

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE _____

DATE: 2-7-2000 TAX PAYER ID NO. _____

PLEASE PAY TO: _____
PAYMENT RELATES TO: DIOCESE OF FORT WORTH FOUNDATION

INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
	<u>2-2-2000</u>	<u>360.00</u>	<u>71502</u>	<u>81571</u>		<u>360.00</u>

TOTAL INVOICE 360.00

TOTAL ACCOUNTING 360.00

THESE MUST EQUAL

Description of Order: _____
Payment Instructions: _____
AUTHORIZED BY: [Signature]

Accounting Use Only

ACCOUNTING: _____

10-04-04 Order
0305

PAYORDER.WJ

5/14/96 - DIOAF

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COURT REPORTERS ASSOCIATION OF TEXAS

Bill To:
Reverend Bob Wilson
Catholic Diocese
800 West Loop 820 South
Fort Worth, TX 76108

Bill as of: Feb 2, 2000

Date	Transaction	Session Charge	Total Owed
	Previous Balance		\$450.00
1/7/2000	Individual Psychotherapy	\$90.00	\$90.00
1/13/2000	Individual Psychotherapy	\$90.00	\$90.00
1/13/2000	Payment - Reverend Bob Wilson		(\$450.00)
1/22/2000	Individual Psychotherapy	\$90.00	\$90.00
1/28/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$360.00	\$360.00

Please Pay this Amount:

This bill reflects the services

10-04-04 Order
0306

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER/ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____ INVOICE DATE _____

DATE 3-5-80 TAX PAYER ID NO. _____

CHECK PAY TO _____

PAYMENT RELATES TO
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			CHARGES TO			
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
<u>114</u>	<u>2-25-80</u>	<u>50.00</u>	<u>7845 FM</u>	<u>01</u>	<u>33-71</u>	<u>50.00</u>

DOCUMENT IS NOT TO BE REPRODUCED.
THESE ARE EQUAL

DESCRIPTION OF ORDER _____

PAYMENT INSTRUCTIONS Counsel

AUTHORIZED BY [Signature]

Accounting Use Only

ACCOUNTING _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0312

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE

Bill To:
Reverend Bob Wilson
Catholic Diocese
800 West Loop East South
Fort Worth, TX 76108

Bill as of: Feb 25, 2000

Date	Transaction		Total Owed
	Previous Balance		\$0.00
2/24/2000	Report Writing	\$50.00	\$50.00
		\$50.00	\$50.00

Please Pay this Amount: \$50.00

DOCUMENT IS NOT TO BE REPRODUCED.

Reverend Wilson,
Enclosed is the report requested. If
you have any concerns, please feel free to call.
Sincerely,

If you have any questions or

10-04-04 Order
0313

CATHOLIC DIOCESE OF FORT WORTH

REQUEST FOR REIMBURSEMENT

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE: TCW

PLEASE PAY TO: _____

PAYMENT RELATES TO:
DIOCESE
FOUNDATION

PAID INVOICES (ATTACHED):		ACCOUNT NO.		FUND		AMOUNT	
DESCRIPTION:	AMOUNT						
<u>Counseling</u>	<u>360</u>	<u>9484</u>	<u>8871</u>			<u>360</u>	

DOCUMENT IS NOT TO BE REPRODUCED.

SUB-TOTAL INVOICE
LESS - ADVANCES DUE
NEED REIMBURSEMENT TO USER
360

SUB-TOTAL ACCOUNTING
LESS - ADVANCES DUE
TOTAL ACCOUNTING
THESE MUST EQUAL
360

PAYMENT INSTRUCTIONS: _____

REQUESTED BY: _____

AUTHORIZED BY: _____

Send a copy of the bill with the check to the office with charge my name.

Accounting Use Only 10-04-04 Order
ACCOUNTING: 0314

COPIES

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS
PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE

Bill To: *Robert Wilson*
Reverend Bob Wilson
Catholic Diocese
800 West Loop B20 South
Fort Worth, TX 76108

Bill as of: Mar 1, 2000

Date	Transaction	Session Charge	Total Owed
	Previous Balance		\$360.00
2/2/2000	Individual Psychotherapy	\$90.00	\$90.00
2/10/2000	Individual Psychotherapy	\$90.00	\$90.00
2/17/2000	Individual Psychotherapy	\$90.00	\$90.00
2/17/2000	Payment - Reverend Wilson		(\$360.00)
2/24/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$360.00	\$360.00

Please Pay this Amount:

This bill reflects the services

10-04-04 Order
0315

CONFIDENTIAL

DOCUMENT IS NOT TO BE REPRODUCED.

10-04-04 Order
0317

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTSPAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____ ENTERED BY DATE _____

DATE: 3-24-07 TAX PAYER ID NO. _____

PLEASE PAY TO: _____
PAYMENT RELATES TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			CHARGES TO		
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	AMOUNT
<u>Bank</u>		<u>60</u>	<u>7555</u>	<u>07</u>	<u>60</u>

DOCUMENT IS NOT TO BE REPRODUCED.

DESCRIPTION OF ORDER:
Conferences
Post _____ in state
AUTHORIZED BY: [Signature]

Accounting Use Only
ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0318

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY TEXAS. THIS DOCUMENT IS NOT TO BE

Statement of Account

PAGE 1

Account Number

Date
03/22/00

Date	Patient	Procedure	Trans.	Total Insur. Payment	Total Patient Payment	Patient Balance
11/22/99		OP-MEDICATION MANAGE	60.00	0.00	15.00	0.00
02/03/00	29622	MAJOR DEPRESSIVE DIS PAYMENT ON ACCO	55.00			
03/22/00	29622	OP-MEDICATION MANAGE MAJOR DEPRESSIVE DIS	60.00	0.00	0.00	60.00

DOCUMENT IS NOT TO BE REPRODUCED.

Insurance was last billed on 03/02/00

Total Balance 105.00
 Total Due From Insurance - 45.00
 Total Patient Balance = 60.00

10-04-04 Order
0319

CURRENT BAL	30 DAY BAL	60 DAY BAL	90 DAY BAL	120 DAY BAL	Please Pay
PT 60.00	0.00	0.00	0.00	0.00	60.00
IN 0.00	0.00	0.00	45.00	0.00	

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DISTRICT COURT.

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

INVOICE NO. _____ ENTERED BY DATE _____

DATE 3-31-80 TAXAYER ID NO. _____

PLEASE PAY TO _____

PAYMENT RELATES TO:
 DIOCESE
 FOUNDATION

INVOICES TO BE PAID			DEBIT CHARGED		
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.
<u>71</u>	<u>3-31-80</u>	<u>360</u>	<u>7885-00</u>	<u>01</u>	<u>517</u>

DOCUMENT IS NOT TO BE REPRODUCED

DESCRIPTION OF ORDER:
Accounting

PAYMENT INSTRUCTIONS:

AUTHORIZED BY:
[Signature]

Accounting Use Only
ACCOUNTING:

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0320

Bill to:
Reverend Robert Wilson
Catholic Diocese
800 West Loop 820 South
Fort Worth, TX 76108

Bill as of: Mar 31, 2000

Date	Transaction	Session Charge	Total Owed
	Previous Balance		\$410.00
3/2/2000	Individual Psychotherapy	\$90.00	\$90.00
3/9/2000	Individual Psychotherapy	\$90.00	\$90.00
3/13/2000	Payment - Reverend Robert Wil		(\$50.00)
3/21/2000	Individual Psychotherapy	\$90.00	\$90.00
3/21/2000	Payment - Reverend Robert Wil		(\$360.00)
3/28/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$360.00	\$360.00

Please Pay this Amount:

This bill reflects the services for
fees to call

If you have any questions please

10-04-04 Order
0321

March 27, 2000

Please find enclosed the receipts for my most recent medications. Consider this as an invoice for them.

Remeron, 60 tabs, \$15.00

Clonazepam, 60 tabs, \$5.00

Total \$20.00

Thank you.

DOCUMENT IS NOT TO BE REPRODUCED.

CONFIDENTIAL

10-04-04 Order
0323

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER / ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE _____

DATE: 4-26-07 TAX PAYER ID NO. _____

PLEASE SET UP TO: _____
PAYMENT RELATES TO:
 DIOCESE
 FOUNDATION

INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	FUND	DEPT.	AMOUNT
<u>11/11</u>	<u>4-25-07</u>	<u>20.00</u>	<u>738360</u>	<u>11</u>	<u>311</u>	<u>20.00</u>

DOCUMENT IS NOT TO BE REPRODUCED.

DESCRIPTION OF ORDER:
Prescription with medication

PAYMENT INSTRUCTIONS:

AUTHORIZED BY:
[Signature]

Accounting Use Only
ACCOUNTING: _____

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0324

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF THIS CASE.

CATHOLIC DIOCESE OF FORT WORTH

PAYMENT ORDER/ACCOUNTS PAYABLE VOUCHER FORM

Accounting Use Only

VENDOR NO. _____	ENTERED BY/DATE: _____
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DATE: <u>10-04-04</u>	TAX PAYER ID NO.: _____
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PLEASE PAY TO: _____	PAYMENT RELATES TO: <input checked="" type="checkbox"/> DIOCESE <input type="checkbox"/> FOUNDATION
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INVOICES TO BE PAID			CHARGES TO	
INVOICE NO.	INVOICE DATE	AMOUNT	ACCOUNT NO.	AMOUNT
<u>11/11</u>	<u>4-30-00</u>	<u>2,100.00</u>	<u>780000</u>	<u>2,100.00</u>

DOCUMENT IS NOT TO BE REPRODUCED.

DESCRIPTION OF ORDER: _____ <u>Counseling</u>	AUTHORIZED BY: _____ <u>ZCW</u>
--	------------------------------------

Accounting Use Only

ACCOUNTING: _____

1 day 40 pages 011 - 1146 - DIO AP

ORIGINAL TO ACCOUNTING - MAKE A PHOTOCOPY FOR YOUR RECORDS

10-04-04 Order
0325

COPIED

RECEIVED

Bill To:

Reverend Robert Wilson
Catholic Diocese
800 West Loop 820 South
Fort Worth, TX 76108

Bill as of: Apr 30, 2000

Date	Transaction	Session Charge	Total Owed
	Previous Balance		\$360.00
4/4/2000	Individual Psychotherapy	\$90.00	\$90.00
4/7/2000	Payment - Reverend Robert Wilson		(\$360.00)
4/11/2000	Individual Psychotherapy	\$90.00	\$90.00
4/18/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$270.00	\$270.00

DOCUMENT IS NOT TO BE REPRODUCED.

Please Pay this Amount: \$270.00

This bill reflects dates of service for

CONFIDENTIAL

10-04-04 order
0326

CATHOLIC DIOCESE OF FORT WORTH

REQUEST FOR REIMBURSEMENT

Accounting Use Only

VENDOR NO. _____ ENTERED BY/DATE _____

Pay To The Order Of: _____ DATE: 5-30-00

PAYMENT RELATED TO: DIOCESE FOUNDATION

PAID INVOICES (ATTACHED)		CHARGE TO:			
DESCRIPTION:	AMOUNT	ACCOUNT NO.	FUND	DEPT	AMOUNT
<i>prescriptions</i>	<i>15.00</i>	<i>788100</i>	<i>01</i>	<i>8341</i>	<i>20.00</i>
<i>prescription</i>	<i>5.00</i>				

DOCUMENT IS NOT TO BE REPRODUCED

SUB-TOTAL INVOICES LESS-ADVANCES DUE NET REIMBURSEMENT TO USER 20.00

SUB-TOTAL ACCOUNTING LESS-ADVANCES DUE TOTAL ACCOUNTING 20.00

↑ THESE MUST EQUAL ↑

PAYMENT INSTRUCTIONS _____

REQUESTED BY: CAW

AUTHORIZED BY: mmf

Accounting Use Only

ACCOUNTING: _____

PREPARED BY _____ DATE _____

PLEASE MAKE A PHOTOCOPY FOR YOUR RECORDS 10-04-04 Order 0327

COPIED

May 24, 2000

Please find enclosed the receipts for my most recent medications. Consider this an invoice for same.

Remeron, 60 tabs, \$75.00

Clonazepam, 60 tabs, \$5.00

Total \$20.00

Thank you

DOCUMENT IS NOT TO BE REPRODUCED.

CONFIDENTIAL

10-04-04 Order
0328

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DIOCESE AT CONCLUSION OF SUCH CAUSE.

Bill To:
Reverend Robert Wilson
Catholic Diocese
800 West Loop 820 South
Fort Worth, TX 76108

Bill as of: May 31, 2000

Date	Transaction	Session Charge	Total Owed
	Previous Balance		\$270.00
5/2/2000	Individual Psychotherapy	\$90.00	\$90.00
5/8/2000	Payment - Reverend Robert Wilson		(\$270.00)
5/9/2000	Individual Psychotherapy	\$90.00	\$90.00
5/16/2000	Individual Psychotherapy	\$90.00	\$90.00
5/30/2000	Individual Psychotherapy	\$90.00	\$90.00
		\$360.00	\$360.00

DOCUMENT IS NOT TO BE REPRODUCED.

Please Pay this Amount:

This bill reflects the services for

CONFIDENTIAL

10-04-04 Order
0330

July 28, 2000

Please find enclosed the receipts for my most recent medications. Consider this as an invoice for them.

Remeron, 30 tabs, \$15.00

Clonazepam, 60 tabs, \$5.00

Total \$20.00

Thank you,

DOCUMENT IS NOT TO BE REPRODUCED.

CONFIDENTIAL

10-04-04 Order
0332

PER COURT ORDER - DOCUMENT NOT TO BE DISCLOSED TO ANYONE NOT IDENTIFIED IN SUCH ORDER AND INFORMATION IN DOCUMENT ONLY TO BE USED IN CAUSE NO. 141-198356-03, TARRANT COUNTY, TEXAS. THIS DOCUMENT IS NOT TO BE REPRODUCED. DOCUMENT TO BE RETURNED TO COUNSEL FOR FORT WORTH DISTRICT AT CONCLUSION OF SUCH CAUSE.