UNIVERSAL ENTERPRISES, INC. Bank Account: AccountName_OZWY Batch: 2 Run Date: 12/12/2017

Control Number	Transaction Date	Claim Number	Department Code		yee me	Payment Type	Payment Amount	Check Total	
0000000	10/10/0017	0001 0017000701	OT	Facility MITD	NA - di -	-1 DI	# 10.00	#20.00	
0000936	12/12/2017	GCPL2017000701	51	Entity_VHTD	Medica Doctor		\$10.00 \$10.00	\$20.00	
0000937	12/12/2017	GCPL2017000701	QT .	Entity_VHTD	Medica		\$10.00 \$10.00	\$20.00	
0000937	12/12/2017	GCFL2017000701	"	"	Doctor		\$10.00	φ20.00	
0000938	12/12/2017	GCPL2017000701	ST	Entity_VHTD	Medica		\$10.00	\$20.00	
"	"	II II	"	" >=	Doctor		\$10.00	11	
0000939	12/12/2017	GCPL2017000701	ST	Larson	Medica	al - Bl	\$10.00	\$20.00	
"	"	"	"	"	Doctor	Bill	\$10.00	"	
0000940	12/12/2017	GCPL2017000701	ST	Larson	Medica	al - Bl	\$10.00	\$20.00	
"	"	"	II .	II .	Doctor	Bill	\$10.00	· ·	

Total for this report: \$100.00