

INVOICE NUMBER	DATE	P.O. NUMBER	DESCRIPTION	DISCOUNT	AMOUNT
CISNEROS ✓	12/31/2014		PHYSICAL	0.00	50.00 ✓
					50.00

PLEASE DETACH BEFORE DEPOSITING

THIS CHECK INCLUDES VARIOUS SECURITY FEATURES INCLUDING A COLORED BACKGROUND



Town of Apple Valley

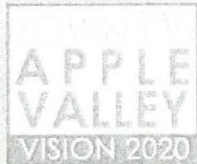
ACCOUNTS PAYABLE
 14955 DALE EVANS PARKWAY
 APPLE VALLEY, CA 92307
 (760) 240-7000

PAYABLE THROUGH
 UNION BANK OF CALIFORNIA
 PO BOX 513840
 LOS ANGELES, CA 90051-3840

18-49
1220

VENDOR NUMBER	DATE	CHECK NUMBER	CHECK AMOUNT
006760 ✓	01/09/2015	110143	\$50.00

PAY Fifty Dollars and No Cents



TO THE ORDER OF
 MERIDIAN UC OCC. HEALTH CENTER
 18522 HWY 18, STE 102
 APPLE VALLEY, CA 92307

Mayor *Art Burt*
 Town Manager *[Signature]*

Redacted

BACK OF CHECK



HEALTH INSURANCE CLAIM FORM

APPROVED BY NATIONAL UNIFORM CLAIM COMMITTEE (NUCC) 02/12

RECEIVED

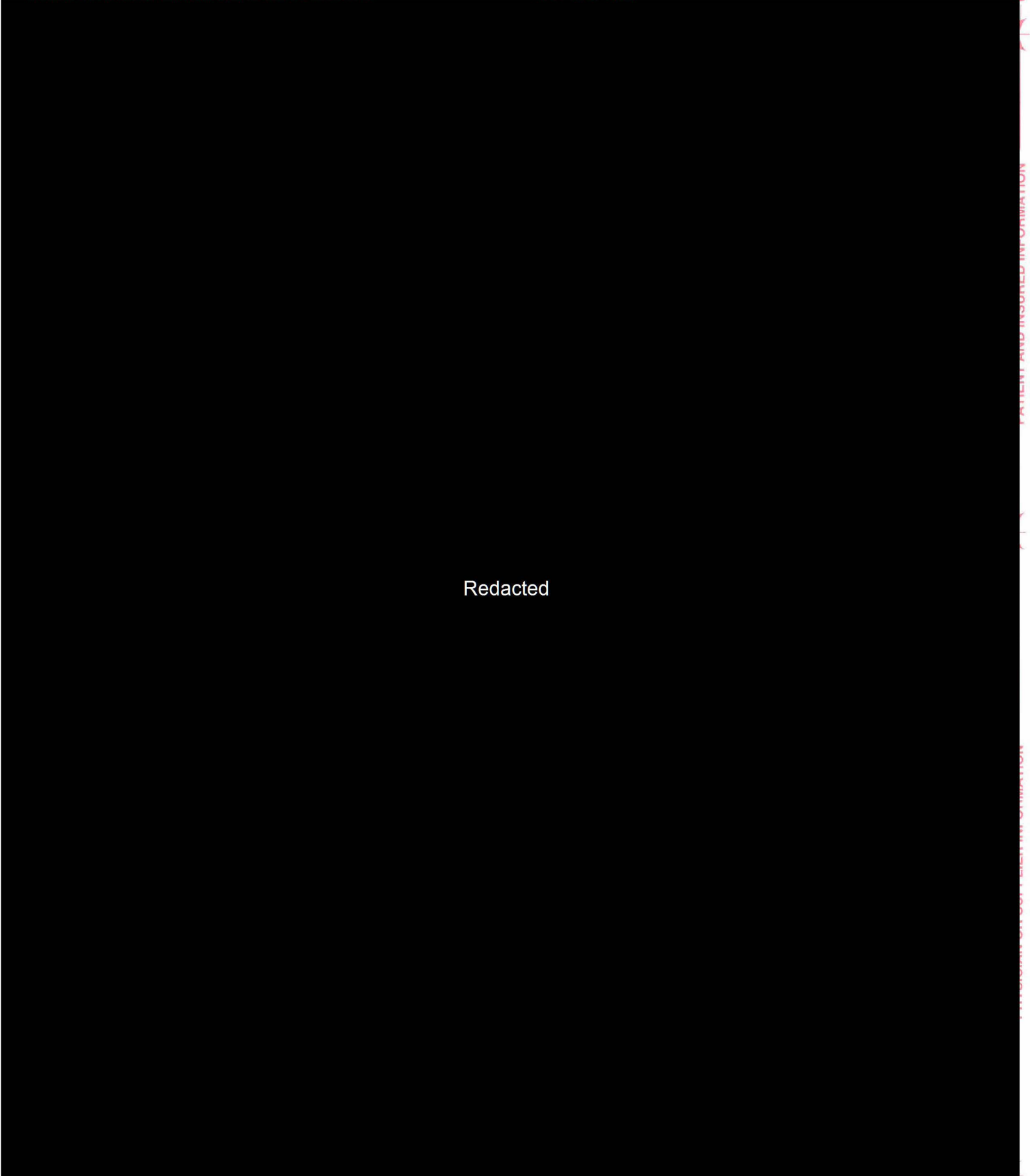
JAN 05 2015

TOWN OF APPLE VALLEY
14955 DALE EVANS PARKWAY
ATTN KISHA MCDONALD
APPLE VALLEY, CA 92307

CARRIER

PATIENT AND INSURED INFORMATION

INSURANCE POLICY NUMBER



Redacted