

COUNTY OF YOLO - SPECIAL DISTRICT CLAIM / COVER SHEET


ESPARTO FIRE PROTECTION DISTRICT 621600000000 - PAYABLE 621627518060

Prepared by: Monica Burns

Date: 8/14/2024

I hereby certify that the articles or services described by the invoices were necessary for use by the Department.

APPROVED BY BOARD MEMBERS OR AUTHORIZED SIGNATOR(S):



TOTALS BY ACCOUNT NUMBER	
CHECK REQUEST	AMOUNT
2024-25	
501130 - HEALTH INSURANCE	\$1,979.95
TOTAL 2024-25 CHECK REQUEST	\$1,979.95

TOTALS BY VENDOR	
CHECK REQUEST	AMOUNT
2024-25	
UHIC-UNITEDHEALTHCARE OF CALIFORNIA	\$174.47
WESTERN HEALTH ADVANTAGE	\$1,805.48
TOTAL 2024-25 CHECK REQUEST	\$1,979.95

CaIPERS TRANSFER	AMOUNT
2024-25	\$573.00
TOTAL 2024-25 TRANSFER REQUEST	\$573.00
TOTAL CLAIMS REQUEST (CHECKS & TRANSFER)	\$2,552.95

CHECK REQUEST DETAIL
FISCAL YEAR 2024-25

Account	Vendor #	Vendor Name	Invoice No	Amount	Invoice Date	Due Date	Description	Vendor Total
501130 - HEALTH INSURANCE	28496	UNITED HEALTHCARE INSURANCE COMPANY	335977437263	\$174.47	08/14/2024	09/01/2024	ESPARTO FIRE PROTECTION DIST-CUST #04V7570	\$174.47
501130 - HEALTH INSURANCE	12510	WESTERN HEALTH ADVANTAGE	0003423294	\$1,805.48	08/10/2024	08/31/2024	ESPARTO FIRE PROTECTION DISTRICT-GROUP# 108206 A000	\$1,805.48
TOTAL				\$1,979.95				\$1,979.95

CALPERS TRANSFER DETAIL

Fiscal Year	Account	Vendor Name	Invoice No	Amount	Invoice Date	Due Date	Description	Vendor Total
2024-25	501100 - RETIREMENT	CalPERS	100000017615620	\$573.00	7/17/24	8/31/24	Esparto Fire Protection District Cust ID 7735348195	\$573.00
		Total Transfer Request		\$573.00				\$573.00