

UNIVERSAL ENTERPRISES, INC.
Bank Account: AccountName_UCBH
Batch: 1 Run Date: 06/11/2018

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0005879	06/11/2018	GCDIS2018004870	ST	EntName_CVNT	Auto Bodily Injury	\$150.00	\$150.00
0005880	06/11/2018	GCDIS2018004870	ST	EntName_CVNT	Auto Bodily Injury	\$150.00	\$150.00
0005881	06/11/2018	GCDIS2018004870	ST	EntName_CVNT	Auto Bodily Injury	\$150.00	\$150.00
0005882	06/11/2018	GCDIS2018004870	ST	EntName_CVNT	Auto Bodily Injury	\$150.00	\$150.00

Total for this report: \$600.00