

# ORIGINAL

COUNTY OF SHASTA  
OFFICE OF AUDITOR-CONTROLLER  
REPORT OF CLAIMS REQUIRING BOARD ACTION IN ORDER TO  
AUTHORIZE PAYMENT BY AUDITOR-CONTROLLER  
7/17/2018

FUND/DEPT/ACCT	DEPARTMENT	PAYEE	DESCRIPTION	Amount	REASON	DEPARTMENT'S EXPLANATION
13000/034310	PERSONNEL	REDDING OCCUPATIONAL MEDICAL CENTER INC	PHYSICAL EXAM	\$ 260.00	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
95500/033798 95500/033700 95500/035197	FACILITIES	CALIFORNIA SAFETY COMPANY	QUARTERLY MONITORING	\$ 9,941.50	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 contract max and requires Board approval.	SEE ATTACHED MEMO FROM DEPARTMENT
95500/033798	FACILITIES	CALIFORNIA SAFETY COMPANY	ALARM SYSTEM CODE CHANGE	\$ 552.00	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 contract max and requires Board approval.	SEE ATTACHED MEMO FROM DEPARTMENT
95500/033798	FACILITIES	CALIFORNIA SAFETY COMPANY	ELEV EMERGENCY PHONE	\$ 93.50	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 contract max and requires Board approval.	SEE ATTACHED MEMO FROM DEPARTMENT
TOTAL				\$ 10,847.00		

**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: 7/9/18 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



**MEMORANDUM**  
**DEPARTMENT OF SUPPORT SERVICES**  
Angela Davis, Director of Support Services  
(530) 225-5515 Voice  
(530) 225-5345 Fax

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To: Brian Muir, Auditor - Controller

From: Angela Davis, Director of Support Services

Date: June 4, 2018

Subject: Board Claims for Redding Occupational Medical Center

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The County utilized Redding Occupational Medical Center (ROMC) for various medical services, including pre-employment physical examinations for potential employees, physical examinations and testing for current employees, and random drug screening, under contract CB003187, which was signed June 8, 2010 and expired on June 8, 2015.

The following invoices have been identified by ROMC as outstanding. We have no record of having received these invoices; however, we have verified the charges are valid and have not previously been paid.

Board approval is now required to pay the following invoices to Redding Occupational Medical Center, as they are older than one year:

▪ 105	\$ 85.00
▪ 106	\$ 175.00
▪ <del>107</del>	<del>\$ 175.00</del>
▪ <del>108</del>	<del>\$ 175.00</del>
▪ <del>109</del>	<del>\$ 193.75</del>
▪ <del>110</del>	<del>\$ 103.75</del>
▪ <del>5259</del>	<del>\$ 180.00</del>
▪ <del>35381</del>	<del>\$ 30.00</del>
▪ <del>35376</del>	<del>\$ 30.00</del>
▪ <del>35363</del>	<del>\$ 30.00</del>
▪ <del>35673</del>	<del>\$ 30.00</del>
▪ <del>35602</del>	<del>\$ 30.00</del>
▪ <del>35599</del>	<del>\$ 30.00</del>
▪ <del>35590</del>	<del>\$ 30.00</del>
▪ <del>35581</del>	<del>\$ 30.00</del>
▪ <del>35579</del>	<del>\$ 30.00</del>
▪ <del>35861</del>	<del>\$ 30.00</del>
▪ <del>35860</del>	<del>\$ 30.00</del>
▪ <del>35859</del>	<del>\$ 30.00</del>

# ROMC

Redding Occupational Medical Center

P.O. Box 99740  
Emeryville, CA 94662

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

Logged 6/4/18  
GB

## Invoice

Date	Invoice #
5/25/2011	105

Bill To
Shasta County Personnel 1450 Court St., #348 Redding, CA 96001

Employer
Public Works

30100

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

Service Date	Patient Name	Description	Qty	Rate	Amount
✓ 05/12/2011		Shasta County Type A (Physical Exam, Grip Strength Test, Urine Collection)	1	85.00	85.00
sent 6/9/11					
VEND 8673					
Invoice 105					
CC/Acct 13000-034837					
IFAS					

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

Logged  
6/4/18  
SP

## Invoice

Date	Invoice #
5/25/2011	106

Bill To
Shasta County Personnel 1450 Court St., #348 Redding, CA 96001

Employer

23500

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

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

Service Date	Patient Name	Description	Qty	Rate	Amount
✓ 05/12/2011		Shasta County Type B (Physical Exam, ✓ Audiogram, Strength & Fitness, 2 View Lumbar Spine X-Ray, Urine collection)  Sent 6/9/11  VEND <u>8673</u> Invoice <u>106</u> CC/Acct <u>13000-031310</u>  IFAS <u>14-118-88</u>		175.00	175.00

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	\$175.00
Payments/Credits	\$0.00
Balance Due	\$175.00

**COUNTY**  
**OF**  
**SHASTA**

**DEPARTMENT OF PUBLIC WORKS**

*Pat Minturn, Director*

**MEMORANDUM**

FFM 020004

*DATE:* June 19, 2018

*TO:* Brian Muir, Auditor-Controller

*FROM:* Pat Minturn, Public Works Director



*SUBJECT:* California Safety Company Contract #C0004492

The County contracts with California Safety Company Inc. to provide fire and burglar alarm leasing and monitoring, dispatch and code change services. On May 31, 2018, the old contract expired and new contracts were executed. Code changes under the old contract exceeded the total contract amount. The new contract will accommodate more code changes to prevent future overruns.

Please approve payment of the attached invoice.

/ldr  
Attachment

## Michelle Gambill

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**From:** Michelle Gambill  
**Sent:** Thursday, July 5, 2018 8:05 AM  
**To:** Michelle Gambill  
**Subject:** FW: AP Interface Results

## Invoice Info

Batch Id	Invoice #	Vendor #	Invoice Date	Invoice Total
OH681959	387373	VEND014238	4/04/2018	9941.50
OH686761	388169	VEND014238	5/2/2018	24.00
OH686762	388173	VEND014238	5/3/2018	24.00
OH686763	388174	VEND014238	5/3/2018	24.00
OH686764	390190	VEND014238	5/4/2018	24.00
OH686765	390204	VEND014238	5/7/2018	24.00
OH686766	390252	VEND014238	5/11/2018	24.00
OH686767	390253	VEND014238	5/11/2018	24.00
OH686768	390254	VEND014238	5/11/2018	24.00
OH686769	390391	VEND014238	5/22/2018	24.00
OH686770	390399	VEND014238	5/22/2018	24.00
OH686771	390400	VEND014238	5/23/2018	24.00
OH686772	390401	VEND014238	5/23/2018	24.00
OH686773	390402	VEND014238	5/23/2018	24.00
OH686774	390403	VEND014238	5/23/2018	24.00
OH686775	390421	VEND014238	5/24/2018	24.00
OH686776	390422	VEND014238	5/24/2018	24.00
OH686777	390423	VEND014238	5/24/2018	24.00
OH686778	390424	VEND014238	5/24/2018	24.00
OH686779	390433	VEND014238	5/25/2018	24.00
OH686780	390434	VEND014238	5/25/2018	24.00
OH686781	390445	VEND014238	5/30/2018	24.00
OH686782	390449	VEND014238	5/30/2018	24.00

OH686783	390450	VEND014238	5/30/2018	24.00
OH689398	180400484101	VEND014238	5/01/2018	182.00