

Payment Detail

Payer University of Miami	Payer ID UOFCMIAMI.Payables	Credit Amount 5728.13	USD	Status Detail Processed Successfully
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Payment Detail

Payment Amount:	5,728.13	USD	Bank Account	*****7349	Credit Date:	18-Nov-2025
Payment Number:	05212050		Bank Name:	PNC BANK, NA	Receiver ID:	AyaHealthcar.Receivables
DPA:	1058380920		Bank ID:	071921891	Network Fee:	--
Payment Method:	ACH					

Remittances

Invoice #	11178540	Paid Invoice Amount	2,568.75	USD	Invoice Date	2025-10-31
Remit Number:	1	Paid Invoice Amount:	2568.75	USD	PO #:	PO-0000884126
Vendor #:	p35946497	Discount Amount:	0	USD		
Vendor Name:	AYA HEALTHCARE INC.					
Invoice #:	11178540					
Invoice Date:	2025-10-31					
Comments:	AYA HEALTHCARE					

Invoice #	11195195	Paid Invoice Amount	3,159.38	USD	Invoice Date	2025-11-07
Remit Number:	2	Paid Invoice Amount:	3159.38	USD	PO #:	PO-0000884126
Vendor #:	p35946497	Discount Amount:	0	USD		
Vendor Name:	AYA HEALTHCARE INC.					
Invoice #:	11195195					

Invoice Date: 2025-11-07

Comments: AYA HEALTHCARE