

## Renee Terry

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**From:** David Hart  
**Sent:** Tuesday, January 23, 2018 6:35 AM  
**To:** Renee Terry; Dominic Machi  
**Subject:** FW: Pool Health Inspections attached  
**Attachments:** Pool Health Inspections.pdf

Good Morning Renee,  
I have it and I'll take care of the pool portion.  
Thank you,  
David

David Hart  
Building and Grounds Manager  
Maintenance & Operations  
925- 825-7440 Ext. 3865

---

**From:** Renee Terry  
**Sent:** Monday, January 22, 2018 3:57 PM  
**To:** David Hart  
**Cc:** Dominic Machi  
**Subject:** Pool Health Inspections attached

Hello David,

Please see the two attached Pool inspections. The CC Health Dept. only sends one invoice each year, so your department pays for the Pool Inspections and we pay the other part.

Sincerely,

*Renee Terry*

Administrative Secretary  
Food & Nutrition Services  
Mt. Diablo Unified School District  
1936 Carlotta Drive  
Concord, CA 94519-1397

☎: (925)682-8000 x4202 📠: (925) 609-7568 ✉: [terryr@mdusd.org](mailto:terryr@mdusd.org)



**INVOICE**

For questions about this invoice:  
Call: (925) 957-5516  
or: (925) 957-5523 or: (925) 957-5522

Fax: (925) 957-5517

**CONTRA COSTA  
ENVIRONMENTAL  
HEALTH**

2120 Diamond Blvd., Suite 200  
Concord, California 94520  
Ph (925) 692-2500  
Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: COLLEGE PARK HIGH SCHOOL - 201 VIKING DR

Facility ID: FA0007457  
Account ID: AR0007597

Invoice Date: 1/30/2018  
Invoice Number: IN0199199

Current Charges: \$ 1,513.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 1,513.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199199	3/1/2018	0625	PR0007951	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
01/30/18	IN0199199	3/1/2018	3626	PR0011420	PUBLIC SCHOOL POOL (YR-ROUND) HEALTH PERMIT FOR 2018-2019	\$ 730.00
Total Due for This Invoice:						\$ 1,513.00

Remit Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

**Payments received will be applied to any older outstanding invoices first.**

30 days after the invoice date a 25% late payment penalty may be assessed on the unpaid balance.

90 days after the invoice date a 40% late payment penalty may be assessed on the unpaid balance.

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JAN 17 2018

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Fax: (925) 957-5517

Facility ID: FA0008941  
Account ID: AR0009081

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

Invoice Date: 1/30/2018  
Invoice Number: IN0199294

ATTN: MT DIABLO HIGH SCHOOL - 2450 GRANT ST

Current Charges: \$ 1,774.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 1,774.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199294	3/1/2018	0625	PR0009496	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
01/30/18	IN0199294	3/1/2018	0626	PR0024187	SCHOOL SATELITE (RISK 1, NEEDS 2 INSPECTIONS) HEALTH PERMIT FOR 2018-2019	\$ 261.00
01/30/18	IN0199294	3/1/2018	3626	PR0012067	PUBLIC SCHOOL POOL (YR-ROUND) HEALTH PERMIT FOR 2018-2019	\$ 730.00
Total Due for This Invoice:						\$ 1,774.00

Remit Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

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2120 Diamond Blvd., Suite 200
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or: (925) 957-5523 or: (925) 957-5522

Fax: (925) 957-5517

Facility ID: FA0010460
Account ID: AR0010600

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICE OFFICE, ROOM 23
1936 CARLOTTA DR
CONCORD, CA 94519

Invoice Date: 1/30/2018
Invoice Number: IN0199384

ATTN: OLYMPIC HIGH SCHOOL - 2730 SALVIO ST

Current Charges: \$ 261.00
Previous Balance: \$ 0.00
Total Due: \$ 261.00

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199384, 3/1/2018, 0626, PR0011076, SCHOOL SATELITE (RISK 1, NEEDS 2 INSPECTIONS) HEALTH PERMIT FOR 2018-2019, \$ 261.00. Total Due for This Invoice: \$ 261.00

Remit Payments to:
Contra Costa Health Services
50 Douglas Dr., Suite 320C
Martinez, CA 94553

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CONTRA COSTA ENVIRONMENTAL HEALTH
2120 Diamond Blvd., Suite 200
Concord, California 94520
Ph (925) 692-2500
Fax (925) 692-2502

TO: LOMA VISTA ADULT CENTER
MT DIABLO UNIFIED SCHOOL DISTRICT
1936 CARLOTTA DR
CONCORD, CA 94519

ATTN: LOMA VISTA ADULT CENTER - 1266 SAN CARLOS AVE

Facility ID: FA0010311
Account ID: AR0010451

Invoice Date: 1/30/2018
Invoice Number: IN0199378

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199378, 3/1/2018, 0625, PR0010919, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, 783.00. Total Due for This Invoice: \$ 783.00

Remit Payments to:
Contra Costa Health Services
50 Douglas Dr., Suite 320C
Martinez, CA 94553

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CONTRA COSTA ENVIRONMENTAL HEALTH

2120 Diamond Blvd., Suite 200
Concord, California 94520
Ph (925) 692-2500
Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICES DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

ATTN: AYERS ELEMENTARY SCHOOL - 5120 MYRTLE DR

Facility ID: FA0010666
Account ID: AR0010806

Invoice Date: 1/30/2018
Invoice Number: IN0199400

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199400, 3/1/2018, 0625, PR0011290, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

Remit Payments to:
Contra Costa Health Services
50 Douglas Dr., Suite 320C
Martinez, CA 94553

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ENVIRONMENTAL  
HEALTH**  
2120 Diamond Blvd., Suite 200  
Concord, California 94520  
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Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICE DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: BANCROFT ELEMENTARY SCHOOL - 2200 PARISH DR

Facility ID: FA0010578  
Account ID: AR0010718

Invoice Date: 1/30/2018  
Invoice Number: IN0199396

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199396	3/1/2018	0625	PR0011198	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						<b>\$ 783.00</b>

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Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

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ENVIRONMENTAL  
HEALTH**  
2120 Diamond Blvd., Suite 200  
Concord, California 94520  
Ph (925) 692-2500  
Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: BEL AIR ELEMENTARY - 663 CANAL RD

Facility ID: FA0009084  
Account ID: AR0009224

Invoice Date: 1/30/2018  
Invoice Number: IN0199306

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199306	3/1/2018	0625	PR0009645	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

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2120 Diamond Blvd., Suite 200
Concord, California 94520
Ph (925) 692-2500
Fax (925) 692-2502

Facility ID: FA0007388
Account ID: AR0007528

Invoice Date: 1/30/2018
Invoice Number: IN0199196

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICES DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

ATTN: CAMBRIDGE ELEMENTARY SCHOOL - 1135 LACEY LN

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199196, 3/1/2018, 0625, PR0007878, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

Remit Payments to:
Contra Costa Health Services
50 Douglas Dr., Suite 320C
Martinez, CA 94553

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CONTRA COSTA ENVIRONMENTAL HEALTH
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Concord, California 94520
Ph (925) 692-2500
Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICES DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

ATTN: CONCORD HIGH SCHOOL - 4200 CONCORD BLVD

Facility ID: FA0009044
Account ID: AR0009184

Invoice Date: 1/30/2018
Invoice Number: IN0199303

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199303, 3/1/2018, 0625, PR0009602, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

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Contra Costa Health Services
50 Douglas Dr., Suite 320C
Martinez, CA 94553

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Fax: (925) 957-5517

## CONTRA COSTA ENVIRONMENTAL HEALTH

2120 Diamond Blvd., Suite 200  
Concord, California 94520  
Ph (925) 692-2500  
Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: DELTA VIEW ELEMENTARY SCHOOL - 2916 RIO VERDE DR

Facility ID: FA0017161  
Account ID: AR0018949

Invoice Date: 1/30/2018  
Invoice Number: IN0199419

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199419	3/1/2018	0625	PR0021291	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

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50 Douglas Dr., Suite 320C  
Martinez, CA 94553

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## CONTRA COSTA ENVIRONMENTAL HEALTH

2120 Diamond Blvd., Suite 200  
Concord, California 94520  
Ph (925) 692-2500  
Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICE DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: DIABLO VIEW MIDDLE SCHOOL - 300 DIABLO VIEW LN

Facility ID: FA0008975  
Account ID: AR0009115

Invoice Date: 1/30/2018  
Invoice Number: IN0199296

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199296	3/1/2018	0625	PR0009531	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

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CONTRA COSTA ENVIRONMENTAL HEALTH

2120 Diamond Blvd., Suite 200
Concord, California 94520
Ph (925) 692-2500
Fax (925) 692-2502

Facility ID: FA0008869
Account ID: AR0009009

Invoice Date: 1/30/2018
Invoice Number: IN0199287

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICES DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

ATTN: EL DORADO MIDDLE SCHOOL - 1750 WEST ST

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199287, 3/1/2018, 0625, PR0009423, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

Remit Payments to:
Contra Costa Health Services
50 Douglas Dr., Suite 320C
Martinez, CA 94553

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ENVIRONMENTAL  
HEALTH**  
2120 Diamond Blvd., Suite 200  
Concord, California 94520  
Ph (925) 692-2500  
Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: EL MONTE ELEMENTARY SCHOOL - 1400 DINA DR

Facility ID: FA0010315  
Account ID: AR0010455

Invoice Date: 1/30/2018  
Invoice Number: IN0199380

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199380	3/1/2018	0625	PR0010923	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
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50 Douglas Dr., Suite 320C  
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## CONTRA COSTA ENVIRONMENTAL HEALTH

2120 Diamond Blvd., Suite 200  
Concord, California 94520  
Ph (925) 692-2500  
Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: FAIR OAKS ELEMENTARY SCHOOL - 2400 LISA LN

Facility ID: FA0009167  
Account ID: AR0009307

Invoice Date: 1/30/2018  
Invoice Number: IN0199311

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199311	3/1/2018	0625	PR0009761	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
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50 Douglas Dr., Suite 320C  
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ENVIRONMENTAL  
HEALTH**  
2120 Diamond Blvd., Suite 200  
Concord, California 94520  
Ph (925) 692-2500  
Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: FOOTHILL MIDDLE SCHOOL - 2775 CEDRO LN

Facility ID: FA0010588  
Account ID: AR0010728

Invoice Date: 1/30/2018  
Invoice Number: IN0199398

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199398	3/1/2018	0625	PR0011209	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

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HEALTH**  
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Concord, California 94520  
Ph (925) 692-2500  
Fax (925) 692-2502

Facility ID: FA0007372  
Account ID: AR0007512

Invoice Date: 1/30/2018  
Invoice Number: IN0199195

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: GREGORY GARDENS ELEMENTARY SCHOOL - 1 CORRITONE CT

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199195	3/1/2018	0625	PR0007862	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

**Payments received will be applied to any older outstanding invoices first.**

30 days after the invoice date a 25% late payment penalty may be assessed on the unpaid balance.

90 days after the invoice date a 40% late payment penalty may be assessed on the unpaid balance.

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 or: (925) 957-5523 or: (925) 957-5522  
 Fax: (925) 957-5517

**CONTRA COSTA  
 ENVIRONMENTAL  
 HEALTH**  
 2120 Diamond Blvd., Suite 200  
 Concord, California 94520  
 Ph (925) 692-2500  
 Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD SERVICES DEPT/RENEE STEEN  
 1936 CARLOTTA DR  
 CONCORD, CA 94519

ATTN: HIDDEN VALLEY ELEMENTARY SCHOOL - 500 GLACIER DR

Facility ID: FA0007524  
 Account ID: AR0007664

Invoice Date: 1/30/2018  
 Invoice Number: IN0199202

Current Charges: \$ 783.00  
 Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199202	3/1/2018	0625	PR0008025	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

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Concord, California 94520  
Ph (925) 692-2500  
Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: HIGHLANDS ELEMENTARY SCHOOL - 1326 PENNSYLVANIA BLVD

Facility ID: FA0010530  
Account ID: AR0010670

Invoice Date: 1/30/2018  
Invoice Number: IN0199392

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199392	3/1/2018	0625	PR0011147	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

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Fax: (925) 957-5517

Facility ID: FA0010473
Account ID: AR0048748

TO: MT DIABLO UNIFIED SCHOOL DIST
STEEN, RENEE - FOOD SERVICES
1936 CARLOTTA DR, #23
CONCORD, CA 94520

Invoice Date: 1/30/2018
Invoice Number: IN0199385

ATTN: HOLBROOK LANGUAGE ACADEMY - 3333 RONALD WY

Current Charges: \$ 261.00
Previous Balance: \$ 0.00
Total Due: \$ 261.00

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199385, 3/1/2018, 0626, PR0011089, SCHOOL SATELITE (RISK 1, NEEDS 2 INSPECTIONS) HEALTH PERMIT FOR 2018-2019, \$ 261.00. Total Due for This Invoice: \$ 261.00

Remit Payments to:
Contra Costa Health Services
50 Douglas Dr., Suite 320C
Martinez, CA 94553

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2120 Diamond Blvd., Suite 200  
Concord, California 94520  
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Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: MEADOW HOMES ELEMENTARY SCHOOL - 1371 DETROIT AVE

Facility ID: FA0010314  
Account ID: AR0010454

Invoice Date: 1/30/2018  
Invoice Number: IN0199379

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199379	3/1/2018	0625	PR0010922	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

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2120 Diamond Blvd., Suite 200
Concord, California 94520
Ph (925) 692-2500
Fax (925) 692-2502

Facility ID: FA0009015
Account ID: AR0009155

Invoice Date: 1/30/2018
Invoice Number: IN0199300

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICES DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

ATTN: MONTE GARDENS ELEMENTARY - 3841 LARKSPUR DR

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199300, 3/1/2018, 0625, PR0009574, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

Remit Payments to:
Contra Costa Health Services
50 Douglas Dr., Suite 320C
Martinez, CA 94553

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TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: MOUNTAIN VIEW ELEMENTARY SCHOOL - 1705 THORNWOOD DR

Facility ID: FA0010550  
Account ID: AR0010690

Invoice Date: 1/30/2018  
Invoice Number: IN0199393

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199393	3/1/2018	0625	PR0011168	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

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Facility ID: FA0010685  
Account ID: AR0010825

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

Invoice Date: 1/30/2018  
Invoice Number: IN0199402

ATTN: MT DIABLO ELEMENTARY SCHOOL - 5880 MT ZION DR

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199402	3/1/2018	0625	PR0011312	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

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TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: NORTHGATE HIGH SCHOOL - 425 CASTLE ROCK RD

Facility ID: FA0008114  
Account ID: AR0008254

Invoice Date: 1/30/2018  
Invoice Number: IN0199223

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199223	3/1/2018	0625	PR0008635	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

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Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICE DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: OAK GROVE MIDDLE SCHOOL - 2050 MINERT RD

Facility ID: FA0010569  
Account ID: AR0010709

Invoice Date: 1/30/2018  
Invoice Number: IN0199395

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199395	3/1/2018	0625	PR0011189	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						<b>\$ 783.00</b>

Remit Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

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Fax: (925) 957-5517

Facility ID: FA0010684
Account ID: AR0010824

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICES DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

Invoice Date: 1/30/2018
Invoice Number: IN0199401

ATTN: PINE HOLLOW MIDDLE SCHOOL - 5522 PINE HOLLOW RD

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199401, 3/1/2018, 0625, PR0011311, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

Remit Payments to:
Contra Costa Health Services
50 Douglas Dr., Suite 320C
Martinez, CA 94553

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Fax (925) 692-2502

Facility ID: FA0009181
Account ID: AR0009321

Invoice Date: 1/30/2018
Invoice Number: IN0199308

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICE DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

ATTN: PLEASANT HILL ELEMENTARY SCHOOL - 2097 OAK PARK BLVD

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199308, 3/1/2018, 0625, PR0009742, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

Remit Payments to:
Contra Costa Health Services
50 Douglas Dr., Suite 320C
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TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD SERVICES DEPT/RENEE STEEN  
 1936 CARLOTTA DR  
 CONCORD, CA 94519

ATTN: PLEASANT HILL MIDDLE SCHOOL - 1 SANTA BARBARA RD

Facility ID: FA0009235  
 Account ID: AR0009375

Invoice Date: 1/30/2018  
 Invoice Number: IN0199313

Current Charges: \$ 783.00  
 Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199313	3/1/2018	0625	PR0009799	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						<b>\$ 783.00</b>

Remit Payments to:  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

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Facility ID: FA0009076  
Account ID: AR0009216

Invoice Date: 1/30/2018  
Invoice Number: IN0199305

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICE DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: RIO VISTA ELEMENTARY SCHOOL - 611 PACIFICA AVE

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199305	3/1/2018	0625	PR0009636	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

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 Concord, California 94520  
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 Fax (925) 692-2502

Facility ID: FA0008897  
 Account ID: AR0009037

Invoice Date: 1/30/2018  
 Invoice Number: IN0199291

Current Charges: \$ 783.00  
 Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD SERVICES DEPT/RENEE STEEN  
 1936 CARLOTTA DR  
 CONCORD, CA 94519

ATTN: RIVERVIEW MIDDLE SCHOOL - 205 PACIFICA AVE

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199291	3/1/2018	0625	PR0009452	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

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2120 Diamond Blvd., Suite 200  
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Fax (925) 692-2502

Facility ID: FA0009218  
Account ID: AR0009358

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

Invoice Date: 1/30/2018  
Invoice Number: IN0199312

ATTN: SEQUOIA ELEMENTARY SCHOOL - 277 BOYD RD

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199312	3/1/2018	0625	PR0009781	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

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2120 Diamond Blvd., Suite 200  
 Concord, California 94520  
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 Fax (925) 692-2502

Facility ID: FA0008995  
 Account ID: AR0009135

Invoice Date: 1/30/2018  
 Invoice Number: IN0199299

Current Charges: \$ 783.00  
 Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD SERVICES DEPT/RENEE STEEN  
 1936 CARLOTTA DR  
 CONCORD, CA 94519

ATTN: SHORE ACRES ELEMENTARY SCHOOL - 351 MARINA RD

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199299	3/1/2018	0625	PR0009554	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

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INVOICE

CONTRA COSTA ENVIRONMENTAL HEALTH

2120 Diamond Blvd., Suite 200
Concord, California 94520
Ph (925) 692-2500
Fax (925) 692-2502

For questions about this invoice:
Call: (925) 957-5516
or: (925) 957-5523 or: (925) 957-5522
Fax: (925) 957-5517

Facility ID: FA0010319
Account ID: AR0010459

Invoice Date: 1/30/2018
Invoice Number: IN0199381

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICES DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

ATTN: SILVERWOOD ELEMENTARY SCHOOL - 1649 CLAYCORD AVE

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199381, 3/1/2018, 0625, PR0010927, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

Remit Payments to:
Contra Costa Health Services
50 Douglas Dr., Suite 320C
Martinez, CA 94553

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For questions about this invoice:
Call: (925) 957-5516
or: (925) 957-5523 or: (925) 957-5522
Fax: (925) 957-5517

Facility ID: FA0007510
Account ID: AR0007650

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICES DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

Invoice Date: 1/30/2018
Invoice Number: IN0199201

ATTN: STRANDWOOD ELEMENTARY SCHOOL - 416 GLADYS DR

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

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Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199201, 3/1/2018, 0625, PR0008011, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

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50 Douglas Dr., Suite 320C
Martinez, CA 94553

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HEALTH**  
2120 Diamond Blvd., Suite 200  
Concord, California 94520  
Ph (925) 692-2500  
Fax (925) 692-2502

Facility ID: FA0008940  
Account ID: AR0009080

Invoice Date: 1/30/2018  
Invoice Number: IN0199293

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: SUN TERRACE ELEMENTARY SCHOOL - 2448 FLOYD LN

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199293	3/1/2018	0625	PR0009495	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
Contra Costa Health Services  
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Martinez, CA 94553

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 2120 Diamond Blvd., Suite 200  
 Concord, California 94520  
 Ph (925) 692-2500  
 Fax (925) 692-2502

Facility ID: FA0007541  
 Account ID: AR0007681

Invoice Date: 1/30/2018  
 Invoice Number: IN0199203

Current Charges: \$ 783.00  
 Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD SERVICE DEPT/RENEE STEEN  
 1936 CARLOTTA DR  
 CONCORD, CA 94519

ATTN: VALHALLA ELEMENTARY SCHOOL - 530 KIKI DR

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199203	3/1/2018	0625	PR0008043	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
 Contra Costa Health Services  
 50 Douglas Dr., Suite 320C  
 Martinez, CA 94553

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or: (925) 957-5523 or: (925) 957-5522
Fax: (925) 957-5517

Facility ID: FA0010612
Account ID: AR0010752

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICE DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

Invoice Date: 1/30/2018
Invoice Number: IN0199399

ATTN: VALLE VERDE ELEMENTARY SCHOOL - 3275 PEACHWILLOW LN

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199399, 3/1/2018, 0625, PR0011232, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

Remit Payments to:
Contra Costa Health Services
50 Douglas Dr., Suite 320C
Martinez, CA 94553

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CONTRA COSTA ENVIRONMENTAL HEALTH

2120 Diamond Blvd., Suite 200
Concord, California 94520
Ph (925) 692-2500
Fax (925) 692-2502

Facility ID: FA0007432
Account ID: AR0007572

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICES DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

Invoice Date: 1/30/2018
Invoice Number: IN0199197

ATTN: VALLEY VIEW MIDDLE SCHOOL - 181 VIKING DR

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199197, 3/1/2018, 0625, PR0007926, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

Remit Payments to:
Contra Costa Health Services
50 Douglas Dr., Suite 320C
Martinez, CA 94553

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For questions about this invoice:
Call: (925) 957-5516
or: (925) 957-5523 or: (925) 957-5522
Fax: (925) 957-5517

Facility ID: FA0010555
Account ID: AR0010695

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICES DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

Invoice Date: 1/30/2018
Invoice Number: IN0199394

ATTN: WALNUT ACRES ELEMENTARY SCHOOL - 180 CEREZO DR

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199394, 3/1/2018, 0625, PR0011173, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

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 Fax (925) 692-2502

Facility ID: FA0008887  
 Account ID: AR0009027

Invoice Date: 1/30/2018  
 Invoice Number: IN0199289

Current Charges: \$ 783.00  
 Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
 FOOD SERVICES DEPT/RENEE STEEN  
 1936 CARLOTTA DR  
 CONCORD, CA 94519

ATTN: WESTWOOD ELEMENTARY SCHOOL - 1748 WEST ST

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199289	3/1/2018	0625	PR0009442	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

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 Contra Costa Health Services  
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 Martinez, CA 94553

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Fax (925) 692-2502

For questions about this invoice:
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or: (925) 957-5523 or: (925) 957-5522
Fax: (925) 957-5517

Facility ID: FA0010702
Account ID: AR0010842

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICES DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

Invoice Date: 1/30/2018
Invoice Number: IN0199404

ATTN: WOODSIDE ELEMENTARY SCHOOL - 761 SAN SIMEON DR

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199404, 3/1/2018, 0625, PR0011331, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

Remit Payments to:
Contra Costa Health Services
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Martinez, CA 94553

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CONTRA COSTA ENVIRONMENTAL HEALTH

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Fax (925) 692-2502

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Call: (925) 957-5516
or: (925) 957-5523 or: (925) 957-5522
Fax: (925) 957-5517

Facility ID: FA0010474
Account ID: AR0010614

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICES DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

Invoice Date: 1/30/2018
Invoice Number: IN0199386

ATTN: WREN AVENUE ELEMENTARY SCHOOL - 3339 WREN AVE

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199386, 3/1/2018, 0625, PR0011090, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

Remit Payments to:
Contra Costa Health Services
50 Douglas Dr., Suite 320C
Martinez, CA 94553

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HEALTH**  
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Fax (925) 692-2502

TO: MT DIABLO UNIFIED SCHOOL DISTRICT  
FOOD SERVICES DEPT/RENEE STEEN  
1936 CARLOTTA DR  
CONCORD, CA 94519

ATTN: YGNACIO VALLEY ELEMENTARY SCHOOL - 2217 CHALOMAR RD

Facility ID: FA0010422  
Account ID: AR0010562

Invoice Date: 1/30/2018  
Invoice Number: IN0199382

Current Charges: \$ 783.00  
Previous Balance: \$ 0.00  
**Total Due: \$ 783.00**

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Invoice Date	Invoice Number	Due Date	Program Element	Record ID	Fee Description	Amount
01/30/18	IN0199382	3/1/2018	0625	PR0011034	SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019	\$ 783.00
Total Due for This Invoice:						\$ 783.00

Remit Payments to:  
Contra Costa Health Services  
50 Douglas Dr., Suite 320C  
Martinez, CA 94553

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Fax: (925) 957-5517

Facility ID: FA0010701
Account ID: AR0010841

TO: MT DIABLO UNIFIED SCHOOL DISTRICT
FOOD SERVICES DEPT/RENEE STEEN
1936 CARLOTTA DR
CONCORD, CA 94519

Invoice Date: 1/30/2018
Invoice Number: IN0199403

ATTN: YGNACIO VALLEY HIGH SCHOOL - 755 OAK GROVE RD

Current Charges: \$ 783.00
Previous Balance: \$ 0.00
Total Due: \$ 783.00

PLEASE RETURN TOP PORTION OF INVOICE WITH PAYMENT

Table with 7 columns: Invoice Date, Invoice Number, Due Date, Program Element, Record ID, Fee Description, Amount. Row 1: 01/30/18, IN0199403, 3/1/2018, 0625, PR0011330, SCHOOL CAFETERIA (RISK 2) HEALTH PERMIT FOR 2018-2019, \$ 783.00. Total Due for This Invoice: \$ 783.00

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Martinez, CA 94553

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