

INVOICES APPROVED FOR BOARD MEETING

Date	Payee	Amount	Type	Reason
Date of Meeting 12/12/24				
11/30/24	Jared Edwards	\$142.69	Ck #300	Ordered Checks
12/02/24	CentraCom	\$172.92	Debit	Failed Auto Pay
12/02/24	Rocky Mtn Power	\$473.47	Debit	Failed Auto Pay
12/05/24	Southeastern Utah Health	\$30	Ck #302	Water Sample
12/09/24	MK Erkkila	\$2216.00	Debit	Snow Removal
		Total \$3,035.08		

*Paid
JE 12-12-2024
APPROVED*



(1)

<https://www.costco.com>

Personal ▾ Business ▾ Accessories ▾ Tax Forms (/c/tax-forms/20600)

Order Confirmation

CHECKS / DEPOSIT SLIPS

[Print this page](#)

Thanks for your Order! - We'll send you an e-mail confirmation shortly.

Internet order number: 21-30533242 (tel:21-30533242) Date/Time: 11/22/2024 5:12:41 PM CST

Payment Method

Credit Card Type: Visa

Cardholder's Name: Jared Edwards

Credit Card Number: XXXXXXXXXXXX5715

Expiration Date: 02-2028

Phone: 801-310-4449 (tel:801-310-4449)

Email: jebigo@gmail.com

Billing Address

Jared Edwards

848 E 50 S

American Fork, UT 84003

United States

WELLS FARGO

Aspen Cove At Scofield Homeowners Association Inc.
110 35 Box 215
Scofield, UT 84528

To the Order of
Mindy Edwards
One hundred forty two
Zions Bank

12-2-2024
\$ 142.69
300

for Checks / Deposit Slips

⑆ 24000054⑆ 984 49865 9# 0000

WELLS FARGO

AUTOGRAPH VISA®

Proprietor Checks
Item# - WD-PTR

Delivery Estimate: delivered to you by December 5
Shipping Address: 848 E 50 S, American Fork, UT 84003 United States
Shipping Method: 2nd Day

2 Packs- 200 Checks ✕

Thanks for your Order! - We'll send you an e-mail confirmation shortly.

Internet order number: 21-30533242 (tel:21-30533242) **Date/Time:** 11/22/2024
5:12:41 PM CST

Payment Method
Credit Card Type: Visa
Cardholder's Name: Jared
Edwards
Credit Card Number:
XXXXXXXXXXXX5715

Billing Address "mindy"
Jared Edwards - Paid Visa
848 E 50 S
American Fork, UT 84003
United States

✕ Bank account got
closed - waiting for
New account to open

500 - Deposit clips

Next

Transaction Date	Posting Date	Description	Amount	Running balance
11/30/24	11/30/24	WILLIAMS-SONOMA.COM 800-541-1262 CA #2469216NZ32NVP034	\$142.69	(142.69)

Payment Receipt

Centra Com
12-2-24
Paid

1 of 1 payment(s) have been accepted.

Payment 1 of 1

Confirmation #	200179194622
CentraCom Services	Payment for services
Account #	384000691
Status	Accepted
Payment Date	Dec 2, 2024 - 8:37:31 AM
Payment Method	Checking Account *****8659
Payment Amount	\$172.91

Combined Payment Amount Charged \$172.91

* Set up New Auto Pay *
= Debit =



Jared Edwards <jedigo@gmail.com>

Rocky Mountain Power guest payment confirmation

1 message

noreply@rockymountainpower.net <noreply@rockymountainpower.net>
Reply-To: noreply@rockymountainpower.net
To: jebigo@gmail.com

Mon, Dec 2, 2024 at 11:54 AM

Thank you for submitting a Guest payment. The payment will be posted to the account you have indicated within two business days. If you determine this was requested in error, please call the number listed below.

Payment Date: December 02, 2024
Payment Time: 10:54 AM PT
Amount: \$473.47
Confirmation Number: 106818440ACHPAY

Please do not reply to this email. If you have questions, visit our website and select Contact Us or call us at 1-888-221-7070.

Sincerely,

Rocky Mountain Power

Southeastern Utah District Health Department

149 E 100 S - PO Box 800
 Price UT 84501-3002
 Telephone: 435-636-1173

ACCOUNT NO	4051
BILLING DATE	12/01/2024
DUE DATE	01/01/2025

Aspen Cove at Scofield

DATE	DESCRIPTION	AMOUNT
	Previous Balance	\$30.00
	Payments	(\$30.00)
11/19/2024	Lab # 3185	\$30.00

Aspen Cove At Scofield Homeowners Association Inc. 302
 HC 35 Box 215
 Scofield, UT 84526

12-5-24

Pay to the order of Southeastern UT Health \$ 30.00
thirty dollars 00/100

Zions Bank

⑆ 4051

⑆ 26000054⑆ 984 49865 9⑆ 0302

TO BE CREDITED, PAYMENTS MUST BE RECEIVED PRIOR TO BILLING

MESSAGE:

THIS IS YOUR INVOICE

A Convenience Fee Of 2.5% Will Be Assessed On All Credit Card Payments
Please Mail Payments To PO Box 800, Price Utah 84501

Please detach and return this portion of the statement with your payment
 This bill is current as of the billing date.
 Questions on your statement? Call Tami Velasquez at 435-636-1173

NOTICE - Amounts in parentheses are credits

Southeastern Utah District Health Department
 PO Box 800
 Price, UT 84501-3002

ACCOUNT NO
4051

DUE DATE
01/01/2025

BALANCE DUE
\$30.00

AMOUNT PAID

Aspen Cove at Scofield HOA
 HC 35 Box 215
 Scofield, UT 84526

INVOICE

MK Erkkila, L.C.
170 N Meridian St
Scofield, UT 84526

janeseerkkila@gmail.com
+1 (435) 448-9477

Bill to
Aspen Cove

Ship to
Aspen Cove

Invoice details

Invoice no.: 6800
Invoice date: 12/05/2024
Due date: 01/04/2025

#	Date	Product or service	Description	Qty	Rate	Amount
1.	11/26/2024	Aspen Cove Snow Removal	Aspen Cove Snow Removal	4	\$132.00	\$528.00
2.	11/27/2024	Aspen Cove Snow Removal	Aspen Cove Snow Removal	9	\$132.00	\$1,188.00
3.		Standby fee	Equipment Standby Fee - November	1	\$500.00	\$500.00

Total

\$2,216.00

Ways to pay



Note to customer

TERMS OF SALE AND PERFORMANCE OF WORK: The herein designated purchaser and/or customer and it's duly authorized agent and/or principal agrees to pay the following account at Scofield, Utah, on or before the 10th day of the succeeding month and if not paid when due to pay interest thereon from date hereof at the rate of 2.5% per month both before and after judgement until paid and if this account is placed with a collection agency or an attorney for collection either with or without suit to pay all collection costs including a reasonable attorney's fee.

Paid Bank Deposit

[View and pay](#)