

UNIVERSAL ENTERPRISES, INC.  
Bank Account: Claim Payment  
Batch: 5 Run Date: 06/19/2018

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0005198	06/19/2018	GCDIS2018004082	ST	Larson	Auto Bodily Injury	\$57.00	\$57.00

Total for this report: \$57.00