

COUNTY OF SABINE

AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 10/31/2017

Invoice Number Description	Inv. Date	Post. Date Account	Due Date	Amount	Discount	Amount Paid	Check Date	Check No.	Bank	Balance
VENDOR: ACBI - ALWAYS CARE BENEFITS, INC.										
3156096										
2362382 BATES, WESLEY R.	10/30/17	10/30/17	12/14/17	\$50.90						\$50.90
1144684 BRAGG, DEBORAH				\$9.88						\$9.88
779541 BRASHER, JAMES D.				\$50.90						\$50.90
1223712 BUCKLEY, MARY K.				\$9.88						\$9.88
1717895 CLARK, JAMIE A.				\$26.78						\$26.78
907242 DUFFEY, MISTI				\$9.88						\$9.88
530782 GRIFFITH, GEORGE W.				\$50.90						\$50.90
2427261 HENDERSON, ANGELAK.				\$57.92						\$57.92
530785 JACKS, TRICIA J.				\$41.02						\$41.02
2002652 JACKSON, JR., JOHNNY				\$50.90						\$50.90
2254154 KRATZ, STEPHANIE W.				\$117.04						\$117.04
933552 MADDIX, THOMAS				\$72.32						\$72.32
530788 MCDANIEL, B. JANICE				\$72.32						\$72.32
779549 PATTILLO, CHANDRA R.				\$117.04						\$117.04
2484107 POPE, JEREMY H.				\$50.90						\$50.90
1144685 SORRELLS, PEGGY				\$50.90						\$50.90
1223713 SPAUGH, SANDRA K.				\$50.90						\$50.90
1144583 STONE SR., KERRY				\$72.32						\$72.32
530795 STONE, MARTHA M.				\$19.76						\$19.76
2197565 WEAVER, KATIE E.				\$16.90						\$16.90
2254154 KRATZ, STEPHANIE W.				\$16.90						\$16.90
1717908 BRYAN, MALINDA S. (CREDIT)				(\$9.88)						(\$9.88)
INVOICE 3156096 TOTALS:				\$1,006.38	\$0.00	\$0.00				\$1,006.38
ALWAYS CARE BENEFITS, INC. TOTALS:				\$1,006.38	\$0.00	\$0.00				\$1,006.38
VENDOR: AFLAC - AFLAC										
528561										
P0G2A6J4 BAILEY, GINGER	10/30/17	10/30/17	12/14/17	\$95.55						\$95.55
P0J0H8Y3 BAILEY, GINGER				\$109.33						\$109.33
P0F2T1A9 BAILEY, GINGER A.				\$45.50						\$45.50
P0G2A6J5 BRYAN, MALINDA S.				\$30.55						\$30.55
P0J0H8Y2 CLARK, JAMIE				\$69.55						\$69.55
P0C376G4 CLARK, JAMIE A.				\$114.27						\$114.27
P0C376G5 CLARK, JAMIE A.				\$45.50						\$45.50
P0J0H8Y0 CRYER, LARANDA S.				\$73.14						\$73.14
P0C376G1 DUTTON, ANDREA L.				\$91.00						\$91.00
P0C376G2 DUTTON, ANDREA L.				\$45.50						\$45.50
				\$41.99						\$41.99

*V - Denotes Voided Check Entries

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Invoice Number Description	Inv. Date	Post. Date Account	Due. Date	Amount	Discount	Amount Paid	Check Date	Check No.	Bank	Balance
POC376G3 DUTTON, ANDREAL L.		2309.000 - AFLAC		\$60.84						\$60.84
POK8B9B1 HANKS, JAMES M.		2309.000 - AFLAC		\$75.14						\$75.14
POK8B9B4 HANKS, JAMES M.		2309.000 - AFLAC		\$48.90						\$48.90
POC2R3G1 MCDANIEL, BETTY J.		2309.000 - AFLAC		\$31.68						\$31.68
POC2R3J6 MCDANIEL, BETTY J.		2309.000 - AFLAC		\$76.96						\$76.96
P9825279 MCDANIEL, BETTY J.		2309.000 - AFLAC		\$54.00						\$54.00
P6918592 NANTZ, MARTHA		2309.000 - AFLAC		\$18.80						\$18.80
POG2A6J7 PITRE, LISA		2309.000 - AFLAC		\$95.55						\$95.55
PE338840 SPAUGH, SANDRA		2309.000 - AFLAC		\$37.50						\$37.50
POC2V4G0 STONE, MARTHA M.		2309.000 - AFLAC		\$30.55						\$30.55
POC2V4G1 STONE, MARTHA M.		2309.000 - AFLAC		\$31.72						\$31.72
POC2V4G3 STONE, MARTHA M.		2309.000 - AFLAC		\$50.70						\$50.70
POK8B9B3 WRIGHT, TAMMI		2309.000 - AFLAC		\$38.35						\$38.35
POK8B9B6 WRIGHT, TAMMI		2309.000 - AFLAC		\$18.90						\$18.90
INVOICE 528561 TOTALS:				\$1,431.47	\$0.00	\$0.00				\$1,431.47
AFLAC TOTALS:				\$1,431.47	\$0.00	\$0.00				\$1,431.47

VENDOR: BSD - BROOKELAND INDEPENDENT SCHOOL

103117	10/30/17	10/30/17	12/14/17							
MINERAL RECEIPTS 10/15 THRU 09/16				6330.800 - SCHOOL DISTRICTS						\$5,630.57
INVOICE 103117 TOTALS:				\$5,630.57	\$0.00	\$0.00				\$5,630.57

BROOKELAND INDEPENDENT SCHOOL TOTALS: \$5,630.57 \$0.00 \$0.00 \$5,630.57

VENDOR: CITY - CITY OF HEMPHILL

103117	10/30/17	10/30/17	12/14/17							
UTILITY BILL ACCT. 05-0060-02				6440.408 - UTILITIES						\$873.93
UTILITY BILL ACCT. 05-0331-00				6440.408 - UTILITIES						\$56.99
UTILITY BILL ACCT. 05-0332-00				6440.408 - UTILITIES						\$138.00
UTILITY BILL ACCT. 05-0340-00				6440.408 - UTILITIES						\$281.08
UTILITY BILL ACCT. 05-0360-00				6440.408 - UTILITIES						\$87.00
UTILITY BILL ACCT. 05-0365-00				6440.408 - UTILITIES						\$361.22
UTILITY BILL ACCT. 05-0380-00				6440.408 - UTILITIES						\$263.20
UTILITY BILL ACCT. 06-0015-00				6440.408 - UTILITIES						\$1,995.23
UTILITY BILL ACCT. 06-0017-00				6440.560 - UTILITIES						\$264.72
UTILITY BILL ACCT. 06-0018-00				6440.408 - UTILITIES						\$175.82
UTILITY BILL ACCT. 06-0020-01				6440.408 - UTILITIES						\$467.87
UTILITY BILL ACCT. 06-0030-00				6440.408 - UTILITIES						\$200.52
UTILITY BILL ACCT. 06-0035-00				6440.408 - UTILITIES						\$35.64
INVOICE 103117 TOTALS:				\$5,201.22	\$0.00	\$0.00				\$5,201.22

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COUNTY OF SABINE

AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 10/31/2017

Invoice Number Description	Inv.Date	Post.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check No.	Bank	Balance
VENDOR: DDOC - TEXAS DOCUMENT SOLUTIONS, INC.										
56681865	10/21/17	10/30/17	12/05/17							
LEASE PAYMENT ON SIX SHARP COPIERS		6500.409 - COPIERS		\$629.00						\$629.00
INVOICE 56681865 TOTALS:				\$629.00	\$0.00	\$0.00				\$629.00
TEXAS DOCUMENT SOLUTIONS, INC. TOTALS:				\$629.00	\$0.00	\$0.00				\$629.00
VENDOR: HISD - HEMPHILL INDEPENDENT SCHOOL										
103117	10/30/17	10/30/17	12/14/17							
MINERAL RECEIPTS 10/15 THRU 09/16		6330.800 - SCHOOL DISTRICTS		\$46,475.69						\$46,475.69
INVOICE 103117 TOTALS:				\$46,475.69	\$0.00	\$0.00				\$46,475.69
HEMPHILL INDEPENDENT SCHOOL TOTALS:				\$46,475.69	\$0.00	\$0.00				\$46,475.69
VENDOR: LIPA - LISA PITRE										
102417	10/24/17	10/31/17	12/08/17							
REGISTRATION FEE FOR FALL MEETING IN KILGORE 223 MILES ROUNDTRIP @ .535 PER MILE TRAVEL DAY MEALS		6470.450 - CONTINUING EDUCATION		\$30.00						\$30.00
INVOICE 102417 TOTALS:				\$187.55	\$0.00	\$0.00				\$187.55
LISA PITRE TOTALS:				\$187.55	\$0.00	\$0.00				\$187.55
VENDOR: MALB - MALINDA BRYAN										
103117	10/30/17	10/30/17	12/14/17							
REFUND ON VISION INSURANCE		2306.000 - DENTAL/VISION - ALWAYS		\$9.88						\$9.88
INVOICE 103117 TOTALS:				\$9.88	\$0.00	\$0.00				\$9.88
MALINDA BRYAN TOTALS:				\$9.88	\$0.00	\$0.00				\$9.88
VENDOR: NACO - NATIONWIDE RETIREMENT SOLUTION										
652147/103117	10/30/17	10/30/17	12/14/17							
JANICE MCDANIEL xxx-xx-0970 CHARLES R. MITCHELL xxx-xx-1807		2302.000 - DEFERRED COMPENSATI 2302.000 - DEFERRED COMPENSATI		\$58.82 \$37.00						\$58.82 \$37.00
INVOICE 652147/103117 TOTALS:				\$95.82	\$0.00	\$0.00				\$95.82
NATIONWIDE RETIREMENT SOLUTION TOTALS:				\$95.82	\$0.00	\$0.00				\$95.82

*V - Denotes Voided Check Entries

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AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 10/31/2017

Invoice Number Description	Inv.Date	Post.Date	Due.Date	Account	Amount	Discount	Amount Paid	Check Date	Check No.	Bank	Balance
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VENDOR: NATL - EMC NATIONAL LIFE COMPANY

40007400896	10/30/17	10/30/17	12/14/17								
CL1064261 JACKS, ADRIAN W.				2307.000 - LIFE/CANCER WITH EMC	\$5.91						\$5.91
CL1064252 JACKS, TRICIA J.				2307.000 - LIFE/CANCER WITH EMC	\$5.32						\$5.32
CL1064254 NANTZ, MARTHA L.				2307.000 - LIFE/CANCER WITH EMC	\$24.16						\$24.16
				INVOICE 40007400896 TOTALS:	\$35.39	\$0.00	\$0.00				\$35.39
				EMC NATIONAL LIFE COMPANY TOTALS:	\$35.39	\$0.00	\$0.00				\$35.39

VENDOR: SISD - SHELBYVILLE INDEPENDENT SCHOOL

103117	10/30/17	10/30/17	12/14/17								
MINERAL RECEIPTS 10/15 THRU 09/16				6330.800 - SCHOOL DISTRICTS	\$1,553.10						\$1,553.10
				INVOICE 103117 TOTALS:	\$1,553.10	\$0.00	\$0.00				\$1,553.10
				SHELBYVILLE INDEPENDENT SCHOOL TOTALS:	\$1,553.10	\$0.00	\$0.00				\$1,553.10

VENDOR: TACI - TAC HEBP

36227201711	10/30/17	10/30/17	12/14/17								
HEALTH INSURANCE				6202.400 - GROUP MEDICAL INSURANCE	\$1,421.50						\$1,421.50
HEALTH INSURANCE				6202.403 - GROUP MEDICAL INSURANCE	\$2,843.00						\$2,843.00
HEALTH INSURANCE				6202.408 - GROUP MEDICAL INSURANCE	\$710.75						\$710.75
HEALTH INSURANCE				6202.435 - GROUP MEDICAL INSURANCE	\$710.75						\$710.75
HEALTH INSURANCE				6202.445 - GROUP MEDICAL INSURANCE	\$1,421.50						\$1,421.50
HEALTH INSURANCE				6202.450 - GROUP MEDICAL INSURANCE	\$1,421.50						\$1,421.50
HEALTH INSURANCE				6202.455 - GROUP MEDICAL INSURANCE	\$710.75						\$710.75
HEALTH INSURANCE				6202.457 - GROUP MEDICAL INSURANCE	\$1,421.50						\$1,421.50
HEALTH INSURANCE				6202.485 - GROUP MEDICAL INSURANCE	\$710.75						\$710.75
HEALTH INSURANCE				6202.475 - GROUP MEDICAL INSURANCE	\$1,421.50						\$1,421.50
HEALTH INSURANCE				6202.497 - GROUP MEDICAL INSURANCE	\$2,132.25						\$2,132.25
HEALTH INSURANCE				6202.499 - GROUP MEDICAL INSURANCE	\$4,264.50						\$4,264.50
HEALTH INSURANCE				6202.580 - GROUP MEDICAL INSURANCE	\$13,501.89						\$13,501.89
HEALTH INSURANCE				6202.564 - GROUP MEDICAL INSURANCE	\$710.75						\$710.75
HEALTH INSURANCE				6202.669 - GROUP MEDICAL INSURANCE	\$710.75						\$710.75
HEALTH INSURANCE				2317.000 - INSURANCE - APPRAISAL	\$1,421.50						\$1,421.50
HEALTH INSURANCE				2303.000 - ACCRUED DEPENDENT C	\$710.75						\$710.75
DEPENDENT COVERAGE				2303.000 - ACCRUED DEPENDENT C	\$5,497.82						\$5,497.82
				INVOICE 36227201711 TOTALS:	\$41,743.71	\$0.00	\$0.00				\$41,743.71
				TAC HEBP TOTALS:	\$41,743.71	\$0.00	\$0.00				\$41,743.71

*V - Denotes Voided Check Entries

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COUNTY OF SABINE

AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)
Ledger as of: 10/31/2017

Invoice Number Description	Inv. Date	Post Date Account	Due Date	Amount	Discount	Amount Paid	Check Date	Check No.	Bank	Balance
VENDOR: VALOR - WINDSTREAM										
101617 TELEPHONE 409-584-2825	10/16/17	10/30/17	11/30/17	\$25.00						\$25.00
		6420.570 - TELEPHONE								
		INVOICE 101617 TOTALS:		\$25.00	\$0.00	\$0.00				\$25.00
103017 TELEPHONE BILL 409-787-4973	10/30/17	10/30/17	12/14/17	\$48.34						\$48.34
		6420.497 - TELEPHONE								
		INVOICE 103017 TOTALS:		\$48.34	\$0.00	\$0.00				\$48.34
		WINDSTREAM TOTALS:		\$73.34	\$0.00	\$0.00				\$73.34
VENDOR: WOOD - WOODMEN OF THE WORLD										
759/103117	10/30/17	10/30/17	12/14/17	\$22.90						\$22.90
		2305.000 - LIFE INSURANCE - WOOL								
6253743 MCDANIEL, BETTY J.		2305.000 - LIFE INSURANCE - WOOL		\$34.30						\$34.30
6253742 MCDANIEL, JAMES W.		INVOICE 759/103117 TOTALS:		\$57.20	\$0.00	\$0.00				\$57.20
		WOODMEN OF THE WORLD TOTALS:		\$57.20	\$0.00	\$0.00				\$57.20
VENDOR: WSIS - WEST SABINE INDEPENDENT SCHOOL										
103117	10/30/17	10/30/17	12/14/17	\$13,466.46						\$13,466.46
		MINERAL RECEIPTS 10/15 THRU 09/16								
		6330.800 - SCHOOL DISTRICTS								
		INVOICE 103117 TOTALS:		\$13,466.46	\$0.00	\$0.00				\$13,466.46
		WEST SABINE INDEPENDENT SCHOOL TOTALS:		\$13,466.46	\$0.00	\$0.00				\$13,466.46
		LEDGER TOTALS:		\$117,596.78	\$0.00	\$0.00				\$117,596.78

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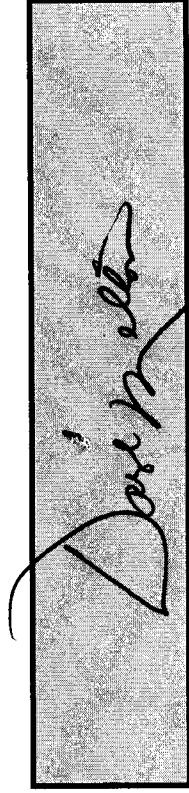
COUNTY OF SABINE - ROAD & BRIDGE FUND
AP Vendor Detail Ledger (Unpaid Invoices - Payment Detail)

Ledger as of : 10/31/2017

Invoice Number Description	Inv.Date	Post.Date Account	Due.Date	Amount	Discount	Amount Paid	Check Date	Check No.	Bank	Balance
VENDOR: ACBI - ALWAYS CARE BENEFITS, INC.										
3156096	10/30/17	10/30/17	12/14/17							
1717951 LOWE, GEORGE M.			2311.000 - DENTAL INSURANCE - ALI	\$16.90						\$16.90
1717924 LOWE, JAMES			2311.000 - DENTAL INSURANCE - ALI	\$67.80						\$67.80
1717942 WEATHERED, LEONARD R.			2311.000 - DENTAL INSURANCE - ALI	\$41.02						\$41.02
			INVOICE 3156096 TOTALS:	\$125.72	\$0.00	\$0.00				\$125.72
			ALWAYS CARE BENEFITS, INC. TOTALS:	\$125.72	\$0.00	\$0.00				\$125.72
VENDOR: CITY - CITY OF HEMPHILL										
103117	10/30/17	10/30/17	12/14/17							
UTILITY BILL ACCT. 10-0010-01			6440.601 - UTILITIES	\$125.74						\$125.74
			INVOICE 103117 TOTALS:	\$125.74	\$0.00	\$0.00				\$125.74
			CITY OF HEMPHILL TOTALS:	\$125.74	\$0.00	\$0.00				\$125.74
VENDOR: DCFS - DEPT. OF CHILDREN &										
103117	10/31/17	10/31/17	12/15/17							
CHILD SUPPORT; CASE NO. 00139763602			2304.000 - CHILD SUPPORT	\$155.10						\$155.10
			INVOICE 103117 TOTALS:	\$155.10	\$0.00	\$0.00				\$155.10
			DEPT. OF CHILDREN & TOTALS:	\$155.10	\$0.00	\$0.00				\$155.10
VENDOR: TACI - TAC HEBP										
36227201711	10/20/17	10/30/17	12/04/17							
HEALTH INSURANCE			6202.601 - GROUP MEDICAL INSURANCE	\$2,662.94						\$2,662.94
HEALTH INSURANCE			6202.602 - GROUP MEDICAL INSURANCE	\$3,018.33						\$3,018.33
HEALTH INSURANCE			6202.603 - GROUP MEDICAL INSURANCE	\$1,243.82						\$1,243.82
HEALTH INSURANCE			6202.604 - GROUP MEDICAL INSURANCE	\$2,305.90						\$2,305.90
DEPENDENT COVERAGE			2303.000 - ACCRUED DEPENDENT COVERAGE	\$470.88						\$470.88
			INVOICE 36227201711 TOTALS:	\$9,701.87	\$0.00	\$0.00				\$9,701.87
			TAC HEBP TOTALS:	\$9,701.87	\$0.00	\$0.00				\$9,701.87
			LEDGER TOTALS:	\$10,108.43	\$0.00	\$0.00				\$10,108.43

*V - Denotes Voided Check Entries

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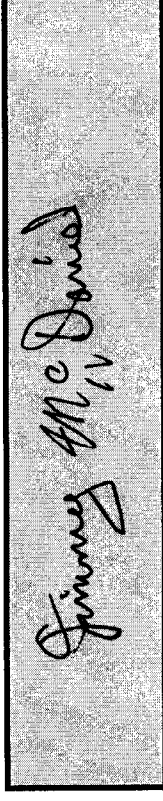
Daryl Melton
County Judge



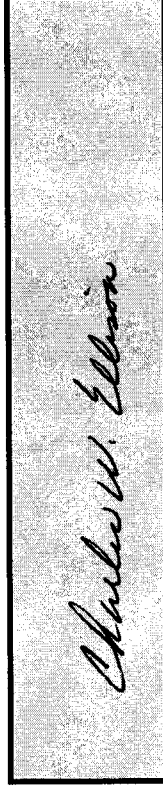
Janice McDaniel
County Clerk




Thomas Clark
Commissioner, Precinct #1



Jimmy McDaniel
Commissioner, Precinct #2



Charles Ellison
Commissioner, Precinct #3



Fayne Warner
Commissioner, Precinct #4

Approved for payment by Sabine County Commissioner's Court on October 31st 2017