

**Summary of Additional Transactions**  
**October 15, 2024**

<b>Type</b>	<b>Number of Transactions</b>	<b>Sum of Transactions</b>
Addendum(s)	0	\$ -
Wire(s)	3	\$ 30,570.00
Quick Payments	0	\$ -
Imprest Acct Payment(s)	3	\$ 28,175.43
Benefit Payment(s)	1	\$ 698,010.86
<b>TOTAL</b>	<b>7</b>	<b>\$ 756,756.29</b>

**WIRE TRANSFERS**

**October 15, 2024**

<b>WIRED TO:</b>	<b>WIRE DATE:</b>	<b>PURPOSE</b>	<b>AMOUNT</b>
Williamson County	10/11/2024	Jury Replenishment, C/Clk	\$10,900.00
Williamson County	10/14/2024	Jury Replenishment, D/Clk	\$19,580.00
Williamson Cty Tax Assessor	10/15/2024	Inspection Fees, Fleet	\$90.00
<b>TOTAL</b>			<b>\$30,570.00</b>

**IMPREST ACCT PAYMENTS**

**October 15, 2024**

<b>VENDOR</b>	<b>DATE</b>	<b>PURPOSE</b>	<b>AMOUNT</b>
Williamson Cty GL/Auto Imprest x154	10/8/2024	Feb 17/24, Gen/Auto Liability Prefunding	\$10,254.17
Williamson Cty GL/Auto Imprest x154	10/11/2024	Paid Losses Through Sep 30/24, Auto Liability Imprest Fund Replenishment	\$5,353.30
Williamson Cty Workers Comp Imprest x074	10/8/2024	Paid Losses for the month ending Sep 27/24 (additional), Replenish Fund, Risk Claims	\$12,567.96
		<b>TOTAL</b>	<b>\$28,175.43</b>

Supplier Payment History Report

Supplier Type: All

Payment Start Date: 08-OCT-24

Payment End Date: 15-OCT-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	3057821	15-OCT-24	USD	698,010.86	698,010.86	
					-----	
				Site Total:	698,010.86	
					-----	
				Supplier Total:	698,010.86	
					=====	
				Report Total:	698,010.86	