


COUNTY OF YOLO - SPECIAL DISTRICT CLAIM / COVER SHEET

ESPARTO FIRE PROTECTION DISTRICT - FUND #8031

Prepared by: Monica Burns Date: 01/15/2026

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
<b>2025-26</b>	
501130 - HEALTH INSURANCE	\$2,602.41
510070 - MAINTENANCE-EQUIPMENT	\$2,212.06
510255 - PROFESSIONAL & SPECIAL SERVICES- MEDICAL, DENTAL, LAB	\$138.00
<b>TOTAL 2025-26 CHECK REQUEST</b>	<b>\$4,952.47</b>

TOTALS BY VENDOR	
CHECK REQUEST	AMOUNT
<b>2025-26</b>	
DIGNITY HEALTH MED-WLD CLINIC	\$138.00
UNITED FLEET MAINTENANCE	\$2,212.06
UNITED HEALTHCARE INSURANCE COM	\$197.98
WESTERN HEALTH ADVANTAGE	\$2,404.43
<b>TOTAL 2025-26 CHECK REQUEST</b>	<b>\$4,952.47</b>

CaIPERS TRANSFER	AMOUNT
<b>2025-26</b>	
<b>TOTAL 2025-26 TRANSFER REQUEST</b>	<b>\$0.00</b>
<b>TOTAL CLAIMS REQUEST (CHECKS &amp; TRANSFER)</b>	<b>\$4,952.47</b>

**CHECK REQUEST DETAIL  
FISCAL YEAR 2025-26**

<b>Account</b>	<b>Vendor Name</b>	<b>Invoice No</b>	<b>Amount</b>	<b>Invoice Date</b>	<b>Vendor Total</b>
510255 - PROFESSIONAL & SPECIAL SERVICES-MEDICAL, DENTAL, LAB	DIGNITY HEALTH MED-WLD CLINIC	27551574	\$60.00	01/09/2026	
510255 - PROFESSIONAL & SPECIAL SERVICES-MEDICAL, DENTAL, LAB	DIGNITY HEALTH MED-WLD CLINIC	27551575	\$78.00	01/09/2026	<b>\$138.00</b>
501130 - HEALTH INSURANCE	WESTERN HEALTH ADVANTAGE	0004093747	\$2,404.43	01/10/2026	<b>\$2,404.43</b>
501130 - HEALTH INSURANCE	UNITED HEALTHCARE INSURANCE COMPANY	184826360570	\$197.98	01/14/2026	<b>\$197.98</b>
510070 - MAINTENANCE-EQUIPMENT	UNITED FLEET MAINTENANCE	5851	\$206.30	01/12/2026	
510070 - MAINTENANCE-EQUIPMENT	UNITED FLEET MAINTENANCE	5856	\$1,376.15	01/03/2026	
510070 - MAINTENANCE-EQUIPMENT	UNITED FLEET MAINTENANCE	5859	\$629.61	01/14/2026	<b>\$2,212.06</b>
	<b>TOTAL</b>		<b>\$4,952.47</b>		<b>\$4,952.47</b>