

Transaction Details

Control Number: 0000453 **Type:** Collection **Void:** No **Cleared:** No
Claim Number: GCBI2015000546
Transaction Date: 9/28/2017
Bank Account: Claim Payment
Payor Type: O - Other Payees
Last Name: Larson
First Name:
Tax ID:
Address:
City:
State:
Zip:
Enclosure: No **Auto Check:** No
Date: 9/28/2017
Deposit Number:
Transaction Notes:
Transaction Detail:

Transaction Type	Reserve Type	Amount	From/To
Medical - BI	Medical	\$25.00	-
GL Account:		Invoiced By:	
Invoice Number:		Invoice Amount:	\$0.00
	Total:	\$25.00	

Note:

Proprietary & Confidential Data
Current as of 9/28/2017 12:21:10
Transaction Details (TM)
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