

AGENDA ITEM FOR ADMINISTRATIVE MEETING

- () Discussion only
- () Action

FROM (DEPT/ DIVISION): Sheriff's Office

PROGRAM: Jail

SUBJECT: medical bill

<p>Background:</p> <ul style="list-style-type: none"> • Inmate fell in bathroom due to water from the mop bucket. • Inmate was transported to SAH for medical treatment. • This bill falls under our responsibility. We would use line item 1540-55030. 	<p>() <u>ACTION REQUESTED:</u> We respectfully request approval to pay the St. Anthony Hospital invoice.</p>
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ATTACHMENTS: Payable to St. Anthony, St. Anthony invoice
 Date: (9/28/22) Submitted By: (Capt. Kenny Franks)

*****For Internal Use Only*****

Checkoffs:

- () Exec. Asst.
- (*KF*) Dept. Head (copy)
- () Human Resources (copy)
- () Budget (copy)
- () Fiscal
- () Legal (copy)
- () (Other - List:

To be notified of Meeting:
 Capt. Kenny Franks, Lora Franks

Needed at Meeting:
) Capt. Kenny Franks, Lt. Dustin Erickson (if necessary)

PLEASE RETURN THIS FORM AND ATTACHMENTS TO Executive Assistant

Scheduled for meeting on: October 19, 2022

Action taken:

Follow-up:

UMATILLA COUNTY PAYMENT REQUEST

PE ID - AC	8580-07
NAME	ST ANTHONY HOSPITAL
ADDRESS	
ADDRESS	PO BOX 310011285
CITY, STATE, ZIP	PASADENA, CA 91110-1285

AUTHORIZATION-APPROVAL	
DEPARTMENT	DATE PAID
CFO	
BOARD	
SUBMITTED	RETURN - HOLD

AMOUNT	ACCOUNT #	DESCRIPTION	INVOICE NUMBER	INVOICE TOTAL	INVOICE DATE	FINANCE CODES
\$25,132.25	1540-55030	Inmate	XAJ72981	\$18,597.87	4/11/2022	
-\$6,534.38	1540-55030	26% DISCOUNT	XAJ72981 disc			
				\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		
				\$0.00		

\$18,597.87 PAGE TOTAL
\$18,597.87 GRAND TOTAL

Office Use: Pretravel Auth rec: _____ Contract Reviewed: _____ Routine: _____
 Office Use: Tax ID Reviewed: _____ Quotes: _____ Bids: _____