

## **Check Register**

## **Oklahoma County**

Method Desc	Check Date	Claim # Claimant Name	Payee Payment Type	Service From Service To	Run ID		Amount	Check #
Check								
	08/12/2025	028050001551	ROBERT N DANI INC Fees including PI, IOS, background checks, EDI fees	08/05/2025 08/05/2025	151488		\$176.25	805027620
		Total By - Method Des	c· 1	Total for	Method Desc:	\$176.25	\$176.25	
	T	otal Number of Check		Total A	Amount:	\$176.25	\$176.25	

CBR\kbishop Page 1 of 1 8/12/2025 7:42:25 AM

## **Payment Summary Current**

## Processed Date 8/12/2025 To 8/12/2025

Insurer	Method	Processed	Payment Type	Claim #	Claimant	Amount	Check # Payee
Oklahoma County							
	Check						
		8/12/2025	Fees including PI, IOS, background	02805000155 1	i	176.25	805027620 ROBERT N DANI INC
				Total Payme	nt Method	176.25	
				Total Insure	er	176.25	
				Grand Tota	al	176.25	

CBR\kbishop Page 1 of 1 8/12/2025 7:42:01 AM

	APPROVED ON
	DISTRICT 1
	DISTRICT 2
ATTEST:	DISTRICT 3
COUNTY CLERK	

	Claim Number	Department	Amount
Α	8050001551	District 3	\$176.25
			\$176.25