Add Save Copy Cancel Check Accounting Alt. Payees Disputed Bill/Lien Remarks Restrict Invoice Summary Worksheet View Special Handling View Filter

*Payee
Insured FRANKLIN TOWNSHIP
Phone:
Fax:
Address: 1571 DELSEA DR.
City: FRANKLINVILLE State: NJ Zip: 08322 Country: USA
Withholding Vendor(s):
Claimant Joint Payee

*Approval Status: Approved
*Method: Check
Processed: 02/08/2019
*Transaction: M-MISC MED(WC) & IND (NON-WC) PR Ch
*Due Date: 02/04/2019
From: 11/09/2018 Through: 11/09/2018 Days: 1 Work Weeks: 0.200
AWW 80% after tax:
Weekly Wage Earned:
80% after tax WWE:
Partial Rate:
OSHA200: 0.00
OSHA300: 0.00
Inc. Waiting Period
Hours: 0.00
*Amount Billed: 381.14
Check Date: 02/08/2019
Check #: 15493
Discount: 0.00 0.00 %
Delivery:
Deductible: 0.00
Reimbursement:
Withheld: 0.00 0.00 %
*Amount: 381.14
Taxable Amount: 0.00
Jurisdiction Reportable: 0.00
For:
Pymt Explanation:
Review Only
Invoice#:
Invoice Received:
Invoice Date:
Account#:
Batch#:
Tracking #
Voucher#:
External Payment #:
Requires Pkg
Refund#:
Additional Comment: Damaged Parts Less Deductible, 2013 Ford Truck, Vehicle 18
Correction Comment:
Pre-Fund Date:
Pre-Fund Comment:
Funding Source:
Non Consecutive Period:
Lump Sum Type:
Perm Impairment Min Payment
Bank Account: 221272031
Total Weeks: 0 Total Days: 0 Weeks: 0 Days: 0

Related	Proc and OFAC	Transaction Type	Payee	FS	D	U	R	S	From	Through	Method	Amount	Check Date	Check Number	Voucher Nu
	02/08/2019	M-MISC MED(W...	FRANKLIN TOWNSHIP						11/09/2018	11/09/2018	Check	381.14	02/08/2019	15493	

Add Save Copy Cancel Check Accounting Alt. Payee Disputed Bill/Lien Remarks Restrict Invoice Summary Worksheet View Special Handling View Filter

*Payee
Insured FRANKLIN TOWNSHIP

Phone:
Fax:

Address: 1571 DELSEA DR.
City: FRANKLINVILLE State: NJ Zip: 08322 Country: USA
Withholding Vendor(s): Claimant Joint Payee

*Approval Status: Approved Processed: 01/18/2019
*Method: Check *Transaction: M-MISC MED(WC) & PD (NON-WC) FR C
*Due Date: 01/17/2019 From: 11/15/2018 Through: 11/15/2018 Days: 1 Work Weeks: 0.200
AWW 80% after tax: Weekly Wage Earned: 80% after tax WWE: Partial Rate:
OSHA200: 0.00 OSHA300: 0.00 Inc. Waiting Period Hours: 0.00
*Amount Billed: 1,329.20 Check Date: 01/18/2019 Check #: 15329
Discount: 0.00 0.00 % Delivery:
Deductible: 0.00 Reimbursement:
Withheld: 0.00 0.00 %
*Amount: 1,329.20 Taxable Amount: 0.00 Jurisdiction Reportable: 0.00
For: Pymt Explanation: Review Only
Invoice#: Invoice Received: Invoice Date:
Account#: Batch#: Tracking #
Voucher#: External Payment #: Requires Pkg Refund#:

Additional Comment: Damages Less Deductible, 2015 Ford Explorer, 26357MG

Correction Comment:

Pre-Fund Date: Pre-Fund Comment: Funding Source:
Non Consecutive Period: Lump Sum Type: Perm Impairment Min Payment
Bank Account: 221272031 Total Weeks: 0 Total Days: 0 Weeks: 0 Days: 0

Related	Proc and OFAC	Transaction Type	Payee	FS	D	U	R	S	From	Through	Method	Amount	Check Date	Check Number	Voucher Nu
	01/18/2019	M-MISC MED(W...	FRANKLIN TOWNSHIP						11/15/2018	11/15/2018	Check	1,329.20	01/18/2019	15329	

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*Payee
Insured FRANKLIN TOWNSHIP Phone:
Fax:
Address: 1571 DELSEA DR.
City: FRANKLINVILLE State: NJ Zip: 08322 Country: USA
Withholding Vendor(s): Claimant Joint Payee

*Approval Status: Approved Processed: 03/30/2018
*Method: Check *Transaction: M-MISC MED(WC) & PD (NON-WC) PR CK
*Due Date: 03/28/2018 From: 01/03/2018 Through: 01/03/2018 Days: 1 Work Weeks: 0.200
AWW 80% after tax: Weekly Wage Earned: 80% after tax WWE: Partial Rate:
OSHA200: 0.00 OSHA300: 0.00 Inc. Waiting Period Hours: 0.00
*Amount Billed: 99,000.00 Check Date: 03/30/2018 Check #: 13172
Discount: 0.00 0.00 % Delivery:
Deductible: 0.00 Reimbursement:
Withheld: 0.00 0.00 %
*Amount: 99,000.00 Taxable Amount: 0.00 Jurisdiction Reportable: 0.00
For: Pymt Explanation: Review Only
Invoice#: Invoice Received: Invoice Date:
Account#: Batch#: Tracking #
Voucher#: External Payment #: Requires Pkg Refund#:
Additional Comment: JIF layer of coverage less deductible, Peterbilt Trash Truck, #21
Correction Comment:
Pre-Fund Date: Pre-Fund Comment: Funding Source:
Non Consecutive Period: Lump Sum Type: Perm Impairment Min Payment
Bank Account: 2217273691 Total Weeks: 0 Total Days: 0 Weeks: 0 Days: 0

Related	Proc and OFAC	Transaction Type	Payee	PS	D	U	R	S	From	Through	Method	Amount	Check Date	Check Number	Voucher Nu
	03/30/2018	M-MISC MED(W...	FRANKLIN TOWNSHIP						01/03/2018	01/03/2018	Check	99,000.00	03/30/2018	13172	

Add | Save | Copy | Cancel | Check Accounting | Alt Payee | Disputed Bill/Lien | Remarks | Restrict | Invoice Summary | Worksheet | View Special Handling | View | Filter

*Payee

Insured | FRANKLIN TOWNSHIP

Phone:

Fax:

Address: 1571 DELSEA DR.

City: FRANKLINVILLE | State: NJ | Zip: 08322 | Country: USA

Withholding Vendor(s):

Claimant Joint Payee

*Approval Status: Approved | Processed: 11/02/2018

*Method: Check | *Transaction: M-MISC MED(WC) & PD (NON-WC) PR CK

*Due Date: 10/31/2018 | From: 10/23/2018 | Through: 10/23/2018 | Days: 1 | Work Weeks: 0.200

AWW 80% after tax: | Weekly Wage Earned: | 80% after tax WWE: | Partial Rate:

OSHA200: 0.00 | OSHA300: 0.00 | Inc. Waiting Period | Hours: 0.00

*Amount Billed: 1,038.10 | Check Date: 11/02/2018 | Check #: 14826

Discount: 0.00 0.00 % | Delivery:

Deductible: 0.00 | Reimbursement:

Withheld: 0.00 0.00 %

*Amount: 1,038.10 | Taxable Amount: 0.00 | Jurisdiction Reportable: 0.00

For: | Pymt Explanation: | Review Only

Invoice#: | Invoice Received: | Invoice Date:

Account#: | Batch#: | Tracking #

Voucher#: | External Payment #: | Requires Pkg | Refund#:

Additional Comment: Damages Less Deductible, 2008 Dodge Durango, 26380-MG

Correction Comment:

Pre-Fund Date: | Pre-Fund Comment: | Funding Source:

Non Consecutive Period: | Lump Sum Type: | Perm Impairment Min Payment

Bank Account: 22127031 | Total Weeks: 0 | Total Days: 0 | Weeks: 0 | Days: 0

Related	Proc and OFAC	Transaction Type	Payee	PS	D	U	R	S	From	Through	Method	Amount	Check Date	Check Number	Voucher Nu
	12/07/2018	M-MISC MED(W...	FRANKLIN TOWNSHIP						10/23/2018	10/23/2018	Check	1,000.00	12/07/2018	15080	
	12/04/2018	R-SUBROGATIO...	FRANKLIN TOWNSHIP						12/03/2018	12/03/2018	Paper Transa...	-2,038.10			
	11/02/2018	E-APPRAISERS PR	LEO PETETTI, LLC.						10/23/2018	10/23/2018	Check	110.00	11/02/2018	14805	
	11/02/2018	M-MISC MED(W...	FRANKLIN TOWNSHIP						10/23/2018	10/23/2018	Check	1,038.10	11/02/2018	14826	

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***Payee**

Insured FRANKLIN TOWNSHIP

Phone:

Fax:

Address: 1571 DELSEA DR.

City: FRANKLINVILLE State: NJ Zip: 08322 Country: USA

Withholding Vendor(s):

Claimant Joint Payee

*Approval Status: Approved

*Method: Check

*Due Date: 12/05/2018

Processed: 12/07/2018

*Transaction: M-MISC MED(WC) & PD (NON-WC) PR Ck

From: 10/23/2018 Through: 10/23/2018 Days: 1 Work Weeks: 0.200

AWW 80% after tax:

Weekly Wage Earned:

80% after tax WWE:

Partial Rate:

OSHA200: 0.00

OSHA300: 0.00

Inc. Waiting Period

Hours: 0.00

*Amount Billed: 1,000.00

Check Date: 12/07/2018

Check #: 15080

Discount: 0.00 0.00 %

Delivery:

Deductible: 0.00

Reimbursement:

Withheld: 0.00 0.00 %

*Amount: 1,000.00

Taxable Amount: 0.00

Jurisdiction Reportable: 0.00

For:

Pymt Explanation:

Review Only

Invoice#:

Invoice Received:

Invoice Date:

Account#:

Batch#:

Tracking #

Voucher#:

External Payment #:

Requires Pkg

Refund#:

Additional Comment: Deductible, 2008 Dodge Durango, 26380MG

Correction Comment:

Pre-Fund Date:

Pre-Fund Comment:

Funding Source:

Non Consecutive Period:

Lump Sum Type:

Perm Impairment Min Payment

Bank Account: 221273081

Total Weeks: 0 Total Days: 0 Weeks: 0 Days: 0

Related	Proc and OFAC	Transaction Type	Payee	PS	D	U	R	S	From	Through	Method	Amount	Check Date	Check Number	Voucher Nur
	12/07/2018	M-MISC MED(W...	FRANKLIN TOWNSHIP						10/23/2018	10/23/2018	Check	1,000.00	12/07/2018	15080	
	12/04/2018	R-SUBROGATIO...	FRANKLIN TOWNSHIP						12/03/2018	12/03/2018	Paper Transa...	-2,038.10			
	11/02/2018	E-APPRAISERS PR	LEO PETETTI, LLC.						10/23/2018	10/23/2018	Check	110.00	11/02/2018	14805	
	11/02/2018	M-MISC MED(W...	FRANKLIN TOWNSHIP						10/23/2018	10/23/2018	Check	1,038.10	11/02/2018	14826	