ANNUAL SUBRECIPIENT CONTRACT DETAIL
BY PARENT
FOR THE FISCAL YEAR ENDED 6/30/04

PARENT NAME **Wellmont Health System** **Parent Record #** **6799**

VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE	TYPE	EFFECT. DAT	EXPEND AMOUNT
WELLMONT HEALTH SYST	Z04019564	WELLMONT HOLSTON VALLE	34349	103	D	1/21/2004	223,600.00
	Summary for 'REF DOC NUMBER' = Z04019564 (1 detail record)						
						Total for Z04019564	*223,600.00*

VENDOR NAME	REF DOC NUMBER	PAYEE NAME	ALLOT CODE	TRANS CODE	TYPE	EFFECT. DAT	EXPEND AMOUNT
WELLMONT HEALTH SYST	Z04019610	WELLMONT HEALTH SYSTEM	34349	103	D	2/2/2004	98,400.00
	Summary for 'REF DOC NUMBER' = Z04019610 (1 detail record)						
						Total for Z04019610	*98,400.00*