Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total	
0002045	02/20/2018	GCHSP2018001325	ST	EntName_TVST	Medical - Bl	$50.00	$100.00	
"	"	"	"	"	Doctor Bill	$50.00	"	
0002046	02/20/2018	GCHSP2018001325	ST	EntName_TVST	Medical - Bl	$50.00	$100.00	
"	"	"	"	"	Doctor Bill	$50.00	"	
0002047	02/20/2018	GCHSP2018001325	ST	EntName_TVST	Medical - Bl	$50.00	$100.00	
"	"	"	"	"	Doctor Bill	$50.00	"	

Total for this report: $300.00

Page Check Count = 3	Page Total = $300.00	Precheck Register
Cumulative Check Count = 3	Cumulative Total = $300.00	