Payment to Agency Report — A Public Document

PAYMENT TO AGENCY REPORT

California Form 801

For Official Use Only

Date Stamp

1. Agency Name

San Gorgonio Memorial Hospital

Division, Department, or Region (if applicable)

n/a

Street Address

600 N. Highland Springs Avenue, Banning, CA 92220

Area Code/Phone Number

(951) 769-2160

Email

bduffy@sgmh.org

Agency Contact (name and title)

Bobbi Duffy, Executive Assistant

☐ **Amendment** (explain in comment section)

Date of Original Filing: _____ (month, day, year)

2. Donor Name and Address

☐ Individual _____ (Last Name) _____ (First Name)

☑ Other Kronos Incorporated (Name)

900 Chelmsford Street (Address) | Lowell (City) | MA (State) | 01851 (Zip Code)

Health care computer programs

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

→ If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

n/a (Name) $0.00 (Amount)

n/a (Name) $0.00 (Amount)

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Scottsdale, AZ (Location of Travel)

March 2 - 4, 2019 (Dates (month, day, year))

n/a (Transportation Provider)

☐ Rail ☐ Air ☐ Bus ☐ Auto ☐ Other (Check Applicable Boxes)

Hyatt Regency (Name of Lodging Facility)

$1,591.56	$1,550.06	$66.00	$1,110.42	$4,318.04
Lodging Expenses	Meal Expenses	Transportation Expenses	Other Expenses	Total Expenses

3.1 (b) Payment(s) not related to travel: n/a (Dates (month, day, year)) $ 4,318.04 (Total Expenses)

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Sponsored 2 Hospital Directors for Kronos education

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Last Name	First Name	Position/Title	Department/Division
Brown	Patricia	Chief Nursing Officer	Administration
Freude	Vivian	Director	Medical Surgical Unit

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature	Print Name	Title	(month, day, year)
Bobbi Duffy	Bobbi Duffy	Executive Assistant	03/27/19

Comment:

(Use this space or an attachment for any additional information)

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