Ohio County Fiscal Court

Account Claims Register

All Funds

From Voucher: 01-5050 To Voucher: 01-5051

Batch	Voucher	Date	Vendor Name	Invoice	P.O. No	Claim Description	Amount
Account No.	02-9400-205-0		ROAD HEALTH and LIFE INS (17 F.T.)				
01-5000	01-5050	07/26/2011	HOMER RANDY MAIDEN			REIMB FOR INS REFUND FT DEARBORN	314.42
						1 Claims	**314.42**
Account No.	03-9400-205-1		Health Ins Partcial Reimbursement				
01-5000	01-5051	07/26/2011	MICHAEL K BISHOP & ASSOCIATES			REIMB ON DEDUCTIBLE TERRY WRIGHT	1,000.00
01-5000	01-5051	07/26/2011	MICHAEL K BISHOP & ASSOCIATES			REIMB ON DEDUCTIBLE TERRY WRIGHT (SPOUSE)	1,000.00
						2 Claims	**2,000.00**
						3 Claims Printed Totalling	**2,314.42**