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: n/a — First Name: n/a

☑ Other — Name: Cerner Community Works

Address: 1451 Erie Street — City: Kansas City — State: MO — Zip Code: 94116

Health care software and information technology infrastructure

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:

Name: n/a — $ Amount: _____

Name: n/a — $ Amount: _____

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

3.1 (a) Travel Payment

Location of Travel: Kansas City, MO

Dates (month, day, year): 1/31/2017 - 2/2/2017

Transportation Provider: Southwest

Check Applicable Boxes: ☐ Rail ☐ Air ☐ Bus ☐ Auto ☑ Other

Name of Lodging Facility: Hilton

$ Lodging Expenses	$ Meal Expenses	$ Transportation Expenses	$ Other Expenses	$ Total Expenses
985.14	168.83	2,142.80	0.00	3,296.57

3.1 (b) Payment(s) not related to travel:

Dates (month, day, year): n/a

$ Total Expenses: 0.00

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

Cerner software site visit

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

Last Name	First Name	Position/Title	Department/Division
Cox	Mayda	Director	Pt. Financial Services
Ebera	Maricris	IT	Information Technology

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 — 03/01/17 (month, day, year)

Comment: Additional Attendee: Sarhaziha, MD, Raheleh — ER Physician — Emergency Dept.

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

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