


COUNTY OF YOLO - SPECIAL DISTRICT CLAIM / COVER SHEET

ESPARTO FIRE PROTECTION DISTRICT - FUND #8031

Prepared by: Monica Burns Date: 10/14/2024

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	
UNITED HEALTHCARE INSURANCE COMPANY	\$174.47
WESTERN HEALTH ADVANTAGE	\$1,805.48
TOTAL 2024-25 CHECK REQUEST	\$1,979.95

CaIPERS TRANSFER	AMOUNT
2024-25	
TOTAL 2024-25 TRANSFER REQUEST	\$0.00
TOTAL CLAIMS REQUEST (CHECKS & TRANSFER)	\$1,979.95

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	335972417990	\$174.47	10/14/2024	11/01/2024	ESPARTO FIRE PROTECTION DIST-CUST #04V7570	\$174.47
501130 - HEALTH INSURANCE	12510	WESTERN HEALTH ADVANTAGE	0003473052	\$1,805.48	10/10/2024	10/31/2024	ESPARTO FIRE PROTECTION DISTRICT-GROUP# 108206 A000	\$1,805.48
TOTAL				\$1,979.95	TOTAL CHECK REQUEST			\$1,979.95