

UNIVERSAL ENTERPRISES, INC.
Bank Account: Claim Payment
Batch: 24 Run Date: 06/18/2018

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0006680	06/18/2018	GC2018005114	ST	Larson	Auto Bodily Injury	\$31.00	\$31.00

Total for this report: \$31.00