

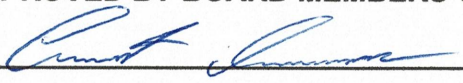
COUNTY OF YOLO - SPECIAL DISTRICT CLAIM / COVER SHEET

ESPARTO FIRE PROTECTION DISTRICT - FUND #8031

Prepared by: Monica Burns Date: 07/02/2026

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):



TOTALS BY ACCOUNT NUMBER	
CHECK REQUEST	AMOUNT
2026-27	
501130 - HEALTH INSURANCE	\$3,187.37
TOTAL 2026-27 CHECK REQUEST	\$3,187.37

TOTALS BY VENDOR	
CHECK REQUEST	AMOUNT
2026-27	
UNITED HEALTHCARE INSURANCE COMPANY	\$239.06
WESTERN HEALTH ADVANTAGE	\$2,948.31
TOTAL 2026-27 CHECK REQUEST	\$3,187.37

CaIPERS TRANSFER	AMOUNT
2026-27	
TOTAL 2026-27 TRANSFER REQUEST	\$0.00
TOTAL CLAIMS REQUEST (CHECKS & TRANSFER)	\$3,187.37

CHECK REQUEST DETAIL
FISCAL YEAR 2026-27

Account	Vendor Name	Invoice No	Amount	Invoice Date	Description	Vendor Total
501130 - HEALTH INSURANCE	UNITED HEALTHCARE INSURANCE COMPANY	184826315017	\$239.06	06/13/2026	ESPARTO FIRE PROTECTION DIST-CUST #1687615; 04V7570	\$239.06
501130 - HEALTH INSURANCE	WESTERN HEALTH ADVANTAGE	0004347449	\$2,948.31	06/10/2026	ESPARTO FIRE PROTECTION DISTRICT-GROUP# 108206 A000	\$2,948.31
	TOTAL		\$3,187.37			\$3,187.37