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4 4 D	1	0	3	5	0	5

/C	DEMAND
	on the Treasury of the



COUNTY OF CONTRA COSTA STATE OF CALIFORNIA

Made by:	
BETHEL IS MUNI IMP DIST	
Name (Last)	(First)
PO BOX 244	
Address	
BETHEL ISLAND, CA	94511
City, State	Zip Code

DATE	7/14/2020
DAIL	1/17/2020

Provide Provide Supplement			
For the sum of	sixteen thousand five hundred and twenty-seven cents	Dollars \$	16,500.27
As itemized below:			
DATE	DESCRIPTION		AMOUNT
07/14/20	In accordance with CAO approved Board Order with BIMID		16,500.27
	NPDES for FY 19/20.		
			- I
	Coding: 0672-2310-SAS-6U2303		
correct, that no part t	under the penalty of perjury states: That the above claim and the items as therein nereof has been heretofore paid, and that the amount therein is justly due, and the year after the last item thereof has accrued. Signed	hat the sam	
VENDOR NO.			

03	3505		Received, Accepted and	Expenditure Aut	horizec	d:	Rad C. (Department Head	or thi	of Do	th
SUM NO. INV. DATE			DESCRIPTION	FUND/O	RG. A	ACCOUNT	ENCUMBRANCE NO.	P/C		PAYMENT AMT.
	07/14/20	2019-2020	NPDES SVCS	067	2	2310			\$	16,500.27
					TASK SAS	OPTION	ACTIVITY 6U2303		\$	DISCOUNT AMT.
SUM NO.	INV. DATE		DESCRIPTION	FUND/O	RG.	ACCOUNT	ENCUMBRANCE NO.	P/C	\$	PAYMENT AMT.
					TASK	OPTION	ACTIVITY		\$	DISCOUNT AMT.
SUM NO.	INV. DATE		DESCRIPTION	FUND/O	RG.	ACCOUNT	ENCUMBRANCE NO.	P/C	\$	PAYMENT AMT.
					TASK	OPTION	ACTIVITY	'	\$	DISCOUNT AMT.
SUM NO.	INV. DATE		DESCRIPTION	FUND/O	RG.	ACCOUNT	ENCUMBRANCE NO.	P/C	\$	PAYMENT AMT.
					TASK	OPTION	ACTIVITY		\$	DISCOUNT AMT.
D15 (Rev. 10/77) S:Audtior-Controller:Dept.Forms: BIMID						orms: BIMID				