Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total	
0000903	12/12/2017	GCPL2017000690	ST	Entity_UTPH	Medical - BI	$10.00	$20.00	
"	"	"	"	"	Doctor Bill	$10.00	"	
0000904	12/12/2017	GCPL2017000690	ST	Entity_UTPH	Medical - BI	$10.00	$20.00	
"	"	"	"	"	Doctor Bill	$10.00	"	
0000905	12/12/2017	GCPL2017000690	ST	Entity_UTPH	Medical - BI	$10.00	$20.00	
"	"	"	"	"	Doctor Bill	$10.00	"	
0000906	12/12/2017	GCPL2017000690	ST	Larson	Medical - BI	$10.00	$20.00	
"	"	"	"	"	Doctor Bill	$10.00	"	
0000907	12/12/2017	GCPL2017000690	ST	Larson	Medical - BI	$10.00	$20.00	
"	"	"	"	"	Doctor Bill	$10.00	"	

Total for this report: $100.00

Page Check Count = 5   Page Total = $100.00   Precheck Register
Cumulative Check Count = 5   Cumulative Total = $100.00