


COUNTY OF YOLO - SPECIAL DISTRICT CLAIM / COVER SHEET


ESPARTO FIRE PROTECTION DISTRICT 621600000000 - PAYABLE 621627518060

Prepared by: 

Date: 11/15/23

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	\$1,161.52
<b>TOTAL 2023-24 CHECK REQUEST</b>	<b>\$1,161.52</b>
CaIPERS TRANSFER	AMOUNT
2023-24	
<b>TOTAL 2023-24 TRANSFER REQUEST</b>	<b>\$0.00</b>
<b>TOTAL CLAIMS REQUEST (CHECKS &amp; TRANSFER)</b>	<b>\$1,161.52</b>

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

Account	Vendor #	Vendor Name	Invoice No	Amount	Invoice Date	Due Date	Vendor Total
501130 - HEALTH INSURANCE	12510	WESTERN HEALTH ADVANTAGE	0003193573	\$1,161.52	11/10/2023	11/30/2023	\$1,161.52
			<b>TOTAL</b>	<b>\$1,161.52</b>		<b>TOTAL</b>	<b>\$1,161.52</b>