

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name San Gorgonio Memorial Hospital		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 600 N. Highland Springs Ave., Banning, CA 92220			
Area Code/Phone Number (951) 769-2101	E-mail bduffy@gmail.com	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Bobbi Duffy, Executive Assistant		Date of Original Filing: _____ (month, day, year)	

2. Donor Name and Address

Individual _____ Other California Hospital Engagement Network

Last Name First Name Name
1215 K Street, Suite 800 Sacramento CA 95814
Address City State Zip Code

Hospital network association

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) solicited or received by the donor for this gift:

n/a	\$	n/a	n/a	\$	n/a
Name		Amount	Name		Amount

3. Payment Information

Date and Amount of Payment (other than travel) n/a \$ n/a
(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel San Francisco, CA

<u>11/13/13 - 11/15/13</u>	\$ <u>473.80</u>	\$ <u>357.30</u>	\$ <u>unknown</u>	\$ <u>n/a</u>	\$ <u>831.10</u>
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Pharmacy Director to speak at conference

Identify the officials for whom the payment was used:

<u>Nnah</u>	<u>Prince</u>	<u>Director</u>	<u>Pharmacy</u>
Last Name	First Name	Title	Department/Division
<u>n/a</u>	<u>n/a</u>	<u>n/a</u>	<u>n/a</u>
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

Bobbi Duffy Bobbi Duffy Executive Assistant 12/17/13
Signature of Agency Head or Designee Print Name Title (month, day, year)

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