

**Summary of Additional Transactions**  
**12-03-24 & 12-10-24**

<b>Type</b>	<b>Number of Transactions</b>	<b>Sum of Transactions</b>
Addendum(s)	0	\$ -
Wire(s)	5	\$ 10,613.00
Quick Payments	0	\$ -
Imprest Acct Payment(s)	2	\$ 71,478.10
Benefit Payment(s)	2	\$ 788,144.98
<b>TOTAL</b>	<b>9</b>	<b>\$ 870,236.08</b>

**WIRE TRANSFERS****12-03-24 & 12-10-24**

<b>WIRED TO:</b>	<b>WIRE DATE:</b>	<b>PURPOSE</b>	<b>AMOUNT</b>
Williamson County	11/27/2024	Jury Replenishment, D/Crt	\$8,920.00
Williamson County	12/5/2024	Jury Replenishment, JP#3	\$700.00
Williamson County	12/5/2024	Jury Replenishment, JP#1	\$840.00
Williamson Cty Tax Assessor	12/2/2024	Inspection Fees, Fleet	\$33.00
Williamson Cty Tax Assessor	12/9/2024	Inspection Fees, Fleet	\$120.00
		<b>TOTAL</b>	<b>\$10,613.00</b>

**IMPREST ACCT PAYMENTS**

**12-03-24 & 12-10-24**

<b>VENDOR</b>	<b>DATE</b>	<b>PURPOSE</b>	<b>AMOUNT</b>
Williamson Cty Workers Comp Imprest x074	12/9/2024	Paid Losses for the month ending Nov 30/24, Replenish Fund, Risk Claims	\$40,705.38
Williamson Cty Workers Comp Imprest x074	12/9/2024	Paid Losses for the month ending Dec 02/24, Replenish Fund, Risk Claims	\$30,772.72
		<b>TOTAL</b>	<b>\$71,478.10</b>

Supplier Payment History Report

Supplier Type: All

Payment Start Date: 27-NOV-24

Payment End Date: 11-DEC-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
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WELLS FARGO	3059261	29-NOV-24	USD	369,000.00	369,000.00	
WELLS FARGO	3059262	09-DEC-24	USD	419,144.98	419,144.98	
					-----	
				Site Total:	788,144.98	
					-----	
				Supplier Total:	788,144.98	
					=====	
				Report Total:	788,144.98	