

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 Amerinet

Last Name First Name Name

430 N. Niagara Street Burbank CA 91505

Address City State Zip Code

Group purchasing organization

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 Las Vegas, Nevada

5/14/12 - 5/18/12 \$ n/a \$ included \$ included \$ included \$ 800.00

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:


2 department Directors attending conference.

Identify the officials for whom the payment was used:

Perez	Robert	Director	Materials Management
Last Name	First Name	Title	Department/Division
Nnah	Prince	Director	Pharmacy
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 5/24/12

Signature of Agency Head or Designee Print Name Title (month, day, year)

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