

UNIVERSAL ENTERPRISES, INC.  
Bank Account: AccountName\_NITN  
Batch: 1 Run Date: 07/25/2018

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0006803	07/25/2018	GCDIS2018005223	ST	Larson	Medical - BI	\$10.00	\$10.00
0006804	07/25/2018	GCDIS2018005223	ST	Larson	Medical - BI	\$10.00	\$10.00
0006805	07/25/2018	GCDIS2018005223	ST	Larson	Medical - BI	\$10.00	\$10.00
0006806	07/25/2018	GCDIS2018005223	ST	Larson	Medical - BI	\$10.00	\$10.00

Total for this report: \$40.00