

**Summary of Additional Transactions**  
**November 13, 2023**

<b>Type</b>	<b>Number of Transactions</b>	<b>Sum of Transactions</b>
Addendum(s)	0	\$ -
Wire(s)	1	\$ 3,689.00
Quick Payments	1	\$ 2,605.00
Imprest Acct Payment(s)	2	\$ 154.00
Benefit Payment(s)	1	\$ 944,000.00
<b>TOTAL</b>	<b>5</b>	<b>\$ 950,448.00</b>

**WIRE TRANSFERS**

**November 13, 2023**

<b>WIRED TO:</b>	<b>WIRE DATE:</b>	<b>PURPOSE</b>	<b>AMOUNT</b>
Williamson County	11/9/2023	Cash Replenishment, Imprest Fund, SHF	\$3,689.00
		<b>TOTAL</b>	<b>\$3,689.00</b>

**QUICK PAYMENTS**

**November 13, 2023**

Oxford House Creekmont	11/9/2023	Sober Living Housing for TW, Family Drug Court Grant	\$2,605.00
<b>TOTAL</b>			<b>\$2,605.00</b>

## IMPREST ACCT PAYMENTS

**November 13, 2023**

Williamson Cty GL/Auto Imprest x154	11/8/2023 Oct 23, GB Auto/Liab Imprest Fund Replenishment	\$140.00
Williamson Cty Workers Comp Imprest x074	11/8/2023 Oct 23, Workers Comp Imprest Fund Replenishment, Risk Claims	\$14.00
	<b>TOTAL</b>	<b>\$154.00</b>

## Supplier Payment History Report

Page: 1

Supplier Type: All

Payment Start Date: 08-NOV-23

Payment End Date: 13-NOV-23

Supplier: UNITED HEALTHCARE SERVICES INC

Number: 43075

Site: E-CLAIMS

Address: ATTN CORPORATE TAX MN008-T390, MINNETONKA, MN, 55343

## Payment

Account Name	Payment Number	Payment Date	Currency	Payment Amount	Functional Amount	Void Date
--------------	----------------	--------------	----------	----------------	-------------------	-----------

WELLS FARGO	3051373	13-NOV-23	USD	944,000.00	944,000.00	
-------------	---------	-----------	-----	------------	------------	--

Site Total:	944,000.00
-------------	------------

Supplier Total:	944,000.00
-----------------	------------

=====