## UNIVERSAL ENTERPRISES, INC. Bank Account: AccountName\_JUFX Batch: 1 Run Date: 06/12/2018

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0005936	06/12/2018	GCDIS2018004892	ST	EntName XKYV	Auto Bodily Injury	\$150.00	\$150.00
0005937	06/12/2018	GCDIS2018004892	ST	EntName_XKYV	Auto Bodily Injury	\$150.00	\$150.00
	06/12/2018 06/12/2018	GCDIS2018004892 GCDIS2018004892		EntName_XKYV EntName_XKYV	Auto Bodily Injury Auto Bodily Injury	\$150.00 \$150.00	\$150.00 \$150.00
		GCDIS2018004892	-	EntName_XKYV	Doctor Bill	\$12.00	\$12.00

Total for this report: \$612.00