GRAND TRAVERSE COUNTY
REQUEST FOR BOARD ACTION

MEETING DATE: September 6, 2023

DEPARTMENT: Finance

SUBMITTED BY: Dean Bott, Director

SUBJECT: Grand Traverse Pavilions Cash Summary

RECOMMENDATION:
To review the requested information. The Chairman will be recommending an ad hoc committee.

FINANCIAL INFORMATION:
See the attached document.

SUMMARY:
The attached document summarizes the cash transactions for the Grand Traverse Pavilions from March 1, 2023 through August 30, 2023. The document summarizes the vouchers that have been requested to cover accounts payable and payroll, and the funds received including receipts and deposit transactions.

ATTACHMENTS:
Pavilions Vouchers
Grand Traverse Pavilions

Pay #1

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5428

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 3-1-2023

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	A/P Voucher = check Register		311,169.72 ✓
	TASC Flex Spending		3,142.39 ✓
	Health Equity HSA		3,249.98 ✓
	ASC Hourly Workers Comp		303.40 ✓
	GFS		3,916.77 ✓
	MISDU		32644 ✓
			$ 324,640.70

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Dave, Finance Director 3-1-23

#2

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5429

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 3-1-2023

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	Payroll Voucher		603,186.79
	Less County with Payroll taxes		(164,075.00)
	Net		439,111.29

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Audrey Dahl, Finance Director 3-1-23

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

#3

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5430

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 3/8/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	A/P Voucher		101835.32
	Eagle Claims mgmt		2805.86
	GFS		842.61
	MERS 11002.00.00		107,309.47
	MERS DC #2200.10.10		7199.91
		*	227,293.21 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

7

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 3-8-2023

#4

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5131

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 3/15/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	A/P Voucher		298155.51
	Eagle Claims Mgmt		505.14
	TASC Flex		342.39
	GFS		4041.89
	MISDU		326.44
	Health Equity		3249.98
	Flex Wage		15408.49
	Bank Charges		1,376.27
		*	57,866.11 *

7

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 3-15-23

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

#5

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5432

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 3/15/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	PIR Voucher		605,582.21
	FlexWage Fees		234.50
	Less: County PIRW/H	<	165,208.66
	Bank Charges		28.38
		$	440,636.43

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Audrey Deal, Finance Director 3-15-23

#6

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5433

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 3/22/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	A/P Voucher		534,097.33
	Eagle Claims Mgmt		607.23
	GFS		2339.51
	MERS DC #62200-10-10		7195.27
	MDCH #11002-00-00		278,643.75
	GTP Operating Cash	<	239.00
		*	822,637.09 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: [signature] Finance Director 3-22-23

#7

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5435 -

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 3/29/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	PIR Voucher		639,186.58
	Less: County PIR W/H	<	176,021.13 >
			$ 463,165.45

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 3-29-23

TRANSFER TO COUNTY

~~DISBURSEMENT~~ VOUCHER
COUNTY OF GRAND TRAVERSE

#8

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5434

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 3/29/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	A/P Voucher		35,723.07
	Eagle Claims mgmt		608.67
	TASC Flex-Admin fees		918.54
	EFS		6243.21
	MISDU		326.44
	MDCH 11003.00.00	<	278,648.75 >
	MERS 63310.60.10 $42600.00 63310.30.10 $1890.00		6090.00
	Health Equity 25000.00.00		399.98
		* <	228,333.84 >

7

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 3-29-23

#9

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5437

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 4/5/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	A/P Voucher		259,263.48
	Eagle Claims Mgmt		1601.05
	GFS		497a.40
	Flex Wages #11099-00.00		11,118.08
	MERS DC #2200.10.10		7609.70
		*	284567.66 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: E S Burd 4/5/23

#10

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5438

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 4/12/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	ALP Voucher		100,031.53
	Eagle Claims Mgmt		784.18
	TASC Flex		312.39
	GFS		4095.02
	MERS		125,185.21
	MDCH QAA 2 MIA		92,881.24
	MISDU		326.44
		*	326,449.11 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: E S Ball 4/12/23

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

#11

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5439

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 4/12/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	P/R Voucher		625,449.72
	Less: County P/R W/H	<	171,241.04 >
		*	454,208.68 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: E & Ball 4/12/23

#12

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5440

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 4/19/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	AIP Voucher		208,282.00
	Eagle Claims mgmt		607.06
	GFS		2331.24
	Health Equity		3249.98
	~~Flex Wage #11095.000~~		291.50
	Flex Wage #11099-00.00		15,018.34
	GTP Operating Cash	<	239.00 >
			* 229,521.12*

229,279.62

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 4/19/23

#12-2

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5441

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 4/24/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	AIP Voucher		355,622.19 -
	Bank Charges		1414.25 -
	Eagles Claims Mgmt		200.77 -
	TASC Flex		3117.39 -
	GFS		4098.68 -
	MERS Retire # 623106-0-10 623106-30-10	$4200.00 91890.00	6090.00 -
	HealthEquity		3249.98 -
	MISDU		326.44 -
	MERS DC #64200-12-10		7508.81 -
	MERS DC #64200-12-10		7827.54 -

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

* 389,456.05 *

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 4-26-23

12-3

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5442

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 4/26

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	PIR Voucher. ~~Perfect~~		622,51386
	Less: County PIR W/H	<	170,818.35 7
	Bank fees		46.91
	Flex Ways fees		241.50
			$ 452,013.92

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 4/26/13

12-4

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5445

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 5/3/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	P/R Voucher - Perfect Attendance		4797.73 ✓
	Less: County P/R w/H	<	697.73 ✓
		*	4100.00 ✓ *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Judy Ward, Finance Director 5-3-23

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

12-5

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5444

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 5/3/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	A/P voucher		215,744.26
	Eagle Claims mgmt		205.23
	GFS		5601.46
	MERS DC #62200-10.10		37.87
		*	221,588.62 *

7

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 5-3-23

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE 12-6

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5447

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 5/10/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	P/R Voucher		583,235.99
	Less: County P/R W/H	<	160,079.89]
		*	423,156.10 *

VENDOR # 0307110

INVOICE # _____

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL: _____

DATE & TIME RQD BY: _____

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 5-10-23

12-7

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5446 -

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 5/10/23 -

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	AP VOUCHER		90,180.53 ✓
	ARPA Grant Transfered to AP Account	<	256,515.00 ✓
	Eagle Claims mgmt		660.35 ✓
	TASC Flex		311.39 ✓
	GFS		3200.11 ✓
	MDCH QAA 82,487.40 ✓ QMIA 10,393.85 ✓		92,881.25 ✓
	MDCH 1/6 of QAA + QMIA		92,881.25 ✓
	Health Equity		329.98 ✓
	Flex Wage #1099-00-00		16,155.85
	MISDU		336.44 ✓
	MERS DC #62200-10-10		7450.64 ✓
			* 53,588.82 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 5-10-23

12-8

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5448

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 5/17/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	A/P Voucher		142,846.14
	Eagle Claims mgmt		818.17
	GFS		483.30
	MERS #1100200 00		107,646.00
	Flex Wage		~~248.50~~
	GTP Operating Cash	<	239.00
		*	~~251,809.11~~ *

* ~~251,555.61~~ *

251,555.21

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 5-17-23

#13

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5450

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 5/24/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	PIR Voucher		595,150.19 -
	Less: County PIR W/H	<	162,725.29 >
	Flex Wage		218.50 -
		*	432,643.40 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 5/24/23

#14

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5449

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 5/25/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	A/P voucher		176,122.63
	Eagle Claims Mgmt		2650.04
	GFS		
	TASC Flex		3117.39
	MISDV		326.44
	MERS DC #62200-10.10		7941.99
	Health Equity		3519.98
	Flex Wage #11099-00.00		12,156.50
	MERS Retirement 62310.60.10 62310.30.10	4200.00 1890.00	6090.00

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

* 211,954.97 *

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 5-25-23

DISBURSEMENT VOUCHER #15
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5452

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 6/1/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	AIP voucher		43481.28
	Bank Charges		1815.28
	Eagle Claims mgmt		2018.10
	GFS		861.57
	Fore Front Healthcare #64000 5010		273,214.81
		*	321,344.04 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 6-1-23

#16

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5454

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 6/7/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	P/R Voucher		651,463.75
	Less: County P/R W/H	<	182,315.44 >
		*	469,148.31 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: E S Bell 6/7/23

#17

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5453

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 6/7/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	AP VOUCHER		242,145.04
	Eagle Claims mgmt		98.29 ✓
	TASC Flex		3160.24 ✓
	Health Equity		3549.98 ✓
	GFS		1598.58 ✓
	MDCH QAA 82,487.40 #1002.00.00 QMIA 10,393.85		92,881.25 ✓
	MISDU		396.44 ✓
	Flex Wage #11099-00.00		11,075.35 ✓
	MERS DC #62200-10-10		8,420.93 ✓
	MDCH 1/6 of QAA & QMIA		92,881.26 ✓
			* 456,137.36 ✓

VENDOR # 0307110

INVOICE # _____

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL: _____

DATE & TIME RQD BY: _____

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: E S Ball 6/7/23

#18

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5455

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 6/14/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	A/P voucher		47,386.49 ✓
	Eagle Claims Mgmt		2604.35 ✓
	GFS		4116.59 ✓
	MERS		106,467.58 ✓
	MERS		111.327
		*	156,347.10 *

160,463.69

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: E Bell 6/14/23

#19

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5456

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 6/21/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	AP Voucher		81,908.98
	Bank Charges		1695.61
	Eagle Claims Mgmt		831.56
	GFS		4130.45
	TASC Flex		3160.24
	GTP Operating Cash	<	389.007
	~~MERS~~		~~106,356.98~~
	~~MERS~~		~~1969.33~~
	MERS # 62310-60-10 4200.00 62310-30-10 1890.00		6090.00
	MERS DC # 62200-10-10		8316.27
	MISDU		326.44
			3549.98

VENDOR # 0307110 HealthEquity

INVOICE # _____

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL: _____

DATE & TIME RQD BY: _____

* ~~217,246.12~~ *
* 109,620.53 *

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 6-21-23

#21

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5457

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 6/21/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	PIR Voucher		629,137.93
	Bank Charges		29.77
	Less: County PIR W/H	<	171,704.29)
	Flex Wage		259.00
		*	457,722.41 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 6/21/23

#20

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5458

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 6/28/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	AIP voucher		307,459.54 -
	Bank Charges		1,695.61 -
	Eagle Claims mgmt		282.32 -
	GFS		2588.54 -
	ForeFront Healthcare		273,214.81 -
	#64000.50.10		
	TASC		787.32 -
	Flex wage		18,190.24 -
		*	604,218.38 *
			7

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 6-28-23

#22

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5461

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 7/5/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	PIR Voucher		609,719.72
	Less: County PIR W/H	<	165,812.47]
		*	443,907.25 +

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 7-5-23

#23

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5460-

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 7/5/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	AP voucher		260,663.93
	Eagle Claims		715.59
	TASC Flex		3074.84
	GFS		4147.87
	MDCH QAA 82,481.40 # 11003.00-00 QMIA 10,595.85		92,881.25
	MDCH 1/6 of QAA+QMIA		92,881.25
	Health Equity		3549.98
	GTP operating Cash	<	50.00 7
	MISDU		552.44
	MERS DC		8411.11

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

* 466,828.27 *

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 7-5-23

#23

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5463

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 7/12/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	P/R VOUCHER - Quarterly Perfect Attendance		5376.88
	Less: County P/R W/H	<	776.88 >
		*	4600.00 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Lindsey Dood, Finance Director 7/12/23

#24

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5462

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 7/12/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	AP Voucher		103,775.28
	Eagle Claims Mgmt		4587.99
	TASC		
	GFS 7/7/23		4649.83
	GFS 7/12/23		456653
	MERS		109,338.33
	MERS DC #62200-10-10		59.51
		*	226,771.47 *

7

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Jeffrey Dahl, Finance Director 7/12/23

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

#25

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5465

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 7/19/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	P/R Voucher		618,638.52
	Less: County P/R W/H	<	169,184.22
	Bank Fees. Payroll		27.32
	Flexwage Fees - Payroll		266.00
		*	449,747.62 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

449,747.62

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 7-19-23

#26

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5464

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 7/19/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	AIP voucher		179,835.22 ✓
	Bank fees		1416.59 ✓
	Eagle Claims mgmt		770.97 ✓
	TASC Flex		3074.82 ✓
	GFS		1660.85 ✓
	GTP operating cash	<	239.00 ✓
	MISDU		415.20 ✓
	Flex wage		15,337.08 ✓
	~~Flex wage Solutions~~		
	Health Equity		3549.98 ✓
	MERS 62310.60.10		4200.00 ✓
	62310.30.10		1890.00 ✓
	MERS DC #62310-10-10		8476.49 ✓
		*	213,388.20

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 7-19-23

#27

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5466 ✓

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 7/26/23 ✓

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	AIP Voucher		94,883.39 ✓
	Eagle Claims mgmt		255.15 ✓
	EFS		3236.14 ✓
	ForeFront Healthcare		273,214.81
	#64000-50-10 $213,131.86		
	#64000-50-40 $60,083.95		
		*	371,589.49 *

7

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Manager 7/26/23

#28

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5469

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 8/2/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	P/R Voucher		603,916.55
	Less: County P/R W/H	<	163,773.93 ?
		*	440,142.62 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: [signature] Finance Director 8/2/23

#29

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5468 -

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 8/2/23 -

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	AP Voucher		205941.00 ✓
	Eagle Claims mgmt		767.78 ✓
	TASC Flex		3,074.82 ✓
	GFS		2548.57 ✓
	Flex Wage #1099-00-00		11,578.52
	Health Equity		3699.98 ✓
	MISDU		326.44 ✓
		*	227937.11 *

7

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: J Fendry Dept. Fiscal Director 8/2023

#30

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5471

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 8/9/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	A/P Voucher		77,423.77
	Eagle Claims Mgmt		1,910.04
	GFS		3,643.18
	MERS DC		7,983.24
	MERS		107,117.38
	MDCH $82,487.40 10,393.85 #11002 00.a		92,881.25
	MDCH QAA QMIA 1/6 payments		92,881.26
		*	383840.12 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: [signature] 8/9/23

#31

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5472

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 8/16/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	P/R Voucher		623,342.36
	Less: County P/R W/H	<	171,213.65 ?
		*	452,128.71 +

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 8-16-23

DISBURSEMENT VOUCHER
COUNTY OF GRAND TRAVERSE

#32

Grand Traverse Pavilions/Grand Traverse Medical Care
Name of Department

VOUCHER NO: 5471 -

TO: Grand Traverse Pavilions/Grand Traverse Medical Care

DATE: 8/16/23

ADDRESS: 1000 Pavilions Circle, Traverse City, MI 49684

Date	Items	Amount	Total
	ALP Voucher		85609.41 -
	Eagle Claims mgmt		401.37 -
	TASC Flex		3074.82 -
	GFS		348.75 -
	MISDU		326.44 -
	Health Equity		3699.98 -
	MERS 62310-60-10 $4200.00 62310-30-10 $1890.00		6090.00 -
	MERS DC 62200-10-10		8414.65 -
		*	111,035.42 *

VENDOR # 0307110

INVOICE #

DIST. CODE: 291-671-96399

STATUS B/P APPROVAL:

DATE & TIME RQD BY:

Extensions and Footings Correct		It is hereby certified that the above account is true and correct and that no part of the same has been paid.
Prices and Terms Correct		
		Signed: Finance Director 8/16/23

Accounting Date	Translated Debit Amount	Translated Credit Amount	Description	Running Cash Balance
Beginning Balance 2/28/23				**1,497,137.56**
3/1/2023	324,840.70	0.00	AP	1,172,296.86
3/1/2023	603,286.29	0.00	Payroll	569,010.57
3/1/2023	0.00	179,644.61	Transfer from Pav Ap	748,655.18
3/2/2023	0.00	2,499.86	medical reim	751,155.04
3/3/2023	0.00	6,056.46	medical reim	757,211.50
3/6/2023	0.00	159.30	medical reim	757,370.80
3/8/2023	1,967.00	0.00	NSF	755,403.80
3/8/2023	227,293.21	0.00	AP	528,110.59
3/9/2023	0.00	349.75	medical reim	528,460.34
3/14/2023	0.00	137.92	Deposit	528,598.26
3/14/2023	0.00	198,723.62	Remote capture	727,321.88
3/15/2023	57,866.11	0.00	AP	669,455.77
3/15/2023	0.00	1,277.92	NSF	670,733.69
3/15/2023	0.00	11,851.59	medical reim	682,585.28
3/15/2023	605,845.09	0.00	Payroll	76,740.19
3/17/2023	0.00	340,069.97	Remote capture	416,810.16
3/20/2023	0.00	107.88	medical reim	416,918.04
3/20/2023	0.00	533,282.41		950,200.45
3/20/2023	0.00	127,889.62	medical reim	1,078,090.07
3/21/2023	0.00	180,279.80	Remote capture	1,258,369.87
3/22/2023	0.00	169.40	Aetna	1,258,539.27
3/23/2023	822,637.09	0.00	AP	435,902.18
3/24/2023	0.00	70,785.41	medical reim	506,687.59
3/24/2023	0.00	90,413.72	Remote capture	597,101.31
3/29/2023	228,333.84	0.00	AP	368,767.47
3/29/2023	639,186.58	0.00	Payroll	(270,419.11)
3/30/2023	0.00	11,993.48	medical reim	(258,425.63)
3/31/2023	0.00	8.28	Deposit	(258,417.35)
3/31/2023	0.00	130,026.45	Remote capture	(128,390.90)
	3,511,255.91	**1,885,727.45**	(1,625,528.46)	
			64,945.61	Adjustment
			(1,560,582.85)	(63,445.29)

Accounting Date	Translated Debit Amount	Translated Credit Amount	Description	Running Cash Balance
4/4/2023	0.00	237.52	Aetna (ins reimb)	(63,207.77)
4/5/2023	284,567.66	0.00	AP Voucher	(347,775.43)
4/5/2023	0.00	36,961.70	State Reimb	(310,813.73)
4/5/2023	0.00	36,951.77	State Reimb	(273,861.96)
4/10/2023	0.00	84,077.60	Remote Capture	(189,784.36)
4/10/2023	0.00	28.00	Deposit	(189,756.36)
4/12/2023	0.00	216,314.09	Transfer from PAV AP	26,557.73
4/12/2023	0.00	537.79	State Reimb	27,095.52
4/12/2023	0.00	456,667.68		483,763.20
4/13/2023	625,449.72	0.00	Payroll	(141,686.52)
4/13/2023	326,449.11	0.00	AP Voucher	(468,135.63)
4/14/2023	0.00	239,067.87	Remote Capture less	(229,067.76)
4/14/2023	0.00	401.00	Deposit	(228,666.76)
4/17/2023	0.00	646,382.54	State Reimb	417,715.78
4/20/2023	229,279.62	0.00	AP Voucher	188,436.16
4/21/2023	0.00	92.04	Deposit	188,528.20
4/21/2023	0.00	214,012.08	Remote Capture	402,540.28
4/24/2023	45,746.25	0.00		356,794.03
4/24/2023	256,737.50	0.00		100,056.53
4/27/2023	389,456.05	0.00	Pavilions AP	(289,399.52)
4/27/2023	622,832.27	0.00	Payroll	(912,231.79)
4/27/2023	625,449.72	0.00	Pavilions Payroll	(1,537,681.51)
4/27/2023	0.00	866.14	Medical Reimb	(1,536,815.37)
4/27/2023	0.00	191.13	Medical Reimb	(1,536,624.24)
4/27/2023	0.00	625,449.72		(911,174.52)
4/28/2023	0.00	260,018.87	State Reimb	(651,155.65)
4/29/2023	0.00	1,299.00	State Reimb	(649,856.65)
4/29/2023	0.00	135,609.08	State Reimb	(514,247.57)
	3,405,967.90	**2,955,165.62**	(450,802.28)	

Accounting Date	Translated Debit Amount	Translated Credit Amount	Description	Running Cash Balance
5/2/2023	0.00	213,977.58	transfer from Pav	(300,269.99)
5/3/2023	0.00	38,885.80	National Govt	(261,384.19)
5/3/2023	4,797.73	0.00		(266,181.92)
5/4/2023	221,588.82	0.00		(487,770.74)
5/4/2023	0.00	58,278.65		(429,492.09)
5/4/2023	0.00	13,090.36	medical reimb	(416,401.73)
5/5/2023	0.00	5,954.73	State Reimb	(410,447.00)
5/8/2023	0.00	79,418.98	Remote capture	(331,028.02)
5/8/2023	0.00	6,472.91	medical reimb	(324,555.11)
5/8/2023	0.00	67.23	Deposit	(324,487.88)
5/10/2023	0.00	2,324.47	Deposit	(322,163.41)
5/11/2023	0.00	210.50	Deposit	(321,952.91)
5/11/2023	0.00	174,659.37	Remote capture	(147,293.54)
5/11/2023	583,235.99	0.00	Payroll	(730,529.53)
5/11/2023	53,588.81	0.00		(784,118.34)
5/12/2023	500.00	0.00		(784,618.34)
5/12/2023	0.00	662,112.01	State Reimb	(122,506.33)
5/16/2023	0.00	117.88	medical reimb	(122,388.45)
5/16/2023	0.00	408.33	medical reimb	(121,980.12)
5/17/2023	0.00	14,544.13	State Reimb	(107,435.99)
5/18/2023	251,555.21	0.00		(358,991.20)
5/19/2023	0.00	13.33	Deposit	(358,977.87)
5/19/2023	0.00	148,153.72	Remote capture	(210,824.15)
5/23/2023	0.00	650.99	medical reimb	(210,173.16)
5/24/2023	595,398.69	0.00	Payroll	(805,571.85)
5/25/2023	211,954.97	0.00	AP	(1,017,526.82)
5/25/2023	0.00	18,289.00	Remote capture	(999,237.82)
5/26/2023	0.00	220,953.26	State Reimb	(778,284.56)
5/26/2023	0.00	79,537.60	Remote capture	(698,746.96)
5/26/2023	0.00	1,024.00	Deposit	(697,722.96)
5/30/2023	0.00	260.67	medical reimb	(697,462.29)
5/30/2023	0.00	9,626.11	medical reimb	(687,836.18)
5/30/2023	0.00	69.15	medical reimb	(687,767.03)
5/31/2023	0.00	102,912.09	Remote capture	(584,854.94)
5/31/2023	0.00	39.73	medical reimb	(584,815.21)
5/31/2023	0.00	30.79	Deposit	(584,784.42)
	1,922,620.22	**1,852,083.37**	(70,536.85)	

Accounting Date	Translated Debit Amount	Translated Credit Amount	Description	Running Cash Balance
6/1/2023	321,344.04	0.00	AP	(906,128.46)
6/1/2023	0.00	199,889.93	Transfer from Pav AP	(706,238.53)
6/2/2023	0.00	49,097.30	medical reimb	(657,141.23)
6/5/2023	0.00	38,706.80	State Reimb	(618,434.43)
6/6/2023	0.00	19.50	medical reimb	(618,414.93)
6/8/2023	651,463.75	0.00	Payroll	(1,269,878.68)
6/8/2023	456,137.36	0.00		(1,726,016.04)
6/8/2023	0.00	41,190.94	State Reimb	(1,684,825.10)
6/9/2023	0.00	179.69	State Reimb	(1,684,645.41)
6/9/2023	0.00	95,518.78	Remote capture	(1,589,126.63)
6/9/2023	0.00	395.73	medical reimb	(1,588,730.90)
6/9/2023	0.00	282.25	Deposit	(1,588,448.65)
6/12/2023	0.00	3,005.64	medical reimb	(1,585,443.01)
6/12/2023	0.00	2,268.18	medical reimb	(1,583,174.83)
6/12/2023	0.00	7,420.08	medical reimb	(1,575,754.75)
6/15/2023	160,463.69	0.00	AP	(1,736,218.44)
6/15/2023	0.00	681.79	medical reimb	(1,735,536.65)
6/19/2023	0.00	61.17	Deposit	(1,735,475.48)
6/19/2023	0.00	654,662.65	State Reimb	(1,080,812.83)
6/19/2023	0.00	240,207.36	Remote capture	(840,605.47)
6/21/2023	0.00	129,593.06	Remote capture	(711,012.41)
6/21/2023	0.00	84.50	Deposit	(710,927.91)
6/21/2023	109,620.53	0.00	AP	(820,548.44)
6/27/2023	0.00	205.95	medical reimb	(820,342.49)
6/27/2023	0.00	338.12	medical reimb	(820,004.37)
6/28/2023	0.00	5,283.26	medical reimb	(814,721.11)
6/29/2023	604,218.38	0.00	AP	(1,418,939.49)
6/30/2023	0.00	193,209.20	State Reimb	(1,225,730.29)
6/30/2023	0.00	16,891.36	medical reimb	(1,208,838.93)
6/30/2023	0.00	41.00	Deposit	(1,208,797.93)
6/30/2023	0.00	41,701.24	State Reimb	(1,167,096.69)
6/30/2023	0.00	39,359.84	Deposit	(1,127,736.85)
6/30/2023	0.00	75,291.43	Remote capture	(1,052,445.42)
6/30/2023	629,426.70	0.00	Payroll	(1,681,872.12)
	2,932,674.45	**1,835,586.75**	(1,097,087.70)	

Accounting Date	Translated Debit Amount	Translated Credit Amount	Description	Running Cash Balance
7/3/2023	0.00	181,446.55	Transfer from Pav AP	(1,500,425.57)
7/5/2023	609,719.72	0.00	Payroll	(2,110,145.29)
7/5/2023	0.00	18.33	medical reimb	(2,110,126.96)
7/5/2023	0.00	4,921.61	State Reimb	(2,105,205.35)
7/6/2023	0.00	81.15	medical reimb	(2,105,124.20)
7/6/2023	466,828.27	0.00	AP	(2,571,952.47)
7/7/2023	0.00	757.66	State Reimb	(2,571,194.81)
7/7/2023	0.00	65,369.81	Remote capture	(2,505,825.00)
7/7/2023	0.00	7.22	Deposit	(2,505,817.78)
7/11/2023	5,376.88	0.00	Payroll	(2,511,194.66)
7/12/2023	226,771.47	0.00	AP	(2,737,966.13)
7/12/2023	0.00	16,999.56	State Reimb	(2,720,966.57)
7/14/2023	0.00	471,496.14	Remote capture	(2,249,470.43)
7/17/2023	0.00	7,763.87	medical reimb	(2,241,706.56)
7/17/2023	0.00	592,282.28	Medicare	(1,649,424.28)
7/18/2023	0.00	117.00	medical reimb	(1,649,307.28)
7/18/2023	0.00	314.51	medical reimb	(1,648,992.77)
7/20/2023	213,388.20	0.00	AP	(1,862,380.97)
7/20/2023	618,931.84	0.00	Payroll	(2,481,312.81)
7/21/2023	0.00	240.64	Deposit	(2,481,072.17)
7/21/2023	0.00	158,898.63	Remote capture	(2,322,173.54)
7/26/2023	371,589.49	0.00	AP	(2,693,763.03)
7/28/2023	96,806.25	0.00		(2,790,569.28)
7/28/2023	0.00	189.32	Deposit	(2,790,379.96)
7/28/2023	0.00	49,358.57	Remote capture	(2,741,021.39)
7/31/2023	0.00	835.53	medical reimb	(2,740,185.86)
7/31/2023	0.00	61,701.46	Remote capture	(2,678,484.40)
7/31/2023	0.00	193,209.20	State Reimb	(2,485,275.20)
	2,609,412.12	**1,806,009.04**	(803,403.08)	

Accounting Date	Translated Debit Amount	Translated Credit Amount	Description	Running Cash Balance
8/2/2023	0.00	189,518.06	Reimbursement	(2,295,757.14)
8/3/2023	227,937.11	0.00	AP	(2,523,694.25)
8/3/2023	603,916.55	0.00	Payroll	(3,127,610.80)
8/3/2023	0.00	1.29	city reimb	(3,127,609.51)
8/3/2023	0.00	40,528.45	medical reimb	(3,087,081.06)
8/4/2023	0.00	46,872.95	Remote capture	(3,040,208.11)
8/4/2023	0.00	166.00	Deposit	(3,040,042.11)
8/7/2023	0.00	39,920.07	State reimb	(3,000,122.04)
8/7/2023	0.00	13,717.52	medical reimb	(2,986,404.52)
8/8/2023	0.00	7,314.31	medical reimb	(2,979,090.21)
8/10/2023	383,840.12	0.00	AP	(3,362,930.33)
8/10/2023	0.00	148,540.51		(3,214,389.82)
8/10/2023	0.00	156.90	Deposit	(3,214,232.92)
8/10/2023	148,540.51	0.00		(3,362,773.43)
8/10/2023	0.00	148,383.61		(3,214,389.82)
8/10/2023	148,383.61	0.00		(3,362,773.43)
8/10/2023	0.00	142,133.61		(3,220,639.82)
8/14/2023	19.00	0.00		(3,220,658.82)
8/15/2023	0.00	225.00	medical reimb	(3,220,433.82)
8/16/2023	111,025.42	0.00	AP	(3,331,459.24)
8/16/2023	623,342.36	0.00	Payroll	(3,954,801.60)
8/28/2023	320,708.50	0.00		(4,275,510.10)
8/30/2023	458,681.81	0.00	AP	(4,734,191.91)
	3,026,394.99	**777,478.28**		

Monthly Net Activity

Period	Amount	
Beginning Balance		3502390.83
P01 Jan	(1290491.35)	2211899.48
P02 Feb	(714761.92)	1497137.56
P03 Mar	(1560582.85)	(63445.29)
P04 Apr	(450802.28)	(514247.57)
P05 May	(70536.85)	(584784.42)
P06 Jun	(1097087.70)	(1681872.12)
P07 Jul	(803403.08)	(2485275.20)
P08 Aug	(2248916.71)	(4734191.91)