

COUNTY OF YOLO - SPECIAL DISTRICT CLAIM / COVER SHEET

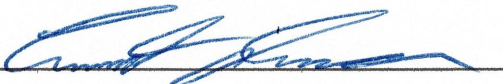
ESPARTO FIRE PROTECTION DISTRICT 621600000000 - PAYABLE 621627518060

Prepared by: 

Date: 11/29/23

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

APPROVED BY BOARD MEMBERS:

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\_\_\_\_\_

CHECK REQUEST	AMOUNT
2023-24	
501130 - HEALTH INSURANCE	\$138.09
<b>TOTAL 2023-24 CHECK REQUEST</b>	<b>\$138.09</b>
CaPERS TRANSFER	AMOUNT
2023-24	
<b>TOTAL 2023-24 TRANSFER REQUEST</b>	<b>\$0.00</b>
<b>TOTAL CLAIMS REQUEST (CHECKS &amp; TRANSFER)</b>	<b>\$138.09</b>

**CHECK REQUEST DETAIL**  
**FISCAL YEAR 2023-24**

<b>Account</b>	<b>Vendor #</b>	<b>Vendor Name</b>	<b>Invoice No</b>	<b>Amount</b>	<b>Invoice Date</b>	<b>Due Date</b>	<b>Vendor Total</b>
501130 - HEALTH INSURANCE	28496	UHIC-UNITEDHEALTHCARE OF CALIFORNIA	DENTAL & VISION BINDER CHECK	\$138.09	11/29/2023	11/30/2023	<b>\$138.09</b>
<b>TOTAL</b>				<b>\$138.09</b>	<b>TOTAL</b>		<b>\$138.09</b>