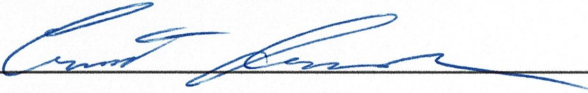**COUNTY OF YOLO - SPECIAL DISTRICT CLAIM / COVER SHEET**

ESPARTO FIRE PROTECTION DISTRICT 621600000000 - PAYABLE 621627518060

Prepared by: _MONICA BURNS_   Date: _6/27/24_

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		TOTALS BY VENDOR	
CHECK REQUEST	**AMOUNT**	**CHECK REQUEST**	**AMOUNT**
2024-25		**2024-25**	
501130 - HEALTH INSURANCE	$1,381.64	UHIC-UNITEDHEALTHCARE OF CALIFORNIA	$138.09
		WESTERN HEALTH ADVANTAGE	$1,243.55
TOTAL 2024-25 CHECK REQUEST	**$1,381.64**	**TOTAL 2024-25 CHECK REQUEST**	**$1,381.64**

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	335979981763	$138.09	06/14/2024	07/01/2024	ESPARTO FIRE PROTECTION DIST-CUST #04V7570	$138.09
501130 - HEALTH INSURANCE	12510	WESTERN HEALTH ADVANTAGE	0003370128	$1,243.55	06/10/2024	06/30/2024	ESPARTO FIRE PROTECTION DISTRICT-GROUP# 108206 A000	$1,243.55
			TOTAL	$1,381.64				$1,381.64