

UNIVERSAL ENTERPRISES, INC.  
 Bank Account: AccountName\_YNXK  
 Batch: 1 Run Date: 02/21/2018

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0002057	02/21/2018	GCHSP2018001331	ST	EntName_QRIJ	Medical - BI	\$30.00	\$60.00
"	"	"	"	"	Doctor Bill	\$30.00	"
0002058	02/21/2018	GCHSP2018001331	ST	EntName_QRIJ	Medical - BI	\$30.00	\$60.00
"	"	"	"	"	Doctor Bill	\$30.00	"
0002059	02/21/2018	GCHSP2018001331	ST	EntName_QRIJ	Medical - BI	\$30.00	\$60.00
"	"	"	"	"	Doctor Bill	\$30.00	"
0002060	02/21/2018	GCHSP2018001331	ST	Larson	Medical - BI	\$30.00	\$60.00
"	"	"	"	"	Doctor Bill	\$30.00	"
0002061	02/21/2018	GCHSP2018001331	ST	Larson	Medical - BI	\$30.00	\$60.00
"	"	"	"	"	Doctor Bill	\$30.00	"

Total for this report: \$300.00