

BA ELE	OBJ	ACCOUNT	CURRENT	YEAR-TO-DATE	ENCUM	ANNUAL	UNENCUM.	BDDT
SUB	SUB	DESCRIPTION	ACTUAL	ACTUAL		BUDGET	BALANCE	%
52520	000	HOSPITALS, PHYS., PHARM.	850.00	5,114.20	.00	3,000.00	2,114.20-	170
52525	000	S.O. HOSP., PHYS., PHARM.	780.50	18,015.16	.00	60,000.00	41,984.84	30
		067310 06/08/17 VR 6/07/17	655.50					
		067310 06/08/17 VR 6/07/17	62.50					
		067310 06/08/17 VR 6/07/17	62.50					
52530	000	HOME HEALTH SERVICES NV	*****.00		.00	800.00	800.00	33
52550	000	PAYMENT FOR IND. CARE	*****2,320.75	25,117.25	.00	75,000.00	49,882.75	113
52570	000	CO. PHYSICIAN/MED. DIRECTR	*****.00	1,350.00	.00	1,200.00	150.00-	89
52911	000	REMITTANCE TO O. GOVTS	*****.00	31,249.27	.00	35,000.00	3,750.73	46
DEPT 000	TOTAL	SERVICES & SUPPLIES	3,951.25	80,845.88	.00	175,000.00	94,154.12	46
FUND 004	TOTAL	MEDICAL INDIGENT FUND	3,951.25	80,845.88	.00	175,000.00	94,154.12	46

52525 is Sherife Office for inmates.  
 They do their vouchers, but here's  
 information for inmate medical's pharmacy.  
 I separated the two on the  
 application.

The updated totals are included with this  
 email.

VENDOR# 420

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

Date: August 4,2016 Document Number: \_\_\_\_\_

Pay To: Pershing General Hospital

Address: PO Box 661 Lovelock, Nv 89419

Department: Medical Indigent Account Number: 004-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT
004-000-52550-000	Packet #54	
	#314351	3820 62
	#315036	5908 00
	#315511	1365 50
	#315874	2562 37
	#313778	1819 50
Totals		<b>\$ 15,475 99</b>
Amount allowed by Board of County Commissioners		

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

**APPROVED**  
By Board of County Commissioners

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Official Title:

DATE PAID: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

VENDOR# 420

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

Date: Sept 1, 2016 Document Number: \_\_\_\_\_

Pay To: Pershing General Hospital

Address: PO Box 661 Lovelock, Nv 89419

Department: Medical Indigent Account Number: 004-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52550-000	Packet #55 Acct# 317515	1107	50
Totals		\$ 1,107	50
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

APPROVED

By Board of County Commissioners

\_\_\_\_\_  
Chairman

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title:

DATE PAID: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

VENDOR# 420

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

Date: October 10, 2016 Document Number: \_\_\_\_\_

Pay To: **Pershing General Hospital**

Address: PO Box 661 Lovelock, Nv 89419

Department: Medical Indigent Account Number: 004-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT
004-000-52550-000	Packet #56 Acct# 317691	1337 50
004-000-52550-000	Acct# 318608	1121 00
Totals		\$ 2,458 50
Amount allowed by Board of County Commissioners		

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

**APPROVED**

By Board of County Commissioners

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Official Title:

DATE PAID: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

VENDOR# 420

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

Date: December 1, 2016 Document Number: \_\_\_\_\_

Pay To: **Pershing General Hospital**

Address: PO Box 661 Lovelock, Nv 89419

Department: Medical Indigent Account Number: 004-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT
004-000-52550-000	Packet #57 Acct# 320780	4,162 75
004-000-52550-000	Acct# 321542	2,726 50
004-000-52550-000	Acct# 321573	1,500 00
Totals		\$ 8,389 25
Amount allowed by Board of County Commissioners		

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

**APPROVED**

By Board of County Commissioners

\_\_\_\_\_  
Chairman

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title:

**DATE PAID:** \_\_\_\_\_

**CHECK NUMBER:** \_\_\_\_\_

VENDOR# 420

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

Date: February 2, 2017 Document Number: \_\_\_\_\_

Pay To: Pershing General Hospital

Address: PO Box 661 Lovelock, NV 89419

Department: Medical Indigent Account Number: 004-000-52550-000

ACCOUNT NUMBER	ITEMS		AMOUNT
004-000-52550-000	Packet #58 Acct #323562		1,795 50
Totals			<b>\$1,795 50</b>
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

APPROVED

By Board of County Commissioners

\_\_\_\_\_  
Chairman

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title:

DATE PAID: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

VENDOR# 420

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

Date: March 6, 2017 Document Number: \_\_\_\_\_

Pay To: Pershing General Hospital

Address: PO Box 661 Lovelock, NV 89419

Department: Medical Indigent Account Number: 004-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52550-000	Packet #59 Acct #324723	2120	50
Totals		<b>\$2120</b>	<b>50</b>
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

**APPROVED**  
By Board of County Commissioners

\_\_\_\_\_  
Chairman

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title:

**DATE PAID:** \_\_\_\_\_

**CHECK NUMBER:** \_\_\_\_\_

VENDOR# 420

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

Date: April 3, 2017 Document Number: \_\_\_\_\_

Pay To: Pershing General Hospital

Address: PO Box 661 Lovelock, NV 89419

Department: Medical Indigent Account Number: 004-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT
004-000-52550-000	Packet #60	
	Acct #325633	2411 75
	Acct #325811	4513 50
Totals		<b>\$6925 25</b>
Amount allowed by Board of County Commissioners		

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

<b>APPROVED</b> By Board of County Commissioners	Claimant I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.
Chairman	

DATE PAID: \_\_\_\_\_ OFFICIAL TITLE: \_\_\_\_\_  
 CHECK NUMBER: \_\_\_\_\_



VENDOR# 420

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

Date: June 5, 2017 Document Number: \_\_\_\_\_

Pay To: Pershing General Hospital

Address: PO Box 661 Lovelock, NV 89419

Department: Medical Indigent Account Number: 004-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52550-000	Packet #61		
	Acct #328097	2320	75
Totals		\$2320	75
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

Claimant

APPROVED

By Board of County Commissioners

Chairman

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

Official Title: \_\_\_\_\_

DATE PAID: \_\_\_\_\_

CHECK NUMBER: \_\_\_\_\_

VENDOR# 715

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*copy*

Date: June 5, 2017

Document Number: \_\_\_\_\_

Pay To: Smith Family Funeral Home

Address: PO Box 1545 Fallon, NV 89407

Department: Medical Indigent

Account Number: 004-000-52520-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52520-000	Indigent cremation Fred A. Moerke	850	00
Totals		850	00
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

APPROVED  
By Board of County Commissioners

\_\_\_\_\_  
Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title:

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

VENDOR# 715

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*Copy*

Date: May 3, 2017

Document Number: \_\_\_\_\_

Pay To: Smith Family Funeral Home

Address: PO Box 1545 Fallon, NV 89407

Department: Medical Indigent

Account Number: 004-000-52520-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52520-000	Indigent cremation Bris Edward Allen	850	00
Totals		850	00
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

APPROVED  
By Board of County Commissioners

\_\_\_\_\_  
Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title: \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

VENDOR# \_\_\_\_\_

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*copy*

Date: March 27, 2017

Document Number: \_\_\_\_\_

Pay To: Mountain View Mortuary

Address: PO Box 5158

Reno, NV 89513

Department: Medical Indigent

Account Number: 004-000-52520-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52520-000	Indigent cremation (Rice, Alan)	850	00
Totals		850	00
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

APPROVED  
By Board of County Commissioners

\_\_\_\_\_  
Chairman

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title: \_\_\_\_\_

DATE PAID \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

VENDOR# 715

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*copy*

Date: February 28, 2017

Document Number: \_\_\_\_\_

Pay To: Smith Family Funeral Home

Address: PO Box 1545 Fallon, NV 89407

Department: Medical Indigent

Account Number: 004-000-52520-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52520-000	Indigent cremation Robert Bruce Roland III	850	00
Totals		850	00
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been Previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

**APPROVED**  
By Board of County Commissioners

\_\_\_\_\_  
Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title:

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

VENDOR# 715

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*Copy*

Date: October 25, 2016

Document Number: \_\_\_\_\_

Pay To: Smith Family Funeral Home

Address: PO Box 1545 Fallon, NV 89407

Department: Medical Indigent

Account Number: 004-000-52520-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52520-000	Indigent cremation Elinette Rymanowski	850	00
Totals		850	00
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been Previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

**APPROVED**  
By Board of County Commissioners

\_\_\_\_\_  
Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title:

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

VENDOR# 715

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

Date: September 19, 2016

Document Number: \_\_\_\_\_

Pay To: Smith Family Funeral Home

Address: PO Box 1545 Fallon, NV 89407

Department: Medical Indigent

Account Number: 004-000-52520-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52520-000	Indigent cremation (Donald Jackson Ruoff)	850	00
Totals		850	00
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

APPROVED  
By Board of County Commissioners

\_\_\_\_\_  
Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title:

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

VENDOR# \_\_\_\_\_

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*copy*

Date: July 20, 2016

Document Number: \_\_\_\_\_

Pay To: Smith Family Funeral Home

Address: PO Box 1545 Fallon, NV 89407

Department: Medical Indigent

Account Number: 004-000-52520-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52520-000	Indigent cremation Lorianne Wise (abandoned remains)	850	00
Totals		850	00
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

**APPROVED**  
By Board of County Commissioners

\_\_\_\_\_  
Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title: \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_



VENDOR# 860

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*COPY*

Date: June 27, 2017 Document Number: \_\_\_\_\_

**NV State of Human Resources**

Address: 1100 East Williams St. Suite #116 Carson City, Nevada 89701-3710

Department: Medical Indigent

Account Number: 004-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52550-000	<b>300% match as per invoice PE-1710</b>	28,256	29
Totals		<b>\$28,256</b>	<b>29</b>
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

Claimant APPROVED  
By Board of County Commissioners

\_\_\_\_\_ Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

Official Title: \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

*[Handwritten Signature]*

VENDOR# 860

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*Copy*

Date: May 19, 2017 Document Number: \_\_\_\_\_

**NV State of Human Resources**  
Address: 1100 East Williams St. Suite #116 Carson City, Nevada 89701-3710

Department: Medical Indigent Account Number: 008-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
008-000-52550-000	300% match as per invoice PE-1709	13,456	87
Totals		\$13,456	87
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been Previously presented to nor allowed nor rejected by the Board of County Commissioners.

Claimant APPROVED  
By Board of County Commissioners

\_\_\_\_\_

Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_

Official Title: \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

VENDOR# 860

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*Copy*

Date: March 31, 2017 Document Number: \_\_\_\_\_

**NV State of Human Resources**  
Address: 1100 East Williams St. Suite #116 Carson City, Nevada 89701-3710

Department: Medical Indigent Account Number: 008-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
008-000-52550-000	<b>300% match as per invoice PE-1708</b>	14,704	52
Totals		<b>\$14,704</b>	<b>52</b>
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been Previously presented to nor allowed nor rejected by the Board of County Commissioners.

Claimant APPROVED  
By Board of County Commissioners

\_\_\_\_\_ Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

Official Title: \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

VENDOR# 860

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

Copy

Date: March 9, 2017 Document Number: \_\_\_\_\_

**NV State of Human Resources**  
Address: 1100 East Williams St. Suite #116 Carson City, Nevada 89701-3710

Department: Medical Indigent Account Number: 008-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
008-000-52550-000	300% match as per invoice PE-1707	202	35
Totals		\$202	35
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been Previously presented to nor allowed nor rejected by the Board of County Commissioners.

Claimant APPROVED  
By Board of County Commissioners

\_\_\_\_\_  
Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title: \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

VENDOR# 860

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*COPY*

Date: January 24, 2017

Document Number: \_\_\_\_\_

**NV State of Human Resources**

Address: 1100 East Williams St. Suite #116 Carson City, Nevada 89701-3710

Department: Medical Indigent

Account Number: 008-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
008-000-52550-000	<b>300% match as per invoice PE-1706</b>	<b>27,977</b>	<b>36</b>
		Totals	<b>27,977 36</b>
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been Previously presented to nor allowed nor rejected by the Board of County Commissioners.

Claimant APPROVED  
By Board of County Commissioners

\_\_\_\_\_ Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

Official Title: \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

VENDOR# 860

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*Copy*

Date: December 27, 2016 Document Number: \_\_\_\_\_

**NV State of Human Resources**

Address: 1100 East Williams St. Suite #116 Carson City, Nevada 89701-3710

Department: Medical Indigent

Account Number: 008-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
008-000-52550-000	<b>300% match as per invoice PE-1705</b>	<b>14,173</b>	<b>50</b>
Totals		<b>14,173</b>	<b>50</b>
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

Claimant APPROVED  
By Board of County Commissioners

\_\_\_\_\_ Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

Official Title: \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

VENDOR# 860

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*Copy*

Date: November 22, 2016

Document Number:

**NV State of Human Resources**

Address: 1100 East Williams St. Suite #116 Carson City, Nevada 89701-3710

Department: Medical Indigent

Account Number: 008-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
008-000-52550-000	300% match as per invoice PE-1704	14,264	21
Totals		14,264	21
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

Claimant APPROVED  
By Board of County Commissioners

\_\_\_\_\_

Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

Official Title: \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

VENDOR# 860

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*Copy*

Date: October 21, 2016 Document Number: \_\_\_\_\_

**NV State of Human Resources**  
Address: 1100 East Williams St. Suite #116 Carson City, Nevada 89701-3710

Department: Medical Indigent Account Number: 008-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
008-000-52550-000	<b>300% match as per invoice PE-1703</b>	14,048	18
Totals		<b>14,048</b>	<b>18</b>
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been Previously presented to nor allowed nor rejected by the Board of County Commissioners.

Claimant APPROVED  
By Board of County Commissioners

\_\_\_\_\_ Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

Official Title: \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_



VENDOR# 860

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*copy*

Date: September 28, 2016

Document Number: \_\_\_\_\_

**NV State of Human Resources**

Address: 1100 East Williams St. Suite #116 Carson City, Nevada 89701-3710

Department: Medical Indigent

Account Number: 008-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
008-000-52550-000	<b>300% match as per invoice PE-1702</b>	<b>25,442</b>	<b>34</b>
Totals		<b>25,442</b>	<b>34</b>
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

Claimant APPROVED  
By Board of County Commissioners

\_\_\_\_\_

Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

Official Title: \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

VENDOR# 860

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

*Copy*

Date: August 30, 2016 Document Number: \_\_\_\_\_

**NV State of Human Resources**  
Address: 1100 East Williams St. Suite #116 Carson City, Nevada 89701-3710

Department: Medical Indigent Account Number: 008-000-52550-000

ACCOUNT NUMBER	ITEMS	AMOUNT	
008-000-52550-000	<b>300% match as per invoice PE-1701</b>	18,525	67
Totals		<b>18,525</b>	<b>67</b>
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been Previously presented to nor allowed nor rejected by the Board of County Commissioners.

Claimant APPROVED  
By Board of County Commissioners

\_\_\_\_\_ Chairman

\_\_\_\_\_

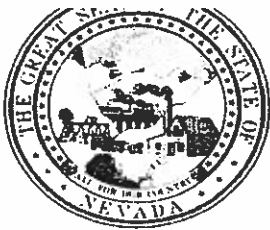
\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_

Official Title: \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_



STATE OF NEVADA  
 QUARTERLY REVENUE TRANSFERS FROM COUNTIES

REVISED

TO: Nevada State Controller  
 101 N Carson St Ste 5, Carson City NV 89701

FROM: Pershing County

QUARTER: 1ST 2016/2017 Fiscal Year

SOURCE OF REVENUE	AMOUNT	STATE CONTROLLER'S USE ONLY					
		FUND	ORG	GL	S/C	APPR	P/P
ESTIMATED POPULATION FEES (NRS 4.065)	<u>44.00</u>	101	130-0000	3765	14	236100	
REAL PROPERTY TRANS TAX (\$1.30-NRS 375/sb8,sect124)	<u>13,345.37</u>	101	130-0000	3055	14	913000	
REAL PROPERTY TRANSFER TAX (\$0.55-NRS 375.070C)	<u>5,703.15</u>	608	130-0000	4474	14	617400	
REAL PROPERTY TRANSFER TAX (\$0.10-NRS 375.070A)	<u>1,036.94</u>	101	744-2600	3338	14	383800	
WATER DISTRICT TAX (NRS 533.290)							
<u>HUALAPAI FLAT GRNDWTR</u>	<u>469.43</u>	101	705-0000	3302	14	411300	
<u>DESERT VALLEY WATER</u>	<u>4.30</u>	101	705-0000	3302	14	411600	
<u>BUENA VISTA VALLEY WATER</u>	<u>1,678.16</u>	101	705-0000	3302	14	413800	
<u>HUMBOLDT WATER</u>	<u>19,123.33</u>	101	705-0000	3302	34	423700	
<u>GRASS VALLEY</u>	<u>6,225.52</u>	101	705-0000	3302	14	425900	
<u>IMLAY GROUND WATER</u>	<u>5,008.40</u>	101	705-0000	3302	14	426200	
MARRIAGE LICENSES (NRS 122.060)	<u>84.00</u>	101	060-0000	3120	14	999900	
CIVIL ACTION FEES (NRS 19.030)	<u>416.00</u>	101	060-0000	3204	14	999900	
TRUST PROPERTY SALES (NRS 361.745)	<u>0.00</u>						
DISPLACED HOMEMAKER (NRS 19.033)	<u>40.00</u>	205	902-0000	3739	14	477000	DISHMKR
PERSONAL PROPERTY TAX (NRS 361.745)	<u>562.02</u>	395	050-0000	3056	14	108200	
CURRENT YEAR <u>486.64</u>							
PRIOR YEARS <u>75.38</u>							
REAL PROPERTY TAX (NRS 361.745)	<u>87,242.67</u>	395	050-0000	3320	14	108200	
CURRENT YEAR <u>85729.69</u>							
PRIOR YEARS <u>1512.98</u>							
INDIGENT MEDICAL (NRS 428.285)	<u>7,109.96</u>	101	403-0000	3321	14	315700	NONFED
INDIGENT ACCIDENT (NRS 428.185)	<u>10,757.17</u>	628	400-0000	3320	14	324400	
<b>TOTAL</b>	<u><u>158,850.42</u></u>						

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS CORRECT AND THAT ALL FEES AND FINES FOR THE PERIOD COVERED BY THIS REPORT ARE INCLUDED HEREIN.

COUNTY TREASURER

Phone # (Please include area code)- \_\_\_\_\_



STATE OF NEVADA  
 QUARTERLY REVENUE TRANSFERS FROM COUNTIES

REVISED

TO: Nevada State Controller  
 101 N Carson St Ste 5, Carson City NV 89701

FROM: Pershing County

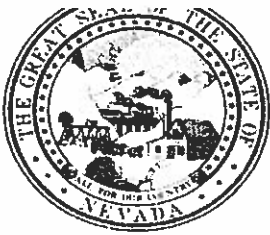
QUARTER: 2ND 2016/2017 Fiscal Year

SOURCE OF REVENUE	AMOUNT	STATE CONTROLLER'S USE ONLY					
		FUND	ORG	GL	S/C	APPR	P/P
ESTIMATED POPULATION FEES (NRS 4.065)	44.00	101	130-0000	3765	14	236100	
REAL PROPERTY TRANS TAX (\$1.30-NRS 375/sb8,sect124)	9,950.62	101	130-0000	3055	14	913000	
REAL PROPERTY TRANSFER TAX (\$0.55-NRS 375.070C)	4,252.40	608	130-0000	4474	14	617400	
REAL PROPERTY TRANSFER TAX (\$0.10-NRS 375.070A)	773.16	101	744-2600	3338	14	383800	
WATER DISTRICT TAX (NRS 533.290)							
HUALAPAI FLAT GRNDWTR	92.13	101	705-0000	3302	14	411300	
DESERT VALLEY WATER	0.00						
BUENA VISTA VALLEY WATER	741.54	101	705-0000	3302	14	413800	
HUMBOLDT WATER	9,560.07	101	705-0000	3302	34	423700	
GRASS VALLEY	2,411.94	101	705-0000	3302	14	425900	
IMLAY GROUND WATER	469.78	101	705-0000	3302	14	426200	
MARRIAGE LICENSES (NRS 122.060)	20.00	101	060-0000	3120	14	999900	
CIVIL ACTION FEES (NRS 19.030)	576.00	101	060-0000	3204	14	999900	
TRUST PROPERTY SALES (NRS 361.745)	0.00						
DISPLACED HOMEMAKER (NRS 19.033)	120.00	205	902-0000	3739	14	477000	DISHMKR
PERSONAL PROPERTY TAX (NRS 361.745)	10,262.57	395	050-0000	3056	14	108200	
CURRENT YEAR	10,244.84						
PRIOR YEARS	17.73						
REAL PROPERTY TAX (NRS 361.745)	31,041.77	395	050-0000	3320	14	108200	
CURRENT YEAR	30,074.97						
PRIOR YEARS	966.8						
INDIGENT MEDICAL (NRS 428.285)	4,210.12	101	403-0000	3321	14	315700	NONFED
INDIGENT ACCIDENT (NRS 428.185)	6,279.16	628	400-0000	3320	14	324400	
<b>TOTAL</b>	<b>80,805.26</b>						

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS CORRECT AND THAT ALL FEES AND FINES FOR THE PERIOD COVERED BY THIS REPORT ARE INCLUDED HEREIN.

COUNTY TREASURER

Phone # (Please include area code)- \_\_\_\_\_



STATE OF NEVADA  
 QUARTERLY REVENUE TRANSFERS FROM COUNTIES

REVISED

TO: Nevada State Controller  
 101 N Carson St Ste 5, Carson City NV 89701

FROM: Pershing County

QUARTER: 3RD 2016/2017 Fiscal Year

SOURCE OF REVENUE	AMOUNT	STATE CONTROLLER'S USE ONLY					
		FUND	ORG	GL	S/C	APPR	P/P
ESTIMATED POPULATION FEES (NRS 4.065)	53.00	101	130-0000	3765	14	236100	
REAL PROPERTY TRANS TAX (\$1.30-NRS 375/sb8 sect124)	7,288.28	101	130-0000	3055	14	913000	
REAL PROPERTY TRANSFER TAX (\$.55-NRS 375.070C)	3,114.65	608	130-0000	4474	14	617400	
REAL PROPERTY TRANSFER TAX (\$.10-NRS 375.070A)	566.30	101	744-2600	3338	14	383800	
WATER DISTRICT TAX (NRS 533.290)							
<u>HUALAPAI FLAT GRNDWTR</u>	92.13	101	705-0000	3302	14	411300	
<u>DESERT VALLEY WATER</u>							
<u>BUENA VISTA VALLEY WATER</u>	901.66	101	705-0000	3302	14	413800	
<u>HUMBOLDT WATER</u>	13,691.76	101	705-0000	3302	34	423700	
<u>GRASS VALLEY</u>	2,823.15	101	705-0000	3302	14	425900	
<u>IMLAY GROUND WATER</u>	221.08	101	705-0000	3302	14	426200	
MARRIAGE LICENSES (NRS 122.060)	4.00	101	060-0000	3120	14	999900	
CIVIL ACTION FEES (NRS 19.030)	288.00	101	060-0000	3204	14	999900	
TRUST PROPERTY SALES (NRS 361.745)	0.00						
DISPLACED HOMEMAKER (NRS 19.033)	60.00	205	902-0000	3739	14	477000	DISHMKR
PERSONAL PROPERTY TAX (NRS 361.745)	83,908.68	395	050-0000	3056	14	108200	
CURRENT YEAR	83,791.56						
PRIOR YEARS	117.12						
REAL PROPERTY TAX (NRS 361.745)	38,989.79	395	050-0000	3320	14	108200	
CURRENT YEAR	38,066.61						
PRIOR YEARS	923.18						
INDIGENT MEDICAL (NRS 428.285)	9,508.70	101	403-0000	3321	14	315700	NONFED
INDIGENT ACCIDENT (NRS 428.185)	14,212.94	628	400-0000	3320	14	324400	
<b>TOTAL</b>	<b>175,724.12</b>						

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS CORRECT AND THAT ALL FEES AND FINES FOR THE PERIOD COVERED BY THIS REPORT ARE INCLUDED HEREIN.

COUNTY TREASURER

Phone # (Please include area code)-



STATE OF NEVADA  
 QUARTERLY REVENUE TRANSFERS FROM COUNTIES

REVISED

TO: Nevada State Controller  
 101 N Carson St Ste 5, Carson City NV 89701

FROM: Pershing County

QUARTER: 4th 2016/2017 Fiscal Year

SOURCE OF REVENUE	AMOUNT	STATE CONTROLLER'S USE ONLY					
		FUND	ORG	GL	S/C	APPR	P/P
ESTIMATED POPULATION FEES (NRS 4.065)	58.00	101	130-0000	3765	14	236100	
REAL PROPERTY TRANS TAX (\$1.30-NRS 375/sb8,sect124)	16,805.61	101	130-0000	3055	14	913000	
REAL PROPERTY TRANSFER TAX (\$0.55-NRS 375.070C)	7,181.89	608	130-0000	4474	14	617400	
REAL PROPERTY TRANSFER TAX (\$0.10-NRS 375.070A)	1,305.80	101	744-2600	3338	14	383800	
WATER DISTRICT TAX (NRS 533.290)							
HUALAPAI FLAT GRNDWTR	0.00						
DESERT VALLEY WATER	0.00						
BUENA VISTA VALLEY WATER	2.68	101	705-0000	3302	14	413800	
HUMBOLDT WATER	1,085.53	101	705-0000	3302	34	423700	
GRASS VALLEY	44.60	101	705-0000	3302	14	425900	
IMLAY GROUND WATER	327.10	101	705-0000	3302	14	426200	
MARRIAGE LICENSES (NRS 122.060)	16.00	101	060-0000	3120	14	999900	
CIVIL ACTION FEES (NRS 19.030)	384.00	101	060-0000	3204	14	999900	
TRUST PROPERTY SALES (NRS 361.745)	0.00						
DISPLACED HOMEMAKER (NRS 19.033)	120.00	205	902-0000	3739	14	477000	DISHMKR
PERSONAL PROPERTY TAX (NRS 361.745)	283.78	395	050-0000	3056	14	108200	
CURRENT YEAR	189.51						
PRIOR YEARS	94.27						
REAL PROPERTY TAX (NRS 361.745)	5,920.54	395	050-0000	3320	14	108200	
CURRENT YEAR	4,608.94						
PRIOR YEARS	1311.6						
INDIGENT MEDICAL (NRS 428.285)	2,430.40	101	403-0000	3321	14	315700	NONFED
INDIGENT ACCIDENT (NRS 428.185)	3,741.85	628	400-0000	3320	14	324400	
TOTAL	39,707.78						

I HEREBY CERTIFY THAT THE INFORMATION CONTAINED IN THIS REPORT IS CORRECT AND THAT ALL FEES AND FINES FOR THE PERIOD COVERED BY THIS REPORT ARE INCLUDED HEREIN.

COUNTY TREASURER

Phone # (Please include area code)- \_\_\_\_\_

VENDOR# 420

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

Date: July 1, 2016 Document Number: \_\_\_\_\_

Pay To: Pershing General Hospital

Address: P.O. Box 661 Lovelock, NV 89419 Attn: Patty Goldsworthy

Department: Medical Indigent Account Number: \_\_\_\_\_

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52570-000	Payment for County Physician July 1, 2016 – September 31, 2016	300	00
Totals		\$300	00
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been Previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

APPROVED  
By Board of County Commissioners

\_\_\_\_\_  
Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title:

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

VENDOR# 420

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

Date: October 4, 2016 Document Number: \_\_\_\_\_

Pay To: Pershing General Hospital

Address: P.O. Box 661 Lovelock, NV 89419 Attn: Patty Goldsworthy

Department: Medical Indigent Account Number: \_\_\_\_\_

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52570-000	Payment for County Physician October 2016 -December 2016	300	00
Totals		\$300	00
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been Previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

APPROVED  
By Board of County Commissioners

\_\_\_\_\_  
Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just, that the articles specified have been received by the proper official of this County or the service stated have been performed, that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title: \_\_\_\_\_

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_



VENDOR# 420

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

Date: January 4, 2017

Document Number: \_\_\_\_\_

**COPY**

Pay To: Pershing General Hospital

Address: P.O. Box 661 Lovelock, NV 89419 Attn: Patty Goldsworthy

Department: Medical Indigent

Account Number: \_\_\_\_\_

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52570-000	Payment for County Physician January 1 <sup>st</sup> , 2017 - March 31 <sup>st</sup> , 2017	300	00
Totals		\$300	00
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

APPROVED  
By Board of County Commissioners

\_\_\_\_\_  
Chairman

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed; that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title:

DATE PAID \_\_\_\_\_

CHECK NUMBER \_\_\_\_\_

VENDOR# 420

PERSHING COUNTY  
P.O. BOX 820  
LOVELOCK, NV 89419

Date: April 1, 2017 Document Number: \_\_\_\_\_

Pay To: Pershing General Hospital

Address: P.O. Box 661 Lovelock, NV 89419 Attn: Patty Goldsworthy

Department: Medical Indigent Account Number: \_\_\_\_\_

ACCOUNT NUMBER	ITEMS	AMOUNT	
004-000-52570-000	Payment for County Physician April 1, 2017 - July 30, 2017	300	00
Totals		\$300	00
Amount allowed by Board of County Commissioners			

The undersigned claimant certifies that the above bill is correct and just and that neither the whole nor any part thereof has been previously presented to nor allowed nor rejected by the Board of County Commissioners.

\_\_\_\_\_  
Claimant

APPROVED  
By Board of County Commissioners

\_\_\_\_\_  
Chairman

\_\_\_\_\_

\_\_\_\_\_

I certify that the foregoing claim is correct and just; that the articles specified have been received by the proper official of this County or the service stated have been performed, that they were necessary for and have been or will be applied to County purposes; and that to the best of my knowledge and belief the prices charged are reasonable and just.

\_\_\_\_\_  
Official Title:

DATE PAID \_\_\_\_\_ CHECK NUMBER \_\_\_\_\_

BA ELE	OBJ	ACCOUNT	CURRENT	YEAR-TO-DATE	ENCUM	ANNUAL	UNENCUM.	BGT
SUB	DESCRIPTION	ACTUAL	ACTUAL	ACTUAL		BUDGET	BALANCE	%
52520 000	HOSPITALS, PHYS., PHARM.	*****850.00	850.00	4,264.20	.00	3,000.00	1,264.20-	142
52525 000	S.O. HOSP., PHYS., PHARM.	*****510.00	510.00	17,234.66	.00	60,000.00	42,765.34	29
067165 05/17/17	VR	5/17/17	17.30	SMITH FAMILY FUNERAL HOME MED INDIGENT/ALLEN				
067165 05/17/17	VR	5/17/17	20.13	RX #594630				
067165 05/17/17	VR	5/17/17	33.16	RX #594631				
067165 05/17/17	VR	5/17/17	19.00	RX #594632				
067165 05/17/17	VR	5/17/17	16.88	RX #594674				
067165 05/17/17	VR	5/17/17	20.70	RX #594673				
067165 05/17/17	VR	5/17/17	13.08	RX #588450				
067165 05/17/17	VR	5/17/17	13.33	RX #588450				
067165 05/17/17	VR	5/17/17	11.95	RX #592422				
067165 05/17/17	VR	5/17/17	37.22	RX #588432				
067165 05/17/17	VR	5/17/17	27.33	RX #591212				
067165 05/17/17	VR	5/17/17	13.18	RX #588450				
067165 05/17/17	VR	5/17/17	13.18	RX #593707				
067165 05/17/17	VR	5/17/17	16.11	RX #593706				
067165 05/17/17	VR	5/17/17	13.01	RX #591212				
067165 05/17/17	VR	5/17/17	13.22	RX #592422				
067165 05/17/17	VR	5/17/17	19.71	RX #592336				
067165 05/17/17	VR	5/17/17	17.06	RX #591213				
067165 05/17/17	VR	5/17/17	13.18	RX #588450				
067167 05/17/17	VR	5/17/17	62.50	PERSHING GENERAL HOSPITAL ACCT #33333774				
067167 05/17/17	VR	5/17/17	62.50	PERSHING GENERAL HOSPITAL ACCT #33340007				
52530 000	HOME HEALTH SERVICES NV	*****.00	.00			800.00	800.00	30
52550 000	PAYMENT FOR IND. CARE	*****.00	.00			75,000.00	52,203.50	30
52570 000	CO. PHYSICIAN/MED. DIRECTR	*****.00	.00			1,200.00	150.00-	113
52911 000	REMITTANCE TO O. GOVTS.	*****.00	.00			35,000.00	3,750.73	89
52	TOTAL SERVICES SUPPLIES	-----	1,360.00	76,894.63	.00	175,000.00	98,105.37	44
DEPT 000	TOTAL	*****	1,360.00	76,894.63	.00	175,000.00	98,105.37	44
FUND 004	TOTAL MEDICAL INDIGENT FUND	-----	1,360.00	76,894.63	.00	175,000.00	98,105.37	44

Rpt: PB2022  
 Run: 05/01/17 10:24:01  
 FUND 004 MEDICAL INDIGENT FUND  
 DEPT 000

PERSHING COUNTY  
 EXPENSE REPORT FOR THE MONTH OF: 04/17

BA ELEM	OBJ	ACCOUNT DESCRIPTION	CURRENT ACTUAL	YEAR-TO-DATE ACTUAL	ENCUM	ANNUAL BUDGET	UNENCUM. BALANCE	% BDT
52520	000	HOSPITALS, PHYS., PHARM.	850.00	3,414.20	.00	3,000.00	414.20-	114
52525	000	S.O. HOSP., PHYS., PHARM.	714.14	16,724.66	.00	60,000.00	43,275.34	28
52530	000	HOME HEALTH SERVICES NV	164.50	.00	.00	800.00	800.00	30
52550	000	PAYMENT FOR IND. CARE	925.25	22,796.50	.00	75,000.00	52,203.50	113
52570	000	CO. PHYSICIAN/MED. DIRECTR	450.00	1,350.00	.00	1,200.00	150.00-	89
52911	000	REMITTANCE TO O. GOVTS.	212.94	31,249.27	.00	35,000.00	3,750.73	43
52								
		066925 04/19/17 VP	14,212.94					
		067016 04/19/17 VP	14,212.94					
		066925 04/19/17 VR	14,212.94					
		TOTAL SERVICES SUPPLIES	25,152.33	75,534.63	.00	175,000.00	99,465.37	43
DEPT 000		TOTAL	25,152.33	75,534.63	.00	175,000.00	99,465.37	43
FUND 004		TOTAL MEDICAL INDIGENT FUND	25,152.33	75,534.63	.00	175,000.00	99,465.37	43

Rept: PR2022  
 Run: 04/03/17 13:12:30  
 FUND 004 MEDICAL INDIGENT FUND  
 DEPT 000

PERSHING COUNTY  
 EXPENSE REPORT FOR THE MONTH OF: 03/17

BA ELEM OBJ	ACCOUNT DESCRIPTION	CURRENT ACTUAL	YEAR-TO-DATE ACTUAL	ENCUM	ANNUAL BUDGET	UNENCUM. BALANCE	% BDT
52520 000	HOSPITALS, PHYS., PHARM.	*****864.20	2,564.20	.00	3,000.00	435.80	85
066539	03/01/17 VR 3/01/17	14.20					
066670	03/15/17 VR 3/15/17	850.00					
52525 000	S.O. HOSP., PHYS., PHARM.	*****3,592.71	14,010.52	.00	60,000.00	45,989.48	23
066539	03/01/17 VR 3/01/17	8.81					
066639	03/15/17 VR 3/14/17	19.44					
066639	03/15/17 VR 3/14/17	37.22					
066639	03/15/17 VR 3/14/17	18.13					
066639	03/15/17 VR 3/14/17	17.61					
066641	03/15/17 VR 3/14/17	968.00					
066641	03/15/17 VR 3/14/17	2,110.50					
066641	03/15/17 VR 3/14/17	62.50					
066641	03/15/17 VR 3/14/17	164.50					
066641	03/15/17 VR 3/14/17	62.50					
066641	03/15/17 VR 3/14/17	123.50					
52530 000	HOME HEALTH SERVICES NV	*****.00	.00	.00	800.00	800.00	21
52550 000	PAYMENT FOR IND. CARE	*****2,120.50	15,871.25	.00	75,000.00	59,128.75	21
52570 000	CO. PHYSICIAN/MED. DIRECTR	*****2,120.50	900.00	.00	1,200.00	300.00	75
52911 000	REMITTANCE TO O. GOVTS.	*****.00	17,036.33	.00	35,000.00	17,963.67	49
52	TOTAL SERVICE& SUPPLIES	6,577.41	50,382.30	.00	175,000.00	124,617.70	29
DEPT 000	TOTAL	6,577.41	50,382.30	.00	175,000.00	124,617.70	29
FUND 004	TOTAL MEDICAL INDIGENT FUND	6,577.41	50,382.30	.00	175,000.00	124,617.70	29

BA ELE	OBJ	ACCOUNT DESCRIPTION	CURRENT ACTUAL	YEAR-TO-DATE ACTUAL	ENCUM	ANNUAL BUDGET	UNENCUM. BALANCE	BGT %
52520	000	HOSPITALS, PHYS., PHARM.	1,317.00	1,700.00	.00	3,000.00	1,300.00	57
52525	000	S.O. HOSP., PHYS., PHARM.	1,317.00	10,417.81	.00	60,000.00	49,582.19	17
52530	000	HOME HEALTH SERVICES NV	1,317.00	.00	.00	800.00	800.00	16
52550	000	PAYMENT FOR IND. CARE	300.00	11,955.25	.00	75,000.00	63,044.75	75
52570	000	CC.PHYSICIAN/MED.DIRECTR	300.00	900.00	.00	1,200.00	300.00	24
52911	000	REMITTANCE TO O. GOVTS.	6,279.16	17,036.33	.00	35,000.00	17,963.67	49
52	000	TOTAL SERVICES SUPPLIES	7,896.16	42,009.39	.00	175,000.00	132,990.61	24
DEPT 000	TOTAL	*****	7,896.16	42,009.39	.00	175,000.00	132,990.61	24
FUND 004	TOTAL	MEDICAL INDIGENT FUND	7,896.16	42,009.39	.00	175,000.00	132,990.61	24

Rpt: PB2022  
 Run: 01/03/17 12:05:41  
 FUND 004 MEDICAL INDIGENT FUND  
 DEPT 000

PERSHING COUNTY  
 EXPENSE REPORT FOR THE MONTH OF: 12/16

ELAPSED TIME PERCENT 50%

BA	ELB	OBJ	ACCOUNT	CURRENT	YEAR-TO-DATE	ENCUM	ANNUAL	UNENCUM.	%
SUB	SUB		DESCRIPTION	ACTUAL	ACTUAL		BUDGET	BALANCE	BDDT
52520	000	HOSPITALS, PHYS., PHARM.	*****	.00	1,700.00	.00	3,000.00	1,300.00	57
52525	000	S.O. HOSP., PHYS., PHARM.	*****	2,677.75	9,100.81	.00	60,000.00	50,899.19	15
		065915 12/21/16 VR 12/21/16		17.92					
		065915 12/21/16 VR 12/21/16		13.33					
		065916 12/21/16 VR 12/21/16		62.50					
		065916 12/21/16 VR 12/21/16		1,319.00					
		065916 12/21/16 VR 12/21/16		1,265.00					
52530	000	HOME HEALTH SERVICES NV	*****	.00		.00	800.00	800.00	16
52550	000	PAYMENT FOR IND. CARE	*****	8,389.25	11,955.25	.00	75,000.00	63,044.75	16
		065781 12/07/16 VR 12/07/16		4,162.75					
		065781 12/07/16 VR 12/07/16		2,726.50					
		065781 12/07/16 VR 12/07/16		1,500.00					
2570	000	CO. PHYSICIAN/MED. DIRECTR	*****	.00	600.00	.00	1,200.00	600.00	50
52911	000	REMITTANCE TO O. GOVTS.	*****	.00	10,757.17	.00	35,000.00	24,242.83	31
52		TOTAL SERVICE& SUPPLIES		11,067.00	34,113.23	.00	175,000.00	140,886.77	19
DEPT 000		TOTAL		11,067.00	34,113.23	.00	175,000.00	140,886.77	19
FUND 004		TOTAL MEDICAL INDIGENT FUND		11,067.00	34,113.23	.00	175,000.00	140,886.77	19

BA	ELF	OBJ	ACCOUNT	CURRENT	YEAR-TO-DATE	ENCUM	ANNUAL	UNENCUM.	%
SUB	SUB		DESCRIPTION	ACTUAL	ACTUAL		BUDGET	BALANCE	BDDT
52520	000	HOSPITALS, PHYS., PHARM.		5,644.37	1,700.00	.00	3,000.00	1,300.00	57
52525	000	S.O. HOSP. PHYS., PHARM.		5,644.37	6,423.06	.00	60,000.00	53,576.94	11
065653	11/14/16	VR	11/14/16	13.33	LOVELOCK PHARMACY				
065653	11/14/16	VR	11/14/16	17.92	LOVELOCK PHARMACY				
065654	11/14/16	VR	11/14/16	1,660.12	PERSHING GENERAL HOSPITAL				
065654	11/14/16	VR	11/14/16	1,660.00	PERSHING GENERAL HOSPITAL				
065654	11/14/16	VR	11/14/16	1,637.50	PERSHING GENERAL HOSPITAL				
065654	11/14/16	VR	11/14/16	655.50	PERSHING GENERAL HOSPITAL				
52530	000	HOME HEALTH SERVICES NV		5,644.37	23,046.23	.00	800.00	800.00	5
52550	000	PAYMENT FOR IND. CARE		5,644.37	3,566.00	.00	75,000.00	71,434.00	5
52570	000	CO. PHYSICIAN/MED. DIRECTR		5,644.37	600.00	.00	1,200.00	600.00	50
2911	000	REMITTANCE TO O. GOVTS.		5,644.37	10,757.17	.00	35,000.00	24,242.83	31
52		TOTAL		5,644.37	23,046.23	.00	175,000.00	151,953.77	13
		SERVICE& SUPPLIES		5,644.37					
DEPT 000		TOTAL		5,644.37	23,046.23	.00	175,000.00	151,953.77	13
FUND 004		TOTAL		5,644.37	23,046.23	.00	175,000.00	151,953.77	13
		MEDICAL INDIGENT FUND		5,644.37					



Rept: PB2022  
 Run: 11/01/16 15:03:04  
 FUND 004 MEDICAL INDIGENT FUND  
 DEPT 000

PERSHING COUNTY  
 EXPENSE REPORT FOR THE MONTH OF: 10/16

ELAPSED TIME PERCENT 33%

BA	ELB	OBJ	ACCOUNT	CURRENT	YEAR-TO-DATE	ENCUM	ANNUAL	UNENCUM.	%
SUB	SUB		DESCRIPTION	ACTUAL	ACTUAL		BUDGET	BALANCE	BDGT
52520	000	HOSPITALS, PHYS., PHARM.		850.00	1,700.00	.00	3,000.00	1,300.00	57
52525	000	S.O. HOSP., PHYS., PHARM.		140.99	778.69	.00	60,000.00	59,221.31	1
			SMITH FAMILY FUNERAL HOME INDIGENT CREMATIION						
			PERSHING GENERAL HOSPITAL INDIGENT	62.50					
			LOVELOCK PHARMACY	24.48					
			LOVELOCK PHARMACY	20.83					
			LOVELOCK PHARMACY	12.26					
			LOVELOCK PHARMACY	20.92					
			RX #584135						
			RX #584137						
			RX #584136						
			RX #584134						
52530	000	HOME HEALTH SERVICES NV		*****.00	.00	.00	800.00	800.00	5
52550	000	PAYMENT FOR IND. CARE		*****2,458.50	3,566.00	.00	75,000.00	71,434.00	5
			PERSHING GENERAL HOSPITAL ACCT #317691	1,337.50					
			PERSHING GENERAL HOSPITAL ACCT #318608	1,121.00					
				*****300.00	600.00	.00	1,200.00	600.00	50
52911	000	REMITTANCE TO O. GOVTS.		*****10,757.17	10,757.17	.00	35,000.00	24,242.83	31
			PERSHING GENERAL HOSPITAL 2ND QTR CO PHYSICIAN						
52	065497	10/31/16	VR 10/31/16	10,757.17					
		TOTAL	SERVICES SUPPLIES	14,506.66	17,401.86	.00	175,000.00	157,598.14	10
DEPT 000	TOTAL	*****		14,506.66	17,401.86	.00	175,000.00	157,598.14	10
FUND 004	TOTAL	*****	MEDICAL INDIGENT FUND	14,506.66	17,401.86	.00	175,000.00	157,598.14	10

Rept: PB2022  
 Run: 10/03/16 15:09:14  
 FUND 004 MEDICAL INDIGENT FUND  
 DEPT 030

PERSHING COUNTY  
 EXPENSE REPORT FOR THE MONTH OF: 09/16

ELAPSED TIME PERCENT 25%

BA ELE SUB	OBJ SUB	ACCOUNT DESCRIPTION	CURRENT ACTUAL	YEAR-TO-DATE ACTUAL	ENCUM	ANNUAL BUDGET	UNENCUM. BALANCE	B DGT
52520	000	HOSPITALS, PHYS., PHARM.	*****.00	850.00	.00	3,000.00	2,150.00	28
52525	000	S.O. HOSP., PHYS., PHARM.	*****427.18	637.70	.00	60,000.00	59,362.30	1
		064990 09/07/16 VR 9/07/16	143.18					
		065026 09/07/16 VR 9/07/16	284.00					
		52530 000 HOME HEALTH SERVICES NV *****.00	.00		.00	800.00	800.00	
52550	000	PAYMENT FOR IND. CARE *****1,107.50	1,107.50	1,107.50	.00	75,000.00	73,892.50	1
52570	000	064990 09/07/16 VR 9/07/16	1,107.50					
		CO.PHYSICIAN/MED.DIRECTR*****.00	.00	300.00	.00	1,200.00	900.00	25
52911	000	REMITTANCE TO O. GOVTS. *****.00	.00	.00	.00	35,000.00	35,000.00	
		TOTAL *****	1,534.68	2,895.20	.00	175,000.00	172,104.80	2
		SERVICE& SUPPLIES	1,534.68					
DEPT 000		TOTAL *****	1,534.68	2,895.20	.00	175,000.00	172,104.80	2
FUND 004		TOTAL *****	1,534.68	2,895.20	.00	175,000.00	172,104.80	2
		MEDICAL INDIGENT FUND						

Rept: PB2022  
 Run: 09/01/16 10:43:00  
 FUND 004 MEDICAL INDIGENT FUND  
 DEPT 000

PERSHING COUNTY  
 EXPENSE REPORT FOR THE MONTH OF: 08/16

ELAPSED TIME PERCENT 17%

BA ELE	OBJ	ACCOUNT	CURRENT	YEAR-TO-DATE	ENCUM	ANNUAL	UNENCUM.	BDDT
SUB	SUB	DESCRIPTION	ACTUAL	ACTUAL		BUDGET	BALANCE	%
52520	000	HOSPITALS, PHYS., PHARM.	850.00	850.00	.00	3,000.00	2,150.00	28
52525	000	S.O. HOSP., PHARM.	850.00	210.52	.00	60,000.00	59,789.48	
52530	000	HOME HEALTH SERVICES NV	.00	.00	.00	800.00	800.00	
52550	000	PAYMENT FOR IND. CARE	.00	.00	.00	75,000.00	75,000.00	
52570	000	CO. PHYSICIAN/MED. DIRECTR	.00	300.00	.00	1,200.00	900.00	25
2911	000	REMITTANCE TO O. GOVTS.	.00	.00	.00	35,000.00	35,000.00	
52		TOTAL SERVICE& SUPPLIES	1,060.52	1,360.52	.00	175,000.00	173,639.48	1
DEPT 000		TOTAL	1,060.52	1,360.52	.00	175,000.00	173,639.48	1
FUND 004		TOTAL MEDICAL INDIGENT FUND	1,060.52	1,360.52	.00	175,000.00	173,639.48	1