5/1/2018 - 5/31/2018

## Regional Employee Benefits Council - T00986

**Employer Name: American Indian Charter School** 

Name	Ahmad, Christop	oher										
Account Type	DED									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount	_	Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	5/9/2018	POS	NCAL KAISER ONLINE PAY	\$549.00	\$549.00	\$549.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$549.00	\$549.00	\$549.00	\$0.00	\$0.00	\$0.00			
Name	Barany, Ezra											
Account Type	DED									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount	_	Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	5/17/2018	POS	KAISER 02090116	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
	5/30/2018	POS	KAISER 02090116	\$70.00	\$70.00	\$70.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$100.00	\$100.00	\$100.00	\$0.00	\$0.00	\$0.00			
Name	Blondeau, Janet	t										
Account Type	DED									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount	_	Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	5/5/2018	POS	SQU*SQ *TEMESCA L ACUPU	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
	5/12/2018	POS	SQU*SQ *TEMESCA L ACUPU	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
	5/19/2018	POS	SQU*SQ *TEMESCA L ACUPU	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$90.00	\$90.00	\$90.00	\$0.00	\$0.00	\$0.00			

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## Regional Employee Benefits Council - T00986

Name

Choi, Cassandra

Account Type DED Division:

	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount		Ineligible Amount			Reimb Method	Claim Number	SCC/MCC
New												
	5/18/2018	POS	KAISER 02090116	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00			

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## Regional Employee Benefits Council - T00986

Name

Clark, Chaniel

**Account Type** 

TN2

Division:

	Transaction Date	Claim Type	Description	Total Claim Amount		Approved Amount		Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New	5/16/2018	POS	UBER TRIP	\$8.27	\$8.27	\$8.27	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/16/2018	POS	AT2MD UBER TRIP A7B3N	\$5.45	\$5.45	\$5.45	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/17/2018	POS	UBER TRIP UUZPS	\$5.26	\$5.26	\$5.26	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/17/2018	POS	UBER TRIP 4G4PO	\$5.50	\$5.50	\$5.50	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/17/2018	POS	UBER ZRH4C	\$26.47	\$26.47	\$26.47	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/18/2018	POS	UBER TRIP F4W6T	\$6.15	\$6.15	\$6.15	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/18/2018	POS	UBER TRIP LTD5A	\$11.19	\$11.19	\$11.19	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/19/2018	POS	UBER TRIP HQWU6	\$6.12	\$6.12	\$6.12	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/19/2018	POS	UBER TRIP ZK6AB	\$5.51	\$5.51	\$5.51	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/21/2018	POS	UBER TRIP AOSWU	\$14.33	\$14.33	\$14.33	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/21/2018	POS	UBER TRIP 6PFJH	\$6.59	\$6.59	\$6.59	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/21/2018	POS	UBER TRIP IGH56	\$8.07	\$8.07	\$8.07	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/22/2018	POS	UBER TRIP KM4TC	\$3.70	\$3.70	\$3.70	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/23/2018	POS	UBER TRIP M6GTV	\$3.32	\$3.32	\$3.32	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/24/2018	POS	UBER TRIP DEA4Q	\$3.20	\$3.20	\$3.20	\$0.00	\$0.00	\$0.00 N/A		N/A	412
	5/24/2018	POS	UBER TRIP ERSFU	\$2.89	\$2.89	\$2.89	\$0.00	\$0.00	\$0.00 N/A		N/A	412

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### Regional Employee Benefits Council - T00986

\$3.66

\$3.01

\$0.00

\$0.00

\$0.00

\$0.00

\$0.00 N/A

\$0.00 N/A

N/A

N/A

4121

4121

\$3.66

\$3.01

UBER TRIP

5MQ2Q

TRIP 6ZPJK

**UBER** 

\$3.66

\$3.01

5/25/2018 POS

5/25/2018 POS

	0/17/2010		0209092									
	5/17/2018	POS	KAISER	\$105.00	\$105.00	\$105.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
	5/12/2018	POS	KAISER 02090116	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
	5/11/2018	POS	KAISER 02090116	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
New	5/10/2018	POS	KAISER 0209092	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
Now	Date	Туре	Description	Amount	Amount	Amount	Amount	Amount	Amount Reason	Method	Number	SCC/MCC
	Transaction			Total Claim	Eligible	Approved		Pended	Denied Denied	Reimb	Claim	2007125
Account Type	DED	,								Division:		
Name	Duncan-Quintar	nilla, Led	 ah									
			Total New:	\$120.00	\$120.00	\$120.00	\$0.00	\$0.00	\$0.00			
	5/26/2018	POS	CLIPPER SERVICE	\$60.00	\$60.00	\$60.00	\$0.00	\$0.00	\$0.00 N/A		N/A	4111
INGW	5/17/2018	POS	CLIPPER SERVICE	\$60.00	\$60.00	\$60.00	\$0.00	\$0.00	\$0.00 N/A		N/A	4111
New	Date	Туре	Description	Amount	Amount		Amount	Amount	Amount Reason	Method	Number	SCC/MCC
	Transaction	Claim		Total Claim	Fligible	Approved	Ineligible	Pended	Denied Denied	Reimb	Claim	
Account Type	TN2	•								Division:		
Name	Dascole, Laurer	<u> </u>		• -		• • •	• • • • • •	• • • • • • • • • • • • • • • • • • • •				
			REYET Total New:	\$162.79	\$162.79	\$162.79	\$0.00	\$0.00	\$0.00			
	5/31/2018	POS	UBER TRIP	\$6.25	\$6.25	\$6.25	\$0.00	\$0.00	\$0.00 N/A		N/A	4121
	5/31/2018	POS	UBER TRIP NDAOO	\$4.68	\$4.68	\$4.68	\$0.00	\$0.00	\$0.00 N/A		N/A	4121
	5/31/2018	POS	UBER TRIP KRTVV	\$12.96	\$12.96	\$12.96	\$0.00	\$0.00	\$0.00 N/A		N/A	4121
	5/30/2018	POS	UBER TRIP 46CQ4	\$5.16	\$5.16	\$5.16	\$0.00	\$0.00	\$0.00 N/A		N/A	4121
	5/30/2018	POS	UBER TRIP PATLL	\$5.05	\$5.05	\$5.05	\$0.00	\$0.00	\$0.00 N/A		N/A	4121

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### Regional Employee Benefits Council - T00986

Name	Esola, Michael
Account Type	DED

Account Type	DED			Division:	

Account Type	<u>הבט</u>									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount	_	Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	5/4/2018	POS	KAISER 02090512	\$75.00	\$75.00	\$75.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
	5/29/2018	POS	NCAL KAISER ONLINE PAY	\$549.00	\$549.00	\$549.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$624.00	\$624.00	\$624.00	\$0.00	\$0.00	\$0.00			
Name	Gustafson-O'Ha	re, Rebe	cca									
Account Type	DED									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount		Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	5/7/2018	POS	NCAL KAISER ONLINE PAY	\$657.40	\$657.40	\$657.40	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
	5/19/2018	POS	KAISER 02090116	\$105.00	\$105.00	\$105.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
	5/28/2018	POS	NCAL KAISER ONLINE PAY	\$290.20	\$290.20	\$290.20	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$1,052.60	\$1,052.60	\$1,052.60	\$0.00	\$0.00	\$0.00			
Name	Hall, Carla											
Account Type	DED									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount	Ineligible Amount	Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	5/1/2018	POS	KAISER 02099893	\$721.00	\$721.00	\$721.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$721.00	\$721.00	\$721.00	\$0.00	\$0.00	\$0.00			

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## Regional Employee Benefits Council - T00986

Name	Holmquist, Pete	er										
Account Type	DED									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount	Ineligible Amount	Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	*5/3/2018	POS	KAISER 02090124	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00			
<b>Account Type</b>	TN2									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount	_	Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	5/18/2018	POS	BART- CLIPPER CERRITO P	\$20.00	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00 N/A		N/A	4111
	5/25/2018	POS	BART- CLIPPER CERRITO P	\$20.00	\$20.00	\$20.00	\$0.00	\$0.00	\$0.00 N/A		N/A	4111
			Total New:	\$40.00	\$40.00	\$40.00	\$0.00	\$0.00	\$0.00			
Name	Lacebal-Valdez	, Maria										
Account Type	DED	,								Division:		
	<b>T</b>	01-1		Tatal Olahu	EP - 20 L	A	In a Partit	Dec. le l			01-1	
	Transaction Date	Type	Description	Total Claim Amount	Amount	Approved Amount	_	Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	5/22/2018	POS	KAISER 02090116	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00			
Name	Lee, Eric											
Account Type	TN2									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount		Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New		71										
	5/16/2018	POS	UBER TRIP FTBZF	\$5.47	\$5.47	\$5.47	\$0.00	\$0.00	\$0.00 N/A		N/A	4121
	5/16/2018	POS	UBER TRIP V2I3G	\$3.00	\$3.00	\$3.00	\$0.00	\$0.00	\$0.00 N/A		N/A	4121
	5/19/2018	POS	UBER TRIP BUHSH	\$5.20	\$5.20	\$5.20	\$0.00	\$0.00	\$0.00 N/A		N/A	4121
			Total New:	\$13.67	\$13.67	\$13.67	\$0.00	\$0.00	\$0.00			

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# Regional Employee Benefits Council - T00986

Name Account Type	Moebius, Kim DED									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount		Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	*5/4/2018	POS	KAISER 02090553	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
	*5/31/2018	POS	KAISER 02090553	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$60.00	\$60.00	\$60.00	\$0.00	\$0.00	\$0.00			
Name	Noukhay, Koule	е										
Account Type	DED									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount		Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	5/22/2018	POS	NCAL KAISER ONLINE PAY	\$159.00	\$159.00	\$159.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$159.00	\$159.00	\$159.00	\$0.00	\$0.00	\$0.00			
Name	Oden, Vanessa											
Account Type	DED									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount	Ineligible Amount	Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	5/2/2018	POS	NCAL KAISER ONLINE PAY	\$4,000.00	\$4,000.00	\$4,000.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$4,000.00	\$4,000.00	\$4,000.00	\$0.00	\$0.00	\$0.00			
Name	Peralta, Joshua											
Account Type	DED									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount		Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	5/31/2018	POS	KAISER 02090116	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00			

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# Regional Employee Benefits Council - T00986

Name S	aechao, Peter
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Account Type DED	Division:
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	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount		Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	5/11/2018	POS	KAISER 02090306	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$30.00	\$30.00	\$30.00	\$0.00	\$0.00	\$0.00			
Name	Wu, Fenglin											
Account Type	DED									Division:		
	Transaction Date	Claim Type	Description	Total Claim Amount	Eligible Amount	Approved Amount		Pended Amount	Denied Denied Amount Reason	Reimb Method	Claim Number	SCC/MCC
New												
	5/7/2018	POS	NCAL KAISER ONLINE PAY	\$25.00	\$25.00	\$25.00	\$0.00	\$0.00	\$0.00 N/A		N/A	8099
			Total New:	\$25.00	\$25.00	\$25.00	\$0.00	\$0.00	\$0.00			
Employer Name	e: American Indian	Charter	School									
				Count	1	POS MAN	UAL ADMIN	MANU	AL PARTICIPANT		Total	
Total Approved	l:			0		0	(	)	0		\$0.00	
Total Denied :				0		0	(	)	0		\$0.00	
<b>Total Pending:</b>				0		0	(	)	0		\$0.00	
<b>Total Resolved</b>	:			0		0	(	)	0		\$0.00	
Total New:				56		56	(	)	0	\$	8,062.06	
Total Ineligible				0		0	(	)	0		\$0.00	
_	Partially Offset :			0		0	(	)	0		\$0.00	
Total Resolved				0		0		)	0		\$0.00	
Total Insufficie	nt Documentation	<b>)</b> :		0		0	(		0		\$0.00	
	Not Reviewed :			0		0		0	0		\$0.00	
Total Entered -		_							^			
Total Entered - Total Reviewed	Receipt Require			0		0		0	0		\$0.00	
Total Entered - Total Reviewed Total Reviewed		umentat	ion:	0 0 0		0 0 0	(	) ) )	0		\$0.00 \$0.00 \$0.00	

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## Regional Employee Benefits Council - T00986

Administrator Name: Regional Employee Benefits Council

	Count	POS	MANUAL ADMIN	MANUAL PARTICIPANT	Total
Total Approved :	0	0	0	0	\$0.00
Total Denied :	0	0	0	0	\$0.00
Total Pending :	0	0	0	0	\$0.00
Total Resolved :	0	0	0	0	\$0.00
Total New :	56	56	0	0	\$8,062.06
Total Ineligible :	0	0	0	0	\$0.00
Total Ineligible Partially Offset :	0	0	0	0	\$0.00
Total Resolved Offset :	0	0	0	0	\$0.00
Total Insufficient Documentation :	0	0	0	0	\$0.00
Total Entered - Not Reviewed :	0	0	0	0	\$0.00
Total Reviewed Receipt Required :	0	0	0	0	\$0.00
Total Reviewed Insufficient Documentation :	0	0	0	0	\$0.00
Total Reviewed Pending Approval :	0	0	0	0	\$0.00

<sup>\*</sup> indicates dependent transactions

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