

COUNTY OF YOLO - SPECIAL DISTRICT CLAIM / COVER SHEET


ESPARTO FIRE PROTECTION DISTRICT 621600000000 - PAYABLE 621627518060

Prepared by: Monica Burns

Date: 9/16/2024

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):

  
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TOTALS BY ACCOUNT NUMBER	
CHECK REQUEST	AMOUNT
2024-25	
501130 - HEALTH INSURANCE	\$174.47
<b>TOTAL 2024-25 CHECK REQUEST</b>	<b>\$174.47</b>

TOTALS BY VENDOR	
CHECK REQUEST	AMOUNT
2024-25	
UHIC-UNITEDHEALTHCARE OF CALIFORNIA	\$174.47
<b>TOTAL 2024-25 CHECK REQUEST</b>	<b>\$174.47</b>

CaIPERS TRANSFER	AMOUNT
2024-25	
<b>TOTAL 2024-25 TRANSFER REQUEST</b>	<b>\$0.00</b>
<b>TOTAL CLAIMS REQUEST (CHECKS &amp; TRANSFER)</b>	<b>\$174.47</b>

**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	335975657201	\$174.47	09/14/2024	10/01/2024	ESPARTO FIRE PROTECTION DIST-CUST #04V7570	\$174.47
<b>TOTAL</b>				<b>\$174.47</b>				<b>\$174.47</b>