

UNIVERSAL ENTERPRISES, INC.
Bank Account: Claim Payment
Batch: 26 Run Date: 06/18/2018

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0006699	06/18/2018	GC2018005121	ST	Larson	Auto Bodily Injury	\$47.00	\$47.00

Total for this report: \$47.00