

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

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0006807	07/25/2018	GCDIS2018005227	ST	Larson	Medical - BI	\$10.00	\$10.00
0006808	07/25/2018	GCDIS2018005227	ST	Larson	Medical - BI	\$10.00	\$10.00
0006809	07/25/2018	GCDIS2018005227	ST	Larson	Medical - BI	\$10.00	\$10.00
0006810	07/25/2018	GCDIS2018005227	ST	Larson	Medical - BI	\$10.00	\$10.00

Total for this report: \$40.00