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: [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

[signature]

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.

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

P.O. No.	Due Date
	7/11/2011

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

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

P.O. No.	Due Date
	8/15/2011

Service Date	Patient Name	Description	Qty	Rate	Amount
6/1/11	[redacted]	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

ROMC

Redding Occupational Medical Center

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

Invoice

Date	Invoice #
12/31/2011	2582

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

P.O. No.	Due Date
	2/13/2012

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

Service Date	Patient Name	Description	Qty	Rate	Amount
12/21/2011	Various	Respirator Questionnaire Review [redacted]	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 #
1/31/2012	2681

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

P.O. No.	Due Date
	3/12/2012

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

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

For billing questions please call (530) 646-4242 Opt 7	P.O. No.	Due Date
		7/12/2012

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

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

For billing questions please call (530) 646-4242 Opt 7	P.O. No.	Due Date
		2/4/2013

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

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

P.O. No.	Due Date
	6/10/2013

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

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

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

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
12/01/2014	Various	Respirator Questionnaire Review [redacted]	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	34372

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

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
12/11/2014	Various	Respirator Questionnaire Review [redacted]	17	18.75	318.75

BILLED DEC 0 2 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

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

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_____

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

	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	[redacted]	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
Emeryville, CA 94662
Phone: 530-646-4242
Fax: 530-646-4243

Invoice

Date	Invoice #
12/31/2014	34375

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

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	[redacted]	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 0 2 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

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

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_____

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	34376

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

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
12/18/2014	Various	Respirator Questionnaire Review	9	18.75	168.75

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

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days	P.O. No.	Due Date
		2/11/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/18/2014	Various	Respirator Questionnaire Review [redacted]	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	Employer
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001	

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
12/18/2014	Various	Respirator Questionnaire Review [redacted]	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	34379

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

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days	P.O. No.	Due Date
		2/11/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/18/2014	Various	Respirator Questionnaire Review [redacted]	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	34380

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

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
12/18/2014	Various	Respirator Questionnaire Review [redacted]	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	34381

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

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days	P.O. No.	Due Date
		2/11/2015

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

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

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days	P.O. No.	Due Date
		2/11/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/18/2014	Various	Respirator Questionnaire Review [redacted]	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	Employer
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001	

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
12/23/2014	[redacted]	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

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

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days	P.O. No.	Due Date
		2/11/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/26/2014	[redacted]	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

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	34385

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

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
12/29/2014	Various	Respirator Questionnaire Review	11	18.75	206.25

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

P.O. No.	Due Date
	2/13/2015

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
12/29/2014	Various	Respirator Questionnaire Review [redacted]	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	Employer
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001	

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days	P.O. No.	Due Date
		2/13/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/29/2014	Various	Respirator Questionnaire Review [redacted]	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	Employer
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001	

P.O. No.	Due Date
	2/13/2015

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
12/30/2014	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	Employer
Attn: Mary Keith Shasta Co. Fire Dept. 875 Cypress Ave. Redding, CA 96001	

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days	P.O. No.	Due Date
		2/13/2015

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

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	$150.00
Payments/Credits	$0.00
Balance Due	$150.00

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	34390

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

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days	P.O. No.	Due Date
		2/13/2015

Service Date	Patient Name	Description	Qty	Rate	Amount
12/30/2014	Various	Respirator Questionnaire Review [redacted]	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	34391

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

P.O. No.	Due Date
	2/13/2015

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
12/30/2014	Various	Respirator Questionnaire Review [redacted]	24	18.75	450.00

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

P.O. No.	Due Date
	2/13/2015

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
12/30/2014	Various	Respirator Questionnaire Review	13	18.75	243.75

[redacted]

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

Please Note Effective 07/01/14 a 1.5% per month finance charge if not paid within 60 days	P.O. No.	Due Date
		2/13/2015

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

[redacted]

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	$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	3	$35.00	$105.00	$0.00	$105.00
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.					
CSID: **20123**					
Quarterly Open & Close Reporting	3	$10.00	$30.00	$0.00	$30.00
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.					
CSID: **20239**					
Quarterly Alarm System Monitoring Fee	3	$25.00	$75.00	$0.00	$75.00
For: Shasta County Basement Storage at 2640 Breslauer Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
CSID: **20239**					
Quarterly Open and Close Reporting	3	$10.00	$30.00	$0.00	$30.00
For: Shasta County Basement Storage at 2640 Breslauer Redding, CA 96001 Period Covered: 01/01/2017 to 03/31/2017 inclusive.					
CSID: **20241**					
Quarterly Alarm System Monitoring Fee	3	$30.00	$90.00	$0.00	$90.00
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.					
CSID: **20389**					
Quarterly Alarm System Monitoring Fee	3	$25.00	$75.00	$0.00	$75.00
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.					
CSID: **20389**					
Quarterly Open & Close Reporting	3	$10.00	$30.00	$0.00	$30.00
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.					
CSID: **20482**					
Quarterly Alarm System Lease-Sheriff Pk Marina	3	$110.00	$330.00	$0.00	$330.00
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.					
CSID: **20535**					
Quarterly Alarm System Monitoring Fee	3	$25.00	$75.00	$0.00	$75.00
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: **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,

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

CYLINDER RENTAL INVOICE

Airgas

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

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

Manage Your Account Online
Pay invoices, review order history, track shipping, and more!
Go to: airgas.com/onlinebillpay
We accept

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

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

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

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

2143708199312892550000000018682

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# _____ 26030-03510d

REVIEWED

MAR 15 2017

BATCH# _____

INV# 9931289255

PEID# Vend000124

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.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: wdiv_adrss@airgas.com
or call 562-627-3139

CYLINDER RENTAL INVOICE

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

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

Manage Your Account Online
Pay invoices, review order history, track shipping, and more!
Go to: airgas.com/onlinebillpay
We accept

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

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

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

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

2143708199305624250000000025941

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# Vend000124

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

Airgas. 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: wdiv_adrss@airgas.com or call 562-627-3139

CYLINDER RENTAL INVOICE

Airgas

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

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

Manage Your Account Online
Pay invoices, review order history, track shipping, and more!
Go to: airgas.com/onlinebillpay
We accept

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

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

PLEASE MAKE CHECKS PAYABLE AND REMIT TO:

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

21437081992983787400000026600

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
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# Vend000124

Hazmat: 6.14

AMOUNT $ 26.60

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.

FOR WIRE TRANSFER PAYMENTS
Airgas USA, LLC
Acct No 8606074158
PNC Bank, ABA No 031000053

Airgas 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: wdiv_adrss@airgas.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.