

PAID INVOICES REPORT

CHECK RUN:LY112724

TO FISCAL 2024/12 10/01/2024 TO 09/30/2025

VENDOR NAME	DOCUMENT	INV DATE	VOUCHER	PO	CHECK NO	T	CHK DATE	GL ACCOUNT	GL ACCOUNT DESCRIPTION	
13603 RYAN L. MONTGOMERY										
	410985	11/06/24	429147	6809	159984	P	11/27/24		INMATE MEDICAL EXPENSE	1,819.10
	INVOICE: 110624							0001-02-000-042-0000-70511	-	
	VENDOR TOTALS		2,031.67	YTD INVOICED				3,215.90	YTD PAID	1,819.10
1235 ANGELO WATER SERVICE COMPANY										
	410972	10/23/24	429132	2784	9009416	E	11/27/24		OFFICE SUPPLIES	16.23
	INVOICE: 112060;102324*1							0001-02-000-021-0000-70301	-	
	VENDOR TOTALS		25,554.37	YTD INVOICED				5,401.79	YTD PAID	16.23
1808 CITY OF SAN ANGELO										
	410973	11/12/24	429134	6790	159985	P	11/27/24		GROUP HOSPITAL INSURANCE	23,727.44
	INVOICE: 111224							0001-01-000-009-0000-60202	-	
	410974	11/06/24	429135	829	159986	P	11/27/24		INMATE MEDICAL EXPENSE	448.24
	INVOICE: 110624							0001-02-000-042-0000-70511	-	
	VENDOR TOTALS		416,988.92	YTD INVOICED				4,792,612.43	YTD PAID	24,175.68
12667 HDR ARCHITECTURE, INC.										
	410977	11/14/24	429138	1395	9009417	E	11/27/24		CAP BUILDING IMPROVEMENTS	221.52
	INVOICE: 1160053389							0001-01-000-140-0000-80504	-	
	410977	11/14/24	429138	1395	9009417	E	11/27/24		CAP BUILDING IMPROVEMENTS	36.92
	INVOICE: 1160053389							0001-01-000-141-0000-80504	-	
	410977	11/14/24	429138	1395	9009417	E	11/27/24		CAP BUILDING IMPROVEMENTS	110.76
	INVOICE: 1160053389							0001-01-000-142-0000-80504	-	
	410977	11/14/24	429138	1395	9009417	E	11/27/24		CAP BUILDING IMPROVEMENTS	36.92
	INVOICE: 1160053389							0001-01-000-144-0000-80504	-	
	410977	11/14/24	429138	1395	9009417	E	11/27/24		CAP BUILDING IMPROVEMENTS	36.92
	INVOICE: 1160053389							0001-01-000-154-0000-80504	-	
	VENDOR TOTALS		23,746.90	YTD INVOICED				886.08	YTD PAID	443.04
20547 MIX IT UP MEDIA LLC										
	411453	09/23/24	429631	6295	159987	P	11/27/24		RECRUITING EXPENSES	320.00
	INVOICE: 62014-000902							0001-02-000-042-0000-70375	-	
	VENDOR TOTALS		.00	YTD INVOICED				3,320.00	YTD PAID	320.00
17512 DANIEL CAPUCHINA VARA										

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410991	INVOICE: 3334	08/13/24	429154	4929	159988	P	11/27/24	0001-02-000-042-0000-70335	AUTO REPAIR, FUEL, ETC -	5,923.55
VENDOR TOTALS		47,802.45 YTD INVOICED			50,909.90 YTD PAID		5,923.55			
4245 SHANNON CLINIC										
411000	INVOICE: 00014*1	06/04/24	429163	2411	159990	P	11/27/24	0001-02-000-042-0000-70511	INMATE MEDICAL EXPENSE -	347.42
411004	INVOICE: 00013*1	04/01/24	429167	2411	159991	P	11/27/24	0001-02-000-042-0000-70511	INMATE MEDICAL EXPENSE -	238.04
411005	INVOICE: 00012*1	02/27/24	429169	2411	159992	P	11/27/24	0001-02-000-042-0000-70511	INMATE MEDICAL EXPENSE -	100.42
411008	INVOICE: 00011*1	02/02/24	429171	2411	159993	P	11/27/24	0001-02-000-042-0000-70511	INMATE MEDICAL EXPENSE -	415.36
411011	INVOICE: 00010*1	01/16/24	429177	2411	159994	P	11/27/24	0001-02-000-042-0000-70511	INMATE MEDICAL EXPENSE -	417.15
411025	INVOICE: 110524	11/05/24	429191	698	159989	P	11/27/24	0001-02-000-042-0000-70511	INMATE MEDICAL EXPENSE -	169.96
411454	INVOICE: 00017	10/23/24	429632	2411	159995	P	11/27/24	0001-02-000-042-0000-70511	INMATE MEDICAL EXPENSE -	2,861.54
411547	INVOICE: 00015*1	07/02/24	429731	2411	159996	P	11/27/24	0001-02-000-042-0000-70511	INMATE MEDICAL EXPENSE -	64.00
VENDOR TOTALS		1,499,008.57 YTD INVOICED			672,800.57 YTD PAID		4,613.89			
4248 SHANNON CLINIC PHARMACY										
411035	INVOICE: 093024	09/30/24	429201	811	159997	P	11/27/24	0001-02-000-042-0000-70511	INMATE MEDICAL EXPENSE -	1,503.14
411456	INVOICE: 090624	09/06/24	429634	811	159997	P	11/27/24	0001-02-000-042-0000-70511	INMATE MEDICAL EXPENSE -	1,369.62
VENDOR TOTALS		4,333.70 YTD INVOICED			8,299.84 YTD PAID		2,872.76			
4251 SHANNON MEDICAL CENTER										
411033	INVOICE: 102824*1	10/28/24	429198	6804	159999	P	11/27/24	0001-02-000-042-0000-70511	INMATE MEDICAL EXPENSE -	2,791.86
411034	INVOICE: 111424	11/14/24	429200	6810	159998	P	11/27/24	0001-02-000-042-0000-70511	INMATE MEDICAL EXPENSE -	1,700.72

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VENDOR TOTALS		1,527,633.00 YTD INVOICED			404,105.46 YTD PAID			4,492.58		
10416 STAPLES INC.										
411457		11/02/24	429635	6618	9009418	E	11/27/24		OFFICE SUPPLIES	21.06
INVOICE:	6016375657							0001-06-000-090-0000-70301	-	
VENDOR TOTALS		136,662.18 YTD INVOICED			39,089.27 YTD PAID			21.06		
4420 STATE COMPROLLER										
411458		11/20/24	429637		160000	P	11/27/24		UNCLAIMED PROPERTY/STATE	101.25
INVOICE:	908226							0077-00-000-000-0000-22078	-	
VENDOR TOTALS		7,237.34 YTD INVOICED			7,929.76 YTD PAID			101.25		
5104 THE WEST TEXAS REHABILITATION CENTER										
411036		11/06/24	429202	6806	9009419	E	11/27/24		INMATE MEDICAL EXPENSE	348.94
INVOICE:	110624							0001-02-000-042-0000-70511	-	
VENDOR TOTALS		19,918.06 YTD INVOICED			5,323.94 YTD PAID			348.94		
									REPORT TOTALS	45,148.08

	COUNT	AMOUNT
TOTAL PRINTED CHECKS	17	44,318.81
TOTAL EFT TRANSFERS	4	829.27

** END OF REPORT - Generated by NICALETTE MATTHIAS-DINES **