

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

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0005906	06/11/2018	GCDIS2018004878	ST	EntName_MDLA	Auto Bodily Injury	\$150.00	\$150.00
0005907	06/11/2018	GCDIS2018004878	ST	EntName_MDLA	Auto Bodily Injury	\$150.00	\$150.00
0005908	06/11/2018	GCDIS2018004878	ST	EntName_MDLA	Auto Bodily Injury	\$150.00	\$150.00
0005909	06/11/2018	GCDIS2018004878	ST	EntName_MDLA	Auto Bodily Injury	\$150.00	\$150.00
AUTOC0000124	06/11/2018	GCDIS2018004878	ST	EntName_MDLA	Doctor Bill	\$2.00	\$2.00

Total for this report: \$602.00