

UNIVERSAL ENTERPRISES, INC.
Bank Account: Claim Payment
Batch: 31 Run Date: 06/20/2018

Control Number	Transaction Date	Claim Number	Department Code	Payee Name	Payment Type	Payment Amount	Check Total
0006926	06/20/2018	WC2018005220	ST	Larson	Auto Bodily Injury	\$67.00	\$67.00

Total for this report: \$67.00