

UNIVERSAL ENTERPRISES, INC.  
 Bank Account: AccountName\_JVYD  
 Batch: 2 Run Date: 02/20/2018

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0002048	02/20/2018	GCHSP2018001326	ST	EntName_TVST	Medical - BI	\$30.00	\$60.00
"	"	"	"	"	Doctor Bill	\$30.00	"
0002049	02/20/2018	GCHSP2018001326	ST	EntName_TVST	Medical - BI	\$30.00	\$60.00
"	"	"	"	"	Doctor Bill	\$30.00	"
0002050	02/20/2018	GCHSP2018001326	ST	EntName_TVST	Medical - BI	\$30.00	\$60.00
"	"	"	"	"	Doctor Bill	\$30.00	"
0002051	02/20/2018	GCHSP2018001326	ST	Larson	Medical - BI	\$30.00	\$60.00
"	"	"	"	"	Doctor Bill	\$30.00	"
0002052	02/20/2018	GCHSP2018001326	ST	Larson	Medical - BI	\$30.00	\$60.00
"	"	"	"	"	Doctor Bill	\$30.00	"

Total for this report: \$300.00