COUNTY OF YOLO - SPECIAL DISTRICT CLAIM / COVER SHEET

ESPARTO FIRE PROTECTION DISTRICT - FUND #8031

Prepared by: Monica Burns Date: 08/28/26

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**
2026-27	
501130 - HEALTH INSURANCE	$82.16
TOTAL 2026-27 CHECK REQUEST	**$82.16**
CalPERS TRANSFER	**AMOUNT**
2026-27	
TOTAL 2026-27 TRANSFER REQUEST	**$0.00**
TOTAL CLAIMS REQUEST (CHECKS & TRANSFER)	**$82.16**

TOTALS BY VENDOR	
CHECK REQUEST	**AMOUNT**
2026-27	
UNITED HEALTHCARE INSURANCE COMPANY	$82.16
TOTAL 2026-27 CHECK REQUEST	**$82.16**

CHECK REQUEST DETAIL

FISCAL YEAR 2026-27

Account	Vendor #	Vendor Name	Invoice No	Amount	Invoice Date	Vendor Total
501130 - HEALTH INSURANCE	28496	UNITED HEALTHCARE INSURANCE COMPANY	899827407935	$82.16	08/14/2026	**$82.16**
		TOTAL		**$82.16**		**$82.16**