

P0201316432

SEP 7 '12 PM 3:38



Sierra Foothills

AIDS Foundation

**RYAN WHITE INVOICE**

**BILL TO**

El Dorado Public Health Department  
931 Spring Street  
Placerville, CA 95667-4585  
ATTN: Allyson Wright/Marilyn Leone

09/04/12

**INVOICE NO.**  
498

Serv. Date	Service Provided	Amount
07/31/12	Case Management Services July 2012 Inv 1 of 1	9,864.31

**TOTAL** ✓ \$9,864.31

402215  
5000  
CML  
9/7/12

I HERE BY CERTIFY THAT THE ABOVE SERVICES HAVE BEEN PROVIDED IN ACCORDANCE WITH THE POLICIES, GUIDELINES AND STANDARDS SET FORTH IN THE CURRENT CONTRACT.

Glenda Mc Manus Bookkeeper 9/4/12  
Authorized Signature Date

aw 9/19/12

PO201316433

RECEIVED  
MAR 06 2013  
BY: \_\_\_\_\_



Sierra Foothills

AIDS Foundation

### RYAN WHITE INVOICE

BILL TO

El Dorado Public Health Department  
931 Spring Street  
Placerville, CA 95667-4585  
ATTN: Allyson Wright/Marilyn Leone

10/08/12

INVOICE NO.  
501

Serv. Date	Service Provided	Amount
08/31/12	Case Management Services August 2012 Inv 1 of 1	11,118.33

**TOTAL** \$11,118.33

5800  
402215  
CML  
3/8/13

I HEREBY CERTIFY THAT THE ABOVE SERVICES HAVE BEEN PROVIDED IN ACCORDANCE WITH THE POLICIES, GUIDELINES AND STANDARDS SET FORTH IN THE CURRENT CONTRACT.

Shonda McManus Bookkeeper 10/8/12  
Authorized Signature Date

AW  
4/19/13

PO2013/0434

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MAR 06 2013  
BY: \_\_\_\_\_

Sierra Foothills



AIDS Foundation

### RYAN WHITE INVOICE

BILL TO

El Dorado Public Health Department  
931 Spring Street  
Placerville, CA 95667-4585  
ATTN: Allyson Wright/Marilyn Leone

11/07/12

INVOICE NO.  
504

Serv. Date	Service Provided	Amount
09/30/12	Case Management Services September 2012 Inv 1 of 1	7,745.54

**TOTAL** \$7,745.54

402215  
5000  
LML  
3/8/13

I HEREBY CERTIFY THAT THE ABOVE SERVICES HAVE BEEN PROVIDED IN ACCORDANCE WITH THE POLICIES, GUIDELINES AND STANDARDS SET FORTH IN THE CURRENT CONTRACT.

Blonda McManus Bookkeeper 11/7/12  
Authorized Signature Date

AW  
11/9/12

PO202316435

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MAR 13 2013

Sierra Foothills



AIDS Foundation

### RYAN WHITE INVOICE

BILL TO

El Dorado Public Health Department  
931 Spring Street  
Placerville, CA 95667-4585  
ATTN: Allyson Wright/Marilyn Leone

12/07/12

INVOICE NO.

507

Serv. Date	Service Provided	Amount
10/31/12	Case Management Services October 2012 Inv 1 of 1	9,787.20

TOTAL

\$9,787.20 ✓

402215  
5500  
uml  
3/14/13

I HERE BY CERTIFY THAT THE ABOVE SERVICES HAVE BEEN PROVIDED IN ACCORDANCE WITH THE POLICIES, GUIDELINES AND STANDARDS SET FORTH IN THE CURRENT CONTRACT.

Shonda McManus Bookkeeper  
Authorized Signature

12/7/12  
Date

*Ally*  
3/13

P0201316436

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BY: \_\_\_\_\_



Sierra Foothills

AIDS Foundation

### RYAN WHITE INVOICE

**BILL TO**

El Dorado Public Health Department  
931 Spring Street  
Placerville, CA 95667-4585  
ATTN: Allyson Wright/Marilyn Leone

01/04/13

INVOICE NO.  
510

Serv. Date	Service Provided	Amount
11/30/12	Case Management Services November 2012 Inv 1 of 1	8,795.44

**TOTAL** \$8,795.44

402215  
5000  
LML  
3/14/13

I HERE BY CERTIFY THAT THE ABOVE SERVICES HAVE BEEN PROVIDED IN ACCORDANCE WITH THE POLICIES, GUIDELINES AND STANDARDS SET FORTH IN THE CURRENT CONTRACT.

Blonda McNamee Bookkeeper 1/4/13  
Authorized Signature Date

AW  
April 13

P02013 16437

RECEIVED  
MAR 13 2013



Sierra Foothills AIDS Foundation

### RYAN WHITE INVOICE

BILL TO

El Dorado Public Health Department  
931 Spring Street  
Placerville, CA 95667-4585  
ATTN: Allyson Wright/Marilyn Leone

02/13/13

INVOICE NO.  
513

Serv. Date	Service Provided	Amount
12/31/12	Case Management Services December 2012 Inv 1 of 1	9,210.47

**TOTAL** \$9,210.47

40225  
5500  
CML  
3/14/13

I HERE BY CERTIFY THAT THE ABOVE SERVICES HAVE BEEN PROVIDED IN ACCORDANCE WITH THE POLICIES, GUIDELINES AND STANDARDS SET FORTH IN THE CURRENT CONTRACT.

Shonda McManus Bookkeeper 2/13/13  
Authorized Signature Date

AW  
2/13/13

P0201316438



Sierra Foothills

AIDS Foundation

RECEIVED  
MAR 21 2013  
BY: \_\_\_\_\_

**RYAN WHITE INVOICE**

**BILL TO**

El Dorado Public Health Department  
3057 Briw Road Ste B  
Placerville, CA 95667-4585  
ATTN: Allyson Wright/Marilyn Leone

03/13/13

INVOICE NO.  
516

Serv. Date	Service Provided	Amount
01/31/13	Case Management Services January 2013 Inv 1 of 1	12,901.76

**TOTAL** \$12,901.76

The items or services on this invoice have been received, are acceptable, and should be charged as follows:

Index: 402245  
Subobject: 5500  
User Code: \_\_\_\_\_  
Signature: [Signature]  
Date: 3/22/13

I HERE BY CERTIFY THAT THE ABOVE SERVICES HAVE BEEN PROVIDED IN ACCORDANCE WITH THE POLICIES, GUIDELINES AND STANDARDS SET FORTH IN THE CURRENT CONTRACT.

Bhonda McManus Bookkeeper 3/13/13  
Authorized Signature Date

[Handwritten initials]  
3/22/13