	01231031			KLEENEX	/	1 BO	10420.012	BX		1.00		.6407	.64		
GL	40220074	TOTAL															.64	
E	40225.074	062016	0856766	01251028			PEN - FLAIR BLACK	/	1 EA	10420.012	EA		3.00		1.2792	3.84		
E	40225.074	062016	0856766	01251032			PEN - MED BLACK	/	1 EA	10420.012	EA		3.00		.0817	.25		
E	40225.074	062016	0856766	01251033			PEN - MED BLUE	/	1 EA	10420.012	EA		4.00		.0817	.33		
E	40225.074	062016	0856766	01251036			SHARPIE BLACK	/	1 EA	10420.012	EA		1.00		.8209	.82		
E	40225.074	062016	0856766	01251099			CORRECTION TAPE	/	EACH	10420.012	EA		2.00		2.3100	4.62		
E	40225.074	062016	0856766	01251020			MARKER MARKS A LOT BLACK	/	1 EA	10420.012	EA		1.00		.3310	.33		
GL	40225074	TOTAL															10.19	
DEPT 074 TOTAL																	10.83	

REMIT PAYMENT TO:

INVOICE

ACH INFORMATION:

THE NORTHERN TRUST
50 SOUTH LASALLE STREET
CHICAGO, IL 60675

E-mail Remittance To: gachromittance@cdw.com

ROUTING NO.: 071000152
ACCOUNT NAME: CDW GOVERNMENT
ACCOUNT NO.: 91057



CDW Government
75 Remittance Drive, Suite 1515
Chicago, IL 60675-1515

RETURN SERVICE REQUESTED



INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
DMM1213	06/27/16	1698956
SUBTOTAL	SHIPPING	SALES TAX
\$289.34	\$47.23	\$0.00
DUE DATE		AMOUNT DUE
07/27/16		\$336.57

461 1 MB 0.419 E0085X I0138 D1780319218 S2 P3350658 0001:0003



MEMORIAL MEDICAL CENTER
ACCTS PAYABLE
815 N VIRGINIA ST
PORT LAVACA TX 77979-3025



CDW Government
75 Remittance Drive
Suite 1515
Chicago, IL 60675-1515

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

INVOICE DATE	INVOICE NUMBER	PAYMENT TERMS				DUE DATE
06/27/16	DMM1213	Net 30 Days				07/27/16
ORDER DATE	SHIP VIA	PURCHASE ORDER NUMBER				CUSTOMER NUMBER
06/27/16	FEDEX Ground	85082				1698956
ITEM NUMBER	DESCRIPTION	QTY ORD	QTY SHIP	QTY B/O	UNIT PRICE	TOTAL
4075128	HP OFFICEJET PRO 8710 AIO PRINTER Manufacturer Part Number: M9L66A#B1H Serial No: CN62GBM15V Serial No: CN62GBM15W	2	2	0	144.67	289.34
C1922 MEMORIAL MEDICAL CENTER RECEIVED JUL 05 2016 ACCOUNTS PAYABLE						

GO GREEN!

CDW is happy to announce that paperless billing is now available! If you would like to start receiving your invoices as an emailed PDF, please email CDW at paperlessbilling@cdw.com. Please include your Customer number or an Invoice number in your email for faster processing.

REDUCE PROCESSING COSTS AND ELIMINATE THE HASSLE OF PAPER CHECKS!

Begin transmitting your payments electronically via ACH using CDW's bank and remittance information located at the top of the attached payment coupon. Email credit@cdw.com with any questions.

ACCOUNT MANAGER	SHIPPING ADDRESS:	SUBTOTAL	
JOHN PERRY 312-705-9048 johnper@cdw.com	MEMORIAL MEDICAL CENTER ATTN: SYLVIA MENDOZA 815 N. VIRGINIA ST. PORT LAVACA TX 77979	\$289.34	
SALES ORDER NUMBER		SHIPPING	\$47.23
1BNGLO7		SALES TAX	\$0.00
		AMOUNT DUE	\$336.57



Cage Code Number 1KH72
DUNS Number 02-615-7235

ISO 9001 and ISO 14001 Certified
CDW GOVERNMENT FEIN 36-4230110

HAVE QUESTIONS ABOUT YOUR ACCOUNT?
PLEASE EMAIL US AT credit@cdw.com
VISIT US ON THE INTERNET AT www.cdwg.com

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

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

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

Vendor Name: CDW-C

Date: 6/27/16

Vendor Address: _____

P.O. # 85082

Vendor Phone #: 866.339.5853

Account # _____

Vendor Fax #: _____

Initiated By: ADB

Form # 9401

Date Required		Expense #	Department	Deliver To		
		40220074	Indigent Care	IT		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	2	4075128	HP Office Jet 8710	144.6		289.34
2						
3						
4						
5						
6						
7						
8						
9						
10						

6/30/16

Est. Freight _____

Est. Total Cost 47.23

TOTAL COST 289.34

336.57

NOTES:

For Indigent Care

Contact:	Date:
Quoted By:	<u>6-27-16</u>
Buyer:	E.T.A.
<u>8Mendoza</u>	

Dept. Director:	<u>[Signature]</u>
Dir. Nursing	_____
Adm. Dir. Clinical Service	_____
CFO	_____
Administrator	_____

MEMORIAL MEDICAL CENTER
CHECK REQUEST

P Calhoun County Indigent Account

Date Requested: 7/8/2016

A

Y

E

E

FOR ACCT. USE ONLY

- ☐ Imprest Cash
☐ A/P Check
☐ Mail Check to Vendor
☐ Return Check to Dept

AMOUNT \$530.00

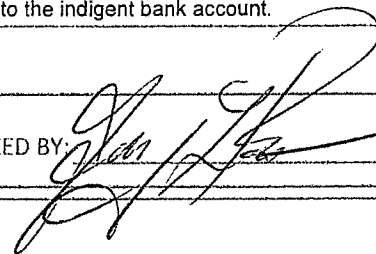
G/L NUMBER: 50240000

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

June 2016.

REQUESTED BY: Adam Machicek

AUTHORIZED BY:



Calhoun County Indigent Program
Co-Pays - Account 50240000
7/8/2016

June	530.00
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Total	<u>530.00</u>
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All indigent co-pays are to be deposited into the Indigent Program bank account.
The County will reduce funding of indigent program by the co-pay amount.

RUN DATE: 07/06/16
TIME: 09:42

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 06/01/16 TO 06/30/16

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G/L NUMBER	RECEIPT PAY DATE	NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COIL GL CASH INIT CODE ACCOUNT
50200.000	06/30/16	436308	IN	TEXAS HOSPITAL INS	562.45-	562.45-			00/00/00	FAG 2
50200.000	06/30/16	436362	IN	CHAMP VA	14207.03-	14207.03-			00/00/00	FAG 2
50200.000	06/30/16	436387	IN	HUMANA - OUTPATIENT	1809.00-	1809.00-			00/00/00	FAG 2
50200.000	06/30/16	436459	IN	AETNA TRS CARE	1473.34-	1473.34-			00/00/00	FAG 2
50200.000	06/30/16	436490	IN	AETNA-DOW CHEMICAL	88.40-	88.40-			00/00/00	FAG 2
50200.000	06/30/16	436496	IN	AETNA U S HEALTHCAR	320.06-	320.06-			00/00/00	FAG 2
50200.000	06/02/16	433840	IN	TML -GBRP CLAIMS	536.51-	536.51-			00/00/00	MRP 2
50200.000	06/02/16	433848	IN	PAN AMERICAN LIFE	14967.25-	14967.25-			00/00/00	MRP 2
50200.000	06/02/16	433853	IN	TML -GBRP CLAIMS	258.92-	258.92-			00/00/00	MRP 2
50200.000	06/03/16	433912	IN	TEXAS MUTUAL	1603.01-	1603.01-			00/00/00	MRP 2
50200.000	06/03/16	433946	IN	THE BRATTON LAW FIR	1254.43-	1254.43-			00/00/00	MRP 2
50200.000	06/06/16	434111	IN	CIGNA HEALTHCARE	28072.00-	28072.00-			00/00/00	MRP 2
50200.000	06/06/16	434115	IN	UNITED HEALTHCARE	3941.15-	3941.15-			00/00/00	MRP 2
50200.000	06/06/16	434126	IN	SUPERIOR CHIPS	321.70-	321.70-			00/00/00	MRP 2
50200.000	06/06/16	434168	IN	UNITED HEALTHCARE	246.48-	246.48-			00/00/00	MRP 2
50200.000	06/06/16	434178	IN	CIGNA HEALTHCARE	308.37-	308.37-			00/00/00	MRP 2
50200.000	06/06/16	434226	IN	HUMANA	1800.09-	1800.09-			00/00/00	MRP 2
50200.000	06/06/16	434228	IN	HUMANA	293.74-	293.74-			00/00/00	MRP 2
50200.000	06/06/16	434236	IN	HUMANA	763.81-	763.81-			00/00/00	MRP 2
50200.000	06/06/16	434416	IN	HUMANA	4294.12-	4294.12-			00/00/00	MRP 2
50200.000	06/07/16	434350	IN	LIBERTY MUTUAL	837.66-	837.66-			00/00/00	MRP 2
50200.000	06/07/16	434361	IN	AETNA-DOW CHEMICAL	4368.62-	4368.62-			00/00/00	MRP 2
50200.000	06/07/16	434378	IN	MERITAIN HEALTH	804.41-	804.41-			00/00/00	MRP 2
50200.000	06/07/16	434420	IN	HUMANA - OUTPATIENT	149.50-	149.50-			00/00/00	MRP 2
50200.000	06/07/16	434422	IN	HUMANA	143.98-	143.98-			00/00/00	MRP 2
50200.000	06/08/16	434450	IN	CHRISTUS HEALTH PLA	8237.82-	8237.82-			00/00/00	MRP 2
50200.000	06/08/16	434482	IN	CIGNA HEALTHCARE	51.78-	51.78-			00/00/00	MRP 2
50200.000	06/09/16	434538	IN	AARP HEALTHCARE CLA	.00	.00			00/00/00	MRP 2
50200.000	06/09/16	434562	IN	TML -GBRP CLAIMS	143.90-	143.90-			00/00/00	MRP 2
50200.000	06/10/16	434622	IN	AFLAC	9874.55-	9874.55-			00/00/00	MRP 2
50200.000	06/10/16	434628	IN	SUPERIOR CHIPS	1.58-	1.58-			00/00/00	MRP 2
50200.000	06/10/16	434635	IN	UNITED HEALTHCARE	565.25-	565.25-			00/00/00	MRP 2
50200.000	06/10/16	434642	IN	UNITED HEALTHCARE	2278.43-	2278.43-			00/00/00	MRP 2
50200.000	06/10/16	434658	IN	TRICARE	43786.73-	43786.73-			00/00/00	MRP 2
50200.000	06/10/16	434675	IN	USAA LIFE INSURANCE	4198.91-	4198.91-			00/00/00	MRP 2
50200.000	06/17/16	435197	IN	AETNA-DOW CHEMICAL	.00	.00			00/00/00	MRP 2
50200.000	06/17/16	435208	IN	AETNA TRS CARE	7620.54-	7620.54-			00/00/00	MRP 2
50200.000	06/17/16	435214	IN	AETNA U S HEALTHCAR	16824.17-	16824.17-			00/00/00	MRP 2
50200.000	06/23/16	435679	IN	AETNA TRS CARE	286.77-	286.77-			00/00/00	MRP 2
50200.000	06/23/16	435764	IN	HUMANA - OUTPATIENT	3739.00-	3739.00-			00/00/00	MRP 2
50200.000	06/23/16	435789	IN	TRICARE	429.70-	429.70-			00/00/00	MRP 2
50200.000	06/23/16	435794	IN	TRICARE	930.00-	930.00-			00/00/00	MRP 2
50200.000	06/24/16	435868	IN	CHAMP VA	1062.00-	1062.00-			00/00/00	MRP 2
50200.000	06/28/16	436081	IN	ENTRUST	11080.91-	11080.91-			00/00/00	MRP 2
50200.000	06/28/16	436092	IN	SUPERIOR CHIPS	577.85-	577.85-			00/00/00	MRP 2
50200.000	06/28/16	436125	IN	TEXAS REHABILITATIO	498.26-	498.26-			00/00/00	MRP 2
50200.000	06/28/16	436128	IN	TEXAS REHABILITATIO	605.85-	605.85-			00/00/00	MRP 2
50200.000	06/28/16	436131	IN	TEXAS REHABILITATIO	340.77-	340.77-			00/00/00	MRP 2
50200.000	06/28/16	436135	IN	TEXAS REHABILITATIO	308.52-	308.52-			00/00/00	MRP 2
TOTAL 50200.000 COMMERCIAL INS. -ADJ					-382037.90					
50240.000	06/01/16	433576	CA		10.00	10.00			00/00/00	CSG 2
50240.000	06/03/16	433863	MC		10.00	10.00			00/00/00	CSG 2

RUN DATE: 07/06/16
TIME: 09:42

MEMORIAL MEDICAL CENTER
RECEIPTS FROM 06/01/16 TO 06/30/16

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G/L NUMBER	RECEIPT PAY DATE	NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL GL CASH INIT CODE ACCOUNT
50240.000	06/20/16	435156	CA		10.00	10.00			00/00/00	CSG 2
50240.000	06/30/16	436259	CA		10.00	10.00			00/00/00	DJR 2
50240.000	06/10/16	434594	CA		10.00	10.00			00/00/00	JC 2
50240.000	06/22/16	435502	VI		10.00	10.00			00/00/00	JC 2
50240.000	06/22/16	435557	CA		10.00	10.00			00/00/00	JC 2
50240.000	06/28/16	435980	CA		10.00	10.00			00/00/00	JC 2
50240.000	06/01/16	433599	VI		10.00	10.00			00/00/00	LMV 2
50240.000	06/02/16	433770	CA		10.00	10.00			00/00/00	LMV 2
50240.000	06/03/16	433872	CA		10.00	10.00			00/00/00	LMV 2
50240.000	06/09/16	434468	CA		10.00	10.00			00/00/00	LMV 2
50240.000	06/16/16	434965	VI		10.00	10.00			00/00/00	LMV 2
50240.000	06/29/16	436189	CA		10.00	10.00			00/00/00	MKG 2
50240.000	06/22/16	435521	VI		10.00-	10.00-			00/00/00	MRP 2
50240.000	06/01/16	433558	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/02/16	433829	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/03/16	433902	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/03/16	433904	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/06/16	433977	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/06/16	434082	CK		10.00	10.00			00/00/00	PLB 2
50240.000	06/07/16	434213	VI		10.00	10.00			00/00/00	PLB 2
50240.000	06/07/16	434321	VI		10.00	10.00			00/00/00	PLB 2
50240.000	06/08/16	434371	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/08/16	434385	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/08/16	434386	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/08/16	434440	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/08/16	434446	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/10/16	434595	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/10/16	434609	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/10/16	434611	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/13/16	434662	CK		10.00	10.00			00/00/00	PLB 2
50240.000	06/13/16	434663	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/13/16	434672	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/13/16	434700	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/13/16	434708	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/16/16	434983	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/16/16	434990	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/16/16	434991	CA		10.00-	10.00-			00/00/00	PLB 2
50240.000	06/17/16	435019	CK		10.00	10.00			00/00/00	PLB 2
50240.000	06/17/16	435069	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/20/16	435282	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/20/16	435297	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/20/16	435298	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/21/16	435382	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/22/16	435558	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/23/16	435583	CK		10.00	10.00			00/00/00	PLB 2
50240.000	06/23/16	435628	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/23/16	435666	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/24/16	435832	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/24/16	435837	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/27/16	435901	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/28/16	436038	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/29/16	436176	VI		10.00	10.00			00/00/00	PLB 2
50240.000	06/29/16	436177	CA		10.00	10.00			00/00/00	PLB 2
50240.000	06/29/16	436191	VI		10.00	10.00			00/00/00	PLB 2

RUN DATE: 07/06/16
TIME: 09:42

MEMORIAL MEDICAL CENTER
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G/L NUMBER	RECEIPT PAY DATE	NUMBER	TYPE	PAYER	CASH AMOUNT	RECEIPT AMOUNT	NUMBER	NAME	DISC DATE	COLL GL INIT CODE	CASH ACCOUNT
50240.000	06/29/16	436192	CA		10.00	10.00			00/00/00	PLB	2
50240.000	06/30/16	436266	CA		10.00-	10.00-			00/00/00	PLB	2
50240.000	06/30/16	436252	CA		10.00	10.00			00/00/00	TJC	2

TOTAL 50240.000 COUNTY INDIGENT COPAYS

530.00

50510.000	06/27/16	435923	MC	CAFE	1.16	1.16			00/00/00	MRP	2
50510.000	06/27/16	435924	VI	CAFE	4.93	4.93			00/00/00	MRP	2
50510.000	06/27/16	435925	CA	CAFE	56.95	56.95			00/00/00	MRP	2
50510.000	06/27/16	435928	VI	CAFE	26.05	26.05			00/00/00	MRP	2
50510.000	06/27/16	435929	MC	CAFE	1.82	1.82			00/00/00	MRP	2
50510.000	06/27/16	435930	CK	CAFE	8.08	8.08			00/00/00	MRP	2
50510.000	06/27/16	435931	CA	CAFE	79.88	79.88			00/00/00	MRP	2
50510.000	06/27/16	435933	VI	CAFE	27.25	27.25			00/00/00	MRP	2
50510.000	06/27/16	435934	MC	CAFE	47.47	47.47			00/00/00	MRP	2
50510.000	06/27/16	435935	CK	CAFE	21.09	21.09			00/00/00	MRP	2
50510.000	06/27/16	435936	CA	CAFE	83.22	83.22			00/00/00	MRP	2
50510.000	06/28/16	435994	VI	CAFE	140.61	140.61			00/00/00	MRP	2
50510.000	06/28/16	435995	MC	CAFE	37.27	37.27			00/00/00	MRP	2
50510.000	06/28/16	435996	CA	CAFE	233.98	233.98			00/00/00	MRP	2
50510.000	06/01/16	433603	CA	CAFE	35.00	35.00			00/00/00	PLB	2
50510.000	06/01/16	433612	VI	CAFE	93.83	93.83			00/00/00	PLB	2
50510.000	06/01/16	433613	MC	CAFE	29.93	29.93			00/00/00	PLB	2
50510.000	06/01/16	433614	CA	CAFE	158.71	158.71			00/00/00	PLB	2
50510.000	06/01/16	433715	VI	CAFE	15.14	15.14			00/00/00	PLB	2
50510.000	06/01/16	433716	MC	CAFE	16.26	16.26			00/00/00	PLB	2
50510.000	06/01/16	433717	CK	CAFE	3.82	3.82			00/00/00	PLB	2
50510.000	06/01/16	433718	CA	CAFE	43.36	43.36			00/00/00	PLB	2
50510.000	06/02/16	433750	VI	CAFE	89.13	89.13			00/00/00	PLB	2
50510.000	06/02/16	433751	MC	CAFE	72.09	72.09			00/00/00	PLB	2
50510.000	06/02/16	433752	DS	CAFE	3.00	3.00			00/00/00	PLB	2
50510.000	06/02/16	433753	CA	CAFE	237.91	237.91			00/00/00	PLB	2
50510.000	06/02/16	433799	VI	CAFE	24.98	24.98			00/00/00	PLB	2
50510.000	06/02/16	433800	MC	CAFE	7.32	7.32			00/00/00	PLB	2
50510.000	06/02/16	433801	CA	CAFE	51.00	51.00			00/00/00	PLB	2
50510.000	06/03/16	433867	VI	CAFE	135.42	135.42			00/00/00	PLB	2
50510.000	06/03/16	433868	MC	CAFE	15.97	15.97			00/00/00	PLB	2
50510.000	06/03/16	433869	CA	CAFE	212.89	212.89			00/00/00	PLB	2
50510.000	06/03/16	433914	VI	CAFE	7.72	7.72			00/00/00	PLB	2
50510.000	06/03/16	433915	CA	CAFE	55.58	55.58			00/00/00	PLB	2
50510.000	06/06/16	434031	VI	CAFE	73.76	73.76			00/00/00	PLB	2
50510.000	06/06/16	434032	MC	CAFE	53.48	53.48			00/00/00	PLB	2
50510.000	06/06/16	434033	CA	CAFE	253.96	253.96			00/00/00	PLB	2
50510.000	06/06/16	434078	VI	CAFE	51.57	51.57			00/00/00	PLB	2
50510.000	06/06/16	434079	MC	CAFE	18.65	18.65			00/00/00	PLB	2
50510.000	06/06/16	434080	CK	CAFE	5.28	5.28			00/00/00	PLB	2
50510.000	06/06/16	434081	CA	CAFE	132.16	132.16			00/00/00	PLB	2
50510.000	06/06/16	434084	VI	CAFE	20.01	20.01			00/00/00	PLB	2
50510.000	06/06/16	434085	CK	CAFE	5.28	5.28			00/00/00	PLB	2
50510.000	06/06/16	434086	CA	CAFE	121.48	121.48			00/00/00	PLB	2
50510.000	06/06/16	434088	VI	CAFE	17.52	17.52			00/00/00	PLB	2
50510.000	06/06/16	434089	MC	CAFE	4.23	4.23			00/00/00	PLB	2
50510.000	06/06/16	434090	CA	CAFE	41.48	41.48			00/00/00	PLB	2
50510.000	06/07/16	434149	VI	CAFE	76.52	76.52			00/00/00	PLB	2

Indigent Healthcare Program
Incurred by MMC
JUNE 2016

Indigent H'care Coordinator Salary

40000074
40000074
40000074
40050074
40050074
(# 40010074)

9-Jun	\$ 3,018.86
23-Sep	2,483.61
	-
	62.24
	163.50
	173.04

5,901.25

Benefits:

#40040074

330.63

FICA

40015074
40015074
40015074

9-Jun	182.21
23-Sep	111.72
	-

293.93

FUTA

40025074
40025074
40025075

9-Jun	3.94
23-Sep	-
	-

3.94

Other Benefits (18 %)

63200000

1,062.23

General Supplies

40220074

407.73

Office Supplies

40225074

10.19

Forms

#40230074

-

Continuing Education

#40610074

-

Outside Services

#40510074

-

Freight

#40215074

47.23

Travel

#40600074

-

Calhoun County Indigent Care Patient Caseload

	Approved	Denied	Removed	Active	Pending
January	4	5	3	58	6
February	7	2	8	57	7
March	2	3	5	51	9
April	5	2	14	46	8
May	4	3	3	47	3
June	6	2	6	54	2
July					
August					
September					
October					
November					
December					
YTD	28	17	39	313	35
Monthly Avg	5	3	7	52	6
December 2015 Active		57			

©IHS
Issued 07/19/16

Source Totals Report
Calhoun Indigent Health Care
Batch Dates 07/01/2016 through 07/01/2016
For Source Group Indigent Health Care
For Vendor: MEMORIAL MEDICAL CENTER
Vendor NPI #: 1689630865

Source	Description	Amount Billed	Amount Paid
01	Physician Services	1,490.00	44.57
13	Mmc - Inpatient Hospital	42,296.89	20,725.48
14	Mmc - Hospital Outpatient	73,890.77	24,383.96
15	Mmc - Er Bills	4,269.24	1,408.85
Expenditures		121,946.90	46,562.86
Reimb/Adjustments		0.00	0.00
Grand Total		121,946.90	46,562.86

Source Totals Report Detail

Invoice #	Source	DOS	Amount Billed	Amount Paid
004788*10091*6	01	03/16/2016	1,490.00	44.57
1 invoices, 1 line items			1,490.00	44.57
006599*10091*4	13	05/27/2016	19,158.31	9,387.57
006603*10091*5	13	06/01/2016	21,836.32	10,699.80
006603*10091*6	13	06/03/2016	1,302.26	638.11
3 invoices, 3 line items			42,296.89	20,725.48 ✓
005530*10091*8	14	05/12/2016	1,145.00	377.85
005573*10091*2	14	06/06/2016	334.00	110.22
005573*10091*4	14	06/21/2016	626.00	206.58
005677*10091*37	14	06/21/2016	396.00	130.68
005698*10091*20	14	05/25/2016	5,908.28	1,949.73
005867*10091*63	14	05/31/2016	239.00	78.87
005959*10091*48	14	06/13/2016	7,339.60	2,422.07
006179*10091*95	14	05/31/2016	633.00	208.89
006179*10091*96	14	06/10/2016	3,730.00	1,230.90
006179*10091*97	14	06/27/2016	56.00	18.48
006257*10091*46	14	06/01/2016	159.00	52.47
006319*10091*25	14	05/25/2016	941.00	310.53
006319*10091*26	14	05/31/2016	2,990.00	986.70
006319*10091*27	14	06/13/2016	19,617.77	6,473.86
006414*10091*4	14	05/11/2016	47.00	15.51
006469*10091*20	14	06/10/2016	3,069.00	1,012.77
006469*10091*21	14	06/24/2016	653.00	215.49
006594*10091*7	14	06/06/2016	662.00	218.46
006596*10091*7	14	06/03/2016	2,087.14	688.76
006599*10091*5	14	06/08/2016	633.00	208.89
006599*10091*6	14	06/13/2016	13,293.48	4,386.85
006599*10091*7	14	06/20/2016	472.00	155.76
006599*10091*8	14	06/27/2016	472.00	155.76
006605*10091*2	14	06/08/2016	2,507.00	827.31
006605*10091*3	14	06/17/2016	494.00	163.02

49%

006607*10091*5	14	05/26/2016	2,809.00	926.97	
006609*10091*1	14	06/08/2016	1,464.00	483.12	
006609*10091*2	14	05/05/2016	370.50	122.27	
006609*10091*3	14	05/10/2016	743.00	245.19	33%
29 invoices, 29 line items			73,890.77	24,383.96	
005573*10091*3	15	06/20/2016	432.00	142.56	
005959*10091*47	15	05/24/2016	1,636.24	539.96	
006597*10091*3	15	06/02/2016	1,479.00	488.07	
006597*10091*4	15	06/04/2016	722.00	238.26	
4 invoices, 4 line items			4,269.24	1,408.85	33%
Grand Totals			121,946.90	46,562.86	

37 invoices listed.
37 line items listed.

Memorial Medical Center
Clinic Construction Account

3627

DATE 5/31/2016 88-502 10
1131

PAY TO THE ORDER OF K + T Construction

\$ 154,793.⁵⁹_{xx}

One Hundred Fifty Four Thousand Seven Hundred Ninety Three & ⁵⁹/_{xx}

DOLLARS  Security Features Included Details on Back.



Port Lavaca, TX

IBC Voice - (361) 553-4200

FOR Clinic Construction - Final

Calhoun County Auditor

⑈ 15025⑈

4154⑈

Final Payment
on Clinic Construction

APPROVED
ON

JUN 01 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfelfer

Michael J. Pfelfer
Calhoun County Judge

Date: 6-2-16

TO OWNER:	Memorial Medical Center		
	815 N. Virginia		
	Port Lavaca	TX	77979
FROM CONTRACTOR:	K & T Construction		
	903 N. John Stockbauer Dr		
	Victoria	TX	77901

PROJECT:	Memorial Medical Clinic 1016 N Virginia		
	Port Lavaca	TX	77979
VIA ARCHITECT:	ACI Boland 1421 E. 104th Street Kansas City		
		MI	6413-4521

APPLICATION NO : 16	Distribution to:
PERIOD TO : 12/31/15	OWNER
PROJECT NO : 630-14	ARCHITECT
CONTRACT DATE : 08/11/14	CONTRACTOR

CONTRACTORS APPLICATION FOR PAYMENT

1. ORIGINAL CONTRACT SUM:	\$3,261,301.00
2. NET CHANGE BY CHANGE ORDERS:	\$24,570.66
3. CONTRACT SUM TO DATE (Line 1+2):	\$3,285,871.66
4. TOTAL COMPLETED & STORED TO DATE:	\$3,285,871.66

(Line 3 less line 6)

CHANGE ORDER SUMMARY	ADDITIONS	DEDUCTIONS
Total changes approved in previous months by Owner	\$43,106.40	
Total Approved this Month	(\$18,535.74)	
TOTALS	\$24,570.66	\$0.00
NET CHANGES by Change Order	\$24,570.66	

This Certificate is not negotiable. The AMOUNT CERTIFIED is payable only to the Contractor named herein. Issuance, payment and acceptance of payment are without prejudice to any rights of the Owner or Contractor under this Contract.

CONTINUATION SHEET

PAGE 2 OF 4 PAGES

APPLICATION AND CERTIFICATION FOR PAYMENT, containing

Contractor's signed certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO : 15

APPLICATION DATE : 12/31/15

PERIOD TO : 12/31/15

PROJECT NO : 630-14

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C-G)	I RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D+E)	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G+C)		
CONTACTOR MARK-UP									
GENERAL CONDITIONS									
0105	Proposal General Conditions	\$10,000.00	\$10,000.00	\$0.00		10,000.00	100.0 %	\$0.00	\$0.00
0110	Supervision (\$46/hr)	\$79,580.00	\$79,580.00	\$0.00		79,580.00	100.0 %	\$0.00	\$0.00
0112	Supervision (\$46/hr) ADDITIONAL	\$23,938.50	\$23,938.50	\$0.00		23,938.50	100.0 %	\$0.00	\$0.00
0115	Supervision Vehicle (\$65/day)	\$13,560.00	\$13,560.00	\$0.00		13,560.00	100.0 %	\$0.00	\$0.00
0117	Supervision Vehicle (\$65/day) ADDITIONAL	\$4,380.00	\$4,380.00	\$0.00		4,380.00	100.0 %	\$0.00	\$0.00
0120	General Labor (Clean, unload, layout, barricades)	\$24,220.00	\$22,442.00	\$0.00		22,442.00	92.7 %	\$1,778.00	\$0.00
0121	General Labor - NOT ALLOCATED	(\$1,778.00)	\$0.00			0.00	00.0 %	(\$1,778.00)	\$0.00
0125	Temporary Facilities/Utilities	\$25,520.00	\$20,066.17	\$0.00		20,066.17	78.6 %	\$5,453.83	\$0.00
0126	Temporary Facilities - NOT ALLOCATED	(\$5,453.83)	\$0.00			0.00	00.0 %	(\$5,453.83)	\$0.00
0130	Clean-up/Dumpster	\$13,000.00	\$9,357.06	\$0.00		9,357.06	72.0 %	\$3,642.94	\$0.00
0131	Clean-up - NOT ALLOCATED	(\$3,642.94)	\$0.00			0.00	00.0 %	(\$3,642.94)	\$0.00
0135	Safety	\$2,000.00	\$2,000.00	\$0.00		2,000.00	100.0 %	\$0.00	\$0.00
0140	Shop Drawing Production	\$2,000.00	\$0.00	\$0.00		0.00	00.0 %	\$2,000.00	\$0.00
0141	Shop Drawing Production - NOT ALLOCATED	(\$2,000.00)	\$0.00			0.00	00.0 %	(\$2,000.00)	\$0.00
0145	General Liability	\$18,500.00	\$18,500.00	\$0.00		18,500.00	100.0 %	\$0.00	\$0.00
0150	Standard Risk	\$11,667.00	\$9,039.20	\$0.00		9,039.20	77.5 %	\$2,627.80	\$0.00
0151	Standard Risk - NOT ALLOCATED	(\$2,627.80)	\$0.00			0.00	00.0 %	(\$2,627.80)	\$0.00
0155	Windstorm Insurance	\$46,062.00	\$41,916.42	\$0.00		41,916.42	91.0 %	\$4,145.58	\$0.00
0156	Windstorm Insurance - NOT ALLOCATED	(\$4,145.58)	\$0.00			0.00	00.0 %	(\$4,145.58)	\$0.00
0160	Windstorm Inspection/Certification	\$8,200.00	\$8,200.00	\$0.00		8,200.00	100.0 %	\$0.00	\$0.00
0165	Surveyor	\$2,000.00	\$2,000.00	\$0.00		2,000.00	100.0 %	\$0.00	\$0.00
0170	Swapp Allowance	\$10,000.00	\$0.00	\$0.00		0.00	00.0 %	\$10,000.00	\$0.00
0171	Swapp Allowance - NOT ALLOCATED	(\$10,000.00)	\$0.00			0.00	00.0 %	(\$10,000.00)	\$0.00
0175	Holsting Equipment	\$2,000.00	\$2,000.00	\$0.00		2,000.00	100.0 %	\$0.00	\$0.00
0180	Bonding	\$38,222.00	\$34,399.80	\$0.00		34,399.80	90.0 %	\$3,822.20	\$0.00
0181	Bonding - NOT ALLOCATED	(\$3,822.20)	\$0.00			0.00	00.0 %	(\$3,822.20)	\$0.00
0185	Plans/Spec. Distribution	\$5,000.00	\$1,616.11	\$0.00		1,616.11	32.3 %	\$3,383.89	\$0.00

CONTINUATION SHEET

PAGE 3 OF 4 PAGES

APPLICATION AND CERTIFICATION FOR PAYMENT, containing

APPLICATION NO : 15

Contractor's signed certification is attached.

APPLICATION DATE : 12/31/15

In tabulations below, amounts are stated to the nearest dollar.

PERIOD TO : 12/31/15

Use Column I on Contracts where variable retainage for line items may apply.

PROJECT NO : 630-14

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D WORK COMPLETED		F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C-G)	I RETAINAGE (IF VARIABLE RATE)
			FROM PREVIOUS APPLICATION (D+E)	THIS PERIOD		TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G÷C)		
CONTACTOR MARK-UP									
GENERAL CONDITIONS									
0186	Plans/Spec. Distribution - NOT ALLOCATED	(\$3,383.89)	\$0.00			0.00	00.0 %	(\$3,383.89)	\$0.00
0190	2.75% Contractor Mark-up (\$2,148,416)	\$59,081.00	\$59,081.00	\$0.00		59,081.00	100.0 %	\$0.00	\$0.00
SITEWORK									
0205	Sitework	\$587,100.00	\$587,100.00	\$0.00		587,100.00	100.0 %	\$0.00	\$0.00
0210	Fencing	\$6,000.00	\$6,000.00	\$0.00		6,000.00	100.0 %	\$0.00	\$0.00
MASONRY									
0405	Masonry	\$40,673.00	\$40,673.00	\$0.00		40,673.00	100.0 %	\$0.00	\$0.00
CARPENTRY									
0605	Millwork	\$112,600.00	\$112,600.00	\$0.00		112,600.00	100.0 %	\$0.00	\$0.00
DOORS/WINDOWS/GLAZING									
0810	Openings (Storefronts, Windows, Glazing)	\$69,300.00	\$69,300.00	\$0.00		69,300.00	100.0 %	\$0.00	\$0.00
FINISHES									
0910	Finishes (Tiling, Flooring, Base)	\$65,700.00	\$65,700.00	\$0.00		65,700.00	100.0 %	\$0.00	\$0.00
0915	Finishes (Painting)	\$75,000.00	\$75,000.00	\$0.00		75,000.00	100.0 %	\$0.00	\$0.00
SPECIALTIES									
1010	Furnishings	\$2,749.00	\$2,749.00	\$0.00		2,749.00	100.0 %	\$0.00	\$0.00
SPECIAL CONSTRUCTION									
1310	Exterior Sign	\$68,054.00	\$68,054.00	\$0.00		68,054.00	100.0 %	\$0.00	\$0.00
MECHANICAL									
1505	Mechanical (Fire Suppression)	\$39,100.00	\$39,100.00	\$0.00		39,100.00	100.0 %	\$0.00	\$0.00
1510	Mechanical (Plumbing)	\$165,047.00	\$165,047.00	\$0.00		165,047.00	100.0 %	\$0.00	\$0.00
1520	Mechanical (HVAC)	\$328,204.00	\$328,204.00	\$0.00		328,204.00	100.0 %	\$0.00	\$0.00
ELECTRICAL									
1605	Electrical	\$266,950.00	\$266,950.00	\$0.00		266,950.00	100.0 %	\$0.00	\$0.00

CONTINUATION SHEET

PAGE 4 OF 4 PAGES

APPLICATION AND CERTIFICATION FOR PAYMENT, containing

Contractor's signed certification is attached.

In tabulations below, amounts are stated to the nearest dollar.

Use Column I on Contracts where variable retainage for line items may apply.

APPLICATION NO : 15

APPLICATION DATE : 12/31/15

PERIOD TO : 12/31/15

PROJECT NO : 630-14

A ITEM NO.	B DESCRIPTION OF WORK	C SCHEDULED VALUE	D	E	F MATERIALS PRESENTLY STORED (NOT IN D OR E)	G		H BALANCE TO FINISH (C-G)	I RETAINAGE (IF VARIABLE RATE)
			WORK COMPLETED			TOTAL COMPLETED AND STORED TO DATE (D+E+F)	% (G+C)		
			FROM PREVIOUS APPLICATION (D+E)	THIS PERIOD					
CONTACTOR MARK-UP									
ELECTRICAL									
1610	Fire Alarm	\$10,408.00	\$10,408.00	\$0.00		10,408.00	100.0 %	\$0.00	\$0.00

K&T SCOPE (NO MARK-UP)									
CONCRETE									
0305	Concrete	\$260,298.00	\$260,298.00	\$0.00		260,298.00	100.0 %	\$0.00	\$0.00
METALS									
0505	Metals	\$3,000.00	\$3,000.00	\$0.00		3,000.00	100.0 %	\$0.00	\$0.00
DOORS/WINDOWS/GLAZING									
0805	Openings (Hollow Metal, Wood Doors, Hardware)	\$100,840.00	\$100,840.00	\$0.00		100,840.00	100.0 %	\$0.00	\$0.00
FINISHES									
0905	Finishes (Carpentry, Drywall, Ceiling)	\$385,605.00	\$385,605.00	\$0.00		385,605.00	100.0 %	\$0.00	\$0.00
SPECIALTIES									
1005	Specialties	\$32,355.00	\$32,355.00	\$0.00		32,355.00	100.0 %	\$0.00	\$0.00
SPECIAL CONSTRUCTION									
1305	Special Construction	\$271,706.00	\$271,706.00	\$0.00		271,706.00	100.0 %	\$0.00	\$0.00
1701	Change Order #1	\$14,031.40	\$14,031.40	\$0.00		14,031.40	100.0 %	\$0.00	\$0.00
1702	Change Order #2	\$29,075.00	\$29,075.00	\$0.00		29,075.00	100.0 %	\$0.00	\$0.00
1703	Change Order #3	(\$10,000.00)	(\$10,000.00)			-10,000.00	100.0 %	\$0.00	\$0.00

GRAND TOTALS :		\$3,285,871.66	\$3,285,871.66	\$0.00	\$0.00	3,285,871.66	100.0 %	\$0.00	\$0.00
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Document G701™ – 2001

Change Order

PROJECT (Name and address):

Memorial Medical Center
1016 N. Virginia St
Port Lavaca, TX 77979

CHANGE ORDER NUMBER: 004

DATE: May 12, 2016

OWNER: ☐

ARCHITECT: ☐

CONTRACTOR: ☐

FIELD: ☐

OTHER: ☐

TO CONTRACTOR (Name and address):

K & T Construction Co., Inc.
903 John Stockbauer
Victoria, TX 77901

ARCHITECT'S PROJECT NUMBER: 4-13083

CONTRACT DATE: August 11, 2014

CONTRACT FOR: General Construction

THE CONTRACT IS CHANGED AS FOLLOWS:

(Include, where applicable, any undisputed amount attributable to previously executed Construction Change Directives)

Savings for General Conditions not used.

Deduct (\$8,535.74)

The original Contract Sum was

\$ 3,261,301.00

The net change by previously authorized Change Orders

\$ 33,106.40

The Contract Sum prior to this Change Order was

\$ 3,294,407.40

The Contract Sum will be decreased by this Change Order in the amount of

\$ 8,535.74

The new Contract Sum including this Change Order will be

\$ 3,285,871.66

The Contract Time will be unchanged by Zero (0) days.

The date of Substantial Completion as of the date of this Change Order therefore is same.

NOTE: This Change Order does not include changes in the Contract Sum, Contract Time or Guaranteed Maximum Price which have been authorized by Construction Change Directive until the cost and time have been agreed upon by both the Owner and Contractor, in which case a Change Order is executed to supersede the Construction Change Directive.

NOT VALID UNTIL SIGNED BY THE ARCHITECT, CONTRACTOR AND OWNER.

ACI/Boland, Inc.

ARCHITECT (Firm name)

1421 E. 104th St., Suite 100, Kansas City,
MO 64131

ADDRESS

BY (Signature)

Robert Bosley

(Typed name)

DATE

K & T Construction Co., Inc.

CONTRACTOR (Firm name)

903 John Stockbauer
Victoria, TX 77901

ADDRESS

BY (Signature)

LARRY TOMANEK

(Typed name)

DATE

Memorial Medical Center

OWNER (Firm name)

815 N. Virginia St., Port Lavaca, TX
77979

ADDRESS

BY (Signature)

Jason Anglin

(Typed name)

DATE

Memorial Medical Center
Clinic Construction Account

3628

DATE 6/1/2016

88-502
1131 10

PAY TO THE ORDER OF Memorial Medical Center Private Waiver Clearing Fund \$ 220,480. ³⁵/_{xx}
Two Hundred Twenty Thousand Four Hundred Eighty + ³⁵/_{xx} DOLLARS



Port Lavaca, TX

IBC Voice - (361) 553-4200

FOR Acct

3387 Transfer Funds

Calhoun County Auditor

MP

12

150251

415411

APPROVED
ON

JUN 01 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Transfer to
Private Waiver Clearing Fund
From MMC Clinic Construction
Left \$100.00 in Acct to keep open.

Michael J. Pfeifer

Michael J. Pfeifer
Calhoun County Judge

Date: 6-2-16



BANK

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

CUSTOMER

8/NE/131/019/2023

MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO. PAGE NO.

4154

03/01/2016 to 03/31/2016

STATEMENT PERIOD

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

Regular Checking		Account Recap		Account Number - 2810244154	
Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
653,356.84	0	0.00	1	277,982.90	375,373.94
Checks (Debits)					
Date	Check #	Amount			
03/18	3626	277,982.90			
Daily Ending Balance					
03/18	375,373.94				

Notice to Customers: A CTR Reference Guide

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

Federal law requires financial institutions to report currency (cash or coin) transactions over \$10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over \$10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

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

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

\$ 375,373.94 Balance
-154,793.59 K+T ✓
-100.06 Retain ✓
\$ 220,480.35 Transfer

APPROVED
ON

JUN 01 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXASAPPROVED
ON

JUN 01 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:06/02/16
TIME:10:51

MEMORIAL MEDICAL CENTER
CHECK REGISTER
05/31/16 THRU 06/02/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

C/C 003627 05/31/16 154,793.59 K&T CONSTRUCTION
C/C 003628 06/01/16 220,480.35 MMC PRIVATE WAIVER ACCO
TOTALS: 375,273.94

APPROVED
ON

JUN 01 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:06/01/16
TIME:15:19

MEMORIAL MEDICAL CENTER
EDIT LIST FOR BATCH 019 5122

CRT#019
TRANSACTION SEQUENCE

PAGE 1
GLEDIT

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION
1	20000000		06/01/16	PJ	154,558.00	CR 10948	21007	NOVITAS SOLUTIONS -PART	INV DT=05/31/16 DUE=053116
2	50110000		06/01/16	PJ	154,558.00	10948	21007	NOVITAS SOLUTIONS -PART	M/CARE COST SETTLEMENTS
3	20000000		06/01/16	PJ	8,814.00	CR T2063	21008	TEXAS MEDICAID & HEALTH	INV DT=05/31/16 DUE=053116
4	50110000		06/01/16	PJ	8,814.00	T2063	21008	TEXAS MEDICAID & HEALTH	M/CARE COST SETTLEMENTS
	140220000						26022	84030	

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

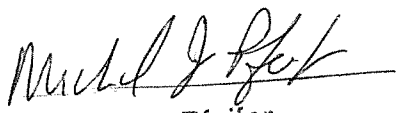
JOURNAL	YRMO	COUNT	DEBIT	CREDIT		
PJ	1606	4	163,372.00	163,372.00		
TOTAL		4	163,372.00	163,372.00	A/P TOTAL	163,372.00

ACCOUNT TOTAL RECAP ON NEXT PAGE

Cost Settlements

For
12/31/15

CK# 166504
AND
CK# 166505


Michael J. Pfeifer
Calhoun County Judge
Date: 6-2-16

APPROVED
ON

JUN 01 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

8

RUN DATE:06/01/16
TIME:15:24

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/01/16 THRU 06/01/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P 166504 06/01/16 154,558.00 NOVITAS SOLUTIONS -PART A
A/P 166505 06/01/16 8,814.00 TEXAS MEDICAID & HEALTHCARE
TOTALS: 163,372.00

APPROVED
ON

JUN 01 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

APPROVED
ON

JUN 02 2016

06/01/2016

MEMORIAL MEDICAL CENTER

0

18:03

COUNTY AUDITOR
CALHOUN COUNTY, TEXASAP Open Invoice List
Due Dates Through: 06/10/2016

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

10250 4IMPRINT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
4626876 ✓		05/11/20	05/04/20	06/03/20		2,266.66	0.00	0.00	2,266.66 ✓
295 Shirts For Health Run									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10250	4IMPRINT	2,266.66	0.00	0.00	2,266.66

Vendor# Vendor Name

Class Pay Code

A1226 AHRMM ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
772633 ✓		05/26/20	05/02/20	06/10/20		125.00	0.00	0.00	125.00 ✓
DUES & SUBSCRIPTIONS CS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1226	AHRMM	125.00	0.00	0.00	125.00

Vendor# Vendor Name

Class Pay Code

A1680 AIRGAS-SOUTHWEST ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9050194175 ✓		05/31/20	04/07/20	05/07/20		1,871.33	0.00	0.00	1,871.33 ✓
OXYGEN									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1680	AIRGAS-SOUTHWEST	1,871.33	0.00	0.00	1,871.33

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
9648606877 ✓		05/17/20	05/09/20	06/08/20		222.00	0.00	0.00	222.00 ✓
SUPPLIES SURGERY									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	A1690	ALCON LABORATORIES, INC.	222.00	0.00	0.00	222.00

Vendor# Vendor Name

Class Pay Code

10533 ALERE NORTH AMERICA INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
90953812 ✓		05/26/20	04/26/20	06/02/20		100.00	0.00	0.00	100.00 ✓
SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10533	ALERE NORTH AMERICA INC	100.00	0.00	0.00	100.00

Vendor# Vendor Name

Class Pay Code

10668 ALLIED FIRE PROTECTION SA, LP ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SL162181 ✓		05/26/20	05/11/20	06/10/20		195.00	0.00	0.00	195.00 ✓
OUTSIDE SRV PLANT OPS									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
	10668	ALLIED FIRE PROTECTION SA, LP	195.00	0.00	0.00	195.00

Vendor# Vendor Name

Class Pay Code

A1746 ALPHA TEC SYSTEMS INC ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV-00042325 ✓		05/26/20	05/10/20	06/09/20		141.70	0.00	0.00	141.70 ✓
SUPPLIES LAB									

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net

	A1746	ALPHA TEC SYSTEMS INC					141.70	0.00	0.00	141.70
Vendor#	Vendor Name		Class		Pay Code					
A1760	AMERICAN ACADEMY OF PEDIATRICS ✓		W							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	13164654 ✓		05/18/20	05/06/20	06/05/20		307.78	0.00	0.00	307.78 ✓
	SUPPLIES NURSERY									
	Vendor Total:		Number	Name			Gross	Discount	No-Pay	Net
			A1760	AMERICAN ACADEMY OF PEDIATRICS			307.78	0.00	0.00	307.78
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
	796212 ✓		05/23/20	05/18/20	06/02/20		69.28	0.00	0.00	69.28 ✓
	SUPPLIES PLANT OPS									
	796242 ✓		05/23/20	05/19/20	06/02/20		3.98	0.00	0.00	3.98 ✓
	SUPPLIES PLANT OPS									
	796353 ✓		05/31/20	05/19/20	06/03/20		79.12	0.00	0.00	79.12 ✓
	SUPPLIES PLANT OPS									
	Vendor Total:		Number	Name			Gross	Discount	No-Pay	Net
			A2600	AUTO PARTS & MACHINE CO.			152.38	0.00	0.00	152.38
Vendor#	Vendor Name		Class		Pay Code					
B0435	BARD PERIPHERAL VASCULAR ✓		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	75422550 ✓		05/17/20	05/09/20	06/08/20		344.62	0.00	0.00	344.62 ✓
	SUPPLIES SURGERY									
	44691515 ✓		05/17/20	05/11/20	06/10/20		433.50	0.00	0.00	433.50 ✓
	CS INVENTORY									
	Vendor Total:		Number	Name			Gross	Discount	No-Pay	Net
			B0435	BARD PERIPHERAL VASCULAR			778.12	0.00	0.00	778.12
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
	50873017 ✓		05/10/20	05/05/20	06/04/20		321.75	0.00	0.00	321.75 ✓
	CS INVENTORY									
	50869438 ✓		05/10/20	05/05/20	06/04/20		110.16	0.00	0.00	110.16 ✓
	CS INVENTORY									
	Vendor Total:		Number	Name			Gross	Discount	No-Pay	Net
			B1075	BAXTER HEALTHCARE CORP			431.91	0.00	0.00	431.91
Vendor#	Vendor Name		Class		Pay Code					
M2485	BAYER HEALTHCARE ✓		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	6003997608 ✓		05/17/20	05/04/20	06/03/20		1,550.16	0.00	0.00	1,550.16 ✓
	SUPPLIES CT SCAN									
	Vendor Total:		Number	Name			Gross	Discount	No-Pay	Net
			M2485	BAYER HEALTHCARE			1,550.16	0.00	0.00	1,550.16
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
	105610561 ✓		05/11/20	05/03/20	06/02/20		2,232.50	0.00	0.00	2,232.50 ✓
	LAB SUPPLIES									
	105610653 ✓		05/11/20	05/03/20	06/02/20		991.12	0.00	0.00	991.12 ✓
	LAB SUPPLIES									
	Vendor Total:		Number	Name			Gross	Discount	No-Pay	Net

	B1220	BECKMAN COULTER INC					3,223.62	0.00	0.00	3,223.62
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	
9102141205 ✓		05/18/20	05/05/20	06/04/20		1,460.61	0.00	0.00	1,460.61 ✓	
SUPPLIES LAB										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10024	BECTON, DICKINSON & CO (BD)				1,460.61	0.00	0.00	1,460.61	
Vendor#	Vendor Name			Class	Pay Code					
B1650	BOSART LOCK & KEY INC ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
109140 ✓		05/26/20	05/04/20	06/03/20		164.90	0.00	0.00	164.90 ✓	
SUPPLIES PLANT OPS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	B1650	BOSART LOCK & KEY INC				164.90	0.00	0.00	164.90	
Vendor#	Vendor Name			Class	Pay Code					
B1655	BOSTON SCIENTIFIC CORPORATION ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
949694364 ✓		05/17/20	05/09/20	06/08/20		309.00	0.00	0.00	309.00 ✓	
SUPPLIES SURGERY										
949733943 ✓		05/17/20	05/11/20	06/10/20		457.00	0.00	0.00	457.00 ✓	
SUPPLIES SURGERY										
949689864 ✓		05/26/20	05/09/20	06/08/20		487.00	0.00	0.00	487.00 ✓	
SUPPLIES SURGERY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	B1655	BOSTON SCIENTIFIC CORPORATION				1,253.00	0.00	0.00	1,253.00	
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	
8000999499 ✓		05/31/20	03/31/20	04/30/20		925.27	0.00	0.00	925.27 ✓	
SUPPLIES NUC MED										
8001013056 ✓		05/31/20	04/16/20	05/21/20		375.99	0.00	0.00	375.99 ✓	
SUPPLIES NUC MED										
8001018720 ✓		05/31/20	04/23/20	05/28/20		849.33	0.00	0.00	849.33 ✓	
SUPPLIES NUC MED										
8001024183 ✓		05/31/20	04/30/20	05/30/20		853.85	0.00	0.00	853.85 ✓	
SUPPLIES NUC MED										
8001007344 ✓		05/31/20	04/09/20	05/14/20		435.80	0.00	0.00	435.80 ✓	
SUPPLIES NUC MED										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A1825	CARDINAL HEALTH 414,LLC				3,440.24	0.00	0.00	3,440.24	
Vendor#	Vendor Name			Class	Pay Code					
A1730	CAREFUSION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9106686181 ✓		05/17/20	05/09/20	06/08/20		77.91	0.00	0.00	77.91 ✓	
SUPPLIES SURGERY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A1730	CAREFUSION				77.91	0.00	0.00	77.91	
Vendor#	Vendor Name			Class	Pay Code					
C1275	CARROT TOP INDUSTRIES INC ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	

29172500			05/11/20	05/04/20	06/03/20			148.92	0.00	0.00	148.92 ✓
SUPPLIES PLANT OPS											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		C1275	CARROT TOP INDUSTRIES INC				148.92	0.00	0.00	148.92	
Vendor#	Vendor Name			Class	Pay Code						
11190	CCSPC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
20995		05/31/20	05/31/20	05/31/20		20.00	0.00	0.00	20.00 ✓		
CHILD SUPPORT											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		11190	CCSPC				20.00	0.00	0.00	20.00	
Vendor#	Vendor Name			Class	Pay Code						
C1992	CDW GOVERNMENT, INC. ✓			M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
CXG1489 ✓		05/18/20	05/04/20	06/03/20		65.97	0.00	0.00	65.97 ✓		
SUPPLIES IT											
CZG7042 ✓		05/18/20	05/09/20	06/08/20		151.91	0.00	0.00	151.91 ✓		
OFFICE SUPPLIES HR											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		C1992	CDW GOVERNMENT, INC.				217.88	0.00	0.00	217.88	
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		
92010714 ✓		05/10/20	05/04/20	06/03/20		550.24	0.00	0.00	550.24 ✓		
SUPPLIES VARIOUS DEPTS											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		10350	CENTURION MEDICAL PRODUCTS				550.24	0.00	0.00	550.24	
Vendor#	Vendor Name			Class	Pay Code						
10661	CENTURYLINK										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
137677806 ✓		05/18/20	05/03/20	06/02/20		7.53	0.00	0.00	7.53 ✓		
TELEPHONE EXPENSE											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		10661	CENTURYLINK				7.53	0.00	0.00	7.53	
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		
21003		05/31/20	05/18/20	06/06/20		113.83	0.00	0.00	113.83 ✓		
WATER & SEWER											
21004		05/31/20	05/18/20	06/06/20		256.40	0.00	0.00	256.40 ✓		
WATER & SEWER CLINIC											
21002		05/31/20	05/18/20	06/06/20		4,707.69	0.00	0.00	4,707.69 ✓		
WATER & SEWER											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		C1730	CITY OF PORT LAVACA				5,077.92	0.00	0.00	5,077.92	
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		
207476 ✓		05/10/20	05/04/20	06/03/20		587.74	0.00	0.00	587.74 ✓		
SUPPLIES CT SCAN											
Vendor Totals: Number Name							Gross	Discount	No-Pay	Net	
		10006	CUSTOM MEDICAL SPECIALTIES				587.74	0.00	0.00	587.74	

Vendor#	Vendor Name	Class	Pay Code							
10284	CYTO THERM L.P.									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
285861		05/18/20	05/03/20	06/02/20		224.54	0.00	0.00	224.54	
BLOOD BANK SUPPLIES										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10284	CYTO THERM L.P.				224.54	0.00	0.00	224.54	

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	
471846-0		05/10/20	05/04/20	06/03/20		117.70	0.00	0.00	117.70	
SUPPLIES VARIOUS DEPTS										
471589-0		05/10/20	05/10/20	06/09/20		278.00	0.00	0.00	278.00	
CS INVENTORY										
471879-0		05/10/20	05/10/20	06/09/20		27.46	0.00	0.00	27.46	
SUPPLIES CS FORMS										
471791-0		05/11/20	05/03/20	06/02/20		135.05	0.00	0.00	135.05	
OFFICE SUPPLIES SURGERY										
471986-0		05/12/20	05/06/20	06/05/20		220.86	0.00	0.00	220.86	
SUPPLIES LAB										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10368	DEWITT POTH & SON				779.07	0.00	0.00	779.07	

Vendor#	Vendor Name	Class	Pay Code							
11096	DR JEWEL LINCOLN									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
20988		05/31/20	05/16/20	05/16/20		~~9,750.00~~	0.00	0.00	~~9,750.00~~	
EXTRA CALL PAY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11096	DR JEWEL LINCOLN				~~9,750.00~~	0.00	0.00	~~9,750.00~~	

*Took off
to Review*

Vendor#	Vendor Name	Class	Pay Code							
E0500	EAGLE FIRE & SAFETY INC	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
60424		05/31/20	04/25/20	05/25/20		280.00	0.00	0.00	280.00	
OUTSIDE SEV DIETARY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	E0500	EAGLE FIRE & SAFETY INC				280.00	0.00	0.00	280.00	

Vendor#	Vendor Name	Class	Pay Code							
C2510	EVIDENT (CPSI)	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
A1605041378		05/11/20	05/04/20	06/03/20		17,032.00	0.00	0.00	17,032.00	
SOFTWARE MAINT & OUTSIDE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C2510	EVIDENT				17,032.00	0.00	0.00	17,032.00	

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	
TXPOT161257		05/31/20	05/06/20	06/05/20		110.08	0.00	0.00	110.08	
SUPPLIES BIO MED										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	F1050	FASTENAL COMPANY				110.08	0.00	0.00	110.08	

Vendor#	Vendor Name	Class	Pay Code
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F1100	FEDERAL EXPRESS CORP.				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
5-421-65590		05/31/20	05/19/20	06/03/20		10.27	0.00	0.00	10.27	
	FREIGHT EXP ER									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	F1100	FEDERAL EXPRESS CORP.				10.27	0.00	0.00	10.27	
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	
88428		05/11/20	05/04/20	06/03/20		196.60	0.00	0.00	196.60	
	SUPPLIES PLANT OPS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10003	FILTER TECHNOLOGY CO, INC				196.60	0.00	0.00	196.60	
Vendor#	Vendor Name			Class	Pay Code					
F1300	FIRESTONE OF PORT LAVACA				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
0051384		05/31/20	05/18/20	05/18/20		334.19	0.00	0.00	334.19	
	REPAIRS TO VAN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	F1300	FIRESTONE OF PORT LAVACA				334.19	0.00	0.00	334.19	
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	
2969044		05/18/20	05/03/20	06/02/20		735.57	0.00	0.00	735.57	
	SUPPLIES LAB									
3058073		05/18/20	05/04/20	06/03/20		1,380.84	0.00	0.00	1,380.84	
	SUPPLIES LAB									
3131747		05/26/20	05/05/20	06/04/20		194.98	0.00	0.00	194.98	
	SUPPLIES LAB									
3173373		05/26/20	05/06/20	06/05/20		106.30	0.00	0.00	106.30	
	LAB SUPPLIES									
3339370		05/26/20	05/12/20	06/10/20		163.40	0.00	0.00	163.40	
	LAB SUPPLIES									
3466287		05/26/20	05/17/20	06/10/20		85.84	0.00	0.00	85.84	
	LAB SUPPLIES									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	F1400	FISHER HEALTHCARE				2,666.93	0.00	0.00	2,666.93	
Vendor#	Vendor Name			Class	Pay Code					
10283	GE HEALTHCARE									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
6000480959		05/31/20	04/22/20	05/22/20		1,487.96	0.00	0.00	1,487.96	
	MAINT CONTR XRAY									
6000487718		05/31/20	05/01/20	05/31/20		3,433.75	0.00	0.00	3,433.75	
	MAINT CONTR XRAY									
6000496068		05/31/20	05/01/20	05/31/20		416.61	0.00	0.00	416.61	
	MAINT CONTR XRAY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10283	GE HEALTHCARE				5,338.32	0.00	0.00	5,338.32	
Vendor#	Vendor Name			Class	Pay Code					
10488	GE HEALTHCARE IITS USA CORP									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
030368590		05/18/20	05/06/20	06/05/20		805.27	0.00	0.00	805.27	

DUES & SUBSCRIPTIONS OB

Vendor#	Vendor Name	Class	Pay Code	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
10488	GE HEALTHCARE IITS USA CORP									805.27	0.00	0.00	805.27
Vendor Totals	Number	Name								Gross	Discount	No-Pay	Net
G0401	GULF COAST DELIVERY												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
20996		05/31/20	05/30/20	05/30/20		75.00	0.00	0.00	75.00				✓
	OUTSIDE SRV CARDIO & XRA												
Vendor Totals	Number	Name								Gross	Discount	No-Pay	Net
G0401	GULF COAST DELIVERY					75.00	0.00	0.00	75.00				
Vendor#	Vendor Name	Class	Pay Code										
G1210	GULF COAST PAPER COMPANY	M											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
1131740	✓	05/10/20	05/03/20	06/02/20		201.82	0.00	0.00	201.82				✓
	SUPPLIES HOUSEKEEPING												
1135551	✓	05/17/20	05/10/20	06/09/20		265.19	0.00	0.00	265.19				✓
	SUPPLIES HOUSEKEEPING												
Vendor Totals	Number	Name								Gross	Discount	No-Pay	Net
G1210	GULF COAST PAPER COMPANY					467.01	0.00	0.00	467.01				
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				
228324	✓	05/18/20	05/05/20	06/04/20		217.40	0.00	0.00	217.40				✓
	REPAIRS MED SURG												
Vendor Totals	Number	Name								Gross	Discount	No-Pay	Net
H1399	HILL-ROM COMPANY, INC					217.40	0.00	0.00	217.40				
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				
PJIN0089213	✓	05/31/20	04/15/20	05/25/20		8,333.33	0.00	0.00	8,333.33				✓
	MAINT CONT MRI												
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										
I1265	INTERNAL REVENUE SERVICE	W											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
CP161		05/31/20	05/30/20	06/01/20		1,604.01	0.00	0.00	1,604.01				✓
	LATE FEE ON TAXES												
Vendor Totals	Number	Name								Gross	Discount	No-Pay	Net
I1265	INTERNAL REVENUE SERVICE					1,604.01	0.00	0.00	1,604.01				✓
Vendor#	Vendor Name	Class	Pay Code										
10442	INTERSTATE ALL BATTERY CENTER												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net				
1901102010687	✓	05/11/20	05/04/20	06/03/20		269.85	0.00	0.00	269.85				✓
	SUPPLIES PLANT OPS												
1901103010506	✓	05/11/20	05/04/20	06/03/20		279.60	0.00	0.00	279.60				✓
	SUPPLIES PLANT OPS												
Vendor Totals	Number	Name								Gross	Discount	No-Pay	Net
10442	INTERSTATE ALL BATTERY CENTER					549.45	0.00	0.00	549.45				
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
916460193	✓	05/17/20	05/04/20	06/03/20		254.71	0.00	0.00	254.71 ✓
	SUPPLIES SURGERY								
916450557	✓	05/23/20	05/04/20	06/03/20		866.57	0.00	0.00	866.57 ✓
	BLOOD BANK SUPPLIES								
Vendor Totals						Gross	Discount	No-Pay	Net
	J0150	J & J HEALTH CARE SYSTEMS, INC				1,121.28	0.00	0.00	1,121.28
Vendor#	Vendor Name				Class	Pay Code			
10285	JAMES A DANIEL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
20994		05/31/20	05/31/20	05/31/20		750.00	0.00	0.00	750.00 ✓
	STORAGE BLG RENT								
Vendor Totals						Gross	Discount	No-Pay	Net
	10285	JAMES A DANIEL				750.00	0.00	0.00	750.00
Vendor#	Vendor Name				Class	Pay Code			
11141	MEDICAL DATA SYSTEMS, INC. ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
97923	✓	05/31/20	03/31/20	04/30/20		1,283.78	0.00	0.00	1,283.78 ✓
	COLLECTION EXP BUS OFFIC								
98628	✓	05/31/20	04/30/20	05/30/20		1,564.69	0.00	0.00	1,564.69 ✓
	COLLECTION EXPENSE BUS (								
Vendor Totals						Gross	Discount	No-Pay	Net
	11141	MEDICAL DATA SYSTEMS, INC.				2,848.47	0.00	0.00	2,848.47
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
0021592	✓	05/11/20	05/06/20	06/05/20		128.95	0.00	0.00	128.95 ✓
	SUPPLIES GROUNDS								
Vendor Totals						Gross	Discount	No-Pay	Net
	M2550	MELSTAN, INC.				128.95	0.00	0.00	128.95
Vendor#	Vendor Name				Class	Pay Code			
10182	MERCEDES MEDICAL								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
1829432	✓	05/18/20	05/03/20	06/02/20		269.61	0.00	0.00	269.61 ✓
	SUPPLIES LAB								
Vendor Totals						Gross	Discount	No-Pay	Net
	10182	MERCEDES MEDICAL				269.61	0.00	0.00	269.61
Vendor#	Vendor Name				Class	Pay Code			
M2659	MERRY X-RAY/SOURCEONE HEALTHCA ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
30094240973	✓	05/17/20	05/05/20	06/04/20		159.24	0.00	0.00	159.24 ✓
	SUPPLIES SURGERY								
30094240974	✓	05/17/20	05/05/20	06/04/20		1,638.62	0.00	0.00	1,638.62 ✓
	SUPPLIES XRAY								
30094241730	✓	05/17/20	05/06/20	06/05/20		181.60	0.00	0.00	181.60 ✓
	SUPPLIES MAMMO								
30094244010	✓	05/17/20	05/11/20	06/10/20		144.30	0.00	0.00	144.30 ✓
	SUPPLIES XRAY								
Vendor Totals						Gross	Discount	No-Pay	Net
	M2659	MERRY X-RAY/SOURCEONE HEALTHCA				2,123.76	0.00	0.00	2,123.76
Vendor#	Vendor Name				Class	Pay Code			
11109	MINDRAY CAPITAL ✓								

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
656908 ✓		05/23/20	05/13/20	06/05/20		6,655.11	0.00	0.00	6,655.11 ✓
LEASE & RENTAL ER									
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
	11109	MINDRAY CAPITAL				6,655.11	0.00	0.00	6,655.11
Vendor#	Vendor Name				Class	Pay Code			
10810	MMC EMPLOYEE BENEFIT PLAN ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
MAY232016		05/24/20	05/23/20	06/02/20		42,355.62	0.00	0.00	42,355.62 ✓
EMPLOYEE MEDICAL CLAIMS									
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net
	10810	MMC EMPLOYEE BENEFIT PLAN				42,355.62	0.00	0.00	42,355.62
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
8881694 ✓		05/31/20	05/24/20	05/25/20		155.39	0.00	0.00	155.39 ✓
PHARMACY DRUGS									
8881693 ✓		05/31/20	05/24/20	05/25/20		1,102.62	0.00	0.00	1,102.62 ✓
PHARMACY DRUGS									
8881692 ✓		05/31/20	05/24/20	05/25/20		1,214.07	0.00	0.00	1,214.07 ✓
PHARMACY DRUGS									
8885426 ✓		05/31/20	05/25/20	05/26/20		1,010.56	0.00	0.00	1,010.56 ✓
PHARMACY DRUGS									
8885427 ✓		05/31/20	05/25/20	05/26/20		693.37	0.00	0.00	693.37 ✓
PHARMACY DRUGS									
8885429 ✓		05/31/20	05/25/20	05/26/20		499.43	0.00	0.00	499.43 ✓
PHARMACY DRUGS									
8885428 ✓		05/31/20	05/25/20	05/26/20		18.58	0.00	0.00	18.58 ✓
PHARMACY DRUGS									
8885117 ✓		05/31/20	05/25/20	05/26/20		33.78	0.00	0.00	33.78 ✓
PHARMACY DRUGS									
8882350 ✓		05/31/20	05/25/20	05/26/20		70.64	0.00	0.00	70.64 ✓
PHARMACY DRUGS									
8882349 ✓		05/31/20	05/25/20	05/26/20		42.26	0.00	0.00	42.26 ✓
PHARMACY DRUGS									
8885116 ✓		05/31/20	05/25/20	05/26/20		28.72	0.00	0.00	28.72 ✓
PHARMACY DRUGS									
8885425 ✓		05/31/20	05/25/20	05/26/20		697.43	0.00	0.00	697.43 ✓
PHARMACY DRUGS									
CM48855 ✓		05/31/20	05/26/20	05/27/20		-16.26	0.00	0.00	-16.26 ✓
PHARMACY CREDIT									
8890932 ✓		05/31/20	05/26/20	05/27/20		708.36	0.00	0.00	708.36 ✓
PHARMACY DRUGS									
8890931 ✓		05/31/20	05/26/20	05/27/20		1,856.11	0.00	0.00	1,856.11 ✓
PHARMACY DRUGS									
8890934 ✓		05/31/20	05/26/20	05/27/20		5.63	0.00	0.00	5.63 ✓
PHARMACY DRUGS									
8890933 ✓		05/31/20	05/26/20	05/27/20		18.06	0.00	0.00	18.06 ✓
PHARMACY DRUGS									
CM48858 ✓		05/31/20	05/26/20	05/27/20		-37.48	0.00	0.00	-37.48 ✓
PHARMACY CREDIT									

8894780 ✓		05/31/20	05/27/20	05/28/20			42.86	0.00	0.00	42.86 ✓		
	PHARMACY DRUGS											
8894048 ✓		05/31/20	05/27/20	05/28/20			5.03	0.00	0.00	5.03 ✓		
	PHARMACY DRUGS											
8894046 ✓		05/31/20	05/27/20	05/28/20			4.36	0.00	0.00	4.36 ✓		
	PHARMACY DRUGS											
8894047 ✓		05/31/20	05/27/20	05/28/20			943.16	0.00	0.00	943.16 ✓		
	PHARMACY DRUGS											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10536	MORRIS & DICKSON CO, LLC	9,096.68	0.00	0.00	9,096.68
Vendor#	Vendor Name				Class	Pay Code						
11191	N C CHILD SUPPORT CENTRALIZED											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
20999		05/31/20	05/31/20				134.77	0.00	0.00	134.77 ✓		
	CHILD SUPPORT GARNISHME											
21000		05/31/20	05/31/20	05/31/20			91.99	0.00	0.00	91.99 ✓		
	CHILD SUPPORT GARNISHME											
20998		05/31/20	05/31/20	05/31/20			23.08	0.00	0.00	23.08 ✓		
	CHILD SUPPORT GARNISHME											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11191	N C CHILD SUPPORT CENTRALIZED	249.84	0.00	0.00	249.84
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		
20997		05/31/20	05/27/20	05/27/20			34.56	0.00	0.00	34.56 ✓		
	TRAVEL EXP INFECTION CON 5/26/16											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							A2252	NADINE GARNER	34.56	0.00	0.00	34.56
Vendor#	Vendor Name				Class	Pay Code						
N1800	NURSES CHOICE CORPORATION											
	W											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
0115478-IN ✓		05/26/20	05/10/20	06/09/20			284.34	0.00	0.00	284.34 ✓		
	SUPPLIES NURSERY											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							N1800	NURSES CHOICE CORPORATION	284.34	0.00	0.00	284.34
Vendor#	Vendor Name				Class	Pay Code						
O0920	OFFICE DEPOT ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
838168223001		05/17/20	05/05/20	06/05/20			61.74	0.00	0.00	61.74 ✓		
	OFFICE SUPPLIES XRAY											
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							O0920	OFFICE DEPOT	61.74	0.00	0.00	61.74
Vendor#	Vendor Name				Class	Pay Code						
OM425	OWENS & MINOR ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
2016959063 ✓		05/10/20	05/03/20	06/02/20			1,495.15	0.00	0.00	1,495.15 ✓		
	CS INVENTORY											
2016954752 ✓		05/10/20	05/03/20	06/02/20			13.37	0.00	0.00	13.37 ✓		
	CS INVENTORY											
2016958872 ✓		05/10/20	05/03/20	06/02/20			1,242.76	0.00	0.00	1,242.76 ✓		
	SUPPLIES CS											
2016958886 /		05/10/20	05/03/20	06/02/20			32.74	0.00	0.00	32.74 ✓		

CS INVENTORY										
2016957533	✓	05/10/20	05/03/20	06/02/20			2,074.89	0.00	0.00	2,074.89 ✓
SUPPLIES VARIOUS DEPTS										
2016955514	✓	05/10/20	05/03/20	06/02/20			100.78	0.00	0.00	100.78 ✓
SURGERY SUPPLIES										
2017044113	✓	05/10/20	05/05/20	06/04/20			1,927.76	0.00	0.00	1,927.76 ✓
SUPPLIES VARIOUS DEPTS										
2017040918	✓	05/10/20	05/05/20	06/04/20			47.10	0.00	0.00	47.10 ✓
CS INVENTORY										
2017040906	✓	05/10/20	05/05/20	06/04/20			5.03	0.00	0.00	5.03 ✓
CS INVENTORY										
2017039473	✓	05/10/20	05/05/20	06/04/20			44.25	0.00	0.00	44.25 ✓
SUPPLIES RESP CARE										
2016954679	✓	05/11/20	05/03/20	06/02/20			229.62	0.00	0.00	229.62 ✓
SUPPLIES CARDIO										
2017040357	✓	05/11/20	05/05/20	06/04/20			446.58	0.00	0.00	446.58 ✓
SUPPLIES CLINIC										
2017039794	✓	05/11/20	05/05/20	06/04/20			82.60	0.00	0.00	82.60 ✓
SUPPLIES CLINIC										
Vendor Totals							Number	Name	Gross	Discount
							OM425	OWENS & MINOR	7,742.63	0.00
									No-Pay	Net
									0.00	7,742.63
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
A1612718	✓	05/23/20	05/05/20	06/04/20			142.00	0.00	0.00	142.00 ✓
PHARMACY DRUGS										
Vendor Totals							Number	Name	Gross	Discount
							10204	PHARMEDIUM SERVICES LLC	142.00	0.00
									No-Pay	Net
									0.00	142.00
Vendor#	Vendor Name				Class	Pay Code				
10032	PHILIPS HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
932781007	✓	05/31/20	04/28/20	05/28/20			2,626.58	0.00	0.00	2,626.58 ✓
MAINT CONTR NUC MED										
Vendor Totals							Number	Name	Gross	Discount
							10032	PHILIPS HEALTHCARE	2,626.58	0.00
									No-Pay	Net
									0.00	2,626.58
Vendor#	Vendor Name				Class	Pay Code				
10541	PLATINUM CODE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
055514	✓	05/10/20	05/04/20	06/03/20			32.76	0.00	0.00	32.76 ✓
SUPPLIES XRAY										
052157.1	✓	05/17/20	04/04/20	06/02/20			348.95	0.00	0.00	348.95 ✓
Lab expenses										
Vendor Totals							Number	Name	Gross	Discount
							10541	PLATINUM CODE	381.71	0.00
									No-Pay	Net
									0.00	381.71
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
20993		05/31/20	05/31/20	06/01/20			11,001.20	0.00	0.00	11,001.20 ✓
RENT ON PT & BEHAVE HEAL										
Vendor Totals							Number	Name	Gross	Discount
							11125	PORT LAVACA RETAIL GROUP LLC	11,001.20	0.00
									No-Pay	Net
									0.00	11,001.20

Vendor#	Vendor Name				Class	Pay Code				
10372	PRECISION DYNAMICS CORP (PDC) ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	3373829		05/10/20	05/03/20	06/02/20		44.34	0.00	0.00	44.34 ✓
		CS INVENTORY								
	3377828 ✓		05/25/20	05/05/20	06/04/20		273.18	0.00	0.00	273.18 ✓
		CS INVENTORY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)				317.52	0.00	0.00	317.52
Vendor#	Vendor Name				Class	Pay Code				
R1268	RADIOLOGY UNLIMITED, PA ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21001		05/31/20	05/12/20	05/12/20		50.00	0.00	0.00	50.00 ✓
		READ FEES XRAY								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1268	RADIOLOGY UNLIMITED, PA				50.00	0.00	0.00	50.00
Vendor#	Vendor Name				Class	Pay Code				
R1200	RED HAWK ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	236190		05/31/20	05/01/20	05/31/20		37.50	0.00	0.00	37.50 ✓
		OUTSIDE SRV PLANT OPS								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		R1200	RED HAWK				37.50	0.00	0.00	37.50
Vendor#	Vendor Name				Class	Pay Code				
10743	REPSS, INC. ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	33271		05/11/20	05/05/20	06/04/20		270.00	0.00	0.00	270.00 ✓
		SUPPLIES INFECT CONTROL								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10743	REPSS, INC.				270.00	0.00	0.00	270.00
Vendor#	Vendor Name				Class	Pay Code				
10645	REVISTA de VICTORIA ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	05201629		05/31/20	05/17/20	05/31/20		120.00	0.00	0.00	120.00 ✓
		ADVERTISING								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10645	REVISTA de VICTORIA				120.00	0.00	0.00	120.00
Vendor#	Vendor Name				Class	Pay Code				
S2001	SIEMENS MEDICAL SOLUTIONS INC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	115290533		05/31/20	04/18/20	05/18/20		832.25	0.00	0.00	832.25 ✓
		MAINT CONT ULTRASOUND								
	115293951		05/31/20	04/29/20	05/29/20		633.33	0.00	0.00	633.33 ✓
		MAINT CONTR MAMMO								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC				1,465.58	0.00	0.00	1,465.58
Vendor#	Vendor Name				Class	Pay Code				
11083	STRATUS VIDEO INTERPRETING ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	INV-84911		05/31/20	05/01/20	05/31/20		663.00	0.00	0.00	663.00 ✓
		OUTSIDE SRV ADMIN								
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net

	11083	STRATUS VIDEO INTERPRETING				663.00	0.00	0.00	663.00
Vendor#	Vendor Name			Class	Pay Code				
S2951	SYSCO FOOD SERVICES OF			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	605192508		05/31/20	05/19/20	06/08/20	332.57	0.00	0.00	332.57
	FOOD SUPPLIES DIETARY								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		S2951	SYSCO FOOD SERVICES OF			332.57	0.00	0.00	332.57
Vendor#	Vendor Name			Class	Pay Code				
11140	TEXAS ADVANTAGE COMMUNITY BANK								
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	20992		05/31/20	05/23/20	06/10/20	3,690.52	0.00	0.00	3,690.52
	LEASE & RENTAL XRAY								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		11140	TEXAS ADVANTAGE COMMUNITY BANK			3,690.52	0.00	0.00	3,690.52
Vendor#	Vendor Name			Class	Pay Code				
T1890	TEXAS DEPARTMENT OF			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	10038118		05/31/20	03/10/20	04/09/20	95.00	0.00	0.00	95.00
	DUES & SUBCRIPTIONS MAIN <i>Boiler Certification of Operation</i>								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		T1890	TEXAS DEPARTMENT OF			95.00	0.00	0.00	95.00
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
	20987		05/31/20	05/25/20	05/25/20	4,852.00	0.00	0.00	4,852.00
	WORK COMP INS								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		T2204	TEXAS MUTUAL INSURANCE CO			4,852.00	0.00	0.00	4,852.00
Vendor#	Vendor Name			Class	Pay Code				
V1050	THE VICTORIA ADVOCATE			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	20989		05/31/20	05/01/20	05/01/20	24.80	0.00	0.00	24.80
	DUES & SUBCRIPTIONS ADMI								
	20990		05/31/20	05/15/20	05/30/20	24.80	0.00	0.00	24.80
	DUES & SUBCRIPTIONS								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		V1050	THE VICTORIA ADVOCATE			49.60	0.00	0.00	49.60
Vendor#	Vendor Name			Class	Pay Code				
T2250	THYSSENKRUPP ELEVATOR CORP			M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	3002531234		05/31/20	05/01/20	05/01/20	1,150.65	0.00	0.00	1,150.65
	MAINT CONT PLANT OPS 3 MK								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		T2250	THYSSENKRUPP ELEVATOR CORP			1,150.65	0.00	0.00	1,150.65
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
	10216195		05/31/20	05/04/20	06/03/20	9,000.00	0.00	0.00	9,000.00
	MAINT CONTR CT SCAN								
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net

	T1724	TOSHIBA AMERICA MEDICAL SYST.				9,000.00	0.00	0.00	9,000.00	
Vendor#	Vendor Name				Class	Pay Code				
T3130	TRI-ANIM HEALTH SERVICES INC ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	62233921		05/10/20	05/03/20	06/02/20		286.50	0.00	0.00	286.50 ✓
	CS INVENTORY									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		T3130	TRI-ANIM HEALTH SERVICES INC				286.50	0.00	0.00	286.50
Vendor#	Vendor Name				Class	Pay Code				
U1054	UNIFIRST HOLDINGS ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	8150729285		05/11/20	05/03/20	06/02/20		31.92	0.00	0.00	31.92 ✓
	OUTSIDE SRV BIO MED									
	8150729188		05/11/20	05/03/20	06/02/20		46.50	0.00	0.00	46.50 ✓
	OUTSIDE SRV MAINT									
	8150729913		05/23/20	05/10/20	06/09/20		45.80	0.00	0.00	45.80 ✓
	OUTSIDE SRV MAINT									
	8150730009		05/23/20	05/10/20	06/09/20		31.92	0.00	0.00	31.92 ✓
	OUTSIDE SRV BIO MED									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1054	UNIFIRST HOLDINGS				156.14	0.00	0.00	156.14
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
	8400219621		05/11/20	05/06/20	06/05/20		404.89	0.00	0.00	404.89 ✓
	LAUNDRY SURGERY									
	8400219687		05/11/20	05/06/20	06/05/20		940.74	0.00	0.00	940.74 ✓
	LAUNDRY HOUSEKEEPING									
	8400219294		05/12/20	05/03/20	06/02/20		322.82	0.00	0.00	322.82 ✓
	LAUNDRY HOUSEKEEPING									
	8400219297		05/12/20	05/03/20	06/02/20		106.23	0.00	0.00	106.23 ✓
	LAUNDRY OB									
	8400219296		05/12/20	05/03/20	06/02/20		244.19	0.00	0.00	244.19 ✓
	LAUNDRY DIETARY									
	8400219339		05/12/20	05/03/20	06/02/20		151.42	0.00	0.00	151.42 ✓
	LAUNDRY HOUSEKEEPING									
	8400219295		05/12/20	05/03/20	06/02/20		221.37	0.00	0.00	221.37 ✓
	LAUNDRY HOUSEKEEPING									
	8400219354		05/12/20	05/03/20	06/02/20		1,082.10	0.00	0.00	1,082.10 ✓
	LAUNDRY HOUSEKEEPING									
	8400219298		05/12/20	05/03/20	06/02/20		155.77	0.00	0.00	155.77 ✓
	LAUDNRY HOUSEKEEPING									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U1064	UNIFIRST HOLDINGS INC				3,629.53	0.00	0.00	3,629.53
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
	4157148		05/31/20	05/16/20	06/05/20		2,500.77	0.00	0.00	2,500.77 ✓
	FOOD SUPPLIES DIETARY									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10172	US FOOD SERVICE				2,500.77	0.00	0.00	2,500.77
Vendor#	Vendor Name				Class	Pay Code				

10325 WHOLESALE ELECTRIC SUPPLY ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
79-4164521 /		05/12/20	05/06/20	06/05/20		264.00	0.00	0.00	264.00 ✓

SUPPLIES PLANT OPS

Vendor Total	Number	Name	Gross	Discount	No-Pay	Net
10325	WHOLESALE ELECTRIC SUPPLY	264.00	0.00	0.00	264.00	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	189,950.98	0.00	0.00	189,950.98

pg 5

189,950.98
<u>9,750.00</u>
180,200.98

APPROVED
ON

JUN 02 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXASCKS #166506
to

#166586

Mind J Pfl
6-9-16

RUN DATE: 06/03/16
TIME: 10:46

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
		060316	344.87	/	2	REFUND FOR	
ARID=0001 TOTAL			344.87				
TOTAL			344.87				

CK#166587

APPROVED
ON

JUN 02 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Manual J PFL
6-9-16



RUN DATE:06/03/16
TIME:10:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/03/16 THRU 06/03/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166506	06/03/16	196.60	FILTER TECHNOLOGY CO, INC
A/P	166507	06/03/16	587.74	CUSTOM MEDICAL SPECIALTIES
A/P	166508	06/03/16	1,460.61	BECTON, DICKINSON & CO (BD)
A/P	166509	06/03/16	2,626.58	PHILIPS HEALTHCARE
A/P	166510	06/03/16	2,500.77	US FOOD SERVICE
A/P	166511	06/03/16	269.61	MERCEDES MEDICAL
A/P	166512	06/03/16	142.00	PHARMEDIUM SERVICES LLC
A/P	166513	06/03/16	2,266.66	4IMPRINT
A/P	166514	06/03/16	5,338.32	GE HEALTHCARE
A/P	166515	06/03/16	224.54	CYTO THERM L.P.
A/P	166516	06/03/16	750.00	JAMES A DANIEL
A/P	166517	06/03/16	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	166518	06/03/16	264.00	WHOLESALE ELECTRIC SUPPLY
A/P	166519	06/03/16	550.24	CENTURION MEDICAL PRODUCTS
A/P	166520	06/03/16	779.07	DEWITT POTH & SON
A/P	166521	06/03/16	317.52	PRECISION DYNAMICS CORP (PDC)
A/P	166522	06/03/16	549.45	INTERSTATE ALL BATTERY CENTER
A/P	166523	06/03/16	805.27	GE HEALTHCARE IITS USA CORP
A/P	166524	06/03/16	100.00	ALERE NORTH AMERICA INC
A/P	166525	06/03/16	.00	VOIDED
A/P	166526	06/03/16	9,096.68	MORRIS & DICKSON CO, LLC
A/P	166527	06/03/16	381.71	PLATINUM CODE
A/P	166528	06/03/16	120.00	REVISTA de VICTORIA
A/P	166529	06/03/16	7.53	CENTURYLINK
A/P	166530	06/03/16	195.00	ALLIED FIRE PROTECTION SA, LP
A/P	166531	06/03/16	270.00	REPSS, INC.
A/P	166532	06/03/16	42,355.62	MMC EMPLOYEE BENEFIT PLAN
A/P	166533	06/03/16	663.00	STRATUS VIDEO INTERPRETING
A/P	166534	06/03/16	6,655.11	MINDRAY CAPITAL
A/P	166535	06/03/16	11,001.20	PORT LAVACA RETAIL GROUP LLC
A/P	166536	06/03/16	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	166537	06/03/16	2,848.47	MEDICAL DATA SYSTEMS, INC.
A/P	166538	06/03/16	20.00	CCSPC
A/P	166539	06/03/16	249.84	N C CHILD SUPPORT CENTRALIZED
A/P	166540	06/03/16	125.00	AHRMM
A/P	166541	06/03/16	1,871.33	AIRGAS USA, LLC - CENTRAL DIV
A/P	166542	06/03/16	222.00	ALCON LABORATORIES, INC.
A/P	166543	06/03/16	77.91	CAREFUSION
A/P	166544	06/03/16	141.70	ALPHA TEC SYSTEMS INC
A/P	166545	06/03/16	307.78	AMERICAN ACADEMY OF PEDIATRICS
A/P	166546	06/03/16	3,440.24	CARDINAL HEALTH 414,LLC
A/P	166547	06/03/16	34.56	NADINE GARNER
A/P	166548	06/03/16	152.38	AUTO PARTS & MACHINE CO.
A/P	166549	06/03/16	778.12	BARD PERIPHERAL VASCULAR
A/P	166550	06/03/16	431.91	BAXTER HEALTHCARE CORP
A/P	166551	06/03/16	3,223.62	BECKMAN COULTER INC
A/P	166552	06/03/16	164.90	BOSART LOCK & KEY INC
A/P	166553	06/03/16	1,253.00	BOSTON SCIENTIFIC CORPORATION
A/P	166554	06/03/16	148.92	CARROT TOP INDUSTRIES INC
A/P	166555	06/03/16	5,077.92	CITY OF PORT LAVACA

RUN DATE:06/03/16
TIME:10:49

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/03/16 THRU 06/03/16

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166556	06/03/16	217.88	CDW GOVERNMENT, INC.
A/P	166557	06/03/16	17,032.00	EVIDENT
A/P	166558	06/03/16	280.00	EAGLE FIRE & SAFETY INC
A/P	166559	06/03/16	110.08	FASTENAL COMPANY
A/P	166560	06/03/16	10.27	FEDERAL EXPRESS CORP.
A/P	166561	06/03/16	334.19	FIRESTONE OF PORT LAVACA
A/P	166562	06/03/16	2,666.93	FISHER HEALTHCARE
A/P	166563	06/03/16	75.00	GULF COAST DELIVERY
A/P	166564	06/03/16	467.01	GULF COAST PAPER COMPANY
A/P	166565	06/03/16	217.40	HILL-ROM COMPANY, INC
A/P	166566	06/03/16	1,604.01	INTERNAL REVENUE SERVICE
A/P	166567	06/03/16	1,121.28	J & J HEALTH CARE SYSTEMS, INC
A/P	166568	06/03/16	1,550.16	BAYER HEALTHCARE
A/P	166569	06/03/16	128.95	MELSTAN, INC.
A/P	166570	06/03/16	2,123.76	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	166571	06/03/16	284.34	NURSES CHOICE CORPORATION
A/P	166572	06/03/16	61.74	OFFICE DEPOT
A/P	166573	06/03/16	.00	VOIDED
A/P	166574	06/03/16	7,742.63	OWENS & MINOR
A/P	166575	06/03/16	37.50	RED HAWK
A/P	166576	06/03/16	50.00	RADIOLOGY UNLIMITED, PA
A/P	166577	06/03/16	1,465.58	SIEMENS MEDICAL SOLUTIONS INC
A/P	166578	06/03/16	332.57	SYSCO FOOD SERVICES OF
A/P	166579	06/03/16	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	166580	06/03/16	95.00	TEXAS DEPARTMENT OF
A/P	166581	06/03/16	4,852.00	TEXAS MUTUAL INSURANCE CO
A/P	166582	06/03/16	1,150.65	THYSSENKRUPP ELEVATOR CORP
A/P	166583	06/03/16	286.50	TRI-ANIM HEALTH SERVICES INC
A/P	166584	06/03/16	156.14	UNIFIRST HOLDINGS
A/P	166585	06/03/16	3,629.53	UNIFIRST HOLDINGS INC
A/P	166586	06/03/16	49.60	THE VICTORIA ADVOCATE
A/P	166587	06/03/16	344.87	
TOTALS:			180,545.85	

APPROVED
ON

JUN 02 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:06/07/16
TIME:13:35

MEMORIAL MEDICAL CENTER
CHECK REGISTER *and Payable List*
06/07/16 THRU 06/07/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P	000776	06/07/16	708.11	MCKESSON
A/P	000777	06/07/16	194.75	MCKESSON
A/P	000778	06/07/16	1,008.32	MCKESSON
TOTALS:			1,911.18	

340 B Prescription Expenses

APPROVED
ON

JUN 07 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeil
6-9-16

McKESSON**STATEMENT**

As of: 06/03/2016

Page: 001

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

Company: 8000

DC: 8115

As of: 06/03/2016 Page: 001
Mail to: Comp: 8000HEB PHCY 0434/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 190813
Date: 06/04/2016AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 190813 PLEASE CHECK ANY
Date: 06/04/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
15/31/2016	06/07/2016	7748943224	1000825311	115Invoice	4.76	237.80		✓ 233.04 ✓		7748943224	
15/31/2016	06/07/2016	7748943225	1000825876	115Invoice	4.53	226.48		✓ 221.95 ✓		7748943225	
15/31/2016	06/07/2016	7748943226	1000826271	115Invoice		0.08		✓ 0.08 ✓		7748943226	
15/31/2016	06/07/2016	7748943227	1000826624	115Invoice	1.28	63.84		✓ 62.56 ✓		7748943227	
16/01/2016	06/07/2016	7749185158	1000827090	115Invoice	0.24	12.00		✓ 11.76 ✓		7749185158	
16/02/2016	06/07/2016	7749433501	1000827929	115Invoice	0.97	48.42		✓ 47.45 ✓		7749433501	
16/03/2016	06/07/2016	7749661880	1000828497	115Invoice	2.68	133.95		✓ 131.27 ✓		7749661880	

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

TOTAL:

Subtotals: 722.57 USD

Future Due: 0.00

Past Due: 0.00

Last Payment
15/31/2016 1,149.79If Paid By 06/07/2016,
Pay This Amount:

708.11 USD

If Paid After 06/07/2016,
Pay this Amount:

722.57 USD

Due If Paid On Time:

USD 708.11

Disc lost if paid late:

14.46

Due If Paid Late:

USD 722.57

c# 776

APPROVED
ON

JUN 07 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

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

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

As of: 06/03/2016

Page: 001

DC: 8115

Territory: 400

Customer: 256342

Date: 06/04/2016

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

As of: 06/03/2016
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 256342
Date: 06/04/2016

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
15/31/2016	06/07/2016	7748964442	3454581473	115Invoice	1.75	87.60		✓ 85.85 ✓		7748964442	
16/02/2016	06/07/2016	7749434150	3454581482	115Invoice	0.45	22.44		✓ 21.99 ✓		7749434150	
16/03/2016	06/07/2016	7749646548	3454581485	115Invoice	1.77	88.68		✓ 86.91 ✓		7749646548	

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

TOTAL:**Subtotals:**

198.72 USD

Future Due: 0.00

Past Due: 0.00

Last Payment
15/31/2016 626.26

If Paid By 06/07/2016,
Pay This Amount:

194.75 USD

If Paid After 06/07/2016,
Pay this Amount:

198.72 USD

Due If Paid On Time: 194.75
USD
Disc lost if paid late: 3.97
Due If Paid Late: 198.72
USD

cut# 777

APPROVED
ON

JUN 07 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 06/03/2016

Page: 001

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

DC: 8115

As of: 06/03/2016 Page: 001
Mail to: Comp: 8000

Territory: 400

Customer: 262252

Date: 06/04/2016

AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252 PLEASE CHECK ANY
Date: 06/04/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
15/31/2016	06/07/2016	7748970752	1000825314	115Invoice	1.47	73.47		✓ 72.00	✓	7748970752	
15/31/2016	06/07/2016	7748970755	1000825879	115Invoice	0.36	17.92		✓ 17.56	✓	7748970755	
15/31/2016	06/07/2016	7748970757	1000826274	115Invoice	6.14	307.03		✓ 300.89	✓	7748970757	
15/31/2016	06/07/2016	7748970758	1000826626	115Invoice	0.02	1.05		✓ 1.03	✓	7748970758	
15/31/2016	06/07/2016	7748970759	1000826626	115Invoice	2.21	110.36		✓ 108.15	✓	7748970759	
16/01/2016	06/07/2016	7749210148	1000827092	115Invoice	1.01	50.50		✓ 49.49	✓	7749210148	
16/02/2016	06/07/2016	7749443120	1000827931	115Invoice	6.04	301.94		✓ 295.90	✓	7749443120	
16/03/2016	06/07/2016	7749674635	1000828499	115Invoice	0.02	1.10		✓ 1.08	✓	7749674635	
16/03/2016	06/07/2016	7749674636	1000828499	115Invoice	3.31	165.53		✓ 162.22	✓	7749674636	

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

TOTAL:

Subtotals: 1,028.90 USD

Future Due: 0.00

If Paid By 06/07/2016,
Pay This Amount:

1,008.32 USD

Due If Paid On Time:
USD 1,008.32
Disc lost if paid late:
20.58Past Due: 0.00
Last Payment 987.50
15/31/2016If Paid After 06/07/2016,
Pay this Amount:

1,028.90 USD

Due If Paid Late:
USD 1,028.90

cut # 778

[Signature]

6-7-16

APPROVED
ON

JUN 07 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
6/8/2016

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	1553	77,023.87	76,923.87	685,991.53	-	① 207,549.65	119,747.90	119,747.90	686,091.53	<u>358,693.97</u>

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 10614
Account # 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	856,410.55	815,820.83	323,682.07	-	② 61,093.99	35,248.80	35,248.80	364,271.79	<u>267,829.00</u>
Crescent	4588	642,603.09	618,579.87	191,740.06	-	③ 20,194.21	11,651.26	11,651.26	215,763.28	<u>183,817.81</u>
Broadmoor	4596	302,624.84	302,524.84	201,825.69	-	④ 4,993.56	4,703.59	4,703.59	201,925.69	<u>192,128.54</u>
Fort Bend	4618	69,047.40	54,946.97	185,119.24	-	⑤ 64,999.77	37,502.28	37,502.28	199,219.67	<u>96,617.62</u>
										<u>740,392.97</u>

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:

Cantex Health Core Centers III LLC
JP Morgan Chase Bank
ABA 10614
Account # 2922

Approved: Jason Anglin 6/8/16

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.

Note 3: Broadmoor IGT portions include \$3,645 from April MPAP, funds divided between MMC & Cantex.

Michael J. Pfeiffer
6-9-16

APPROVED
ON
JUN 08 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

① 327,297.56 (rounding) CK# 006 (1¢ difference - OK per Cindy)
② 96,342.79 CK# 002
③ 31,845.47 CK# 002
④ 9,697.15 CK# 002
⑤ 102,502.05 CK# 002

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

006
88-502/1131

6/8/2016
Date

Pay to the
Order of MMC Operating \$ 327,297.⁵⁶_{xx}

Three Hundred Twenty Seven Thousand Two Hundred Ninety Seven + ⁵⁶_{xx} Dollars ☒ Security Features Outline on Back

IBC Bank
Port Lavaca, TX 77979

For MPAP Program - May 2016 MP

⑆ 0502 4553⑈0006

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

002
88-502/1131

6/8/2016
Date

Pay to the
Order of MMC Operating \$ 96,342.⁷⁹_{xx}

Ninety Six Thousand Three Hundred Forty Two + ⁷⁹_{xx} Dollars ☒ Security Features Outline on Back

IBC Bank
Port Lavaca, TX 77979

For MPAP - May 2016 MP

⑆ 0502 4561⑈0002

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

002
88-502/1131

6/8/2016
Date

Pay to the
Order of MMC Operating \$ 31,845.⁴⁷_{xx}

Thirty One Thousand Eight Hundred Forty Five + ⁴⁷_{xx} Dollars ☒ Security Features Outline on Back

IBC Bank
Port Lavaca, TX 77979

For MPAP - May 2016 MP

⑆ 050 4588⑈0002

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

002
88-502/1131

6/8/2016
Date

Pay to the
Order of MMC Operating \$ 9,697.¹⁵_{xx}

Nine Thousand Six Hundred Ninety Seven + ¹⁵_{xx} Dollars ☒ Security Features Outline on Back

IBC Bank
Port Lavaca, TX 77979

For MPAP - May 2016 MP

⑆ 050 4596⑈0002

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

002
88-502/1131

6/8/2016
Date

Pay to the
Order of MMC Operating \$ 102,502.⁰⁵_{xx}

One Hundred Two Thousand Five Hundred Two + ⁰⁵_{xx} Dollars ☒ Security Features Outline on Back

IBC Bank
Port Lavaca, TX 77979

For MPAP - May 2016 MP

⑆ 350 4618⑈0002

RUN DATE:06/09/16
TIME:13:21

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/08/16 THRU 06/08/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
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NHA	000006	06/08/16	327,297.56	MMC OPERATING
TOTALS:			327,297.56	

RUN DATE:06/09/16
TIME:13:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/08/16 THRU 06/08/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
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NHS	000002	06/08/16	96,342.79	MMC OPERATING
TOTALS:			96,342.79	

RUN DATE:06/09/16
TIME:13:22

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/08/16 THRU 06/08/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

NHC	000002	06/08/16	31,845.47	MMC OPERATING
TOTALS:			31,845.47	

RUN DATE:06/09/16
TIME:13:22

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/08/16 THRU 06/08/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

NHB	000002	06/08/16	9,697.15	MMC OPERATING
TOTALS:			9,697.15	

RUN DATE:06/09/16
TIME:13:23

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/08/16 THRU 06/08/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
------	--------	------	--------	-------

NHF	000002	06/08/16	102,502.05	MMC OPERATING
TOTALS:			102,502.05	

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
6/8/2016

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	77,023.87	76,923.87	685,991.53	-	207,549.65	119,747.90	119,747.90	686,091.53	358,693.97

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
ABA 1 10614
Account 4257

Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	4561	856,410.55	815,820.83	323,682.07	-	61,093.99	35,248.80	35,248.80	364,271.79	267,829.00
Crescent	4588	642,603.09	618,579.87	191,740.06	-	20,194.21	11,651.26	11,651.26	215,763.28	183,817.81
Broadmoor	4596	302,624.84	302,524.84	201,825.69	-	4,993.56	4,703.59	4,703.59	201,925.69	192,128.54
Fort Bend	4618	69,047.40	54,946.97	185,119.24	-	64,999.77	37,502.28	37,502.28	199,219.67	96,617.62
										740,392.97

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:

Cantex Health Care Centers III LLC
JP Morgan Chase Bank
ABA 1 10614
Account 2922

Approved: Jason Anglin 6/8/16

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.

Note 3: Broadmoor IGT portions include \$3,645 from April MPAP, funds divided between MMC & Cantex.

Michael J. [Signature]
6-9-16

APPROVED

JUN - 8 2016

COUNTY AUDITOR

IBC Bank Activity
5/23/16 through 6/7/16

Ashford Gardens

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
5/23/2016	5025	4559 142 ACH CREDIT RECEIVED		7,415.83	NOVITAS SOLUTION HCCLAIMPMT
5/23/2016	5025	4559 301 COMMERCIAL DEPOSIT		366,355.24	
5/24/2016	5025	4559 142 ACH CREDIT RECEIVED		11,815.54	Molina HC of TX Molina HC
5/24/2016	5025	4559 142 ACH CREDIT RECEIVED		5,968.08	Molina HC of TX Molina HC
5/24/2016	5025	4559 495 OUTGOING MONEY TRANSFER	76,923.87		ASHFORD HEALTH CARE CENTER LTD
5/25/2016	5025	4559 142 ACH CREDIT RECEIVED		142.54	Molina HC of TX Molina HC
5/26/2016	5025	4559 301 COMMERCIAL DEPOSIT		86,934.13	
5/26/2016	5025	4559 142 ACH CREDIT RECEIVED		1,886.70	Molina HC of TX Molina HC
6/2/2016	5025	4559 142 ACH CREDIT RECEIVED		112.28	Molina HC of TX Molina HC
6/2/2016	5025	4559 301 COMMERCIAL DEPOSIT		14,646.57	
6/2/2016	5025	4559 142 ACH CREDIT RECEIVED		3,331.98	Molina HC of TX Molina HC
6/6/2016	5025	4559 142 ACH CREDIT RECEIVED		990.72	Molina HC of TX Molina HC
6/7/2016	5025	4559 301 COMMERCIAL DEPOSIT		186,391.92	
			<u>76,923.87</u>	<u>685,991.53</u>	

Solera at West Houston

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
5/23/2016	5025	4561 142 ACH CREDIT RECEIVED		11,036.89	AMERIGROUP CORPO HCCLAIMPMT
5/23/2016	5025	4561 301 COMMERCIAL DEPOSIT		139,141.37	
5/23/2016	5025	4561 142 ACH CREDIT RECEIVED		8,126.85	AMERIGROUP CORPO HCCLAIMPMT
5/24/2016	5025	4561 495 OUTGOING MONEY TRANSFER	815,820.83		CANTEX HEALTH CARE CENTERS LLC
5/24/2016	5025	4561 142 ACH CREDIT RECEIVED		12,836.49	NOVITAS SOLUTION HCCLAIMPMT
5/25/2016	5025	4561 142 ACH CREDIT RECEIVED		44,638.98	NOVITAS SOLUTION HCCLAIMPMT
5/26/2016	5025	4561 142 ACH CREDIT RECEIVED		935.92	AGING DISAB SVCS HCCLAIMPMT
5/26/2016	5025	4561 301 COMMERCIAL DEPOSIT		19,193.22	
5/26/2016	5025	4561 142 ACH CREDIT RECEIVED		1,190.44	AMERIGROUP CORPO HCCLAIMPMT
5/27/2016	5025	4561 142 ACH CREDIT RECEIVED		12,322.24	AMERIGROUP CORPO HCCLAIMPMT
5/27/2016	5025	4561 142 ACH CREDIT RECEIVED		9,545.91	NOVITAS SOLUTION HCCLAIMPMT
5/31/2016	5025	4561 142 ACH CREDIT RECEIVED		3,467.60	AMERIGROUP CORPO HCCLAIMPMT
6/1/2016	5025	4561 142 ACH CREDIT RECEIVED		2,865.74	NOVITAS SOLUTION HCCLAIMPMT
6/2/2016	5025	4561 301 COMMERCIAL DEPOSIT		41,755.01	
6/3/2016	5025	4561 142 ACH CREDIT RECEIVED		440.00	NOVITAS SOLUTION HCCLAIMPMT
6/6/2016	5025	4561 142 ACH CREDIT RECEIVED		1,420.02	AMERIGROUP CORPO HCCLAIMPMT
6/7/2016	5025	4561 301 COMMERCIAL DEPOSIT		11,301.14	
6/7/2016	5025	4561 142 ACH CREDIT RECEIVED		3,464.25	AMERIGROUP CORPO HCCLAIMPMT
			<u>815,820.83</u>	<u>323,682.07</u>	

Crescent

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
5/23/2016	5025	4588 301 COMMERCIAL DEPOSIT		28,770.73	
5/23/2016	5025	4588 142 ACH CREDIT RECEIVED		10,393.09	NOVITAS SOLUTION HCCLAIMPMT
5/23/2016	5025	4588 142 ACH CREDIT RECEIVED		3,902.31	AMERIGROUP CORPO HCCLAIMPMT
5/24/2016	5025	4588 142 ACH CREDIT RECEIVED		12,380.05	NOVITAS SOLUTION HCCLAIMPMT
5/24/2016	5025	4588 142 ACH CREDIT RECEIVED		5,025.37	AMERIGROUP CORPO HCCLAIMPMT
5/24/2016	5025	4588 142 ACH CREDIT RECEIVED		798.07	AMERIGROUP CORPO HCCLAIMPMT
5/24/2016	5025	4588 495 OUTGOING MONEY TRANSFER	618,579.87		CANTEX HEALTH CARE CENTERS III
5/25/2016	5025	4588 142 ACH CREDIT RECEIVED		42,707.20	NOVITAS SOLUTION HCCLAIMPMT
5/26/2016	5025	4588 301 COMMERCIAL DEPOSIT		32,580.63	
5/26/2016	5025	4588 142 ACH CREDIT RECEIVED		1,256.81	AMERIGROUP CORPO HCCLAIMPMT
5/26/2016	5025	4588 142 ACH CREDIT RECEIVED		6,102.33	NOVITAS SOLUTION HCCLAIMPMT
5/27/2016	5025	4588 142 ACH CREDIT RECEIVED		4,998.07	NOVITAS SOLUTION HCCLAIMPMT
5/31/2016	5025	4588 142 ACH CREDIT RECEIVED		7,863.41	NOVITAS SOLUTION HCCLAIMPMT
6/1/2016	5025	4588 142 ACH CREDIT RECEIVED		2,224.28	NOVITAS SOLUTION HCCLAIMPMT
6/2/2016	5025	4588 301 COMMERCIAL DEPOSIT		8,045.37	
6/6/2016	5025	4588 142 ACH CREDIT RECEIVED		3,287.41	Molina HC of TX Molina HC
6/7/2016	5025	4588 301 COMMERCIAL DEPOSIT		21,404.93	
			<u>618,579.87</u>	<u>191,740.06</u>	

IBC Bank Activity
5/23/16 through 6/7/16

Broadmoor

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
5/23/2016	5025	4596 301 COMMERCIAL DEPOSIT		26,723.56	
5/24/2016	5025	4596 495 OUTGOING MONEY TRANSFER	302,524.84		CANTEX HEALTH CARE CENTERS III
5/24/2016	5025	4596 142 ACH CREDIT RECEIVED		204.91	Molina HC of TX Molina HC
5/24/2016	5025	4596 142 ACH CREDIT RECEIVED		1,308.21	Molina HC of TX Molina HC
5/25/2016	5025	4596 142 ACH CREDIT RECEIVED		67,429.36	NOVITAS SOLUTION HCCLAIMPMT
5/26/2016	5025	4596 301 COMMERCIAL DEPOSIT		23,550.55	)
5/26/2016	5025	4596 142 ACH CREDIT RECEIVED		7,840.69	NOVITAS SOLUTION HCCLAIMPMT
5/27/2016	5025	4596 142 ACH CREDIT RECEIVED		6,712.11	NOVITAS SOLUTION HCCLAIMPMT
6/1/2016	5025	4596 142 ACH CREDIT RECEIVED		1,561.50	AGING DISAB SVCS HCCLAIMPMT
6/2/2016	5025	4596 142 ACH CREDIT RECEIVED		5,049.79	AGING DISAB SVCS HCCLAIMPMT
6/2/2016	5025	4596 142 ACH CREDIT RECEIVED		8,153.16	Molina HC of TX Molina HC
6/2/2016	5025	4596 301 COMMERCIAL DEPOSIT		34,269.09	
6/7/2016	5025	4596 301 COMMERCIAL DEPOSIT		19,022.76	
			<u>302,524.84</u>	<u>201,825.69</u>	

Fort Bend

			<u>Transfer-Out</u>	<u>Transfer-In</u>	
5/23/2016	5025	4618 142 ACH CREDIT RECEIVED		1,055.55	AMERIGROUP CORPO HCCLAIMPMT
5/23/2016	5025	4618 301 COMMERCIAL DEPOSIT		137,127.54	
5/24/2016	5025	4618 495 OUTGOING MONEY TRANSFER	54,946.97		CANTEX HEALTH CARE CENTERS III
5/24/2016	5025	4618 142 ACH CREDIT RECEIVED		771.04	NOVITAS SOLUTION HCCLAIMPMT
5/24/2016	5025	4618 142 ACH CREDIT RECEIVED		4,059.64	Molina HC of TX Molina HC
5/26/2016	5025	4618 301 COMMERCIAL DEPOSIT		11,021.46	
6/2/2016	5025	4618 301 COMMERCIAL DEPOSIT		10,276.54	
6/2/2016	5025	4618 142 ACH CREDIT RECEIVED		7,223.75	Molina HC of TX Molina HC
6/6/2016	5025	4618 142 ACH CREDIT RECEIVED		9,574.67	Molina HC of TX Molina HC
6/7/2016	5025	4618 301 COMMERCIAL DEPOSIT		4,009.05	
			<u>54,946.97</u>	<u>185,119.24</u>	

Account Portfolio as of 06/08/2016 8:49:27 AM

Account Display
☒ Display By Account Type
☐ Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	\$245,550.14	\$245,550.14
Memorial Medical Center	4553	\$686,091.53	\$686,091.53
Memorial Medical Center	4561	\$364,271.79	\$364,271.79
Memorial Medical Center	4588	\$215,763.28	\$215,763.28
Memorial Medical Center	4596	\$201,925.69	\$202,939.55
Memorial Medical Center	4618	\$199,219.67	\$199,219.67
Memorial Medical Center Operat	0301	\$1,542,437.69	\$1,143,657.99
County of Calhoun Indigent	1101	\$2,735.80	\$2,735.80
Totals		\$3,457,995.59	\$3,060,229.75

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Identifying Variables							Allocation														
NPI	Current Contract	Previous Contract	Facility Number	TIN	Legal Entity	DBA Facility Name	FFS (Not Payable)	Molina	United Health-care	Superior	Ameri-group	Cigna	Total	Net Not Payable	MMC Portion - Return of IGT	MMC Portion	Cantex Portion	IGT as a % of Payable			
					Memorial Med	Ashford Gardens	\$42,802.42	\$66,581.10	\$214,011.11	\$0.00	\$188,453.25	\$0.00	\$489,847.88	\$447,045.46	\$207,548.66	\$118,747.90	\$ 119,747.90	0.578404732			
					Memorial Med	The Broadmoor at Creekside Park	\$1,792.62	\$1,195.08	\$7,170.60	\$597.64	\$1,792.62	\$0.00	\$12,548.36	\$10,755.74	\$4,893.56	\$2,881.09	\$ 2,881.09	0.013916193			
					Memorial Med	The Crescent	\$2,174.83	\$8,699.34	\$10,874.17	\$0.00	\$23,923.22	\$0.00	\$45,671.56	\$43,496.73	\$20,194.21	\$11,651.26	\$ 11,651.26	0.056277754			
					Memorial Med	Solera at West Houston	\$5,061.22	\$30,367.29	\$60,734.58	\$0.00	\$40,489.72	\$0.00	\$136,652.81	\$131,591.59	\$61,093.99	\$35,248.80	\$ 35,248.80	0.170258296			
					Memorial Med	Fort Bend Healthcare Center	\$14,000.43	\$56,001.73	\$70,002.17	\$0.00	\$14,000.43	\$0.00	\$154,004.76	\$140,004.33	\$64,999.77	\$37,502.28	\$ 37,502.28	0.181143025			
							Paid 5/20/16		Paid 5/20/16		Paid 5/18/16										
							\$65,831.52		\$162,844.54		\$362,792.53		\$597.54		\$246,659.24		\$0.00		\$838,725.37		
							\$772,893.85		\$358,831.18		\$207,031.34		\$207,031.34								

Received all MPAP allocations. Funds to be distributed 6/8/16. ARM

IGT Return
Amount to split
Net IGT Return

\$65,831.52
\$772,893.85
\$ 358,831.18
\$ 414,062.67
\$ 207,031.34

Total	IGT Return	Program Benefit Total	
\$772,893.85			
	\$ 358,831.18	\$ 207,031.34	\$ 565,862.51
		\$ 207,031.34	\$ 207,031.34
			\$ 772,893.85

MMC Portion
Cantex Portion

Cindy Mueller

From: Jason Anglin <JAnglin@mmcportlavaca.com>
Sent: Wednesday, June 08, 2016 9:59 AM
To: Adam Machicek
Cc: 'Cindy Mueller' (cindy.mueller@calhouncotx.org); Jerry Pickett
Subject: Re: Cantex Transfer - For Approval

Approved

Jason Anglin

On Jun 8, 2016, at 9:55 AM, Adam Machicek <AMachicek@mmcportlavaca.com> wrote:

Cindy,

Jason and Jerry are out-of-town but have approved the wire via email.

Thanks,
Adam

From: Jerry Pickett
Sent: Wednesday, June 08, 2016 9:42 AM
To: Adam Machicek <AMachicek@mmcportlavaca.com>
Subject: Re: Cantex Transfer - For Approval

Jason's

Jerry Pickett

On Jun 8, 2016, at 9:25 AM, Adam Machicek <AMachicek@mmcportlavaca.com> wrote:

Good idea.

From: Jerry Pickett
Sent: Wednesday, June 08, 2016 9:13 AM
To: Adam Machicek <AMachicek@mmcportlavaca.com>
Cc: Jason Anglin <JAnglin@mmcportlavaca.com>
Subject: Re: Cantex Transfer - For Approval

Adam

Can you split our piece into two columns? One labeled Return of IGT and the second as MMC Portion of Federal Match? The just change the Cantex column to Cantex Portion of Federal Match?

It will probably save questions from both Cantex and the auditors.

Jerry Pickett

On Jun 8, 2016, at 9:06 AM, Adam Machicek <AMachicek@mmcporthlavaca.com> wrote:

We have received all of the MPAP allocations for May. Cantex also found the \$3,645 check from Amerigroup from the April payments. The funds are being split between MMC and Cantex.

I'll also draft the checks to transfer funds to Operating today.

Thanks,
Adam Machicek
Memorial Medical Center
815 N. Virginia St.
Port Lavaca, TX 77979
Office: (361) 552-0342

<NH 6-8-16.pdf>

<NH 6-8-16.pdf>

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APPROVED
ON

JUN 08 2016

06/08/2016

14020 COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

Due Dates Through: 06/18/2016

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
9051318550	✓	05/31/20	05/11/20	06/11/20		61.68	0.00	0.00	61.68 ✓

SUPPLIES PLANT OPS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV	61.68	0.00	0.00	61.68	

Vendor# Vendor Name

Class Pay Code

M2485 BAYER HEALTHCARE ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
6004046591	✓	05/31/20	05/18/20	06/17/20		516.72	0.00	0.00	516.72 ✓

SUPPLIES CT SCAN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
M2485	BAYER HEALTHCARE	516.72	0.00	0.00	516.72	

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
105614005	✓	05/18/20	05/05/20	06/01/20		60.16	0.00	0.00	60.16 ✓

SUPPLIES LAB

105612885	✓	05/18/20	05/05/20	06/01/20		8,802.66	0.00	0.00	8,802.66 ✓
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SUPPLIES LAB

105613916	✓	05/18/20	05/05/20	06/01/20		18,652.30	0.00	0.00	18,652.30 ✓
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SUPPLIES LAB

105621323	✓	05/18/20	05/09/20	06/01/20		2,058.72	0.00	0.00	2,058.72 ✓
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SUPPLIES LAB

105624765	✓	05/26/20	05/10/20	06/01/20		718.76	0.00	0.00	718.76 ✓
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SUPPLIES LAB

5351283	✓	05/26/20	05/12/20	06/01/20		3,933.48	0.00	0.00	3,933.48 ✓
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LEASE & MAINT CONTR LAB

5351353	✓	05/26/20	05/12/20	06/01/20		4,233.46	0.00	0.00	4,233.46 ✓
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LEASE & MAINT CONTR LAB

105629513	✓	05/26/20	05/12/20	06/01/20		78.22	0.00	0.00	78.22 ✓
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LAB SUPPLIES

105633642	✓	05/26/20	05/15/20	06/01/20		718.76	0.00	0.00	718.76 ✓
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SUPPLIES LAB

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
B1220	BECKMAN COULTER INC	39,256.52	0.00	0.00	39,256.52	

Vendor# Vendor Name

Class Pay Code

10599 BKD, LLP ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
BK00601923	✓	05/26/20	05/11/20	06/11/20		10,867.00	0.00	0.00	10,867.00 ✓

AUDITING FEES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
10599	BKD, LLP	10,867.00	0.00	0.00	10,867.00	

Vendor# Vendor Name

Class Pay Code

B1800 BRIGGS HEALTHCARE ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
8405556 RI	✓	05/26/20	05/16/20	06/15/20		288.76	0.00	0.00	288.76 ✓

SUPPLIES ER

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		B1800	BRIGGS HEALTHCARE			288.76	0.00	0.00	288.76
Vendor#	Vendor Name			Class	Pay Code				
C1203	CALHOUN COUNTY WASTE MGMT ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
448758 ✓		06/07/20	05/31/20	05/31/20		28.00	0.00	0.00	28.00 ✓
OUTSIDE SRV GROUNDS									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		C1203	CALHOUN COUNTY WASTE MGMT			28.00	0.00	0.00	28.00
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
8001031381 ✓		05/31/20	05/07/20	06/11/20		253.72	0.00	0.00	253.72 ✓
SUPPLIES NUC MED									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		A1825	CARDINAL HEALTH 414,LLC			253.72	0.00	0.00	253.72
Vendor#	Vendor Name			Class	Pay Code				
11190	CCSPC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21013		06/07/20	06/02/20	06/02/20		20.00	0.00	0.00	20.00 ✓
CHILD SUPPORT									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11190	CCSPC			20.00	0.00	0.00	20.00
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
21010		05/31/20	05/27/20	06/13/20		39.83	0.00	0.00	39.83 ✓
FUEL PLANT OPS									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		E1270	CENTERPOINT ENERGY			39.83	0.00	0.00	39.83
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
92012888 ✓		05/17/20	05/09/20	06/11/20		737.86	0.00	0.00	737.86 ✓
CS INVENTORY									
92015301 ✓		05/17/20	05/11/20	06/11/20		718.54	0.00	0.00	718.54 ✓
CS INVENTORY									
92018152 ✓		05/24/20	05/16/20	06/15/20		615.80	0.00	0.00	615.80 ✓
CS INVENTORY									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10350	CENTURION MEDICAL PRODUCTS			2,072.20	0.00	0.00	2,072.20
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
198069 ✓		05/24/20	05/12/20	06/11/20		87.50	0.00	0.00	87.50 ✓
SUPPLIES SURGERY									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		C1970	CONMED CORPORATION			87.50	0.00	0.00	87.50
Vendor#	Vendor Name			Class	Pay Code				
L1430	CONMED LINVATEC			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net

2272028 ✓		05/17/20	05/09/20	06/11/20		85.50	0.00	0.00	85.50 ✓		
SUPPLIES SURGERY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						L1430	CONMED LINVATEC	85.50	0.00	0.00	85.50
Vendor#	Vendor Name						Class	Pay Code			
10556	CPP WOUND CARE #28,LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
19555 ✓		05/26/20	05/10/20	06/11/20			30,025.00	0.00	0.00	30,025.00 ✓	
OUTSIDE SRV WOUND CARE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10556	CPP WOUND CARE #28,LLC	30,025.00	0.00	0.00	30,025.00
Vendor#	Vendor Name						Class	Pay Code			
C1443	CYGNUS MEDICAL LLC ✓						M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
191797 ✓		05/24/20	05/09/20	06/11/20			248.00	0.00	0.00	248.00 ✓	
SUPPLIES SURGERY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						C1443	CYGNUS MEDICAL LLC	248.00	0.00	0.00	248.00
Vendor#	Vendor Name						Class	Pay Code			
10368	DEWITT POTH & SON ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
472242-0 ✓		05/17/20	05/09/20	06/11/20			460.62	0.00	0.00	460.62 ✓	
CS INVENTORY & DIETARY SI											
472193-0 ✓		05/17/20	05/09/20	06/11/20			26.40	0.00	0.00	26.40 ✓	
SUPPLIES XRAY											
471879-1 ✓		05/17/20	05/10/20	06/11/20			23.54	0.00	0.00	23.54 ✓	
CS INVENTORY											
472493-0 ✓		05/17/20	05/11/20	06/11/20			230.75	0.00	0.00	230.75 ✓	
SUPPLIES VARIOUS DEPTS											
472492-0 ✓		05/17/20	05/11/20	06/11/20			39.33	0.00	0.00	39.33 ✓	
CS INVENTORY & SURGERY											
472662-0 ✓		05/23/20	05/13/20	06/12/20			95.64	0.00	0.00	95.64 ✓	
SUPPLIES LAB											
472910-0 ✓		05/24/20	05/16/20	06/15/20			311.48	0.00	0.00	311.48 ✓	
CS INVENTORY											
473137-0 ✓		05/26/20	05/18/20	06/17/20			60.99	0.00	0.00	60.99 ✓	
SUPPLIES CLINIC											
473103-0 ✓		05/26/20	05/18/20	06/17/20			13.40	0.00	0.00	13.40 ✓	
OFFICE SUPPLIES CS											
472579-0 ✓		05/31/20	05/12/20	06/11/20			7.31	0.00	0.00	7.31 ✓	
SPECIAL CLINIC WOUND CAR											
472943-0 ✓		05/31/20	05/16/20	06/15/20			17.00	0.00	0.00	17.00 ✓	
OFFICE SUPPLIES ER											
472865-0 ✓		05/31/20	05/16/20	06/15/20			66.44	0.00	0.00	66.44 ✓	
OFFICE SUPPLIES CLINIC											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10368	DEWITT POTH & SON	1,352.90	0.00	0.00	1,352.90
Vendor#	Vendor Name						Class	Pay Code			
11096	DR JEWEL LINCOLN ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
20988		05/31/20	05/16/20	06/11/20			9,750.00	0.00	0.00	9,750.00 ✓	

EXTRA CALL PAY

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11096	DR JEWEL LINCOLN			9,750.00	0.00	0.00	9,750.00
Vendor#	Vendor Name			Class	Pay Code				
S0501	EVOQUA WATER TECHNOLOGIES LLC			✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
902632845	✓	05/26/20	05/13/20	06/12/20		571.76	0.00	0.00	571.76 ✓
SUPPLIES LAB									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		S0501	EVOQUA WATER TECHNOLOGIES LLC			571.76	0.00	0.00	571.76
Vendor#	Vendor Name			Class	Pay Code				
F1300	FIRESTONE OF PORT LAVACA			✓	W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
0051394	✓	06/07/20	05/25/20	05/25/20		348.52	0.00	0.00	348.52 ✓
REPAIRS TO VAN									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		F1300	FIRESTONE OF PORT LAVACA			348.52	0.00	0.00	348.52
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
21017		06/07/20	06/02/20	06/02/20		75.00	0.00	0.00	75.00 ✓
EMPLOYEE PERSONAL INVEN									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11037	FIRST CLEARING			75.00	0.00	0.00	75.00
Vendor#	Vendor Name			Class	Pay Code				
F1400	FISHER HEALTHCARE			✓	M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
3251833	✓	05/26/20	05/10/20	06/11/20		2,499.06	0.00	0.00	2,499.06 ✓
LAB SUPPLIES									
3296175	✓	05/26/20	05/11/20	06/11/20		226.86	0.00	0.00	226.86 ✓
SUPPLIES LAB									
3339369	✓	05/26/20	05/12/20	06/11/20		65.12	0.00	0.00	65.12 ✓
SUPPLIES LAB									
3466288	✓	05/26/20	05/17/20	06/16/20		566.12	0.00	0.00	566.12 ✓
SUPPLIES LAB									
3511319	✓	05/31/20	05/18/20	06/17/20		187.42	0.00	0.00	187.42 ✓
SUPPLIES LAB									
3558833	✓	05/31/20	05/19/20	06/18/20		65.12	0.00	0.00	65.12 ✓
SUPPLIES LAB									
3558834	✓	05/31/20	05/19/20	06/18/20		534.59	0.00	0.00	534.59 ✓
SUPPLIES LAB									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		F1400	FISHER HEALTHCARE			4,144.29	0.00	0.00	4,144.29
Vendor#	Vendor Name			Class	Pay Code				
11183	FRONTIER			✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
20991		05/31/20	05/19/20	06/13/20		~~52.59~~ 52.08	0.00	0.00	~~52.59~~ 52.08
TELEPHONE EXPENSE									
21005	✓	05/31/20	05/19/20	06/13/20		52.22	0.00	0.00	52.22 ✓
TELEPHONE EXPENSE									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11183	FRONTIER			~~104.81~~ 104.30	0.00	0.00	~~104.81~~ 104.30

Vendor#	Vendor Name	Class	Pay Code								
11078	FUSION MEDICAL STAFFING, LLC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
77766		05/16/20	03/04/20	06/11/20		4,068.25	0.00	0.00	4,068.25		
	PROF FEES PT										
85714	✓	06/07/20	05/13/20	06/12/20		3,539.00	0.00	0.00	3,539.00	✓	
	PROF FEES PT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11078	FUSION MEDICAL STAFFING, LLC				7,607.25	0.00	0.00	7,607.25		
Vendor#	Vendor Name	Class	Pay Code			3539.00			3539.00		
10901	GENESIS DIAGNOSTICS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
45873	✓	05/26/20	05/11/20	06/11/20		588.06	0.00	0.00	588.06	✓	
	SUPPLIES LAB										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10901	GENESIS DIAGNOSTICS				588.06	0.00	0.00	588.06		
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		
6032925	✓	05/24/20	05/09/20	06/11/20		111.50	0.00	0.00	111.50	✓	
	SUPPLIES SURGERY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	G1001	GETINGE USA				111.50	0.00	0.00	111.50		
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		
33178601	✓	04/29/20	04/18/20	06/17/20		1,497.10	0.00	0.00	1,497.10	✓	
	PHARMACY DRUGS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10642	GLAXOSMITHKLINE PHARMACUETICAL				1,497.10	0.00	0.00	1,497.10		
Vendor#	Vendor Name	Class	Pay Code								
G1050	GREENHOUSE FLORAL DESIGNERS ✓	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1076		05/31/20	05/12/20	06/11/20		150.00	0.00	0.00	150.00	✓	
	HEALTHFAIR EXPENSE										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	G1050	GREENHOUSE FLORAL DESIGNERS				150.00	0.00	0.00	150.00		
Vendor#	Vendor Name	Class	Pay Code								
A1292	GULF COAST HARDWARE / ACE ✓	W									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
102340	✓	05/31/20	05/23/20	06/11/20		30.59	0.00	0.00	30.59	✓	
	SUPPLIES PLANT OPS										
102408	✓	05/31/20	05/25/20	06/11/20		79.98	0.00	0.00	79.98	✓	
	SUPPLIES PLANT OPS										
102488	✓	05/31/20	05/27/20	06/11/20		14.99	0.00	0.00	14.99	✓	
	SUPPLIES PLANT OPS										
102526	✓	05/31/20	05/30/20	06/11/20		28.75	0.00	0.00	28.75	✓	
	SUPPLIES PLANT OPS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	A1292	GULF COAST HARDWARE / ACE				154.31	0.00	0.00	154.31		
Vendor#	Vendor Name	Class	Pay Code								

H0030	H E BUTT GROCERY				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
738530 ✓		06/07/20	05/27/20	06/16/20		54.67	0.00	0.00	54.67 ✓		
FOOD SUPPLIES DIETARY											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	H0030	H E BUTT GROCERY				54.67	0.00	0.00	54.67		
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		
920352331 ✓		05/26/20	05/18/20	06/17/20		316.78	0.00	0.00	316.78 ✓		
CS INVENTORY											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	H1850	HOSPIRA WORLDWIDE, INC				316.78	0.00	0.00	316.78		
Vendor#	Vendor Name				Class	Pay Code					
I0415	INDEPENDENCE MEDICAL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
40096172 ✓		05/17/20	05/09/20	06/11/20		51.19	0.00	0.00	51.19 ✓		
CS INVENTORY											
40131344 ✓		05/17/20	05/11/20	06/11/20		7.60	0.00	0.00	7.60 ✓		
CS INVENTORY											
40188634 ✓		05/24/20	05/16/20	06/15/20		200.87	0.00	0.00	200.87 ✓		
CS INVENTORY											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	I0415	INDEPENDENCE MEDICAL				259.66	0.00	0.00	259.66		
Vendor#	Vendor Name				Class	Pay Code					
10442	INTERSTATE ALL BATTERY CENTER ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1901104002882 ✓		05/18/20	05/13/20	06/12/20		239.70	0.00	0.00	239.70 ✓		
SUPPLIES MAINT											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10442	INTERSTATE ALL BATTERY CENTER				239.70	0.00	0.00	239.70		
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		
916478261 ✓		05/17/20	05/09/20	06/11/20		352.82	0.00	0.00	352.82 ✓		
SUPPLIES SURGERY											
916478260 ✓		05/17/20	05/09/20	06/11/20		42.00	0.00	0.00	42.00 ✓		
SUPPLIES SURGERY											
916493594 ✓		05/24/20	05/11/20	06/11/20		237.54	0.00	0.00	237.54 ✓		
SUPPLIES SURGERY											
916506091 ✓		05/24/20	05/13/20	06/12/20		459.73	0.00	0.00	459.73 ✓		
SUPPLIES SURGERY											
916528037 ✓		05/26/20	05/18/20	06/17/20		1,108.99	0.00	0.00	1,108.99 ✓		
SUPPLIES SURGERY											
916528036 ✓		05/26/20	05/18/20	06/17/20		349.57	0.00	0.00	349.57 ✓		
CS INVENTORY & SURGERY											
916531230 ✓		05/31/20	05/12/20	06/11/20		1,249.19	0.00	0.00	1,249.19 ✓		
BLOOD BANK SUPPLIES											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	J0150	J & J HEALTH CARE SYSTEMS, INC				3,799.84	0.00	0.00	3,799.84		
Vendor#	Vendor Name				Class	Pay Code					
K1070	KEY SURGICAL INC ✓				M						

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
803752 ✓		05/17/20	05/09/20	06/11/20		74.00	0.00	0.00	74.00 ✓		
SUPPLIES SURGERY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						K1070	KEY SURGICAL INC	74.00	0.00	0.00	74.00
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		
16021		05/31/20	05/31/20	06/14/20		750.00	0.00	0.00	750.00 ✓		
CONT EDUCATION NURSING											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10720	LIFESOURCE EDUCATIONAL SRV LLC	750.00	0.00	0.00	750.00
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		
INV0536755 ✓		05/12/20	05/02/20	06/11/20		2,025.08	0.00	0.00	2,025.08 ✓		
FUEL PLANT OPS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10578	LUMINANT ENERGY COMPANY LLC	2,025.08	0.00	0.00	2,025.08
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		
21016		06/07/20	06/02/20	06/02/20		1,182.50	0.00	0.00	1,182.50 ✓		
EMPLOYEE PERSONAL INVE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10972	M G TRUST	1,182.50	0.00	0.00	1,182.50
Vendor#	Vendor Name				Class	Pay Code					
M1511	MARKETLAB, INC ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
M0068074 ✓		05/26/20	05/17/20	06/16/20		335.46	0.00	0.00	335.46 ✓		
SUPPLIES BLOOD BANK											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						M1511	MARKETLAB, INC	335.46	0.00	0.00	335.46
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		
77815989 ✓		05/10/20	05/02/20	06/15/20		5.29	0.00	0.00	5.29 ✓		
CS INVENTORY											
78145923 ✓		05/17/20	05/06/20	06/15/20		316.11	0.00	0.00	316.11 ✓		
CS INVENTORY											
78164925 ✓		05/17/20	05/06/20	06/15/20		562.05	0.00	0.00	562.05 ✓		
CS INVENTORY											
77956136 ✓		05/18/20	05/03/20	06/15/20		1,831.61	0.00	0.00	1,831.61 ✓		
LAB SUPPLIES											
78569698 ✓		05/24/20	05/13/20	06/15/20		1,141.60	0.00	0.00	1,141.60 ✓		
CS INVENTORY											
78313062 ✓		05/26/20	05/10/20	06/15/20		632.09	0.00	0.00	632.09 ✓		
LAB SUPPLIES											
78515486 ✓		05/26/20	05/12/20	06/15/20		132.45	0.00	0.00	132.45 ✓		
LAB SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net

	M2178	MCKESSON MEDICAL SURGICAL INC					4,621.20	0.00	0.00	4,621.20
Vendor#	Vendor Name		Class		Pay Code					
M2827	MEDIVATORS ✓		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	2362048 ✓		05/26/20	05/18/20	06/17/20		247.90	0.00	0.00	247.90 ✓
	SUPPLIES SURGERY									
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
			M2827	MEDIVATORS			247.90	0.00	0.00	247.90
Vendor#	Vendor Name		Class		Pay Code					
10963	MEMORIAL MEDICAL CLINIC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21019		06/07/20	06/02/20	06/02/20		40.00	0.00	0.00	40.00 ✓
	CLINIC CO PAYS									
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
			10963	MEMORIAL MEDICAL CLINIC			40.00	0.00	0.00	40.00
Vendor#	Vendor Name		Class		Pay Code					
10182	MERCEDES MEDICAL ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	1831610 ✓		05/26/20	05/11/20	06/11/20		520.24	0.00	0.00	520.24 ✓
	LAB SUPPLIES									
	1833132 ✓		05/26/20	05/17/20	06/16/20		349.21	0.00	0.00	349.21 ✓
	LAB SUPPLIES									
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
			10182	MERCEDES MEDICAL			869.45	0.00	0.00	869.45
Vendor#	Vendor Name		Class		Pay Code					
M2659	MERRY X-RAY/SOURCEONE HEALTHCA ✓		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	300942409 ✓	42409	05/17/20	05/09/20	06/11/20		159.24	0.00	0.00	159.24 ✓
	SUPPLIES SURGERY									
	30094247943 ✓		05/24/20	05/18/20	06/17/20		678.96	0.00	0.00	678.96 ✓
	SUPPLIES XRAY									
	30094248721 ✓		05/31/20	05/19/20	06/18/20		135.43	0.00	0.00	135.43 ✓
	SUPPLIES XRAY									
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
			M2659	MERRY X-RAY/SOURCEONE HEALTHCA			973.63	0.00	0.00	973.63
Vendor#	Vendor Name		Class		Pay Code					
M2685	MICROTEK MEDICAL INC ✓		M							
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	3865759 ✓		05/24/20	05/17/20	06/16/20		266.39	0.00	0.00	266.39 ✓
	CS INVENTORY									
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
			M2685	MICROTEK MEDICAL INC			266.39	0.00	0.00	266.39
Vendor#	Vendor Name		Class		Pay Code					
10791	MINDRAY DS USA, INC. ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	0600470767 ✓		05/26/20	05/13/20	06/12/20		110.13	0.00	0.00	110.13 ✓
	SUPPLIES ER									
	Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
			10791	MINDRAY DS USA, INC.			110.13	0.00	0.00	110.13
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

21020	06/07/20 06/02/20 06/02/20					214.01	0.00	0.00	214.01	✓	
EMPLOYEE GIFT SHOP											
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
M2621 MMC AUXILIARY GIFT SHOP						214.01	0.00	0.00	214.01		
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	
671220		06/07/20	06/01/20	06/01/20			96.11	0.00	0.00	96.11	
GIFT SHOP CREDIT CARD FEI											
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net		
M2662 MMC VOLUNTEERS						96.11	0.00	0.00	96.11		
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	
8903770	✓	05/31/20	05/31/20	06/11/20			663.70	0.00	0.00	663.70	
PHARMACY DRUGS											
8903771	✓	05/31/20	05/31/20	06/11/20			2,571.46	0.00	0.00	2,571.46	
PHARMACY DRUGS											
8903772	✓	05/31/20	05/31/20	06/11/20			75.45	0.00	0.00	75.45	
PHARMACY DRUGS											
8902307	✓	05/31/20	05/31/20	06/11/20			387.92	0.00	0.00	387.92	
PHARMACY DRUGS											
8808259	✓	06/07/20	05/05/20	05/06/20			47.42	0.00	0.00	47.42	
PHARMACY DRUGS											
8908384	✓	06/07/20	06/01/20	06/02/20			4.05	0.00	0.00	4.05	
PHARMACY DRUGS											
8906793	✓	06/07/20	06/01/20	06/02/20			129.92	0.00	0.00	129.92	
PHARMACY DRUGS											
8907918	✓	06/07/20	06/01/20	06/02/20			1,605.24	0.00	0.00	1,605.24	
PHARMACY DRUGS											
8908383	✓	06/07/20	06/01/20	06/02/20			31.85	0.00	0.00	31.85	
PHARMACY DRUGS											
8907920	✓	06/07/20	06/01/20	06/02/20			17.31	0.00	0.00	17.31	
PHARMACY DRUGS											
8907919	✓	06/07/20	06/01/20	06/02/20			389.09	0.00	0.00	389.09	
PHARMACY DRUGS											
8913775	✓	06/07/20	06/02/20	06/03/20			520.59	0.00	0.00	520.59	
PHARMACY DRUGS											
8911443	✓	06/07/20	06/02/20	06/03/20			154.40	0.00	0.00	154.40	
PHARMACY DRUGS											
8911442	✓	06/07/20	06/02/20	06/03/20			12.36	0.00	0.00	12.36	
PHARMACY DRUGS											
8913774	✓	06/07/20	06/02/20	06/03/20			694.89	0.00	0.00	694.89	
PHARMACY DRUGS											
8913776	✓	06/07/20	06/02/20	06/03/20			24.67	0.00	0.00	24.67	
PHARMACY DRUGS											
8917842	✓	06/07/20	06/03/20	06/04/20			22.20	0.00	0.00	22.20	
PHARMACY DRUGS											
8918111	✓	06/07/20	06/03/20	06/04/20			145.65	0.00	0.00	145.65	
PHARMACY DRUGS											
8918112	✓	06/07/20	06/03/20	06/04/20			407.65	0.00	0.00	407.65	

PHARMACY DRUGS										
8918113	✓		06/07/20	06/03/20	06/04/20		83.83	0.00	0.00	83.83 ✓
PHARMACY DRUGS										
8928367	✓		06/07/20	06/06/20	06/07/20		53.07	0.00	0.00	53.07 ✓
PHARMACY DRUGS										
8927956	✓		06/07/20	06/06/20	06/07/20		438.37	0.00	0.00	438.37 ✓
PHARMACY DRUGS										
8927955	✓		06/07/20	06/06/20	06/07/20		2,735.38	0.00	0.00	2,735.38 ✓
PHARMACY DRUGS										
8927954	✓		06/07/20	06/06/20	06/07/20		37.99	0.00	0.00	37.99 ✓
PHARMACY DRUGS										
Vendor Totals							Number	Name	Gross	Discount
							10536	MORRIS & DICKSON CO, LLC	11,254.46	0.00
									No-Pay	Net
									0.00	11,254.46
Vendor#	Vendor Name					Class	Pay Code			
11191	N C CHILD SUPPORT CENTRALIZED ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21012		06/07/20	06/02/20	06/02/20			134.77	0.00	0.00	134.77 ✓
CHILD SUPPORT										
21011		06/07/20	06/02/20	06/02/20			91.99	0.00	0.00	91.99 ✓
CHILD SUPPORT										
21013		06/07/20	06/02/20	06/02/20			23.08	0.00	0.00	23.08 ✓
CHILD SUPPORT										
Vendor Totals							Number	Name	Gross	Discount
							11191	N C CHILD SUPPORT CENTRALIZED	249.84	0.00
									No-Pay	Net
									0.00	249.84
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
21022		06/07/20	06/02/20	06/02/20			32.40	0.00	0.00	32.40 ✓
TRAVEL EXPENSE INFEC CON Meeting 6/2/16										
Vendor Totals							Number	Name	Gross	Discount
							A2252	NADINE GARNER	32.40	0.00
									No-Pay	Net
									0.00	32.40
Vendor#	Vendor Name					Class	Pay Code			
O0920	OFFICE DEPOT ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
840240453001	✓	05/26/20	05/17/20	06/16/20			123.48	0.00	0.00	123.48 ✓
OFFICE SUPPLIES BUS OFFIC										
Vendor Totals							Number	Name	Gross	Discount
							O0920	OFFICE DEPOT	123.48	0.00
									No-Pay	Net
									0.00	123.48
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
2017146325	✓	05/17/20	05/10/20	06/11/20			1,488.19	0.00	0.00	1,488.19 ✓
SUPPLIES VARIOUS DEPTS										
2017148710	✓	05/17/20	05/10/20	06/11/20			741.65	0.00	0.00	741.65 ✓
SUPPLIES VARIOUS DEPTS										
2017142491	✓	05/17/20	05/10/20	06/11/20			96.41	0.00	0.00	96.41 ✓
SUPPLIES SURGERY										
2017185008	✓	05/17/20	05/11/20	06/11/20			37.16	0.00	0.00	37.16 ✓
SUPPLIES SURGERY										
2017187806	✓	05/17/20	05/11/20	06/11/20			2,125.78	0.00	0.00	2,125.78 ✓
CS INVENTORY										
2017151618	✓	05/18/20	05/10/20	06/11/20			82.41	0.00	0.00	82.41 ✓

SUPPLIES CLINIC												
2017142026	✓	05/18/20	05/10/20	06/11/20			505.10	0.00	0.00	505.10 ✓		
SUPPLIES CLINIC												
2017141858	✓	05/24/20	05/10/20	06/11/20			54.93	0.00	0.00	54.93 ✓		
SUPPLIES MED SURG												
2017234423	✓	05/24/20	05/12/20	06/11/20			1,347.02	0.00	0.00	1,347.02 ✓		
SUPPLIES VARIOUS DEPTS												
2017228504	✓	05/24/20	05/12/20	06/11/20			6.90	0.00	0.00	6.90 ✓		
SUPPLIES DIETARY												
2017235609	✓	05/24/20	05/12/20	06/11/20			185.64	0.00	0.00	185.64 ✓		
SUPPLIES SURGERY												
2017227831	✓	05/24/20	05/12/20	06/11/20			212.30	0.00	0.00	212.30 ✓		
CS INVENTORY												
2017359011	✓	05/24/20	05/17/20	06/16/20			67.94	0.00	0.00	67.94 ✓		
SUPPLIES SURGERY												
2017360551	✓	05/24/20	05/17/20	06/16/20			42.41	0.00	0.00	42.41 ✓		
SUPPLIES SURGERY												
2017359024	✓	05/24/20	05/17/20	06/16/20			44.25	0.00	0.00	44.25 ✓		
SUPPLIES RESP CARE												
2017446946	✓	05/24/20	05/19/20	06/18/20			37.47	0.00	0.00	37.47 ✓		
CS INVENTORY												
2017447495	✓	05/24/20	05/19/20	06/18/20			6.44	0.00	0.00	6.44 ✓		
CS INVENTORY												
2017446925	✓	05/24/20	05/19/20	06/18/20			7.12	0.00	0.00	7.12 ✓		
SUPPLIES DIETARY												
2017141447	✓	05/26/20	05/10/20	06/01/20			1,658.04	0.00	0.00	1,658.04 ✓		
MINOR EQUIPMENT CARDIO												
2017293242	✓	05/26/20	05/13/20	06/12/20			-54.93	0.00	0.00	-54.93 ✓		
CREDIT TO MED SURG SUPPI												
2017321309	✓	05/26/20	05/16/20	06/15/20			-82.41	0.00	0.00	-82.41 ✓		
CREDIT TO CLINIC SUPPLIES												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							OM425	OWENS & MINOR	8,609.82	0.00	0.00	8,609.82
Vendor Name											Class	Pay Code
PABLO GARZA ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
21009		05/31/20	05/31/20	06/11/20			817.50	0.00	0.00	817.50 ✓		
OUTSIDE SRV CLINIC												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11069	PABLO GARZA	817.50	0.00	0.00	817.50
Vendor Name											Class	Pay Code
PAETEC ✓												
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
59428115		05/31/20	05/22/20	06/11/20			7,938.80	0.00	0.00	7,938.80 ✓		
TELEPHONE EXPENSE												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11142	PAETEC	7,938.80	0.00	0.00	7,938.80
Vendor Name											Class	Pay Code
PATTERSON MEDICAL ✓											M	
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
5682765925	✓	05/18/20	05/09/20	06/11/20			46.49	0.00	0.00	46.49 ✓		

SUPPLIES PT

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		S0905	PATTERSON MEDICAL				46.49	0.00	0.00	46.49
Vendor#	Vendor Name			Class	Pay Code					
P1260	PENTAX MEDICAL COMPANY ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
92071354 ✓		05/31/20	05/18/20	06/17/20			153.81	0.00	0.00	153.81 ✓
SUPPLIES SURGERY										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		P1260	PENTAX MEDICAL COMPANY				153.81	0.00	0.00	153.81
Vendor#	Vendor Name			Class	Pay Code					
P1876	POLYMEDCO INC. ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
1066941 ✓		05/31/20	05/17/20	06/16/20			125.26	0.00	0.00	125.26 ✓
SUPPLIES LAB										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		P1876	POLYMEDCO INC.				125.26	0.00	0.00	125.26
Vendor#	Vendor Name			Class	Pay Code					
P2200	POWER ELECTRIC ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
A21795 ✓		05/31/20	05/23/20	06/11/20			16.29	0.00	0.00	16.29 ✓
SSUPPLIES PLANT OPS										
B22210 ✓		05/31/20	05/23/20	06/11/20			6.90	0.00	0.00	6.90 ✓
SUPPLIES PLANT OPS										
A22035 ✓		05/31/20	05/31/20	06/11/20			56.58	0.00	0.00	56.58 ✓
SUPPLIES PLANT OPS										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		P2200	POWER ELECTRIC				79.77	0.00	0.00	79.77
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
3388765 ✓		05/25/20	05/16/20	06/15/20			71.01	0.00	0.00	71.01 ✓
CS INVENTORY & XRAY SUPP										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)				71.01	0.00	0.00	71.01
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
0083-6 ✓		05/31/20	05/26/20	06/11/20			18.76	0.00	0.00	18.76 ✓
SUPPLIES PLANT OPS										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS				18.76	0.00	0.00	18.76
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
201686 ✓		06/07/20	06/01/20	06/11/20			390.00	0.00	0.00	390.00 ✓
ADVERTISING										
210664		06/07/20	06/01/20	06/11/20			1,275.00	0.00	0.00	1,275.00 ✓
ADVERTISING										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10699	SIGN AD, LTD.				1,665.00	0.00	0.00	1,665.00
Vendor#	Vendor Name			Class	Pay Code					

S2362	SMITH & NEPHEW	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
92993821	✓	05/17/20	05/09/20	06/11/20		252.69	0.00	0.00	252.69	✓	
	SUPPLIES SURGERY										
93010512	✓	05/24/20	05/17/20	06/16/20		395.30	0.00	0.00	395.30	✓	
	CS INVENTORY										
93012907	✓	05/24/20	05/18/20	06/17/20		253.88	0.00	0.00	253.88	✓	
	SUPPLIES SURGERY										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2362	SMITH & NEPHEW	901.87	0.00	0.00	901.87
Vendor#	Vendor Name			Class	Pay Code						
S2400	SO TEX BLOOD & TISSUE CENTER			✓	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
90020061	✓	05/26/20	05/18/20	06/17/20		-1,575.00	0.00	0.00	-1,575.00	✓	
	BLOOD BANK CREDIT										
90020131	✓	05/26/20	05/18/20	06/17/20		7,095.00	0.00	0.00	7,095.00	✓	
	BLOOD BANK SUPPLIES										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2400	SO TEX BLOOD & TISSUE CENTER	5,520.00	0.00	0.00	5,520.00
Vendor#	Vendor Name			Class	Pay Code						
11181	STACIE HUNT										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
21023		06/07/20	06/02/20	06/02/20		29.60	0.00	0.00	29.60		
	TRAVEL EXPENSE ER <i>Regional Advisory Council 5/25/16</i>										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11181	STACIE HUNT	29.60	0.00	0.00	29.60
Vendor#	Vendor Name			Class	Pay Code						
S2830	STRYKER SALES CORP			✓	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
981139A	✓	05/17/20	05/10/20	06/11/20		47.40	0.00	0.00	47.40	✓	
	SUPPLIES SURGERY										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2830	STRYKER SALES CORP	47.40	0.00	0.00	47.40
Vendor#	Vendor Name			Class	Pay Code						
S2834	STRYKER SALES CORP			✓	M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
1935209	✓	05/23/20	05/11/20	06/11/20		133.38	0.00	0.00	133.38	✓	
	REPAIRS ER										
1941239	M	✓	05/26/20	05/18/20	06/17/20	133.38	0.00	0.00	133.38	✓	
	SUPPLIES ER										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2834	STRYKER SALES CORP	266.76	0.00	0.00	266.76
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		
603172763	✓	06/07/20	03/17/20	04/06/20		605.17	0.00	0.00	605.17	✓	
	FOOD SUPPLIES DIETARY										
605262835	✓	06/07/20	05/26/20	06/15/20		1,296.25	0.00	0.00	1,296.25	✓	
	FOOD SUPPLIES DIETARY										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						S2951	SYSCO FOOD SERVICES OF	1,901.42	0.00	0.00	1,901.42

Vendor#	Vendor Name				Class	Pay Code					
T1880	TEXAS DEPARTMENT OF LICENSING	✓			A/P						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
10038118	✓	06/07/20	03/10/20	04/09/20		95.00	0.00	0.00	95.00	✓	
	BOILER INSPECTION CERT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	T1880	TEXAS DEPARTMENT OF LICENSING				95.00	0.00	0.00	95.00		
Vendor#	Vendor Name				Class	Pay Code					
T2303	TG	✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
21014		06/07/20	06/02/20	06/02/20		144.62	0.00	0.00	144.62	✓	
	STUDENT LOAN GARNISHMEI										
21015		06/07/20	06/02/20	06/02/20		124.24	0.00	0.00	124.24	✓	
	STUDENT LOAN GARNISHMEI										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	T2303	TG				268.86	0.00	0.00	268.86		
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		
340360932	✓	05/31/20	02/01/20	06/11/20		294.93	0.00	0.00	294.93	✓	
	OUTSIDE SRV PLANT OPS										
340361265	✓	05/31/20	04/01/20	06/11/20		179.75	0.00	0.00	179.75	✓	
	OUTSIDE SRV PLANT OPS										
340361266	✓	05/31/20	04/01/20	06/11/20		1,078.15	0.00	0.00	1,078.15	✓	
	OUTSIDE SRV PLANT OPS										
340361401	✓	05/31/20	05/01/20	06/11/20		214.75	0.00	0.00	214.75	✓	
	OUTSIDE SRV PLANT OPS										
340361402	✓	05/31/20	05/01/20	06/11/20		1,066.29	0.00	0.00	1,066.29	✓	
	OUTSIDE SRV PLANT OPS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11100	THE US CONSULTING GROUP				2,833.87	0.00	0.00	2,833.87		
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		
052002573024	✓	05/31/20	05/26/20	06/15/20		29,025.47	0.00	0.00	29,025.47	✓	
	ELECTRICITY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11169	TXU ENERGY				29,025.47	0.00	0.00	29,025.47		
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		
8150730718	✓	05/26/20	05/17/20	06/16/20		31.92	0.00	0.00	31.92	✓	
	OUTSIDE SRV BIO MED										
8150730623	✓	05/26/20	05/17/20	06/16/20		45.80	0.00	0.00	45.80	✓	
	OUTSIDE SRV MAINT										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	U1054	UNIFIRST HOLDINGS				77.72	0.00	0.00	77.72		
Vendor#	Vendor Name				Class	Pay Code					
U1064	UNIFIRST HOLDINGS INC	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
8400219849	✓	05/11/20	05/10/20	06/11/20		151.42	0.00	0.00	151.42	✓	
	LAUNDRY HOUSEKEEPING										

8400219862	✓	05/11/20 05/10/20 06/11/20	1,216.22	0.00	0.00	1,216.22	✓		
LAUNDRY HOUSEKEEPING									
8400219807	✓	05/11/20 05/10/20 06/11/20	103.52	0.00	0.00	103.52	✓		
LAUNDRY HOUSEKEEPING									
8400219806	✓	05/11/20 05/10/20 06/11/20	106.23	0.00	0.00	106.23	✓		
LAUNDRY OB									
8400219804	✓	05/11/20 05/10/20 06/11/20	232.66	0.00	0.00	232.66	✓		
LAUNDRY HOUSEKEEPING									
8400219803	✓	05/11/20 05/10/20 06/11/20	318.38	0.00	0.00	318.38	✓		
LAUNDRY HOUSEKEEPING									
8400219805	✓	05/11/20 05/10/20 06/11/20	203.05	0.00	0.00	203.05	✓		
LAUNDRY DIETARY									
8400220137	✓	05/18/20 05/13/20 06/12/20	404.89	0.00	0.00	404.89	✓		
LAUNDRY SURGERY									
8400220175	✓	05/18/20 05/13/20 06/12/20	1,263.44	0.00	0.00	1,263.44	✓		
LAUNDRY HOUSEKEEPING									
8400220320	✓	05/26/20 05/17/20 06/16/20	106.23	0.00	0.00	106.23	✓		
LAUNDRY OB									
8400220374	✓	05/26/20 05/17/20 06/16/20	1,490.67	0.00	0.00	1,490.67	✓		
LAUNDRY HOUSEKEEPING									
8400220321	✓	05/26/20 05/17/20 06/16/20	103.52	0.00	0.00	103.52	✓		
LAUNDRY HOUSEKEEPING									
8400220317	✓	05/26/20 05/17/20 06/16/20	318.38	0.00	0.00	318.38	✓		
LAUNDRY HOUSEKEEPING									
8400220319	✓	05/26/20 05/17/20 06/16/20	203.05	0.00	0.00	203.05	✓		
LAUNDRY DIETARY									
8400220359	✓	05/26/20 05/17/20 06/16/20	151.42	0.00	0.00	151.42	✓		
LAUNDRY HOUSEKEEPING									
8400220318	✓	05/26/20 05/17/20 06/16/20	207.40	0.00	0.00	207.40	✓		
LAUNDRY HOUSEKEEPING									
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net	
			U1064	UNIFIRST HOLDINGS INC	6,580.48	0.00	0.00	6,580.48	
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
0000778941216	✓	05/31/20	05/21/20	06/11/20		555.49	0.00	0.00	555.49
FREIGHT EXP VARIOUS DEPT									
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net	
			U1350	UPS	555.49	0.00	0.00	555.49	
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
4225033	✓	05/31/20	05/19/20	06/11/20		2,402.97	0.00	0.00	2,402.97
FOOD SUPPLIES DIETARY									
4288660	✓	06/07/20	05/23/20	06/12/20		2,327.72	0.00	0.00	2,327.72
FOOD SUPPLIES DIETARY									
4352282	✓	06/07/20	05/26/20	06/15/20		1,668.70	0.00	0.00	1,668.70
FOOD SUPPLIES DIETARY									
Vendor Totals			Number	Name	Gross	Discount	No-Pay	Net	
			10172	US FOOD SERVICE	6,399.39	0.00	0.00	6,399.39	
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
9765531363	✓	05/31/20	05/16/20	06/11/20		238.68	0.00	0.00	238.68 ✓

TELEPHONE EXPENSE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
V0559		VERIZON WIRELESS	238.68	0.00	0.00	238.68

Vendor# Vendor Name Class Pay Code

10915 WAGeworks ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21018		06/07/20	06/02/20	06/02/20		2,276.61	0.00	0.00	2,276.61 ✓

FUNDING FOR FLEX SPENDIN

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
10915		WAGeworks	2,276.61	0.00	0.00	2,276.61

Vendor# Vendor Name Class Pay Code

10793 WAGeworks ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
125A10464217	✓	05/26/20	05/17/20	06/16/20		225.00	0.00	0.00	225.00 ✓

FLEX SPENDSIN ADMIN FEES

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
10793		WAGeworks	225.00	0.00	0.00	225.00

Vendor# Vendor Name Class Pay Code

W1040 WATERMARK GRAPHICS INC ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
110440		05/26/20	05/16/20	06/15/20		17.00	0.00	0.00	17.00 ✓

SUPPLIES SURGERY CLINIC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
W1040		WATERMARK GRAPHICS INC	17.00	0.00	0.00	17.00

Vendor# Vendor Name Class Pay Code

11192 YMCA OF THE GOLDEN CRESCENT ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21024		06/07/20	06/03/20	06/03/20		750.00	0.00	0.00	750.00

CORPORATE CUP FEE

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
11192		YMCA OF THE GOLDEN CRESCENT	750.00	0.00	0.00	750.00

Vendor# Vendor Name Class Pay Code

Y1000 YOUNG PLUMBING CO ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
151315	✓	05/31/20	05/26/20	06/11/20		17.50	0.00	0.00	17.50 ✓

SUPPLIES PLANT OPS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
Y1000		YOUNG PLUMBING CO	17.50	0.00	0.00	17.50

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	215,996.96	0.00	0.00	215,996.96

APPROVED
ON

JUN 08 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS #166588 to #166673

215,996.96 +
52.59 -
52.08 +
1,126.20 +
4,068.25 -
215,054.40 *

pg 4 correction

Add
Shirley Karni
Transcription Contract WagesRemove
Fussion Medical #77766{ < 52.59
+ 52.08

{ + 1,126.20

{ - 4,068.25

= 213,054.40

Michael J. Pfeifer
Calhoun County Judge
Date: 6-28-16

8

RUN DATE:06/09/16
TIME:15:13

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/09/16 THRU 06/09/16

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GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166588	06/09/16	6,399.39	US FOOD SERVICE
A/P	166589	06/09/16	869.45	MERCEDES MEDICAL
A/P	166590	06/09/16	2,072.20	CENTURION MEDICAL PRODUCTS
A/P	166591	06/09/16	.00	VOIDED
A/P	166592	06/09/16	1,352.90	DEWITT POTH & SON
A/P	166593	06/09/16	71.01	PRECISION DYNAMICS CORP (PDC)
A/P	166594	06/09/16	239.70	INTERSTATE ALL BATTERY CENTER
A/P	166595	06/09/16	.00	VOIDED
A/P	166596	06/09/16	11,254.46	MORRIS & DICKSON CO, LLC
A/P	166597	06/09/16	30,025.00	CPP WOUND CARE #28,LLC
A/P	166598	06/09/16	2,025.08	LUMINANT ENERGY COMPANY LLC
A/P	166599	06/09/16	10,867.00	BKD, LLP
A/P	166600	06/09/16	1,497.10	GLAXOSMITHKLINE PHARMACUETICAL
A/P	166601	06/09/16	1,665.00	SIGN AD, LTD.
A/P	166602	06/09/16	750.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	166603	06/09/16	110.13	MINDRAY DS USA, INC.
A/P	166604	06/09/16	225.00	WAGEWORKS
A/P	166605	06/09/16	588.06	GENESIS DIAGNOSTICS
A/P	166606	06/09/16	2,276.61	WAGEWORKS
A/P	166607	06/09/16	40.00	MEMORIAL MEDICAL CLINIC
A/P	166608	06/09/16	1,182.50	M G TRUST
A/P	166609	06/09/16	75.00	FIRST CLEARING
A/P	166610	06/09/16	817.50	PABLO GARZA
A/P	166611	06/09/16	3,539.00	FUSION MEDICAL STAFFING, LLC
A/P	166612	06/09/16	9,750.00	DR JEWEL LINCOLN
A/P	166613	06/09/16	2,833.87	THE US CONSULTING GROUP
A/P	166614	06/09/16	7,938.80	PAETEC
A/P	166615	06/09/16	29,025.47	TXU ENERGY
A/P	166616	06/09/16	29.60	STACIE HUNT
A/P	166617	06/09/16	104.30	FRONTIER
A/P	166618	06/09/16	20.00	CCSPC
A/P	166619	06/09/16	249.84	N C CHILD SUPPORT CENTRALIZED
A/P	166620	06/09/16	750.00	YMCA OF THE GOLDEN CRESCENT
A/P	166621	06/09/16	154.31	GULF COAST HARDWARE / ACE
A/P	166622	06/09/16	61.68	AIRGAS USA, LLC - CENTRAL DIV
A/P	166623	06/09/16	253.72	CARDINAL HEALTH 414,LLC
A/P	166624	06/09/16	32.40	NADINE GARNER
A/P	166625	06/09/16	39,256.52	BECKMAN COULTER INC
A/P	166626	06/09/16	288.76	BRIGGS HEALTHCARE
A/P	166627	06/09/16	28.00	CALHOUN COUNTY WASTE MGMT
A/P	166628	06/09/16	248.00	CYGNUS MEDICAL LLC
A/P	166629	06/09/16	87.50	CONMED CORPORATION
A/P	166630	06/09/16	39.83	CENTERPOINT ENERGY
A/P	166631	06/09/16	348.52	FIRESTONE OF PORT LAVACA
A/P	166632	06/09/16	4,144.29	FISHER HEALTHCARE
A/P	166633	06/09/16	111.50	GETINGE USA
A/P	166634	06/09/16	150.00	GREENHOUSE FLORAL DESIGNERS
A/P	166635	06/09/16	54.67	H E BUTT GROCERY
A/P	166636	06/09/16	316.78	HOSPIRA WORLDWIDE, INC
A/P	166637	06/09/16	259.66	INDEPENDENCE MEDICAL

RUN DATE:06/09/16
TIME:15:13

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/09/16 THRU 06/09/16

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BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166638	06/09/16	3,799.84	J & J HEALTH CARE SYSTEMS, INC
A/P	166639	06/09/16	1,126.20	SHIRLEY KARNEI
A/P	166640	06/09/16	74.00	KEY SURGICAL INC
A/P	166641	06/09/16	85.50	CONMED LINVATEC
A/P	166642	06/09/16	335.46	MARKETLAB, INC
A/P	166643	06/09/16	4,621.20	MCKESSON MEDICAL SURGICAL INC
A/P	166644	06/09/16	516.72	BAYER HEALTHCARE
A/P	166645	06/09/16	214.01	MMC AUXILIARY GIFT SHOP
A/P	166646	06/09/16	973.63	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	166647	06/09/16	96.11	MMC VOLUNTEERS
A/P	166648	06/09/16	266.39	MICROTEK MEDICAL INC
A/P	166649	06/09/16	247.90	MEDIVATORS
A/P	166650	06/09/16	123.48	OFFICE DEPOT
A/P	166651	06/09/16	.00	VOIDED
A/P	166652	06/09/16	.00	VOIDED
A/P	166653	06/09/16	8,609.82	OWENS & MINOR
A/P	166654	06/09/16	153.81	PENTAX MEDICAL COMPANY
A/P	166655	06/09/16	125.26	POLYMEDCO INC.
A/P	166656	06/09/16	79.77	POWER ELECTRIC
A/P	166657	06/09/16	571.76	EVOQUA WATER TECHNOLOGIES LLC
A/P	166658	06/09/16	46.49	PATTERSON MEDICAL
A/P	166659	06/09/16	18.76	SHERWIN WILLIAMS
A/P	166660	06/09/16	901.87	SMITH & NEPHEW
A/P	166661	06/09/16	5,520.00	SO TEX BLOOD & TISSUE CENTER
A/P	166662	06/09/16	47.40	STRYKER SALES CORP
A/P	166663	06/09/16	266.76	STRYKER SALES CORP
A/P	166664	06/09/16	1,901.42	SYSCO FOOD SERVICES OF
A/P	166665	06/09/16	95.00	TEXAS DEPARTMENT OF LICENSING
A/P	166666	06/09/16	268.86	TG
A/P	166667	06/09/16	77.72	UNIFIRST HOLDINGS
A/P	166668	06/09/16	.00	VOIDED
A/P	166669	06/09/16	6,580.48	UNIFIRST HOLDINGS INC
A/P	166670	06/09/16	555.49	UPS
A/P	166671	06/09/16	238.68	VERIZON WIRELESS
A/P	166672	06/09/16	17.00	WATERMARK GRAPHICS INC
A/P	166673	06/09/16	17.50	YOUNG PLUMBING CO
TOTALS:			213,054.40	

APPROVED
ON

JUN 08 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
6/13/2016

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	[REDACTED] 4553	686,091.53	685,991.53	41,730.86	-	-	-	-	41,830.86	<u>41,730.86</u>

Routing Information for Ashford Gardens:

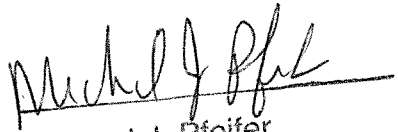
Ashford Health Care Center Ltd Co
JP Morgan Chase Bank
AE 10614
Acc [REDACTED] 4257

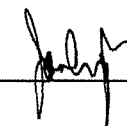
Nursing Home	IBC Account Number	Previous Beginning Balance	Transfer-Out	ACH Transfer-In	IGT Transfer-In	MMC Portion - Return of IGT	MMC Portion - Federal Match	Cantex Portion - Federal Match	Today's Beginning Balance	Amount to Be Transferred to Nursing Home
Solera at West Houston	[REDACTED] 4561	364,271.79	364,171.79	52,121.86	-	-	-	-	52,221.86	<u>52,121.86</u>
Crescent	[REDACTED] 4588	215,763.28	215,663.28	38,861.87	-	-	-	-	38,961.87	<u>38,861.87</u>
Broadmoor	[REDACTED] 4596	201,925.69	201,825.69	20,903.62	-	-	-	-	21,003.62	<u>20,903.62</u>
Fort Bend	[REDACTED] 4618	199,219.67	199,119.67	8,477.92	-	-	-	-	8,577.92	<u>8,477.92</u>
										<u>120,365.27</u>

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:

Cantex Health Care Centers III LLC
JP Morgan Chase Bank
AL 0614
[REDACTED] 2922

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


Michael J. Pfeifer
Calhoun County Judge
Date: 6-28-16

Approved: 

APPROVED

JUN 13 2016

COUNTY AUDITOR

IBC Bank Activity
6/8/16 through 6/12/16

Ashford Garden

			<u>Transfer-Out</u>	<u>Transfer-In</u>
6/8/2016	1502	4553 301 COMMERCIAL DEPOSIT		21,915.40
6/9/2016	1502	4553 475 CHECK PAID	327,297.56	
6/9/2016	1502	4553 142 ACH CREDIT RECEIVED		7,341.96
6/9/2016	1502	4553 142 ACH CREDIT RECEIVED		6,626.37
6/9/2016	1502	4553 142 ACH CREDIT RECEIVED		5,847.13
6/9/2016	1502	4553 495 OUTGOING MONEY TRANSFER	358,693.97	
			<u>685,991.53</u>	<u>41,730.86</u>

AGING DISAB SVCS HCCLAIMPMT
Molina HC of TX Molina HC
Molina HC of TX Molina HC
ASHFORD HEALTH CARE CENTER LTD

Solera at West Houston

			<u>Transfer-Out</u>	<u>Transfer-In</u>
6/8/2016	502	4561 301 COMMERCIAL DEPOSIT		37,949.20
6/9/2016	502	4561 142 ACH CREDIT RECEIVED		12,018.22
6/9/2016	502	4561 142 ACH CREDIT RECEIVED		2,154.44
6/9/2016	502	4561 495 OUTGOING MONEY TRANSFER	267,829.00	
6/9/2016	502	4561 475 CHECK PAID	96,342.79	
			<u>364,171.79</u>	<u>52,121.86</u>

AMERIGROUP CORPO HCCLAIMPMT
AGING DISAB SVCS HCCLAIMPMT
CANTEX HEALTH CARE CENTERS LLC

Crescent

			<u>Transfer-Out</u>	<u>Transfer-In</u>
6/8/2016	0502	4596 301 COMMERCIAL DEPOSIT		23,734.75
6/9/2016	0502	4596 475 CHECK PAID	31,845.47	
6/9/2016	0502	4596 495 OUTGOING MONEY TRANSFER	183,817.81	
6/9/2016	0502	4596 142 ACH CREDIT RECEIVED		9,423.04
6/9/2016	0502	4596 142 ACH CREDIT RECEIVED		3,132.94
6/9/2016	0502	4596 142 ACH CREDIT RECEIVED		2,571.14
			<u>215,663.28</u>	<u>38,861.87</u>

CANTEX HEALTH CARE CENTERS III
AMERIGROUP CORPO HCCLAIMPMT
AGING DISAB SVCS HCCLAIMPMT
Molina HC of TX Molina HC

Broadmoor

			<u>Transfer-Out</u>	<u>Transfer-In</u>
6/8/2016	0502	4596 301 COMMERCIAL DEPOSIT		16,240.37
6/8/2016	0502	4596 142 ACH CREDIT RECEIVED		1,013.86
6/9/2016	0502	4596 142 ACH CREDIT RECEIVED		2,253.97
6/9/2016	0502	4596 495 OUTGOING MONEY TRANSFER	192,128.54	
6/9/2016	0502	4596 475 CHECK PAID	9,697.15	
6/10/2016	0502	4596 142 ACH CREDIT RECEIVED		1,395.42
			<u>201,825.69</u>	<u>20,903.62</u>

Molina HC of TX Molina HC
AGING DISAB SVCS HCCLAIMPMT
CANTEX HEALTH CARE CENTERS III

Molina HC of TX Molina HC

Fort Bend

			<u>Transfer-Out</u>	<u>Transfer-In</u>
6/8/2016	0502	4618 301 COMMERCIAL DEPOSIT		2,302.05
6/9/2016	0502	4618 495 OUTGOING MONEY TRANSFER	96,617.62	
6/9/2016	0502	4618 475 CHECK PAID	102,502.05	
6/9/2016	0502	4618 142 ACH CREDIT RECEIVED		2,151.64
6/9/2016	0502	4618 142 ACH CREDIT RECEIVED		2,253.09
6/9/2016	0502	4618 142 ACH CREDIT RECEIVED		1,771.14
			<u>199,119.67</u>	<u>8,477.92</u>

CANTEX HEALTH CARE CENTERS III

AMERIGROUP CORPO HCCLAIMPMT
AGING DISAB SVCS HCCLAIMPMT
Molina HC of TX Molina HC

Account Portfolio as of 06/13/2016 8:47:33 AM

Account Display	
☒	Display By Account Type
☐	Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
<u>Memorial Medical Center</u>	3387	\$245,550.14	\$245,550.14
<u>Memorial Medical Center</u>	4553	\$41,830.86	\$55,013.72
<u>Memorial Medical Center</u>	4561	\$52,221.86	\$52,221.86
<u>Memorial Medical Center</u>	4588	\$38,961.87	\$66,472.99
<u>Memorial Medical Center</u>	4596	\$21,003.62	\$21,003.62
<u>Memorial Medical Center</u>	4618	\$8,577.92	\$14,326.53
<u>Memorial Medical Center Operat</u>	0301	\$1,839,936.82	\$1,863,782.12
<u>County of Calhoun Indigent</u>	1101	\$2,735.80	\$2,735.80
Totals		\$2,250,818.89	\$2,321,106.78

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RUN DATE:06/13/16
TIME:15:31

MEMORIAL MEDICAL CENTER
CHECK REGISTER *and Payables List*
06/13/16 THRU 06/13/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P	000779	06/13/16	1,021.93	MCKESSON
A/P	000780	06/13/16	1,285.15	MCKESSON
A/P	000781	06/13/16	1,885.44	MCKESSON
TOTALS:			4,192.52	

340 B Prescription Expenses

APPROVED
ON

JUN 13 2016 *ph*

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer

Michael J. Pfeifer
Calhoun County Judge
Date: *6-28-14*

McKESSON

STATEMENT

As of: 06/10/2016

Page: 001

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

Company: 8000

DC: 8115

As of: 06/10/2016
Mail to:

Page: 001
Comp: 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

Territory: 400

Customer: 190813
Date: 06/11/2016

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813
Date: 06/11/2016

PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
16/06/2016	06/14/2016	7749921385	1000829503	115Invoice	1.75	87.39		85.64	✓	7749921385	
16/06/2016	06/14/2016	7749921386	1000830067	115Invoice	1.44	72.24		70.80	✓	7749921386	
16/06/2016	06/14/2016	7749921387	1000830067	115Invoice	6.52	326.15		319.63	✓	7749921387	
16/07/2016	06/14/2016	7750136970	1000830438	115Invoice	8.10	405.19		397.09	✓	7750136970	
16/09/2016	06/14/2016	7750585182	1000831750	115Invoice	0.35	17.31		16.96	✓	7750585182	
16/10/2016	06/14/2016	7750827777	1000832333	115Invoice	2.69	134.50		131.81	✓	7750827777	

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

TOTAL:

Subtotals: 1,042.78 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 708.11
16/06/2016

If Paid By 06/14/2016,
Pay This Amount:

1,021.93 USD

If Paid After 06/14/2016,
Pay this Amount:

1,042.78 USD

Due If Paid On Time:
USD

1,021.93

Disc lost if paid late:

20.85

Due If Paid Late:
USD

1,042.78

[Handwritten Signature]
6-13-16

APPROVED
ON

JUN 13 2016

BY *[Signature]*
CALHOUN COUNTY AUDITOR

cut # 779

McKESSON**STATEMENT**

As of: 06/10/2016

Page: 001

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

Company: 8000

DC: 8115

As of: 06/10/2016
Mail to:Page: 001
Comp: 8000WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Territory: 400

Customer: 256342
Date: 06/11/2016AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342
Date: 06/11/2016PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
16/06/2016	06/14/2016	7749924310	3454581489	115Invoice	12.67	633.29		620.62	✓	7749924310	
16/07/2016	06/14/2016	7750150088	3454581492	115Invoice	0.45	22.44		21.99	✓	7750150088	
16/07/2016	06/14/2016	7750150089	1092797	115Invoice	4.19	209.63		205.44	✓	7750150089	
16/08/2016	06/14/2016	7750382690	3454581495	115Invoice	4.73	236.50		231.77	✓	7750382690	
16/09/2016	06/14/2016	7750613472	3454581498	115Invoice	1.75	87.35		85.60	✓	7750613472	
16/10/2016	06/14/2016	7750840778	3454581501	115Invoice	2.44	122.17		119.73	✓	7750840778	

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

TOTAL:

Subtotals: 1,311.38 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 194.75
16/06/2016If Paid By 06/14/2016,
Pay This Amount:

1,285.15 USD

If Paid After 06/14/2016,
Pay this Amount:

1,311.38 USD

Due If Paid On Time:

USD 1,285.15

Disc lost if paid late:

26.23

Due If Paid Late:

USD 1,311.38

cut # 780

APPROVED
ON

JUN 13 2016

BY CT
CALHOUN COUNTY AUDITOR

McKESSON

STATEMENT

As of: 06/10/2016

Page: 001

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

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

DC: 8115

Territory: 400

Customer: 262252
Date: 06/11/2016

As of: 06/10/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 06/11/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number
16/06/2016	06/14/2016	7749932835	1000829103	115Invoice	12.97	648.27		635.30 ✓		7749932835
16/06/2016	06/14/2016	7749932837	1000829505	115Invoice	3.19	159.33		156.14 ✓		7749932837
16/06/2016	06/14/2016	7749932839	1000830069	115Invoice	5.98	298.91		292.93 ✓		7749932839
16/07/2016	06/14/2016	7750140403	1000830440	115Invoice	1.24	62.06		60.82 ✓		7750140403
16/08/2016	06/14/2016	7750353782	1000831118	115Invoice	0.09	4.37		4.28 ✓		7750353782
16/09/2016	06/14/2016	7750615872	1000831752	115Invoice	8.86	442.90		434.04 ✓		7750615872
16/09/2016	06/14/2016	7750615873	1000831752	115Invoice	0.18	9.18		9.00 ✓		7750615873
16/10/2016	06/14/2016	7750832851	1000832336	115Invoice	5.98	298.91		292.93 ✓		7750832851

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

TOTAL:

Subtotals: 1,923.93 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,008.32
16/06/2016

If Paid By 06/14/2016,
Pay This Amount:

1,885.44 USD

If Paid After 06/14/2016,
Pay this Amount:

1,923.93 USD

Due If Paid On Time:

USD 1,885.44

Disc lost if paid late:

38.49

Due If Paid Late:

USD 1,923.93

ch# 781

APPROVED
ON

JUN 13 2016

BY CT
CALHOUN COUNTY AUDITOR

APPROVED
ON06/15/2016
08:07COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 06/23/2016

0

ap_open_invoice.template

Vendor# Vendor Name
A1690 ALCON LABORATORIES, INC. ✓

Class Pay Code

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9648664654 ✓		05/31/20	05/16/20	06/19/20		1,549.50	0.00	0.00	1,549.50 ✓

SUPPLIES LAB

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

Vendor# Vendor Name

Class Pay Code

B1075 BAXTER HEALTHCARE CORP ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
50896649 ✓		05/17/20	05/09/20	06/19/20		501.71	0.00	0.00	501.71 ✓

CS INVENTORY & RECOVERY

50932952 ✓		05/17/20	05/12/20	06/19/20		114.50	0.00	0.00	114.50 ✓
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SUPPLIES RECOVERY

50953989 ✓		05/24/20	05/16/20	06/19/20		684.02	0.00	0.00	684.02 ✓
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CS INVENTORY

50991022 ✓		05/31/20	05/19/20	06/19/20		6.59	0.00	0.00	6.59 ✓
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FREIGHT EXPENSE MED SUR

45453669 ✓		06/14/20	11/22/20	12/22/20		20.61	0.00	0.00	20.61 ✓
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PHARMACY DRUGS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
B1075		BAXTER HEALTHCARE CORP	1,327.43	0.00	0.00	1,327.43

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
82155338 ✓		05/31/20	05/23/20	06/22/20		166.54	0.00	0.00	166.54 ✓

CS INVENTORY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
B1680		BOUND TREE MEDICAL, LLC	166.54	0.00	0.00	166.54

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
21028		06/14/20	06/07/20	06/15/20		1,400.00	0.00	0.00	1,400.00 ✓

OUTSIDE SRV IT

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

Vendor# Vendor Name

Class Pay Code

C1048 CALHOUN COUNTY ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21029 ✓		06/14/20	02/24/20	03/26/20		76.22	0.00	0.00	76.22 ✓

FUEL TRANSPORTATION

21030 ✓		06/14/20	03/24/20	04/23/20		115.08	0.00	0.00	115.08 ✓
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FUEL TRANSPORTATION

21031 ✓		06/14/20	04/24/20	05/24/20		171.45	0.00	0.00	171.45 ✓
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FUEL TRANSPORTATION

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
C1048		CALHOUN COUNTY	362.75	0.00	0.00	362.75

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	
8001036714	✓	06/14/20	05/14/20	06/18/20		976.16	0.00	0.00	976.16	✓
SUPPLIES NUC MED										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	A1825	CARDINAL HEALTH 414,LLC				976.16	0.00	0.00	976.16	
Vendor#	Vendor Name				Class	Pay Code				
Z0850	CARMEN C. ZAPATA-ARROYO ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
21033		06/14/20	05/31/20	05/31/20		398.75	0.00	0.00	398.75	✓
OUTSIDE SRV OCC THERAPY										
21032	✓	06/14/20	05/31/20	05/31/20		165.00	0.00	0.00	165.00	✓
OUTSIDE SRV OCC THERAPY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	Z0850	CARMEN C. ZAPATA-ARROYO				563.75	0.00	0.00	563.75	
Vendor#	Vendor Name				Class	Pay Code				
C1390	CENTRAL DRUGS ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
21026		06/14/20	05/31/20	06/15/20		90.00	0.00	0.00	90.00	✓
PHARMACY DRUGS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1390	CENTRAL DRUGS				90.00	0.00	0.00	90.00	
Vendor#	Vendor Name				Class	Pay Code				
C1478	CHANNING L BETE CO INC ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
53171068	✓	05/31/20	05/23/20	06/22/20		71.95	0.00	0.00	71.95	✓
SUPPLIES EDUCATION										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1478	CHANNING L BETE CO INC				71.95	0.00	0.00	71.95	
Vendor#	Vendor Name				Class	Pay Code				
C1611	CITIZENS MEDICAL CENTER ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
21034		06/14/20	06/03/20	06/03/20		240.00	0.00	0.00	240.00	✓
SUPPLIES EDUCATION										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	C1611	CITIZENS MEDICAL CENTER				240.00	0.00	0.00	240.00	
Vendor#	Vendor Name				Class	Pay Code				
11030	COMBINED INSURANCE CO ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
21035		06/14/20	05/31/20	06/01/20		2,646.78	0.00	0.00	2,646.78	✓
EMPLOYEE PERSONAL INS										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11030	COMBINED INSURANCE CO				2,646.78	0.00	0.00	2,646.78	
Vendor#	Vendor Name				Class	Pay Code				
D1710	DOWNTOWN CLEANERS ✓				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
21036		06/14/20	05/12/20	05/22/20		16.00	0.00	0.00	16.00	✓
OUTSIDE SRV HOUSEKEEPIN										
21037		06/14/20	05/26/20	06/05/20		40.00	0.00	0.00	40.00	✓
OUTSIDE SRV HOUSEKEEPIN										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	D1710	DOWNTOWN CLEANERS				56.00	0.00	0.00	56.00	

Vendor#	Vendor Name	Class	Pay Code								
11046	E-MDS, INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gr	Gross	Discount	No-Pay	Net	
12266 ✓		06/14/20	06/07/20	06/07/20			983.80	0.00	0.00	983.80	
OUTSIDE SRV CLINIC											
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	11046	E-MDS, INC					983.80	0.00	0.00	983.80	
Vendor#	Vendor Name	Class	Pay Code								
F1400	FISHER HEALTHCARE ✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Gross	Discount	No-Pay	Net	
3601740 ✓		06/14/20	05/20/20	06/19/20			457.19	0.00	0.00	457.19 ✓	
SUPPLIES LAB											
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	F1400	FISHER HEALTHCARE					457.19	0.00	0.00	457.19	
Vendor#	Vendor Name	Class	Pay Code								
11078	FUSION MEDICAL STAFFING, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Gross	Discount	No-Pay	Net	
E101224 ✓		06/07/20	05/20/20	06/19/20			3,802.88	0.00	0.00	3,802.88 ✓	
PROF FEES PT											
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	11078	FUSION MEDICAL STAFFING, LLC					3,802.88	0.00	0.00	3,802.88	
Vendor#	Vendor Name	Class	Pay Code								
W1300	GRAINGER ✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Gross	Discount	No-Pay	Net	
9119173194 ✓		05/31/20	05/23/20	06/22/20			114.39	0.00	0.00	114.39 ✓	
SUPPLIES PLANT OPS											
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	W1300	GRAINGER					114.39	0.00	0.00	114.39	
Vendor#	Vendor Name	Class	Pay Code								
G1210	GULF COAST PAPER COMPANY ✓	M									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Gross	Discount	No-Pay	Net	
1142851 ✓		05/26/20	05/24/20	06/23/20			362.76	0.00	0.00	362.76 ✓	
SUPPLIES DIETARY & HOUSE											
1142856 ✓		05/31/20	05/24/20	06/23/20			34.70	0.00	0.00	34.70 ✓	
SUPPLIES HOUSEKEEPING											
1142709 ✓		05/31/20	05/24/20	06/23/20			-112.50	0.00	0.00	-112.50 ✓	
CREDIT SUPPLIES HOUSEKEI											
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	G1210	GULF COAST PAPER COMPANY					284.96	0.00	0.00	284.96	
Vendor#	Vendor Name	Class	Pay Code								
H0032	H + H SYSTEM, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Gross	Discount	No-Pay	Net	
016802 ✓		05/31/20	05/23/20	06/22/20			58.28	0.00	0.00	58.28 ✓	
SUPPLIES PHARMACY											
Vendor Totals	Number	Name					Gross	Discount	No-Pay	Net	
	H0032	H + H SYSTEM, INC.					58.28	0.00	0.00	58.28	
Vendor#	Vendor Name	Class	Pay Code								
10922	HUNTER PHARMACY SERVICES ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Gross	Discount	No-Pay	Net	
1675 ✓		06/14/20	05/31/20	06/20/20			14,474.84	0.00	0.00	14,474.84	
OUTSIDE SRV PHARMACY											

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- Need Info

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10922	HUNTER PHARMACY SERVICES				14,474.84	0.00	0.00	14,474.84
Vendor#	Vendor Name			Class	Pay Code					
I0415	INDEPENDENCE MEDICAL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
40285635 ✓		05/31/20	05/23/20	06/22/20		54.06	0.00	0.00	54.06	✓
CS INVENTORY										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		I0415	INDEPENDENCE MEDICAL				54.06	0.00	0.00	54.06
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	
916543990 ✓		05/31/20	05/20/20	06/19/20		207.07	0.00	0.00	207.07	✓
SUPPLIES SURGERY										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		J0150	J & J HEALTH CARE SYSTEMS, INC				207.07	0.00	0.00	207.07
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	
78698066 ✓		05/26/20	05/17/20	06/19/20		3,476.97	0.00	0.00	3,476.97	✓
LAB SUPPLIES										
79120196 ✓		06/14/20	05/24/20	06/15/20		750.00	0.00	0.00	750.00	✓
SUPPLIES LAB										
79098688 ✓		06/14/20	05/24/20	06/15/20		316.06	0.00	0.00	316.06	✓
SUPPLIES LAB										
79297063 ✓		06/14/20	05/26/20	06/15/20		132.45	0.00	0.00	132.45	✓
SUPPLIES LAB										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		M2178	MCKESSON MEDICAL SURGICAL INC				4,675.48	0.00	0.00	4,675.48
Vendor#	Vendor Name			Class	Pay Code					
M2658	MERRITT, HAWKINS & ASSOCIATES ✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
SINV116404 ✓		06/14/20	05/31/20	06/10/20		3,000.00	0.00	0.00	3,000.00	✓
PHY RECRUITMENT										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		M2658	MERRITT, HAWKINS & ASSOCIATES				3,000.00	0.00	0.00	3,000.00
Vendor#	Vendor Name			Class	Pay Code					
M2659	MERRY X-RAY/SOURCEONE HEALTHCA ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net	
30094249370 ✓		05/31/20	05/20/20	06/19/20		32.04	0.00	0.00	32.04	✓
SUPPLIES XRAY										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				32.04	0.00	0.00	32.04
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	
MAY312016		06/14/20	05/31/20	05/31/20		88,143.08	0.00	0.00	88,143.08	✓
EMPLOYEE MEDICAL CLAIMS										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				88,143.08	0.00	0.00	88,143.08
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
8394-X ✓		06/14/20	06/06/20	06/07/20		-287.08	0.00	0.00	-287.08 ✓
	CREDIT PHARMACY DRUGS								
8933089 ✓		06/14/20	06/07/20	06/08/20		26.06	0.00	0.00	26.06 ✓
	PHARMACY DRUGS								
8933088 ✓		06/14/20	06/07/20	06/08/20		2,178.42	0.00	0.00	2,178.42 ✓
	PHARMACY DRUGS								
8933087 ✓		06/14/20	06/07/20	06/08/20		36.13	0.00	0.00	36.13 ✓
	PHARMACY DRUGS								
8937399 ✓		06/14/20	06/08/20	06/09/20		1,327.23	0.00	0.00	1,327.23 ✓
	PHARMACY DRUGS								
8936911 ✓		06/14/20	06/08/20	06/09/20		216.62	0.00	0.00	216.62 ✓
	PHARMACY DRUGS								
8937401 ✓		06/14/20	06/08/20	06/09/20		335.77	0.00	0.00	335.77 ✓
	PHARMACY DRUGS								
8934617 ✓		06/14/20	06/08/20	06/09/20		94.43	0.00	0.00	94.43 ✓
	PHARMACY DRUGS								
8937733 ✓		06/14/20	06/08/20	06/09/20		56.32	0.00	0.00	56.32 ✓
	PHARMACY DRUGS								
8934931 ✓		06/14/20	06/08/20	06/09/20		433.25	0.00	0.00	433.25 ✓
	PHARMACY DRUGS								
8934618 ✓		06/14/20	06/08/20	06/09/20		196.94	0.00	0.00	196.94 ✓
	PHARMACY DRUGS								
8934929 ✓		06/14/20	06/08/20	06/09/20		138.14	0.00	0.00	138.14 ✓
	PHARMACY DRUGS								
8934930 ✓		06/14/20	06/08/20	06/09/20		216.62	0.00	0.00	216.62 ✓
	PHARMACY DRUGS								
8937400 ✓		06/14/20	06/08/20	06/09/20		39.81	0.00	0.00	39.81 ✓
	PHARMACY DRUGS								
8941224 ✓		06/14/20	06/09/20	06/10/20		17.47	0.00	0.00	17.47 ✓
	PHARMACY DRUGS								
8940979 ✓		06/14/20	06/09/20	06/10/20		22.20	0.00	0.00	22.20 ✓
	PHARMACY DRUGS								
8941225 ✓		06/14/20	06/09/20	06/10/20		1,084.83	0.00	0.00	1,084.83 ✓
	PHARMACY DRUGS								
8941226 ✓		06/14/20	06/09/20	06/10/20		6.09	0.00	0.00	6.09 ✓
	PHARMACY DRUGS								
8946113 ✓		06/14/20	06/10/20	06/11/20		320.44	0.00	0.00	320.44 ✓
	PHARMACY DRUGS								
8946114 ✓		06/14/20	06/10/20	06/11/20		460.32	0.00	0.00	460.32 ✓
	PHARMACY DRUGS								
8946115 ✓		06/14/20	06/10/20	06/11/20		22.20	0.00	0.00	22.20 ✓
	PHARMACY DRUGS								
8955062 ✓		06/14/20	06/13/20	06/14/20		7,303.92	0.00	0.00	7,303.92 ✓
	PHARMACY DRUGS								
8955063 ✓		06/14/20	06/13/20	06/14/20		308.74	0.00	0.00	308.74 ✓
	PHARMACY DRUGS								
8955061 ✓		06/14/20	06/13/20	06/14/20		122.18	0.00	0.00	122.18 ✓
	PHARMACY DRUGS								
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net
10536 MORRIS & DICKSON CO, LLC						14,677.05	0.00	0.00	14,677.05

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	
2017365944 ✓		05/24/20	05/17/20	06/19/20		2,827.93	0.00	0.00	2,827.93	✓
	CS INVENTORY & PT SUPPLIE									
2017364732 ✓		05/24/20	05/17/20	06/19/20		1,481.05	0.00	0.00	1,481.05	✓
	SUPPLIES VARIOUS DEPTS									
2017445374 ✓		05/24/20	05/19/20	06/19/20		371.63	0.00	0.00	371.63	✓
	SUPPLIES SURGERY									
2017451950 ✓		05/24/20	05/19/20	06/19/20		957.52	0.00	0.00	957.52	✓
	SUPPLIES VARIOUS DEPTS									
2017445046 ✓		05/26/20	05/19/20	06/19/20		1,961.25	0.00	0.00	1,961.25	✓
	MINOR EQUIPMENT CLINIC									
8000070436 ✓		06/14/20	05/31/20	05/31/20		6.70	0.00	0.00	6.70	✓
	FINANCE CHARGE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	OM425	OWENS & MINOR				7,606.08	0.00	0.00	7,606.08	
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	
A1630559 ✓		06/14/20	05/24/20	06/23/20		142.00	0.00	0.00	142.00	✓
	PHARMACY DRUGS									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10204	PHARMEDIUM SERVICES LLC				142.00	0.00	0.00	142.00	
Vendor#	Vendor Name	Class	Pay Code							
10372	PRECISION DYNAMICS CORP (PDC) ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
3395554 ✓		05/31/20	05/23/20	06/22/20		255.70	0.00	0.00	255.70	✓
	SUPPLIES HIM									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	10372	PRECISION DYNAMICS CORP (PDC)				255.70	0.00	0.00	255.70	
Vendor#	Vendor Name	Class	Pay Code							
11193	RACHEL HEFFNER ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
21038		06/14/20	06/09/20	06/09/20		321.50	0.00	0.00	321.50	✓
	TRAVEL EXP XRAY OB/GYN ultrasound (Houston, TX) 4/28/16 - 4/30/16									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	11193	RACHEL HEFFNER				321.50	0.00	0.00	321.50	
Vendor#	Vendor Name	Class	Pay Code							
R1268	RADIOLOGY UNLIMITED, PA ✓		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
21039		06/14/20	05/12/20	06/11/20		20.00	0.00	0.00	20.00	✓
	READ FEES XRAY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	R1268	RADIOLOGY UNLIMITED, PA				20.00	0.00	0.00	20.00	
Vendor#	Vendor Name	Class	Pay Code							
I0520	RICOH USA, INC. ✓		M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
96929040 ✓		06/14/20	05/31/20	06/19/20		5,909.84	0.00	0.00	5,909.84	✓
	COPIER LEASE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	I0520	RICOH USA, INC.				5,909.84	0.00	0.00	5,909.84	

Vendor#	Vendor Name				Class	Pay Code					
11164	RS CLARK & ASSOCIATES, INC										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
20160430	✓	06/14/20	04/30/20	05/30/20		910.44	0.00	0.00	910.44	✓	
COLLECTION EXPENSE BUS (											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11164	RS CLARK & ASSOCIATES, INC				910.44	0.00	0.00	910.44		
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		
14513573	✓	05/31/20	05/20/20	06/19/20		182.56	0.00	0.00	182.56	✓	
SUPPLIES SURGERY											
14515642	✓	05/31/20	05/24/20	06/23/20		265.94	0.00	0.00	265.94	✓	
SUPPLIES SURGERY											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	S2353	SMITHS MEDICAL ASD INC				448.50	0.00	0.00	448.50		
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		
2752027	✓	05/25/20	05/19/20	06/19/20		2,986.29	0.00	0.00	2,986.29	✓	
SUPPLIES SURGERY											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10735	STRYKER SUSTAINABILITY				2,986.29	0.00	0.00	2,986.29		
Vendor#	Vendor Name				Class	Pay Code					
10611	TELE-PHYSICIANS, P.A. (TX)	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
TX0001804	✓	06/07/20	06/01/20	06/19/20		2,680.00	0.00	0.00	2,680.00	✓	
PROF FEES ER											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10611	TELE-PHYSICIANS, P.A. (TX)				2,680.00	0.00	0.00	2,680.00		
Vendor#	Vendor Name				Class	Pay Code					
T1880	TEXAS DEPARTMENT OF LICENSING	✓			A/P						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
21006		05/31/20	05/26/20	06/22/20		70.00	0.00	0.00	70.00	✓	
DUES & SUBCRIPTIONS ADMI											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	T1880	TEXAS DEPARTMENT OF LICENSING				70.00	0.00	0.00	70.00		
Vendor#	Vendor Name				Class	Pay Code					
10941	THE UPS PRINT STORE	✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
8724		06/14/20	05/13/20	06/12/20		50.00	0.00	0.00	50.00	✓	
SUPPLIES CLINIC											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	10941	THE UPS PRINT STORE				50.00	0.00	0.00	50.00		
Vendor#	Vendor Name				Class	Pay Code					
V1050	THE VICTORIA ADVOCATE	✓			W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
21027		06/14/20	05/29/20	06/13/20		24.80	0.00	0.00	24.80	✓	
DUES & SUBCRIPTIONS											
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	V1050	THE VICTORIA ADVOCATE				24.80	0.00	0.00	24.80		

Vendor#	Vendor Name				Class	Pay Code					
T0801	TLC STAFFING ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
20610 ✓		06/14/20	05/31/20	05/31/20		1,065.10	0.00	0.00	1,065.10	✓	
	CONTRACT NURSING										
20636 ✓		06/14/20	06/06/20	06/06/20		1,335.56	0.00	0.00	1,335.56	✓	
	CONTRACT NURSING										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	T0801	TLC STAFFING				2,400.66	0.00	0.00	2,400.66		
Vendor#	Vendor Name				Class	Pay Code					
11067	TRIZETTO PROVIDER SOLUTIONS ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3A3X061600 ✓		06/14/20	06/01/20	06/16/20		314.05	0.00	0.00	314.05	✓	
	OUTSIDE SRV CLINIC										
35FK061600 ✓		06/14/20	06/01/20	06/16/20		923.00	0.00	0.00	923.00	✓	
	OUTSIDE SRV CLINIC										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	11067	TRIZETTO PROVIDER SOLUTIONS				1,237.05	0.00	0.00	1,237.05		
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		
8150731325 ✓		05/31/20	05/24/20	06/23/20		45.80	0.00	0.00	45.80	✓	
	OUTSIDE SRV MAINT										
8150731419 ✓		05/31/20	05/24/20	06/23/20		31.92	0.00	0.00	31.92	✓	
	OUTSIDE SRV BIO MED										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	U1054	UNIFIRST HOLDINGS				77.72	0.00	0.00	77.72		
Vendor#	Vendor Name				Class	Pay Code					
U1064	UNIFIRST HOLDINGS INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
8400220688 ✓		05/26/20	05/20/20	06/19/20		1,146.23	0.00	0.00	1,146.23	✓	
	LAUNDRY HOUSEKEEPING										
8400220649 ✓		05/26/20	05/20/20	06/19/20		373.69	0.00	0.00	373.69	✓	
	LAUNDRY SURGERY										
8400220836 ✓		05/31/20	05/24/20	06/23/20		203.05	0.00	0.00	203.05	✓	
	LAUNDRY DIETARY										
8400220838 ✓		05/31/20	05/24/20	06/23/20		103.52	0.00	0.00	103.52	✓	
	LAUNDRY HOUSEKEEPING										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	U1064	UNIFIRST HOLDINGS INC				1,826.49	0.00	0.00	1,826.49		
Vendor#	Vendor Name				Class	Pay Code					
U1200	UNITED AD LABEL CO INC ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
231571350 ✓		05/31/20	05/20/20	06/19/20		199.05	0.00	0.00	199.05	✓	
	SUPPLIES DIETARY										
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
	U1200	UNITED AD LABEL CO INC				199.05	0.00	0.00	199.05		
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		
4412887 ✓		06/07/20	05/30/20	06/19/20		1,988.19	0.00	0.00	1,988.19	✓	
	FOOD SUPPLIES DIETARY										

4469574	06/14/20 06/01/20 06/21/20					4.02	0.00	0.00	4.02	
SUPPLIES DIETARY										
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
10172 US FOOD SERVICE						1,992.21	0.00	0.00	1,992.21	
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
10597501		06/14/20	05/16/20	05/16/20			220.00	0.00	0.00	220.00 ✓
LEGAL SERVICES										
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
10943 WALLER, LANSDEN, DORTCH & DAVIS						220.00	0.00	0.00	220.00	
Vendor#	Vendor Name					Class	Pay Code			
11110	WERFEN USA LLC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
9110300640	✓	05/26/20	05/10/20	06/19/20			9,201.00	0.00	0.00	9,201.00 ✓
LAB SUPPLIES										
9110300771	✓	05/26/20	05/10/20	06/19/20			1,964.52	0.00	0.00	1,964.52 ✓
LAB SUPPLIES										
9110302052	✓	05/26/20	05/16/20	06/19/20			1,571.67	0.00	0.00	1,571.67 ✓
LEASE & RENTAL LAB										
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
11110 WERFEN USA LLC						12,737.19	0.00	0.00	12,737.19	
Vendor#	Vendor Name					Class	Pay Code			
10325	WHOLESALE ELECTRIC SUPPLY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
79-4178652	✓	05/31/20	05/24/20	06/23/20			424.17	0.00	0.00	424.17 ✓
SUPPLIES PLANT OPS										
Vendor Totals: Number Name						Gross	Discount	No-Pay	Net	
10325 WHOLESALE ELECTRIC SUPPLY						424.17	0.00	0.00	424.17	

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
	182,955.67	0.00	0.00	182,955.67

Add Calcom Fee { + 25.00

Remove Hunter Pharmacy Services { < 14,474.84

pg 3

\$ 168,505.83

Michael J. Pfeifer
Michael J. Pfeifer
Calhoun County Judge
Date: 6-28-16

APPROVED
ON

JUN 15 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CRS #166676

+ 0

#166724

182,955.67 +
25.00 +
14,474.84 -
168,505.83 =

RUN DATE: 06/15/16
TIME: 14:04

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
-------------------	------------	------	--------	-------------	-------------	-------------	--------

		061516	209.80	2		REFUND	
--	--	--------	--------	---	--	--------	--

134

		061516	187.40	2		REFUND	
--	--	--------	--------	---	--	--------	--

153

ARID=0001 TOTAL

397.20

TOTAL

397.20

APPROVED
ON

JUN 15 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKs #166725
+0
#166726

Michael J. Pfeifer
Michael J. Pfeifer
Calhoun County Judge
Date: 6-28-16

E

RUN DATE:06/16/16
TIME:09:51

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/16/16 THRU 06/16/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166676	06/16/16	1,992.21	US FOOD SERVICE
A/P	166677	06/16/16	142.00	PHARMEDIUM SERVICES LLC
A/P	166678	06/16/16	424.17	WHOLESALE ELECTRIC SUPPLY
A/P	166679	06/16/16	255.70	PRECISION DYNAMICS CORP (PDC)
A/P	166680	06/16/16	.00	VOIDED
A/P	166681	06/16/16	14,677.05	MORRIS & DICKSON CO, LLC
A/P	166682	06/16/16	2,680.00	TELE-PHYSICIANS, P.A. (TX)
A/P	166683	06/16/16	2,986.29	STRYKER SUSTAINABILITY
A/P	166684	06/16/16	88,143.08	MHC EMPLOYEE BENEFIT PLAN
A/P	166685	06/16/16	50.00	THE UPS PRINT STORE
A/P	166686	06/16/16	220.00	WALLER, LANSDEN, DORTCH & DAVIS
A/P	166687	06/16/16	2,646.78	COMBINED INSURANCE CO
A/P	166688	06/16/16	983.80	E-MDS, INC
A/P	166689	06/16/16	1,237.05	TRIZETTO PROVIDER SOLUTIONS
A/P	166690	06/16/16	3,802.88	FUSION MEDICAL STAFFING, LLC
A/P	166691	06/16/16	910.44	RS CLARK & ASSOCIATES, INC
A/P	166692	06/16/16	321.50	RACHEL HEFFNER
A/P	166693	06/16/16	1,549.50	ALCON LABORATORIES, INC.
A/P	166694	06/16/16	976.16	CARDINAL HEALTH 414, LLC
A/P	166695	06/16/16	1,327.43	BAXTER HEALTHCARE CORP
A/P	166696	06/16/16	166.54	BOUND TREE MEDICAL, LLC
A/P	166697	06/16/16	1,400.00	CABLE ONE
A/P	166698	06/16/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	166699	06/16/16	362.75	CALHOUN COUNTY
A/P	166700	06/16/16	90.00	CENTRAL DRUGS
A/P	166701	06/16/16	71.95	CHANNING L BETE CO INC
A/P	166702	06/16/16	240.00	CITIZENS MEDICAL CENTER
A/P	166703	06/16/16	56.00	DOWNTOWN CLEANERS
A/P	166704	06/16/16	457.19	FISHER HEALTHCARE
A/P	166705	06/16/16	284.96	GULF COAST PAPER COMPANY
A/P	166706	06/16/16	58.28	H + H SYSTEM, INC.
A/P	166707	06/16/16	54.06	INDEPENDENCE MEDICAL
A/P	166708	06/16/16	5,909.84	RICOH USA, INC.
A/P	166709	06/16/16	12,737.19	WERFEN USA LLC
A/P	166710	06/16/16	207.07	J & J HEALTH CARE SYSTEMS, INC
A/P	166711	06/16/16	4,675.48	MCKESSON MEDICAL SURGICAL INC
A/P	166712	06/16/16	3,000.00	MERRITT, HAWKINS & ASSOCIATES
A/P	166713	06/16/16	32.04	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	166714	06/16/16	7,606.08	OWENS & MINOR
A/P	166715	06/16/16	20.00	RADIOLOGY UNLIMITED, PA
A/P	166716	06/16/16	448.50	SMITHS MEDICAL ASD INC
A/P	166717	06/16/16	2,400.66	TLC STAFFING
A/P	166718	06/16/16	70.00	TEXAS DEPARTMENT OF LICENSING
A/P	166719	06/16/16	77.72	UNIFIRST HOLDINGS
A/P	166720	06/16/16	1,826.49	UNIFIRST HOLDINGS INC
A/P	166721	06/16/16	199.05	UNITED AD LABEL CO INC
A/P	166722	06/16/16	24.80	THE VICTORIA ADVOCATE
A/P	166723	06/16/16	114.39	GRAINGER
A/P	166724	06/16/16	563.75	CARMEN C. ZAPATA-ARROYO
A/P	166725	06/16/16	209.80	TRANSAMERICA

RUN DATE:06/16/16
TIME:09:51

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/16/16 THRU 06/16/16

PAGE 2
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P 166726 06/16/16 187.40 STANDARD LIFE ACCIDENT
TOTALS: 168,903.03

APPROVED
ON

JUN 15 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

RUN DATE:06/17/16
TIME:10:01

MEMORIAL MEDICAL CENTER
EDIT LIST FOR BATCH 019 5151

CRT#019
TRANSACTION SEQUENCE

PAGE 1
GLEDIT

SEQ.	ACCOUNT NUMBER	A.H.A. NUMBER	TRANS DATE	JOURNAL	AMOUNT	SUB-LED	REFERENCE	MEMO	G.L. ACCOUNT DESCRIPTION
1	20000000		06/17/16	PJ	12,450.00	CR P1725	21046	PREMIER SLEEP DISORDERS	INV DT=05/31/16 DUE=053116
2	40510045		06/17/16	PJ	12,450.00	P1725	21046	PREMIER SLEEP DISORDERS	PURCHASED SERVICES -RES
	60510045						3450	42092	

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

JOURNAL	YRMO	COUNT	DEBIT	CREDIT		
PJ	1606	2	12,450.00	12,450.00		
TOTAL		2	12,450.00	12,450.00	A/P TOTAL	12,450.00

Sleep studies

ACCOUNT TOTAL RECAP ON NEXT PAGE

APPROVED
ON

JUN 17 2016

CK# 166727

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfeifer
Michael J. Pfeifer
Calhoun County Judge
Date: *6-28-16*

8

RUN DATE:06/17/16
TIME:10:05

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/17/16 THRU 06/17/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P 166727 06/17/16 12,450.00 PREMIER SLEEP DISORDERS CENTER
TOTALS: 12,450.00

APPROVED
ON

JUN 17 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
6/20/2016

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	41,830.86	41,730.86	110,048.67	-	-	-	-	110,148.67	110,048.67

Routing Information for Ashford Gardens:

Ashford Health Care Center Ltd Co

JP M^{or} Chase Bank

ABA 0614

Account: 14257

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	52,221.86	52,121.86	59,661.10	-	-	-	-	59,761.10	59,661.10
Crescent	4588	38,961.87	38,861.87	126,044.25	-	-	-	-	126,144.25	126,044.25
Broadmoor	4596	21,003.62	20,903.62	45,264.28	-	-	-	-	45,364.28	45,264.28
Fort Bend	4618	8,577.92	8,477.92	12,409.14	-	-	-	-	12,509.14	12,409.14
										243,378.77

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:

Cantex Health Care Centers III LLC

JP Moraan Chase Bank

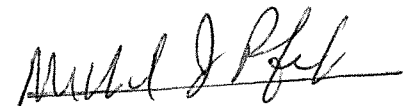
ABA 0614

2922

Note: Only balances of over \$5,000 will be transferred to the nursing home.

Note 2: Each account has a base balance of \$100 that MMC deposited to open account.

Approved: _____


Michael J. Pfeifer
Calhoun County Judge
Date: 6-28-16

APPROVED
JUN 20 2016
COUNTY AUDITOR

IBC Bank Activity
6/13/16 through 6/19/16

Ashford Gardens

				<u>Transfer-Out</u>	<u>Transfer-In</u>
6/13/2016	5025	4555	142 ACH CREDIT RECEIVED		3,158.88
6/13/2016	5025	4555	301 COMMERCIAL DEPOSIT		8,833.13
6/13/2016	5025	4555	142 ACH CREDIT RECEIVED		9,588.56
6/13/2016	5025	4555	142 ACH CREDIT RECEIVED		435.42
6/14/2016	5025	4555	495 OUTGOING MONEY TRANSFER	41,730.86	
6/15/2016	5025	4555	142 ACH CREDIT RECEIVED		7,395.87
6/16/2016	5025	4555	142 ACH CREDIT RECEIVED		48.05
6/16/2016	5025	4555	142 ACH CREDIT RECEIVED		5,901.70
6/17/2016	5025	4555	301 COMMERCIAL DEPOSIT		74,687.06
				<u>41,730.86</u>	<u>110,048.67</u>

Molina HC of TX Molina HC
Molina HC of TX Molina HC
AGING DISAB SVCS HCCLAIMPMT
ASHFORD HEALTH CARE CENTER LTD
AGING DISAB SVCS HCCLAIMPMT
Molina HC of TX Molina HC
AGING DISAB SVCS HCCLAIMPMT

Solera at West Houston

				<u>Transfer-Out</u>	<u>Transfer-In</u>
6/13/2016	5025	4561	301 COMMERCIAL DEPOSIT		22,703.90
6/14/2016	5025	4561	495 OUTGOING MONEY TRANSFER	52,121.86	
6/14/2016	5025	4561	142 ACH CREDIT RECEIVED		2,319.31
6/14/2016	5025	4561	142 ACH CREDIT RECEIVED		161.00
6/14/2016	5025	4561	142 ACH CREDIT RECEIVED		4,937.83
6/14/2016	5025	4561	142 ACH CREDIT RECEIVED		4,454.44
6/15/2016	5025	4561	142 ACH CREDIT RECEIVED		2,802.34
6/15/2016	5025	4561	142 ACH CREDIT RECEIVED		966.00
6/17/2016	5025	4561	301 COMMERCIAL DEPOSIT		21,316.28
				<u>52,121.86</u>	<u>59,661.10</u>

CANTEX HEALTH CARE CENTERS LLC
AMERIGROUP CORPO HCCLAIMPMT
AGING DISAB SVCS HCCLAIMPMT
AMERIGROUP CORPO HCCLAIMPMT
AMERIGROUP CORPO HCCLAIMPMT
AMERIGROUP CORPO HCCLAIMPMT
AGING DISAB SVCS HCCLAIMPMT

Crescent

				<u>Transfer-Out</u>	<u>Transfer-In</u>
6/13/2016	5025	4555	142 ACH CREDIT RECEIVED		14,293.38
6/13/2016	5025	4555	142 ACH CREDIT RECEIVED		12,228.77
6/13/2016	5025	4555	301 COMMERCIAL DEPOSIT		27,861.27
6/13/2016	5025	4555	142 ACH CREDIT RECEIVED		988.97
6/14/2016	5025	4555	495 OUTGOING MONEY TRANSFER	38,861.87	
6/14/2016	5025	4555	142 ACH CREDIT RECEIVED		17,249.99
6/14/2016	5025	4555	142 ACH CREDIT RECEIVED		10,873.72
6/17/2016	5025	4555	301 COMMERCIAL DEPOSIT		38,432.59
6/17/2016	5025	4555	142 ACH CREDIT RECEIVED		4,115.56
				<u>38,861.87</u>	<u>126,044.25</u>

Molina HC of TX Molina HC
AMERIGROUP CORPO HCCLAIMPMT
AGING DISAB SVCS HCCLAIMPMT
CANTEX HEALTH CARE CENTERS III
AMERIGROUP CORPO HCCLAIMPMT
AGING DISAB SVCS HCCLAIMPMT

Molina HC of TX Molina HC

Broadmoor

				<u>Transfer-Out</u>	<u>Transfer-In</u>
6/13/2016	5025	4596	301 COMMERCIAL DEPOSIT		28,711.39
6/14/2016	5025	4596	495 OUTGOING MONEY TRANSFER	20,903.62	
6/17/2016	5025	4596	301 COMMERCIAL DEPOSIT		16,552.89
				<u>20,903.62</u>	<u>45,264.28</u>

CANTEX HEALTH CARE CENTERS III

Fort Bend

				<u>Transfer-Out</u>	<u>Transfer-In</u>
6/13/2016	5025	4618	142 ACH CREDIT RECEIVED		5,748.61
6/14/2016	5025	4618	142 ACH CREDIT RECEIVED		2,137.49
6/14/2016	5025	4618	495 OUTGOING MONEY TRANSFER	8,477.92	
6/17/2016	5025	4618	301 COMMERCIAL DEPOSIT		4,523.04
				<u>8,477.92</u>	<u>12,409.14</u>

Molina HC of TX Molina HC
AMERIGROUP CORPO HCCLAIMPMT
CANTEX HEALTH CARE CENTERS III

Account Portfolio as of 06/20/2016 8:28:24 AM

Account Display
☐ Display By Account Type
☐ Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
Memorial Medical Center	3387	\$245,550.14	\$245,550.14
Memorial Medical Center	4553	\$110,148.67	\$110,148.67
Memorial Medical Center	4561	\$59,761.10	\$59,761.10
Memorial Medical Center	4588	\$126,144.25	\$289,964.42
Memorial Medical Center	4596	\$45,364.28	\$283,768.16
Memorial Medical Center	4618	\$12,509.14	\$12,509.14
Memorial Medical Center Operat	0301	\$1,418,882.97	\$1,431,816.28
County of Calhoun Indigent	1101	\$5,648.30	\$5,648.30
Totals		\$2,024,008.85	\$2,439,166.21

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RUN DATE:06/20/16
TIME:11:22

MEMORIAL MEDICAL CENTER
CHECK REGISTER *and Payable List*
06/20/16 THRU 06/20/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P 000782 06/20/16 534.18 MCKESSON
A/P 000783 06/20/16 551.32 MCKESSON
A/P 000784 06/20/16 1,842.72 MCKESSON
TOTALS: 2,928.22

340 B Prescription Expenses

APPROVED
ON

JUN 20 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J Pfeifer

Michael J. Pfeifer
Calhoun County Judge
Date: *6-28-16*

McKESSON

STATEMENT

As of: 06/17/2016

Page: 001

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

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

DC: 8115

Territory: 400

Customer: 190813

Date: 06/18/2016

As of: 06/17/2016

Mail to:

Page: 001

Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 06/18/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
16/13/2016	06/21/2016	7751088793	1000832937	115Invoice	8.06	403.16		395.10 ✓		7751088793	
16/13/2016	06/21/2016	7751088795	1000833524	115Invoice	0.01	0.32		0.31 ✓		7751088795	
16/13/2016	06/21/2016	7751088797	1000833918	115Invoice	1.78	89.11		87.33 ✓		7751088797	
16/14/2016	06/21/2016	7751332180	1000834285	115Invoice	0.94	46.91		45.97 ✓		7751332180	
16/15/2016	06/21/2016	7751535792	1000834663	115Invoice	0.08	4.03		3.95 ✓		7751535792	
16/16/2016	06/21/2016	7751781957	1000835069	115Invoice	0.03	1.55		1.52 ✓		7751781957	

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

TOTAL:

Subtotals: 545.08 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,021.93
16/13/2016

If Paid By 06/21/2016,
Pay This Amount:

If Paid After 06/21/2016,
Pay this Amount:

534.18 USD

545.08 USD

Due If Paid On Time:
USD 534.18

Disc lost if paid late:
10.90

Due If Paid Late:
USD 545.08

[Handwritten signature]
6-20-16

ck# 782

APPROVED
ON

JUN 20 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

Company: 8000

As of: 06/17/2016

Page: 001

To ensure proper credit to your
account, detach and return this
stub with your remittanceWALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342

Date: 06/18/2016

As of: 06/17/2016 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342 PLEASE CHECK ANY
Date: 06/18/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
16/13/2016	06/21/2016	7751083888	3454581505	115Invoice	0.83	41.33		40.50	✓	7751083888	
16/14/2016	06/21/2016	7751329584	3454581508	115Invoice	0.83	41.33		40.50	✓	7751329584	
16/15/2016	06/21/2016	7751543744	3454581511	115Invoice	3.86	192.90		189.04	✓	7751543744	
16/16/2016	06/21/2016	7751791347	3454581514	115Invoice	0.84	41.96		41.12	✓	7751791347	
16/17/2016	06/21/2016	7752008287	3454581517	115Invoice	3.13	156.38		153.25	✓	7752008287	
16/17/2016	06/21/2016	7752008288	1093390	115Invoice	1.77	88.68		86.91	✓	7752008288	

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

TOTAL:

Subtotals: 562.58 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,285.15
16/13/2016If Paid By 06/21/2016,
Pay This Amount:

551.32 USD

If Paid After 06/21/2016,
Pay this Amount:

562.58 USD

Due If Paid On Time:
USD 551.32Disc lost if paid late:
11.26Due If Paid Late:
USD 562.58

ck# 783

APPROVED
ON

JUN 20 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON

STATEMENT

As of: 06/17/2016

Page: 001

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

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

DC: 8115

Territory: 400

Customer: 262252
Date: 06/18/2016

As of: 06/17/2016 Page: 001
Mail to: Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 262252 PLEASE CHECK ANY
Date: 06/18/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
16/13/2016	06/21/2016	7751120041	1000832939	115Invoice	1.40	69.98		68.58 ✓		7751120041	
16/13/2016	06/21/2016	7751120046	1000833526	115Invoice	1.78	89.18		87.40 ✓		7751120046	
16/13/2016	06/21/2016	7751120052	1000833920	115Invoice	9.39	469.64		460.25 ✓		7751120052	
16/14/2016	06/21/2016	7751327778	1000834287	115Invoice	0.93	46.45		45.52 ✓		7751327778	
16/15/2016	06/21/2016	7751536793	1000834665	115Invoice	0.78	39.09		38.31 ✓		7751536793	
16/16/2016	06/21/2016	7751782832	1000835071	115Invoice	13.17	658.38		645.21 ✓		7751782832	
16/16/2016	06/21/2016	7751782833	1000835071	115Invoice	0.02	1.10		1.08 ✓		7751782833	
16/17/2016	06/21/2016	7752017947	1000835685	115Invoice	10.13	506.50		496.37 ✓		7752017947	

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

TOTAL:

Subtotals: 1,880.32 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,885.44
16/13/2016

If Paid By 06/21/2016,
Pay This Amount:

If Paid After 06/21/2016,
Pay this Amount:

1,842.72 USD

1,880.32 USD

Due If Paid On Time:
USD 1,842.72

Disc lost if paid late:
37.60

Due If Paid Late:
USD 1,880.32

ck# 784

APPROVED
ON

JUN 20 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



June 2016 Statement

Open Date: 05/05/2016 Closing Date: 06/03/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JASON W ANGLIN

New Balance \$799.71
Minimum Payment Due \$10.00
Payment Due Date 07/01/2016

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

Cardmember Service
BUS 30 ELN 8 3

Activity Summary

Previous Balance	+	\$8,587.36
Payments	-	\$8,587.36CR
Other Credits	-	\$13.97CR
Purchases	+	\$813.68
Balance Transfers		\$0.00
Advances		\$0.00
Other Debits		\$0.00
Fees Charged		\$0.00
Interest Charged		\$0.00

New Balance	=	\$799.71 ✓
Past Due		\$0.00
Minimum Payment Due		\$10.00
Credit Line		\$10,000.00
Available Credit		\$9,200.29
Days in Billing Period		30

Michael J. Pfeifer
Michael J. Pfeifer
Calhoun County Judge
Date: 6-28-16

MMC
Will Pay
By Phone

\$799.71

APPROVED
ON

JUN 21 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:



Mail payment coupon
with a check



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



24-Hour Cardmember Service

- to pay by phone
- to change your address

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

Account Number	
Payment Due Date	7/01/2016
New Balance	\$799.71
Minimum Payment Due	\$10.00

Amount Enclosed \$ _____

Cardmember Service

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

June 2016 Statement 05/05/2016 - 06/03/2016

 MEMORIAL MEDICAL CNT
 JASON W ANGLIN

Cardmember Service

5

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.

The Auto Rental Collision Damage Waiver (ARCDW) eliminates the need for you to pay for additional accident insurance provided by most commercial auto rental companies - saving you money! Certain terms, conditions and exclusions apply. For coverage to apply you must use your eligible Visa card to secure transactions. See your Guide to Benefits for important coverage details.

Transactions
Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
05/12	05/11	6128	AMAZON.COM AMZN.COM/BI AMZN.COM/BILL WA	\$2.11CR	①
			MERCHANDISE/SERVICE RETURN		
05/16	05/13	9840	TLF MC ADAMS FLORAL IN VICTORIA TX	\$6.18CR	✓
			MERCHANDISE/SERVICE RETURN		
05/16	05/13	0064	GREENHOUSE FLORAL DES PORT LAVACA TX	\$5.68CR	✓
			MERCHANDISE/SERVICE RETURN		
05/17	05/17		PAYMENT THANK YOU	\$8,587.36CR	
TOTAL THIS PERIOD				\$8,601.33CR	

*Take credits
this time*

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
05/09	05/08	9098	SURVEYMONKEY.COM 971-2445555 CA	\$26.00	✓
05/09	05/06	3124	NPDB NPDB.HRSA.GOV 800-767-6732 VA	\$3.00	✓
05/09	05/06	8527	AMAZON.COM AMZN.COM/BI AMZN.COM/BILL WA	\$27.64	①
05/09	05/07	6457	AMA*CREDENTIALING 800-621-8335 IL	\$43.00	✓
05/12	05/10	0605	WYNDHAM AUSTIN & WOODW AUSTIN TX	\$273.70	✓
			05/10/16 FOR 01 NIGHTS		
			FOLIO: 6621310		
05/16	05/13	8359	BAUDVILLE INC. 800-728-0888 MI	\$115.34	✓
05/27	05/26	6074	PAYPAL *TEXASORGANI 402-935-7733 TX	\$325.00	✓
TOTAL THIS PERIOD				\$813.68	

see credit 2.11 Sales Tax

2016 Totals Year-to-Date

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

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

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

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

Vendor Name: Cardmember Service

Date: 6/8/16

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required		Expense #	Department	Deliver To		
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		Survey Monkey - Subscription		✓	26.00
2			Renewal			
3	—		NPDB - 1 Physician - credentialing		✓	3.00
4	—		AMA Credentialing - 1 Physician		✓	43.00
5			for initial + cont. monitoring			
6	—		Wyndham Austin - Hotel		✓	273.70
7			expense for Sara Rubio -			
8	—		Bandville, Inc - LVN + RN		✓	115.34
9			of the Year plaques			
10	—		Pay Pal - Registration for Danette		✓	325.00
			Peabody - TARCH Conference			
Est. Freight		Est. Total Cost		TOTAL COST		
				786.04		

NOTES:

Changes made to Mr. Anglin's credit card

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

Dept. Director
Dir. Nursing
Adm. Dir. Clinical Service
CFO
Administrator <u>[Signature]</u>

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

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

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

Vendor Name: AMAZON.

Date: 5-5-16

Vendor Address: _____

P.O. #

Credit Card.

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	1		Ultimate Work Log.			12.55
2						
3						
4						
5						
6			27.64 ^{cc} Chg			
7			42.117 cc credit for Sales Tax			
8						
9			25.53			
10						

APPROVED ON 1/2016

see email attached

see attached

APPROVED ON

JUN 21 2016

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Est. Freight _____

TOTAL COST 27.64

NOTES:

Contact:	Date:
Quoted By:	5-5-16
Buyer:	B.T.A.

Dept. Director:	J. W. D. RICE, PT, DPT
Dir. Nursing:	
Adm. Dir. Clinical Service:	
CFO:	
Administrator:	

Sylvia Mendoza

From:
Sent: Thursday, May 05, 2016 1:48 PM
To: Sylvia Mendoza
Subject: Your Amazon.com order of "The Ultimate Workout Log..."



Order Confirmation

Hello memorial medical center,
Thank you for shopping with us. You ordered "The Ultimate Workout Log...".
We'll send a confirmation when your item ships.

Details

Arriving:
Monday, May 9

Ship to:
Memorial Medical Center
815 N VIRGINIA ST...

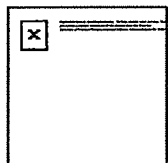


Total Before Tax: \$25.53
Estimated Tax: \$2.11
Order Total: \$27.64

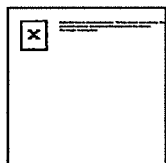
*See email
Rec. Cr for
2.11 Sales Tax*

We hope to see you again soon.
Amazon.com

Customers Who Bought The Ultimate Work... Also Bought



Concepts of Physical
Fitness Loose...
\$107.84



The Weight Training
Diary
\$13.07

By placing your order, you agree to Amazon.com's Privacy Notice and Conditions of Use. Unless otherwise noted, items sold by Amazon.com LLC are subject to sales tax in select states in accordance with the applicable laws of that state. If your order contains one or more items from a seller other than Amazon.com LLC, it may be subject to state and local sales tax, depending upon the seller's business policies and the location of their operations. Learn more about tax and seller information.

This email was sent from a notification-only address that cannot accept incoming email. Please do not reply to this message.

Sylvia Mendoza

From: Amazon.com
Sent: Wednesday, May 11, 2016 2:08 PM
To: Sylvia Mendoza
Subject: Refund on order

Hello,

We're writing to let you know we processed your refund of \$2.11 for your Order

This refund is for the following item(s):

Item: The Ultimate Workout Log: An Exercise Diary for Everyone
Quantity: 1
ASIN: 2124
Reason for refund: Account adjustment

Here's the breakdown of your refund for this item:

Goodwill Refund: \$2.11

We'll apply your refund to the following payment method(s):

Visa Credit Card: \$2.11

We've processed a refund for the above order in the amount of \$2.11. The refund should appear on your account in 3-5 days if issued to a credit card.
Refunds issued to a bank account typically take 7-10 days to reflect on the account balance.

Have questions about our refund policy?
Visit our Help section for more information:

<http://www.amazon.com/refunds>

We look forward to seeing you again soon.

Sincerely,

Amazon.com
We're Building Earth's Most Customer-Centric Company <http://www.amazon.com>

Note: this e-mail was sent from a notification-only e-mail address that cannot accept incoming e-mail. Please do not reply to this message.

APPROVED
ON

JUN 22 2016

06/21/2016

15:41

MEMORIAL MEDICAL CENTER

AP Open Invoice List

0

ap_open_invoice.template

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Due Dates Through: 07/01/2016

Vendor# Vendor Name

Class Pay Code

10864 ACCLARENT, INC. ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
IN258942 ✓		06/20/20	05/02/20	06/02/20		8,807.05	0.00	0.00	8,807.05 ✓

SUPPLIES SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
10864	ACCLARENT, INC.	8,807.05	0.00	0.00	8,807.05	

Vendor# Vendor Name

Class Pay Code

A1430 ADVANCE MEDICAL DESIGNS INC ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SI01108567 ✓		05/31/20	05/23/20	06/24/20		23.50	0.00	0.00	23.50 ✓

SUPPLIES SURGERY

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

Vendor# Vendor Name

Class Pay Code

A1680 AIRGAS USA, LLC - CENTRAL DIV ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
9935265721 ✓		06/16/20	03/31/20	04/30/20		438.80	0.00	0.00	438.80 ✓

SUPPLIES PLANT OPS

9935265720 ✓		06/16/20	03/31/20	04/30/20		406.10	0.00	0.00	406.10 ✓
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SUPPLIES PLANT OPS

9935989611 ✓		06/16/20	04/30/20	05/30/20		433.03	0.00	0.00	433.03 ✓
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SUPPLIES PLANT OPS

9935989621 ✓		06/16/20	04/30/20	05/30/20		403.59	0.00	0.00	403.59 ✓
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SUPPLIES PLANT OPS

9051692496 ✓		06/16/20	05/24/20	06/23/20		50.51	0.00	0.00	50.51 ✓
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SUPPLIES PLANT OPS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1680	AIRGAS USA, LLC - CENTRAL DIV	1,732.03	0.00	0.00	1,732.03	

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
9648754847 ✓		06/16/20	05/26/20	06/25/20		9,800.00	0.00	0.00	9,800.00 ✓

2 YR MAINT CONTR SURGERY

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1690	ALCON LABORATORIES, INC.	9,800.00	0.00	0.00	9,800.00	

Vendor# Vendor Name

Class Pay Code

10814 ALLIED BENEFIT SYSTEMS ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
377820		06/20/20	05/24/20	06/15/20		31,526.02	0.00	0.00	31,526.02 ✓

EMPLOYEE INS PREMIUMS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
10814	ALLIED BENEFIT SYSTEMS	31,526.02	0.00	0.00	31,526.02	

Vendor# Vendor Name

Class Pay Code

10668 ALLIED FIRE PROTECTION SA, LP ✓

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
SS132771 ✓		06/16/20	04/27/20	05/27/20		2,440.00	0.00	0.00	2,440.00 ✓

OUTSIDE SRV PLANT OPS

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10668	ALLIED FIRE PROTECTION SA, LP			2,440.00	0.00	0.00	2,440.00
Vendor#	Vendor Name			Class	Pay Code				
A2218	AQUA BEVERAGE COMPANY ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
703476 ✓		06/16/20	05/31/20	06/25/20		19.34	0.00	0.00	19.34 ✓
	SUPPLIES LAB								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		A2218	AQUA BEVERAGE COMPANY			19.34	0.00	0.00	19.34
Vendor#	Vendor Name			Class	Pay Code				
A2600	AUTO PARTS & MACHINE CO. ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
798080 ✓		06/16/20	06/07/20	06/22/20		25.40	0.00	0.00	25.40 ✓
	SUPPLIES PLANT OPS								
798495 ✓		06/16/20	06/10/20	06/25/20		3.98	0.00	0.00	3.98 ✓
	SUPPLIES PLANT OPS								
798512 ✓		06/16/20	06/10/20	06/25/20		2.69	0.00	0.00	2.69 ✓
	SUPPLIES PLANT OPS								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		A2600	AUTO PARTS & MACHINE CO.			32.07	0.00	0.00	32.07
Vendor#	Vendor Name			Class	Pay Code				
B0435	BARD PERIPHERAL VASCULAR ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
75465739 ✓		05/31/20	05/23/20	06/24/20		54.66	0.00	0.00	54.66 ✓
	CS INVENTORY								
75479844 ✓		05/31/20	05/26/20	06/25/20		54.66	0.00	0.00	54.66 ✓
	CS INVENTORY								
75484077 ✓		06/15/20	05/27/20	06/26/20		260.00	0.00	0.00	260.00 ✓
	SUPPLIES ULTRA SOUND								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		B0435	BARD PERIPHERAL VASCULAR			369.32	0.00	0.00	369.32
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
51008168 X		05/31/20	05/23/20	06/24/20		200.00	0.00	0.00	200.00 ✓
51008166	REPAIRS MED SURG								
51010171 ✓		05/31/20	05/23/20	06/24/20		519.54	0.00	0.00	519.54 ✓
	CS INVENTORY & RECOVERY								
51087074 X		06/16/20	06/01/20	07/01/20		190.50	0.00	0.00	190.50 ✓
51087274	IV PUMP RENTAL								
11359443 ✓		06/21/20	05/28/20	06/27/20		5.55	0.00	0.00	5.55 ✓
	FINANCE CHARGE								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		B1075	BAXTER HEALTHCARE CORP			915.59	0.00	0.00	915.59
Vendor#	Vendor Name			Class	Pay Code				
M2485	BAYER HEALTHCARE ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
6004068765 ✓		06/15/20	05/26/20	06/25/20		258.36	0.00	0.00	258.36 ✓
	SUPPLIES CT SCAN								
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		M2485	BAYER HEALTHCARE			258.36	0.00	0.00	258.36
Vendor#	Vendor Name			Class	Pay Code				

B1220	BECKMAN COULTER INC ✓				M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
105648550 ✓		05/31/20	05/23/20	06/24/20		1,298.62	0.00	0.00	1,298.62 ✓			
	SUPPLIES LAB											
105655059 ✓		05/31/20	05/25/20	06/24/20		78.22	0.00	0.00	78.22 ✓			
	SUPPLIES LAB											
105665377 ✓		06/20/20	06/01/20	07/01/20		955.14	0.00	0.00	955.14 ✓			
	LAB SUPPLIES											
105666422 ✓		06/20/20	06/01/20	07/01/20		2,894.13	0.00	0.00	2,894.13 ✓			
	LAB SUPPLIES											
105669528 ✓		06/20/20	06/02/20	07/01/20		117.54	0.00	0.00	117.54 ✓			
	LAB SUPPLIES											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net			
	B1220 BECKMAN COULTER INC					5,343.65	0.00	0.00	5,343.65			
Vendor#	Vendor Name				Class	Pay Code						
C1010	CABLE ONE				W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
21064		06/20/20	06/20/20	06/30/20		635.35	0.00	0.00	635.35 ✓			
	OUTSIDE SRV IT											
21065		06/20/20	06/20/20	06/30/20		42.22	0.00	0.00	42.22 ✓			
	OUTSIDE SRV IT											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net			
	C1010 CABLE ONE					677.57	0.00	0.00	677.57			
Vendor#	Vendor Name				Class	Pay Code						
C1030	CAL COM FEDERAL CREDIT UNION				W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
21047		06/17/20	06/16/20	06/16/20		25.00	0.00	0.00	25.00 ✓			
	EMPLOYEE CREDIT UNION											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net			
	C1030 CAL COM FEDERAL CREDIT UNION					25.00	0.00	0.00	25.00			
Vendor#	Vendor Name				Class	Pay Code						
11041	CALHOUN CO INDIGENT ACCT											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			
21054		06/17/20	06/14/20	06/14/20		1,677.71	0.00	0.00	1,677.71 ✓			
	INDIGENT CO PAYS <i>from operating account to Indigent Acct</i>											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net			
	11041 CALHOUN CO INDIGENT ACCT					1,677.71	0.00	0.00	1,677.71			
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			
21059		06/20/20	03/07/20	04/07/20		726.00	0.00	0.00	726.00			
	FLEET INS PREMIUM <i>1/1/2015 - 12/31/15</i>											
21060		06/20/20	03/16/20	04/16/20		638.00	0.00	0.00	638.00			
	FLEET INS PREMIUM <i>1/1/16 - 12/31/16</i>											
21055		06/20/20	05/24/20	05/24/20		139.09	0.00	0.00	139.09 ✓			
	FUEL TRANSPORTATION <i>5/24/2016 closing Date</i>											
Vendor Totals	Number Name					Gross	Discount	No-Pay	Net			
	C1048 CALHOUN COUNTY					1,503.09	0.00	0.00	1,503.09			
Vendor#	Vendor Name				Class	Pay Code						
A1730	CAREFUSION ✓											
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net			

9106724851 ✓	05/31/20 05/23/20 06/24/20	87.21	0.00	0.00	87.21 ✓					
SUPPLIES SURGERY										
9106750330 ✓	06/16/20 06/01/20 07/01/20	494.25	0.00	0.00	494.25 ✓					
SUPPLIES OB										
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
		A1730	CAREFUSION	581.46	0.00	0.00	581.46			
Vendor#	Vendor Name	Class		Pay Code						
11190	CCSPC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
21058		06/17/20	06/16/20	06/16/20			20.00	0.00	0.00	20.00 ✓
CHILD SUPPORT ✓										
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
		11190	CCSPC	20.00	0.00	0.00	20.00			
Vendor#	Vendor Name	Class		Pay Code						
C1992	CDW GOVERNMENT, INC.	M								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
CNZ5370 ✓		06/17/20	03/31/20	04/30/20			248.28	0.00	0.00	248.28 ✓
MINOR EQUIP SURGERY										
CSW4305 ✓		06/17/20	04/19/20	05/19/20			93.75	0.00	0.00	93.75 ✓
SUPPLIES CLINIC										
CXX0855 ✓		06/17/20	05/06/20	06/05/20			72.37	0.00	0.00	72.37 ✓
SUPPLIES IT										
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
		C1992	CDW GOVERNMENT, INC.	414.40	0.00	0.00	414.40			
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
92022795 ✓		05/31/20	05/23/20	06/24/20			1,282.68	0.00	0.00	1,282.68 ✓
CS INVENTORY & RECOVER										
92025766 ✓		05/31/20	05/26/20	06/25/20			72.50	0.00	0.00	72.50 ✓
CS INVENTORY										
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
		10350	CENTURION MEDICAL PRODUCTS	1,355.18	0.00	0.00	1,355.18			
Vendor#	Vendor Name	Class		Pay Code						
10786	CLINICAL PATHOLOGY ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
201605-0		06/20/20	05/31/20	06/30/20			9,115.74	0.00	0.00	9,115.74 ✓
OUTSIDE SRV LAB										
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
		10786	CLINICAL PATHOLOGY	9,115.74	0.00	0.00	9,115.74			
Vendor#	Vendor Name	Class		Pay Code						
11029	COASTAL REFRIGERATION ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
5113144		06/20/20	05/31/20	06/30/20			441.45	0.00	0.00	441.45 ✓
OUTSIDE SRV PLANT OPS										
Vendor Totals:		Number	Name	Gross	Discount	No-Pay	Net			
		11029	COASTAL REFRIGERATION	441.45	0.00	0.00	441.45			
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
204647 ✓		05/31/20	05/23/20	06/24/20			89.25	0.00	0.00	89.25 ✓
SUPPLIES SURGERY										

208107 ✓	06/15/20 05/27/20 06/26/20					119.26	0.00	0.00	119.26 ✓		
SUPPLIE SURGERY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
C1970						CONMED CORPORATION	208.51	0.00	0.00	208.51	
Vendor#	Vendor Name					Class	Pay Code				
C2157	COOPER SURGICAL INC ✓					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
4125891 ✓		06/15/20	05/31/20	06/30/20			367.92	0.00	0.00	367.92 ✓	
SUPPLIES SURGERY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
C2157						COOPER SURGICAL INC	367.92	0.00	0.00	367.92	
Vendor#	Vendor Name					Class	Pay Code				
C1443	CYGNUS MEDICAL LLC ✓					M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
192948 ✓		06/15/20	05/25/20	06/24/20			440.00	0.00	0.00	440.00 ✓	
SUPPLIES SURGERY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
C1443						CYGNUS MEDICAL LLC	440.00	0.00	0.00	440.00	
Vendor#	Vendor Name					Class	Pay Code				
11008	DERRI HART										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
21061		06/21/20	06/20/20	06/20/20			700.00	0.00	0.00	700.00 ✓	
OUTSIDE SRV TRANSCRIPTIC 6/13/16 - 6/17/16											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
11008						DERRI HART	700.00	0.00	0.00	700.00	
Vendor#	Vendor Name					Class	Pay Code				
10368	DEWITT POTH & SON										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
473470-0 ✓		05/26/20	05/23/20	06/24/20			397.59	0.00	0.00	397.59 ✓	
CS INVENTORY											
473472-0 ✓		05/26/20	05/23/20	06/24/20			19.04	0.00	0.00	19.04 ✓	
SUPPLIES DIETARY											
473748-0 ✓		05/31/20	05/25/20	06/24/20			16.63	0.00	0.00	16.63 ✓	
OFFICE SUPPLIES HIM											
473745-0 ✓		05/31/20	05/25/20	06/24/20			126.15	0.00	0.00	126.15 ✓	
OFFICE SUPPLIES HIM											
473687-0 ✓		05/31/20	05/25/20	06/24/20			103.97	0.00	0.00	103.97 ✓	
OFFICE SUPPLIES PLANT OPS											
473873-0		05/31/20	05/26/20	06/25/20			78.99	0.00	0.00	78.99 ✓	
OFFICE SUPPLIES ADMIN											
473861-0 ✓		05/31/20	05/26/20	06/25/20			61.74	0.00	0.00	61.74 ✓	
SUPPLIES DIETARY											
473924-0 ✓		05/31/20	05/27/20	06/26/20			388.69	0.00	0.00	388.69 ✓	
SUPPLIES VARIOUS DEPTS											
473861-1 ✓		05/31/20	05/31/20	06/30/20			6.86	0.00	0.00	6.86 ✓	
SUPPLIES DIETARY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
10368						DEWITT POTH & SON	1,199.66	0.00	0.00	1,199.66	
Vendor#	Vendor Name					Class	Pay Code				
D1752	DLE PAPER & PACKAGING ✓					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	

8673 ✓		05/31/20	05/31/20	06/30/20		79.95	0.00	0.00	79.95 ✓
FORMS BUS OFFICE									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
D1752 DLE PAPER & PACKAGING						79.95	0.00	0.00	79.95
Vendor#	Vendor Name				Class	Pay Code			
D1710	DOWNTOWN CLEANERS ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21043	# 1640	06/16/20	06/06/20	06/16/20		6.10	0.00	0.00	6.10 ✓
OUTSIDE SRV HOUSEKEEPIN									
21044	# 1645	06/16/20	06/07/20	06/17/20		6.10	0.00	0.00	6.10 ✓
OUTSIDE SRV HOUSEKEEPIN									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
D1710 DOWNTOWN CLEANERS						12.20	0.00	0.00	12.20
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
881370 ✓		05/31/20	05/24/20	06/24/20		57.50	0.00	0.00	57.50 ✓
SUPPLIES PT									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
D1785 DYNATRONICS CORPORATION						57.50	0.00	0.00	57.50
Vendor#	Vendor Name				Class	Pay Code			
F1100	FEDERAL EXPRESS CORP. ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5-436-23677 ✓		06/20/20	06/02/20	06/17/20		10.27	0.00	0.00	10.27 ✓
FREIGHT EXP SURGERY									
5-443-37291 ✓		06/20/20	06/09/20	06/24/20		14.81	0.00	0.00	14.81 ✓
FREIGHT EXP XRAY									
5-450-77473 ✓		06/21/20	06/16/20	07/01/20		58.68	0.00	0.00	58.68 ✓
FREIGHT EXPENSE									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
F1100 FEDERAL EXPRESS CORP.						83.76	0.00	0.00	83.76
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
21049		06/17/20	06/16/20	06/16/20		75.00	0.00	0.00	75.00 ✓
EMPLOYEE PERSONAL INVE									
Vendor Totals Number Name						Gross	Discount	No-Pay	Net
11037 FIRST CLEARING						75.00	0.00	0.00	75.00
Vendor#	Vendor Name				Class	Pay Code			
F1400	FISHER HEALTHCARE ✓				M				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3695093 ✓		06/14/20	05/24/20	06/24/20		2,654.99	0.00	0.00	2,654.99 ✓
SUPPLIES LAB									
3695094 ✓		06/16/20	05/24/20	06/23/20		617.72	0.00	0.00	617.72 ✓
LAB SUPPLIES									
3747117 ✓		06/16/20	05/25/20	06/24/20		266.58	0.00	0.00	266.58 ✓
SUPPLIES LAB									
3798820 ✓		06/16/20	05/26/20	06/25/20		65.12	0.00	0.00	65.12 ✓
SUPPLIES LAB									
3798821 ✓		06/16/20	05/26/20	06/25/20		231.64	0.00	0.00	231.64 ✓
SUPPLIES LAB									
3892218 ✓		06/17/20	05/31/20	06/30/20		554.92	0.00	0.00	554.92 ✓

SUPPLIES LAB

Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				F1400	FISHER HEALTHCARE		4,390.97	0.00	0.00	4,390.97
Vendor#	Vendor Name				Class	Pay Code				
11078	FUSION MEDICAL STAFFING, LLC									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
E101922		06/16/20	05/27/20	06/26/20		3,226.25	0.00	0.00	3,226.25	
PROF FEES PT Christina H. 5/23-27/2016										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				11078	FUSION MEDICAL STAFFING, LLC		3,226.25	0.00	0.00	3,226.25
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	
48100600-6		06/20/20	06/01/20	06/01/20		5,354.95	0.00	0.00	5,354.95	
LG TERM DIS & LIFE INS										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				11149	GARDNER & WHITE, INC.		5,354.95	0.00	0.00	5,354.95
Vendor#	Vendor Name				Class	Pay Code				
10283	GE HEALTHCARE ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
6000266094 ✓		06/16/20	07/29/20	08/28/20		845.25	0.00	0.00	845.25	
REPAIRS XRAY										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				10283	GE HEALTHCARE		845.25	0.00	0.00	845.25
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	
33195073 ✓		05/11/20	04/25/20	06/24/20		461.52	0.00	0.00	461.52	
PHARMACY DRUGS										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				10642	GLAXOSMITHKLINE PHARMACUETICAL		461.52	0.00	0.00	461.52
Vendor#	Vendor Name				Class	Pay Code				
W1300	GRAINGER ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
9123256662 ✓		06/16/20	05/26/20	06/25/20		201.06	0.00	0.00	201.06	
SUPPLIES PLANT OPS										
Vendor Totals				Number	Name		Gross	Discount	No-Pay	Net
				W1300	GRAINGER		201.06	0.00	0.00	201.06
Vendor#	Vendor Name				Class	Pay Code				
A1292	GULF COAST HARDWARE / ACE				W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
102572 ✓		06/16/20	06/01/20	06/11/20		75.97	0.00	0.00	75.97 ✓	
SUPPLIES PLANT OPS										
102670 ✓		06/16/20	06/03/20	06/13/20		~~61.95~~	0.00	0.00	~~61.95~~ 31.95	
SUPPLIES PLANT OPS										
102700 ✓		06/16/20	06/06/20	06/16/20		23.98	0.00	0.00	23.98 ✓	
SUPPLIES PLANT OPS										
102706 ✓		06/16/20	06/06/20	06/16/20		24.48	0.00	0.00	24.48 ✓	
SUPPLIES PLANT OPS										
102736 ✓		06/16/20	06/07/20	06/17/20		42.45	0.00	0.00	42.45 ✓	
SUPPLIES PLANT OPS										

102813 ✓	06/16/20 06/08/20 06/18/20	25.48	0.00	0.00	25.48 ✓				
SUPPLIES PLANT OPS									
102789 ✓	06/16/20 06/08/20 06/18/20	17.96	0.00	0.00	17.96 ✓				
SUPPLIES PLANAT OPS									
102828 ✓	06/16/20 06/09/20 06/19/20	24.48	0.00	0.00	24.48 ✓				
SUPPLIES PLANT OPS									
102839 ✓	06/16/20 06/09/20 06/19/20	17.45	0.00	0.00	17.45 ✓				
SUPPLIES PLANT OPS									
102832 ✓	06/16/20 06/09/20 06/19/20	55.98	0.00	0.00	55.98 ✓				
SUPPLIES PLANT OPS									
103034 ✓	06/20/20 06/16/20 06/26/20	72.98	0.00	0.00	72.98 ✓				
SUPPLIES PLANT OPS									
103024 ✓	06/21/20 06/16/20 06/26/20	37.98	0.00	0.00	37.98 ✓				
SUPPLIES PLANT OPS									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		A1292	GULF COAST HARDWARE / ACE	~~481.14~~	0.00	0.00	~~481.14~~ 451.14		
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
1145691 ✓		06/15/20	05/31/20	06/30/20		255.04	0.00	0.00	255.04 ✓
SUPPLIES HOUSEKEEPING									
1145687 ✓		06/16/20	05/31/20	06/30/20		1,200.00	0.00	0.00	1,200.00 ✓
SCRUBBER FOR HOUSEKEEF									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		G1210	GULF COAST PAPER COMPANY	1,455.04	0.00	0.00	1,455.04		
Vendor#	Vendor Name	Class		Pay Code					
H0030	H E BUTT GROCERY	M							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
OC-35836 ✓		06/16/20	05/31/20	06/20/20		3.46	0.00	0.00	3.46 ✓
FINANCE CHARGE									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		H0030	H E BUTT GROCERY	3.46	0.00	0.00	3.46		
Vendor#	Vendor Name	Class		Pay Code					
H1226	HEALTHMARK INDUSTRIES CO INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
INV709815 ✓		05/31/20	05/27/20	06/26/20		329.94	0.00	0.00	329.94 ✓
SUPPLIES SURGERY									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		H1226	HEALTHMARK INDUSTRIES CO INC	329.94	0.00	0.00	329.94		
Vendor#	Vendor Name	Class		Pay Code					
10923	HELMER INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
0000230317 ✓		06/16/20	05/31/20	06/30/20		4,191.97	0.00	0.00	4,191.97 ✓
NEW REFRIGERATOR PHARM									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		
		10923	HELMER INC	4,191.97	0.00	0.00	4,191.97		
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
51623 ✓		06/20/20	10/31/20	11/30/20		346.50	0.00	0.00	346.50 ✓
OUTSIDE SRV MED SURG									
Vendor Totals		Number	Name	Gross	Discount	No-Pay	Net		

	H1399	HILL-ROM COMPANY, INC					346.50	0.00	0.00	346.50
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	
PJIN0090191 ✓		05/31/20	05/16/20	06/25/20		8,333.33	0.00	0.00	8,333.33	✓
	MAINT CONTR MRI									
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						
H1610	HOBBY LOBBY		W							
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
56858094 ✓		06/17/20	05/09/20	06/09/20		8.99	0.00	0.00	8.99	✓
	SUPPLIES CLINIC Photo Frames									
57116500 ✓		06/17/20	05/23/20	06/23/20		35.96	0.00	0.00	35.96	✓
	SUPPLIES CLINIC Photo Frames									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	H1610	HOBBY LOBBY				44.95	0.00	0.00	44.95	
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	
920341534 ✓		06/16/20	05/12/20	06/11/20		435.35	0.00	0.00	435.35	✓
	PHARMACY DRUGS									
851093268 ✓		06/16/20	06/01/20	07/01/20		11.25	0.00	0.00	11.25	✓
	MAINT CONTR ANESTHESA									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	H1850	HOSPIRA WORLDWIDE, INC				446.60	0.00	0.00	446.60	
Vendor#	Vendor Name		Class	Pay Code						
I0415	INDEPENDENCE MEDICAL ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
40324129 ✓		05/31/20	05/25/20	06/24/20		122.56	0.00	0.00	122.56	✓
	CS INVENTORY									
40408379 ✓		06/15/20	06/01/20	07/01/20		36.68	0.00	0.00	36.68	✓
	CS INVENTORY									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	I0415	INDEPENDENCE MEDICAL				159.24	0.00	0.00	159.24	
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	
916576292 ✓		06/15/20	05/26/20	06/25/20		42.00	0.00	0.00	42.00	✓
	SUPPLIES SURGERY									
916581616 ✓		06/15/20	05/27/20	06/26/20		312.41	0.00	0.00	312.41	✓
	SUPPLIES SURGERY									
916581615 ✓		06/15/20	05/27/20	06/26/20		53.58	0.00	0.00	53.58	✓
	SUPPLIES SURGERY									
916570387 ✓		06/17/20	05/26/20	06/25/20		146.43	0.00	0.00	146.43	✓
	SUPPLIES BLOOD BANK									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net	
	J0150	J & J HEALTH CARE SYSTEMS, INC				554.42	0.00	0.00	554.42	
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	

6000892 ✓	06/16/20	05/20/20	06/19/20	288.80	0.00	0.00	288.80 ✓		
SUPPLIES PLANT OPS									
Vendor Total: Number Name				Gross	Discount	No-Pay	Net		
J1415 JOHNSTONE SUPPLY				288.80	0.00	0.00	288.80		
Vendor#	Vendor Name			Class	Pay Code				
L0700	LABCORP OF AMERICA HOLDINGS ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
51845805 ✓		06/17/20	05/28/20	06/27/20		430.00	0.00	0.00	430.00 ✓
OUTSIDE SRV LAB									
Vendor Total: Number Name				Gross	Discount	No-Pay	Net		
L0700 LABCORP OF AMERICA HOLDINGS				430.00	0.00	0.00	430.00		
Vendor#	Vendor Name			Class	Pay Code				
L1001	LANDAUER INC ✓			W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
100387937 ✓		06/20/20	05/26/20	06/25/20		740.35	0.00	0.00	740.35 ✓
OUTSIDE SRV XRAY									
Vendor Total: Number Name				Gross	Discount	No-Pay	Net		
L1001 LANDAUER INC				740.35	0.00	0.00	740.35		
Vendor#	Vendor Name			Class	Pay Code				
10972	M G TRUST ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
21048		06/17/20	06/16/20	06/16/20		1,182.50	0.00	0.00	1,182.50 ✓
EMPLOYEE PERSONAL INVE									
Vendor Total: Number Name				Gross	Discount	No-Pay	Net		
10972 M G TRUST				1,182.50	0.00	0.00	1,182.50		
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
14173316 ✓		06/20/20	06/13/20	07/01/20		662.27	0.00	0.00	662.27 ✓
LEASE & RENTAL IT									
Vendor Total: Number Name				Gross	Discount	No-Pay	Net		
11099 MARLIN BUSINESS BANK				662.27	0.00	0.00	662.27		
Vendor#	Vendor Name			Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
79169716 ✓		05/31/20	05/25/20	06/24/20		351.31	0.00	0.00	351.31 ✓
CS INVENTORY									
Vendor Total: Number Name				Gross	Discount	No-Pay	Net		
M2178 MCKESSON MEDICAL SURGICAL INC				351.31	0.00	0.00	351.31		
Vendor#	Vendor Name			Class	Pay Code				
11141	MEDICAL DATA SYSTEMS, INC.								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
99868		06/16/20	05/31/20	06/30/20		1,048.54	0.00	0.00	1,048.54 ✓
COLLECTION FEES BUS OFFI									
Vendor Total: Number Name				Gross	Discount	No-Pay	Net		
11141 MEDICAL DATA SYSTEMS, INC.				1,048.54	0.00	0.00	1,048.54		
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
1098827140 ✓		05/31/20	05/26/20	06/25/20		28.64	0.00	0.00	28.64 ✓
SUPPLIES CLINIC									
Vendor Total: Number Name				Gross	Discount	No-Pay	Net		

	M2470	MEDLINE INDUSTRIES INC					28.64	0.00	0.00	28.64
Vendor#	Vendor Name				Class	Pay Code				
10963	MEMORIAL MEDICAL CLINIC ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21050		06/17/20	06/16/20	06/16/20		60.00	0.00	0.00	60.00 ✓
	CO PAYS CLINIC									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10963	MEMORIAL MEDICAL CLINIC				60.00	0.00	0.00	60.00
Vendor#	Vendor Name				Class	Pay Code				
M2659	MERRY X-RAY/SOURCEONE HEALTHCA ✓				M					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	30094251695 ✓		05/31/20	05/25/20	06/24/20		824.65	0.00	0.00	824.65 ✓
	SUPPLIES XRAY									
	30094252471 ✓		05/31/20	05/26/20	06/25/20		82.61	0.00	0.00	82.61 ✓
	SUPPLIES XRAY									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		M2659	MERRY X-RAY/SOURCEONE HEALTHCA				907.26	0.00	0.00	907.26
Vendor#	Vendor Name				Class	Pay Code				
11109	MINDRAY CAPITAL ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	659742 ✓		06/20/20	06/15/20	07/01/20		6,655.11	0.00	0.00	6,655.11
	LEASE & RENTAL ER									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		11109	MINDRAY CAPITAL			- Lease Payment	6,655.11	0.00	0.00	6,655.11 ✓
Vendor#	Vendor Name				Class	Pay Code				
10810	MMC EMPLOYEE BENEFIT PLAN ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	JUNE62016		06/17/20	06/06/20	06/06/20		32,426.87	0.00	0.00	32,426.87 ✓
	EMPLOYEE MEDICAL CLAIMS									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10810	MMC EMPLOYEE BENEFIT PLAN				32,426.87	0.00	0.00	32,426.87
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
	8806 ✓		06/20/20	06/07/20	06/08/20		-398.25	0.00	0.00	-398.25 ✓
	PHARMACY CREDIT									
	8965186 ✓		06/20/20	06/15/20	06/16/20		2,678.22	0.00	0.00	2,678.22 ✓
	PHARMACY DRUGS									
	8965188 ✓		06/20/20	06/15/20	06/16/20		61.93	0.00	0.00	61.93 ✓
	PHARMACY DRUGS									
	8965187 ✓		06/20/20	06/15/20	06/16/20		581.56	0.00	0.00	581.56 ✓
	PHARMACY DRUGS									
	CM55246 ✓		06/20/20	06/16/20	06/17/20		-159.23	0.00	0.00	-159.23 ✓
	PHARMACY CREDIT									
	8968153 ✓		06/20/20	06/16/20	06/17/20		31.85	0.00	0.00	31.85 ✓
	PHARMACY DRUGS									
	8968152 ✓		06/20/20	06/16/20	06/17/20		1,186.98	0.00	0.00	1,186.98 ✓
	PHARMACY DRUGS									
	8968151 ✓		06/20/20	06/16/20	06/17/20		543.85	0.00	0.00	543.85 ✓
	PHARMACY DRUGS									
	8960836 ✓		06/21/20	06/14/20	06/15/20		172.01	0.00	0.00	172.01 ✓

8960835 ✓	PHARMACY DRUGS	06/21/20 06/14/20 06/15/20	140.32	0.00	0.00	140.32 ✓
CM55808 ✓	PHARMACY DRUGS	06/21/20 06/17/20 06/18/20	-622.70	0.00	0.00	-622.70 ✓
8981334 ✓	PHARMACY CREDIT	06/21/20 06/20/20 06/21/20	425.62	0.00	0.00	425.62 ✓
8981333 ✓	PHARMACY DRUGS	06/21/20 06/20/20 06/21/20	18.58	0.00	0.00	18.58 ✓
8981604 ✓	PHARMACY DRUGS	06/21/20 06/20/20 06/21/20	332.93	0.00	0.00	332.93 ✓
8982381 ✓	PHARMACY DRUGS	06/21/20 06/20/20 06/21/20	213.78	0.00	0.00	213.78 ✓
CM56429 ✓	PHARMACY DRUGS	06/21/20 06/20/20 06/21/20	-15.07	0.00	0.00	-15.07 ✓
8982378 ✓	PHARMACY CREDIT	06/21/20 06/20/20 06/21/20	1,123.28	0.00	0.00	1,123.28 ✓
8981605 ✓	PHARMACY DRUGS	06/21/20 06/20/20 06/21/20	36.19	0.00	0.00	36.19 ✓
8982380 ✓	PHARMACY DRUGS	06/21/20 06/20/20 06/21/20	472.30	0.00	0.00	472.30 ✓
8981603 ✓	PHARMACY DRUGS	06/21/20 06/20/20 06/21/20	63.69	0.00	0.00	63.69 ✓
Vendor Totals						
10536	MORRIS & DICKSON CO, LLC		Gross	Discount	No-Pay	Net
			6,887.84	0.00	0.00	6,887.84
Vendor#	Vendor Name	Class	Pay Code			
11191	N C CHILD SUPPORT CENTRALIZED ✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
21057		06/17/20	06/16/20	06/16/20		91.99
	CHILD SUPPORT					
21056		06/17/20	06/16/20	06/16/20		134.77
	CHILD SUPPORT					
21055		06/17/20	06/16/20	06/16/20		23.08
	CHILD SUPPORT					
Vendor Totals						
11191	N C CHILD SUPPORT CENTRALIZED		Gross	Discount	No-Pay	Net
			249.84	0.00	0.00	249.84
Vendor#	Vendor Name	Class	Pay Code			
N1225	NUTRITION OPTIONS ✓	W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
21058		06/20/20	06/30/20	06/30/20		3,750.00
	OUTSIDE SRV DIETARY <i>June</i>					
Vendor Totals						
N1225	NUTRITION OPTIONS		Gross	Discount	No-Pay	Net
			3,750.00	0.00	0.00	3,750.00
Vendor#	Vendor Name	Class	Pay Code			
OM425	OWENS & MINOR					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross
2017597951 ✓		05/31/20	05/24/20	06/24/20		424.86
	SUPPLIES CARIO & SURGERY					
2017601965 ✓		05/31/20	05/24/20	06/24/20		45.64
	SUPPLIES CARDIO					
2017598707 ✓		05/31/20	05/24/20	06/24/20		26.66
	CS INVENTORY					

2017599014	✓	05/31/20 05/24/20 06/24/20	13.33	0.00	0.00	13.33	✓		
CS INVENTORY									
2017598665	✓	05/31/20 05/24/20 06/24/20	317.40	0.00	0.00	317.40	✓		
SUPPLIES SURGERY									
20176020605	✓	05/31/20 05/24/20 06/24/20	2,004.46	0.00	0.00	2,004.46	✓		
CS INVENTORY & LAB SUPPL									
2017601826	✓	05/31/20 05/24/20 06/24/20	1,342.48	0.00	0.00	1,342.48	✓		
SUPPLIES VARIOUS DEPTS									
2017669959	✓	05/31/20 05/26/20 06/25/20	1,188.07	0.00	0.00	1,188.07	✓		
SUPPLIES VARIOUS DEPTS									
2017673091	✓	05/31/20 05/26/20 06/25/20	74.31	0.00	0.00	74.31	✓		
SUPPLIES SURGERY									
2017663796	✓	05/31/20 05/26/20 06/25/20	37.47	0.00	0.00	37.47	✓		
CS INVENTORY									
2017664146	✓	05/31/20 05/26/20 06/25/20	66.37	0.00	0.00	66.37	✓		
CS INVENTORY									
2017670972	✓	05/31/20 05/26/20 06/25/20	178.28	0.00	0.00	178.28	✓		
SUPPLIES PT									
2017666019	✓	05/31/20 05/26/20 06/25/20	147.29	0.00	0.00	147.29	✓		
CS INVENTORY									
2017670677	✓	05/31/20 05/26/20 06/25/20	1,024.17	0.00	0.00	1,024.17	✓		
CS INVENTORY & PT SUPPLIE									
2017665290	✓	06/15/20 05/26/20 06/25/20	39.36	0.00	0.00	39.36	✓		
CS INVENTORY									
2017750365	✓	06/15/20 05/31/20 06/30/20	24.50	0.00	0.00	24.50	✓		
CS INVENTORY									
2017755258	✓	06/15/20 05/31/20 06/30/20	998.54	0.00	0.00	998.54	✓		
CS INVENTORY									
2017751549	✓	06/15/20 05/31/20 06/30/20	60.50	0.00	0.00	60.50	✓		
CS INVENTORY									
2017750736	✓	06/15/20 05/31/20 06/30/20	83.05	0.00	0.00	83.05	✓		
SUPPLIES SURGERY									
2017750782	✓	06/15/20 05/31/20 06/30/20	252.38	0.00	0.00	252.38	✓		
CS INVENTORY									
2017755729	✓	06/15/20 05/31/20 06/30/20	821.37	0.00	0.00	821.37	✓		
SUPPLIES VARIOUS DEPTS									
Vendor Totals Number Name			Gross	Discount	No-Pay	Net			
OM425 OWENS & MINOR			9,170.49	0.00	0.00	9,170.49			
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
21062		06/20/20	06/15/20	06/15/20		1,155.00	0.00	0.00	1,155.00
OUTSIDE SRV CLINIC 6/1/2016 to 6/15/2016									
Vendor Totals Number Name			Gross	Discount	No-Pay	Net			
11069 PABLO GARZA			1,155.00	0.00	0.00	1,155.00			
Vendor#	Vendor Name	Class	Pay Code						
10204	PHARMEDIUM SERVICES LLC								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
A1633163	✓	06/20/20	05/26/20	06/25/20		465.75	0.00	0.00	465.75
PHARMACY DRUGS									
Vendor Totals Number Name			Gross	Discount	No-Pay	Net			

	10204	PHARMEDIUM SERVICES LLC					465.75	0.00	0.00	465.75
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
	932924326 ✓		05/31/20	05/26/20	06/25/20		313.80	0.00	0.00	313.80 ✓
	SUPPLIES ICU									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10032	PHILIPS HEALTHCARE				313.80	0.00	0.00	313.80
Vendor#	Vendor Name					Class	Pay Code			
10541	PLATINUM CODE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	057832 ✓		05/31/20	05/25/20	06/24/20		98.28	0.00	0.00	98.28 ✓
	SUPPLIES LAB									
	056683 ✓		06/15/20	05/16/20	06/24/20		116.60	0.00	0.00	116.60 ✓
	SUPPLIES ER									
	058465 ✓		06/15/20	06/01/20	07/01/20		524.51	0.00	0.00	524.51 ✓
	SUPPLIES LAB									
	056785 ✓		06/17/20	05/20/20	06/19/20		71.88	0.00	0.00	71.88 ✓
	SUPPLIES MED SURG									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10541	PLATINUM CODE				811.27	0.00	0.00	811.27
Vendor#	Vendor Name					Class	Pay Code			
P2200	POWER ELECTRIC					W				
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	B22620 ✓		06/16/20	06/08/20	06/18/20		23.77	0.00	0.00	23.77 ✓
	SUPPLIES PLANT OPS									
	B22622 ✓		06/16/20	06/08/20	06/18/20		5.39	0.00	0.00	5.39 ✓
	SUPPLIES PLANT OPS									
	B22638 ✓		06/16/20	06/09/20	06/19/20		6.03	0.00	0.00	6.03 ✓
	SUPPLIES PLANT OPS									
	B22724 ✓		06/16/20	06/13/20	06/23/20		9.99	0.00	0.00	9.99 ✓
	SUPPLIES PLANT OPS									
	B22773 ✓		06/20/20	06/14/20	06/24/20		7.13	0.00	0.00	7.13 ✓
	SUPPLIES PLANT OPS									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		P2200	POWER ELECTRIC				52.31	0.00	0.00	52.31
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
	21063		06/20/20	06/17/20	07/01/20		2,021.38	0.00	0.00	2,021.38 ✓
	EMPLOYEE PERSONAL INS									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10326	PRINCIPAL LIFE				2,021.38	0.00	0.00	2,021.38
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
	463936		06/20/20	05/31/20	06/30/20		48.50	0.00	0.00	48.50 ✓
	OUTSIDE SRV LAB									
	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			
R1268	RADIOLOGY UNLIMITED, PA					W				

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
21045		06/16/20	05/12/20	06/11/20		240.00	0.00	0.00	240.00 ✓		
	READ FEES XRAY										
21057		06/20/20	06/01/20	07/01/20		50.00	0.00	0.00	50.00 ✓		
	PROF FEES XRAY										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
		R1268	RADIOLOGY UNLIMITED, PA			290.00	0.00	0.00	290.00 ✓		
Vendor#	Vendor Name				Class	Pay Code					
R1321	RECEIVABLE MANAGEMENT, INC ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
21042		06/16/20	05/31/20	06/30/20		228.56	0.00	0.00	228.56 ✓		
	COLLECTION EXPENSE BUS (										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
		R1321	RECEIVABLE MANAGEMENT, INC			228.56	0.00	0.00	228.56		
Vendor#	Vendor Name				Class	Pay Code					
11009	RECONDO ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
INV-09449 ✓		06/20/20	06/01/20	07/01/20		4,050.00	0.00	0.00	4,050.00 ✓		
	OUTSIDE SRV BUS OFFICE										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
		11009	RECONDO			4,050.00	0.00	0.00	4,050.00		
Vendor#	Vendor Name				Class	Pay Code					
11024	REED, CLAYMON, MEEKER & HARGET ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
7983		06/16/20	05/25/20	06/24/20		19,950.00	0.00	0.00	19,950.00 ✓		
	LEGAL FEES ADMIN - Nursing Homes										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
		11024	REED, CLAYMON, MEEKER & HARGET			19,950.00	0.00	0.00	19,950.00		
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		
MLVAC-13638 ✓		06/16/20	05/31/20	06/30/20		2,551.75	0.00	0.00	2,551.75 ✓		
	MAINT CONT HIM										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
		10987	REVCYCLE+, INC.			2,551.75	0.00	0.00	2,551.75		
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		
700861192 ✓		06/17/20	04/28/20	05/28/20		226.54	0.00	0.00	226.54 ✓		
	SUPPLIES PLANT OPS										
700861278 ✓		06/17/20	04/28/20	05/28/20		33.69	0.00	0.00	33.69 ✓		
	SUPPLIES PLANT OPS										
700866049 ✓		06/17/20	05/31/20	06/30/20		2.70	0.00	0.00	2.70 ✓		
	FINANCE CHARGE										
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
		S1405	SERVICE SUPPLY OF VICTORIA INC			262.93	0.00	0.00	262.93		
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		
0388-9 ✓		06/16/20	06/03/20	06/18/20		20.12	0.00	0.00	20.12 ✓		
	SUPPLIES PLANAT OPS										

0800-3 ✓		06/16/20	06/14/20	06/29/20		5.26	0.00	0.00	5.26 ✓		
SUPPLIES PLANT OPS											
0929-0 ✓		06/20/20	06/16/20	07/01/20		57.43	0.00	0.00	57.43 ✓		
OUTSIDE SRV PLANT OPS											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						S1800	SHERWIN WILLIAMS	82.81	0.00	0.00	82.81
Vendor#	Vendor Name				Class	Pay Code					
10995	SHIFTHOUND ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
1611603 ✓		05/31/20	05/31/20	06/30/20			558.00	0.00	0.00	558.00 ✓	
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						10995	SHIFTHOUND	558.00	0.00	0.00	558.00
Vendor#	Vendor Name				Class	Pay Code					
K0536	SHIRLEY KARNEI										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
21062		06/20/20	06/19/20	06/19/20			1,180.00	0.00	0.00	1,180.00	
OUTSIDE SRV TRANSCRIPTIC										1,178.90	
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						K0536	SHIRLEY KARNEI	1,180.00	0.00	0.00	1,180.00
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	
4556409 ✓		06/17/20	06/06/20	06/24/20			1,333.33	0.00	0.00	1,333.33 ✓	
LEASE & RENTAL LAB										1,178.90	
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					
S2362	SMITH & NEPHEW ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
93027493 ✓		05/31/20	05/25/20	06/24/20			250.81	0.00	0.00	250.81 ✓	
SUPPLIES SURGERY											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						S2362	SMITH & NEPHEW	250.81	0.00	0.00	250.81
Vendor#	Vendor Name				Class	Pay Code					
S2400	SO TEX BLOOD & TISSUE CENTER ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
90020318 ✓		06/16/20	05/31/20	06/30/20			5,400.00	0.00	0.00	5,400.00 ✓	
BLOOD BANK SUPPLIES											
90020242 ✓		06/16/20	05/31/20	06/30/20			-2,700.00	0.00	0.00	-2,700.00 ✓	
CREDIT BLOOD BANK SUPPLI											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						S2400	SO TEX BLOOD & TISSUE CENTER	2,700.00	0.00	0.00	2,700.00
Vendor#	Vendor Name				Class	Pay Code					
S2694	STANFORD VACUUM SERVICE ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
221935 ✓		06/21/20	03/14/20	04/13/20			340.00	0.00	0.00	340.00 ✓	
OUTSIDE SRV DIETARY											
604161 ✓		06/21/20	06/02/20	07/01/20			385.00	0.00	0.00	385.00 ✓	
OUTSIDE SRV DIETARY											
Vendor Totals:						Number	Name	Gross	Discount	No-Pay	Net
						S2694	STANFORD VACUUM SERVICE	725.00	0.00	0.00	725.00

Vendor#	Vendor Name				Class	Pay Code					
S2830	STRYKER SALES CORP ✓				M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
49483A ✓		06/15/20	05/27/20	06/26/20		361.31	0.00	0.00	361.31 ✓		
	SUPPLIES PT										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	S2830	STRYKER SALES CORP				361.31	0.00	0.00	361.31		
Vendor#	Vendor Name				Class	Pay Code					
11194	SURGIQUIP SOLUTIONS, INC. ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
60710 ✓		06/16/20	05/31/20	06/30/20		2,764.49	0.00	0.00	2,764.49 ✓		
	REPAIRS SURGERY TABLE										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	11194	SURGIQUIP SOLUTIONS, INC.				2,764.49	0.00	0.00	2,764.49		
Vendor#	Vendor Name				Class	Pay Code					
T2539	T-SYSTEM, INC ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
205EV-12798 ✓		06/16/20	05/31/20	06/30/20		4,555.00	0.00	0.00	4,555.00 ✓		
	MAINT CONTR ER										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	T2539	T-SYSTEM, INC				4,555.00	0.00	0.00	4,555.00		
Vendor#	Vendor Name				Class	Pay Code					
T2303	TG ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
21052		06/17/20	06/16/20	06/16/20		124.24	0.00	0.00	124.24 ✓		
	STUDENT LOAN GARNISHMEI										
21053		06/17/20	06/16/20	06/16/20		144.62	0.00	0.00	144.62 ✓		
	STUDENT LOAN GARNISHMEI										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	T2303	TG				268.86	0.00	0.00	268.86		
Vendor#	Vendor Name				Class	Pay Code					
10941	THE UPS PRINT STORE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
8766 ✓		06/16/20	05/29/20	06/28/20		360.00	0.00	0.00	360.00 ✓		
	SUPPLIES DIETARY										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	10941	THE UPS PRINT STORE				360.00	0.00	0.00	360.00		
Vendor#	Vendor Name				Class	Pay Code					
11100	THE US CONSULTING GROUP ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
340361590 ✓		06/16/20	06/06/20	07/01/20		179.75	0.00	0.00	179.75 ✓		
	OUTSIDE SRV PLANT OPS										
340361591		06/16/20	06/06/20	07/01/20		1,066.29	0.00	0.00	1,066.29 ✓		
	OUTSIDE SRV PLANT OPS										
Vendor Total#	Number	Name				Gross	Discount	No-Pay	Net		
	11100	THE US CONSULTING GROUP				1,246.04	0.00	0.00	1,246.04		
Vendor#	Vendor Name				Class	Pay Code					
10732	THERACOM, LLC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
147159876-301 ✓		05/11/20	04/26/20	06/25/20		2,853.76	0.00	0.00	2,853.76 ✓		
	PHARMACY DRUGS										

147461931-301	05/23/20	04/29/20	06/28/20	2,140.32	0.00	0.00	2,140.32	✓	
PHARMACY DRUGS									
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net		
	10732	THERACOM, LLC		4,994.08	0.00	0.00	4,994.08		
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
8150732037		05/31/20	05/31/20	06/30/20		49.60	0.00	0.00	49.60 ✓
OUTSIDE SRV MAINT									
8150732132		05/31/20	05/31/20	06/30/20		31.92	0.00	0.00	31.92 ✓
OUTSIDE SRV BIO MED									
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net		
	U1054	UNIFIRST HOLDINGS		81.52	0.00	0.00	81.52		
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
8400220837	✓	05/31/20	05/24/20	06/24/20		106.23	0.00	0.00	106.23 ✓
LAUNDRY OB									
8400220835	✓	05/31/20	05/24/20	06/24/20		171.36	0.00	0.00	171.36 ✓
LAUNDRY HOUSEKEEPING									
8400220892	✓	05/31/20	05/24/20	06/24/20		1,202.00	0.00	0.00	1,202.00 ✓
LAUNDRY HOUSEKEEPING									
8400220879	✓	05/31/20	05/24/20	06/24/20		151.42	0.00	0.00	151.42 ✓
LAUNDRY HOUSEKEEPING									
8400220834	✓	05/31/20	05/24/20	06/24/20		318.38	0.00	0.00	318.38 ✓
LAUNDRY HOUSEKEEPING									
8400221165	✓	05/31/20	05/27/20	06/26/20		424.88	0.00	0.00	424.88 ✓
LAUNDRY SURGERY									
8400221206		05/31/20	05/27/20	06/26/20		1,061.97	0.00	0.00	1,061.97 ✓
LAUNDRY HOUSEKEEPING									
8400221426		05/31/20	05/31/20	06/30/20		1,264.45	0.00	0.00	1,264.45 ✓
LAUNDRY HOUSEKEEPING									
8400221370		05/31/20	05/31/20	06/30/20		194.18	0.00	0.00	194.18 ✓
LAUNDRY HOUSEKEEPING									
8400221411		05/31/20	05/31/20	06/30/20		151.42	0.00	0.00	151.42 ✓
LAUNDRY HOUSEKEEPING									
8400221372		05/31/20	05/31/20	06/30/20		106.23	0.00	0.00	106.23 ✓
LAUNDRY OB									
8400221371		05/31/20	05/31/20	06/30/20		203.05	0.00	0.00	203.05 ✓
LAUNDRY DIETARY									
8400221369		05/31/20	05/31/20	06/30/20		318.38	0.00	0.00	318.38 ✓
LAUNDRY HOUSEKEEPING									
8400221373		05/31/20	05/31/20	06/30/20		103.52	0.00	0.00	103.52 ✓
LAUNDRY HOUSEKEEPING									
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net		
	U1064	UNIFIRST HOLDINGS INC		5,777.47	0.00	0.00	5,777.47		
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
4412888	✓	06/17/20	05/30/20	06/19/20		66.59	0.00	0.00	66.59 ✓
SUPPLIES DIETARY									
Vendor Totals	Number	Name		Gross	Discount	No-Pay	Net		

	10172	US FOOD SERVICE					66.59	0.00	0.00	66.59
Vendor#	Vendor Name				Class	Pay Code				
U2001	US POSTAL SERVICE ✓				W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21066		06/21/20	06/20/20	06/30/20		1,172.00	0.00	0.00	1,172.00 ✓
	POST OFFICE BOX RENT									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U2001	US POSTAL SERVICE				1,172.00	0.00	0.00	1,172.00
Vendor#	Vendor Name				Class	Pay Code				
U2000	US POSTAL SERVICE ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21041		06/16/20	06/13/20	06/13/20		1,000.00	0.00	0.00	1,000.00 ✓
	POSTAGE									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		U2000	US POSTAL SERVICE				1,000.00	0.00	0.00	1,000.00
Vendor#	Vendor Name				Class	Pay Code				
10915	WAGeworks ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21051		06/17/20	06/16/20	06/16/20		2,276.61	0.00	0.00	2,276.61 ✓
	FUNDING FOR FLEX SPENDIN									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10915	WAGeworks				2,276.61	0.00	0.00	2,276.61
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
	9110304521 ✓		05/31/20	05/24/20	06/24/20		128.75	0.00	0.00	128.75 ✓
	SUPPLIES LAB									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		I1110	WERFEN USA LLC				128.75	0.00	0.00	128.75
Vendor#	Vendor Name				Class	Pay Code				
10325	WHOLESALE ELECTRIC SUPPLY ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	79-4172725 ✓		05/31/20	05/25/20	06/24/20		172.90	0.00	0.00	172.90 ✓
	SUPPLIES PLANT OPS									
	79-4185756		06/16/20	05/31/20	06/30/20		198.90	0.00	0.00	198.90 ✓
	SUPPLIES PLANT OPS									
	79-4106715		06/20/20	04/06/20	05/05/20		274.50	0.00	0.00	274.50 ✓
	SUPPLIES PLANT OPS									
	79-4141810		06/20/20	04/13/20	05/13/20		-188.50	0.00	0.00	-188.50 ✓
	CREDIT SUPPLIES PLANT OP:									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		10325	WHOLESALE ELECTRIC SUPPLY				457.80	0.00	0.00	457.80
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
	4569942 ✓		06/20/20	03/31/20	04/30/20		400.00	0.00	0.00	400.00 ✓
	DUES & SUBCRIPTIONS LAB									
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
		W1270	WISCONSIN STATE LABORATORY				400.00	0.00	0.00	400.00

Report Summary

Grand Totals:	Gross	Discount	No-Pay	Net
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240,911.16

0.00

0.00

240,911.16

Add - per
Vicky
Due 7/1/16

V# 10938 Bank of the West Inv # 3858294 { +6,145.37
ACUDOSE + Anesthesia Cabinets

Pg 7 Correction { < 61.95
+ 31.95

Pg 16
Correction { < 1,180.00
+ 1,178.90

247,025.43

APPROVED
ON

JUN 22 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 166728

to

166832

Michael J. Pfeifer
Michael J. Pfeifer
Calhoun County Judge
Date: 6-28-16

RUN DATE: 06/21/16
TIME: 15:50

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
		062116	1453.98	/	2	REFUND FOR	✓
	GA 303921760						
01	THE BROADMOOR AT CREEK ✓ 5665 CREEKSIDE FOREST DRIVE SPRING	031516	12528.42	✓	2	REFUND FOR THE BROADMOOR AT CREEK	✓
	TX 77389						
01	SOLERA WEST HOUSTON ✓ 2101 GREENHOUSE ROAD HOUSTON	031516	9886.22	✓	2	REFUND FOR SOLERA WEST HOUSTON	✓
	TX 770846108						
ARID=0001 TOTAL			23868.62				
TOTAL			23868.62				

APPROVED
ON

JUN 22 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CRS# 166833
+0
#166835

Michael J. Pfeifer
Michael J. Pfeifer
Calhoun County Judge
Date: 6-28-16

8

RUN DATE:06/23/16
TIME:09:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/23/16 THRU 06/23/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE

A/P	166728	06/23/16	313.80	PHILIPS HEALTHCARE
A/P	166729	06/23/16	66.59	US FOOD SERVICE
A/P	166730	06/23/16	465.75	PHARMEDIUM SERVICES LLC
A/P	166731	06/23/16	845.25	GE HEALTHCARE
A/P	166732	06/23/16	8,333.33	HITACHI MEDICAL SYSTEMS
A/P	166733	06/23/16	457.80	WHOLESALE ELECTRIC SUPPLY
A/P	166734	06/23/16	2,021.38	PRINCIPAL LIFE
A/P	166735	06/23/16	1,355.18	CENTURION MEDICAL PRODUCTS
A/P	166736	06/23/16	1,199.66	DEWITT POTH & SON
A/P	166737	06/23/16	.00	VOIDED
A/P	166738	06/23/16	6,887.84	MORRIS & DICKSON CO, LLC
A/P	166739	06/23/16	811.27	PLATINUM CODE
A/P	166740	06/23/16	461.52	GLAXOSMITHKLINE PHARMACUETICAL
A/P	166741	06/23/16	2,440.00	ALLIED FIRE PROTECTION SA, LP
A/P	166742	06/23/16	4,994.08	THERACOM, LLC
A/P	166743	06/23/16	9,115.74	CLINICAL PATHOLOGY
A/P	166744	06/23/16	32,426.87	MMC EMPLOYEE BENEFIT PLAN
A/P	166745	06/23/16	31,526.02	ALLIED BENEFIT SYSTEMS
A/P	166746	06/23/16	8,807.05	ACCLARENT, INC.
A/P	166747	06/23/16	2,276.61	WAGEWORKS
A/P	166748	06/23/16	4,191.97	HELMER INC
A/P	166749	06/23/16	1,333.33	SIEMENS FINANCIAL SERVICES
A/P	166750	06/23/16	6,145.37	BANK OF THE WEST
A/P	166751	06/23/16	360.00	THE UPS PRINT STORE
A/P	166752	06/23/16	60.00	MEMORIAL MEDICAL CLINIC
A/P	166753	06/23/16	1,182.50	M G TRUST
A/P	166754	06/23/16	2,551.75	REVCYCLE+, INC.
A/P	166755	06/23/16	558.00	SHIFTHOUND
A/P	166756	06/23/16	700.00	DERRI HART
A/P	166757	06/23/16	4,050.00	RECONDO
A/P	166758	06/23/16	19,950.00	REED, CLAYMON, MEEKER & HARGET
A/P	166759	06/23/16	441.45	COASTAL REFRIGERATION
A/P	166760	06/23/16	75.00	FIRST CLEARING
A/P	166761	06/23/16	1,677.71	CALHOUN CO INDIGENT ACCT
A/P	166762	06/23/16	1,155.00	PABLO GARZA
A/P	166763	06/23/16	3,226.25	FUSION MEDICAL STAFFING, LLC
A/P	166764	06/23/16	662.27	MARLIN BUSINESS BANK
A/P	166765	06/23/16	1,246.04	THE US CONSULTING GROUP
A/P	166766	06/23/16	6,655.11	MINDRAY CAPITAL
A/P	166767	06/23/16	1,048.54	MEDICAL DATA SYSTEMS, INC.
A/P	166768	06/23/16	5,354.95	GARDNER & WHITE, INC.
A/P	166769	06/23/16	20.00	CCSPC
A/P	166770	06/23/16	249.84	N C CHILD SUPPORT CENTRALIZED
A/P	166771	06/23/16	2,764.49	SURGIQUIP SOLUTIONS, INC.
A/P	166772	06/23/16	48.50	PSYCHEMEDICS CORPORATION
A/P	166773	06/23/16	451.14	GULF COAST HARDWARE / ACE
A/P	166774	06/23/16	23.50	ADVANCE MEDICAL DESIGNS INC
A/P	166775	06/23/16	1,732.03	AIRGAS USA, LLC - CENTRAL DIV
A/P	166776	06/23/16	9,800.00	ALCON LABORATORIES, INC.
A/P	166777	06/23/16	581.46	CAREFUSION

RUN DATE:06/23/16
TIME:09:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/23/16 THRU 06/23/16

PAGE 2
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166778	06/23/16	19.34	AQUA BEVERAGE COMPANY
A/P	166779	06/23/16	32.07	AUTO PARTS & MACHINE CO.
A/P	166780	06/23/16	369.32	BARD PERIPHERAL VASCULAR
A/P	166781	06/23/16	915.59	BAXTER HEALTHCARE CORP
A/P	166782	06/23/16	5,343.65	BECKMAN COULTER INC
A/P	166783	06/23/16	677.57	CABLE ONE
A/P	166784	06/23/16	25.00	CAL COM FEDERAL CREDIT UNION
A/P	166785	06/23/16	1,503.09	CALHOUN COUNTY
A/P	166786	06/23/16	440.00	CYGNUS MEDICAL LLC
A/P	166787	06/23/16	208.51	CONMED CORPORATION
A/P	166788	06/23/16	414.40	CDW GOVERNMENT, INC.
A/P	166789	06/23/16	367.92	COOPER SURGICAL INC
A/P	166790	06/23/16	12.20	DOWNTOWN CLEANERS
A/P	166791	06/23/16	79.95	DLE PAPER & PACKAGING
A/P	166792	06/23/16	57.50	DYNATRONICS CORPORATION
A/P	166793	06/23/16	83.76	FEDERAL EXPRESS CORP.
A/P	166794	06/23/16	4,390.97	FISHER HEALTHCARE
A/P	166795	06/23/16	1,455.04	GULF COAST PAPER COMPANY
A/P	166796	06/23/16	3.46	H E BUTT GROCERY
A/P	166797	06/23/16	329.94	HEALTHMARK INDUSTRIES CO INC
A/P	166798	06/23/16	346.50	HILL-ROM COMPANY, INC
A/P	166799	06/23/16	44.95	HOBBY LOBBY
A/P	166800	06/23/16	446.60	HOSPIRA WORLDWIDE, INC
A/P	166801	06/23/16	159.24	INDEPENDENCE MEDICAL
A/P	166802	06/23/16	128.75	WERFEN USA LLC
A/P	166803	06/23/16	554.42	J & J HEALTH CARE SYSTEMS, INC
A/P	166804	06/23/16	288.80	JOHNSTONE SUPPLY
A/P	166805	06/23/16	1,178.90	SHIRLEY KARNEI
A/P	166806	06/23/16	430.00	LABCORP OF AMERICA HOLDINGS
A/P	166807	06/23/16	740.35	LANDAUER INC
A/P	166808	06/23/16	351.31	MCKESSON MEDICAL SURGICAL INC
A/P	166809	06/23/16	28.64	MEDLINE INDUSTRIES INC
A/P	166810	06/23/16	258.36	BAYER HEALTHCARE
A/P	166811	06/23/16	907.26	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	166812	06/23/16	3,750.00	NUTRITION OPTIONS
A/P	166813	06/23/16	.00	VOIDED
A/P	166814	06/23/16	.00	VOIDED
A/P	166815	06/23/16	9,170.49	OWENS & MINOR
A/P	166816	06/23/16	52.31	POWER ELECTRIC
A/P	166817	06/23/16	290.00	RADIOLOGY UNLIMITED, PA
A/P	166818	06/23/16	228.56	RECEIVABLE MANAGEMENT, INC
A/P	166819	06/23/16	262.93	SERVICE SUPPLY OF VICTORIA INC
A/P	166820	06/23/16	82.81	SHERWIN WILLIAMS
A/P	166821	06/23/16	250.81	SMITH & NEPHEW
A/P	166822	06/23/16	2,700.00	SO TEX BLOOD & TISSUE CENTER
A/P	166823	06/23/16	725.00	STANFORD VACUUM SERVICE
A/P	166824	06/23/16	361.31	STRYKER SALES CORP
A/P	166825	06/23/16	268.86	TG
A/P	166826	06/23/16	4,555.00	T-SYSTEM, INC
A/P	166827	06/23/16	81.52	UNIFIRST HOLDINGS
A/P	166828	06/23/16	5,777.47	UNIFIRST HOLDINGS INC

RUN DATE:06/23/16
TIME:09:28

MEMORIAL MEDICAL CENTER
CHECK REGISTER
06/23/16 THRU 06/23/16

PAGE 3
GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166829	06/23/16	1,000.00	US POSTAL SERVICE
A/P	166830	06/23/16	1,172.00	US POSTAL SERVICE
A/P	166831	06/23/16	400.00	WISCONSIN STATE LABORATORY
A/P	166832	06/23/16	201.06	GRAINGER
A/P	166833	06/23/16	1,453.98	
A/P	166834	06/23/16	12,528.42	
A/P	166835	06/23/16	9,886.22	
TOTALS:			270,894.05	

APPROVED
ON

JUN 22 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Memorial Medical Center
Nursing Home UPL
Weekly Cantex Transfer
6/27/2016

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	110,148.67	110,048.67	205,522.37	-	-	-	-	205,622.37	<u>205,522.37</u>

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	59,761.10	59,661.10	442,529.08	-	-	-	-	442,629.08	<u>442,529.08</u>
Crescent	4588	126,144.25	126,044.25	259,515.49	-	-	-	-	259,615.49	<u>259,515.49</u>
Broadmoor	4596	45,364.28	45,264.28	432,028.33	-	-	-	-	432,128.33	<u>432,028.33</u>
Fort Bend	4618	12,509.14	12,409.14	74,284.20	-	-	-	-	74,384.20	<u>74,284.20</u>
										<u>1,208,357.10</u>

Routing Information for Crescent / Solera at West Houston / Fort Bend / Broadmoor:

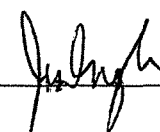
Cantex Health Care Centers III LLC

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.

Handwritten signature: M. G. P. 7-5-16

APPROVED
JUN 27 2016
COUNTY AUDITOR

IBC Bank Activity

6/20/16 through 6/26/16

Ashford Gardens

			<u>Transfer-Out</u>	<u>Transfer-In</u>
6/21/2016	5025	4553 142 ACH CREDIT RECEIVED		32.68
6/21/2016	5025	4553 495 OUTGOING MONEY TRANSFER	110,048.67	
6/21/2016	5025	4553 142 ACH CREDIT RECEIVED		3,215.47
6/21/2016	5025	4553 142 ACH CREDIT RECEIVED		77,975.50
6/22/2016	5025	4553 142 ACH CREDIT RECEIVED		14,785.25
6/22/2016	5025	4553 142 ACH CREDIT RECEIVED		347.48
6/22/2016	5025	4553 142 ACH CREDIT RECEIVED		7,528.35
6/23/2016	5025	4553 142 ACH CREDIT RECEIVED		4,362.69
6/24/2016	5025	4553 301 COMMERCIAL DEPOSIT		96,977.31
6/24/2016	5025	4553 142 ACH CREDIT RECEIVED		297.64
			<u>110,048.67</u>	<u>205,522.37</u>

Molina HC of TX Molina HC
 ASHFORD HEALTH CARE CENTER LTD
 AGING DISAB SVCS HCCLAIMPMT
 NOVITAS SOLUTION HCCLAIMPMT
 Molina HC of TX Molina HC
 NOVITAS SOLUTION HCCLAIMPMT
 Molina HC of TX Molina HC
 Molina HC of TX Molina HC
 Molina HC of TX Molina HC

Solera at West Houston

			<u>Transfer-Out</u>	<u>Transfer-In</u>
6/21/2016	5025	4561 495 OUTGOING MONEY TRANSFER	59,661.10	
6/21/2016	5025	4561 142 ACH CREDIT RECEIVED		10,680.01
6/21/2016	5025	4561 142 ACH CREDIT RECEIVED		348,987.82
6/21/2016	5025	4561 142 ACH CREDIT RECEIVED		9,065.22
6/22/2016	5025	4561 142 ACH CREDIT RECEIVED		20,261.82
6/23/2016	5025	4561 142 ACH CREDIT RECEIVED		4,541.61
6/24/2016	5025	4561 301 COMMERCIAL DEPOSIT		45,287.32
6/24/2016	5025	4561 142 ACH CREDIT RECEIVED		3,412.50
6/24/2016	5025	4561 142 ACH CREDIT RECEIVED		292.78
			<u>59,661.10</u>	<u>442,529.08</u>

CANTEX HEALTH CARE CENTERS LLC
 AMERIGROUP CORPO HCCLAIMPMT
 NOVITAS SOLUTION HCCLAIMPMT
 AMERIGROUP CORPO HCCLAIMPMT
 NOVITAS SOLUTION HCCLAIMPMT
 NOVITAS SOLUTION HCCLAIMPMT
 NOVITAS SOLUTION HCCLAIMPMT
 NOVITAS SOLUTION HCCLAIMPMT
 AMERIGROUP CORPO HCCLAIMPMT

Crescent

			<u>Transfer-Out</u>	<u>Transfer-In</u>
6/20/2016	5025	4588 142 ACH CREDIT RECEIVED		163,820.17
6/21/2016	5025	4588 142 ACH CREDIT RECEIVED		12,511.79
6/21/2016	5025	4588 495 OUTGOING MONEY TRANSFER	126,044.25	
6/21/2016	5025	4588 142 ACH CREDIT RECEIVED		13,204.31
6/22/2016	5025	4588 142 ACH CREDIT RECEIVED		11,744.59
6/23/2016	5025	4588 142 ACH CREDIT RECEIVED		12,082.89
6/24/2016	5025	4588 301 COMMERCIAL DEPOSIT		46,151.74
			<u>126,044.25</u>	<u>259,515.49</u>

NOVITAS SOLUTION HCCLAIMPMT
 AMERIGROUP CORPO HCCLAIMPMT
 CANTEX HEALTH CARE CENTERS III
 NOVITAS SOLUTION HCCLAIMPMT
 NOVITAS SOLUTION HCCLAIMPMT
 NOVITAS SOLUTION HCCLAIMPMT

Broadmoor

			<u>Transfer-Out</u>	<u>Transfer-In</u>
6/20/2016	5025	4596 142 ACH CREDIT RECEIVED		7,812.55
6/20/2016	5025	4596 142 ACH CREDIT RECEIVED		230,591.33
6/21/2016	5025	4596 495 OUTGOING MONEY TRANSFER	45,264.28	
6/21/2016	5025	4596 142 ACH CREDIT RECEIVED		18,582.26
6/22/2016	5025	4596 142 ACH CREDIT RECEIVED		79,606.76
6/22/2016	5025	4596 142 ACH CREDIT RECEIVED		1,209.44
6/23/2016	5025	4596 142 ACH CREDIT RECEIVED		21,938.09
6/24/2016	5025	4596 301 COMMERCIAL DEPOSIT		72,287.90
			<u>45,264.28</u>	<u>432,028.33</u>

AGING DISAB SVCS HCCLAIMPMT
 NOVITAS SOLUTION HCCLAIMPMT
 CANTEX HEALTH CARE CENTERS III
 NOVITAS SOLUTION HCCLAIMPMT
 NOVITAS SOLUTION HCCLAIMPMT
 Molina HC of TX Molina HC
 NOVITAS SOLUTION HCCLAIMPMT

Fort Bend

			<u>Transfer-Out</u>	<u>Transfer-In</u>
6/21/2016	5025	4618 495 OUTGOING MONEY TRANSFER	12,409.14	
6/21/2016	5025	4618 142 ACH CREDIT RECEIVED		32,720.96
6/21/2016	5025	4618 142 ACH CREDIT RECEIVED		1,369.38
6/21/2016	5025	4618 142 ACH CREDIT RECEIVED		3,719.86
6/22/2016	5025	4618 142 ACH CREDIT RECEIVED		13,091.71
6/22/2016	5025	4618 142 ACH CREDIT RECEIVED		6,183.46
6/24/2016	5025	4618 142 ACH CREDIT RECEIVED		134.24
6/24/2016	5025	4618 142 ACH CREDIT RECEIVED		353.22
6/24/2016	5025	4618 301 COMMERCIAL DEPOSIT		16,711.37
			<u>12,409.14</u>	<u>74,284.20</u>

CANTEX HEALTH CARE CENTERS III
 NOVITAS SOLUTION HCCLAIMPMT
 AGING DISAB SVCS HCCLAIMPMT
 AMERIGROUP CORPO HCCLAIMPMT
 NOVITAS SOLUTION HCCLAIMPMT
 Molina HC of TX Molina HC
 NOVITAS SOLUTION HCCLAIMPMT
 AMERIGROUP CORPO HCCLAIMPMT

Account Portfolio as of 06/27/2016 8:19:15 AM

Account Display
☐ Display By Account Type
☒ Display By Asset/Liability

Commercial Checking Accounts

Account Name	Account Number	Today's Beginning Balance	Available Balance
<u>Memorial Medical Center</u>	3387	\$245,550.14	\$245,550.14
<u>Memorial Medical Center</u>	4553	\$205,622.37	\$216,612.14
<u>Memorial Medical Center</u>	4561	\$442,629.08	\$467,022.03
<u>Memorial Medical Center</u>	4588	\$259,615.49	\$263,665.82
<u>Memorial Medical Center</u>	4596	\$432,128.33	\$434,444.92
<u>Memorial Medical Center</u>	4618	\$74,384.20	\$78,908.40
<u>Memorial Medical Center Operat</u>	0301	\$1,487,297.75	\$1,539,667.87
<u>County of Calhoun Indigent</u>	1101	\$7,326.01	\$7,326.01
Totals		\$3,154,553.37	\$3,253,197.33

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RUN DATE:06/27/16
TIME:09:39

MEMORIAL MEDICAL CENTER
CHECK REGISTER and Payable List
06/27/16 THRU 06/27/16

PAGE 1
GLCKREG

BANK--CHECK-----

CODE NUMBER DATE AMOUNT PAYEE

A/P	000785	06/27/16	530.74	MCKESSON
A/P	000786	06/27/16	545.31	MCKESSON
A/P	000787	06/27/16	1,798.79	MCKESSON
TOTALS:			2,874.84	

340 B Prescription Expenses

APPROVED
ON

JUN 27 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Michael J. Pfit
7-5-16

McKESSON

STATEMENT

As of: 06/24/2016

Page: 001

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

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

DC: 8115

Territory: 400

Customer: 190813

Date: 06/25/2016

As of: 06/24/2016
Mail to:

Page: 001
Comp: 8000

AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

Cust: 190813 PLEASE CHECK ANY
Date: 06/25/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
16/20/2016	06/28/2016	7752253721	1000836292	115Invoice	1.49	74.74	✓	73.25	✓	7752253721	
16/20/2016	06/28/2016	7752253722	1000837531	115Invoice	1.11	55.69	✓	54.58	✓	7752253722	
16/21/2016	06/28/2016	7752459298	1000837898	115Invoice	0.64	31.84	✓	31.20	✓	7752459298	
16/22/2016	06/28/2016	7752685336	1000838264	115Invoice	0.34	16.94	✓	16.60	✓	7752685336	
16/24/2016	06/28/2016	7753158041	1000839920	115Invoice	5.79	289.72	✓	283.93	✓	7753158041	
16/24/2016	06/28/2016	7753158043	1000839920	115Invoice	1.45	72.63	✓	71.18	✓	7753158043	

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

TOTAL:			Subtotals:	541.56	USD						
Future Due:	0.00		If Paid By 06/28/2016,			530.74	USD			Due If Paid On Time:	
Past Due:	0.00		Pay This Amount:							USD	530.74
Last Payment	534.18		If Paid After 06/28/2016,							Disc lost if paid late:	10.82
16/20/2016			Pay this Amount:			541.56	USD			Due If Paid Late:	
										USD	541.56

[Handwritten signature]
6-27-16

C4# 785

APPROVED
ON

JUN 27 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 06/24/2016

Page: 001

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

Company: 8000

WALMART 1098/MEM MED PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 256342

Date: 06/25/2016

As of: 06/24/2016
Mail to:Page: 001
Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 256342
Date: 06/25/2016PLEASE CHECK ANY
ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
16/21/2016	06/28/2016	7752481892	3454581524	115Invoice	4.95	247.29		✓ 242.34	✓	7752481892	
16/21/2016	06/28/2016	7752481893	3454581521	115Invoice	1.15	57.67		✓ 56.52	✓	7752481893	
16/22/2016	06/28/2016	7752692909	3454581527	115Invoice	4.39	219.43		✓ 215.04	✓	7752692909	
16/23/2016	06/28/2016	7752937007	3454581530	115Invoice	0.01	0.63		✓ 0.62	✓	7752937007	
16/24/2016	06/28/2016	7753156359	3454581533	115Invoice	0.63	31.42		✓ 30.79	✓	7753156359	

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

TOTAL:

Subtotals:

556.44 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 551.32
06/20/2016If Paid By 06/28/2016,
Pay This Amount:

545.31 USD

If Paid After 06/28/2016,
Pay this Amount:

556.44 USD

Due If Paid On Time:
USD

545.31

Disc lost if paid late:

11.13

Due If Paid Late:
USD

556.44

CHK # 786

APPROVED
ON

JUN 27 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

McKESSON**STATEMENT**

As of: 06/24/2016

Page: 001

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

Company: 8000

CVS PHCY 7006/MEMORIA PHS
MEMORIAL MEDICAL CENTER
VICKY KALISEK
815 N VIRGINIA
PORT LAVACA TX 77979AMT DUE REMITTED VIA ACH DEBIT
Statement for information only

DC: 8115

Territory: 400

Customer: 262252
Date: 06/25/2016As of: 06/24/2016 Page: 001
Mail to: Comp: 8000AMT DUE REMITTED VIA ACH DEBIT
Statement for information onlyCust: 262252 PLEASE CHECK ANY
Date: 06/25/2016 ITEMS NOT PAID (✓)

Billing Date	Due Date	Receivable Number	Order Reference	Description	Cash Discount	Amount (gross)	P F	Amount (net)	P F	Receivable Number	
16/20/2016	06/28/2016	7752266087	1000836294	115Invoice	6.86	343.14		✓ 336.28	✓	7752266087	
16/20/2016	06/28/2016	7752266088	1000836294	115Invoice	0.36	18.12		✓ 17.76	✓	7752266088	
16/20/2016	06/28/2016	7752266089	1000837149	115Invoice	2.81	140.71		✓ 137.90	✓	7752266089	
16/20/2016	06/28/2016	7752266090	1000837533	115Invoice	7.78	389.11		✓ 381.33	✓	7752266090	
16/21/2016	06/28/2016	7752465922	1000837900	115Invoice	4.74	236.76		✓ 232.02	✓	7752465922	
16/22/2016	06/28/2016	7752694955	1000838266	115Invoice	4.28	214.02		✓ 209.74	✓	7752694955	
16/23/2016	06/28/2016	7752959521	1000839325	115Invoice	5.96	298.18		✓ 292.22	✓	7752959521	
16/24/2016	06/28/2016	7753174913	1000839922	115Invoice	3.91	195.45		✓ 191.54	✓	7753174913	

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

TOTAL:

Subtotals: 1,835.49 USD

Future Due: 0.00

Past Due: 0.00

Last Payment 1,842.72
16/20/2016If Paid By 06/28/2016,
Pay This Amount:If Paid After 06/28/2016,
Pay this Amount:

1,798.79 USD

1,835.49 USD

Due If Paid On Time:

USD 1,798.79

Disc lost if paid late:

36.70

Due If Paid Late:

USD 1,835.49

APPROVED
ONJUN 27 2016
COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CHK # 787

Lowe's® Business Card Account

HOSPITAL - HEALTHCARE

Visit us at www.lowes.com/credit

8

1-2

Summary of Account Activity	
Previous Balance	\$878.33
- Payments	\$856.39
- Other Credits	\$0.00
+ Purchases/Debits	\$16.43
+ Fees Charged	\$0.00
+ Interest Charged	\$6.62
New Balance	\$44.99
Credit Limit	\$3,000.00
Available Credit	\$2,955.00
Statement Closing Date	06/02/2016
Days in Billing Cycle	31

Payment Information	
New Balance	\$44.99
Total Minimum Payment Due	\$25.00
Payment Due Date	06/28/2016

MEMORIAL MEDICAL CENTER RECEIVED

JUN 07 2016

ACCOUNTS PAYABLE

ON

JUN 28 2016

mm c wi
pay by phone
99.56

Transaction Summary					
Tran Date	Post Date	Reference Number/ Invoice Number	Description of Transaction or Credit	Amount	
05/05	05/05	88662	LOWE'S INTERNET FUL WILKESBORO NC	\$16.43	
05/08	05/08		PAYMENT - THANK YOU	(\$526.53)	
05/26	05/26		PAYMENT - THANK YOU	(\$329.86)	
06/02	06/02		*INTEREST CHARGE*	\$6.62	

Interest Charge Calculation					
Your Annual Percentage Rate (APR) is the annual interest rate on your account.					
Type of Balance	Expiration Date	Annual Percentage Rate	Balance Subject To Interest Rate	Interest Charge	Balance Method
Regular Purchases	NA	21.00%	\$371.35	\$6.62	2D

Important Account Information

5% EVERYDAY CREDIT DISCOUNT WAS APPLIED AT POINT OF SALE FOR ALL QUALIFYING INVOICES THAT APPEAR ON THIS STATEMENT. PLEASE CONSULT YOUR ORIGINAL SALES RECEIPT FOR LINE ITEM DETAIL ON THE 5% SAVINGS. THANK YOU FOR USING LOWE'S AS YOUR SUPPLIER.

CUSTOMER SERVICE: For Account Information log on to www.lowes.com/credit. This account is not registered. The authentication code is: 9LIP924, or call toll-free 1-800-444-1408.

PAYMENT DUE BY 5 P.M. (ET) ON THE DUE DATE.

NOTICE: We may convert your payment into an electronic debit. See reverse for details, Billing Rights Information and other important information.

Detach and mail this portion with your check. Do not include any correspondence with your check.



Total Minimum Payment Due	Payment Due Date	New Balance
\$25.00	06/28/2016	\$44.99

Payment Enclosed: \$

Please use blue or black ink.

New address or email? Print changes on back.

HOSPITAL - HEALTHCARE
VICKY KALISEK
815 N VIRGINIA ST
PORT LAVACA TX 77979-3025

Make Payment to: LOWES BUSINESS ACCT/SYNCOB
P.O. BOX 530970
ATLANTA, GA 30353-0970

Michelle J. PF
7-5-16

HOSPITAL - HEALTHCARE					
INVOICE # : 88662		LOWE'S BUSINESS ACCOUNT		P.O. # :	
TRANSACTION # : 0		DATE OF SALE : 160505		STORE # : 907	
		AUTHORIZATION : 000384		REGISTER # :	
S.K.U	DESCRIPTION	QUANTITY	UNIT	PRICE	EXT. PRICE
000000000003388	6-IN X 50-FT ALUM ROLL FL	1.000	EA	\$15.18	\$15.18
0000000000155670	PROMOTIONAL DISCOUNT APPL	1.000	EA	\$0.00	\$0.00
0000000000155670	PROMOTIONAL DISCOUNT APPL	1.000	EA	\$0.00	\$0.00
0000000000142711	STANDARD GROUND SHIPCHRG	1.000	EA	\$0.00	\$0.00
SUB \$15.18		TAX \$1.25		TOTAL INVOICE	\$16.43
				CREDITS TOTAL	\$0.00
				BALANCE DUE	\$16.43



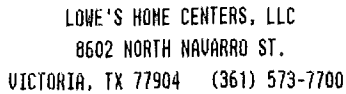
APPROVED
ON

JUN 28 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

0 • C

16 • 43 +
83 • 13 +
99 • 56 =



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

Initiated By:

[illegible]

TOTAL COST

JUN 28 2019

YOUR OPINIONS COUNT!

REGISTER FOR A CHANCE TO WIN AUDITOR
COUNTY AUDITOR
ONE OF FIVE \$300 WINNERS RANDOMLY!
CALHOUN COUNTY TEXAS

iREGISTRESE EL EL SORTEO MENSUAL

PARA SER UNO DE LOS CINCO GANADORES DE \$300!

REGISTER BY COMPLETING A GUEST SATISFACTION SURVEY
WITHIN ONE WEEK AT: www.lowes.com/survey

Y O U R I D # 53918 0282 155

NO PURCHASE NECESSARY TO ENTER OR WIN.

VOID WHERE PROHIBITED. MUST BE 18 OR OLDER TO ENTER.

OFFICIAL RULES & WINNERS AT: www.lowes.com/survey

TERMINAL: 53 06/03/16 14:17:53

APPROVED
ON

JUN 29 2016

06/28/2016

CITY AUDITOR
CALHOUN COUNTY, TEXAS

MEMORIAL MEDICAL CENTER

AP Open Invoice List

Due Dates Through: 07/08/2016

0

ap_open_invoice.template

Vendor# Vendor Name

Class Pay Code

A1715 ALCO SALES & SERVICE CO ✓

M

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
2638290-IN ✓		06/24/20	03/15/20	04/14/20		206.42	0.00	0.00	206.42 ✓

REPAIRS MED SURG

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A1715	ALCO SALES & SERVICE CO	206.42	0.00	0.00	206.42	

Vendor# Vendor Name

Class Pay Code

A2150 ANNOUNCEMENTS PLUS TOO AGAIN ✓

W

Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
629 ✓		06/24/20	06/13/20	06/23/20		20.00	0.00	0.00	20.00 ✓

SUPPLIES IV THERAPY CLINIC

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A2150	ANNOUNCEMENTS PLUS TOO AGAIN	20.00	0.00	0.00	20.00	

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
799305 ✓		06/24/20	06/20/20	07/05/20		35.62	0.00	0.00	35.62 ✓

SUPPLIES PLANT OPS

799343 ✓		06/24/20	06/20/20	07/05/20		3.39	0.00	0.00	3.39 ✓
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SUPPLIES PLANT OPS

799732 ✓		06/27/20	06/23/20	07/08/20		20.13	0.00	0.00	20.13 ✓
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SUPPLIES PLANT OPS

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
A2600	AUTO PARTS & MACHINE CO.	59.14	0.00	0.00	59.14	

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
51090751 ✓		06/15/20	06/02/20	07/02/20		504.64	0.00	0.00	504.64 ✓

CS INVENTORY & LAB SUPPLI

51160926 ✓		06/16/20	06/07/20	07/07/20		200.00	0.00	0.00	200.00 ✓
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REPAIRS MED SURG

51100081 ✓		06/20/20	06/02/20	07/02/20		2,767.00	0.00	0.00	2,767.00 ✓
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RENTAL ON IV PUMPS

51109032 ✓		06/20/20	06/03/20	07/03/20		6.59	0.00	0.00	6.59 ✓
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PHARMACY FREIGHT CHARG

Vendor Totals	Number	Name	Gross	Discount	No-Pay	Net
B1075	BAXTER HEALTHCARE CORP	3,478.23	0.00	0.00	3,478.23	

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
105668492 ✓		06/20/20	06/02/20	07/02/20		4,647.89	0.00	0.00	4,647.89 ✓

LAB SUPPLIES

105668922 ✓		06/20/20	06/02/20	07/02/20		620.70	0.00	0.00	620.70 ✓
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LAB SUPPLIES

105669321 ✓		06/20/20	06/02/20	07/02/20		463.26	0.00	0.00	463.26 ✓
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SUPPLIES LAB

105671535 ✓		06/20/20	06/04/20	07/04/20		87.75	0.00	0.00	87.75 ✓
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LAB SUPPLIES										
105672138 ✓		06/20/20	06/05/20	07/05/20			8,822.84	0.00	0.00	8,822.84 ✓
SUPPLIES LAB										
105672256 ✓		06/20/20	06/05/20	07/05/20			2,660.10	0.00	0.00	2,660.10 ✓
SUPPLIES LAB										
105673679 ✓		06/20/20	06/06/20	07/06/20			11,925.87	0.00	0.00	11,925.87 ✓
SUPPLIES LAB										
Vendor Totals							Gross	Discount	No-Pay	Net
B1220 BECKMAN COULTER INC							29,228.41	0.00	0.00	29,228.41
Vendor#	Vendor Name				Class	Pay Code				
11072	BIO-RAD LABORATORIES, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
901446695 ✓		06/27/20	06/07/20	07/07/20			5,825.41	0.00	0.00	5,825.41 ✓
SUPPLIES LAB										
Vendor Totals							Gross	Discount	No-Pay	Net
11072 BIO-RAD LABORATORIES, INC							5,825.41	0.00	0.00	5,825.41
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
21619665 ✓		06/24/20	06/16/20	07/08/20			1,048.52	0.00	0.00	1,048.52 ✓
TELEPHONE EXPENSE										
Vendor Totals							Gross	Discount	No-Pay	Net
11050 BIRCH COMMUNICATIONS							1,048.52	0.00	0.00	1,048.52
Vendor#	Vendor Name				Class	Pay Code				
10599	BKD, LLP ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
BK00600834 ✓		05/26/20	05/10/20	07/02/20			38,887.77	0.00	0.00	38,887.77 ✓
AUDITING FEES										
BK00612944 ✓		05/31/20	05/26/20	07/02/20			8,297.00	0.00	0.00	8,297.00 ✓
AUDITING FEES										
Vendor Totals							Gross	Discount	No-Pay	Net
10599 BKD, LLP							47,184.77	0.00	0.00	47,184.77
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
109332 ✓		06/16/20	06/03/20	07/03/20			18.30	0.00	0.00	18.30 ✓
SUPPLIES PLANT OPS										
Vendor Totals							Gross	Discount	No-Pay	Net
B1650 BOSART LOCK & KEY INC							18.30	0.00	0.00	18.30
Vendor#	Vendor Name				Class	Pay Code				
B1800	BRIGGS HEALTHCARE ✓				M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
8433283 RI ✓		06/16/20	06/09/20	07/08/20			220.92	0.00	0.00	220.92 ✓
SUPPLIES XRAY										
Vendor Totals							Gross	Discount	No-Pay	Net
B1800 BRIGGS HEALTHCARE							220.92	0.00	0.00	220.92
Vendor#	Vendor Name				Class	Pay Code				
C1033	CAD SOLUTIONS, INC ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net
202019 ✓		06/24/20	04/30/20	05/30/20			448.00	0.00	0.00	448.00 ✓
OUTSIDE SRV MAMMO										
202020 ✓		06/24/20	05/30/20	06/29/20			480.00	0.00	0.00	480.00 ✓

SUPPLIES MAMMO

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		C1033	CAD SOLUTIONS, INC				928.00	0.00	0.00	928.00
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	
8001041978 ✓		06/24/20	05/21/20	06/25/20		1,478.30	0.00	0.00	1,478.30	✓
SUPPLIES NUC MED										
8001047506 ✓		06/24/20	05/31/20	06/30/20		467.17	0.00	0.00	467.17	✓
SUPPLIES NUC MED										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		A1825	CARDINAL HEALTH 414,LLC				1,945.47	0.00	0.00	1,945.47
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	
DFJ7530 ✓		06/16/20	05/26/20	07/02/20		1,915.58	0.00	0.00	1,915.58	✓
COMPUTERS MED SURG										
DHH1194 ✓		06/20/20	06/07/20	07/07/20		23.82	0.00	0.00	23.82	✓
SUPPLIES PLANT OPS										
DFR2783 ✓		06/27/20	05/28/20	06/27/20		30.32	0.00	0.00	30.32	✓
SUPPLIES MED SURG										
DGC0426 ✓		06/27/20	06/01/20	07/01/20		31.25	0.00	0.00	31.25	✓
SUPPLIES MED SURG										
DGV5770 ✓		06/28/20	06/03/20	07/03/20		2,127.06	0.00	0.00	2,127.06	✓
MINOR EQUIPMENT										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		C1992	CDW GOVERNMENT, INC.				4,128.03	0.00	0.00	4,128.03
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	
92028870 ✓		06/15/20	06/01/20	07/02/20		549.85	0.00	0.00	549.85	✓
CS INVENTORY										
92031725 ✓		06/20/20	06/06/20	07/06/20		1,081.24	0.00	0.00	1,081.24	✓
CS INVENTORY & RECOVERY										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10350	CENTURION MEDICAL PRODUCTS				1,631.09	0.00	0.00	1,631.09
Vendor#	Vendor Name			Class	Pay Code					
10661	CENTURYLINK ✓									
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1377567175 ✓		06/16/20	06/03/20	07/03/20		12.59	0.00	0.00	12.59	✓
TELEPHONE EXPENSE										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10661	CENTURYLINK				12.59	0.00	0.00	12.59
Vendor#	Vendor Name			Class	Pay Code					
C1410	CERTIFIED LABORATORIES ✓			M						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
2341396 ✓		06/24/20	06/08/20	06/18/20		405.00	0.00	0.00	405.00	✓
SUPPLIES DIETARY										
2352294 ✓		06/24/20	06/16/20	06/26/20		202.50	0.00	0.00	202.50	✓
SUPPLIES DIETARY										
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net

	C1410	CERTIFIED LABORATORIES				607.50	0.00	0.00	607.50
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
	21077		06/28/20	06/17/20	07/05/20	225.77	0.00	0.00	225.77 ✓
		WATER & SEWER							
	21079		06/28/20	06/17/20	07/05/20	118.86	0.00	0.00	118.86 ✓
		WATER & SEWER							
	21078		06/28/20	06/17/20	07/05/20	4,489.89	0.00	0.00	4,489.89 ✓
		WATER & SEWER							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		C1730	CITY OF PORT LAVACA			4,834.52	0.00	0.00	4,834.52
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
	RT00129002 ✓		06/16/20	05/23/20	07/02/20	7,682.67	0.00	0.00	7,682.67 ✓
		LEASE & RENTAL MED SURG							
	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
	474040-0 ✓		06/15/20	06/01/20	07/02/20	138.32	0.00	0.00	138.32 ✓
		SUPPLIES ER							
	474088-0 ✓		06/15/20	06/01/20	07/02/20	30.01	0.00	0.00	30.01 ✓
		CS INVENTORY							
	474484-0 ✓		06/15/20	06/06/20	07/06/20	419.38	0.00	0.00	419.38 ✓
		CS INVENTORY							
	474736-0 ✓		06/15/20	06/08/20	07/08/20	7.51	0.00	0.00	7.51 ✓
		CS INVENTORY							
	474127-0 ✓		06/16/20	06/01/20	07/02/20	48.18	0.00	0.00	48.18 ✓
		SUPPLIES LAB							
	474159-0 ✓		06/16/20	06/02/20	07/02/20	90.57	0.00	0.00	90.57 ✓
		OFFICE SUPPLIES HIM							
	474156-0 ✓		06/16/20	06/02/20	07/02/20	18.69	0.00	0.00	18.69 ✓
	~~474155-0~~	OFFICE SUPPLIES IV THERAP							
	~~060246-~~		06/16/20	06/02/20	07/02/20	9.81	0.00	0.00	9.81 ✓
		OFFICE SUPPLIES CLINIC							
	474236-0 ✓		06/16/20	06/03/20	07/03/20	54.61	0.00	0.00	54.61 ✓
		OFFICE SUPPLIES ADMIN							
	474233-0 ✓		06/16/20	06/03/20	07/03/20	15.14	0.00	0.00	15.14 ✓
		SUPPLIES CLINIC							
	474719-0 ✓		06/16/20	06/08/20	07/08/20	48.18	0.00	0.00	48.18 ✓
		SUPPLIES LAB							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net
		10368	DEWITT POTH & SON			880.40	0.00	0.00	880.40
Vendor#	Vendor Name			Class	Pay Code				
D1752	DLE PAPER & PACKAGING ✓			W					
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay Gross	Discount	No-Pay	Net
	8682 ✓		06/15/20	06/02/20	07/02/20	341.40	0.00	0.00	341.40 ✓
		FORM SUPPLIES CS							
	Vendor Totals	Number	Name			Gross	Discount	No-Pay	Net

	D1752	DLE PAPER & PACKAGING				341.40	0.00	0.00	341.40
Vendor#	Vendor Name				Class	Pay Code			
11196	DON BROWN ELEVATOR INSPECTIONS ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
3675 ✓		06/24/20	06/19/20	06/19/20		600.00	0.00	0.00	600.00 ✓
OUTSIDE SRV MAINT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	11196	DON BROWN ELEVATOR INSPECTIONS				600.00	0.00	0.00	600.00
Vendor#	Vendor Name				Class	Pay Code			
D1710	DOWNTOWN CLEANERS ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
21073		06/27/20	06/21/20	07/01/20		6.10	0.00	0.00	6.10 ✓
OUTSIDE SRV HOUSEKEEPIN									
21081		06/28/20	06/09/20	06/19/20		40.00	0.00	0.00	40.00 ✓
OUTSIDE SRV HOUSEKEEPIN									
21080		06/28/20	06/22/20	07/02/20		40.00	0.00	0.00	40.00 ✓
OUTSIDE SRV HOUSEKEEPIN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	D1710	DOWNTOWN CLEANERS				86.10	0.00	0.00	86.10
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
A1606031378 ✓		06/20/20	06/03/20	07/03/20		19,932.00	0.00	0.00	19,932.00 ✓
SOFTWARE MAINT & OUT/SRV									
918845 ✓		06/27/20	04/29/20	05/29/20		1,500.00	0.00	0.00	1,500.00 ✓
SOFTWARE EXP IT									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	C2510	EVIDENT				21,432.00	0.00	0.00	21,432.00
Vendor#	Vendor Name				Class	Pay Code			
10689	FASTHEALTH CORPORATION ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
06A16mmc ✓		06/16/20	06/01/20	07/02/20		495.00	0.00	0.00	495.00 ✓
OUTSIDE SRV ADMIN									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	10689	FASTHEALTH CORPORATION				495.00	0.00	0.00	495.00
Vendor#	Vendor Name				Class	Pay Code			
F1100	FEDERAL EXPRESS CORP. ✓				W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
5-458-40167 ✓		06/28/20	06/23/20	07/05/20		62.78	0.00	0.00	62.78 ✓
FREIGHT EXPENSE									
Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net
	F1100	FEDERAL EXPRESS CORP.				62.78	0.00	0.00	62.78
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
3947200 ✓		06/27/20	06/01/20	07/01/20		142.30	0.00	0.00	142.30 ✓
SUPPLIES LAB									
4139831 ✓		06/27/20	06/06/20	07/06/20		162.50	0.00	0.00	162.50 ✓
SUPPLIES LAB									
4139832 ✓		06/27/20	06/06/20	07/06/20		162.50	0.00	0.00	162.50 ✓
SUPPLIES LAB									

4219384 ✓	06/27/20 06/07/20 07/07/20					72.20	0.00	0.00	72.20 ✓		
LAB SUPPLIES											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						F1400	FISHER HEALTHCARE	539.50	0.00	0.00	539.50
Vendor#	Vendor Name					Class	Pay Code				
11183	FRONTIER ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
21075		06/27/20	06/19/20	07/01/20			52.22	0.00	0.00	52.22 ✓	
TELEPHONE EXPENSE											
21074		06/27/20	06/19/20	07/01/20			52.08	0.00	0.00	52.08 ✓	
TELEPHONE EXPENSE											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11183	FRONTIER	104.30	0.00	0.00	104.30
Vendor#	Vendor Name					Class	Pay Code				
10283	GE HEALTHCARE ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
6000522895 ✓		06/24/20	06/07/20	07/07/20			3,173.16	0.00	0.00	3,173.16 ✓	
MAINT CONTR XRAY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10283	GE HEALTHCARE	3,173.16	0.00	0.00	3,173.16
Vendor#	Vendor Name					Class	Pay Code				
G0120	GE MEDICAL SYSTEMS, INFO TECH ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
2648412 ✓		06/16/20	06/01/20	07/02/20			98.00	0.00	0.00	98.00 ✓	
REPAIRS CARDIO											
2649464 ✓		06/17/20	06/04/20	07/04/20			124.80	0.00	0.00	124.80 ✓	
SUPPLIES OB											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						G0120	GE MEDICAL SYSTEMS, INFO TECH	222.80	0.00	0.00	222.80
Vendor#	Vendor Name					Class	Pay Code				
A1292	GULF COAST HARDWARE / ACE ✓					W					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
103107 ✓		06/24/20	06/20/20	06/30/20			43.99	0.00	0.00	43.99 ✓	
SUPPLIES PLANT OPS											
103155 ✓		06/24/20	06/21/20	07/01/20			19.96	0.00	0.00	19.96 ✓	
SUPPLIES PLANT OPS											
103149 ✓		06/24/20	06/21/20	07/01/20			9.98	0.00	0.00	9.98 ✓	
SUPPLIES PLANT OPS											
103194 ✓		06/24/20	06/22/20	07/02/20			25.99	0.00	0.00	25.99 ✓	
SUPPLIES PLANT OPS											
103177 ✓		06/24/20	06/22/20	07/02/20			77.98	0.00	0.00	77.98 ✓	
SUPPLIES PLANT OPS											
103191 ✓		06/24/20	06/22/20	07/02/20			4.99	0.00	0.00	4.99 ✓	
SUPPLIES PLANT OPS											
103249 ✓		06/27/20	06/24/20	07/04/20			11.58	0.00	0.00	11.58 ✓	
SUPPLIES DIETARY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A1292	GULF COAST HARDWARE / ACE	194.47	0.00	0.00	194.47
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	
1149396 ✓		06/15/20	06/07/20	07/07/20			323.39	0.00	0.00	323.39 ✓	

SUPPLIES HOUSEKEEPING

Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		G1210	GULF COAST PAPER COMPANY			323.39	0.00	0.00	323.39
Vendor#	Vendor Name			Class	Pay Code				
H0030	H E BUTT GROCERY ✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
752590 ✓		06/28/20	06/04/20	06/24/20		35.78	0.00	0.00	35.78 ✓
FOOD EXPENSE DIETARY									
754336 ✓		06/28/20	06/05/20	06/25/20		26.04	0.00	0.00	26.04 ✓
FOOD EXPENSE DIETARY									
759585 ✓		06/28/20	06/08/20	06/28/20		32.47	0.00	0.00	32.47 ✓
FOOD EXPENSE DIETARY									
761270 ✓		06/28/20	06/09/20	06/29/20		32.46	0.00	0.00	32.46 ✓
FOOD EXPENSE DIETARY									
761144 ✓		06/28/20	06/09/20	06/29/20		72.13	0.00	0.00	72.13 ✓
FOOD EXPENSE DIETARY									
773619 ✓		06/28/20	06/16/20	07/05/20		107.59	0.00	0.00	107.59 ✓
FOOD EXPENSE DIETARY									
788795 ✓		06/28/20	06/24/20	07/05/20		80.08	0.00	0.00	80.08 ✓
FOOD EXPENSE DIETARY									
791236 ✓		06/28/20	06/26/20	07/05/20		21.26	0.00	0.00	21.26 ✓
FOOD EXPENSE DIETARY									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		H0030	H E BUTT GROCERY			407.81	0.00	0.00	407.81
Vendor#	Vendor Name			Class	Pay Code				
11197	HEARTSMART.COM ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
HS174807 ✓		06/24/20	06/08/20	06/08/20		1,695.00	0.00	0.00	1,695.00 ✓
LIFEPAK- MINOR EQUIPMENT									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11197	HEARTSMART.COM			1,695.00	0.00	0.00	1,695.00
Vendor#	Vendor Name			Class	Pay Code				
10415	INDEPENDENCE MEDICAL ✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
40492640 ✓		06/15/20	06/07/20	07/07/20		92.83	0.00	0.00	92.83 ✓
CS INVENTORY									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		10415	INDEPENDENCE MEDICAL			92.83	0.00	0.00	92.83
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
4586092254 ✓		06/27/20	05/21/20	06/20/20		277.40	0.00	0.00	277.40 ✓
OUTSIDE SRV ADMIN									
Vendor Totals		Number	Name			Gross	Discount	No-Pay	Net
		11200	IRON MOUNTAIN			277.40	0.00	0.00	277.40
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
916628410 ✓		06/20/20	06/07/20	07/07/20		63.48	0.00	0.00	63.48 ✓
SUPPLIES SURGERY									
916634441 ✓		06/20/20	06/08/20	07/08/20		459.73	0.00	0.00	459.73 ✓

SUPPLIES SURGERY											
916634442	✓	06/20/20	06/08/20	07/08/20		919.46	0.00	0.00	919.46	✓	
SUPPLIES SURGERY											
915492181	✓	06/27/20	10/29/20	11/28/20		146.44	0.00	0.00	146.44	✓	
SUPPLIES BLOOD BANK											
916494922	✓	06/27/20	05/12/20	06/11/20		113.00	0.00	0.00	113.00	✓	
SUPPLIES BLOOD BANK											
916596879	✓	06/27/20	06/02/20	07/02/20		866.57	0.00	0.00	866.57	✓	
SUPPLIES BLOOD BANK											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						J0150	J & J HEALTH CARE SYSTEMS, INC	2,568.68	0.00	0.00	2,568.68
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	
73805	✓	06/27/20	06/22/20	07/02/20			839.00	0.00	0.00	839.00 ✓	
SUPPLIES PLANT OPS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						J1300	JECKER FLOOR & GLASS	839.00	0.00	0.00	839.00
Vendor#	Vendor Name				Class	Pay Code					
J1415	JOHNSTONE SUPPLY ✓				W						
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
6001462	✓	06/16/20	06/10/20	06/16/20			159.60	0.00	0.00	159.60 ✓	
SUPPLIES PLANT OPS											
6001362	✓	06/22/20	06/16/20	06/26/20			313.87	0.00	0.00	313.87 ✓	
SUPPLIES PLANT OPS											
6001498	✓	06/22/20	06/16/20	06/26/20			180.67	0.00	0.00	180.67 ✓	
SUPPLIES PLANT OPS											
6001483	✓	06/22/20	06/16/20	07/02/20			165.38	0.00	0.00	165.38 ✓	
SUPPLIES PLANT OPS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						J1415	JOHNSTONE SUPPLY	819.52	0.00	0.00	819.52
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	
16024		06/22/20	06/17/20	07/02/20			780.00	0.00	0.00	780.00 ✓	
CONT EDUCATION NURSING											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10720	LIFESOURCE EDUCATIONAL SRV LLC	780.00	0.00	0.00	780.00
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	
INV0537783	✓	06/16/20	06/01/20	07/02/20			2,065.60	0.00	0.00	2,065.60 ✓	
FUEL PLANT OPS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10578	LUMINANT ENERGY COMPANY LLC	2,065.60	0.00	0.00	2,065.60
Vendor#	Vendor Name				Class	Pay Code					
10778	MAGAW MEDICAL ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net	
13128	✓	06/15/20	06/08/20	07/08/20			215.00	0.00	0.00	215.00 ✓	
CS INVENTORY											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10778	MAGAW MEDICAL	215.00	0.00	0.00	215.00

Vendor#	Vendor Name				Class	Pay Code				
M2178	MCKESSON MEDICAL SURGICAL INC	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
79416749	✓	06/27/20	05/31/20	06/15/20		36.82	0.00	0.00	36.82	✓
	SUPPLIES LAB									
79410897	✓	06/27/20	05/31/20	06/15/20		2,000.97	0.00	0.00	2,000.97	
79408931	SUPPLIES LAB									✓
67777040		06/27/20	05/31/20	06/15/20		98.28	0.00	0.00	98.28	✓
	SUPPLIES LAB									
Vendor Totals						Number	Name	Gross	Discount	Net
						M2178	MCKESSON MEDICAL SURGICAL INC	2,136.07	0.00	2,136.07
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	
1810190058	✓	06/16/20	06/07/20	07/07/20		243.00	0.00	0.00	243.00	✓
	AUX WHEELCHAIR									
Vendor Totals						Number	Name	Gross	Discount	Net
						M2470	MEDLINE INDUSTRIES INC	243.00	0.00	243.00
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	
0022529	✓	06/24/20	06/17/20			50.35	0.00	0.00	50.35	✓
	SUPPLIES GROUNDS									
Vendor Totals						Number	Name	Gross	Discount	Net
						M2550	MELSTAN, INC.	50.35	0.00	50.35
Vendor#	Vendor Name				Class	Pay Code				
10182	MERCEDES MEDICAL	✓								
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
1838235	✓	06/27/20	06/07/20	07/07/20		360.73	0.00	0.00	360.73	✓
	SUPPLIES LAB									
Vendor Totals						Number	Name	Gross	Discount	Net
						10182	MERCEDES MEDICAL	360.73	0.00	360.73
Vendor#	Vendor Name				Class	Pay Code				
M2659	MERRY X-RAY/SOURCEONE HEALTHCA	✓			M					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net	
30094255574	✓	06/15/20	06/02/20	07/02/20		442.69	0.00	0.00	442.69	✓
	SUPPLIES MRI									
30094257026	✓	06/15/20	06/06/20	07/06/20		159.26	0.00	0.00	159.26	✓
	SUPPLIES SURGERY									
Vendor Totals						Number	Name	Gross	Discount	Net
						M2659	MERRY X-RAY/SOURCEONE HEALTHCA	601.95	0.00	601.95
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	
21076		06/27/20	06/24/20	07/01/20		258.52	0.00	0.00	258.52	✓
	EMPLOYEE PERSONAL INS									
Vendor Totals						Number	Name	Gross	Discount	Net
						M2650	METLIFE	258.52	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	

21067		06/24/20	06/22/20	06/22/20			132.01	0.00	0.00	132.01	✓	
EMPLOYEE GIFT SHOP PURC												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							M2621	MMC AUXILIARY GIFT SHOP	132.01	0.00	0.00	132.01
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		
JUNE132016	✓	06/22/20	06/13/20	07/02/20			33,629.68	0.00	0.00	33,629.68	✓	
EMPLOYEE MEDICAL CLAIMS												
JUNE202016	✓	06/24/20	06/20/20	06/20/20			12,212.62	0.00	0.00	12,212.62	✓	
EMPLOYEE MEDICAL CLAIMS												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10810	MMC EMPLOYEE BENEFIT PLAN	45,842.30	0.00	0.00	45,842.30
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		
8985797	✓	06/27/20	06/21/20	06/22/20			42.68	0.00	0.00	42.68	✓	
PHARMACY DRUGS												
CM56823	✓	06/27/20	06/21/20	06/22/20			-14.12	0.00	0.00	-14.12	✓	
PHARMACY CREDIT												
8985795	✓	06/27/20	06/21/20	06/22/20			102.19	0.00	0.00	102.19	✓	
PHARMACY DRUGS												
8985796	✓	06/27/20	06/21/20	06/22/20			194.20	0.00	0.00	194.20	✓	
PHARMACY DRUGS												
8992516	✓	06/27/20	06/22/20	06/23/20			362.97	0.00	0.00	362.97	✓	
PHARMACY DRUGS												
8992517	✓	06/27/20	06/22/20	06/23/20			156.93	0.00	0.00	156.93	✓	
PHARMACY DRUGS												
8991873	✓	06/27/20	06/22/20	06/23/20			13.49	0.00	0.00	13.49	✓	
PHARMACY DRUGS												
8992515	✓	06/27/20	06/22/20	06/23/20			26.38	0.00	0.00	26.38	✓	
PHARMACY DRUGX												
8996105	✓	06/27/20	06/23/20	06/24/20			27.88	0.00	0.00	27.88	✓	
PHARMACY DRUGS												
8995899	✓	06/27/20	06/23/20	06/24/20			44.39	0.00	0.00	44.39	✓	
PHARMACY DRUGS												
8996106	✓	06/27/20	06/23/20	06/24/20			416.27	0.00	0.00	416.27	✓	
PHARMACY DRUGS												
8996107	✓	06/27/20	06/23/20	06/24/20			72.95	0.00	0.00	72.95	✓	
PHARMACY DRUGS												
8997167	✓	06/27/20	06/23/20	06/24/20			14.49	0.00	0.00	14.49	✓	
PHARMACY DRUGS												
9000436	✓	06/27/20	06/24/20	06/25/20			36.11	0.00	0.00	36.11	✓	
PHARMACY DRUGS												
9000438	✓	06/27/20	06/24/20	06/25/20			1,478.54	0.00	0.00	1,478.54	✓	
PHARMACY DRUGS												
9000439	✓	06/27/20	06/24/20	06/25/20			78.81	0.00	0.00	78.81	✓	
PHARMACY DRUGS												
9000437	✓	06/27/20	06/24/20	06/25/20			9.23	0.00	0.00	9.23	✓	
PHARMACY DRUGS												
9006879	✓	06/28/20	06/27/20	06/28/20			179.41	0.00	0.00	179.41	✓	
PHARMACY DRUGS												

9006880	✓	06/28/20	06/27/20	06/28/20		13.24	0.00	0.00	13.24	✓	
PHARMACY DRUGS											
9007070	✓	06/28/20	06/27/20	06/28/20		51.90	0.00	0.00	51.90	✓	
PHARAMCY DRUGS											
9007829	✓	06/28/20	06/27/20	06/28/20		13.03	0.00	0.00	13.03	✓	
PHARMACY DRUGS											
9006877	✓	06/28/20	06/27/20	06/28/20		2,736.51	0.00	0.00	2,736.51	✓	
PHARMACY DRUGS											
9006878	✓	06/28/20	06/27/20	06/28/20		1,914.72	0.00	0.00	1,914.72	✓	
PHARMACY DRUGS											
9007828	✓	06/28/20	06/27/20	06/28/20		201.13	0.00	0.00	201.13	✓	
PHARMACY DRUGS											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						10536	MORRIS & DICKSON CO, LLC	8,173.33	0.00	0.00	8,173.33
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		
21068		06/27/20	06/23/20	06/23/20		34.56	0.00	0.00	34.56 ✓		
TRAVEL INFECT CONTROL Warm Springs 6/22/14											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						A2252	NADINE GARNER	34.56	0.00	0.00	34.56
Vendor#	Vendor Name				Class	Pay Code					
11198	NORTH COAST MEDICAL INC ✓										
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
3556569	✓	06/27/20	10/28/20	11/27/20		191.77	0.00	0.00	191.77 ✓		
SUPPLIES PT & OCC THERAP											
Vendor Totals						Number	Name	Gross	Discount	No-Pay	Net
						11198	NORTH COAST MEDICAL INC	191.77	0.00	0.00	191.77
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		
2017843837	✓	06/15/20	06/02/20	07/02/20		67.64	0.00	0.00	67.64 ✓		
SUPPLIES DIETARY											
2017842322	✓	06/15/20	06/02/20	07/02/20		324.02	0.00	0.00	324.02 ✓		
SUPPLIES SURGERY											
2017849644	✓	06/15/20	06/02/20	07/02/20		2,232.64	0.00	0.00	2,232.64 ✓		
SUPPLIES VARIOUS DEPTS											
2017981695	✓	06/15/20	06/07/20	07/07/20		1,882.04	0.00	0.00	1,882.04 ✓		
SUPPLIES VARIOUS DEPTS											
2017974960	✓	06/15/20	06/07/20	07/07/20		111.68	0.00	0.00	111.68 ✓		
SURGERY SUPPLIES											
2017981718	✓	06/15/20	06/07/20	07/07/20		131.03	0.00	0.00	131.03 ✓		
SUPPLIES SURGERY											
2017983734	✓	06/15/20	06/07/20	07/07/20		41.19	0.00	0.00	41.19 ✓		
CS INVENTORY											
2017975556	✓	06/15/20	06/07/20	07/07/20		39.28	0.00	0.00	39.28 ✓		
SUPPLIES SPECIALTY CLINIC											
2017983712	✓	06/15/20	06/07/20	07/07/20		1,790.08	0.00	0.00	1,790.08 ✓		
CS INVENTOR & LAB SUPPLIE											
2017975600	✓	06/15/20	06/07/20	07/07/20		5.59	0.00	0.00	5.59 ✓		
CS INVENTORY											

Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
			OM425	OWENS & MINOR					6,625.19	0.00	0.00	6,625.19
Vendor#	Vendor Name			Class	Pay Code							
11155	PARA	✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	1674	✓	06/16/20	06/01/20	07/02/20		2,000.00	0.00	0.00	2,000.00	✓	
		REVENUE INTEGRITY PROGR										
	1577	✓	06/28/20	05/01/20	05/31/20		2,000.00	0.00	0.00	2,000.00	✓	
		OUTSIDE SRV ADMIN										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
		11155	PARA				4,000.00	0.00	0.00	4,000.00		
Vendor#	Vendor Name			Class	Pay Code							
10204	PHARMEDIUM SERVICES LLC	✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	A1641527	✓	06/20/20	06/06/20	07/06/20		142.00	0.00	0.00	142.00	✓	
		PHARMACY DRUGS										
	A1642559	✓	06/20/20	06/07/20	07/07/20		213.00	0.00	0.00	213.00	✓	
		PHARMACY DRUGS										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
		10204	PHARMEDIUM SERVICES LLC				355.00	0.00	0.00	355.00		
Vendor#	Vendor Name			Class	Pay Code							
10032	PHILIPS HEALTHCARE	✓										
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	932935893	✓	06/27/20	05/29/20	06/28/20		2,626.58	0.00	0.00	2,626.58	✓	
		MANT CONTR NUC MED										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
		10032	PHILIPS HEALTHCARE				2,626.58	0.00	0.00	2,626.58		
Vendor#	Vendor Name			Class	Pay Code							
P2100	PORT LAVACA WAVE	✓				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	21069		06/27/20	05/31/20	06/30/20		2,126.32	0.00	0.00	2,126.32	✓	
		ADVERTISING										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
		P2100	PORT LAVACA WAVE				2,126.32	0.00	0.00	2,126.32		
Vendor#	Vendor Name			Class	Pay Code							
P2200	POWER ELECTRIC	✓				W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net		
	B22863	✓	06/27/20	06/16/20	06/26/20		5.64	0.00	0.00	5.64	✓	
		SUPPLIES PLANT OPS										
	B22937	✓	06/27/20	06/20/20	06/30/20		37.38	0.00	0.00	37.38	✓	
		SUPPLIES PLANT OPS										
	A22625	✓	06/27/20	06/21/20	07/01/20		16.88	0.00	0.00	16.88	✓	
		SUPPLIES PLANT OPS										
	B23051	✓	06/27/20	06/24/20	07/04/20		8.59	0.00	0.00	8.59	✓	
		SUPPLIES PT										
	Vendor Totals	Number	Name				Gross	Discount	No-Pay	Net		
		P2200	POWER ELECTRIC				68.49	0.00	0.00	68.49		
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		
	3407554	✓	06/15/20	06/02/20	07/02/20		336.70	0.00	0.00	336.70	✓	
		CS INVENTORY										

Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10372	PRECISION DYNAMICS CORP (PDC)				336.70	0.00	0.00	336.70
Vendor#	Vendor Name			Class	Pay Code					
R1250	RANDY'S FLOOR COMPANY ✓			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	21072		06/27/20	06/22/20	06/22/20		1,426.75	0.00	0.00	1,426.75 ✓
	REPAIRS TO ICU WAITING AREA									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		R1250	RANDY'S FLOOR COMPANY				1,426.75	0.00	0.00	1,426.75
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
	06210625 ✓		06/27/20	06/17/20	07/01/20		120.00	0.00	0.00	120.00 ✓
	ADVERTISING									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		10645	REVISTA de VICTORIA				120.00	0.00	0.00	120.00
Vendor#	Vendor Name			Class	Pay Code					
S0900	SAM'S CLUB DIRECT			W						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D Pay	Gross	Discount	No-Pay	Net
	000000 ✓		06/27/20	05/20/20	07/01/20		377.94	0.00	0.00	377.94 ✓
	NEW CHAIRS MED SURG HAL									
	009393 ✓		06/27/20	05/31/20	07/01/20		199.96	0.00	0.00	199.96 ✓
	MINOR EQUIPMENT HOSPITAL									
	009321 ✓		06/27/20	06/03/20	07/01/20		37.98	0.00	0.00	37.98 ✓
	BED FRAME HOSPITALIST									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		S0900	SAM'S CLUB DIRECT				615.88	0.00	0.00	615.88
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
	0946-4 ✓		06/27/20	06/17/20	07/02/20		8.48	0.00	0.00	8.48 ✓
	SUPPLIES PLANT OPS									
	9680-0 ✓		06/28/20	05/17/20	06/01/20		6.99	0.00	0.00	6.99 ✓
	SUPPLIES PLANT OPS									
	9781-6 ✓		06/28/20	05/19/20	06/03/20		194.96	0.00	0.00	194.96 ✓
	SUPPLIES PLANT OPS									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		S1800	SHERWIN WILLIAMS				210.43	0.00	0.00	210.43
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
	115303304 ✓		06/27/20	05/19/20	06/18/20		832.25	0.00	0.00	832.25 ✓
	MAINT CONT ULTRASOUND									
	115306348 ✓		06/27/20	05/30/20	06/29/20		633.33	0.00	0.00	633.33 ✓
	MAINT CONTR MAMMO									
Vendor Totals		Number	Name				Gross	Discount	No-Pay	Net
		S2001	SIEMENS MEDICAL SOLUTIONS INC				1,465.58	0.00	0.00	1,465.58
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
	93049450 ✓		06/15/20	06/06/20	07/06/20		255.02	0.00	0.00	255.02 ✓

SUPPLIES SURGERY

Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		S2362	SMITH & NEPHEW				255.02	0.00	0.00	255.02
Vendor#	Vendor Name			Class	Pay Code					
11083	STRATUS VIDEO INTERPRETING ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	INV-9105 ✓		06/21/20	06/01/20	07/02/20		357.00	0.00	0.00	357.00
		OUTSIDE SRV ADMIN								✓
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11083	STRATUS VIDEO INTERPRETING				357.00	0.00	0.00	357.00
Vendor#	Vendor Name			Class	Pay Code					
S2830	STRYKER SALES CORP ✓			M						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	78100A ✓		06/15/20	06/07/20	07/07/20		423.95	0.00	0.00	423.95 ✓
		SUPPLIES SURGERY								
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		S2830	STRYKER SALES CORP				423.95	0.00	0.00	423.95
Vendor#	Vendor Name			Class	Pay Code					
10887	STUDER GROUP ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	074827 ✓		06/16/20	06/02/20	07/02/20		17,500.00	0.00	0.00	17,500.00 ✓
		LEADERSHIP INSTALLMENT								
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		10887	STUDER GROUP				17,500.00	0.00	0.00	17,500.00
Vendor#	Vendor Name			Class	Pay Code					
11140	TEXAS ADVANTAGE COMMUNITY BANK ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21071		06/27/20	06/20/20	06/30/20		3,690.52	0.00	0.00	3,690.52 ✓
		LEASE & RENTAL XRAY								
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11140	TEXAS ADVANTAGE COMMUNITY BANK				3,690.52	0.00	0.00	3,690.52
Vendor#	Vendor Name			Class	Pay Code					
T1880	TEXAS DEPARTMENT OF LICENSING ✓			A/P						
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	21070		06/27/20	06/22/20	06/22/20		60.00	0.00	0.00	60.00 ✓
		DUES & SUBCRIPTIONS MAIN								
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		T1880	TEXAS DEPARTMENT OF LICENSING				60.00	0.00	0.00	60.00
Vendor#	Vendor Name			Class	Pay Code					
11039	THE BRATTON FIRM ✓									
	Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay Gross	Discount	No-Pay	Net
	S-PL-1005 ✓		06/22/20	04/05/20	07/02/20		860.60	0.00	0.00	860.60 ✓
		COLLECTION EXP BUS OFFIC								
	S-PL-1004 ✓		06/22/20	04/05/20	07/02/20		52.16	0.00	0.00	52.16 ✓
		COLLECTION EXP BUS OFFIC								
	S-PL-1008 ✓		06/22/20	04/27/20	07/02/20		74.27	0.00	0.00	74.27 ✓
		COLLECTION EXP BUS OFFIC								
Vendor Totals:		Number	Name				Gross	Discount	No-Pay	Net
		11039	THE BRATTON FIRM				987.03	0.00	0.00	987.03
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

10220847	✓	06/27/20	06/06/20	07/06/20			9,000.00	0.00	0.00	9,000.00	✓	
MAINT CONTR CT SCAN												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							T1724	TOSHIBA AMERICA MEDICAL SYST.	9,000.00	0.00	0.00	9,000.00
Vendor#	Vendor Name						Class	Pay Code				
U1054	UNIFIRST HOLDINGS						✓	W				
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
8150732749	✓	06/16/20	06/07/20	07/07/20			45.80	0.00	0.00	45.80		
OUTSIDE SRV MAINT												✓
8150732843	✓	06/16/20	06/07/20	07/07/20			31.92	0.00	0.00	31.92	✓	
OUTSIDE SRV BIO MED												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							U1054	UNIFIRST HOLDINGS	77.72	0.00	0.00	77.72
Vendor#	Vendor Name						Class	Pay Code				
U1064	UNIFIRST HOLDINGS INC						✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
8400221731	✓	06/16/20	06/03/20	07/03/20			910.40	0.00	0.00	910.40	✓	
LAUNDRY HOUSEKEEPING												
8400221690	✓	06/16/20	06/03/20	07/03/20			443.35	0.00	0.00	443.35	✓	
LAUNDRY SURGERY												
8400221933	✓	06/16/20	06/07/20	07/07/20			151.42	0.00	0.00	151.42	✓	
LAUNDRY HOUSEKEEPING												
8400221893	✓	06/16/20	06/07/20	07/07/20			106.23	0.00	0.00	106.23	✓	
LAUNDRY OB												
8400221894	✓	06/16/20	06/07/20	07/07/20			103.52	0.00	0.00	103.52	✓	
LAUNDRY HOUSEKEEPING												
8400221891	✓	06/16/20	06/07/20	07/07/20			199.58	0.00	0.00	199.58	✓	
LAUNDRY HOUSEKEEPING												
8400221892	✓	06/16/20	06/07/20	07/07/20			103.20	0.00	0.00	103.20	✓	
LAUNDRY DIETARY												
8400221946	✓	06/16/20	06/07/20	07/07/20			1,336.71	0.00	0.00	1,336.71	✓	
LAUNDRY HOUSEKEEPING												
8400221890	✓	06/16/20	06/07/20	07/07/20			214.38	0.00	0.00	214.38	✓	
LAUNDRY HOUSEKEEPING												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							U1064	UNIFIRST HOLDINGS INC	3,568.79	0.00	0.00	3,568.79
Vendor#	Vendor Name						Class	Pay Code				
10981	UNIVERSAL ADCOM						✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
587666	✓	06/24/20	04/12/20	05/12/20			359.95	0.00	0.00	359.95	✓	
ADVERTISING												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							10981	UNIVERSAL ADCOM	359.95	0.00	0.00	359.95
Vendor#	Vendor Name						Class	Pay Code				
11199	UNIVERSAL MEDICAL						✓					
Invoice#	Comment	Tran Dt	Inv Dt	Due Dt	Check D	Pay	Gross	Discount	No-Pay	Net		
00006771	✓	06/27/20	06/07/20	07/07/20			292.95	0.00	0.00	292.95	✓	
SUPPLIES CLINIC												
Vendor Totals							Number	Name	Gross	Discount	No-Pay	Net
							11199	UNIVERSAL MEDICAL	292.95	0.00	0.00	292.95
Vendor#	Vendor Name						Class	Pay Code				

U1350 UPS ✓ W
 Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
 0000778941256 ✓ 06/27/20 06/18/20 06/29/20 747.15 0.00 0.00 747.15 ✓

FREIGHT EXP VARIOUS DEPT

Vendor Totals Number Name Gross Discount No-Pay Net
 U1350 UPS 747.15 0.00 0.00 747.15

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
 9767172423 ✓ 06/27/20 06/16/20 07/01/20 238.68 0.00 0.00 238.68 ✓

TELEPHONE EXPENSE

Vendor Totals Number Name Gross Discount No-Pay Net
 V0559 VERIZON WIRELESS 238.68 0.00 0.00 238.68

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
 16050242 ✓ 06/27/20 05/31/20 06/30/20 210.00 0.00 0.00 210.00 ✓

ADVERTISING

16050243 ✓ 06/27/20 05/31/20 06/30/20 300.00 0.00 0.00 300.00 ✓

ADVERTISING

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

Vendor# Vendor Name Class Pay Code

W1005 WALMART COMMUNITY ✓ W
 Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
 000740 ✓ 06/28/20 05/11/20 06/10/20 -4.94 0.00 0.00 -4.94 ✓

RETURN SUPPLIES PLANT OF

613900333441 ✓ 06/28/20 05/18/20 06/17/20 150.00 0.00 0.00 150.00 ✓

SUPPLIES OB

614100095596 ✓ 06/28/20 05/20/20 06/19/20 39.84 0.00 0.00 39.84 ✓

SUPPLIES OB

614500107941 ✓ 06/28/20 05/24/20 06/23/20 226.94 0.00 0.00 226.94 ✓

SUPPLIES HOSPITALIST & CLIN

614600588250 ✓ 06/28/20 05/25/20 06/24/20 21.41 0.00 0.00 21.41 ✓

SUPPLIES LAB

615200274407 ✓ 06/28/20 05/31/20 06/30/20 40.19 0.00 0.00 40.19 ✓

SUPPLIES INFECT CNT & CS

Vendor Totals Number Name Gross Discount No-Pay Net
 W1005 WALMART COMMUNITY 473.44 0.00 0.00 473.44

Vendor# Vendor Name Class Pay Code

11166 WEST INTERACTIVE SERVICES CORP ✓
 Invoice# Comment Tran Dt Inv Dt Due Dt Check D Pay Gross Discount No-Pay Net
 INV001650132 ✓ 06/27/20 05/31/20 06/30/20 328.12 0.00 0.00 328.12 ✓

OUTSIDE SRV CLINIC

Vendor Totals Number Name Gross Discount No-Pay Net
 11166 WEST INTERACTIVE SERVICES CORP 328.12 0.00 0.00 328.12

Report Summary

Grand Totals: APPROVED ON Gross Discount No-Pay Net
 264,147.96 0.00 0.00 264,147.96

JUN 29 2016

COUNTY AUDITOR
 CALHOUN COUNTY, TEXAS

Mr. [Signature]
 7-5-16

CKS-1166836
 + 166918

RUN DATE: 06/28/16
TIME: 16:10

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
-------------------	------------	------	--------	-------------	-------------	-------------	--------

062816			241.03 ✓	3		REFUND FOR	
062816			176.00 ✓	2		REFUND FOR	
062816			62.00 ✓	2		REFUND FOR	
062816			116.66 ✓	2		REFUND FOR	
062816			119.20 ✓	2		REFUND FOR	
062816			907.80 ✓	2		REFUND FOR	
062816			196.40 ✓	3		REFUND FOR	
062816			320.00 ✓	2		REFUND FOR	
062816			453.12 ✓	2		REFUND FOR	
062816			81.40 ✓	2		REFUND FOR	

ARID=0001 TOTAL

2673.61

TOTAL

2673.61

APPROVED
ON

JUN 29 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

CKS# 166919

to

#166928

Michael J. Pfl
7-5-16

RUN DATE:06/29/16

TIME:13:56

MEMORIAL MEDICAL CENTER

CHECK REGISTER

06/29/16 THRU 06/29/16

PAGE 1

GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166836	06/29/16	2,626.58	PHILIPS HEALTHCARE
A/P	166837	06/29/16	360.73	MERCEDES MEDICAL
A/P	166838	06/29/16	355.00	PHARMEDIUM SERVICES LLC
A/P	166839	06/29/16	3,173.16	GE HEALTHCARE
A/P	166840	06/29/16	1,631.09	CENTURION MEDICAL PRODUCTS
A/P	166841	06/29/16	880.40	DEWITT POTH & SON
A/P	166842	06/29/16	336.70	PRECISION DYNAMICS CORP (PDC)
A/P	166843	06/29/16	.00	VOIDED
A/P	166844	06/29/16	8,173.33	MORRIS & DICKSON CO, LLC
A/P	166845	06/29/16	2,065.60	LUMINANT ENERGY COMPANY LLC
A/P	166846	06/29/16	47,184.77	BKD, LLP
A/P	166847	06/29/16	120.00	REVISTA de VICTORIA
A/P	166848	06/29/16	12.59	CENTURYLINK
A/P	166849	06/29/16	495.00	FASTHEALTH CORPORATION
A/P	166850	06/29/16	780.00	LIFESOURCE EDUCATIONAL SRV LLC
A/P	166851	06/29/16	215.00	MAGAW MEDICAL
A/P	166852	06/29/16	45,842.30	MMC EMPLOYEE BENEFIT PLAN
A/P	166853	06/29/16	17,500.00	STUDER GROUP
A/P	166854	06/29/16	359.95	UNIVERSAL ADCOM
A/P	166855	06/29/16	7,682.67	CSI LEASING INC
A/P	166856	06/29/16	987.03	THE BRATTON FIRM
A/P	166857	06/29/16	1,048.52	BIRCH COMMUNICATIONS
A/P	166858	06/29/16	5,825.41	BIO-RAD LABORATORIES, INC
A/P	166859	06/29/16	357.00	STRATUS VIDEO INTERPRETING
A/P	166860	06/29/16	3,690.52	TEXAS ADVANTAGE COMMUNITY BANK
A/P	166861	06/29/16	4,000.00	PARA
A/P	166862	06/29/16	328.12	WEST INTERACTIVE SERVICES CORP
A/P	166863	06/29/16	104.30	FRONTIER
A/P	166864	06/29/16	600.00	DON BROWN ELEVATOR INSPECTIONS
A/P	166865	06/29/16	1,695.00	HEARTSMART.COM
A/P	166866	06/29/16	191.77	NORTH COAST MEDICAL INC
A/P	166867	06/29/16	292.95	UNIVERSAL MEDICAL
A/P	166868	06/29/16	277.40	IRON MOUNTAIN
A/P	166869	06/29/16	194.47	GULF COAST HARDWARE / ACE
A/P	166870	06/29/16	206.42	ALCO SALES & SERVICE CO
A/P	166871	06/29/16	1,945.47	CARDINAL HEALTH 414,LLC
A/P	166872	06/29/16	20.00	ANNOUNCEMENTS PLUS TOO AGAIN
A/P	166873	06/29/16	34.56	NADINE GARNER
A/P	166874	06/29/16	59.14	AUTO PARTS & MACHINE CO.
A/P	166875	06/29/16	3,478.23	BAXTER HEALTHCARE CORP
A/P	166876	06/29/16	29,228.41	BECKMAN COULTER INC
A/P	166877	06/29/16	18.30	BOSART LOCK & KEY INC
A/P	166878	06/29/16	220.92	BRIGGS HEALTHCARE
A/P	166879	06/29/16	928.00	CAD SOLUTIONS, INC
A/P	166880	06/29/16	607.50	CERTIFIED LABORATORIES
A/P	166881	06/29/16	4,834.52	CITY OF PORT LAVACA
A/P	166882	06/29/16	4,128.03	CDW GOVERNMENT, INC.
A/P	166883	06/29/16	21,432.00	EVIDENT
A/P	166884	06/29/16	86.10	DOWNTOWN CLEANERS
A/P	166885	06/29/16	341.40	DLE PAPER & PACKAGING

RUN DATE:06/29/16

TIME:13:56

MEMORIAL MEDICAL CENTER

CHECK REGISTER

06/29/16 THRU 06/29/16

PAGE 2

GLCKREG

BANK--CHECK-----

CODE	NUMBER	DATE	AMOUNT	PAYEE
A/P	166886	06/29/16	62.78	FEDERAL EXPRESS CORP.
A/P	166887	06/29/16	539.50	FISHER HEALTHCARE
A/P	166888	06/29/16	222.80	GE MEDICAL SYSTEMS, INFO TECH
A/P	166889	06/29/16	323.39	GULF COAST PAPER COMPANY
A/P	166890	06/29/16	407.81	H E BUTT GROCERY
A/P	166891	06/29/16	92.83	INDEPENDENCE MEDICAL
A/P	166892	06/29/16	2,568.68	J & J HEALTH CARE SYSTEMS, INC
A/P	166893	06/29/16	839.00	JECKER FLOOR & GLASS
A/P	166894	06/29/16	819.52	JOHNSTONE SUPPLY
A/P	166895	06/29/16	2,136.07	MCKESSON MEDICAL SURGICAL INC
A/P	166896	06/29/16	243.00	MEDLINE INDUSTRIES INC
A/P	166897	06/29/16	50.35	MELSTAN, INC.
A/P	166898	06/29/16	132.01	MMC AUXILIARY GIFT SHOP
A/P	166899	06/29/16	258.52	METLIFE
A/P	166900	06/29/16	601.95	MERRY X-RAY/SOURCEONE HEALTHCA
A/P	166901	06/29/16	.00	VOIDED
A/P	166902	06/29/16	6,625.19	OWENS & MINOR
A/P	166903	06/29/16	2,126.32	PORT LAVACA WAVE
A/P	166904	06/29/16	68.49	POWER ELECTRIC
A/P	166905	06/29/16	1,426.75	RANDY'S FLOOR COMPANY
A/P	166906	06/29/16	615.88	SAM'S CLUB DIRECT
A/P	166907	06/29/16	210.43	SHERWIN WILLIAMS
A/P	166908	06/29/16	1,465.58	SIEMENS MEDICAL SOLUTIONS INC
A/P	166909	06/29/16	255.02	SMITH & NEPHEW
A/P	166910	06/29/16	423.95	STRYKER SALES CORP
A/P	166911	06/29/16	9,000.00	TOSHIBA AMERICA MEDICAL SYST.
A/P	166912	06/29/16	60.00	TEXAS DEPARTMENT OF LICENSING
A/P	166913	06/29/16	77.72	UNIFIRST HOLDINGS
A/P	166914	06/29/16	3,568.79	UNIFIRST HOLDINGS INC
A/P	166915	06/29/16	747.15	UPS
A/P	166916	06/29/16	238.68	VERIZON WIRELESS
A/P	166917	06/29/16	510.00	VICTORIA RADIOWORKS, LTD
A/P	166918	06/29/16	473.44	WALMART COMMUNITY
A/P	166919	06/29/16	241.03	
A/P	166920	06/29/16	176.00	
A/P	166921	06/29/16	62.00	
A/P	166922	06/29/16	116.66	
A/P	166923	06/29/16	119.20	
A/P	166924	06/29/16	907.80	
A/P	166925	06/29/16	196.40	
A/P	166926	06/29/16	320.00	
A/P	166927	06/29/16	453.12	
A/P	166928	06/29/16	81.40	
TOTALS:			266,821.57	

APPROVED
ON

JUN 29 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS



June 2016 Statement

Open Date: 05/05/2016 Closing Date: 06/03/2016

Visa® Business Card
MEMORIAL MEDICAL CNT
JERRY L PICKETT

New Balance \$2,599.00
Minimum Payment Due \$26.00
Payment Due Date 07/01/2016

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

Cardmember Service
BUS 30 ELN 8 3

Activity Summary

Previous Balance	+	\$4,164.66
Payments	-	\$4,164.66CR
Other Credits		\$0.00
Purchases	+	\$2,599.00
Balance Transfers		\$0.00
Advances		\$0.00
Other Debits		\$0.00
Fees Charged		\$0.00
Interest Charged		\$0.00
New Balance	=	\$2,599.00
Past Due		\$0.00
Minimum Payment Due		\$26.00
Credit Line		\$10,000.00
Available Credit		\$7,401.00
Days in Billing Period		30

Much J.P.
7-5-16

MAC
Will
Pay By
phone

\$2,599.00

APPROVED
ON

JUN 30 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Payment Options:



Mail payment coupon
with a check



Pay online at



Pay by phone

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



24-Hour Cardmember Service:

- to pay by phone
- to change your address

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

Payment Due Date	7/01/2016
New Balance	\$2,599.00
Minimum Payment Due	\$26.00

Amount Enclosed \$ _____

Cardmember Service

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

llh



June 2016 Statement 05/05/2016 - 06/03/2016



MEMORIAL MEDICAL CNT
JERRY L PICKETT

Cardmember Service (

Important Messages

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

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

The Auto Rental Collision Damage Waiver (ARCDW) eliminates the need for you to pay for additional accident insurance provided by most commercial auto rental companies - saving you money! Certain terms, conditions and exclusions apply. For coverage to apply you must use your eligible Visa card to secure transactions. See your Guide to Benefits for important coverage details.

Transactions

Payments and Other Credits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
05/27	05/27		PAYMENT THANK YOU	\$4,164.66CR	_____
TOTAL THIS PERIOD				\$4,164.66CR	

Purchases and Other Debits

Post Date	Trans Date	Ref #	Transaction Description	Amount	Notation
05/06	05/04	5664	FIESTA FACTORY PORT LAVACA TX	\$50.00 ✓	✓
05/09	05/07	7855	2CO.COM*EASTSHORE 614-921-2449 OH	\$1,156.00 ✓	✓
05/11	05/10	4969	GOTOCITRIX.COM 855-837-1750 CA	\$288.00 ✓	✓
05/16	05/12	7299	FIESTA FACTORY PORT LAVACA TX	\$159.00 ✓	✓
05/16	05/13	7997	TX BUSINESS CONF T 512-463-6389 TX	\$375.00 ✓	✓
05/17	05/16	2940	SYSTEM13INC 434-977-0000 VA	\$446.00 ✓	✓
05/18	05/17	0099	PAYPAL *TEXASORGANI 402-935-7733 TX	\$125.00 ✓	✓
TOTAL THIS PERIOD				\$2,599.00	

2016 Totals Year-to-Date

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

Company Approval (This area for use by your company)

Signature/Approval: _____

Accounting Code: _____

MEMORIAL MEDICAL CENTER

PURCHASE ORDER

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

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

Vendor Name: Cardmember Service

Date: 6/29/16

Vendor Address: _____

P.O. # _____

Vendor Phone #: _____

Account # _____

Vendor Fax #: _____

Initiated By: _____

Form # 9401

Date Required	Expense #	Department	Deliver To			
Line No.	Qty.	Catalog Number	Description	Unit Cost	Unit Meas.	Extended Cost
1	—		TX Business Conference			375.00
2			TBC - Employment Law			
3			Update - Roshanda, Sylvia V.			
4			+ Ellen H			
5	—		System 13 Inc - Encounter			446.00
6			Regeneration			
7	—		PayPal - TDREH Conference			125.00
8			Erin Clevenger			
9			East Shore ECG monitor (4)			1156.00
10			Citrix - webinar			288.00

Est. Freight _____

Est. Total Cost _____

TOTAL COST 2385.00

NOTES:

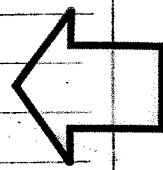
Charges made to Jerry's credit card

APPROVED
ON

JUN 30 2016

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

Dept. Director	COUNTY AUDITOR
Dir. Nursing	CALHOUN COUNTY, TEXAS
Adm. Dir. Clinical Services	
CFO	
Administrator	



MEMORIAL MEDICAL CENTER

PURCHASE ORDER

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

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

Vendor Name: _____

Date: 6-30-16

Vendor Address: _____

Robert Anthony
Card Member Service

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			<i>Fiesta Factory Deposit</i>			<i>50.00</i> ✓
2			<i>Fiesta Factory</i>			<i>159.00</i> ✓
3			<i>Health Fair Exp.</i>			
4						
5						
6						
7						
8						
9						
10						✓ <i>209.00</i>

APPROVED
ON

JUN 30 2016

COUNTY AUDITOR
CALHOUN COUNTY, TEXAS

Est. Freight _____

Est. Total Cost _____

TOTAL COST _____

NOTES:

Charge to Jerry's Credit Card

Contact: _____

Date: _____

Quoted By: _____

Buyer: _____

B.T.A. _____

Dept. Director: _____

Dir. Nursing: _____

Adm. Dir. Clinical Service: _____

CFO: _____

Administrator: _____

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

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

2/6/2016**ENTER:**☒ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"☒ "ENTER YOUR 4-DIGIT PIN"☒ "MAKE A PAYMENT, PRESS 1"☒ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"

#

☒ "IF FEDERAL TAX DEPOSIT ENTER 1"☒ "ENTER 2-DIGIT TAX FILING YEAR"☒ "ENTER 2-DIGIT TAX FILING ENDING MONTH"

1ST QTR - 03 (MARCH) - Jan, Feb, Mar

2ND QTR - 06 (JUNE) - Apr, May, June

3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept

4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☒ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"

#

"1 TO CONFIRM"

"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"

0

#

"ENTER W/CENTS AMOUNT OF MEDICARE"

#

"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"

#

☒ "6-DIGIT SETTLEMENT DATE"

CHECK



"1 TO CONFIRM"

☒ ACKNOWLEDGEMENT NUMBER**CALLED IN BY:**
CALLED IN DATE:
CALLED IN TIME:

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED

3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN		05/13/16	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END		05/26/16					
PAY DATE:		06/02/16					
GROSS PAY:	\$	400,272.74					\$ 400,272.74
DEDUCTIONS:							
A/R	\$	1,112.00					\$ 1,112.00
BOOTS	\$	-					\$ -
CAFÉ-C	\$	547.59					\$ 547.59
CAFÉ-D	\$	1,312.81					\$ 1,312.81
CAFÉ-H	\$	15,262.81					\$ 15,262.81
CAFÉ-I	\$	168.49					\$ 168.49
CAFÉ-L	\$	342.71					\$ 342.71
CAFÉ-P	\$	376.02					\$ 376.02
CANCER	\$	17.49					\$ 17.49
CHILD	\$	730.20					\$ 730.20
CLINIC	\$	40.00					\$ 40.00
COMBIN	\$	737.63					\$ 737.63
CREDUN	\$	25.00					\$ 25.00
DENTAL	\$	265.00					\$ 265.00
DEP-LF	\$	566.15					\$ 566.15
EAT	\$	50.00					\$ 50.00
FED TAX	\$	41,863.57					\$ 41,863.57
FICA-M	\$	5,492.62					\$ 5,492.62
FICA-O	\$	23,485.78					\$ 23,485.78
FLEX S	\$	2,276.61					\$ 2,276.61
FLX-FE	\$	-					\$ -
GIFT S	\$	200.28					\$ 200.28
GRP-IN	\$	129.26					\$ 129.26
GTL	\$	-					\$ -
HOSP-I	\$	2,585.00					\$ 2,585.00
MISC	\$	-					\$ -
OTHER	\$	490.70					\$ 490.70
PHI	\$	-					\$ -
PR FIN	\$	448.61					\$ 448.61
RELAY	\$	-					\$ -
REPAY	\$	-					\$ -
STONE	\$	1,182.50					\$ 1,182.50
STONE 2	\$	75.00					\$ 75.00
STUDEN	\$	268.86					\$ 268.86
TSA-R	\$	28,019.11					\$ 28,019.11
UW/HOS	\$	-					\$ -
TOTAL DEDUCTIONS:	\$	128,071.80	\$ -	\$ -	\$ -	\$ -	\$ 128,071.80
			SHOULD MATCH REPORT				
NET PAY:	\$	272,200.94	\$ -	\$ -	\$ -	\$ -	\$ 272,200.94
			SHOULD MATCH REPORT				
			SHOULD MATCH REPORT				
			SHOULD MATCH REPORT				
			SHOULD MATCH REPORT				
			SHOULD MATCH REPORT				
TOTAL CAFÉ 125 PLAN:	\$	21,544.54	Less Exempt:				
TAXABLE PAY:	\$	378,728.20	\$	378,728.20			
Employees over FICA-SS Cap: \$ -							
Jason Anglin							
Diane							
Paycode S - Employee Reimb.: Roshanda S. Gray							
TOTAL: \$ -							

Employees over FICA-SS Cap: \$ -

Jason Anglin

Diane

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: \$ -

Exempt Amt:

PREPARED BY: Clarri Atkinson

PREPARED DATE: 6/7/2016

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

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

2/6/2016**ENTER:**☒ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"☒ "ENTER YOUR 4-DIGIT PIN"☒ "MAKE A PAYMENT, PRESS 1"☒ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"★ #☒ "IF FEDERAL TAX DEPOSIT ENTER 1"☒ "ENTER 2-DIGIT TAX FILING YEAR"★ ☒ "ENTER 2-DIGIT TAX FILING ENDING MONTH"★

1ST QTR - 03 (MARCH) - Jan, Feb, Mar

2ND QTR - 06 (JUNE) - Apr, May, June

3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept

4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec

☒ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"★ #✓

"1 TO CONFIRM"

"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"

0 #

"ENTER W/CENTS AMOUNT OF MEDICARE"

 #

"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"

 #

CHECK

☒ "6-DIGIT SETTLEMENT DATE"★ ✓

"1 TO CONFIRM"

☒ ACKNOWLEDGEMENT NUMBER**CALLLED IN BY:**
CALLLED IN DATE:
CALLLED IN TIME:

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED

3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN	05/27/16	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END	06/09/16					
PAY DATE:	06/16/16					
GROSS PAY:	\$ 415,000.83					\$ 415,000.83
DEDUCTIONS:						
A/R	\$ 1,131.11					\$ 1,131.11
BOOTS	\$ -					\$ -
CAFÉ-C	\$ 547.59					\$ 547.59
CAFÉ-D	\$ 1,325.27					\$ 1,325.27
CAFÉ-H	\$ 15,358.83					\$ 15,358.83
CAFÉ-I	\$ 168.49					\$ 168.49
CAFÉ-L	\$ 342.71					\$ 342.71
CAFÉ-P	\$ 376.02					\$ 376.02
CANCER	\$ 17.49					\$ 17.49
CHILD	\$ 721.95					\$ 721.95
CLINIC	\$ 60.00					\$ 60.00
COMBIN	\$ 1,201.19					\$ 1,201.19
CREDUN	\$ 25.00					\$ 25.00
DENTAL	\$ 265.00					\$ 265.00
DEP-LF	\$ 566.15					\$ 566.15
EAT	\$ 30.00					\$ 30.00
FED TAX	\$ 44,312.61					\$ 44,312.61
FICA-M	\$ 5,704.67					\$ 5,704.67
FICA-O	\$ 24,392.28					\$ 24,392.28
FLEX S	\$ 2,276.61					\$ 2,276.61
FLX-FE	\$ -					\$ -
GIFT S	\$ 283.25					\$ 283.25
GRP-IN	\$ 129.26					\$ 129.26
GTL	\$ -					\$ -
HOSP-I	\$ 2,585.00					\$ 2,585.00
MISC	\$ -					\$ -
OTHER	\$ 492.66					\$ 492.66
PHI	\$ -					\$ -
PR FIN	\$ 448.61					\$ 448.61
RELAY	\$ -					\$ -
REPAY	\$ -					\$ -
STONE	\$ 1,182.50					\$ 1,182.50
STONE 2	\$ 75.00					\$ 75.00
STUDEN	\$ 268.86					\$ 268.86
TSA-R	\$ 29,050.11					\$ 29,050.11
UW/HOS	\$ -					\$ -
TOTAL DEDUCTIONS:	\$ 133,338.22	\$ -	\$ -	\$ -	\$ -	\$ 133,338.22

NET PAY:	\$ 281,662.61	\$ -	\$ -	\$ -	\$ -	\$ -
	SHOULD MATCH REPORT	SHOULD MATCH REPORT	SHOULD MATCH REPORT	SHOULD MATCH REPORT	SHOULD MATCH REPORT	SHOULD MATCH REPORT
	\$ 281,662.61	\$ -	\$ -	\$ -	\$ -	\$ -
	SHOULD MATCH REPORT	SHOULD MATCH REPORT	SHOULD MATCH REPORT	SHOULD MATCH REPORT	SHOULD MATCH REPORT	SHOULD MATCH REPORT

TOTAL CAFÉ 125 PLAN:	\$ 21,578.02	Less Exempt:
TAXABLE PAY:	\$ 393,422.81	\$ 393,422.81

		CALCULATED	From MMC Report	Difference
FICA - MED (ER)	1.45%	\$ 5,704.63		
FICA - MED (EE)	1.45%	\$ 5,704.63	\$ 5,704.67	\$ (0.04)
FICA - SOC SEC (ER)	6.20%	\$ 24,392.21		
FICA - SOC SEC (EE)	6.20%	\$ 24,392.21	\$ 24,392.28	\$ (0.07)
FED WITHHOLDING		\$ 44,312.61	\$ 44,312.61	

TAX DEPOSIT:	\$ 104,506.29	\$ 104,506.51	\$ (0.22)
FICA - MEDICARE	2.90%	\$ 11,409.26	
FICA - SOCIAL SECURITY	12.40%	\$ 48,784.42	
FED WITHHOLDING		\$ 44,312.61	
TOTAL TAX:	\$ 104,506.29		

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

PREPARED BY: Clarri Atkinson
 PREPARED DATE: 6/15/2016

Checks 534.30
 1546.13
 2080.43

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

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

☒ "ENTER 9-DIGIT TAXPAYER IDENTIFICATION NUMBER"	ENTER:	
☒ "ENTER YOUR 4-DIGIT PIN"		
☒ "MAKE A PAYMENT, PRESS 1"		1
☒ "ENTER THE TAX TYPE NUMBER FOLLOWED BY THE # SIGN"	★	941 #
☒ "IF FEDERAL TAX DEPOSIT ENTER 1"		1
☒ "ENTER 2-DIGIT TAX FILING YEAR"	★	16
☒ "ENTER 2-DIGIT TAX FILING ENDING MONTH"	★	6
1ST QTR - 03 (MARCH) - Jan, Feb, Mar 2ND QTR - 06 (JUNE) - Apr, May, June 3RD QTR - 09 (SEPTEMBER) - July, Aug, Sept 4TH QTR - 12 (DECEMBER) - Oct, Nov, Dec		
☐ "ENTER AMOUNT OF TAX DEPOSIT - FOLLOWED BY # SIGN"	★	\$ 100,869.07 #
"1 TO CONFIRM"		1
"ENTER W/CENTS AMOUNT OF SOCIAL SECURITY"	0	\$ 46,964.40 #
"ENTER W/CENTS AMOUNT OF MEDICARE"		\$ 10,983.62 #
"ENTER W/CENTS AMOUNT OF FEDERAL WITHHOLDING"		\$ 42,921.05 #
	CHECK	\$ -
☐ "6-DIGIT SETTLEMENT DATE"	★	6/30/2016
"1 TO CONFIRM"		1
☐ ACKNOWLEDGEMENT NUMBER		34878810 -

CALLED IN BY:

CALLED IN DATE:

CALLED IN TIME:

<i>Callahan</i>
6/29/2016
2:45

941 REC/TAX DEPOSIT FOR MMC PAYROLL

REVISED 3/18/2014

ENTER VOID CKS AS NEGATIVE NUMBERS

PAY PERIOD: BEGIN		06/10/16	VOIDED CK (1)	VOIDED CK (2)	ADDITIONAL CK (1)	ADDITIONAL CK (1)	TOTALS
PAY PERIOD: END		06/23/16					
PAY DATE:		06/30/16					
GROSS PAY:	\$	396,231.09			\$	509.12	\$ 396,740.21
DEDUCTIONS:							
A/R	\$	1,052.50					\$ 1,052.50
BOOTS	\$	-					\$ -
CAFÉ-C	\$	-					\$ -
CAFÉ-D	\$	1,339.35					\$ 1,339.35
CAFÉ-H	\$	15,398.13					\$ 15,398.13
CAFÉ-I	\$	-					\$ -
CAFÉ-L	\$	-					\$ -
CAFÉ-P	\$	-					\$ -
CANCER	\$	-					\$ -
CHILD	\$	721.95					\$ 721.95
CLINIC	\$	105.00					\$ 105.00
COMBIN	\$	-					\$ -
CREDUN	\$	25.00					\$ 25.00
DENTAL	\$	263.60					\$ 263.60
DEP-LF	\$	-					\$ -
EAT	\$	10.00					\$ 10.00
FED TAX	\$	42,921.05					\$ 42,921.05
FICA-M	\$	5,484.44			\$	7.38	\$ 5,491.82
FICA-O	\$	23,450.65			\$	31.57	\$ 23,482.22
FIRST C	\$	75.00					\$ 75.00
FLEX S	\$	-					\$ -
FLX-FE	\$	-					\$ -
GIFT S	\$	170.94					\$ 170.94
GRP-IN	\$	-					\$ -
GTL	\$	-					\$ -
HOSP-I	\$	2,569.30					\$ 2,569.30
MISC	\$	-					\$ -
OTHER	\$	385.59					\$ 385.59
PHI	\$	-					\$ -
PR FIN	\$	-					\$ -
RELAY	\$	-					\$ -
REPAY	\$	-					\$ -
STONEDF	\$	1,182.50					\$ 1,182.50
STONE	\$	-					\$ -
STONE 2	\$	-					\$ -
STUDEN	\$	196.40					\$ 196.40
TSA-R	\$	27,736.25			\$	35.64	\$ 27,771.89
UW/HOS	\$	-					\$ -
TOTAL DEDUCTIONS:	\$	123,087.65	\$ -	\$ -	\$ 74.59	\$ -	\$ 123,162.24
SHOULD MATCH REPORTSHOULD MATCH REPORTSHOULD MATCH REPORTSHOULD MATCH REPORTSHOULD MATCH REPORT							
NET PAY:	\$	273,143.44	\$ -	\$ -	\$ 434.53	\$ -	\$ 273,577.97
SHOULD MATCH REPORTSHOULD MATCH REPORTSHOULD MATCH REPORTSHOULD MATCH REPORTSHOULD MATCH REPORT							
TOTAL CAFÉ 125 PLAN:		\$ 17,994.98	Less Exempt:				
TAXABLE PAY:		\$ 378,745.23	\$ 378,745.23				
Employees over FICA-SS Cap: \$ - Jason Anglin Diane Paycode S - Employee Reimb.: Roshanda S. Gray TOTAL: \$ -							
TAX DEPOSIT:		\$ 100,869.07	\$ 100,869.13	\$ (0.06)			
FICA - MEDICARE	2.90%	\$ 10,983.62					
FICA - SOCIAL SECURITY	12.40%	\$ 46,964.40					
FED WITHHOLDING		\$ 42,921.05					
TOTAL TAX:		\$ 100,869.07					
			PREPARED BY:		Clarri Atkinson		
			PREPARED DATE:		6/29/2016		

Exempt Amt:

Employees over FICA-SS Cap: \$ -

Jason Anglin

Diane

Paycode S - Employee Reimb.:

Roshanda S. Gray

TOTAL: \$ -

PREPARED BY: Clarri Atkinson
 PREPARED DATE: 6/29/2016

273,143.44
 + 321.85
 + 530.40
 + 434.53
 1286.78

MEMORIAL MEDICAL CENTER
ELECTRONIC TRANSFERS FOR OPERATING ACCOUNT -- JULY 2016

Monthly Electronic Transfers for Operating Expenses

6/1/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	626.26
6/1/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	987.50
6/1/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,149.79
6/2/2016 IBC Merch Bank Discount	- Credit Card Processing Fee	19.95
6/2/2016 IBC Merch Bank Fee	- Credit Card Processing Fee	29.95
6/2/2016 Vivonet Acquisit Payment	- Credit Card Machine Lease Expense	99.00
6/2/2016 ACS SLS Expertpay	- Child Support	464.86
6/2/2016 Memorial Medical Payroll	- Payroll	270,824.92
6/3/2016 IBC Merch Bank Fee	- Credit Card Processing Fee	9.95
6/3/2016 IBC Merch Bank Fee	- Credit Card Processing Fee	54.53
6/3/2016 IBC Merch Bank Interchg	- Credit Card Processing Fee	63.74
6/3/2016 IBC Merch Bank Fee	- Credit Card Processing Fee	65.83
6/3/2016 IBC Merch Bank Discount	- Credit Card Processing Fee	88.44
6/3/2016 IBC Merch Bank Fee	- Credit Card Processing Fee	103.55
6/3/2016 IBC Merch Bank Fee	- Credit Card Processing Fee	110.38
6/3/2016 IBC Merch Bank Deposit	- Credit Card Processing Fee	111.44
6/3/2016 IBC Merch Bank Interchg	- Credit Card Processing Fee	112.90
6/3/2016 IBC Merch Bank Interchg	- Credit Card Processing Fee	236.35
6/3/2016 IBC Merch Bank Discount	- Credit Card Processing Fee	246.44
6/3/2016 IBC Merch Bank Discount	- Credit Card Processing Fee	408.09
6/3/2016 IBC Merch Bank Interchg	- Credit Card Processing Fee	1,372.53
6/3/2016 IBC Merch Bank Discount	- Credit Card Processing Fee	1,499.09
6/6/2016 FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
6/6/2016 FDGL Lease Payment	- Credit Card Machine Lease Expense	59.25
6/6/2016 FDGL Lease Payment	- Credit Card Machine Lease Expense	86.30
6/7/2016 FDGL Lease Payment	- Credit Card Machine Lease Expense	30.25
6/7/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	194.75
6/7/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	708.11
6/7/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,008.32
6/8/2016 Clover APP MRKT Clover App	- Credit Card Machine Lease Expense	81.20
6/8/2016 IRS USATAXPYMT	- Payroll Taxes	99,808.99
6/8/2016 State Comptlr Texnet	- IGT Final 2015 DSH	160,012.97
6/10/2016 FDGL Lease Payment	- Credit Card Machine Lease Expense	30.17
6/14/2016 Dep Item Returned	- Returned Check	137.18
6/14/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,021.93
6/14/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,285.15
6/14/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,885.44
6/15/2016 Texas County DRS	- Retirement Funding	119,149.67
6/16/2016 FDGL Annual Lease Payment	- Credit Card Machine Lease Expense	30.20
6/16/2016 FDGL Annual Lease Payment	- Credit Card Machine Lease Expense	30.20
6/16/2016 FDGL Annual Lease Payment	- Credit Card Machine Lease Expense	30.20
6/16/2016 ACS SLS Expertpay	- Child Support	456.61
6/16/2016 Webfile Tax Portal	- Sales Tax	961.33
6/16/2016 IRS USATAXPYMT	- Payroll Taxes	104,506.29
6/16/2016 Memorial Medical Payroll	- Payroll	281,128.31
6/20/2016 Telecheck	- Credit Card Processing Fee	5.00
6/20/2016 FDGL Annual Lease Payment	- Credit Card Machine Lease Expense	30.20
6/20/2016 FDGL Lease Payment	- Credit Card Machine Lease Expense	151.23
6/21/2016 FDGL Annual Lease Payment	- Credit Card Machine Lease Expense	30.20
6/21/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	534.18
6/21/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	551.32
6/21/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,842.72
6/21/2016 State Comptlr Texnet	- IGT DSH Final Pass 3	116,358.54
6/27/2016 Cardmember Service	- IBC Credit Card Invoice	799.71
6/28/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	530.74
6/28/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	545.31
6/28/2016 Mckesson Drug Auto ACH	- 340B Drug Program Expense	1,798.79
6/29/2016 Lowes BRC CC	- Lowes Credit Card Invoice	99.56
6/30/2016 ACS SLS Expertpay	- Child Support	456.61
6/30/2016 IRS USATAXPYMT	- Payroll Taxes	100,869.07
6/30/2016 Memorial Medical Payroll	- Payroll	272,291.19

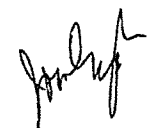
\$ 1,548,281.93

APPROVED
ON

JUL 19 2016

BY 
CALHOUN COUNTY AUDITOR

Note: Each month all electronic debit activity should be included on this form.
Have CEO or CFO sign and then return the signed form to the County Auditors.





STATEMENT

532

CUSTOMER

8/NE/131/019/2363

CUSTOMER NO.

PAGE NO.

1 of 13

06/01/2016 to 06/30/2016

STATEMENT PERIOD

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

Regular Checking			Account Recap			Account Number -		
Beginning Balance	Number of Credits		Deposits (Credits)	Number of Debits		Withdrawals (Debits)		Closing Balance
1,468,496.55	439		3,836,954.45	490		2,772,500.28		2,532,950.72
Deposits (Credits)								
Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
06/01		25,620.62	06/13		376.95	06/22		135.43
06/01		448.87	06/13		65.00	06/23		22,981.31
06/01		404.00	06/13		14.87	06/23		1,971.33
06/01		25.70	06/14		73,401.56	06/23		1,431.68
06/02		4,562.19	06/14		332.00	06/23		194.10
06/02		3,624.36	06/14		104.27	06/23		123.00
06/02		335.00	06/15		7,677.71	06/23		13.00
06/03		29,414.06	06/15		3,181.43	06/24		75,661.69
06/03		2,797.05	06/15		1,749.99	06/24		502.00
06/03		1,568.98	06/15		1,621.08	06/24		132.80
06/03		677.80	06/15		235.00	06/27		51,075.06
06/03		403.00	06/15		150.68	06/27		7,893.98
06/03		106.82	06/15		18.05	06/27		513.00
06/06		105,655.82	06/16		36,805.54	06/27		150.00
06/06		6,865.98	06/16		231.00	06/27		91.22
06/06		765.00	06/16		50.00	06/27		15.00
06/06		95.00	06/16		19.00	06/28		23,316.81
06/06		45.00	06/17		61,636.21	06/28		5,253.03
06/07		5,471.83	06/17		2,618.78	06/28		2,084.06
06/07		3,290.83	06/17		279.00	06/28		1,676.47
06/07		2,797.70	06/17		57.16	06/28		990.36
06/07		1,373.03	06/17		26.60	06/28		334.00
06/07		403.00	06/20		60,816.57	06/28		138.37
06/07		86.22	06/20		594.00	06/28		52.92
06/07		59.00	06/20		132.61	06/29		8,213.33
06/08		16,060.07	06/20		95.00	06/29		3,559.51
06/08		826.00	06/21		11,765.45	06/29		434.00
06/08		25.00	06/21		1,051.81	06/29		105.00
06/09		567,685.02	06/21		305.00	06/29		10.00
06/09		30,802.48	06/21		5.01	06/29		3.06
06/09		400.00	06/22		6,212.29	06/30		364,297.63
06/10		37,915.09	06/22		2,029.20	06/30		1,175.87
06/10		467.80	06/22		600.00	06/30		795.00
06/13		57,717.01	06/22		366.00	06/30		215.00
06/13		609.00						
Checks (Debits)								
Date	Check #	Amount	Date	Check #	Amount	Date	Check #	Amount
06/01		67.02	06/03 *	164975	210.00	06/06 *	166086	395.00
06/07	61797	575.34	06/02 *	165908	123.94	06/13 *	166090	6,000.00
06/10	61798	800.68	06/03 *	165928	32.13	06/06 *	166106	485.00
06/21	61799	534.30	06/06 *	165938	80.00	06/01 *	166173	231.31
06/21	61800	1,546.13	06/03 *	166009	98.82	06/15 *	166181	110.00
06/06 *	164868	100.00	06/06 *	166030	70.00	06/03 *	166214	217.68



BANK

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

STATEMENT

532

CUSTOMER NO. PAGE NO.

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

8/NE/131/019/2373

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.

06/29	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16179E60993640	11,717.39
06/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	7,769.41
06/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 673422	6,118.36
06/29	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	1,222.21
06/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	616.00
06/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	512.32
06/29	Electronic Deposit	36 TREAS 310 MISC PAY 746003411360012	294.03
06/29	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	246.32
06/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	213.44
06/29	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	183.97
06/29	Electronic Deposit	ASSIST REHAB SVC INV-PAYMTS 17460034113000	18.00
06/30	Electronic Deposit	TMHP HCCLAIMPMT xxxxx9111	14,777.09
06/30	Electronic Deposit	BCBS TEXAS HCCLAIMPMT C16180E61106430	13,142.32
06/30	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	5,128.40
06/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160910883	3,493.16
06/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 451356	1,481.86
06/30	Electronic Deposit	TMHP HCCLAIMPMT xxxxx9112	1,204.37
06/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160915882	1,160.04
06/30	Electronic Deposit	DRISCOLL HEALTH Claim Pmt MEMORIAL MEDICA	871.10
06/30	Electronic Deposit	AETNA H09 HCCLAIMPMT 1689630865	565.92
06/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160914885	391.00
06/30	Electronic Deposit	Driscoll Childre Driscoll C MEMORIAL MEDICA	361.87
06/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160911881	268.77
06/30	Electronic Deposit	AETNA AS01 HCCLAIMPMT 1497153589	216.64
06/30	Electronic Deposit	IBC MERCH BNKCD DEPOSIT 971160913887	132.88
06/30	Electronic Deposit	ASSIST REHAB SVC INV-PAYMTS 17460034113000	18.00
Debits			
06/01	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02829057	626.26
06/01	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02829069	987.50
06/01	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02828931	1,149.79
06/02	Electronic Payment	IBC MERCH BNKCD DISCOUNT 674200009993	19.95
06/02	Electronic Payment	IBC MERCH BNKCD FEE 674200009993	29.95
06/02	Electronic Payment	VIVONET ACQUISIT PAYMENT 1136	99.00
06/02	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	464.86
06/02	Electronic Payment	MEMORIAL MEDICAL PAYROLL	270,824.92
06/03	Electronic Payment	IBC MERCH BNKCD FEE 971160912889	9.95
06/03	Electronic Payment	IBC MERCH BNKCD FEE 971160914885	54.53
06/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160913887	63.74
06/03	Electronic Payment	IBC MERCH BNKCD FEE 971160911881	65.83
06/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160913887	88.44
06/03	Electronic Payment	IBC MERCH BNKCD FEE 971160910883	103.55
06/03	Electronic Payment	IBC MERCH BNKCD FEE 971160913887	110.38
06/03	Electronic Payment	IBC MERCH BNKCD DEPOSIT 971160915882	111.44
06/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160914885	112.90
06/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160911881	236.35
06/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160914885	246.44
06/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160911881	408.09
06/03	Electronic Payment	IBC MERCH BNKCD INTERCHNG 971160910883	1,372.53

5/31/16

2,763.55 - reported last month

checks \$1376.02

5/31/16

child support



BANK

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

C0301000000

8/NE/131/019/2374

MEMORIAL MEDICAL CENTER OPERATING
COUNTY OF CALHOUN
201 W AUSTIN STREET
PORT LAVACA TX 77979

STATEMENT

532

CUSTOMER NO.

PAGE NO.

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

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

06/03	Electronic Payment	IBC MERCH BNKCD DISCOUNT 971160910883	1,499.09
06/06	Electronic Payment	FDGL LEASE PYMT	59.25
06/06	Electronic Payment	FDGL LEASE PYMT	59.25
06/06	Electronic Payment	FDGL LEASE PYMT	86.30
06/07	Electronic Payment	FDGL LEASE PYMT	30.25
06/07	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02832101	194.75
06/07	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02832018	708.11
06/07	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02832112	1,008.32
06/08	Electronic Payment	CLOVER APP MRKT CLOVER APP	81.20
06/08	Electronic Payment	IRS USATAXPYMT 220656040630618	99,808.99
06/08	Electronic Payment	STATE COMPTLR TEXNET 24175865/60607	160,012.97
06/10	Electronic Payment	FDGL LEASE PYMT	30.17
06/14	Dep Item Returned	(Tracer# 17000116)	137.18
06/14	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02840965	1,021.93
06/14	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02841034	1,285.15
06/14	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02841041	1,885.44
06/15	Electronic Payment	TEXAS COUNTY DRS RECEIVABLE 419	119,149.67
06/16	Electronic Payment	FDGL ANNUAL FEE	30.20
06/16	Electronic Payment	FDGL ANNUAL FEE	30.20
06/16	Electronic Payment	FDGL ANNUAL FEE	30.20
06/16	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	456.61
06/16	Electronic Payment	WEBFILE TAX PYMT DD 902/24261497	961.33
06/16	Electronic Payment	IRS USATAXPYMT 220656824283828	104,506.29
06/16	Electronic Payment	MEMORIAL MEDICAL PAYROLL	281,128.31
06/20	Electronic Payment	Telecheck INV062016D xxxxx9736	5.00
06/20	Electronic Payment	FDGL ANNUAL FEE	30.20
06/20	Electronic Payment	FDGL LEASE PYMT	151.23
06/21	Electronic Payment	FDGL ANNUAL FEE	30.20
06/21	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02844729	534.18
06/21	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02844801	551.32
06/21	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02844811	1,842.72
06/21	Electronic Payment	STATE COMPTLR TEXNET 24297370/60620	116,358.54
06/27	Electronic Payment	CARDMEMBER SERV ELECT PYMT	799.71
06/28	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02853299	530.74
06/28	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02853408	545.31
06/28	Electronic Payment	MCKESSON DRUG AUTO ACH ACH02853421	1,798.79
06/29	Electronic Payment	Lowes BRC CC LOWTELPAY 1094978135N	99.56
06/30	Electronic Payment	ACS SLS EXPERTPAY xxxxx3411	456.61
06/30	Electronic Payment	IRS USATAXPYMT 220658234878810	100,869.07
06/30	Electronic Payment	MEMORIAL MEDICAL PAYROLL	272,291.19

Daily Ending Balance

06/01	1,465,434.21	06/13	1,884,107.18	06/22	1,362,351.60
06/02	1,215,061.96	06/14	1,892,875.47	06/23	1,444,964.02
06/03	1,328,389.47	06/15	1,761,303.98	06/24	1,487,297.75
06/06	1,494,319.86	06/16	1,444,602.42	06/27	1,577,112.16
06/07	1,542,437.69	06/17	1,418,882.97	06/28	1,916,043.82
06/08	1,165,771.33	06/20	1,487,777.25	06/29	2,601,693.33
06/09	1,794,811.62	06/21	1,366,599.34	06/30	2,532,950.72
06/10	1,839,936.82				

9/30/16 CC 2,599.00

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311 North Virginia
Port Lavaca, Texas 77979C
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R8/NE/131/019/1971
MEMORIAL MEDICAL CENTER CONSTRUCTION COU
CLINIC SERIES 2014
202 S ANN STE A
PORT LAVACA TX 77979

STATEMENT

2

CUSTOMER NO. PAGE NO.

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

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

Regular Checking		Account Recap		Account Number - 7	
Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
375,373.94	0	0.00	2	375,273.94	100.00
Checks (Debits)					
Date	Check #	Amount	Date	Check #	Amount
06/02		220,480.35	06/06	3627	154,793.59
Daily Ending Balance					
06/02		154,893.59	06/06		100.00

Notice to Customers: A CTR Reference Guide

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

Federal law requires financial institutions to report currency (cash or coin) transactions over \$10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over \$10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

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

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

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KInternational Bank of Commerce
311 North Virginia
Port Lavaca, Texas 77979C
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8/NE/131/019/1930

MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
PRIVATE WAIVER CLEARING FUND
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO. PAGE NO.

1 of 1

06/01/2016 to 06/30/2016

STATEMENT PERIOD

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

Regular Checking		Account Recap		Account Number	-
Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
25,069.79	1	220,480.35	0	0.00	245,550.14

Deposits (Credits)

Date	Deposit#	Amount
06/02		220,480.35

Daily Ending Balance

06/02	245,550.14
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Notice to Customers: A CTR Reference Guide

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

Federal law requires financial institutions to report currency (cash or coin) transactions over \$10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over \$10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

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

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

STATEMENT

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CUSTOMER NO. PAGE NO.

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

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

8/NB/131/019/2376

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

Regular Checking			Account Recap		Account Number -	
Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance	
2,735.80	2	28,018.83	6	26,629.59	4,125.04	
Deposits (Credits)						
Date	Deposit#	Amount	Date	Deposit#	Amount	
06/15		26,341.12	06/24		1,677.71	
Checks (Debits)						
Date	Check #	Amount	Date	Check #	Amount	
06/30	11820	157.12	06/17	11823	9,227.16	06/29 11825 407.52
06/29 *	11822	158.93	06/17	11824	14,201.46	06/27 11826 2,477.40
* Indicates a skip in check number sequence						
Daily Ending Balance						
06/15		29,076.92	06/24		7,326.01	06/29 4,282.16
06/17		5,648.30	06/27		4,848.61	06/30 4,125.04

Notice to Customers: A CTR Reference Guide

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

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BANK

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

CUSTOMER

8/NE/131/019/2008
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

06/01/2016 to 06/30/2016

STATEMENT PERIOD

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

Regular Checking			Account Recap			Account Number -		
Beginning Balance	Number of Credits		Deposits (Credits)	Number of Debits		Withdrawals (Debits)		Closing Balance
480,618.06	32		886,142.33	5		1,043,293.43		323,466.96
Deposits (Credits)								
Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
06/02		14,646.57	06/13		8,833.13	06/24		96,977.31
06/07		186,391.92	06/17		74,687.06	06/30		152,490.91
06/08		21,915.40						
Checks (Debits)								
Date	Check #	Amount						
06/09	6	327,297.56						
Electronic Activity								
Credits								
06/02	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						3,331.98
06/02	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						112.28
06/06	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						990.72
06/09	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005						7,341.96
06/09	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						6,626.37
06/09	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						5,847.13
06/13	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						9,588.56
06/13	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						3,158.88
06/13	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005						435.42
06/15	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005						7,395.87
06/16	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005						5,901.70
06/16	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						48.05
06/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423						77,975.50
06/21	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005						3,215.47
06/21	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						32.68
06/22	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						14,785.25
06/22	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						7,528.35
06/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423						347.48
06/23	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						4,362.69
06/24	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						297.64
06/27	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						6,483.33
06/27	Electronic Deposit	Molina HC of TX Molina HC PN1326436189						3,596.46
06/27	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113005						909.98
06/29	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51377696						156,412.57
06/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675423						3,473.71
Debits								
06/09	Outgoing Wire	0453 ASHFORD HEALTH CARE CENTER LTD						358,693.97
06/14	Outgoing Wire	0174 ASHFORD HEALTH CARE CENTER LTD						41,730.86
06/21	Outgoing Wire	0051 ASHFORD HEALTH CARE CENTER LTD						110,048.67
06/28	Outgoing Wire	0027 ASHFORD HEALTH CARE CENTER LTD						205,522.37

247,204.33

323,366.96

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311 North Virginia
Port Lavaca, Texas 77979C
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8/NE/131/019/2009

MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ASHFORD
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

8

CUSTOMER NO. PAGE NO.

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

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

Daily Ending Balance

06/02	498,708.89	06/14	22,115.99	06/23	108,347.42
06/06	499,699.61	06/15	29,511.86	06/24	205,622.37
06/07	686,091.53	06/16	35,461.61	06/27	216,612.14
06/08	708,006.93	06/17	110,148.67	06/28	11,089.77
06/09	41,830.86	06/21	81,323.65	06/29	170,976.05
06/13	63,846.85	06/22	103,984.73	06/30	323,466.96

Notice to Customers: A CTR Reference Guide

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

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311 North Virginia
Port Lavaca, Texas 77979

STATEMENT

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CUSTOMER

8/NE/131/019/2014
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

CUSTOMER NO. PAGE NO.

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

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

Regular Checking			Account Recap			Account Number		
Beginning Balance	Number of Credits		Deposits (Credits)	Number of Debits		Withdrawals (Debits)		Closing Balance
133,869.39	26		643,548.13	5		700,021.92		77,395.60
Deposits (Credits)								
Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
06/02		34,269.09	06/13		28,711.39	06/24		72,287.90
06/07		19,022.76	06/17		16,552.89	06/30		41,911.76
06/08		16,240.37						
Checks (Debits)								
Date	Check #	Amount						
06/09	2	9,697.15						
Electronic Activity								
Credits								
06/01	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004						1,561.50
06/02	Electronic Deposit	Molina HC of TX Molina HC PN1669860433						8,153.16
06/02	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004						5,049.79
06/08	Electronic Deposit	Molina HC of TX Molina HC PN1669860433						1,013.86
06/09	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004						2,253.97
06/10	Electronic Deposit	Molina HC of TX Molina HC PN1669860433						1,395.42
06/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357						230,591.33
06/20	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004						7,812.55
06/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357						18,582.26
06/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357						79,606.76
06/22	Electronic Deposit	Molina HC of TX Molina HC PN1669860433						1,209.44
06/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357						21,938.09
06/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357						1,798.26
06/27	Electronic Deposit	Molina HC of TX Molina HC PN1669860433						518.33
06/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357						6,244.32
06/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357						17,367.25
06/29	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113004						5,341.68
06/29	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51377695						1,667.14
06/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676357						2,446.86
Debits								
06/09	Outgoing Wire	0456 CANTEX HEALTH CARE CENTERS III						192,128.54
06/14	Outgoing Wire	0177 CANTEX HEALTH CARE CENTERS III						20,903.62
06/21	Outgoing Wire	0055 CANTEX HEALTH CARE CENTERS III						45,264.28
06/28	Outgoing Wire	0030 CANTEX HEALTH CARE CENTERS III						432,028.33
Daily Ending Balance								
06/01	135,430.89		06/09	19,608.20		06/17		45,364.28
06/02	182,902.93		06/10	21,003.62		06/20		283,768.16
06/07	201,925.69		06/13	49,715.01		06/21		257,086.14
06/08	219,179.92		06/14	28,811.39		06/22		337,902.34

68,056.30

77,295.60

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

STATEMENT

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CUSTOMER NO.	PAGE NO.
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06/01/2016 to 06/30/2016	
STATEMENT PERIOD	

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8/NE/131/019/2015

MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH BROADMOOR
202 S ANN ST STE A
PORT LAVACA TX 77979

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.

06/23	359,840.43	06/27	434,444.92	06/29	33,036.98
06/24	432,128.33	06/28	8,660.91	06/30	77,395.60

Notice to Customers: A CTR Reference Guide

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

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

STATEMENT

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CUSTOMER NO. PAGE NO.

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

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	
180,801.29	28	526,900.11	5	640,084.89	67,616.51	
Deposits (Credits)						
Date	Deposit#	Amount	Date	Deposit#	Amount	
06/02		8,045.37	06/13		27,861.27	46,151.74
06/07		21,404.93	06/17		38,432.59	31,159.71
06/08		23,734.75				
Checks (Debits)						
Date	Check #	Amount				
06/09	2	31,845.47				
Electronic Activity						
Credits						
06/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323			2,224.28	
06/06	Electronic Deposit	Molina HC of TX Molina HC PN1669860425			3,287.41	
06/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16060711800122			9,423.04	
06/09	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008			3,132.94	
06/09	Electronic Deposit	Molina HC of TX Molina HC PN1669860425			2,571.14	
06/13	Electronic Deposit	Molina HC of TX Molina HC PN1669860425			14,293.38	
06/13	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16060910800144			12,228.77	
06/13	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008			988.97	
06/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16061013300041			17,249.99	
06/14	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113008			10,873.72	
06/17	Electronic Deposit	Molina HC of TX Molina HC PN1669860425			4,115.56	
06/20	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323			163,820.17	
06/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323			13,204.31	
06/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16061813300098			12,511.79	
06/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323			11,744.59	
06/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323			12,082.89	
06/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16062312000051			4,050.33	
06/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16062413500119			728.87	
06/29	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51377694			22,248.59	
06/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676323			5,662.67	
06/30	Electronic Deposit	Molina HC of TX Molina HC PN1669860425			3,666.34	
Debits						
06/09	Outgoing Wire	0455 CANTEX HEALTH CARE CENTERS III			183,817.81	
06/14	Outgoing Wire	0176 CANTEX HEALTH CARE CENTERS III			38,861.87	
06/21	Outgoing Wire	0054 CANTEX HEALTH CARE CENTERS III			126,044.25	
06/28	Outgoing Wire	0029 CANTEX HEALTH CARE CENTERS III			259,515.49	
Daily Ending Balance						
06/01	183,025.57	06/06	194,358.35	06/08	239,498.03	
06/02	191,070.94	06/07	215,763.28	06/09	38,961.87	

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311 North Virginia
Port Lavaca, Texas 77979

CUSTOMER

8/NE/131/019/2013

MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH CRESCENT
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

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

06/13	94,334.26	06/21	189,636.27	06/27	263,665.82
06/14	83,596.10	06/22	201,380.86	06/28	4,879.20
06/17	126,144.25	06/23	213,463.75	06/29	32,790.46
06/20	289,964.42	06/24	259,615.49	06/30	67,616.51

Notice to Customers: A CTR Reference Guide

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

STATEMENT

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CUSTOMER NO.

PAGE NO.

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

8/NE/131/019/2016
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH FORT BEND
202 S ANN ST STE A
PORT LAVACA TX 77979

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
168,135.66	24	218,103.76	5	294,290.93	✓ 91,948.49

Deposits (Credits)					
Date	Deposit#	Amount	Date	Deposit#	Amount
06/02		10,276.54	06/08		2,302.05
06/07		4,009.05	06/17		4,523.04
			06/24		16,711.37
			06/30		72,709.67

Checks (Debits)		
Date	Check #	Amount
06/09	2	102,502.05 ✓

Electronic Activity					
Credits					
06/02	Electronic Deposit	Molina HC of TX Molina HC PN1730577503			7,223.75
06/06	Electronic Deposit	Molina HC of TX Molina HC PN1730577503			9,574.67
06/09	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006			2,253.09
06/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16060711800123			2,151.64
06/09	Electronic Deposit	Molina HC of TX Molina HC PN1730577503			3,771.14
06/13	Electronic Deposit	Molina HC of TX Molina HC PN1730577503			5,748.61
06/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16061013300042			2,137.49
06/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663			32,720.96
06/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16061813300099			3,719.86
06/21	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006			1,369.38
06/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663			13,091.71
06/22	Electronic Deposit	Molina HC of TX Molina HC PN1730577503			6,183.46
06/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16062213400144			353.22
06/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 675663			134.24
06/27	Electronic Deposit	Molina HC of TX Molina HC PN1730577503			3,683.78
06/27	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113006			840.42
06/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16062413500120			1,594.22
06/29	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51377692			13,020.40
Debits					
06/09	Outgoing Wire	0457 CANTEX HEALTH CARE CENTERS III			96,617.62
06/14	Outgoing Wire	0178 CANTEX HEALTH CARE CENTERS III			8,477.92
06/21	Outgoing Wire	0056 CANTEX HEALTH CARE CENTERS III			12,409.14
06/28	Outgoing Wire	0031 CANTEX HEALTH CARE CENTERS III			74,284.20

Daily Ending Balance					
06/02	185,635.95	06/13	14,326.53	06/24	74,384.20
06/06	195,210.62	06/14	7,986.10	06/27	78,908.40
06/07	199,219.67	06/17	12,509.14	06/28	6,218.42
06/08	201,521.72	06/21	37,910.20	06/29	19,238.82
06/09	8,577.92	06/22	57,185.37	06/30	91,948.49

168,035.66



BANK

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

CUSTOMER

8/NE/131/019/2010

MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO.

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

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

Regular Checking			Account Recap			Account Number		
Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance			
303,025.63	36	770,424.23	5	918,483.83	154,966.03			
Deposits (Credits)								
Date	Deposit#	Amount	Date	Deposit#	Amount	Date	Deposit#	Amount
06/02		41,755.01	06/13		22,703.90	06/24		~~45,287.32~~
06/07		11,301.14	06/17		21,316.28	06/30		39,790.75
06/08		37,949.20						
Checks (Debits)								
Date	Check #	Amount						
06/09	2	96,342.79						
Electronic Activity								
Credits								
06/01	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						2,865.74
06/03	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						440.00
06/06	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16060214000025						1,420.02
06/07	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16060417000423						3,464.25
06/09	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16060711800127						~~12,018.22~~
06/09	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007						~~2,154.44~~
06/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16061117300535						4,937.83
06/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16061114000116						4,454.44
06/14	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16061013300044						2,319.31
06/14	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007						161.00
06/15	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16061310900192						2,802.34
06/15	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007						966.00
06/21	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						~~348,987.82~~
06/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16061713500133						~~10,680.01~~
06/21	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16061813300103						~~9,065.22~~
06/22	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						~~20,261.82~~
06/23	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						~~4,541.61~~
06/24	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						~~3,412.50~~
06/24	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16062214400814						~~292.78~~
06/27	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						20,339.63
06/27	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16062312000053						4,053.32
06/28	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						36,627.92
06/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16062415200117						3,471.60
06/28	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16062513100662						3,144.02
06/29	Electronic Deposit	AMERIGROUP CORPO E-PAYMENT EE51377693						37,655.44
06/29	Electronic Deposit	AGING DISAB SVCS HCCLAIMPMT 17460034113007						6,279.00
06/29	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						1,887.22
06/30	Electronic Deposit	AMERIGROUP CORPO HCCLAIMPMT 16062814700118						1,046.68
06/30	Electronic Deposit	NOVITAS SOLUTION HCCLAIMPMT 676310						570.45



BANK

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

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8/NE/131/019/2011

MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH SOLERA
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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CUSTOMER NO. PAGE NO.

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

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

Debits			
06/09	Outgoing Wire	0454 CANTEX HEALTH CARE CENTERS LLC	267,829.00
06/14	Outgoing Wire	0175 CANTEX HEALTH CARE CENTERS LLC	~~52,121.86~~
06/21	Outgoing Wire	0052 CANTEX HEALTH CARE CENTERS LLC	59,661.10
06/28	Outgoing Wire	0028 CANTEX HEALTH CARE CENTERS LLC	~~442,529.08~~

Daily Ending Balance

06/01	305,891.37	06/13	74,925.76	06/23	393,636.48
06/02	347,646.38	06/14	34,676.48	06/24	442,629.08
06/03	348,086.38	06/15	38,444.82	06/27	467,022.03
06/06	349,506.40	06/17	59,761.10	06/28	67,736.49
06/07	364,271.79	06/21	368,833.05	06/29	113,558.15
06/08	402,220.99	06/22	389,094.87	06/30	154,966.03
06/09	52,221.86				

Notice to Customers: A CTR Reference Guide

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

Federal law requires financial institutions to report currency (cash or coin) transactions over \$10,000 conducted by, or on behalf of, one person, as well as multiple currency transactions that aggregate to be over \$10,000 in a single day. These transactions are reported on Currency Transaction Reports (CTRs). The federal law requiring these reports was passed to safeguard the financial industry from threats posed by money laundering and other financial crime. To comply with this law, financial institutions must obtain personal identification information about the individual conducting the transaction such as a Social Security number as well as a driver's license or other government issued document. This requirement applies whether the individual conducting the transaction has an account relationship with the institution or not. There is no general prohibition against handling large amounts of currency and the filing of a CTR is required regardless of the reasons for the currency transaction. The financial institution collects this information in a manner consistent with a customer's right to financial privacy.

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

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



BANK

International Bank of Commerce
311 North Virginia
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CUSTOMER

8/R0/131/019/306

MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH ALLENBROOK HEALTHCARE CENTER
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

CUSTOMER NO. PAGE NO.

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

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

Regular Checking	Account Recap		Account Number -		
Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
100.00	0	0.00	0	0.00	100.00

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

STATEMENT**CUSTOMER NO.** **PAGE NO.**

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

8/NE/131/019/2039
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
HN BEECHMUT MANOR
202 S ANN ST STE A
PORT LAVACA TX 77979

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

Regular Checking		Account Recap		Account Number	
Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
100.00	0	0.00	0	0.00	100.00

Notice to Customers: A CTR Reference Guide

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BANK

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

MEMORIAL

8/R0/131/019/304

MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH GREEN ACRES OF BAYTOWN
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

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

Regular Checking	Account Recap		Account Number -		
Beginning Balance	Number of Credits	Deposits (Credits)	Number of Debits	Withdrawals (Debits)	Closing Balance
100.00	0	0.00	0	0.00	100.00

Notice to Customers: A CTR Reference Guide

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International Bank of Commerce
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06/01/2016 to 06/30/2016

STATEMENT PERIOD

8/R0/131/019/307
MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH GOLDEN CREEK HEALTHCARE & REHAB
202 S ANN ST STE A
PORT LAVACA TX 77979

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 Deposits (Credits)	Number of Withdrawals (Debits)	Closing Balance
100.00	0 0.00	0 0.00	100.00

Notice to Customers: A CTR Reference Guide

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MEMORIAL MEDICAL CENTER COUNTY OF CALHOU
NH HUMBLE HEALTHCARE CENTER
202 S ANN ST STE A
PORT LAVACA TX 77979

STATEMENT**CUSTOMER NO. PAGE NO.**

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06/01/2016 to 06/30/2016

STATEMENT PERIOD

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

Regular Checking		Account Recap		Account Number -	
Beginning	Number of	Deposits	Number of	Withdrawals	Closing
Balance	Credits	(Credits)	Debits	(Debits)	Balance
100.00	0	0.00	0	0.00	100.00

Notice to Customers: A CTR Reference Guide

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