2025

COUNTY AUDITOR APPROVED

HEALTHCARE DISBURSEMENTS

FOR COURT DATE: JULY 28, 2025
THE ATTACHED CLAIMS AGAINST COLLIN COUNTY FOR THE PERIOD ENDING: JULY 22, 2025
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: $5,560.03

Healthcare Foundation Disbursements For 7/28/25 Court

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
AMAZON	554784	07/22/2025		$1,123.20	PARTY FAVOR GOODY BAGS	OPER-GRANT PROGRAM SUPPLIES	2108-60001-9181-72-30-0000-626131-	GT435E
		Total for Check #554784		$1,123.20				
	Total For Vendor AMAZON			$1,123.20				
ATMOS ENERGY	554693	07/22/2025		$34.11	825 N MCDONALD ST SUITE A	UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #554693		$34.11				
	554694	07/22/2025		$22.26	825 N MCDONALD ST SUITE B	UTILITY-NATURAL GAS	1040-40010-8000-56-30-0000-648003-	BUB10001
		Total for Check #554694		$22.26				
	Total For Vendor ATMOS ENERGY			$56.37				
BABY, BIRTH AND YOU	554781	07/22/2025		$225.00	LACTATION CONSULT	OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT433E
				$187.50		OPER-CONSULTANTS	2108-60060-9064-72-30-0000-626401-	GT433E
		Total for Check #554781		$412.50				
	Total For Vendor BABY, BIRTH AND YOU			$412.50				
BARNETT, JERRY	28853	07/22/2025		$200.00	AUG 2025 PHARMACY SERVICES	OPER-CONSULTANTS	1040-60001-0001-72-30-0000-626401-	
		Total for Check #28853		$200.00				
	Total For Vendor BARNETT, JERRY			$200.00				
FRONTIER WASTE SOLUTIONS	554629	07/22/2025		$84.33	825 N MCDONALD ST	UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001
		Total for Check #554629		$84.33				
	Total For Vendor FRONTIER WASTE			$84.33				
				$27.00	MEDICAL SERVICES FOR HEALTHCARE	OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		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
HEALTH IMAGING PARTNERS	554734	07/22/2025		$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$95.70		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$33.95		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$33.95		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$27.00		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$28.35		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$280.14		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$28.35		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$161.45		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$33.95		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
				$33.95		OPER-TB CLINIC	1040-60001-0001-72-30-0000-626575-	
		Total for Check #554734		**$1,026.79**				
	Total For Vendor HEALTH IMAGING			**$1,026.79**				
	554733	07/22/2025		$1,645.20	GAMASTAN S/D INJECTION	OPER-IMMUNIZATION SUPPLIES	1040-60001-0001-72-30-0000-626113-	

Vendor Name	Check Number	Check Date		Transaction Amount	Comment	Object Description	Account Number	Project Number
HENRY SCHEIN INC	554733	Total for Check #554733		$1,645.20				
	Total For Vendor HENRY SCHEIN INC			$1,645.20				
MCKINNEY UTILITY CITY OF	554674	07/22/2025		$132.32	825 N MCDONALD ST	UTILITY-WATER/TRASH SERVICE	1040-40010-8000-56-30-0000-648001-	BUB10001
		Total for Check #554674		$132.32				
	Total For Vendor MCKINNEY UTILITY CITY			$132.32				
ODP BUSINESS SOLUTIONS	554598	07/22/2025		$278.34		ADMIN-OFFICE SUPPLIES	2108-60001-9181-72-30-0000-615101-	GT435E
				($75.42)		ADMIN-OFFICE SUPPLIES	2108-60001-9181-72-30-0000-615101-	GT435E
		Total for Check #554598		$202.92				
	Total For Vendor ODP BUSINESS			$202.92				
TEXAS CARECAB	554602	07/22/2025		$676.40	PATIENT TRANSPORTATION	OPER-MEDICAL COSTS	1040-60001-0001-72-30-0000-626536-	
		Total for Check #554602		$676.40				
	Total For Vendor TEXAS CARECAB			$676.40				
GRAND TOTAL				$5,560.03			NUMBER OF CHECKS - 11 NUMBER OF TRANSACTIONS - 32	