

ORIGINAL

COUNTY OF SHASTA
OFFICE OF AUDITOR-CONTROLLER
REPORT OF CLAIMS REQUIRING BOARD ACTION IN ORDER TO
AUTHORIZE PAYMENT BY AUDITOR-CONTROLLER
1/24/2017

FUND/DEPT/ACCT	DEPARTMENT	PAYEE	DESCRIPTION	Amount	REASON	DEPARTMENT'S EXPLANATION
41121/034310	PUBLIC HEALTH	REDDING OCCUPATIONAL MEDICAL CENTER INC	3/15/13 RESP FIT TEST D EGAN OH608635	\$ 18.75	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
41121/034310	PUBLIC HEALTH	REDDING OCCUPATIONAL MEDICAL CENTER INC	3/15/13 RESP FIT TEST M CASTAGNOLI OH608634	\$ 18.75	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
41121/034310	PUBLIC HEALTH	REDDING OCCUPATIONAL MEDICAL CENTER INC	3/26/13 RESP FIT TEST K PASLEY OH608638	\$ 18.75	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
41121/034310	PUBLIC HEALTH	REDDING OCCUPATIONAL MEDICAL CENTER INC	3/29/13 RESP FIT TEST C LAKMANN OH608637	\$ 18.75	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
41121/034310	PUBLIC HEALTH	REDDING OCCUPATIONAL MEDICAL CENTER INC	3/26/13 RESP FIT TEST B BALDWIN OH608636	\$ 18.75	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
30100/033500	ROADS	3M COMPANY	ANNUAL MAINTENANCE AND SUPPORT 8/1/16-7/31/17 OH608623	\$ 5,350.00	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. Company refuses to sign our standard contract based on language in the indemnification portion. 3M provides sign software utilized by our Road Crew. Requires Board approval.	SEE ATTACHED MEMO FROM DEPARTMENT
TOTAL				\$ 5,443.75		

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: 1/17/17 Signature: *Christina Feyling*

1/17/17 *[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



Health and Human Services Agency

Donnell Ewert, MPH, Director

Business and Support Services Branch

Tracy Tedder, Branch Director

1810 Market Street
Redding, CA 96001-1930
P.O. Box 496005
Redding, CA 96049-6005
Phone: (530) 229-8419
Fax: (530) 225-5555
CA Relay Service: (800) 735-2922

Inter-Office Memorandum

To: Brian Muir, Auditor - Controller
From: Tracy Tedder, HHS Business & Support Services *Megan Downy for*
Date: December 29, 2016
Re: Board Claim for Redding Occupational Medical Center (ROMC)

Shasta County Health and Human Services was notified on December 12, 2016 by Shasta County Support Services about five past due invoices payable to Redding Occupational Medical Center (ROMC). Shasta County Support Services had an agreement with ROMC to provide pre-employment physicals. On December 12, 2016 Support Services received five invoices from ROMC for pre-employment services for HHS invoice #12315 dated March 31, 2013, #12314 dated March 31, 2013, #12313 dated March 31, 2013, #12312 dated March 31, 2013 and #12311 dated March 31, 2013. All of the charges were thoroughly researched and it was determined that Shasta County had 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 their approval.

"Healthy people in thriving and safe communities"

www.shastahhsa.net

Vend 008673-01

ROMC

Invoice

Redding Occupational Medical Center

P.O. Box 99740
Emeryville, CA 94662

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

Date	Invoice #
3/31/2013	12312

Bill To
Shasta Co. Dept of Public Health Attn: Accounts Payable 2650 Breslauer Way Redding, CA 96001

Employer

For billing questions please call (530) 646-4242 Opt 7	P.O. No.	Due Date
		5/6/2013

Service Date	Patient Name	Description	Qty	Rate	Amount
03/15/2013	E. Deborah	Respirator Fit Test Quantitative	1	18.75	18.75
<p>ENTERED JAN 03 2017 ^{ZE} 01608635</p> <p>41155 -034310 Resp fit test DEB \$18.75</p> <p>CB 003187</p> <p>PAID DEC 02 2013</p> <p>Past Duell Please remit payment promptly. If payment is not received within 30 days of this notice, interest will be added. Thank You, ROMC Billing</p>					

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

bm
OK per Dave Maron



Health and Human Services Agency

Donnell Ewert, MPH, Director

Business and Support Services Branch

Tracy Tedder, Branch Director

1810 Market Street
Redding, CA 96001-1930
P.O. Box 496005

Redding, CA 96049-6005
Phone: (530) 229-8419
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Vend 008673-01

ROMC

Invoice

Redding Occupational Medical Center

P.O. Box 99740
Emeryville, CA 94662

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

Date	Invoice #
3/31/2013	12311

Bill To
Shasta Co. Dept of Public Health Attn: Accounts Payable 2650 Breslauer Way Redding, CA 96001

Employer

P.O. No.	Due Date
	5/6/2013

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

Service Date	Patient Name	Description	Qty	Rate	Amount
03/15/2013	Castagnoli, M	Respirator Fit Test Quantitative	1	18.75	18.75
<p>ENTERED JAN 03 2017 ZE ON 608634</p> <p>41174 - 034310 PH 7405 - PHOEO3</p> <p>Resp fit test M Castagnoli: \$18.75</p> <p>CB003187</p>					
<p>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</p>					

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

Bm
OK per Dave Maron



Health and Human Services Agency

Donnell Ewert, MPH, Director

Business and Support Services Branch

Tracy Tedder, Branch Director

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Redding, CA 96001-1930

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Vend 008673-01

ROMC

Invoice

Redding Occupational Medical Center

P.O. Box 99740
Emeryville, CA 94662

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

Date	Invoice #
3/31/2013	12314

Bill To
Shasta Co. Dept of Public Health Attn: Accounts Payable 2650 Breslauer Way Redding, CA 96001

Employer

For billing questions please call (530) 646-4242 Opt 7		P.O. No.	Due Date		
			5/6/2013		
Service Date	Patient Name	Description	Qty	Rate	Amount
03/26/2013	Pasley, K	Respirator Fit Test Quantitative	1	18.75	18.75
<p>ENTERED JAN 03 2017 ^{ZE} OA 608638 41121 - 034310 Resp Fit test K Pasley \$18.75 CB 003187</p>					
<p>PAID DEC 02 2013</p> <p>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</p>					

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
Doree Mason*



Health and Human Services Agency

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Tracy Tedder, Branch Director

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Redding, CA 96001-1930

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Vend008673-01

ROMC

Invoice

Redding Occupational Medical Center

P.O. Box 99740
Emeryville, CA 94662

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

Date	Invoice #
3/31/2013	12315

Bill To
Shasta Co. Dept of Public Health Attn: Accounts Payable 2650 Breslauer Way Redding, CA 96001

Employer	Red 12-9 SB
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For billing questions please call (530) 646-4242 Opt 7						P.O. No.	Due Date
Service Date	Patient Name	Description	Qty	Rate	Amount		5/6/2013
03/29/2013	Lakmann, Ch...	Respirator Fit Test Quantitative ENTERED JAN 03 2017 ZF OH608637 41121-034310 Resp fit test c Lakmann \$18.75 CB 003187	1	18.75	18.75		
						BILLED DEC 02 2013	
						Past Duell 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	\$18.75
Payments/Credits	\$0.00
Balance Due	\$18.75

Bm ok per Dave Maron 5593



Health and Human Services Agency

Donnell Ewert, MPH, Director

Business and Support Services Branch

Tracy Tedder, Branch Director

1810 Market Street
Redding, CA 96001-1930

P.O. Box 496005

Redding, CA 96049-6005

Phone: (530) 229-8419

Fax: (530) 225-5555

CA Relay Service: (800) 735-2922

Inter-Office Memorandum

To: Brian Muir, Auditor - Controller

From: Tracy Tedder, HHSA Business & Support Services *Megan Wong for*

Date: December 29, 2016

Re: Board Claim for Redding Occupational Medical Center (ROMC)

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Vend008673-01

ROMC

Invoice

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

Date	Invoice #
3/31/2013	12313

Bill To
Shasta Co. Dept of Public Health Attn: Accounts Payable 2650 Breslauer Way Redding, CA 96001

Employer

P.O. No.	Due Date
	5/6/2013

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

Service Date	Patient Name	Description	Qty	Rate	Amount
03/26/2013	Baldwin, B	Respirator Fit Test Quantitative	1	18.75	18.75
<p>ENTERED JAN 03 2017 ZF 04608636</p> <p>41144 - 034310 PH4601 - PH0E03</p> <p>Resp Fit Test B, Baldwin \$18.75</p> <p>CB 003187</p>					

BILLED DEC 02 2016

Past Duell
 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	\$18.75
Payments/Credits	\$0.00
Balance Due	\$18.75

Bm ok per Dave Maron

**COUNTY
OF
SHASTA**
DEPARTMENT OF PUBLIC WORKS

Pat Minturn, Director

MEMORANDUM

DATE January 12, 2017
TO Brian Muir, Auditor-Controller
FROM Pat Minturn, Director 
SUBJECT Board Claim for 3M Invoice RD080116A

The 3M company provides sign software utilized by our road crew. We have made several attempts over the years to execute an agreement with 3M. The company refuses to sign our standard agreement based on the language in the indemnification portion.

PJM/kc

**RECEIVED
SHASTA COUNTY**

JAN 13 2017

**AUDITOR-CONTROLLER
5:00 PM**

3M Traffic Safety and Security Division

3M Center
225-4N-14
St. Paul, MN 55144
www.3M.com/MVSS



December 8, 2016

VIA EMAIL: jball@co.shasta.ca.us

Remit Payment to
3M
P.O. Box 844127
Dallas, TX 75284-4127

Mr. Jack Ball
Shasta County
1855 Placer Street
Redding, CA 96001

Account # TPSS436

Dear Mr. Ball,

The current contract between 3M™ Traffic Safety and Security Division (TSSD) and Shasta County for the Annual License Fee for Hosting and Maintenance of the 3M Sign Management System expired on July 31, 2016. 3M values your continuing business and would like to renew your contract for an additional one-year period in the amount as shown in the table below.

Item	Item Description	Contract Period	Price
1	Annual License Fee - Hosting and Maintenance	August 1, 2016 through July 31, 2017	\$5,350.00

To renew the contract, please countersign this letter below to acknowledge that Shasta County is in agreement with the renewal of its Annual License Fee - Hosting and Maintenance Contract with 3M Company for the 3M Sign Management System effective August 1, 2016 through July 31, 2017.

Kindly acknowledge your acceptance of this contract renewal by emailing a signed copy of this letter to Cathy Zaske at contractmanagementteam@mmm.com. Upon receipt of the letter, 3M will invoice Shasta County for the cost of the annual renewal license fee for the effective period as stated above. If Shasta County requires a purchase order number to invoice, please email a purchase order number or a copy of a purchase order to Cathy Zaske at the email provided above.

VEND00000801

PO	PMNTAPPRVD
ORGKEY 30100	ACCT# 033500
WO#	COSTCTR 613-1325

RECEIVED
DEC 30 2016
PUBLIC WORKS

Mr. Jack Ball
December 8, 2016
Page Two

Please feel free to call or email Cathy Zaske (651-736-6243 / cdzaske@mmm.com) or Rob Somers (517-410-5597 / rmsomers@mmm.com) with your questions or concerns. We appreciate your continued support of 3M products and services.

Regards,



Mitzi Shilling
Contract Coordinator

Acknowledged and agreed by:

Signature: _____

Name:

Title:

Date:

Rose Fierro

From: Ken Cristobal
Sent: Friday, December 30, 2016 9:53 AM
To: Rose Fierro
Subject: Fwd: 3M Sign Management Systems - Annual License Fee
Attachments: image001.gif; image002.png; image003.png; image004.png; image005.png; image006.gif; image007.png

Please proceed with paying this invoice without my signature.

Sent from my iPhone

Begin forwarded message:

From: Timothy Blissett <tblissett@co.shasta.ca.us>
Date: December 30, 2016 at 9:33:09 AM PST
To: Ken Cristobal <kcristobal@co.shasta.ca.us>
Cc: Tom Schreiber <tschreiber@co.shasta.ca.us>
Subject: RE: 3M Sign Management Systems - Annual License Fee

Ken,

I have spoken with Tom Schreiber and he doesn't feel that you will need to do an agreement to pay this, as it is just a software renewal of a product that has already been purchased. I will let our accounting team know that they may see this invoice come through the Auditors office and that Tom has already approved this payment.

Thank you,

Timothy Blissett
Desktop Support Division-IT Analyst
Shasta County Information Technology
Desk 530.229.8375
Cell 530.953.8468
TBlissett@co.shasta.ca.us

From: Ken Cristobal
Sent: Friday, December 09, 2016 9:29 AM
To: Timothy Blissett <tblissett@co.shasta.ca.us>
Subject: FW: 3M Sign Management Systems - Annual License Fee

Hi Tim,

Attached is an agreement that 3M is asking us to sign to continue for their annual software license fee with hosting and maintenance. Do we need an agreement to pay an invoice for these type of services?

Thanks,
Ken

From: Rose Fierro
Sent: Friday, December 09, 2016 7:35 AM

To: Ken Cristobal
Subject: FW: 3M Sign Management Systems - Annual License Fee

From: Jack Ball
Sent: Thursday, December 08, 2016 2:35 PM
To: Rose Fierro
Subject: FW: 3M Sign Management Systems - Annual License Fee

Hi Rosie,
I received this email today, what do you think?
Jack

From: Catherine Zaske [<mailto:cdzaske@mmm.com>]
Sent: Thursday, December 08, 2016 12:14 PM
To: Jack Ball <jball@co.shasta.ca.us>
Cc: Rob Somers <rmsomers@mmm.com>
Subject: 3M Sign Management Systems - Annual License Fee

Mr. Ball,

Firstly, I want to apologize for not getting this license fee letter to you sooner. Please reach out with any questions related to that.

Secondly, attached to this email is a letter containing the annual license fee renewal information for 2016/2017. The license has been operational without any gaps; however the license fee documentation is being sent at this time to bring the account up to date.

Please review and sign where indicated and return the signed document to my attention, along with a purchase order number, or whatever instrument is necessary on your end for receipt of billings/invoices.

We appreciate your continued support of 3M products.

Best,

Cathy



Catherine Zaske | Contract Administrator
Traffic Safety & Security Division
3M Center, 224-4N-14 | St. Paul, MN 55144-1000 | United States
Office: +1 651 736 6243
cdzaske@mmm.com

