2023

COUNTY AUDITOR APPROVED

HEALTHCARE DISBURSEMENTS

FOR COURT DATE: NOVEMBER 14, 2022
THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE PERIOD ENDING: NOVEMBER 8, 2022
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: $47,284.76

Healthcare Foundation Disbursements For 11/14/22 Court

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
ALERE TOXICOLOGY SERVICES	**529375**	**11/08/2022**		$1,032.70		OPER-LAB SERVICES	1040-60001-0001-72-30-0000-626423-	
		Total for Check #529375		**$1,032.70**				
	Total For Vendor ALERE TOXICOLOGY			**$1,032.70**				
AMAZON	**529437**	**11/08/2022**		$851.50		OPER-MEDICAL SUPPLIES	1040-60001-0001-72-30-0000-626117-	
		Total for Check #529437		**$851.50**				
	Total For Vendor AMAZON			**$851.50**				
ATMOS ENERGY	**529330**	**11/08/2022**		$20.28	825 N MCDONALD ST STE C	UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #529330		**$20.28**				
	Total For Vendor ATMOS ENERGY			**$20.28**				
CAVALLO ENERGY TEXAS	**529428**	**11/08/2022**		$509.12	900 E PARK BLVD STE 200	UTILITY-ELECTRIC SERVICE	1040-40010-8040-56-30-0000-648002-	BUB20001
		Total for Check #529428		**$509.12**				
	529429	**11/08/2022**		$621.02	900 E PARK BLVD STE 180	UTILITY-ELECTRIC SERVICE	1040-40010-8040-56-30-0000-648002-	BUB20001
		Total for Check #529429		**$621.02**				
	529430	**11/08/2022**		$25.97	900 E PARK BLVD	UTILITY-ELECTRIC SERVICE	1040-40010-8040-56-30-0000-648002-	BUB20001
		Total for Check #529430		**$25.97**				
	Total For Vendor CAVALLO ENERGY			**$1,156.11**				
EMOCHA MOBILE HEALTH	**529426**	**11/08/2022**		$2,521.67		ADMIN-DUES & SUBSCRIPTIONS	1040-60001-0001-72-30-0000-615510-	
		Total for Check #529426		**$2,521.67**				
	Total For Vendor EMOCHA MOBILE			**$2,521.67**				
				$27.51		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
ENVISION IMAGING OF ALLEN	**529373**	**11/08/2022**		$33.15		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$26.20		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$33.15		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$33.15		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$33.15		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$26.20		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$166.37		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$26.20		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$26.20		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$26.20		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$166.37		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$26.20		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$26.20		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$33.15		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$166.37		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$26.20		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$26.20		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$166.37		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
		Total for Check #529373		**$1,094.54**				
	Total For Vendor ENVISION IMAGING			**$1,094.54**				
	529297	**11/08/2022**		$3,556.80		OPER-IMMUNIZATION CLINIC	1040-60001-0001-72-30-0000-626573-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
GLAXOSMITHKLINE PHARMACEUTICALS	**529297**	**Total for Check #529297**		**$3,556.80**				
	Total For Vendor GLAXOSMITHKLINE			**$3,556.80**				
INDIGENT HEALTHCARE SOLUTIONS	**529318**	**11/08/2022**		$1,837.00		MAINT-SOFTWARE MAINTENANCE	1040-60001-0001-72-30-0000-637503-	
		Total for Check #529318		**$1,837.00**				
	Total For Vendor INDIGENT HEALTHCARE			**$1,837.00**				
JOTFORM	**529249**	**11/08/2022**		$24,918.00		MAINT-SOFTWARE MAINTENANCE	1040-60001-0001-72-30-0000-637503-	
				$2,844.00		N/CAP EQUIP-SOFTWARE	2108-60001-9176-72-30-0000-798903-	GT315G
				$1,896.00		N/CAP EQUIP-SOFTWARE	2108-60001-9177-72-30-0000-798903-	GT316G
				$1,185.00		N/CAP EQUIP-SOFTWARE	2108-60001-9181-72-30-0000-798903-	GT327G
		Total for Check #529249		**$30,843.00**				
	Total For Vendor JOTFORM			**$30,843.00**				
				$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-	
NEXTCARE URGENT CARE				$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 #		**$2,940.00**				
	Total For Vendor NEXTCARE URGENT			**$2,940.00**				
				$22.99		ADMIN-OFFICE SUPPLIES	2108-60001-9087-72-30-0000-615101-	GT352E

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
ODP BUSINESS SOLUTIONS	529253	11/08/2022		$27.99		ADMIN-OFFICE SUPPLIES	2108-60001-9087-72-30-0000-615101-	GT352E
				$18.49		ADMIN-OFFICE SUPPLIES	2108-60001-9087-72-30-0000-615101-	GT352E
				$204.30		ADMIN-OFFICE SUPPLIES	2108-60001-9088-72-30-0000-615101-	GT353E
				$21.98		ADMIN-OFFICE SUPPLIES	2108-60001-9181-72-30-0000-615101-	GT327E
				$25.17		ADMIN-OFFICE SUPPLIES	2108-60001-9181-72-30-0000-615101-	GT327E
				$17.39		ADMIN-OFFICE SUPPLIES	2108-60001-9181-72-30-0000-615101-	GT327E
		Total for Check #529253		**$338.31**				
	Total For Vendor ODP BUSINESS			**$338.31**				
OHAGI, EMEKA	15600	11/08/2022		$25.44	MILES REIMBURSEMENT #8304	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60001-9181-72-20-0000-604901-	GT327C
				$280.00	AUSTIN, TX FSTDI TRAINING 10/2-7/22	TRN/TVL-EDUCATION & CONFERENCE	2108-60001-9181-72-20-0000-604910-	GT327C
		Total for Check #15600		**$305.44**				
	Total For Vendor OHAGI, EMEKA			**$305.44**				
PLANO CITY OF (UTILITY DEPT)	529364	11/08/2022		$125.79	900 E PARK BLVD	UTILITY-WATER/TRASH SERVICE	1040-40010-8040-56-30-0000-648001-	BUB20001
		Total for Check #529364		**$125.79**				
	529365	11/08/2022		$69.99	900 E PARK BLVD	UTILITY-WATER/TRASH SERVICE	1040-40010-8040-56-30-0000-648001-	BUB20001
		Total for Check #529365		**$69.99**				
	Total For Vendor PLANO CITY OF			**$195.78**				
SANOFI-AVENTIS	529262	11/08/2022		$364.35		OPER-IMMUNIZATION CLINIC	1040-60001-0001-72-30-0000-626573-	
		Total for Check #529262		**$364.35**				
	Total For Vendor SANOFI-AVENTIS			**$364.35**				
	529233	11/08/2022		$78.40		N/CAP EQUIP-SOFTWARE	2108-60001-9075-72-30-0000-798903-	GT340G

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
SUMMUS INDUSTRIES	529233	**Total for Check #529233**		**$78.40**				
	Total For Vendor SUMMUS INDUSTRIES			**$78.40**				
VELEZ, DEYANIRA	**15597**	**11/08/2022**		$148.88	MILES REIMBURSEMENT #8354	TRN/TVL-TRAVEL REIMBURSEMENT	2108-60001-9177-72-20-0000-604901-	GT316C
		Total for Check #15597		**$148.88**				
	Total For Vendor VELEZ, DEYANIRA			**$148.88**				
GRAND TOTAL				**$47,284.76**			**NUMBER OF CHECKS - 19** **NUMBER OF TRANSACTIONS - 74**	