

Transaction Details

Control Number: 0000440 **Type:** Payment **Void:** No **Cleared:** No
Claim Number: GCB12015000536
Transaction Date: 9/27/2017
Bank Account: Claim Payment
Payee Type: O - Other Payees
Last Name: Larson
First Name:
Tax ID:
Address:
City:
State:
Zip:
Enclosure: No **Auto Check:** No
Check Status: Released
Check Date: 9/27/2017
Check Number:
Stop Pay: No **Stop Pay Status:**
Check Memo:
Transaction Notes:
Transaction Detail:

Transaction Type	Reserve Type	Amount	From/To
Medical - BI	Medical	\$150.00	-
GL Account:		Invoiced By:	
Invoice Number:		Invoice Amount:	\$0.00
	Total:	\$150.00	

Note:

Proprietary & Confidential Data
Current as of 9/27/2017 16:49:31
Transaction Details (TM)
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