2019

COUNTY AUDITOR APPROVED

HEALTHCARE DISBURSEMENTS

FOR COURT DATE: APRIL 8, 2019
THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE PERIOD ENDING: April 2, 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: $20,595.61

Healthcare Foundation Disbursements For 4/8/19 Court

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
ALLEN COMMUNITY OUTREACH	**488780**	**04/02/2019**		$4,329.18		OPER-GRANT AWARDS	1040-60001-0001-72-30-0000-626550-	
		Total for Check #488780		**$4,329.18**				
	Total For Vendor ALLEN COMMUNITY			**$4,329.18**				
AT&T MOBILITY	**488851**	**04/02/2019**		$52.23		UTILITY-PHONE/MEDIA SERVICE	1040-60001-0001-72-30-0000-648011-	
				$37.99		UTILITY-PHONE/MEDIA SERVICE	1040-60001-0001-72-30-0000-648011-	
				$303.92		UTILITY-PHONE/MEDIA SERVICE	1040-60001-0001-72-30-0000-648011-	
				$261.15		UTILITY-CELLULAR TELEPHONE	1040-60001-0001-72-30-0000-648015-	
				$130.49		ONE-TIME BUDGET NON-CAP	1040-60001-0001-72-30-0000-668704-	
				$75.98		UTILITY-PHONE/MEDIA SERVICE	2108-60001-9067-72-30-0000-648011-	GT100M
				$104.46		UTILITY-CELLULAR TELEPHONE	2108-60001-9087-72-30-0000-648015-	GT193D
				$65.47		UTILITY-CELLULAR TELEPHONE	2108-60060-9064-72-30-0000-648015-	GT258E
		Total for Check #488851		**$1,031.69**				
	Total For Vendor AT&T MOBILITY			**$1,031.69**				
B & H FOTO & ELECTRONICS	**488942**	**04/02/2019**		$869.99		ONE-TIME BUDGET NON-CAP	1040-60001-0001-72-30-0000-668704-	
		Total for Check #488942		**$869.99**				
	Total For Vendor B & H FOTO			**$869.99**				
	488981	**04/02/2019**		$165.14		UTILITY-ELECTRIC SERVICE	1040-40010-8000-56-30-0000-648002-	BUB10001
		Total for Check #488981		**$165.14**				
	488982	**04/02/2019**		$186.46		UTILITY-ELECTRIC SERVICE	1040-40010-8000-56-30-0000-648002-	BUB10001

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
CAVALLO ENERGY TEXAS LLC	488982	**Total for Check #488982**		**$186.46**				
	488983	**04/02/2019**		$272.18		UTILITY-ELECTRIC SERVICE	1040-40010-8000-56-30-0000-648002-	BUB10001
		Total for Check #488983		**$272.18**				
	Total For Vendor CAVALLO ENERGY			**$623.78**				
CLINICAL PATHOLOGY LABORATORIES INC	**488808**	**04/02/2019**		$1,721.75		OPER-STD CLINIC	1040-60001-0001-72-30-0000-626574-	
				$953.60		OPER-STD CLINIC	1040-60001-0001-72-30-0000-626574-	
				$1,390.00		OPER-STD CLINIC	1040-60001-0001-72-30-0000-626574-	
		Total for Check #488808		**$4,065.35**				
	Total For Vendor CLINICAL PATHOLOGY			**$4,065.35**				
CONTROL SOLUTIONS INC	**488946**	**04/02/2019**		$1,397.00		OPER-IMMUNIZATION CLINIC	1040-60001-0001-72-30-0000-626573-	
		Total for Check #488946		**$1,397.00**				
	Total For Vendor CONTROL SOLUTIONS			**$1,397.00**				
GLAXO SMITH KLINE PHARMACEUTICAL	**488793**	**04/02/2019**		$861.50		OPER-IMMUNIZATION CLINIC	1040-60001-0001-72-30-0000-626573-	
		Total for Check #488793		**$861.50**				
	Total For Vendor GLAXO SMITH KLINE			**$861.50**				
GRAHAM PEST CONTROL INC	**488998**	**04/02/2019**		$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 #488998		**$96.18**				
	Total For Vendor GRAHAM PEST CONTROL			**$96.18**				
	488900	**04/02/2019**		$1,235.51		MAINT-SOFTWARE MAINTENANCE	1040-60001-0001-72-30-0000-637503-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
GREENWAY MEDICAL TECHNOLOGIES	488900	Total for Check #488900		$1,235.51				
	Total For Vendor GREENWAY MEDICAL			$1,235.51				
INDIGENT HEALTHCARE SOLUTIONS	488812	04/02/2019		$1,837.00		MAINT-SOFTWARE MAINTENANCE	1040-60001-0001-72-30-0000-637503-	
		Total for Check #488812		$1,837.00				
	Total For Vendor INDIGENT HEALTHCARE			$1,837.00				
JAMES, KIM	488878	04/02/2019		$67.28	MILES REIMBURSEMENT #2628	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60060-9064-72-20-0000-604901-	GT258C
				$24.36	MILES REIMBURSEMENT #2690	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60060-9064-72-20-0000-604901-	GT258C
		Total for Check #488878		$91.64				
	Total For Vendor JAMES, KIM			$91.64				
OFFICE DEPOT	488752	04/02/2019		$131.22		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$265.19		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$86.30		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$57.89		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$27.85		ADMIN-OFFICE SUPPLIES	2108-60001-9075-72-30-0000-615101-	GT065M
				$69.99		ADMIN-OFFICE SUPPLIES	2108-60001-9075-72-30-0000-615101-	GT065M
		Total for Check #488752		$638.44				
	Total For Vendor OFFICE DEPOT			$638.44				
OXFORD IMMUNOTEC INC	488877	04/02/2019		$252.00		OPER-LAB SERVICES	2108-60001-9075-72-30-0000-626423-	GT065M
				$288.00		OPER-LAB SERVICES	2108-60001-9075-72-30-0000-626423-	GT065M
				$432.00		OPER-LAB SERVICES	2108-60001-9075-72-30-0000-626423-	GT065M

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
		Total for Check #488877		**$972.00**				
	Total For Vendor OXFORD IMMUNOTEC			**$972.00**				
PERFORMANCE HEALTH SUPPLY	**488923**	**04/02/2019**		$582.64		OPER-MEDICAL SUPPLIES	2108-60001-9160-72-30-0000-626117-	GT236B
		Total for Check #488923		**$582.64**				
	Total For Vendor PERFORMANCE HEALTH			**$582.64**				
PRIMAMED PHYSICIANS ASSOCIATION	**488844**	**04/02/2019**		$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
				$105.00	MEDICAL SERVICES FOR HEALTHCARE	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	MEDICAL SERVICES FOR HEALTHCARE	OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
		Total for Check #488844		**$1,680.00**				
	Total For Vendor PRIMAMED			**$1,680.00**				
SANOFI PASTEUR INC	**488835**	**04/02/2019**		$52.73		OPER-IMMUNIZATION CLINIC	1040-60001-0001-72-30-0000-626573-	
		Total for Check #488835		**$52.73**				
	Total For Vendor SANOFI PASTEUR			**$52.73**				
ZONES INC	**489000**	**04/02/2019**		$230.98		ONE-TIME BUDGET NON-CAP	1040-60001-0001-72-30-0000-668704-	
		Total for Check #489000		**$230.98**				
	Total For Vendor ZONES INC			**$230.98**				
GRAND TOTAL				**$20,595.61**			**NUMBER OF CHECKS - 19** **NUMBER OF TRANSACTIONS - 52**	