CASH REQUIREMENT

COMMISSIONERS COURT OF BURNET COUNTY
MEETING IN REGULAR/SPECIAL SESSION ON APRIL 1, 2026
HEREBY APPROVES THE ATTACHED CLAIMS
FOR PAYMENT ON APRIL 1, 2026

TOTAL FUNDS **$31,470.84**

BRYAN WILSON
COUNTY JUDGE

Vicinta Stafford
ATTEST: COUNTY CLERK

Burnet County, TX

Expense Approval Register

Packet: AP 25465 - PAID CLAIMS CCT 4.1.26

Vendor Name	Payable Number	Post Date	Description (Item)	Account Number	Amount
Fund: 170 - INDIGENT HEALTH CARE					
Vendor: BAYLOR SCOTT & WHITE CLINICS					
BAYLOR SCOTT & WHITE CLI	3/25/26	04/01/2026	IHC-PHYSICIAN SVC NON EM	170-6350-7000	1,114.86
			Vendor BAYLOR SCOTT & WHITE CLINICS Total:		**1,114.86**
Vendor: CENTURY INTEGRATED PARTNERS, INC.					
CENTURY INTEGRATED PART	3/25/26	04/01/2026	IHC-PHYSICIAN SVC NON EM	170-6350-7000	107.42
			Vendor CENTURY INTEGRATED PARTNERS, INC. Total:		**107.42**
Vendor: MEDIMPACT HEALTHCARE SYSTEMS, INC.					
MEDIMPACT HEALTHCARE SY	3/25/26	04/01/2026	IHC-PRESCRIPTIONS	170-6350-7010	96.72
			Vendor MEDIMPACT HEALTHCARE SYSTEMS, INC. Total:		**96.72**
Vendor: SCOTT & WHITE MEMORIAL HOSPITAL					
SCOTT & WHITE MEMORIAL	3/25/26	04/01/2026	IHC-HOSPITAL IN/OUTPATIEN	170-6350-7030	30,117.89
			Vendor SCOTT & WHITE MEMORIAL HOSPITAL Total:		**30,117.89**
Vendor: SETON BURNET HEALTHCARE CENTER					
SETON BURNET HEALTHCARE	3/25/26	04/01/2026	IHC-PHYSICIAN SVC NON EM	170-6350-7000	33.95
			Vendor SETON BURNET HEALTHCARE CENTER Total:		**33.95**
			Fund 170 - INDIGENT HEALTH CARE Total:		**31,470.84**
			Grand Total:		**31,470.84**

Fund Summary

Fund	Expense Amount
170 - INDIGENT HEALTH CARE	31,470.84
Grand Total:	**31,470.84**

Account Summary

Account Number	Account Name	Expense Amount
170-6350-7000	PHYSICIAN NONEMERG	1,256.23
170-6350-7010	PRESCRIPTION DRUGS	96.72
170-6350-7030	HOSPITAL OUTPATIENT	30,117.89
	Grand Total:	**31,470.84**

Project Account Summary

Project Account Key	Expense Amount
None	31,470.84
Grand Total:	**31,470.84**