2013/6432

EP 7'12 PK 3:38



RYAN WHITE INVOICE

BILL TO

INVOICE NO.

09/04/12

498

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

Serv. Date

Service Provided

Amount

07/31/12

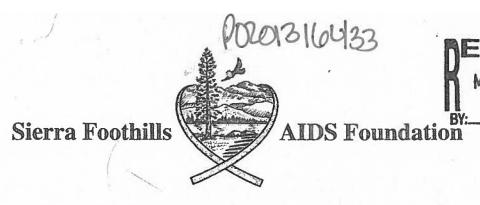
Case Management Services July 2012 Inv 1 of 1

9,864.31

TOTAL

\$9,864.31

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.



BILL TO

10/08/12

INVOICE NO. 501

El Dorado Public Health Department

931 Spring Street

Placerville, CA 95667-4585

ATTN: Allyson Wright/Marilyn Leone

Serv. Date

Service Provided

Amount

08/31/12

Case Management Services August 2012 Inv 1 of 1

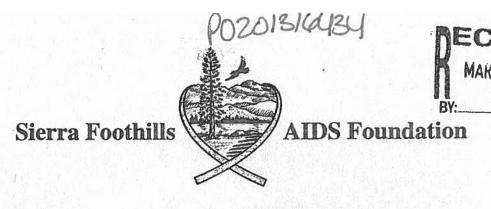
11,118.33

TOTAL

\$11,118.33

402215 402215

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.



BILL TO

INVOICE NO.

11/07/12

504

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

Serv. Date

Service Provided

Amount

09/30/12

Case Management Services September 2012 Inv 1 of 1

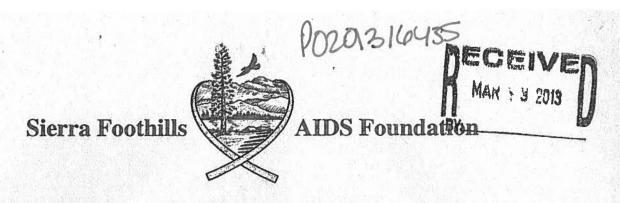
7,745.54

TOTAL

\$7,745.54

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.

402215 5000



BILL TO

INVOICE NO.

12/07/12

507

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

Serv. Date

Service Provided

Amount

10/31/12

Case Management Services October 2012 Inv 1 of 1

9,787.20

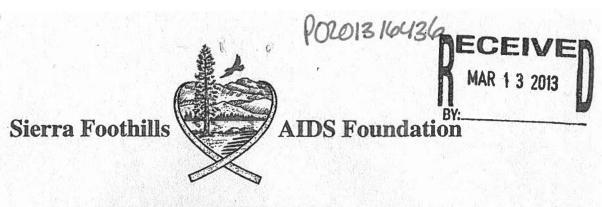
TOTAL

\$9,787.20 🗸

402215 5500 4011 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.

MAR 13'13 AM 8:57



BILL TO

INVOICE NO.

01/04/13

510

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

Serv. Date

Service Provided

Amount

11/30/12

Case Management Services November 2012 Inv 1 of 1

8,795.44

TOTAL

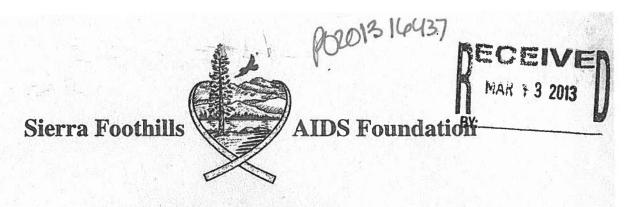
\$8,795.44

402215 5000 401215 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.

Bhonda Mc Manus Bookheeper 1/4/13
Authorized Signature Bookheeper 1/4/13

MM/3



BILL TO

INVOICE NO.

02/13/13

513

El Dorado Public Health Department 931 Spring Street Placerville, CA 95667-4585

ATTN: Allyson Wright/Marilyn Leone

Serv. Date

Service Provided

Amount

12/31/12

Case Management Services December 2012 Inv 1 of 1

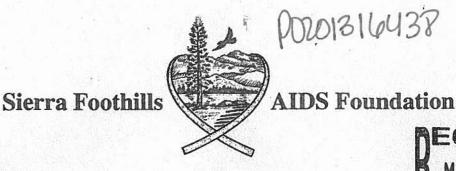
9,210.47

TOTAL

\$9,210,47

407215 5000 CMU 3/14/19

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.



RECEIVED MAR 2 1 2013

BILL TO

03/13/13

INVOICE NO.

516

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

Serv. Date

Service Provided

Amount

01/31/13

Case Management Services January 2013 Inv 1 of 1

12,901.76

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

Index:

Subobject: User Code:

Signature:

Date:

TOTAL

\$12,901.76

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.

Authorized Signature

Bookkeeper

Date

Maliz