UNIVERSAL ENTERPRISES, INC. Bank Account: AccountName_LTOC Batch: 2 Run Date: 02/12/2018

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0001364	02/12/2018	GCPL2018001020	ST "	EntName_TWEK	Medical - BI Doctor Bill	\$30.00 \$30.00	\$60.00
0001365	02/12/2018	GCPL2018001020	ST "	EntName_TWEK	Medical - BI Doctor Bill	\$30.00 \$30.00 \$30.00	\$60.00
0001366	02/12/2018	GCPL2018001020	ST "	EntName_TWEK	Medical - Bl Doctor Bill	\$30.00 \$30.00	\$60.00

Total for this report: \$180.00