

Summary of Additional Transactions
May 21, 2024

| Type | Number of Transactions | Sum of Transactions |
|-------------------------|-------------------------------|----------------------------|
| Addendum(s) | 0 | \$ - |
| Wire(s) | 2 | \$ 3,146.92 |
| Quick Payments | 0 | \$ - |
| Imprest Acct Payment(s) | 1 | \$ 32,259.50 |
| Benefit Payment(s) | 1 | \$ 356,948.14 |
| TOTAL | 4 | \$ 392,354.56 |

WIRE TRANSFERS

May 21, 2024

| WIRED TO: | WIRE DATE: | PURPOSE | AMOUNT |
|-----------------------------|-------------------|---|-------------------|
| Wells Fargo Bank NA | 5/27/2024 | Credit Card Funded Utilities, APR 24, Various | \$3,008.92 |
| Williamson Cty Tax Assessor | 5/20/2024 | Inspection Fees, Fleet | \$138.00 |
| | | TOTAL | \$3,146.92 |

IMPREST ACCT PAYMENTS

May 21, 2024

| VENDOR | DATE | PURPOSE | AMOUNT |
|--|-------------|--|--------------------|
| Williamson Cty Workers Comp Imprest x074 | 5/15/2024 | Paid Losses through May 1/24, Workers Comp Prefunding, Risk Claims | \$32,259.50 |
| | | TOTAL | \$32,259.50 |

Supplier Payment History Report

Supplier Type: All
Payment Start Date: 15-MAY-24
Payment End Date: 21-MAY-24

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 | 3054617 | 20-MAY-24 | USD | 356,948.14 | 356,948.14 | |
| | | | | | ----- | |
| | | | | Site Total: | 356,948.14 | |
| | | | | | ----- | |
| | | | | Supplier Total: | 356,948.14 | |
| | | | | | ===== | |
| | | | | Report Total: | 356,948.14 | |