

Elevance Health, Inc.
3075 Vandercar Way
OH3402-B263
CINCINNATI, OH 45209

BANK OF AMERICA
ATLANTA, DEKALB COUNTY, GA

64-1278
611

CHECK NUMBER
63262225

C421

Date 08/25/2025

Pay Amount \$**5,000.00

Pay ****FIVE THOUSAND AND XX/100 DOLLAR ****

To The Order Of

WASHOE COUNTY
NORTHERN NEVADA PUBLIC HEALTH
1001 E NINTH ST BLDG B
RENO, NV 89512

Tony L. Dwyane

329 912 647611

Questions? Please call 1-888-236-0013

Check Date: 08/25/2025		Business Unit: A1000		Check No: 63262225		C421
Invoice Number	Invoice Date	Voucher ID	Gross Amount	Discount Taken	Late Charge	Paid Amount
2	08/22/2025	18056705	5,000.00	0.00	0.00	5,000.00
CRIBS FOR KIDS SPONSORSHIP						
Total Gross Amount				Total Discounts	Total Late Charge	Total Paid Amount
Name WASHOE COUNTY			5,000.00	0.00	0.00	5,000.00