2020

COUNTY AUDITOR APPROVED

HEALTHCARE DISBURSEMENTS

FOR COURT DATE: APRIL 27, 2020
THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE PERIOD ENDING: APRIL 20, 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: $6,300.52

Healthcare Foundation Disbursements For 4/27/2020 Court

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
ATMOS ENERGY	504020	04/21/2020	$37.80	825 N MCDONALD ST STE A	UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #504020	**$37.80**				
	504021	04/21/2020	$46.88	825 N MCDONALD ST STE B	UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #504021	**$46.88**				
	Total For Vendor ATMOS ENERGY		**$84.68**				
ENVISION IMAGING OF ALLEN	504056	04/21/2020	$30.87	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-	
			$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-	
			$29.40		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			$24.14		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-	
			$29.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
			$30.87		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-	

Vendor Name	Check Number	Check Date	Transaction Amount	Comment	Object Description	Account Number	Project Number
			$22.99		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
		Total for Check #504056	**$455.85**				
	Total For Vendor ENVISION IMAGING		**$455.85**				
INDIGENT HEALTHCARE SOLUTIONS LTD	**504011**	**04/21/2020**	$1,837.00		MAINT-SOFTWARE MAINTENANCE	1040-60001-0001-72-30-0000-637503-	
		Total for Check #504011	**$1,837.00**				
	Total For Vendor INDIGENT HEALTHCARE		**$1,837.00**				
LANGUAGE LINE SERVICES	**504041**	**04/21/2020**	$509.56		OPER-INTERPRETER	1040-60001-0001-72-30-0000-626412-	
		Total for Check #504041	**$509.56**				
	Total For Vendor LANGUAGE LINE		**$509.56**				
LEXISNEXIS RISK SOLUTIONS	**504107**	**04/21/2020**	$30.00		ADMIN-DUES & SUBSCRIPTIONS	1040-60001-0001-72-30-0000-615510-	
		Total for Check #504107	**$30.00**				
	Total For Vendor LEXISNEXIS RISK		**$30.00**				
MCKESSON MEDICAL-SURGICAL GOVERNMENT SOLUTIONS	**504077**	**04/21/2020**	$856.02		OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
		Total for Check #504077	**$856.02**				
	Total For Vendor MCKESSON MEDICAL		**$856.02**				
MCKINNEY UTILITY CITY OF	**503994**	**04/21/2020**	$49.64	825 N MCDONALD ST	UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001
		Total for Check #503994	**$49.64**				
	503996	**04/21/2020**	$61.97	825 N MCDONALD ST	UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001
		Total for Check #503996	**$61.97**				
	Total For Vendor MCKINNEY UTILITY		**$111.61**				
			$6.78		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
OFFICE DEPOT	503962	04/21/2020		$49.95		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$78.99		ADMIN-OFFICE SUPPLIES	1040-60001-0001-72-30-0000-615101-	
				$447.76		OPER-PRINTED MATERIALS	1040-60001-0001-72-30-0000-626562-	
		Total for Check #503962		**$583.48**				
	Total For Vendor OFFICE DEPOT			**$583.48**				
PRIMACARE MEDICAL CENTERS	504031	04/21/2020		$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-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
		Total for Check #504031		**$1,680.00**				
	Total For Vendor PRIMACARE MEDICAL			**$1,680.00**				
SAMARITAN INN	**504025**	**04/21/2020**		$152.32	DEC 2019 - FEB 2020 4TH QTR	OPER-GRANT AWARDS	1040-60001-0001-72-30-0000-626550-	
		Total for Check #504025		**$152.32**				
	Total For Vendor SAMARITAN INN			**$152.32**				
GRAND TOTAL				**$6,300.52**			**NUMBER OF CHECKS - 12** **NUMBER OF TRANSACTIONS - 45**	