

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) Date of Original Filing: _____ (month, day, year)	
Agency Contact (name and title) Bobbi Duffy, Executive Assistant			

2. Donor Name and Address

Individual _____ Other McKesson Provider Technologies

Last Name: _____ First Name: _____ Name: _____
 Address: 10735 David Taylor Drive, Suite 100 City: Charlotte State: NC Zip Code: 28262

Hospital technology
 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:

<u>n/a</u>	\$	<u>n/a</u>	<u>n/a</u>	\$	<u>n/a</u>
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 Las Vegas, NV

<u>2/20/12 - 2/24/12</u>	\$ <u>348.14</u>	\$ <u>481.60</u>	\$ <u>179.25</u>	\$ <u>n/a</u>	\$ <u>1008.99</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:
 IT Director to attend HIMMS conference in Las Vegas, NV sponsored by McKesson

Identify the officials for whom the payment was used:

<u>Lepper</u>	<u>Dale</u>	<u>Director</u>	<u>Information Technology</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.


 Signature of Agency Head or Designee

<u>Bobbi Duffy</u>	<u>Executive Assistant</u>	<u>03/23/12</u>
Print Name	Title	(month, day, year)

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