

CHECK NUMBER	VENDOR NAME ACCOUNT NUMBER			VEND#	CHECK TYPE	DESCRIPTION	CHECK DATE	INVOICE AMOUNT	CHECK AMOUNT
902980	HEALTHCARE SERVICE CORPORATION						5/06/2009		
12	1993	13	0	325226	E	LOCAL FEES		1,162.80-	
12	1993	14	0	325226	E	LOCAL FEES		7,545.71-	
12	1993	24	0	325226	E	LOCAL FEES		244.80-	
12	1130	2221	0	325226	E	PPO CLAIMS - MEDICAL		115,691.17	
12	1130	2222	0	325226	E	PPO CLAIMS - DRUGS		15,300.78	
12	1130	2223	0	325226	E	PPO - ADMIN FEES		7,221.52	
12	1130	2224	0	325226	E	PPO - ACCESS FEES		3,654.67	
12	1130	2225	0	325226	E	PPO-SPEC STOP LOSS PREM		10,488.00	
12	1130	2231	0	325226	E	HMO CLAIMS - MEDICAL		21,357.54	
12	1130	2232	0	325226	E	HMO CLAIMS - DRUGS		3,882.73	
12	1130	2233	0	325226	E	HMO - ADMIN FEES		1,520.32	
12	1130	2234	0	325226	E	HMO - PHYS. SERV. FEE		9,145.80	
12	1130	2235	0	325226	E	HMO SPEC STOP LOSS PREM		940.48	
CHECK TOTAL*****									180,249.70

CHECK NUMBER	VENDOR NAME ACCOUNT NUMBER	VEND#	CHECK TYPE	DESCRIPTION	CHECK DATE	INVOICE AMOUNT	CHECK AMOUNT
				BD PAID TOTAL A/P	FOR FUND	12	180,249.70
				GRAND TOTAL CASH PAYS			.00
				GRAND TOTAL A/P CHECKS			180,249.70
				GRAND TOTAL VOIDS			.00
				GRAND TOTAL ALL CHECKS			180,249.70

PRESIDENT

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DATE:

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SECRETARY

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DATE:

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