

UNIVERSAL ENTERPRISES, INC.
 Bank Account: AccountName_YNXK
 Batch: 3 Run Date: 02/21/2018

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0002065	02/21/2018	GCHSP2018001333	ST	EntName_QRIJ	Medical - BI	\$30.00	\$60.00
"	"	"	"	"	Doctor Bill	\$30.00	"
0002066	02/21/2018	GCHSP2018001333	ST	EntName_QRIJ	Medical - BI	\$30.00	\$60.00
"	"	"	"	"	Doctor Bill	\$30.00	"
0002067	02/21/2018	GCHSP2018001333	ST	EntName_QRIJ	Medical - BI	\$30.00	\$60.00
"	"	"	"	"	Doctor Bill	\$30.00	"

Total for this report: \$180.00