

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 InSight _____

Last Name First Name Name

330 N. Wabash Avenue Chicago IL 60611

Address City State Zip Code

software vendor - Board member education conference

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) _____ \$ _____

(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Chicago, IL

7/16 - 7/17/13	\$ 683.10	\$ 165.00	\$ 300.00	\$ 0	\$ 1148.10
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:

Attendance at Board member at SmithBucklin Leaders Forum

Identify the officials for whom the payment was used:

Lepper	Dale	Director	Information Technology
Last Name	First Name	Title	Department/Division
n/a	n/a	n/a	n/a
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 July 24, 2013

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

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