Payee Type: Vendor **Check Type: Check** **Checking Account ID: 1**

Check Number	Check Date	Cleared	Void	Void Date	Entity ID	Entity Name	Check Amount
50400	02/18/2025	X			ADVANTAGEN	ADVANTAGE NURSING SERVICES, INC.	12,022.50
50401	02/18/2025	X			SPHERO	SPHERO	1,241.12
50402	02/20/2025	X			BOSTONJOHN	JOHN HANLEY	12,445.57
50403	02/21/2025	X			COMMERCEBA	COMMERCE BANK-COMM CARDS	10,554.17
50404	02/21/2025	X			AMAZONCAPI	AMAZON CAPITAL SERVICES INC	4,205.95
50405	02/21/2025				MOEDHEALTH	MO ED HEALTH GROUP	76,048.16
50406	02/21/2025	X			UNUMLIFEIN	FIRST UNUM LIFE INS CO	513.92
50407	02/25/2025				AIRMEDCARE	AIR MED CARE	2,644.00
50408	02/28/2025				RPMSIGNSSH	RPM SIGNS & SHIRTS	875.00

Checking Account ID:	1	Void Total:	0.00	Total without Voids:	120,550.39
Check Type Total:	Check	Void Total:	0.00	Total without Voids:	120,550.39
Payee Type Total:	Vendor	Void Total:	0.00	Total without Voids:	120,550.39
	Grand Total:	Void Total:	0.00	Total without Voids:	120,550.39