UNIVERSAL ENTERPRISES, INC. Bank Account: AccountName_OZWY Batch: 1 Run Date: 12/12/2017

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0000004	10/10/0017	00010047000700	0.7	E MUED	M " DI	# 40.00	# 00.00
0000931	12/12/2017	GCPL2017000700	SI	Entity_VHTD	Medical - Bl	\$10.00	\$20.00
-	.				Doctor Bill	\$10.00	
0000932	12/12/2017	GCPL2017000700	ST	Entity_VHTD	Medical - BI	\$10.00	\$20.00
"	"	"	"	"	Doctor Bill	\$10.00	"
0000933	12/12/2017	GCPL2017000700	ST	Entity_VHTD	Medical - BI	\$10.00	\$20.00
"	"	"	"	"	Doctor Bill	\$10.00	n .
0000934	12/12/2017	GCPL2017000700	ST	Larson	Medical - BI	\$10.00	\$20.00
"	"	"	"	п	Doctor Bill	\$10.00	II .
0000935	12/12/2017	GCPL2017000700	ST	Larson	Medical - Bl	\$10.00	\$20.00
"	"	"	"	II .	Doctor Bill	\$10.00	u u

Total for this report: \$100.00