

UNIVERSAL ENTERPRISES, INC.
Bank Account: Claim Payment
Batch: 9 Run Date: 06/22/2018

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
AUTOC0000040	06/22/2018	GCPROD2018004148	ST	Kemper	Doctor Bill	\$520.00	\$520.00

Total for this report: \$520.00