AP Entry Batch Proof

Batch ID: **OH194367**

Enter Date: 07/15/2026 Batch Status: BE User Total: 839.88

The undersigned, under penalty of perjury, states that the items on the attached claim are true and correct, that the amounts are properly due this claimant, and that no items have been previously paid. Furthermore, the articles or services specified in the attached claim were necessary, ordered for use by this department, and the articles or services have been delivered or performed as stated.

Authorized Signature: _____ Date: _____

Audited: _____

Distributed: _____

Paid: _____

User: LARSON,KARYN Batch Created By: LARSOKAR **Date:** 07/15/2026

Report: Batch Proof Auditor **Time:** 13:25:30

Inv Amt **839.88** 26300010 Jenny Lind Veterans 5055 Insurance - Group Health **JL:** Separate Check: Relate To: EX

Invoice Date: 07/15/2026 *Invoice #:* 07152026 Health Ins. reimb. Feb-July *Secondary Ref:* *PO#:*

Vendor: W016988 DEAN ROSS PETERSON 2906 DUNN ROAD VALLEY SPRINGS CA 95252

REFUND FY RETURN

Division Code: SPD2 Check Stock: AP Tax Code:

System Messages: Total **839.88**