

COUNTY OF YOLO - SPECIAL DISTRICT CLAIM / COVER SHEET

ESPARTO FIRE PROTECTION DISTRICT - FUND #8031

Prepared by: Monica Burns Date: 12/16/2024

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):



TOTALS BY ACCOUNT NUMBER	
CHECK REQUEST	AMOUNT
2024-25	
501130 - HEALTH INSURANCE	\$181.72
TOTAL 2024-25 CHECK REQUEST	\$181.72

TOTALS BY VENDOR	
CHECK REQUEST	AMOUNT
2024-25	
UNITED HEALTHCARE INSURANCE COMPANY	\$181.72
TOTAL 2024-25 CHECK REQUEST	\$181.72

CaIPERS TRANSFER	AMOUNT
2024-25	
TOTAL 2024-25 TRANSFER REQUEST	\$0.00
TOTAL CLAIMS REQUEST (CHECKS & TRANSFER)	\$181.72

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	1.84826E+11	\$181.72	12/14/2024	01/01/2025	ESPARTO FIRE PROTECTION DIST-CUST #1687615; 04V7570	\$181.72
TOTAL								\$181.72
TOTAL CHECK REQUEST								\$181.72