

CLAY COUNTY Unpaid Invoice Report
1000 GENERAL FUND

08/31/2026 07:49:22

JP CB
2/4

Vendor Name	Acct	Claim	Invoice	Invoice		Amount
	Line	Number	Number	Date	Description	
0409 - NON-DEPARTMENTAL						
CLAY COUNTY PIONEER ASSOC.	4696		R	08/27/2026	FLAGS 2026	\$75.00 *
CLAY COUNTY PIONEER ASSOC.	4696		R	08/27/2026	FLAGS 2026	\$100.00 *
CLAY COUNTY PIONEER ASSOC.	4696		R	08/27/2026	FLAGS 2026	\$50.00 *
CLAY COUNTY PIONEER ASSOC.	4696		R	08/27/2026	FLAGS 2026	\$100.00 *
CLAY COUNTY PIONEER ASSOC.	4696		R	08/27/2026	FLAGS 2026	\$150.00 *
CLAY COUNTY PIONEER ASSOC.	4696		R	08/27/2026	FLAGS 2026	\$300.00 *
CLAY COUNTY PIONEER ASSOC.	4696		R	08/27/2026	FLAGS 2026	\$775.00
0409 - NON-DEPARTMENTAL DEPARTMENT TOTAL						

0635 - INDIGENT HEALTH CARE						
CLAY COUNTY MEMORIAL HOSPITAL	4445			07/20/2026		\$94.01
CLAY COUNTY MEMORIAL HOSPITAL	4445			05/08/2026		\$487.09
CLAY COUNTY MEMORIAL HOSPITAL	4445			07/08/2026		\$86.87
CLAY COUNTY MEMORIAL HOSPITAL	4445			06/19/2026		\$41.09
CLAY COUNTY MEMORIAL HOSPITAL	4445			06/19/2026		\$55.52
CLAY COUNTY MEMORIAL HOSPITAL	4445			03/24/2026		\$2,286.58
CLAY COUNTY MEMORIAL HOSPITAL	4445			07/10/2026		\$226.79
CLAY COUNTY MEMORIAL HOSPITAL	4445			10/01/2026		\$3,242.22
CLAY COUNTY MEMORIAL HOSPITAL	4445			07/10/2026		\$226.79
CLAY COUNTY MEMORIAL HOSPITAL	4445			06/03/2026		\$226.79
CLAY COUNTY MEMORIAL HOSPITAL	4445			05/22/2026		\$297.84
CLAY COUNTY MEMORIAL HOSPITAL	4445			06/24/2026		\$233.63
CLAY COUNTY MEMORIAL HOSPITAL	4445			06/05/2026		\$1,214.27
CLAY COUNTY MEMORIAL HOSPITAL	4445			07/02/2026		\$226.79
CLAY COUNTY MEMORIAL HOSPITAL	4445			07/03/2026		\$1,036.12
CLAY COUNTY MEMORIAL HOSPITAL	4445			07/03/2026		\$1,078.30
CLAY COUNTY MEMORIAL HOSPITAL	4445			06/03/2026		\$63.18
CLAY COUNTY MEMORIAL HOSPITAL	4445			05/12/2026		\$236.79
CLAY COUNTY MEMORIAL HOSPITAL	4445			05/09/2026		\$226.79
CLAY COUNTY MEMORIAL HOSPITAL	4445			06/19/2026		\$217.27
CLAY COUNTY MEMORIAL HOSPITAL	4445			06/19/2026		\$6.78
CLAY COUNTY MEMORIAL HOSPITAL	4445			05/19/2026		\$226.79
CLAY COUNTY MEMORIAL HOSPITAL	4445			06/23/2026		\$61.75
CLAY COUNTY MEMORIAL HOSPITAL	4445			05/03/2026		\$2,544.33
CLAY COUNTY MEMORIAL HOSPITAL	4445			01/23/2026		\$1,427.22
CLAY COUNTY MEMORIAL HOSPITAL	4445			03/23/2026		\$226.79
CLAY COUNTY MEMORIAL HOSPITAL	4445			04/01/2026		\$861.98
CLAY COUNTY MEMORIAL HOSPITAL	4445			01/01/2026		\$2,304.09
CLAY COUNTY MEMORIAL HOSPITAL	4445			05/15/2026		\$59.51
CLAY COUNTY MEMORIAL HOSPITAL	4445			05/20/2026		\$83.93
CLAY COUNTY MEMORIAL HOSPITAL	4445			05/01/2026		\$2,470.81
CLAY COUNTY MEMORIAL HOSPITAL	4445			03/30/2026		\$597.04
CLAY COUNTY MEMORIAL HOSPITAL	4445			03/27/2026		\$542.51
CLAY COUNTY MEMORIAL HOSPITAL	4445			03/30/2026		\$345.20
CLAY COUNTY MEMORIAL HOSPITAL	4445			03/30/2026		\$2,740.33
CLAY COUNTY MEMORIAL HOSPITAL	4445			03/30/2026		\$507.19
CLAY COUNTY MEMORIAL HOSPITAL	4445			10/07/2026		\$220.18

CLAY COUNTY Unpaid Invoice Report
1000 GENERAL FUND

08/31/2026 07:49:22

Vendor Name	Acct Line	Claim Number	Invoice Number	Invoice Date	Description	Amount
0635 - INDIGENT HEALTH CARE						
CLAY COUNTY MEMORIAL HOSPITAL	4445		142182001EB1	04/12/2026		\$226.79
CLAY COUNTY MEMORIAL HOSPITAL	4445		142415001EB1	04/17/2026		\$84.37
CLAY COUNTY MEMORIAL HOSPITAL	4445		142466001EB1	04/19/2026		\$607.80
CLAY COUNTY MEMORIAL HOSPITAL	4445		142454001EB1	04/18/2026		\$493.18
CLAY COUNTY MEMORIAL HOSPITAL	4445		142464001EB1	04/19/2026		\$2,314.09
CLAY COUNTY MEMORIAL HOSPITAL	4445		142739001EB1	04/24/2026		\$500.83
CLAY COUNTY MEMORIAL HOSPITAL	4445		142640001EB1	04/22/2026		\$633.60
CLAY COUNTY MEMORIAL HOSPITAL	4445		01*96	04/20/2026		\$1,752.03
CLAY COUNTY MEMORIAL HOSPITAL	4445		142301001EB1	04/29/2026		\$433.10
CLAY COUNTY MEMORIAL HOSPITAL	4445		142497001EB1	04/20/2026		\$507.13
CLAY COUNTY MEMORIAL HOSPITAL	4445		142706001EB1	04/24/2026		\$496.71
CLAY COUNTY MEMORIAL HOSPITAL	4445		142119001EB1	04/09/2026		\$580.93
CONCORD MEDICAL GROUP, INC.	4445		OCMG171862C1	07/10/2026		\$81.24
CONCORD MEDICAL GROUP, INC.	4445		OCMG171863C1	07/10/2026		\$81.24
CONCORD MEDICAL GROUP, INC.	4445		OCMG148437C1	08/10/2026		\$190.23
CONCORD MEDICAL GROUP, INC.	4445		OCMG159920C1	08/10/2026		\$107.42
CONCORD MEDICAL GROUP, INC.	4445		OCMG159999C1	07/02/2026		\$81.24
CONCORD MEDICAL GROUP, INC.	4445		OCMG160037C1	07/03/2026		\$81.24
CONCORD MEDICAL GROUP, INC.	4445		OCMG157277C1	06/24/2026		\$81.24
CONCORD MEDICAL GROUP, INC.	4445		OCMG139726C1	05/19/2026		\$81.24
CONCORD MEDICAL GROUP, INC.	4445		OCMG139972C1	05/22/2026		\$81.24
CONCORD MEDICAL GROUP, INC.	4445		OCMG138121C1	05/12/2026		\$81.24
CONCORD MEDICAL GROUP, INC.	4445		OCMG143619C1	06/03/2026		\$81.24
CONCORD MEDICAL GROUP, INC.	4445		OCMG131227C1	05/09/2026		\$65.25
CONCORD MEDICAL GROUP, INC.	4445		OCMG118499C1	04/24/2026		\$81.24
CONCORD MEDICAL GROUP, INC.	4445		OCMG126378C1	05/01/2026		\$101.00
SINGLETON AND ASSOCIATES	4445		APA37082201C	07/30/2026		\$20.85
SINGLETON AND ASSOCIATES	4445		APA36776215C	07/08/2026		\$20.58
SINGLETON AND ASSOCIATES	4445		APA36577681C	07/01/2026		\$20.85
SINGLETON AND ASSOCIATES	4445		APA36624103C	07/03/2026		\$20.85
SINGLETON AND ASSOCIATES	4445		APA36478622C	06/23/2026		\$27.80
SINGLETON AND ASSOCIATES	4445		APA36306434C	04/05/2026		\$260.89
SINGLETON AND ASSOCIATES	4445		APA36219541C	06/29/2026		\$20.85
SINGLETON AND ASSOCIATES	4445		APA35975588C	05/20/2026		\$96.50
SINGLETON AND ASSOCIATES	4445		APA36013025C	05/22/2026		\$29.67
UNITED REGIONAL HCS	4445		3182358909	10/01/2025		\$9,310.31
UNITED REGIONAL HCS	4445		3214294900	04/22/2026		\$2,550.25
0635 - INDIGENT HEALTH CARE DEPARTMENT TOTAL						\$49,317.42
1000 GENERAL FUND TOTAL						\$50,092.42

AP-UNPAID.INVOICE.REPORT
* Indicates an invoice has multiple department entries

Prepared by Danielle Moore

Page 2

CLAY COUNTY Unpaid Invoice Report
2002 ROAD & BRIDGE - PRECINCT #2 FUND

08/31/2026 07:49:22

Vendor Name	Acct	Claim	Invoice	Invoice	Amount
	Line	Number	Number	Date	Description
0612 - ROAD & BRIDGE - PRECINCT 2	4152				
WHATLEY MOBILE TIRE					\$880.00
0612 - ROAD & BRIDGE - PRECINCT 2 DEPARTMENT TOTAL			716959	08/27/2026	\$880.00
2002 ROAD & BRIDGE - PRECINCT #2 FUND TOTAL					\$880.00

AP UNPAID INVOICE REPORT

Prepared by Danielle Moore

Page 3

* Indicates an invoice has multiple department entries

08/31/2026 07:49:22

CLAY COUNTY Unpaid Invoice Report
2002 ROAD & BRIDGE - PRECINCT #2 FUND

Vendor Name	Acct	Claim	Invoice	Invoice	Amount
	Line	Number	Number	Date	Description

\$50,972.42

GRAND TOTAL

Prepared by Danielle Moore

Page 4

AP UNPAID INVOICE REPORT

* Indicates an invoice has multiple department entries