TOM GREEN COUNTY

PAID INVOICES REPORT

CHECK RUN:021825 TO FISCAL 2025/04 10/01/2024 TO 09/30/2025

VENDOR	NAME / DOCUMENT	INV DATE	VOUCHER	PO	CHECK NO	T	CHK DATE	GL ACCOUNT	GL ACCOUNT DESCRIPTION	
3058	LA ESPERANZA CLINIC									
	409953	10/30/24	428064	803	161803	P	02/18/25		INMATE MEDICAL EXPENSE	139.18
	INVOICE: 103024							0001-02-000-042-0000-70511 -		
	VENDOR TOTALS		7,764.70 YTD INVOICED					13,938.08 YTD PAID		139.18
									REPORT TOTALS	139.18

	COUNT	AMOUNT
TOTAL PRINTED CHECKS	1	139.18

** END OF REPORT - Generated by MICHELLE YEADON **