

COUNTY OF SHASTA
OFFICE OF AUDITOR-CONTROLLER
REPORT OF CLAIMS REQUIRING BOARD ACTION IN ORDER TO
AUTHORIZE PAYMENT BY AUDITOR-CONTROLLER
5/2/2017

FUND/DEPT/ACCT	DEPARTMENT	PAYEE	DESCRIPTION	Amount	REASON	DEPARTMENT'S EXPLANATION
26000/035100	JAIL	AIRGAS	GAS CYLINDER RENTAL	\$ 26.60	Per Admin Policy 2-201 and Gov Code sections 910 and 911.2 invoices older than one year require Board approval.	SEE ATTACHED MEMO FROM DEPARTMENT
26000/035100	JAIL	AIRGAS	GAS CYLINDER RENTAL	\$ 25.94	Per Admin Policy 2-201 and Gov Code sections 910 and 911.2 invoices older than one year require Board approval.	SEE ATTACHED MEMO FROM DEPARTMENT
26000/035100	JAIL	AIRGAS	GAS CYLINDER RENTAL	\$ 18.68	Per Admin Policy 2-201 and Gov Code sections 910 and 911.2 invoices older than one year require Board approval.	SEE ATTACHED MEMO FROM DEPARTMENT
95500/033700	FACILITIES MANAGEMENT	CALIFORNIA SAFETY COMPANY	QUARTERLY MONTIORING	\$ 9,354.00	Per Shasta County Contracts Manual 6-101 Section 1.3.3, and Gov Code section 29741, the Auditor-Controller may only pay claims for services that have been authorized by contract. Invoice exceeds the maximum amount allowed for this contract. Requires Board approval.	SEE ATTACHED MEMO FROM DEPARTMENT
00391/034800	COUNTY FIRE	REDDING OCCUPATIONAL MEDICAL CENTER INC	PRE-EMPLOYMENT PHYSICALS AND MEDICAL SERVICES	\$ 4,961.50	Per Admin Policy 2-201 and Gov Code sections 910 and 911.2 invoices older than one year require Board approval. The contract at the time of service is over contract maximum.	SEE ATTACHED MEMO FROM DEPARTMENT
TOTAL				\$ 14,386.72		

Auditor's Certification:

I certify that the foregoing is a true list of claims properly and regularly coming before the Shasta County Board of Supervisors, and that the computations are correct.

Date: 4/25/17 Signature: 

Approval of Claims:

These claims were allowed and the Claims List was approved as correct, by vote of the Board of Supervisors on this date.

Date: _____
Chairman
Board of Supervisors
County of Shasta
State of California





**CALIFORNIA DEPARTMENT OF FORESTRY
AND FIRE PROTECTION**
COOPERATIVE FIRE PROTECTION
Since 1980
SHASTA COUNTY FIRE DEPARTMENT
875 Cypress Ave Redding CA 96001



Mike Hebrard
Chief

MEMORANDUM

Date: April 20, 2017

To: Brian Muir, Shasta County Auditor-Controller

From: Mike Hebrard, Shasta County Fire Warden

Subject: Board Claim for Redding Occupational Medical Officer (ROMC)

Shasta County Personnel had an agreement, also used by County Fire, with ROMC to provide pre-employment physicals and other medical services. In December 2016 County Fire received 30 invoices from ROMC for pre-employment services, respiratory protection program services and driver physicals ranging in dates from May 25, 2011 through December 30, 2014. All of the charges were researched, and it has been determined that Shasta County Fire has not paid for these rendered services.

These invoices are more than one year old. We request that the invoices be presented to the Board of Supervisors for approval on the claims list.

Thank you for your assistance with this matter.

RECEIVED
SHASTA COUNTY
AUDITOR-CONTROLLER
2017 APR 24 PM 4 53

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
5/25/2011	144

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

Employer

P.O. No.

Due Date

7/11/2011

Service Date	Patient Name	Description	Qty	Rate	Amount
05/09/2011		Hepatitis B 2nd dose (per injection - series of 3)	1	85.00	85.00
					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___Amex ___MC ___Visa ___Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$85.00

Payments/Credits \$0.00

Balance Due \$85.00

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
6/30/2011	452

Bill To
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001

Employer

			P.O. No.	Due Date	
				8/15/2011	
Service Date	Patient Name	Description	Qty	Rate	Amount
6/1/11		Shasta County Type C (Physical Exam, Audiogram, 2 View Spine X-ray, Treadmill/EKG Stress Test, TB Test, Strength & Fitness Test, Spirometry, Urine Collection)	1	463.00	463.00
 PAST DUE					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___ Amex ___ MC ___ Visa ___ Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total	\$463.00
Payments/Credits	\$0.00
Balance Due	\$463.00

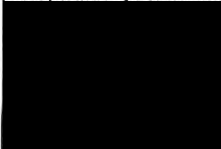
Redding Occupational Medical Center

Phone: 530-646-4242
Fax: 530-646-4243

Date	Invoice #
12/31/2011	2582

Bill To
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001

Employer
Fire Dept

			P.O. No.	Due Date	
For billing questions please call (530) 646-4242 Opt 7				2/13/2012	
Service Date	Patient Name	Description	Qty	Rate	Amount
12/21/2011	Various	Respirator Questionnaire Review 	5	18.75	93.75
 PAST DUE					

Amex MC Visa Discover CVC Code

Accl # _____ Exp date _____

Name on Card _____

Signature _____

Total	\$93.75
Payments/Credits	\$0.00
Balance Due	\$93.75

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

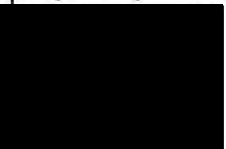
Fax: 530-646-4243

Invoice

Date	Invoice #
1/31/2012	2681

Bill To
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001

Employer
Fire Dept.

			P.O. No.	Due Date	
For billing questions please call (530) 646-4242 Opt 7				3/12/2012	
Service Date	Patient Name	Description	Qty	Rate	Amount
01/20/2012	Various	Respirator Questionnaire Review 	5	18.75	93.75

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___Amex ___MC ___Visa ___Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total	\$93.75
Payments/Credits	\$0.00
Balance Due	\$93.75

ROMC

Redding Occupational Medical Center

P.O. Box 99740
Emeryville, CA 94662

Phone: 530-646-4242
Fax: 530-646-4243

Invoice

Date	Invoice #
2/29/2012	2940

Bill To
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001

Employer
fire dept

P.O. No.	Due Date
	4/9/2012

For billing questions please call (530) 646-4242 Opt 7

Service Date	Patient Name	Description	Qty	Rate	Amount
02/29/2012		Shasta County Type C (Physical Exam, Audiogram, 2 View Spine X-ray, Treadmill/EKG Stress Test, TB Test, Strength & Fitness Test, Spirometry, Urine Collection)	1	463.00	463.00
02/29/2012		DMV 546A w/Type C Physical	1	15.00	15.00



PAST DUE

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___ Amex ___ MC ___ Visa ___ Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$478.00

Payments/Credits \$0.00

Balance Due \$478.00

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
5/31/2012	4075

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

Employer

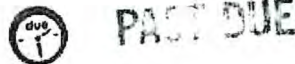
Fire Dept

P.O. No.

Due Date

For billing questions please call (530) 646-4242 Opt 7

7/12/2012

Service Date	Patient Name	Description	Qty	Rate	Amount
05/23/2012		Respirator Questionnaire Review	1	18.75	18.75
					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___Amex ___MC ___Visa ___Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$18.75

Payments/Credits \$0.00

Balance Due \$18.75

ROMC

Redding Occupational Medical Center

P.O. Box 99740
Emeryville, CA 94662

Phone: 530-646-4242
Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2012	11344

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

Employer

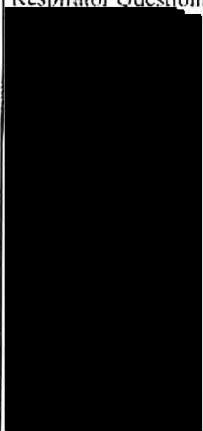
Fire Dept

P.O. No.

Due Date

For billing questions please call (530) 646-4242 Opt 7

2/4/2013

Service Date	Patient Name	Description	Qty	Rate	Amount
12/05/2012	Various	Respirator Questionnaire Review 	15	18.75	281.25



PAY DUE

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___Amex ___MC ___Visa ___Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$281.25

Payments/Credits \$0.00

Balance Due \$281.25

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
4/30/2013	12647

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

Employer

P.O. No.

Due Date

For billing questions please call (530) 646-4242 Opt 7

6/10/2013

Service Date	Patient Name	Description	Qty	Rate	Amount
04/29/2013		Respiratory Combo-Respiratory Physical and Spirometry	1	95.00	95.00
					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___Amex ___MC ___Visa ___Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$95.00

Payments/Credits \$0.00

Balance Due \$95.00

ROMC

Redding Occupational Medical Center

P.O. Box 99740
Emeryville, CA 94662

Phone: 530-646-4242
Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34369

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

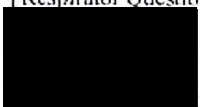
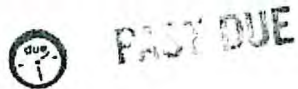
Employer

P.O. No.

Due Date

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days

2/11/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/01/2014	Various	Respirator Questionnaire Review 	3	18.75	56.25
					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___ Amex ___ MC ___ Visa ___ Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$56.25

Payments/Credits \$0.00

Balance Due \$56.25

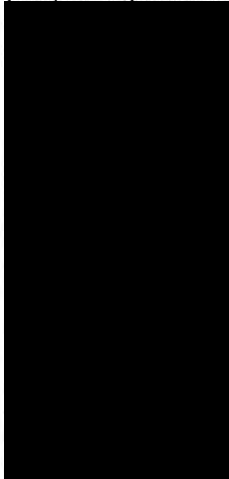
Redding Occupational Medical Center

Phone: 530-646-4242
Fax: 530-646-4243

Date	Invoice #
12/31/2014	34372

Bill To
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001

Employer

						P.O. No.	Due Date
Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days							2/11/2015
Service Date	Patient Name	Description	Qty	Rate	Amount		
12/11/2014	Various	Respirator Questionnaire Review 	17	18.75	318.75		
						BILLED DEC 02 2016	
						Past Duell Please remit payment promptly. If payment is not received within 30 days of this notice, <u>interest will be added.</u> Thank You, ROMC Billing	

To pay by credit card please fill in the information below and fax to (951) 755-0333.

Amex MC Visa Discover CVC Code

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total	\$318.75
Payments/Credits	\$0.00
Balance Due	\$318.75

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34373

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

Employer

P.O. No.

Due Date

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days

2/11/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/14/2014		DOT Physical (Fire)-Initial / Recertification (Hx, Ht, Wt, BP, UA, Snellen Vision, PE) - 4 pg report	1	75.00	75.00



PAST DUE

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___Amex ___MC ___Visa ___Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$75.00

Payments/Credits \$0.00

Balance Due \$75.00

ROMC

Redding Occupational Medical Center

P.O. Box 99740 Phone: 530-646-4242
Emeryville, CA 94662 Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34375

Bill To
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001

Employer

P.O. No.	Due Date
	2/11/2015

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days

Service Date	Patient Name	Description	Qty	Rate	Amount
12/17/2014		Shasta County Type C (Physical Exam, Audiogram, 2 View Spine X-ray, Treadmill/EKG Stress Test, TB Test, Strength & Fitness Test, Spirometry, Urine Collection)	1	463.00	463.00
12/17/2014		DMV 546A w/Type C Physical	1	15.00	15.00

BILLED DEC 02 2016

Past Due!!
Please remit payment promptly. If payment is not received within 30 days of this notice, interest will be added.
Thank You, ROMC Billing

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___ Amex ___ MC ___ Visa ___ Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total	\$478.00
Payments/Credits	\$0.00
Balance Due	\$478.00

Total	\$168.75
Payments/Credits	\$0.00
Balance Due	\$168.75

ROMC

Redding Occupational Medical Center

P.O. Box 99740
Emeryville, CA 94662

Phone: 530-646-4242
Fax: 530-646-4243

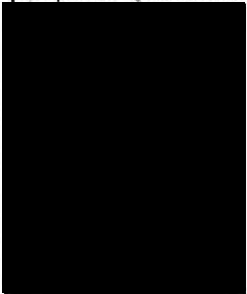
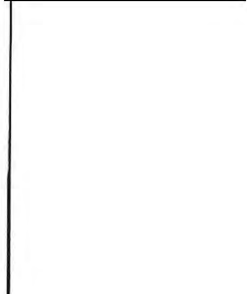
Invoice

Date	Invoice #
12/31/2014	34377

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

Employer

			P.O. No.	Due Date	
Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days				2/11/2015	
Service Date	Patient Name	Description	Qty	Rate	Amount
12/18/2014	Various	Respirator Questionnaire Review	10	18.75	187.50
					
					
					



PAST DUE

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___ Amex ___ MC ___ Visa ___ Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$187.50

Payments/Credits \$0.00

Balance Due \$187.50

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34378

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

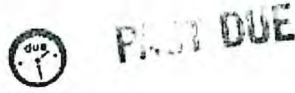
Employer

P.O. No.

Due Date

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days

2/11/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/18/2014	Various	Respirator Questionnaire Review 	4	18.75	75.00
					

To pay by credit card please fill in the information below and fax to (951) 755-0333

___ Amex ___ MC ___ Visa ___ Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$75.00

Payments/Credits \$0.00

Balance Due \$75.00

Total	\$56.25
Payments/Credits	\$0.00
Balance Due	\$56.25

Total	\$75.00
Payments/Credits	\$0.00
Balance Due	\$75.00

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34381

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

Employer

P.O. No.

Due Date

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days

2/11/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/18/2014	Various	Respirator Questionnaire Review [REDACTED]	2	18.75	37.50

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___ Amex ___ MC ___ Visa ___ Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$37.50

Payments/Credits \$0.00

Balance Due \$37.50

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34382

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

Employer

			P.O. No.	Due Date	
Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days				2/11/2015	
Service Date	Patient Name	Description	Qty	Rate	Amount
12/18/2014	Various	Respirator Questionnaire Review 	3	18.75	56.25
PAST DUE					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___ Amex ___ MC ___ Visa ___ Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total	\$56.25
Payments/Credits	\$0.00
Balance Due	\$56.25

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34383

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

Employer

			P.O. No.	Due Date	
Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days				2/11/2015	
Service Date	Patient Name	Description	Qty	Rate	Amount
12/23/2014		Office Visit for Failed Resp. Fit Questionnaire, includes PFT	1	106.25	106.25
					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___Amex ___MC ___Visa ___Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total	\$106.25
Payments/Credits	\$0.00
Balance Due	\$106.25

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34384

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

Employer

			P.O. No.	Due Date	
Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days				2/11/2015	
Service Date	Patient Name	Description	Qty	Rate	Amount
12/26/2014		Office Visit for Failed Resp. Fit Questionnaire, includes PFT	1	106.25	106.25
PAST DUE					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___ Amex ___ MC ___ Visa ___ Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$106.25

Payments/Credits \$0.00

Balance Due \$106.25

Phone: 530-646-4242
Fax: 530-646-4243

Date	Invoice #
12/31/2014	34385

Bill To
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001

Employer

Signature_____

P.O. No.		Due Date
		2/11/2015
Qty	Rate	Amount
11	18.75	206.25
Total		\$206.25
Payments/Credits		\$0.00
Balance Due		\$206.25

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34386

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

Employer

P.O. No.

Due Date

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days

2/13/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/29/2014	Various	Respirator Questionnaire Review 	5	18.75	93.75



PAST DUE

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___Amex ___MC ___Visa ___Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$93.75

Payments/Credits \$0.00

Balance Due \$93.75

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34387

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

Employer

P.O. No.

Due Date

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days

2/13/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/29/2014	Various	Respirator Questionnaire Review 	4	18.75	75.00
 PAST DUE					

To pay by credit card please fill in the information below and fax to (951) 755-0333

___ Amex ___ MC ___ Visa ___ Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$75.00

Payments/Credits \$0.00

Balance Due \$75.00

ROMC

Redding Occupational Medical Center

P.O. Box 99740
Emeryville, CA 94662

Phone: 530-646-4242
Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34388

Bill To
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001

Employer

				P.O. No.	Due Date
Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days					2/13/2015
Service Date	Patient Name	Description	Qty	Rate	Amount
12/30/2014	Various	Respirator Questionnaire Review 	5	18.75	93.75
 PAST DUE					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___ Amex ___ MC ___ Visa ___ Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total	\$93.75
Payments/Credits	\$0.00
Balance Due	\$93.75

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34389

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

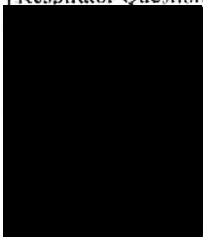
Employer

P.O. No.

Due Date

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days

2/13/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/30/2014	Various	Respirator Questionnaire Review 	8	18.75	150.00
					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___ Amex ___ MC ___ Visa ___ Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$150.00

Payments/Credits \$0.00

Balance Due \$150.00

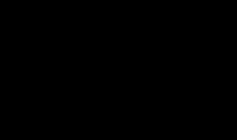


Phone: 530-646-4242
Fax: 530-646-4243

Date	Invoice #
12/31/2014	34390

Bill To
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001

Employer

			P.O. No.	Due Date	
Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days				2/13/2015	
Service Date	Patient Name	Description	Qty	Rate	Amount
12/30/2014	Various	Respirator Questionnaire Review 	5	18.75	93.75
		 PAST DUE			

Signature _____

Total	\$93.75
Payments/Credits	\$0.00
Balance Due	\$93.75

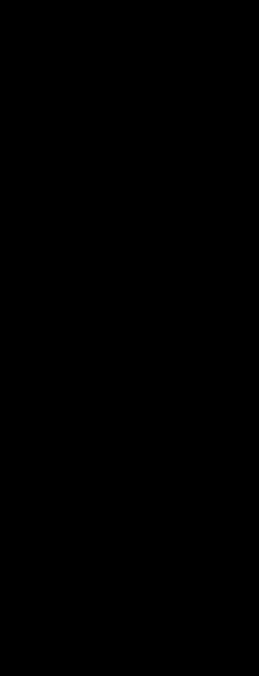
Redding Occupational Medical Center

Phone: 530-646-4242
Fax: 530-646-4243

Date	Invoice #
12/31/2014	34391

Bill To
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001

Employer

						P.O. No.	Due Date
Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days							2/13/2015
Service Date	Patient Name	Description	Qty	Rate	Amount		
12/30/2014	Various	Respirator Questionnaire Review 	24	18.75	450.00		
 PAST DUE							

Signature _____

Total	\$450.00
Payments/Credits	\$0.00
Balance Due	\$450.00

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34392

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

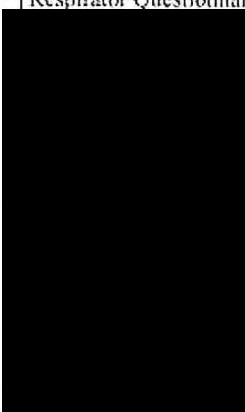
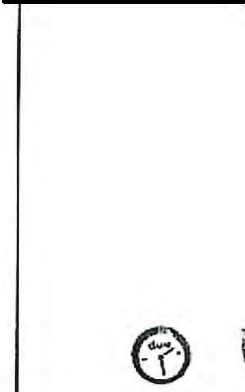
Employer

P.O. No.

Due Date

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days

2/13/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/30/2014	Various	Respirator Questionnaire Review	13	18.75	243.75
					
					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___Amex ___MC ___Visa ___Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$243.75

Payments/Credits \$0.00

Balance Due \$243.75

ROMC

Redding Occupational Medical Center

P.O. Box 99740

Emeryville, CA 94662

Phone: 530-646-4242

Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34393

Bill To

Attn: Mary Keith
Shasta Co. Fire Dept.
875 Cypress Ave.
Redding, CA 96001

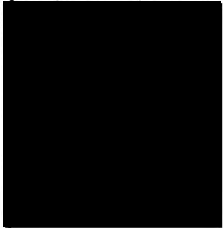
Employer

P.O. No.

Due Date

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days

2/13/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/30/2014	Various	Respirator Questionnaire Review 	8	18.75	150.00
					

To pay by credit card please fill in the information below and fax to (951) 755-0333.

___Amex ___MC ___Visa ___Discover CVC Code _____

Acct # _____ Exp date _____

Name on Card _____

Signature _____

Total \$150.00

Payments/Credits \$0.00

Balance Due \$150.00

COUNTY
OF
SHASTA

DEPARTMENT OF PUBLIC WORKS

Pat Minturn, Director

MEMORANDUM

DATE: April 21, 2017

FFM 020004

TO: Connor Harmon, Accounting Technician – Auditor Controller

FROM: C. Troy Bartolomei, Deputy Director-Operations



SUBJECT: Board Claim, Contract #C0004248 – California Safety

The contract provides for code changes. Historically less than fifty code changes were requested per year. A single department requested over four-hundred code changes over the past eleven months. The contract amount has been exceeded. Facilities Management is working on new contract to account for increased number of code changes in the future.

/ldr

California Safety Company
P. O. Box 990956
Redding, CA 96099-0956
Tel : (530)243-2521 Fax: (530)245-1122



Invoice Number	349655	CSID
Sale Date	1/3/2017	20123
Due Date	1/31/2017	

-Shasta Co - Accounts Payable
 1958 Placer
 Redding, CA 96001



Description	Qty	Price	Net	Tax	Total
✓ CSID: 20123 Quarterly Alarm System Lease For: Shasta County Public Health Storage - Progress Dr. at 2486 Progress Drive, Unit 2 Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.	3	\$35.00	\$105.00	\$0.00	\$105.00
✓ CSID: 20123 Quarterly Open & Close Reporting For: Shasta County Public Health Storage - Progress Dr. at 2486 Progress Drive, Unit 2 Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.	3	\$10.00	\$30.00	\$0.00	\$30.00
✓ CSID: 20239 Quarterly Alarm System Monitoring Fee For: Shasta County Basement Storage at 2640 Breslauer Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.	3	\$25.00	\$75.00	\$0.00	\$75.00
✓ CSID: 20239 Quarterly Open and Close Reporting For: Shasta County Basement Storage at 2640 Breslauer Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.	3	\$10.00	\$30.00	\$0.00	\$30.00
✓ CSID: 20241 Quarterly Alarm System Monitoring Fee For: Shasta County Mental Health Fire at 2630 and 2640 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.	3	\$30.00	\$90.00	\$0.00	\$90.00
✓ CSID: 20389 Quarterly Alarm System Monitoring Fee For: Shasta County Public Health Records at 2650 Breslauer Way, Room 111 Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.	3	\$25.00	\$75.00	\$0.00	\$75.00
✓ CSID: 20389 Quarterly Open & Close Reporting For: Shasta County Public Health Records at 2650 Breslauer Way, Room 111 Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.	3	\$10.00	\$30.00	\$0.00	\$30.00
✓ CSID: 20482 Quarterly Alarm System Lease-Sheriff Pk Marina For: Shasta County Sheriff's Office - Pk Marina Circle at 300 Park Marina Circle Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.	3	\$110.00	\$330.00	\$0.00	\$330.00
✓ CSID: 20535 Quarterly Alarm System Monitoring Fee For: Shasta County Corp Yard-F.R.M. at 24665 Glenburn Road Fall River Mills, CA 96028 Period Covered: 01/01/2017 to 03/31/2017 inclusive.	3	\$25.00	\$75.00	\$0.00	\$75.00

✓	CSID: 20535					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Corp Yard-F.R.M. at 24665 Glenburn Road Fall River Mills, CA 96028					
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 20572					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Public Health-Fire at 2660 Breslauer Way Redding, CA 96001					
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 20580					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Superior Court at 20509 Shasta Street Burney, CA 96013					
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 20581					
	Quarterly Alarm System Lease	3	\$35.00	\$105.00	\$0.00	\$105.00
	For: Shasta County Sheriff CAL MMET at 3740 Flight Avenue Redding, CA 96002					
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 20625					
	Quarterly Alarm System Lease	3	\$40.00	\$120.00	\$0.00	\$120.00
	For: Shasta County Perinatal at 1506/1518 Market Street Redding, CA 96001					
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 20625					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Perinatal at 1506/1518 Market Street Redding, CA 96001					
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 20713					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Sheriff Burney at 20509 Shasta Street Burney, CA 96013					
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 20765					
	Quarterly Alarm System Lease	3	\$85.00	\$255.00	\$0.00	\$255.00
	For: Shasta County Soc Svc Cal. at 1550 California Street Redding, CA 96001					
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 20765					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Soc Svc Cal. at 1550 California Street Redding, CA 96001					
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 20866					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Pub Wks Shingletown-Whispering Meado at Whispering Meadow Court Shingletown, CA 96088					
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 20871					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Pub Wks Silverbridge Lift Station at 22250 Golftime Drive Palo Cedro, CA 96073					
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 20930					
	Qtrly Alarm System Lease	3	\$40.00	\$120.00	\$0.00	\$120.00
	For: Shasta County Ofc Of Em Services - Office at 2486 Progress Drive, Suite 1 Redding, CA 96001					
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.					

✓	CSID: 20969 Quarterly Alarm System Lease	3	\$60.00	\$180.00	\$0.00	\$180.00
	For: Shasta County Soc Svc Burney at 36911 Main Street Burney, CA 96013 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 20969 Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Soc Svc Burney at 36911 Main Street Burney, CA 96013 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 20992 Quarterly Central Station Monitoring	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Corp Yard-Rdg at 4363 Eastside Road Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 20992 Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Corp Yard-Rdg at 4363 Eastside Road Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21041 Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Mental Health Records-Common Space at 2640 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21041 Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Mental Health Records-Common Space at 2640 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21042 Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Mental Health Records-Med Records St at 2640 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21042 Qtrly Alarm System Monitoring Fee	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Mental Health Records-Med Records St at 2640 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21043 Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Mental Health Records-IHSS/PG Record at 2640 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21043 Qtrly Alarm System Monitoring Fee	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Mental Health Records-IHSS/PG Record at 2640 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21044 Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Mental Health Records- East Basement at 2640 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21044 Qtrly Alarm System Monitoring Fee	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Mental Health Records- East Basement at 2640 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					

✓	CSID: 21381					
	Quarterly Alarm System Lease	3	\$50.00	\$150.00	\$0.00	\$150.00
	For: Cal Works - Closed Files/Basement at 1400 California Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21381					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Cal Works - Closed Files/Basement at 1400 California Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21382					
	Qtrly Alarm System Lease	3	\$40.00	\$120.00	\$0.00	\$120.00
	For: Shasta County Public Health Storage - Cal Works at 1400 California Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21382					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Public Health Storage - Cal Works at 1400 California Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21451					
	Quarterly Alarm System Monitoring Fee	3	\$45.00	\$135.00	\$0.00	\$135.00
	For: Shasta County Soc Svc - Bres Main at 2460 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21451					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Soc Svc - Bres Main at 2460 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21452					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Soc Svc - Bres COB at 2460 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21452					
	Quarterly Alarm System Monitoring Fee	3	\$0.00	\$0.00	\$0.00	\$0.00
	For: Shasta County Soc Svc - Bres COB at 2460 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21453					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Soc Svc - Bres Storage at 2460 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21453					
	Quarterly Alarm System Monitoring Fee	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Soc Svc - Bres Storage at 2460 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21561					
	Quarterly Alarm System Lease	3	\$102.00	\$306.00	\$0.00	\$306.00
	For: Cal Works Employment Services at 1400 California Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 21561					
	Quarterly O & C Reporting - 21561 Main	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Cal Works Employment Services at 1400 California Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					

✓	CSID: 21561						
	Quarterly O & C Reporting - 21562 Comp Rm	3	\$10.00	\$30.00	\$0.00	\$30.00	
	For: Cal Works Employment Services at 1400 California Street Redding, CA 96001						
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 21562						
	Qtrly Alarm System Lease	3	\$0.00	\$0.00	\$0.00	\$0.00	
	For: Cal Works Computer Room at 1400 California Street Redding, CA 96001						
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 21871						
	Quarterly Alarm System Lease	3	\$40.00	\$120.00	\$0.00	\$120.00	
	For: Shasta County CPS Annex at 1620/1624 Market Street Redding, CA 96001						
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 21871						
	Quarterly Open and Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00	
	For: Shasta County CPS Annex at 1620/1624 Market Street Redding, CA 96001						
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 21872						
	Quarterly Alarm System Lease	3	\$20.00	\$60.00	\$0.00	\$60.00	
	For: Shasta County CPS Annex HHSA Childrens Svcs Meetin at 1628 Market Street Redding, CA 96001						
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 21872						
	Quarterly Open and Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00	
	For: Shasta County CPS Annex HHSA Childrens Svcs Meetin at 1628 Market Street Redding, CA 96001						
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 22161						
	Quarterly Alarm System Lease	3	\$82.50	\$247.50	\$0.00	\$247.50	
	For: Shasta County Opportunity Ctr - Fire at 1265 Redwood Blvd. Redding, CA 96003						
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 22162						
	Quarterly Open and Close Reports	3	\$10.00	\$30.00	\$0.00	\$30.00	
	For: Shasta County Opportunity Ctr - Burg at 1265 Redwood Blvd. Redding, CA 96003						
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 22162						
	Quarterly Alarm System Lease	3	\$0.00	\$0.00	\$0.00	\$0.00	
	For: Shasta County Opportunity Ctr - Burg at 1265 Redwood Blvd. Redding, CA 96003						
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 22361						
	Quarterly Alarm System Monitoring Fee	3	\$55.00	\$165.00	\$0.00	\$165.00	
	For: Shasta County Sheriff ID Lab Main Wing at 2630 Breslauer Way Redding, CA 96001						
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 22361						
	Quarterly O & C Reporting - 22361 Main	3	\$10.00	\$30.00	\$0.00	\$30.00	
	For: Shasta County Sheriff ID Lab Main Wing at 2630 Breslauer Way Redding, CA 96001						
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 22361						
	Quarterly O & C Reporting - 22364 Mech Rm	3	\$10.00	\$30.00	\$0.00	\$30.00	
	For: Shasta County Sheriff ID Lab Main Wing at 2630 Breslauer Way Redding, CA 96001						
	Period Covered: 01/01/2017 to 03/31/2017 inclusive.						

✓	CSID: 22361						
	Quarterly O & C Reporting - 22362 Secure Wing	3	\$10.00	\$30.00	\$0.00	\$30.00	
	For: Shasta County Sheriff ID Lab Main Wing at 2630 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 22361						
	Quarterly O & C Reporting - 22363 Evi Storage	3	\$10.00	\$30.00	\$0.00	\$30.00	
	For: Shasta County Sheriff ID Lab Main Wing at 2630 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 22362						
	Quarterly Alarm System Monitoring Fee	3	\$0.00	\$0.00	\$0.00	\$0.00	
	For: Shasta County Sheriff ID Lab Secure Wing at 2630 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 22363						
	Quarterly Alarm System Monitoring Fee	3	\$0.00	\$0.00	\$0.00	\$0.00	
	For: Shasta County Sheriff ID Lab Evidence Storage at 2630 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 22364						
	Quarterly Alarm System Monitoring Fee	3	\$0.00	\$0.00	\$0.00	\$0.00	
	For: Shasta County Sheriff ID Lab Mech Room at 2630 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 23301						
	Quarterly Central Station Monitoring	3	\$25.00	\$75.00	\$0.00	\$75.00	
	For: Shasta County DA/VSO Building - Burg at 1355 West St & 1855 Shasta St Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 23302						
	Qtrly Alarm System Monitoring	3	\$10.00	\$30.00	\$0.00	\$30.00	
	For: Shasta County DA Bldg Armory - Burg at 1355 West Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 23511						
	Qtrly Alarm System Lease	3	\$57.50	\$172.50	\$0.00	\$172.50	
	For: Shasta County HHSA Downtown Regional Center -WIC at 1220 Sacramento Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 23511						
	Quarterly Open and Close Reporting-23511	3	\$10.00	\$30.00	\$0.00	\$30.00	
	For: Shasta County HHSA Downtown Regional Center -WIC at 1220 Sacramento Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 23511						
	Quarterly Open and Close Reporting-23512	3	\$10.00	\$30.00	\$0.00	\$30.00	
	For: Shasta County HHSA Downtown Regional Center -WIC at 1220 Sacramento Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 23512						
	Qtrly Alarm System Lease	3	\$0.00	\$0.00	\$0.00	\$0.00	
	For: Shasta County HHSA Downtown Reg Ctr Eligibility at 1220 Sacramento Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
✓	CSID: 23711						
	Quarterly Alarm System Lease	3	\$50.00	\$150.00	\$0.00	\$150.00	
	For: Shasta County HHS Enterprise Regional Ctr-Offices at 2757 Churn Creek Road Redding, CA 96002 Period Covered: 01/01/2017 to 03/31/2017 inclusive.						

✓	CSID: 23711					
	Quarterly O & C Reporting - 23711 Offices	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County HHS Enterprise Regional Ctr-Offices at 2757 Churn Creek Road Redding, CA 96002 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 23711					
	Quarterly O & C Reporting - 23712 Eligibility	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County HHS Enterprise Regional Ctr-Offices at 2757 Churn Creek Road Redding, CA 96002 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 23712					
	Qtrly Alarm System Lease	3	\$0.00	\$0.00	\$0.00	\$0.00
	For: Shasta County HHS Enterprise Regional Ctr-Eligibil at 2757 Churn Creek Road Redding, CA 96002 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27251					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Pub Wks Cottonwood Pump House at 3100 Main Street Cottonwood, CA 96022 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27267					
	Quarterly Central Station Monitoring	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County DA/VSO Building - Fire at 1355 West St & 1855 Shasta St Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27299					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Mental Health Records at 2640 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27299					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Mental Health Records at 2640 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27374					
	Qtrly Alarm System Lease	3	\$75.00	\$225.00	\$0.00	\$225.00
	For: Shasta County Health & Human Services at 1810 Market Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27420					
	Qtrly Alarm System Lease	3	\$65.00	\$195.00	\$0.00	\$195.00
	For: Shasta County Elections Dept. at 1643 Market Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27427					
	Quarterly Fire Alarm Monitoring	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Public Health Lab-Fire at 2650 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27578					
	Quarterly Alarm System Lease	3	\$35.00	\$105.00	\$0.00	\$105.00
	For: Shasta County HHS Shasta Lake Regional Center at 4216 Shasta Dam Blvd. Shasta Lake, CA 96019 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27578					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County HHS Shasta Lake Regional Center at 4216 Shasta Dam Blvd. Shasta Lake, CA 96019 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					

✓	CSID: 27586					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Mental Health Modular at 2644 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27586					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Mental Health Modular at 2644 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27702					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Juvenile Hall - Fire at 2680 Radio Lane Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27707					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Resource Mgmt at 1855 Placer Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27763					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Library - Anderson at 3200 West Center Street Anderson, CA 96007 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27893					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Treasurer at 1450 Court Street Rm 227 & 237 Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27893					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Treasurer at 1450 Court Street Rm 227 & 237 Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27944					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Pub Wks PC Waste Water Plant at 21300 Charolais Way Palo Cedro, CA 96073 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 27946					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Pub Wks Cottonwood Waste Plant at 3425 Live Oak Road Cottonwood, CA 96022 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 28081					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Public Authority/Eligibility at 2632 Breslauer Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 28081					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Public Authority/Eligibility at 2632 Breslauer Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 28123					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Soc Svc Boggs Bldg. at 2420 Breslauer Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					

✓	CSID: 28123					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Soc Svc Boggs Bldg. at 2420 Breslauer Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 28128					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Bres Outback at 2430 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 28128					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Bres Outback at 2430 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 28218					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Juvenile Hall B-Panic System at 2680 Radio Lane Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 28250					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Building & Grounds at 2430 Breslauer Way Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 28258					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Admin Bldg-Panic at 1450 Court Street Redding, CA 96002 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 28295					
	Quarterly Central Station Monitoring	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Fleet Service Station at 1654 Court Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 28342					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Pub Wks Jones Vly Water Treatment at 15750 Silverthorn Road Jones Valley, CA 96003 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 28389					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Packet Building at 2406 Breslauer Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 28389					
	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
	For: Shasta County Packet Building at 2406 Breslauer Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 28478					
	Quarterly Fire Alarm Monitoring-Probation 1600 Cou	3	\$35.00	\$105.00	\$0.00	\$105.00
	For: Shasta County Probation-1600 Court at 1600 Court Street Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
✓	CSID: 28491					
	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
	For: Shasta County Pub Wks Cross Ck Lift Station at Cross Creek Subdivision Palo Cedro, CA 96073 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					

CSID: 28568						
✓	Quarterly Fire Alarm Monitoring-Probation 1626 Cou	3	\$35.00	\$105.00	\$0.00	\$105.00
For: Shasta County Probation-1626 Court at 1626 Court Street Redding, CA 96001						
Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
CSID: 28708						
✓	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
For: Shasta County Admin Bldg-Power at 1450 Court Street Redding, CA 96001						
Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
CSID: 28711						
✓	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
For: Shasta County Public Health Lab-Power at 2650 Breslauer Way Redding, CA 96001						
Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
CSID: 28794						
✓	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
For: Shasta County Mental Health Panic at 2640 Breslauer Way Redding, CA 96001						
Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
CSID: 28883						
✓	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
For: Shasta County Admin IT-Temp at 1450 Court Street, Suite 141 Redding, CA 96001						
Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
CSID: 28926						
✓	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
For: Shasta County Soc Svc Adult at 2640 Breslauer Redding, CA 96001						
Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
CSID: 28926						
✓	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
For: Shasta County Soc Svc Adult at 2640 Breslauer Redding, CA 96001						
Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
CSID: 28949						
✓	Quarterly Alarm System Monitoring Fee	3	\$25.00	\$75.00	\$0.00	\$75.00
For: Shasta County Soc Svcs Cottage #3 at 2656 Breslauer Redding, CA 96001						
Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
CSID: 28949						
✓	Quarterly Open & Close Reporting	3	\$10.00	\$30.00	\$0.00	\$30.00
For: Shasta County Soc Svcs Cottage #3 at 2656 Breslauer Redding, CA 96001						
Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
CSID: 29158						
✓	Quarterly Alarm System Lease	3	\$51.00	\$153.00	\$0.00	\$153.00
For: Shasta County Sheriff Evidence Yard at Across 4560 Radio Ln. Redding, CA 96001						
Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
CSID: 29450						
✓	Qtrly Alarm System Lease	3	\$55.00	\$165.00	\$0.00	\$165.00
For: Shasta County Ofc Of Em Services - Storage at 2490 Progress Drive, Ste 2 & 3 Redding, CA 96001						
Period Covered: 01/01/2017 to 03/31/2017 inclusive.						
CSID: 29843						
✓	Quarterly Alarm System Lease Soc Sev Market	3	\$65.00	\$195.00	\$0.00	\$195.00
For: Shasta County Soc Svcs - HHS Regional Svcs Atrium at 1670 Market St. Suites 242/300 Redding, CA 96001						
Period Covered: 01/01/2017 to 03/31/2017 inclusive.						

CSID: 29843

Quarterly Open/Close Soc Sev Market St 3 \$10.00 \$30.00 \$0.00 \$30.00

For: Shasta County Soc Svcs - HHS Regional Svcs Atrium at 1670 Market St. Suites 242/300 Redding, CA 96001
Period Covered: 01/01/2017 to 03/31/2017 inclusive.

CSID: 30104

Quarterly Alarm System Monitoring Fee 3 \$25.00 \$75.00 \$0.00 \$75.00

For: Shasta County Coroner at 4555 Veterans Lane Redding, CA 96001
Period Covered: 01/01/2017 to 03/31/2017 inclusive.

CSID: 30183

Quarterly Burglar Alarm Monitoring Fee 3 \$35.00 \$105.00 \$0.00 \$105.00

For: Shasta County Public Health Lab-Burg at 2650 Breslauer Way Redding, CA 96001
Period Covered: 01/01/2017 to 03/31/2017 inclusive.

CSID: 30183

Quarterly Open and Close Reporting 3 \$10.00 \$30.00 \$0.00 \$30.00

For: Shasta County Public Health Lab-Burg at 2650 Breslauer Way Redding, CA 96001
Period Covered: 01/01/2017 to 03/31/2017 inclusive.

CSID: 30190

Quarterly Alarm System Lease 3 \$110.00 \$330.00 \$0.00 \$330.00

For: Shasta County CPS at 1313 Yuba Street Redding, CA 96001
Period Covered: 01/01/2017 to 03/31/2017 inclusive.

CSID: 30190

Quarterly Open & Close Reporting 3 \$10.00 \$30.00 \$0.00 \$30.00

For: Shasta County CPS at 1313 Yuba Street Redding, CA 96001
Period Covered: 01/01/2017 to 03/31/2017 inclusive.

CSID: 30438

Quarterly Central Station Monitoring-Ofc 3 \$25.00 \$75.00 \$0.00 \$75.00

For: Shasta County Facilities Mgmt Office at 1958 Placer Redding, CA 96001
Period Covered: 01/01/2017 to 03/31/2017 inclusive.

CSID: 30444

Quarterly Central Station Monitoring 3 \$25.00 \$75.00 \$0.00 \$75.00

For: Shasta County Facilities Mgmt Shop at 1958 Placer Redding, CA 96001
Period Covered: 01/01/2017 to 03/31/2017 inclusive.

CSID: 60127

Quarterly Alarm System Monitoring Fee 3 \$25.00 \$75.00 \$0.00 \$75.00

For: Shasta County Patrol Operations at 2490 Radio Lane Redding, CA 96001
Period Covered: 01/01/2017 to 03/31/2017 inclusive.

CSID: 60196

Quarterly Alarm System Monitoring Fee 3 \$25.00 \$75.00 \$0.00 \$75.00

For: Shasta County Soc Svc - Bres Fire at 2460 Breslauer Way Redding, CA 96001
Period Covered: 01/01/2017 to 03/31/2017 inclusive.

CSID: 60797

Quarterly Alarm System Monitoring Fee 3 \$25.00 \$75.00 \$0.00 \$75.00

For: Shasta County Pub Wks Shingletown-Whispering Wind at Whispering Wind Court Shingletown, CA 96088
Period Covered: 01/01/2017 to 03/31/2017 inclusive.

TOTALS	\$9,354.00	\$0.00	\$9,354.00
---------------	-------------------	---------------	-------------------

Deposits On Account: \$0.00

Your Balance as of 1/6/2017	\$10,851.34
------------------------------------	--------------------



SHASTA COUNTY

Office of the Sheriff



Tom Bosenko
SHERIFF - CORONER

TO: County Administrative Office

FROM: Captain Dave Kent, Custody Division

DATE: March 22, 2017

RE: Airgas Invoices

To whom it may concern;

Attached to this memo is a copy of the invoices and an email communication with Facilities Management regarding payment of the invoices.

In March 2017, Facilities Management contacted the jail analyst and asked that the jail pay for several invoices that were past due on the Airgas account. Upon investigation, three of the five invoices were billed in 2015. A memo was requested to be written for approval to pay in the current fiscal year.

If you have any questions, please do not hesitate to ask. Thank you.

Sincerely,

A handwritten signature in blue ink, consisting of several loops and a long horizontal stroke.

Captain Dave Kent
Custody Division Commander
Shasta County Sheriff's Office
1655 West St. Redding, CA. 96001
W (530) 245-6123, C (530) 209-1901
dkent@co.shasta.ca.us

2017 APR 24 PM 3 20

RECEIVED
SHASTA COUNTY
AUDITOR-CONTROLLER

AirgasAIRGAS USA, LLC
PO Box 93500
Long Beach, CA 90809-3500**CYLINDER RENTAL INVOICE**

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
10/31/2015	2143708	9931289255	11/30/2015	\$ 18.68

SOLD BY AIRGAS USA, LLC
653 N MARKET ST
REDDING CA 96003-3609
530-241-1544**Manage Your Account Online**

Pay invoices, review order history, track shipping, and more!

Go to: airgas.com/onlinebillpay

We accept



PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

Airgas USA, LLC
PO BOX 7423
PASADENA CA 91109-7423

21437081993128925500000018682

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-224-7427

INVOICE NO.	SOLD TO NUMBER	SHIP TO					INVOICE DATE	RENTAL PURCHASE ORDER NO.			TERMS
9931289255	2143708	2115873					10/31/2015	RENT			NET 30
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLILG-AR - Rent Cyl Ind Large Argon		1	0	1	0	0	0	0	19	\$0.66/DAY	\$12.54 N
CY-AR 125 - CYL ARGON INDUSTRIAL 125		1	0	1	0	0					
8045570614 - 10/20/2015			0	1	0		PO : NOT REQ'D 2115873				
		1	0	1	0	0					
											\$12.54

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.airgas.com/terms-of-sale

BATCH#

INV#

PEID#

26000-035100

REVIEWED

MAR 15 2017

BATCH#

INV#

9931289255

PEID#

Vend 000124

Hazmat: 6.14

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 18.68

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC
Acct No 8606074158
PNC Bank, ABA No 031000053**Airgas**www.airgas.comAIRGAS USA, LLC
PO Box 93500
Long Beach, CA 90809-3500SHIP TO: 2115873
SHASTA CNTY FAC MGMT
1958 PLACER ST
REDDING CA 96001-1733For change of address
email to: wdlv_adrsg@airgas.com
or call 562-627-3139



AIRGAS USA, LLC
PO Box 93500
Long Beach, CA 90809-3500

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
09/30/2015	2143708	9930562425	10/30/2015	\$ 25.94

SOLD BY AIRGAS USA, LLC
653 N MARKET ST
REDDING CA 96003-3609
530-241-1544

Manage Your Account Online

Pay invoices, review order history, track shipping, and more!

Go to: airgas.com/onlinebillpay

We accept

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:



Airgas USA, LLC
PO BOX 7423
PASADENA CA 91109-7423

BILL TO SHASTA CNTY FAC MGMT
1855 PLACER ST
REDDING CA 96001-1770

21437081993056242500000025941

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE, FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-224-7427

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-224-7427											
INVOICE NO:	SOLD TO NUMBER:	SHIP TO:		INVOICE DATE:			RENTAL PURCHASE ORDER NO.:		TERMS:		
9930562425	2143708	2115873		09/30/2015			RENT		NET 30		
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLILG-AR - Rent Cyl Ind Large Argon		1	0	0	0	1	0	1	30	\$0.66/DAY	\$19.80 N
CY-AR 125 - CYL ARGON INDUSTRIAL 125		1	0	0	0	1					
=====		1	0	0	0	1					\$19.80

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

BATCH#

INV#

PEID#

26000 035100

REVIEWED

MAR 15 2017

BATCH#

INV# 9930562425

PEID# Vend 000124

Hazmat: 6.14

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 25.94

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC
Acct No 8606074158
PNC Bank, ABA No 031000053



www.airgas.com

AIRGAS USA, LLC
PO Box 93500
Long Beach, CA 90809-3500

SHIP TO: 2115873
SHASTA CNTY FAC MGMT
1958 PLACER ST
REDDING CA 96001-1733

For change of address
email to: wdlv_adrsg@airgas.com
or call 562-627-3139



AIRGAS USA, LLC
PO Box 93500
Long Beach, CA 90809-3500

CYLINDER RENTAL INVOICE

INVOICE DATE	PAYER	INVOICE NO.	DUE DATE	PAY THIS AMOUNT
08/31/2015	2143708	9929837874	09/30/2015	\$ 26.60

SOLD BY AIRGAS USA, LLC
653 N MARKET ST
REDDING CA 96003-3609
530-241-1544

Manage Your Account Online

Pay invoices, review order history, track shipping, and more!

Go to: airgas.com/onlinebillpay

We accept



PLEASE MAKE CHECKS PAYABLE AND REMIT TO:



Airgas USA, LLC
PO BOX 7423
PASADENA CA 91109-7423

BILL TO SHASTA CNTY FAC MGMT
1855 PLACER ST
REDDING CA 96001-1770

21437081992983787400000026600

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL: 800-224-7427

TO ENSURE PROPER CREDIT, PLEASE RETURN THE UPPER PORTION WITH YOUR REMITTANCE. FOR QUESTIONS ON YOUR ACCOUNT PLEASE CALL 800-368-7272.											
INVOICE NO.	SOLD TO NUMBER	SHIP TO				INVOICE DATE	RENTAL PURCHASE ORDER NO.			TERMS	
9929837874	2143708	2115873				08/31/2015	RENT			NET 30	
MATERIAL / DESCRIPTION DOCUMENT / DATE		BEG BAL	SHIP	RETURN	ADJ	END BAL	LEASES	SUBJECT TO RENT	NET DAYS	RATE	PRICE
RRCYLILG-AR - Rent Cyl Ind Large Argon		1	0	0	0	1	0	1	31	\$0.66/DAY	\$20.46 N
CY-AR 125 - CYL ARGON INDUSTRIAL 125		1	0	0	0	1					
		1	0	0	0	1					\$20.46

Airgas Hazmat Charge (H) - see Itemized Charges on reverse or visit www.Airgas.com/terms-of-sale

BATCH# _____

INV# _____

PEID# _____

26000-035100

REVIEWED

MAR 15 2017

BATCH# _____

INV# 9929837874

PEID# Vendor00124

Hazmat: 6.14

Important: See the Notice Regarding Cylinder Rentals/Leases and Responsibility on the Reverse side of this form. You will be deemed to have accepted the provisions in the said Notice as part of the contractual arrangements between you and us, unless you reject such provisions by written advice to us within (15) days after the date of this document.

AMOUNT \$ 26.60

FOR WIRE TRANSFER PAYMENTS

Airgas USA, LLC
Acct No 8606074158
PNC Bank, ABA No 031000053



www.airgas.com

AIRGAS USA, LLC
PO Box 93500
Long Beach, CA 90809-3500

SHIP TO: 2115873
SHASTA CNTY FAC MGMT
1958 PLACER ST
REDDING CA 96001-1733

For change of address
email to: wdlv_adrs@aigas.com
or call 562-627-3139

Jenna Bodner

From: Jenna Bodner
Sent: Wednesday, March 22, 2017 7:39 AM
To: Donna Lemler
Cc: Martin Visser
Subject: RE: OPEN & AGED AIRGAS ITEMS: 2143708 SHASTA CNTY FAC MGMT

I sent in the ones for 2016/2017 last week. The ones you sent me from 2015 I will need to send to the board for payment since it was a different fiscal year.

From: Donna Lemler
Sent: Wednesday, March 22, 2017 7:30 AM
To: Jenna Bodner <jbodner@co.shasta.ca.us>
Subject: FW: OPEN & AGED AIRGAS ITEMS: 2143708 SHASTA CNTY FAC MGMT

Can you check on these?

Thanks Jenna

Donna

From: David.Kawai@Airgas.com [mailto:David.Kawai@Airgas.com]
Sent: Wednesday, March 22, 2017 3:49 AM
To: Donna Lemler
Subject: OPEN & AGED AIRGAS ITEMS: 2143708 SHASTA CNTY FAC MGMT

03/22/2017

Airgas USA, LLC
Credit & Collections, West Division

ACCOUNTS PAYABLE
SHASTA CNTY FAC MGMT
1855 PLACER ST
REDDING CA 96001-1770

Account: 2143708

RE: AGED OPEN ITEMS

Our records indicate the item(s) listed below, billed to account 2143708, are open and aging on the account. Please review and verify the payable items have been scheduled or processed for payment to clear any balance due.

If this list contains open aged credits, without current open invoices to apply against, please verify we can request a refund check to this same address to resolve the open balance.

If you have a question with one or more of these requests please call:

Collections Support: (562) 627-3277

Invoice	Invoice Date	Days Beyond Terms	PO	Open Amount
9929837874	08/31/2015	539	RENT	26.60
9930562425	09/30/2015	509	RENT	25.94
9931289255	10/31/2015	478	RENT	18.68
9942653450	01/31/2017	20	RENT	26.92
9060324054	02/14/2017	6	SMALL TOOLS	325.27
				423.41

Sincerely,

Airgas USA, LLC
West Division Credit Department
David Kawai
David.Kawai@Airgas.com

For your convenience, payment can be made for these open items by Credit Card. To take advantage of this single approval option, please complete and return the information below. If payment has already been made, please disregard this letter.

CREDIT CARD AUTHORIZATION

I authorize Airgas to charge as identified below to my credit card: Please complete ALL of the following information:

AIRGAS ACCOUNT: 2143708 AUTHORIZED AMOUNT: _____

VISA MASTERCARD AMERICAN EXPRESS DISCOVER (CIRCLE ONE)

CARD# _____ EXP: _____

SIGNATURE: _____

PRINT NAME ON CARD: _____

Return Form to:

Secure Fax: (562) 627-3294

OR

Credit Card Acceptance Program Administrator

Airgas USA, LLC Attn: CCAP Administrator

3737 Worsham Avenue, Long Beach CA 90808

Below are the payment options available from Airgas USA, LLC. Note that the remittance address for this account:

Remittance Address for Check Payments:

Airgas USA, LLC
PO Box 7423
Pasadena, CA 91109-7423

ACH and Wire Transfer

Airgas USA, LLC
PNC Bank
Acct No 8606074158
ABA No 031000053

Email address for remittance support: wdiv.achbu@airgas.com

Autopay

Encrypted credit card information is securely stored in our system and automatically charged at the time of billing. You may elect to receive a copy of the invoice which will contain a notation on the bottom that the invoice has been paid through your credit card. Please request our authorization form and fax it to our secure fax machine, 562-627-3294, if you wish to take advantage of this payment option.

Email or Fax

Keeping your encrypted credit card number on file is an efficient way to quickly make a payment on your account and you only need to provide us the last four digits of your credit card number when contacting us by secure fax, 562-627-3294 or email, wdiv.ccap@airgas.com.

Airgas.com

Payments can be made any time of day at www.Airgas.com. Once your online account is established, you will have access to making payments via credit card, retrieving invoice copies and delivery receipts, and even place orders. Please contact ebusinesswestdivision@airgas.com to set up your account.