

**Vector JPA**

P.O. Box 269120 Sacramento, CA 95826 - Phone: DPW FAX:

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted	Page	1
TIFFANY ANDERSON		0000010265	11/17/09		\$1,033.01 ✓		

<b>Claim No: VE0700184</b>	<b>Name: Anderson, Tiffany</b>	<b>Date of Loss: 06/19/2008</b>					
Reference:	Comments:			Payment ID: MDawson			
<i>Description:</i>		<i>From</i>	<i>To</i>	<i>Amount Charged</i>		<i>Net Payable</i>	
Temporary Total Disa		11/04/2009	11/15/2009	\$ 1,033.01		\$ 1,033.01	
						<b>Total payable for bill \$</b>	<b>1,033.01</b>
						<b>TOTAL REMITTANCE</b>	<b>\$1,033.01</b>

WARNING: You are required to report to your employer or the insurance company any money that you earned for work during the time covered by this check, and before cashing this check. If you do not follow these rules, you may be in violation of the law and the penalty may be jail or prison, a fine, and loss of benefits.  
ADVERTENCIA: Es necesario que usted le avise a su patron o a su compania de seguro todo dinero que usted ña ganado por trabajar, durante el tiempo cubierto por este cheque, y antes de cambiar este cheque. Si usted no sigue estos reglamentos, Usted puede estar en violacion de la ley y el castigo podria ser carcel o prision, una multa, y perdida de beneficios.