Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total	
0001351	02/12/2018	GCPL2018001013	ST	EntName_FKFK	Medical - BI	$10.00	$20.00	
"	"	"	"	"	Doctor Bill	$10.00	"	
0001352	02/12/2018	GCPL2018001013	ST	EntName_FKFK	Medical - BI	$10.00	$20.00	
"	"	"	"	"	Doctor Bill	$10.00	"	
0001353	02/12/2018	GCPL2018001013	ST	EntName_FKFK	Medical - BI	$10.00	$20.00	
"	"	"	"	"	Doctor Bill	$10.00	"	

Total for this report: $60.00

Page Check Count = 3   Page Total = $60.00   Precheck Register
Cumulative Check Count = 3   Cumulative Total = $60.00