

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

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0005891	06/11/2018	GCDIS2018004872	ST	EntName_ATVD	Auto Bodily Injury	\$150.00	\$150.00
0005892	06/11/2018	GCDIS2018004872	ST	EntName_ATVD	Auto Bodily Injury	\$150.00	\$150.00
0005893	06/11/2018	GCDIS2018004872	ST	EntName_ATVD	Auto Bodily Injury	\$150.00	\$150.00
0005894	06/11/2018	GCDIS2018004872	ST	EntName_ATVD	Auto Bodily Injury	\$150.00	\$150.00
AUTOC0000121	06/11/2018	GCDIS2018004872	ST	EntName_ATVD	Doctor Bill	\$12.00	\$12.00

Total for this report: \$612.00