2019

COUNTY AUDITOR APPROVED

HEALTHCARE DISBURSEMENTS

FOR COURT DATE: JUNE 3, 2019
THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE PERIOD ENDING: MAY 28, 2019
ARE HEREBY APPROVED IN ACCORDANCE WITH LOCAL GOVERNMENT CODE 113.064 BY THE COUNTY AUDITOR AND ARE SUBMITTED TO COMMISSIONER'S COURT FOR FINAL APPROVAL.
TOTAL DISBURSEMENTS: $13,613.01

Healthcare Foundation Disbursements For 6/3/19 Court

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
A&W WINDOW CLEANING	490992	05/28/2019	$80.00		MAINT-WINDOW CLEANING	1040-40010-8000-56-30-0000-637401-	FMB10001
		Total for Check #490992	**$80.00**				
	Total For Vendor A&W WINDOW		**$80.00**				
AKINS, CANDICE	490973	05/28/2019	$29.12	MILES REIMBUREMENT #2945	TRN/TVL-TRAVEL REIMBURSEMENT	1040-60001-0001-72-20-0000-604901-	
		Total for Check #490973	**$29.12**				
	Total For Vendor AKINS, CANDICE		**$29.12**				
ATMOS ENERGY	490968	05/28/2019	$13.19		UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #490968	**$13.19**				
	490969	05/28/2019	$30.03		UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #490969	**$30.03**				
	Total For Vendor ATMOS ENERGY		**$43.22**				
BLUMBERG, WENDY L	491189	05/28/2019	$131.25		OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT258E
			$75.00		OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT258E
		Total for Check #491189	**$206.25**				
	Total For Vendor BLUMBERG, WENDY L		**$206.25**				
GRAHAM PEST CONTROL	491205	05/28/2019	$51.49		MAINT-EXTERMINATION SERVICES	1040-40010-8000-56-30-0000-637403-	FMB10001
			$44.69		MAINT-EXTERMINATION SERVICES	1040-40010-8040-56-30-0000-637403-	FMB20001
		Total for Check #491205	**$96.18**				
	Total For Vendor GRAHAM PEST CONTROL		**$96.18**				
	491180	05/28/2019	$2,021.89		ONE-TIME BUDGET NON-CAP	1040-60001-0001-72-30-0000-668704-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
GTS TECHNOLOGY SOLUTIONS	[illegible]	**Total for Check #491180**		**$2,021.89**				
	Total For Vendor GTS TECHNOLOGY			**$2,021.89**				
LYNCH, DAPHNE	**491148**	**05/28/2019**		$20.30	MILES REIMBURSEMENT #2981	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60001-9087-72-20-0000-604901-	GT193D
		Total for Check #491148		**$20.30**				
	Total For Vendor LYNCH, DAPHNE			**$20.30**				
MARSHALL, MURIEL DR	**490918**	**05/28/2019**		$52.93	DALLAS, TX MEDICAL PRESENTATIO	TRN/TVL-TRAVEL REIMBURSEMENT	1040-60001-0001-72-20-0000-604901-	
		Total for Check #490918		**$52.93**				
	Total For Vendor MARSHALL, MURIEL DR			**$52.93**				
MAXWELL, CATHY	**490851**	**05/28/2019**		$14.79	MILES REIMBURSEMENT #2982	TRN/TVL-TRAVEL REIMBURSEMENT	1040-60001-0001-72-20-0000-604901-	
		Total for Check #490851		**$14.79**				
	Total For Vendor MAXWELL, CATHY			**$14.79**				
MCKESSON MEDICAL-SURGICAL GOVERNMENT SOLUTIONS	**491090**	**05/28/2019**		$2,359.77		OPER-MEDICAL SUPPLIES	2108-60001-9075-72-30-0000-626117-	GT065M
				$28.10		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT064K
				$62.22		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT064K
				$33.72		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT064K
				$29.32		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT064K
				$33.72		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT064K
				$465.84		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT064K
				$33.72		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT064K
		Total for Check #491090		**$3,046.41**				
	Total For Vendor MCKESSON MEDICAL			**$3,046.41**				
	[illegible]	**05/28/2019**		$49.30		UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
MCKINNEY UTILITY CITY OF	[illegible]	**Total for Check #490937**	**$49.30**				
	490940	05/28/2019	$64.25		UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001
		Total for Check #490940	**$64.25**				
	Total For Vendor MCKINNEY UTILITY CITY OF		**$113.55**				
NGUYEN, CHAU	491145	05/28/2019	$3.42	MILES REIMBURSEMENT #2781	TRN/TVL-TRAVEL REIMBURSEMENT	1040-60001-0001-72-20-0000-604901-	
			$7.95	MILES REIMBURSEMENT #3097	TRN/TVL-TRAVEL REIMBURSEMENT	1040-60001-0001-72-20-0000-604901-	
		Total for Check #491145	**$11.37**				
	Total For Vendor NGUYEN, CHAU		**$11.37**				
OFFICE DEPOT	490864	05/28/2019	$53.69		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
		Total for Check #490864	**$53.69**				
	Total For Vendor OFFICE DEPOT		**$53.69**				
OXFORD IMMUNOTEC INC	491032	05/28/2019	$72.00		OPER-LAB SERVICES	2108-60001-9075-72-30-0000-626423-	GT065M
			$144.00		OPER-LAB SERVICES	2108-60001-9075-72-30-0000-626423-	GT065M
		Total for Check #491032	**$216.00**				
	Total For Vendor OXFORD IMMUNOTEC INC		**$216.00**				
PERFORMANCE HEALTH SUPPLY	491102	05/28/2019	$276.50		OPER-MEDICAL SUPPLIES	2108-60001-9160-72-30-0000-626117-	GT236B
			$1,030.54		OPER-MEDICAL SUPPLIES	2108-60001-9160-72-30-0000-626117-	GT236B
		Total for Check #491102	**$1,307.04**				
	Total For Vendor PERFORMANCE HEALTH		**$1,307.04**				
PRICE, FIONA N	491140	05/28/2019	$23.47	MILES REIMBURSEMENT #2815	TRN/TVL-TRAVEL REIMBURSEMENT	1040-60001-0001-72-20-0000-604901-	
			$113.88	MILES REIMBURSEMENT #3096	TRN/TVL-TRAVEL REIMBURSEMENT	1040-60001-0001-72-20-0000-604901-	
		Total for Check #491140	**$137.35**				

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
	Total For Vendor PRICE, FIONA N			**$137.35**				
PRIEST, ELVA S	490974	05/28/2019		$58.58	MILES REIMBURSEMENT #2789	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60001-9067-72-20-0000-604901-	GT100M
				$40.72	MILES REIMBURSEMENT #3098	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60001-9067-72-20-0000-604901-	GT100M
		Total for Check #490974		**$99.30**				
	Total For Vendor PRIEST, ELVA S			**$99.30**				
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
PRIMAMED PHYSICIANS ASSOCIATION	**490990**	**05/28/2019**		$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
		Total for Check #490990		**$5,880.00**				
	Total For Vendor PRIMAMED PHYSICIANS			**$5,880.00**				
SEPEDA, NORMA JANETTE	**491099**	**05/28/2019**		$104.00	AUSTIN, TX WIC DIRECTORS BOARD	TRN/TVL-EDUCATION & CONFERENCE	2108-60060-9064-72-20-0000-604910-	GT258C
		Total for Check #491099		**$104.00**				
	Total For Vendor SEPEDA, NORMA JANETTE			**$104.00**				

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
UT SOUTHWESTERN MEDICAL CENTER	**490921**	**05/28/2019**		$79.62	MEDICAL SERVICES FOR HEALTHCARE	OPER-OUTPATIENT HEALTHCARE	1040-60001-0001-72-30-0000-626427-	
		Total for Check #490921		**$79.62**				
	Total For Vendor UT SOUTHWESTERN			**$79.62**				
GRAND TOTAL				**$13,613.01**			**NUMBER OF CHECKS - 22** **NUMBER OF TRANSACTIONS - 91**	