

No. 0000018885

Vector-JPA

Administered By: Acclamation Insurance Management Services  
P.O. Box 269120  
Sacramento, CA 95826

Date: 12/15/2014

11-204/1210

California Bank & Trust  
Sacramento Main Office  
1331 Broadway Sacramento CA 95818

PAY ELEVEN DOLLARS AND 10 / 100\*\*

\$\*\*\*\*\* 11.10\*\*

VOID AFTER 60 DAYS

TO THE ORDER OF

TIFFANY ANDERSON  
2 N. AVENA AVE.  
LODI, CA 95242



SECURITY FEATURES INCLUDED. DETAILS ON BACK.

⑈0000018885⑈ ⑆121002042⑆ 1030074961⑈

Vector-JPA

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

Remitted to	Vendor ID	Check Number	Date	Internal Reference	Total Remitted	Page
TIFFANY ANDERSON		0000018885	12/15/14		\$11.10	1
Claim No: VE0700184	Name: Anderson, Tiffany	Date of Loss: 06/19/2008				

Service Period: 01/05/2015 - 01/05/2015      Payment Type: Medical Mileage      Comments: /

TOTAL REMITTANCE      \$11.10

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 ha 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.