


COUNTY OF YOLO - SPECIAL DISTRICT CLAIM / COVER SHEET

ESPARTO FIRE PROTECTION DISTRICT - FUND #8031

Prepared by: Monica Burns Date: 04/14/2025

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	\$2,243.51
TOTAL 2024-25 CHECK REQUEST	\$2,243.51

TOTALS BY VENDOR	
CHECK REQUEST	AMOUNT
2024-25	
UNITED HEALTHCARE INSURANCE COMPANY	\$181.72
WESTERN HEALTH ADVANTAGE	\$2,061.79
TOTAL 2024-25 CHECK REQUEST	\$2,243.51

CaIPERS TRANSFER	AMOUNT
2024-25	
TOTAL 2024-25 TRANSFER REQUEST	\$0.00
TOTAL CLAIMS REQUEST (CHECKS & TRANSFER)	\$2,243.51

CHECK REQUEST DETAIL
FISCAL YEAR 2024-25

Account	Vendor Name	Amount	Invoice Date	Vendor Total
501130 - HEALTH INSURANCE	UNITED HEALTHCARE INSURANCE COMPANY	\$181.72	04/14/2025	\$181.72
501130 - HEALTH INSURANCE	WESTERN HEALTH ADVANTAGE	\$2,061.79	04/14/2025	\$2,061.79
	TOTAL	\$2,243.51		\$2,243.51