2020

COUNTY AUDITOR APPROVED

HEALTHCARE DISBURSEMENTS

FOR COURT DATE: MARCH 16, 2020
THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE PERIOD ENDING: MARCH 10, 2020
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: $13,819.81

Healthcare Foundation Disbursements For 3/16/2020 Court

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
AT&T MOBILITY II LLC	502515	03/10/2020	$333.00		UTILITY-PHONE/MEDIA SERVICE	1040-60001-0001-72-30-0000-648011-	
			$544.32		UTILITY-CELLULAR TELEPHONE	1040-60001-0001-72-30-0000-648015-	
			$136.15		UTILITY-CELLULAR TELEPHONE	1040-60001-0001-72-30-0000-648015-	
			$74.00		UTILITY-PHONE/MEDIA SERVICE	2108-60001-9067-72-30-0000-648011-	GT100O
			$131.45		UTILITY-CELLULAR TELEPHONE	2108-60001-9087-72-30-0000-648015-	GT193E
			$40.73		UTILITY-CELLULAR TELEPHONE	2108-60060-9064-72-30-0000-648015-	GT274E
		Total for Check #502515	**$1,259.65**				
	Total For Vendor AT&T MOBILITY		**$1,259.65**				
BABY, BIRTH AND YOU	502640	03/10/2020	$112.50		OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT274E
		Total for Check #502640	**$112.50**				
	Total For Vendor BABY, BIRTH AND YOU		**$112.50**				
CAVALLO ENERGY TEXAS	502643	03/10/2020	$43.51	900 E PARK BLVD	UTILITY-ELECTRIC SERVICE	1040-40010-8040-56-30-0000-648002-	BUB20001
		Total for Check #502643	**$43.51**				
	502646	03/10/2020	$565.66	900 E PARK BLVD STE 200	UTILITY-ELECTRIC SERVICE	1040-40010-8040-56-30-0000-648002-	BUB20001
		Total for Check #502646	**$565.66**				
	502647	03/10/2020	$707.16	900 E PARK BLVD STE 180	UTILITY-ELECTRIC SERVICE	1040-40010-8040-56-30-0000-648002-	BUB20001
		Total for Check #502647	**$707.16**				
	Total For Vendor CAVALLO ENERGY TX		**$1,316.33**				
COLLIN COUNTY TRANSPORTATION	502597	03/10/2020	$60.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
		Total for Check #502597	**$60.00**				

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
	Total For Vendor COLLIN COUNTY TRANS			**$60.00**				
ENVISION IMAGING OF ALLEN	**502537**	**03/10/2020**		$29.40	MEDICAL SERVICES FOR HEALTHCARE	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-	
				$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-	
				$22.99		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-	
				$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
		Total for Check #502537		**$320.75**				
	Total For Vendor ENVISION IMAGING			**$320.75**				
GRAHAM'S LAWN & PEST	**502656**	**03/10/2020**		$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 #502656		**$96.18**				
	Total For Vendor GRAHAM'S LAWN			**$96.18**				
GREENWAY MEDICAL TECHNOLOGIES	**502559**	**03/10/2020**		$1,339.65		MAINT-SOFTWARE MAINTENANCE	1040-60001-0001-72-30-0000-637503-	
		Total for Check #502559		**$1,339.65**				

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
	Total For Vendor GREENWAY MEDICAL			**$1,339.65**				
JAMES, KIM	**502539**	**03/10/2020**		$18.98	MILES REIMBURSEMENT #5063	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60060-9064-72-20-0000-604901-	GT274C
		Total for Check #502539		**$18.98**				
	Total For Vendor JAMES, KIM			**$18.98**				
MCKESSON MEDICAL-SURGICAL GOVERNMENT SOLUTIONS	**502574**	**03/10/2020**		$193.70		OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$290.55		OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$327.45		OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$242.40		OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$101.24		OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$310.02		OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$53.23		OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$279.69		OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				($0.87)	PO #20000401	OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$99.68		OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
				$866.40		OPER-MEDICAL COSTS	1040-60001-0001-72-30-0000-626536-	
				$250.95		OPER-MEDICAL SUPPLIES	2108-60001-9075-72-30-0000-626117-	GT065O
				$217.76		OPER-MEDICAL SUPPLIES	2108-60001-9075-72-30-0000-626117-	GT065O
				$164.19		OPER-MEDICAL SUPPLIES	2108-60001-9075-72-30-0000-626117-	GT065O
				$217.76		OPER-MEDICAL SUPPLIES	2108-60001-9075-72-30-0000-626117-	GT065O
				$108.88		OPER-MEDICAL SUPPLIES	2108-60001-9075-72-30-0000-626117-	GT065O
				($0.87)	PO #19004588	OPER-MEDICAL SUPPLIES	2108-60001-9075-72-30-0000-626117-	GT065O

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
				($0.87)	PO #19004588	OPER-MEDICAL SUPPLIES	2108-60001-9075-72-30-0000-626117-	GT065O
				($0.87)	PO #19004588	OPER-MEDICAL SUPPLIES	2108-60001-9088-72-30-0000-626117-	GT064M
		Total for Check #502574		**$3,720.42**				
	Total For Vendor MCKESSON MEDICAL			**$3,720.42**				
OFFICE DEPOT	**502428**	**03/10/2020**		$45.61		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$508.20		ADMIN-OFFICE SUPPLIES	2108-60001-9075-72-30-0000-615101-	GT065O
				$75.32		ADMIN-OFFICE SUPPLIES	2108-60060-9064-72-30-0000-615101-	GT274D
				$31.99		ADMIN-OFFICE SUPPLIES	2108-60060-9064-72-30-0000-615101-	GT274D
		Total for Check #502428		**$661.12**				
	Total For Vendor OFFICE DEPOT			**$661.12**				
ORTEGON, NORABEL	**502506**	**03/10/2020**		$54.57	MILES REIMBURSEMENT #5028	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60060-9064-72-20-0000-604901-	GT274C
		Total for Check #502506		**$54.57**				
	Total For Vendor ORTEGON, NORABEL			**$54.57**				
PLANO CITY OF (UTILITY DEPT)	**502529**	**03/10/2020**		$50.38	900 E PARK BLVD	UTILITY-WATER/TRASH SERVICE	1040-40010-8040-56-30-0000-648001-	BUB20001
		Total for Check #502529		**$50.38**				
	502530	**03/10/2020**		$144.99	900 E PARK BLVD 1	UTILITY-WATER/TRASH SERVICE	1040-40010-8040-56-30-0000-648001-	BUB20001
		Total for Check #502530		**$144.99**				
	Total For Vendor PLANO CITY OF			**$195.37**				
				$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-	

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-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
PRIMACARE MEDICAL CENTERS	**502501**	**03/10/2020**		$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-	
				$105.00		OPER-PRIMARY CARE SERVICE	1040-60001-0001-72-30-0000-626437-	
		Total for Check #502501		**$4,410.00**				
	Total For Vendor PRIMACARE MEDICAL			**$4,410.00**				
	502418	**03/10/2020**		$139.00		MAINT-ELEVATOR ST INSPECTION	1040-40010-8040-56-30-0000-637444-	FMB20001

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
TECHNICAL INSPECTION AGENCY USA	[illegible]	**Total for Check #502418**		**$139.00**				
	Total For Vendor TECHNICAL INSPECTION			**$139.00**				
VALADEZ, ESPERANZA	**502594**	**03/10/2020**		$45.37	MILES REIMBURSEMENT #5064	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60060-9064-72-20-0000-604901-	GT274C
		Total for Check #502594		**$45.37**				
	Total For Vendor VALADEZ, ESPERANZA			**$45.37**				
WASTE CONNECTIONS INC	**502626**	**03/10/2020**		$69.92	825 N MCDONALD ST	UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001
		Total for Check #502626		**$69.92**				
	Total For Vendor WASTE CONNECTIONS			**$69.92**				
GRAND TOTAL				**$13,819.81**			**NUMBER OF CHECKS - 19** **NUMBER OF TRANSACTIONS - 98**	