

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name
San Gorgonio Memorial Hospital
Division, Department, or Region (if applicable)
n/a
Street Address
600 N. Highland Springs Ave., Banning, CA 922220
Area Code/Phone Number
(951) 769-2160
Email
bduffy@sgmh.org
Agency Contact (name and title)
Bobbi Duffy, Executive Assistant
Date Stamp
California Form 801
For Official Use Only
Amendment (explain in comment section)
Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual n/a
Other Envision Physician Services/EmCare
13737 Noel Rd., Suite 1600 Dallas TX 75240
Address City State Zip Code

Supply Emergency Department Physicians

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 \$ n/a \$
Name Amount Name Amount

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

3.1 (a) Travel Payment
Phoenix, AZ Location of Travel
10/28/18 - 11/1/18 Dates (month, day, year)

SouthWest Airlines Transportation Provider
Rail Air Bus Auto Other
Check Applicable Boxes
The Camby Hotel Name of Lodging Facility
\$ 606.00 \$ 525.00 \$ 165.96 \$ 0.00 \$ 1,296.96
Lodging Expenses Meal Expenses Transportation Expenses Other Expenses Total Expenses

3.1 (b) Payment(s) not related to travel:
n/a \$ 0.00
Dates (month, day, year) Total Expenses

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

Emergency Department Director attending Envision's "Pillar of Leadership" conference.

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

Brady Angela Director Emergency Department
Last Name First Name Position/Title Department/Division
n/a n/a n/a n/a
Last Name First Name Position/Title Department/Division

4. Verification

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

Signature: Bobbi Duffy
Print Name: Bobbi Duffy
Title: Executive Assistant
Date: 11/05/18 (month, day, year)

Comment:

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

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