

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) n/a			
Street Address 600 N. Highland Springs Avenue, Banning, CA 92220			
Area Code/Phone Number (951) 769-2101	E-mail bduffy@sgmh.org	<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 Emergency Physicians

_____ Last Name First Name Name
2100 Powell St., Suite 900 _____ Emeryville _____ CA 94608
Address City State Zip Code

emergency physicians contracted 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 _____ \$ 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

10/23/12 - 10/26/12 \$ 547.40 \$ 506.40 \$ unknown \$ unknown \$ 1053.80
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:
Hospital Chief Nursing Office and Emergency Department Director to attend annual California Emergency Physician's conference


Identify the officials for whom the payment was used:

Brown _____ Patricia _____ Chief Nursing Officer _____ Administration _____
Last Name First Name Title Department/Division

Ritarita _____ Trish _____ Director _____ Emergency Department _____
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 _____ Executive Assistant _____ 11/20/12 _____
Signature of Agency Head or Designee Print Name Title (month, day, year)

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