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

Control Number	Transaction Date	Claim Number	Department Code		Payee Name	Payment Type	Payment Amount	Check Total	
0002069	02/21/2018	GCHSP2018001336	ST	EntName GFSR		Medical - BI	\$10.00	\$20.00	
"	"	"	II .	"		Doctor Bill	\$10.00	n n	
0002070	02/21/2018	GCHSP2018001336	ST	EntName_GFSR		Medical - BI	\$10.00	\$20.00	
"	"	"	"	"		Doctor Bill	\$10.00	"	
0002071	02/21/2018	GCHSP2018001336	ST	EntName_GFSR		Medical - BI	\$10.00	\$20.00	
"	· ·	u u	"	"		Doctor Bill	\$10.00	TI .	

Total for this report: \$60.00