

Payment Information

Texas Identification Number	Mail Code	Payment Number	Payment Type	Paying Agency	Total
17460007176	060	1479413	DD	529	143382.55
Document Number	Invoice Number	Invoice Description	Invoice Amount	Interest Amount	
9SA10934	PC1274C VOUCHERID:15603	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2016	-254.00	0.00	
9SA10934	PC1274C VOUCHERID:15603	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2016	5,080.00	0.00	
9SA10934	PC1274C VOUCHERID:15603	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2016	-7,292.45	0.00	
9SA10934	PC1274C VOUCHERID:15603	MEDICAID ADMINISTRATIVE CLAIMS (MAC) OCTOBER - DECEMBER 2016	145,849.00	0.00	

09-29-2017

For 01/01/16 - 01/31/17

Revenue Summary Report

FJRES01A

Periods 01 - 13

Standard Report Format

1001 - Starndard Report Spec

<u>Account No/Description</u>	<u>Budget Amount</u>	<u>Period Amount</u>	<u>Y-T-D Amount</u>	<u>Balance</u>	<u>Percent Received</u>
1293 HEALTH DEPARTMENT GRANTS					
6-1293-345-40-340-059-0-000 MAC PROGRAM INCOME	.00	45,364.79	45,364.79	-45,364.79	.00
1293 HEALTH DEPARTMENT GRANTS	.00	45,364.79	45,364.79	-45,364.79	.00
6 YEAR 2016	.00	45,364.79	45,364.79	-45,364.79	.00