

Gift to Agency Report

A Public Document

GIFT 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 92220

Area Code/Phone Number

(951) 769-2101

E-mail

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

Last Name

First Name

Other

California Emergency Physicians

Name

2100 Powell Street, Suite 900

Emeryville

CA

94608

Address

City

State

Zip Code

contracted emergency physicians to hospital

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

Name

\$

n/a

Amount

n/a

Name

\$

n/a

Amount

3. Payment Information

Date and Amount of Payment (other than travel)

n/a

(month, day, year)

\$

n/a

(Round to whole dollars)

Travel Payment Information (Round to whole dollars)

Location of Travel

Las Vegas, Nevada

10/2/11 - 10/4/11

Date(s) of Travel

\$ 285.27

Transportation Expenses

\$ 234.08

Lodging Expenses

\$ unknown

Meal Expenses

\$ unknown

Other Expenses

\$ 519.35

Total Expenses

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

Emergency Department Director to attend annual California Emergency Physician's conference

Identify the officials for whom the payment was used:

Ritarita

Last Name

Trish

First Name

Director

Title

Emergency Department

Department/Division

n/a

Last Name

n/a

First Name

n/a

Title

n/a

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.

Signature of Agency Head or Designee

Bobbi Duffy

Print Name

Executive Assistant

Title

10/12/11

(month, day, year)

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