2019

COUNTY AUDITOR APPROVED

HEALTHCARE DISBURSEMENTS

FOR COURT DATE: DECEMBER 17, 2018
THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE PERIOD ENDING: DECEMBER 11, 2018
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: $2,962.57

Healthcare Foundation Disbursements For 12/17/18 Court

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
BAILEY, KIMBERLY A	484422	12/11/2018		$10.68	MILES REIMBURSEMENT # 1954.	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60060-9064-72-20-0000-604901-	GT258C
		Total for Check #484422		$10.68				
	Total For Vendor BAILEY, KIMBERLY A			$10.68				
HEALTH IMAGING PARTNERS	484333	12/11/2018		$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$143.14		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$30.87		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$136.33		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$24.14		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
				$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
		Total for Check #484333		**$753.60**				
	Total For Vendor HEALTH IMAGING			**$753.60**				
INDIGENT HEALTHCARE SOLUTIONS LTD	**484256**	**12/11/2018**		$1,837.00		MAINT-SOFTWARE MAINTENANCE	1040-60001-0001-72-30-0000-637503-	
		Total for Check #484256		**$1,837.00**				
	Total For Vendor INDIGENT HEALTHCARE			**$1,837.00**				
MOORE MEDICAL LLC	**484387**	**12/11/2018**		$116.56		OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
		Total for Check #484387		**$116.56**				
	Total For Vendor MOORE MEDICAL LLC			**$116.56**				
NGUYEN, CHAU	**484421**	**12/11/2018**		$8.83	MILES REIMBURSEMENT # 1877.	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60001-9075-72-20-0000-604901-	GT065M
		Total for Check #484421		**$8.83**				
	Total For Vendor NGUYEN, CHAU			**$8.83**				
OXFORD IMMUNOTEC INC	**484336**	**12/11/2018**		$36.00		OPER-LAB SERVICES	2108-60001-9075-72-30-0000-626423-	GT065M
		Total for Check #484336		**$36.00**				
	Total For Vendor OXFORD IMMUNOTEC			**$36.00**				
PRIEST, ELVA S	**484276**	**12/11/2018**		$66.76	MILES REIMBURSEMENT # 1885.	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60001-9067-72-20-0000-604901-	GT100K
		Total for Check #484276		**$66.76**				
	Total For Vendor PRIEST, ELVA S			**$66.76**				
	484391	**12/11/2018**		$63.22	MILES REIMBURSEMENT # 1914.	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60060-9064-72-20-0000-604901-	GT258C

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
SEPEDA, NORMA JANETTE	484391	Total for Check #484391		$63.22				
	Total For Vendor SEPEDA, NORMA J			$63.22				
WC OF TEXAS	484482	12/11/2018		$69.92		UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001
		Total for Check #484482		$69.92				
	Total For Vendor WC OF TEXAS			$69.92				
GRAND TOTAL				$2,962.57			NUMBER OF CHECKS - 9 NUMBER OF TRANSACTIONS - 28	