

Leg. Finance - Finance Comte Files (1971-72) 8879

HB 522 cont., 523

XXXXX BASIE, FREDA

416

414

PROVIDENCE HOSPITAL
Anchorage, Alaska

Welfare - # Ad. 36607

ASSIGNMENT OF INSURANCE BENEFITS: I heroby authorize payment directly to the above named hospital of the Hospital Benefits otherwise payable to me but not to exceed the hospital's regular charges for this period of hospitalization. I understand I am financially responsible to the hospital for charges not paid under this agreement.

DATE & TIME OF DISCHARGE

8-12-68 1:25 pm

Date _____ 19____ Signed _____

INSURED

DATE	DESCRIPTION	SUNDRY	DRUGS	MEDICAL & SURGICAL SUPPLY	X-RAY	LAB.	DAILY HOSPITAL SERVICE	CREDITS	BALANCE	OLD BALANCE	
68AUG 5			2.5 0			15.0 0	55.0 0		1,025.5 0	953.0 0	
68AUG 6			4.0 0				55.0 0		1,084.5 0	1,025.5 0	
68AUG 7			9.0 0				55.0 0		1,148.5 0	1,084.5 0	
68AUG 8			10.5 0			30.0 0	55.0 0		1,244.0 0	1,148.5 0	
68AUG 9	DR WRIGHT FEE				28.5 0 9.0 0	5.0 0	55.0 0		1,341.5 0	1,244.0 0	
68AUG 10			4.0 0				55.0 0		1,400.5 0	1,341.5 0	
68AUG 11			3.0 0				55.0 0		1,458.5 0	1,400.5 0	
68AUG 12			2.5 0						1,461.0 0	1,458.5 0	
68AUG 13			4.5 0						1,466.5 0	1,461.0 0	
SEPTEMBER 19-68				NEW YORK LIFE				828.00	618.50		
SUB TOTALS									TOTAL CHARGES	11	

TERMS: BILLS ARE PAYABLE WEEKLY IN ADVANCE AND MUST BE SETTLED IN FULL BEFORE PATIENT LEAVES THE HOSPITAL

This statement is as complete as possible to render at this time. However, if there are any omissions an additional statement will be mailed to you. The Hospital Day ends at 11:30 A.M. This allows the patient to leave the Hospital without an extra day's charge being made.

LESS: COVERAGE

DUE FROM PATIENT

EXPLANATION OF SYMBOLS

ADM - ADMINISTRATION
AL - ALLOWANCE
ANES - ANESTHESIA
BIO - ANTIIDIOTICS
BLO - BLOOD
BMR - BASAL METABOLISM
CBC - COMPLETE BLOOD COUNT
CI - CIRCUMCISION
CV - CLINIC VISIT
CY - CYSTOSCOPY
DAN - DELIVERY ANESTHETIC

DEL - DELIVERY ROOM
DR - DIATHERMY
DIA - DIATHERMY
EC - ERROR CORRECTION
EEG - ELECTROENCEPHALOGRAPH
EKG - ELECTROCARDIOGRAM
ES - EMERGENCY SURGERY (OR SERVICES)
EST - ELECTRIC SHOCK TR.
HC - HEART CENTER
IC - INTENSIVE CARE
ID - IDENTIFICATION

IS - ISOTOPES
IV - INTRAVENOUS
N - NARCOTICS, ENTIRE STAY
NO2 - NEWBORN OXYGEN
◇ - DEPARTMENTAL CREDIT
OR - OPERATING ROOM
O2 - OXYGEN
O2 TH - OXYGEN THERAPY
PAR - RECOVERY ROOM
PE - PERISTALTIC ENEMA

PEN - PENICILLIN
PHY - PHYSIOTHERAPY
PHO - PHOTOGRAPHS
PL - PLASMA
REF - REFUND
TEL - TELEPHONE
TI - TISSUE
TR - TRANSFUSION
UR - URINALYSIS
XT - X-RAY THERAPY

BURBANK SYMBOLS ONLY
C/S - CENTRAL SUPPLY
CH - CHARGES UNDER SUNDRY
ER - EMERGENCY ROOM
IPPB - INTERMITTENT POSITIVE PRESSURE BENNETT MACHINE
R/C FEE - RED CROSS BLOOD PROCESSING FEE
RX - DRUG CHARGES UNDER SUNDRY

BASIE, FREDA
1032 E. 11TH AVE. CITY 99501

412
416

68 67-1199 7-27-68 4:30PM

PROVIDENCE HOSPITAL
Anchorage, Alaska

ASSIGNMENT OF INSURANCE BENEFITS: I hereby authorize payment directly to the above named hospital of the Hospital Benefits otherwise payable to me but not to exceed the hospital's regular charges for this period of hospitalization. I understand I am financially responsible to the hospital for charges not paid under this agreement.

DATE & TIME
OF DISCHARGE

Date _____ 19____ gnet

Freda J. Basie
INSURED

DATE	DESCRIPTION	SUNDRY	DRUGS	MEDICAL & SURGICAL SUPPLY	X-RAY	LAD.	DAILY HOSPITAL	CREDITS	BALANCE	OLD BALANCE
							55.00		55.00	
68 JUL 27										
68 JUL 28	DR WRIGHT FEE		16.00	2.50	17.50		55.00		151.00	55.00
68 JUL 29	DR WRIGHT FEE		8.00	3.50	30.00		55.00		371.50	151.00
68 JUL 30	EKG		15.00							
68 JUL 30	EKG		10.00							
				DR WILSON FEE		139.00	55.00		600.00	371.50
				9.50						
				TRANSFERRED from 412 to 416						
68 JUL 31			10.00	3.50			55.00		668.50	600.00
68 AUG 1				1.00			55.00		724.50	668.50
68 AUG 2	TR SERVICE CHARGE		3.50	15.00						
68 AUG 2				3.00						
68 AUG 2				1.00		35.00	55.00		837.00	724.50
68 AUG 2				15.00						
				3.00						
				36.00		18.00			837.00	837.00
68 AUG 3			6.00				55.00		898.00	837.00
68 AUG 4							55.00		953.00	898.00
	SUB TOTALS							TOTAL CHARGES		

TERMS: BILLS ARE PAYABLE WEEKLY IN ADVANCE AND MUST BE SETTLED IN FULL BEFORE PATIENT LEAVES THE HOSPITAL. This statement is as complete as possible to render at this time. However, if there are any omissions an additional statement will be mailed to you. The Hospital Day ends at 11:30 A.M. This allows the patient to leave the Hospital without an extra day's charge being made.

LESS: COVERAGE
DUE FROM PATIENT

EXPLANATION OF SYMBOLS

ADM - ADMINISTRATION
AL - ALLOWANCE
ANES - ANESTHESIA
ANT - ANTIDIOTICS
BIO - BLOOD
BLD - BLOOD
BMR - BASAL METABOLISM
CBC - COMPLETE BLOOD COUNT
CI - CIRCUMCISION
CV - CLINIC VISIT
CY - CYSTOSCOPY
DAH - DELIVERY ANESTHETIC

DEL - DELIVERY ROOM
DIA - DIATHERMY
EC - ERROR CORRECTION
EEG - ELECTROENCEPHALOGRAM
EKG - ELECTROCARDIOGRAM
ES - EMERGENCY SURGERY (OR SERVICES)
EST - ELECTRIC SHOCK TR.
HC - HEART CENTER
IC - INTENSIVE CARE
ID - IDENTIFICATION

IS - ISOTOPES
IV - INTRAVENOUS
N - NARCOTICS, ENTIRE STAY
NO2 - NEWBORN OXYGEN
O - DEPARTMENTAL CREDIT
OR - OPERATING ROOM
O2 - OXYGEN
OXY - OXYGEN
OX TR - OXYGEN THERAPY
PAR - RECOVERY ROOM
PE - PERISTALTIC ENEMA

PEN - PENICILIN
PHY - PHYSIOTHERAPY
PT - PHOTOGRAPHS
PL - PLASMA
REF - REFUND
TEL - TELEPHONE
TI - TISSUE
TR - TRANSFUSION
UR - URINALYSIS
XT - X-RAY THERAPY

BURBANK SYMBOLS ONLY
C/S - CENTRAL SUPPLY
CH - CHARGES UNDER SUNDRY
ER - EMERGENCY ROOM
IPPD - INTERMITTENT POSITIVE
PRESSURE BENNETT MACHINE
R/C FEE - RED CROSS BLOOD
PROCESSING FEE
RX - DRUG CHARGES UNDER SUNDRY

Ad. # 36607

FREDA I BASIE
 1032 E 11th AVENUE
 ANCHORAGE, ALASKA 99501

Welfare

2

PROVIDENCE HOSPITAL
 Anchorage, Alaska

STATEMENT OF INSURANCE BENEFITS: I hereby authorize payment directly to the above hospital of the Hospital Benefits otherwise payable to me but not to exceed the hospital charges for this period of hospitalization. I understand I am financially responsible for charges not paid under this agreement.

DATE OF DISCHARGE 3-13-68 1 PM Date _____ 19____ Signed _____ INSURED

DATE	DESCRIPTION	SUNDRY	DRUGS	MEDICAL & SURGICAL SUPPLY	X-RAY	LAB.	DAILY HOSPITAL SERVICE	CREDITS	BALANCE	OLD BALANCE
66MAR 9			1.00				55.00		2,312.10	2,256.10
66MAR 10							55.00		2,367.10	2,312.10
66MAR 11	IV		31.00	2.00 < 4.50			55.00		2,445.60	2,367.10
66MAR 12			8.00				55.00		2,508.60	2,445.60
66MAR 13			4.25						2,512.85	2,508.60
66MAR 14			21.50	>3.50					2,494.85	2,512.85
APRIL 7-68								AETNA INSURANCE CO. 2109.88 BALANCE	384.97	
SUB TOTALS								TOTAL CHARGES	<i>trans</i>	

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LESS: COVERAGE
 DUE FROM PATIENT

EXPLANATION OF SYMBOLS

- | | | | | |
|----------------------------|--------------------------------------|----------------------------|---------------------|------------------------------|
| ADM - ADMINISTRATION | DEL - DELIVERY ROOM | IS - ISOTOPES | PEN - PENICILLIN | BURDANK SYMBOLS ONLY |
| AL - ALLOWANCE | DR - DIATHERMY | IV - INTRAVENOUS | PHY - PHYSIOTHERAPY | C/S - CENTRAL SUPPLY |
| ANES - ANESTHESIA | EC - ERROR CORRECTION | N - NARCOTICS, ENTIRE STAY | PHO - PHOTOGRAPHS | - CHARGES UNDER SUNDRY |
| BIO - ANTIBIOTICS | SEG - ELECTROENCEPHALOGRAPH | NO2 - NEWBORN OXYGEN | PL - PLASMA | ER - EMERGENCY ROOM |
| BLO - BLOOD | EKG - ELECTROCARDIOGRAM | ◇ - DEPARTMENTAL CREDIT | REF - REFUND | IPPB - INTERMITTENT POSITIVE |
| BMR - BASAL METABOLISM | ES - EMERGENCY SURGERY (OR SERVICES) | OR - OPERATING ROOM | TEL - TELEPHONE | - PRESSURE BENEFIT MACHINE |
| CBC - COMPLETE BLOOD COUNT | EST - ELECTRIC SHOCK TR. | O2 - OXYGEN | TI - TISSUE | R/C FEE - RED CROSS BLOOD |
| CI - CIRCUMCISION | HC - HEART CENTER | O2 TH - OXYGEN THERAPY | TR - TRANSFUSION | - PROCESSING FEE |
| CV - CLINIC VISIT | IC - INTENSIVE CARE | PAR - RECOVERY ROOM | UR - URINALYSIS | RX - DRUG CHARGES UNDER |
| CY - CYSTOSCOPY | ID - IDENTIFICATION | PE - PERISTALTIC ENEMA | XT - X-RAY THERAPY | SUNDRY |
| DAN - DELIVERY ANESTHETIC | | | | |

BASIE, FREDA

312

PROVIDENCE HOSPITAL
Anchorage, Alaska

ASSIGNMENT OF INSURANCE BENEFITS: I hereby authorize payment directly to the above named hospital of the Hospital Benefits otherwise payable to me but not to exceed the hospital's regular charges for this period of hospitalization. I understand I am financially responsible to the hospital for charges not paid under this agreement.

Date _____ 19____ Signed _____

DATE & TIME OF DISCHARGE

INSURED

DATE	DESCRIPTION	SUNDRY	DRUGS	MEDICAL & SURGICAL SUPPLY	X-RAY	LAB.	DAILY HOSPITAL SERVICE	CREDITS	BALANCE	OLD BALANCE
66MAR	4 TRNASFERED FROM		412							
68MAR	4 ORRM	200.00								
68MAR	4 ANES	40.00								
68MAR	4 ORMAT	2.50								
68MAR	4 REC RM	10.00								
68MAR	4 REC MAT 02 IV	9.50	35.50	2.45						
				16.00	<i>KuB</i>					
				11.00	19.50					
	DR WRIGHT FEE				3.00					
	TI					10.00				
	DR TI STRAUSS					30.00	55.00		1,700.70	1,256.25
68MAR	5 TR		4.00	10.00						
				17.50						
	IV			20.00						
	02			18.90		25.00	55.00		1,851.10	1,700.70
68MAR	6 02		40.00	6.50	<i>Abd. Series</i>					
				4.50	23.00					
68MAR	7 DR WRIGHT FEE		1.00	34.00	7.00		55.00		1,987.10	1,851.10
	IV			22.00						
	TR			10.00						
	TR			19.50						
68MAR	8		10.00		<i>Abd. Series</i>	10.00	55.00		2,138.60	1,987.10
					39.50					
	DR WRIGHT FEE				13.00		55.00		2,256.10	2,138.60
	SUB TOTALS							TOTAL CHARGES		

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LESS: COVERAGE
DUE FROM PATIENT

EXPLANATION OF SYMBOLS

- | | | | | |
|----------------------------|--------------------------------------|----------------------------|---------------------|------------------------------------|
| ADM - ADMINISTRATION | DEL - DELIVERY ROOM | IS - ISOTOPES | PEN - PENICILLIN | BURBANK SYMBOLS ONLY |
| AL - ALLOWANCE | DR - DIATHERMY | IV - INTRAVENOUS | PHY - PHYSIOTHERAPY | C/S - CENTRAL SUPPLY |
| ANES - ANESTHESIA | EC - ERROR CORRECTION | H - NARCOTICS, ENTIRE STAY | PHO - PHOTOGRAPHS | ER - EMERGENCY ROOM |
| ANT - ANTIBIOTICS | EEG - ELECTROENCEPHALOGRAM | HQ2 - NEWBORN OXYGEN | PL - PLASMA | IPPB - INTERMITTENT POSITIVE |
| BLO - BLOOD | ERG - ELECTROCARDIOGRAM | OR - OPERATING ROOM | REF - REFUND | PP - PRESSURE BENNETT MACHINE |
| BMR - BASAL METABOLISM | ES - EMERGENCY SURGERY (OR SERVICES) | O1 - OXYGEN | TEL - TELEPHONE | R/C FEE - RED CROSS BLOOD |
| CBC - COMPLETE BLOOD COUNT | EST - ELECTRIC SHOCK TR. | OX TH - OXYGEN THERAPY | TI - TISSUE | RX - PROCESSING FEE |
| CI - CIRCUMCISION | HC - HEART CENTER | PAR - RECOVERY ROOM | TR - TRANSFUSION | SUNDRY - DRUG CHARGES UNDER SUNDRY |
| CV - CLINIC VISIT | IC - INTENSIVE CARE | PE - PERISTALTIC ENEMA | UR - URINALYSIS | |
| CY - CYSTOSCOPY | ID - IDENTIFICATION | | XT - X-RAY THERAPY | |
| DAN - DELIVERY ANESTHETIC | | | | |

BASIE, FREDA
1032 E. 11TH AVE
ANCHORAGE, ALASKA 99501

514
415

67-1109

02-16-68 % 5:55PM

PROVIDENCE HOSPITAL
Anchorage, Alaska

ASSIGNMENT OF INSURANCE BENEFITS: I hereby authorize payment directly to the above named hospital of the Hospital Benefits otherwise payable to me but not to exceed the hospital's regular charges for this period of hospitalization. I understand I am financially responsible to the hospital for charges not paid under this agreement.

DATE & TIME
OF DISCHARGE

Date _____ 19____ Signed *Freda J. Basie*

DATE	DESCRIPTION	SUNDRY	DRUGS	MEDICAL & SURGICAL SUPPLY	X-RAY	LAB.	DAILY HOSPITAL SERVICE	CREDITS	BALANCE	OLD BALANCE
60FEB 16							50.00		50.00	
60FEB 17			55.50	2.25		20.00	50.00		157.75	50.00
60FEB 18							50.00		207.75	157.75
60FEB 19	DR WRIGHT FEE		11.00		46.00 <i>upper GI Endo</i>	29.00 <i>stent</i>	50.00		343.75	207.75
60FEB 20			7.25			15.00	50.00		416.00	343.75
68FEB 21	DR WRIGHTS FEE		9.25		48.50 <i>Gall Bladder</i>	34.00	50.00		557.75	416.00
68FEB 22			9.00				50.00		616.75	557.75
68FEB 23			5.25				50.00		672.00	616.75
68FEB 24			6.00				50.00		728.00	672.00
68FEB 25							50.00		778.00	728.00
68FEB 26	DR TI STRAUSS FEE		13.25			2.50 7.50 72.00	50.00		923.25	778.00
68FEB 27			9.75				50.00		983.00	923.25
68FEB 28			6.75				50.00		1,039.75	983.00
68FEB 29			13.50				50.00		1,103.25	1,039.75
68MAR 1			3.00				50.00		1,156.25	1,103.25
68MAR 2	SUB TOTALS						50.00	TOTAL CHARGES	1,206.25	1,156.25
68MAR 3							50.00	LESS: COVERAGE	1,256.25	1,206.25
								DUE FROM PATIENT		

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EXPLANATION OF SYMBOLS

ADM - ADMINISTRATION
AL - ALLOWANCE
ANES - ANESTHESIA
BIO - ANTIBIOTICS
BLD - BLOOD
BMR - BASAL METABOLISM
CBC - COMPLETE BLOOD COUNT
CI - CIRCUMCISION
CV - CLINIC VISIT
CY - CYSTOSCOPY
DAN - DELIVERY ANESTHETIC

DEL - DELIVERY ROOM
DIA - DIATHERMY
EC - ERROR CORRECTION
EEG - ELECTROENCEPHALOGRAM
EKG - ELECTROCARDIOGRAM
ES - EMERGENCY SURGERY (OR SERVICES)
EST - ELECTRIC SHOCK TR.
HC - HEART CENTER
IC - INTENSIVE CARE
ID - IDENTIFICATION

IS - ISOTOPES
IV - INTRAVENOUS
N - NARCOTICS, ENTIRE STAY
NO2 - NEWBORN OXYGEN
O - DEPARTMENTAL CREDIT
OR - OPERATING ROOM
O2 - OXYGEN
OXY - OXYGEN THERAPY
PAR - RECOVERY ROOM
PE - PERISTALTIC ENEMA

PEN - PENICILLIN
PHY - PHYSIOTHERAPY
PHO - PHOTOGRAPHS
PL - PLASMA
REF - REFUND
TEL - TELEPHONE
TI - TISSUE
TR - TRANSFUSION
UR - URINALYSIS
XT - X-RAY THERAPY

BURBANK SYMBOLS ONLY
C/S - CENTRAL SUPPLY
CHARGES UNDER SUNDRY
ER - EMERGENCY ROOM
IPPD - INTERMITTENT POSITIVE
PRESSURE BENNETT MACHINE
R/C FEE - RED CROSS BLOOD
PROCESSING FEE
RX - DRUG CHARGES UNDER SUNDRY

FREDA BASIE
~~1032 E. 11th AVE.~~
~~ANCHORAGE, ALASKA~~

Wife

PROVIDENCE HOSPITAL
 Anchorage, Alaska

NOTICE OF INSURANCE BENEFITS: I hereby authorize payment directly to the above hospital for charges for this period of hospitalization. I understand I am financially responsible for charges not paid under this agreement.

1374 1-30-68 19 Signed *Freda J. Basie*
 INSURED

DATE	DESCRIPTION	SUNDRY	DRUGS	MEDICAL & SURGICAL SUPPLY	X-RAY	LAB.	DAILY HOSPITAL SERVICE	CREDITS	BALANCE	OLD BALANCE
66 JAN 24							55.00		55.00	
66 JAN 25			11.00	2.75		20.00	55.00		143.75	55.00
66 JAN 26							55.00		198.75	143.75
66 JAN 27							55.00		253.75	198.75
66 JAN 28							55.00		308.75	253.75
66 JAN 29	DR WRIGHT'S FEE		5.00		28.00		55.00		413.75	308.75
66 JAN 30			1.25		17.00				412.50	413.75
66 FEB 16	BASIE AETNA 60719						376.00		36.50	412.50
SUB TOTALS								TOTAL CHARGES	<i>412.50</i>	

TERMS: BILLS ARE PAYABLE WEEKLY IN ADVANCE AND MUST BE SETTLED IN FULL BEFORE PATIENT LEAVES THE HOSPITAL. This statement is as complete as possible to render at this time. However, if there are any omissions on additional statement will be mailed to you. The Hospital Day ends at 11:30 A.M. This allows the patient to leave the Hospital without an extra day's charge being made.

EXPLANATION OF SYMBOLS

- | | | | | |
|----------------------------|--------------------------------------|-----------------------------|---------------------|------------------------------|
| ADM - ADMINISTRATION | DEL } DELIVERY ROOM | IS - ISOTOPIES | PEN - PENICILLIN | BURBANK SYMBOLS ONLY |
| AL - ALLOWANCE | DR } DIATHERMY | IV - INTRAVENOUS | PHY } PHYSIOTHERAPY | C/S - CENTRAL SUPPLY |
| ANES - ANESTHESIA | DIA - DIATHERMY | II - NARCOTICS, ENTIRE STAY | PI } PHOTOGRAPHS | ER - EMERGENCY ROOM |
| BIO - ANTIBIOTICS | EC - ERROR CORRECTION | NO2 - NEWBORN OXYGEN | PL - PLASMA | IPPB - INTERMITTENT POSITIVE |
| BLO - BLOOD | EEC - ELECTROENCEPHALOGRAPH | OR - OPERATING ROOM | REF - REFUND | R/C FEE - RED CROSS BLOOD |
| BMR - BASAL METABOLISM | EKG - ELECTROCARDIOGRAM | O2 } OXYGEN | TEL - TELEPHONE | TI - TISSUE |
| CBC - COMPLETE BLOOD COUNT | ES - EMERGENCY SURGERY (OR SERVICES) | OXY } OXYGEN THERAPY | TR - TRANSFUSION | UR - URINALYSIS |
| CI - CIRCUMCISION | EST - ELECTRIC SHOCK TR. | PAR - RECOVERY ROOM | UR - URINALYSIS | XT - X-RAY THERAPY |
| CV - CLINIC VISIT | HC - HEART CENTER | PC - PERISTALTIC ENEMA | | |
| CY - CYSTOSCOPY | IC - INTENSIVE CARE | | | |
| DAH - DELIVERY ANESTHETIC | ID - IDENTIFICATION | | | |

JAMES HOLTER
WELFARE
DO NOT BILL

PROVIDENCE HOSPITAL
Anchorage, Alaska

OF INSURANCE BENEFITS: I hereby authorize payment directly to the above of the Hospital Benefits otherwise payable to me but not to exceed the hospital charges for this period of hospitalization. I understand I am financially responsible for charges not paid under this agreement.

DATE OF DISCHARGE

Date _____ 19____ Signed *James J. Holter*
INSURED

DATE	DESCRIPTION	SUNDRY	DRUGS	MEDICAL & SURGICAL SUPPLY	X-RAY	LAB.	DAILY HOSPITAL SERVICE	CREDITS	BALANCE	OLD BALANCE
68APR 8	DR WRIGHT FEE				28.0 0 17.0 0				45.0 0	
SUB TOTALS								TOTAL CHARGES		
TERMS: BILLS ARE PAYABLE WEEKLY IN ADVANCE AND MUST BE SETTLED IN FULL BEFORE PATIENT LEAVES THE HOSPITAL. This statement is as complete as possible to render at this time. However, if there are any omissions an additional statement will be mailed to you. The Hospital Day ends at 11:30 A.M. This allows the patient to leave the Hospital without an extra day's charge being made.								LESS: COVERAGE		
								DUE FROM PATIENT		

EXPLANATION OF SYMBOLS

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|----------------------------|--------------------------------------|----------------------------|---------------------|------------------------------|
| ADM - ADMINISTRATION | DEL } DELIVERY ROOM | IS - ISOTOPES | PEH - PENICILLIN | BURBANK SYMBOLS ONLY |
| AL - ALLOWANCE | DR } DIATHERMY | IV - INTRAVENOUS | PHY } PHYSIOTHERAPY | C/S - CENTRAL SUPPLY |
| ANES - ANESTHESIA | DIA - DIATHERMY | H - NARCOTICS, ENTIRE STAY | PT } PHYSIOTHERAPY | - CHARGES UNDER SUNDRY |
| BIO - ANTIBIOTICS | EC - ERROR CORRECTION | H02 - NEWBORN OXYGEN | PHO - PHOTOGRAPHS | ER - EMERGENCY ROOM |
| BLD - BLOOD | EEG - ELECTROENCEPHALOGRAM | ◇ - DEPARTMENTAL CREDIT | PL - PLASMA | IPPD - INTERMITTENT POSITIVE |
| BMR - BASAL METABOLISM | EKG - ELECTROCARDIOGRAM | OR - OPERATING ROOM | REF - REFUND | - PRESSURE BENNETT MACHINE |
| CBC - COMPLETE BLOOD COUNT | ES - EMERGENCY SURGERY (OR SERVICES) | O2 } OXYGEN | TEL - TELEPHONE | R/C FEE - RED CROSS BLOOD |
| CI - CIRCUMCISION | EST - ELECTRIC SHOCK TR. | OXY } OXYGEN | TI - TISSUE | - PROCESSING FEE |
| CV - CLINIC VISIT | HC - HEART CENTER | O2 TH - OXYGEN THERAPY | TR - TRANSFUSION | RX - DRUG CHARGES UNDER |
| CY - CYSTOSCOPY | IC - INTENSIVE CARE | PAR - RECOVERY ROOM | UR - URINALYSIS | SUNDRY |
| DAN - DELIVERY ANESTHETIC | ID - IDENTIFICATION | PE - PERISTALTIC ENEMA | XT - X-RAY THERAPY | |

PROVIDER BILLING FOR MEDICAL AND OTHER HEALTH SERVICES
MEDICAL INSURANCE BENEFITS—SOCIAL SECURITY ACT

Form Approved
 Budget Bureau
 No. 72 R0738

1. Patient's last name Brown	First name Glenwood	MI T	2. Health insurance claim number 302-10-6511-A
3. Patient's address (Street number, City, State, ZIP Code) 1226 E. 7th Ave. Anchorage, Alaska 99501			4. Date of birth 06 25 00
6. Provider name and address (City and State) PROVIDENCE HOSPITAL 3200 PROVIDENCE DRIVE ANCHORAGE, ALASKA 99504		7. Provider number 03-0001	5. Sex <input checked="" type="checkbox"/> M <input type="checkbox"/> F
		8. Medical record number 8676	9. Type of service A. <input type="checkbox"/> Inpatient C. <input type="checkbox"/> Other (Specify) B. <input checked="" type="checkbox"/> Outpatient

If you have other health insurance or if your State Medical Assistance Agency will pay part of your medical expenses and you want information about this claim released to them upon their request, complete items 10 and 11.

10. Insuring organization or State agency name and address Dept. of Welfare District 31 Anchorage, Alaska	11. Policy or medical assistance number 71-39572
---	--

12. Patient's Certification, Authorization to Release Information, and Payment Request. I certify that the information given by me in applying for payment under Title XVIII of the Social Security Act is correct. I authorize any holder of medical or other information about me to release to the Social Security Administration or its intermediaries or carriers any information needed for this or a related medicare claim. I request that payment of authorized benefits be made on my behalf.

<input type="checkbox"/> Contained in provider's record	Signature (Patient or authorized representative) (Signature by mark must be witnessed) <i>Glenwood of J. Brown</i>	Date 9/9/69
---	---	-----------------------

13. Nature of illness or injury Rt. hip spica cast applied	<input type="checkbox"/> Check here if illness or injury was connected with employment	Do not use this space
--	--	-----------------------

14. Surgical procedures

15. Statement of services	Covered Charges		16. Statement Covers Period			16. First service			16. Last service		
			Start	End	Period	Start	End	Period	Start	End	Period
A. Clinic visit ()			09	09	69	09	09	69			
B. Emergency room ()											
C. Laboratory											
D. Radiology											
E. Pharmacy											
F. Blood											
G. Ambulance											
H. Physical therapy											
I. Other (Specify) CAST	22	50									
J. TOTAL	22	50									

17. Blood Information	A. Pints furnished	B. Pints replaced	18. Professional component (Hospital inpatients)			19. Other professional component		
			A. Pathology			B. Radiology		
			20. Date benefits exhausted or HH plan terminated			21. Patient paid (Excluding 17E)		
						4.50		
22. I certify that the required physician's certification is on file.						25. Date forwarded		
						09 23 69		
FOR INTERMEDIARY USE ONLY								
24. Verified Patient Liability								
A. Blood deductible			B. Cash deductible			C. Coinsurance		
						4.50		
25. Payment Distribution						26. Date approved		
Provider			Patient					
						BK		
						10 06 69		

Remarks:

26511 00032 09 1969

16-37-31-03-384

STATEMENT

EAsT 4-8804

Rainbow Ambulance SERVICE, INC.

SOUTH END
CITY CENTER
WEST SEATTLE
WHITE CENTER



BUSINESS OFFICE
2201 - 14th AVE. S.
SEATTLE, WASH. 98144

State of Alaska
Department of Health & Welfare
Division of Public Welfare
Pouch "H"
Juneau, Alaska 99801

SERVING ALL SEATTLE

044 26990

FOR AMBULANCE SERVICE For Dora M. Wright

26990-577

11/20/68 From Swedish Hospital to 2611 S. Dearborn.

Total Charge: \$35.00

Medicare Paid: -28.00

Balance Due: \$ 7.00*

12/13/68 From 2611 S. Dearborn to Swedish Hospital.

Total Charge: \$34.00

Medicare Paid: -27.20

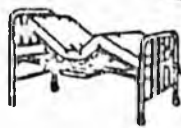
Case #31-71-26990-1068

Balance Due: \$ 6.80

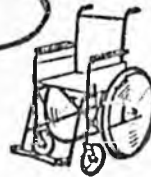
WE RENT



OXYGEN



HOSPITAL BEDS



WHEELCHAIRS



EXPLANATION OF BENEFITS

MEDICAL INSURANCE TITLE XVIII
SOCIAL SECURITY ACT

Prepared By: *AT*
Aetna Life & Casualty
Medicare Claim Administration
Yeo, Building
522 S. W. 5th Avenue
Portland, Oregon 97204
Telephone No. 222-6831

DATE: *4-9-68*
HEALTH INSURANCE CLAIM NUMBER: *374011429A*

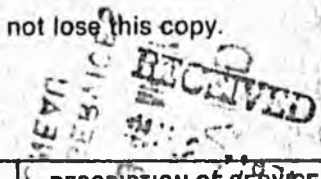
IMPORTANT

See reverse side for General Information.

BENEFICIARY'S NAME AND ADDRESS

7
ROMERO
702 BURDEN ST
KETCHIKAN ALASKA

Do not lose this copy.



LOCATION OF SERVICE CODES	SERVICES					DESCRIPTION OF SERVICE CODES		
	FIRST DATE	LAST DATE	LOCATION OF	NUMBER OF	RENDERED BY			
	MO	DAY	MO	DAY				
<p>The following will explain the codes shown in the "Location of" column to the right.</p> <p>O Doctor's Office IH Inpatient Hospital IL Independent Lab ECF Extended Care Facility H Patient's Home OH Outpatient Hospital OL Other Location</p>	1	<i>02</i>	<i>07</i>	<i>03</i>	<i>14</i>	<i>Salazar</i>	1	<p>The following will explain the number shown in the "Description of" column at left.</p> <p>1. Medical Care 2. Surgery 3. Consultation 4. Diagnostic X-ray 5. Diagnostic Lab 6. Radiation Therapy 7. Anesthesia 8. Assistant Surgeon 9. Other Service</p>
	2					<i>MD</i>	1	
	3							
	4							
	5							
	6							
	7							
	8							
	9							
	10							

If an amount is shown in the "Not Allowed" column at right, the paragraph checked below will explain.

- The Allowed Charge is less than the actual charge for psychiatric service, because only 62½% of such expenses are allowed under the law.
- The Allowed Charge is less than the actual charge for psychiatric service, because the \$250.00 maximum payable in one calendar year has been reached.
- The charges have been reduced to the amount indicated, because they have been determined to be higher than we can consider as covered expense under the Medicare Program.

Your \$50.00 deductible has been met for 19*68*

	TOTAL	NOT ALLOWED	ALLOWED
1	<i>2400</i>		<i>2400</i>
2	<i>2100</i>		<i>2100</i>
3			
4			
5			
6			
7			
8			
9			
10			

TOTAL ALLOWED CHARGES	<i>12400</i>
LESS DEDUCTIBLE	<i>5000</i>
BALANCE OF ALLOWED CHARGES	<i>11400</i>
LESS 20% COINSURANCE	<i>3480</i>
MEDICARE PAYS	<i>15120</i>

BENEFITS PAID TO

Louis Salazar
Box 359
Ketchikan Alaska

OK



EXPLANATION OF MEDICARE BENEFITS

Prepared By:

Aetna Life & Casualty
Medicare Claim Administration
Yeon Building
522 S. W. 5th Avenue
Portland, Oregon 97204
Telephone No. 222-6831

DATE

3-28-69

HEALTH
INSURANCE
CLAIM
NUMBER

IMPORTANT

See reverse side for General Information.

BENEFICIARY'S
NAME
AND ADDRESS

F Romero
702 Baren ST.
Ketchikan Alaska

3-28-69 Do not lose this copy.

RECEIVED

LOCATION OF SERVICE CODES	SERVICES						DESCRIPTION OF SERVICE CODES				
	FIRST DATE		LAST DATE		LOCATION OF	NUMBER OF		RENDERED BY			
	MO	DAY	MO	DAY							
<p>The following will explain the codes shown in the "Location of" column to the right.</p> <ul style="list-style-type: none"> O Doctor's Office IH Inpatient Hospital IL Independent Lab ECF Extended Care Facility H Patient's Home OH Outpatient Hospital OL Other Location 	1	11	21	12	31	IH	014	Salazar MO	1	<p>The following will explain the number shown in the "Description of" column at left.</p> <ul style="list-style-type: none"> 1. Medical Care 2. Surgery 3. Consultation 4. Diagnostic X-ray 5. Diagnostic Lab 6. Radiation Therapy 7. Anesthesia 8. Assistant Surgeon 9. Other Service 	
	2						IH	30			1
	3						ECF	14			1
	4										
	5										
	6										
	7										
	8										
	9										
	10										

If an amount is shown in the "Not Allowed" column at right, the paragraph checked below will explain.

- The Allowed Charge is less than the actual charge for psychiatric service, because only 62½% of such expenses are allowed under the law.
- The Allowed Charge is less than the actual charge for psychiatric service, because the \$250.00 maximum payable in one calendar year has been reached.
- The charges have been reduced to the amount indicated, because they have been determined to be higher than we can consider as covered expense under the Medicare Program.

Your \$50.00 deductible has been met for 1968

	TOTAL	NOT ALLOWED	ALLOWED
1	24.00		24.00
2	340.00		240.00
3	12.00		4.20
4			
5			
6			
7			
8			
9			
10			

BENEFITS PAID TO

L Salazar MD
PO Box 369
Ketchikan Alaska 99901

TOTAL ALLOWED CHARGES	306.00
LESS DEDUCTIBLE	—
BALANCE OF ALLOWED CHARGES	306.00
LESS 20% COINSURANCE	61.20
MEDICARE PAYS	244.80

DR. JOHN WESTON

TELEPHONE 452-216

Department of Public Welfare
 District Office
 310 Chena Building
 Fairbanks, Alaska 99701

DPW billing for balance not paid by private insurance

Dx: Epilepsy, fracture left femur, infection left foot
 Syncope, foreign body right eye, sprain right thumb

Re: Sierer, Richard R.

10-17-68	Office Examination	10.00
	CBC	10.00
10-22-68	Office Examination	10.00
	CBC	10.00
11-1-68	Mono Test	10.00
	Office Examination	10.00
3-5-69	Admitted to hospital	
4-2-69	Discharged from hospital	70.00
		130.00

Case or Med. Card No.	AD 58530				
Approved	RD/ld				
Code	Dept.	Pos.	Fun- tion	Sub Func- tion	Object Rept.
	06	37	41	01	385

8-6-71

STATEMENT

Wien Consolidated Airlines, Inc.

4100 INTERNATIONAL AIRPORT RD.
ANCHORAGE, ALASKA 99502TO State's Department of Health & Welfare
Pouch II
Juneau, Alaska 99801

33-005

1-19-71

PLEASE DETACH AND
RETURN THIS PORTION
WITH YOUR REMITTANCE.

TERMS - NET CASH. NO DISCOUNT ALLOWED. INTEREST CHARGED ON OVERDUE ACCOUNTS.

DATE			CODE	ITEMS	DEBITS	CREDITS	BALANCE
MO.	DAY	YEAR					
					BALANCE FORWARD		
8	8	69		Z1849-014130	80.00	207739	
<p>This Exchange Order was voided but, there was a ticket written and used against it. So, I am sending copy's of both with this billing. Thanks</p>							
<p>Alaska Business License No. 70-05277 Type of Business - Certified Air Carrier License Issued - February 24, 1970</p>				<p>certify that the above bill is correct and just; that payment therefor has not been received. Signed by <i>Betty Miles</i> WIEN CONSOLIDATED AIRLINES, INC.</p>			

CODE:

A - FREIGHT
B - TICKETS (PASS)
C - CASH RECEIPTS
D - DEBIT MEMOS

E - CREDIT MEMOS
F - TRANSFERS
G - JOURNAL VOUCHERS
H - INVOICE BILLINGS
J - EXCHANGE ORDERS

Our books close on the 25th of each month. All charges and credits received
in this office after that date will appear on next month's statement.

Correspondence regarding this statement should be mailed to

Wien Consolidated Airlines, Inc., 4100 International Airport Rd., Anchorage, Alaska 99502

PAY LAST
AMOUNT
IN THIS
COLUMN



SA-19
2M 8-68

STATE OF ALASKA
Request For Transportation

Nº 207739

DEPARTMENT OF HEALTH & WELFARE

The _____ requests the _____
(Department or Office requesting transportation and address)

_____ Company to furnish Transportation

for _____ from _____
(Name of Traveler)

To _____, 1969
(Place and Date of Issue)

Form No. XO 184 900 014 130 Ticket No. TE
(Signature of Traveler)

Value \$ \$80.00 (No tax payable) _____
(Title)

Tourist class fare (See instruction #1 on reverse side) (To be inserted by carrier).

Carrier will forward this request to the Department or Office Requesting Transportation
(SEE INSTRUCTIONS ON REVERSE SIDE)

dm 28776

STATEMENT

Wien Consolidated Airlines, Inc.

4100 INTERNATIONAL AIRPORT RD.
ANCHORAGE, ALASKA 99502TO State Department of Health & Welfare
Pouch H
Juneau, Alaska 99801

33-005

8-6-70

PLEASE DETACH AND
RETURN THIS PORTION
WITH YOUR REMITTANCE

TERMS NET CASH. NO DISCOUNT ALLOWED. INTEREST CHARGED ON OVERDUE ACCOUNTS.

DATE			CODE	ITEMS	DEBITS	CREDITS	BALANCE
MO.	DAY	YEAR					
					BALANCE FORWARD	STW	
5	19	69		2126-029159	10.15	209215	
5	15	69		2126-029079	2.00	206407	
4	1	69		2126-024796	18.75	209042	
5	22	69		2126-012607	3.00	206410	
3	21	69		2126-018572	9.66	188556	
					43.56		

THESE ARE ALL EXCESS BAGGAGE TICKETS THAT SHOULD HAVE BEEN BILLED WITH THE TICKET & STR THAT SHOWS BUT, SOMEHOW THEY GOT SEPERATED FROM THEM SO, YOU HAVE NEVER BEEN BILLED ON THEM BEFORE. SORRY!
I HOPE TO GET ALL OF THESE PROBLEMS CLEARED UP SOON.

PLEASE RETURN A COPY OF THIS STATEMENT WITH YOUR PAYMENT.
THANKYOU

I certify that the above bill is correct and just;
that payment therefor has not been received.

Signed by *Betty Miles*
WIEN CONSOLIDATED AIRLINES, INC.

Alaska Business License No. 70-05277
Type of Business - Certified Air Carrier
License Issued - February 24, 1970

CODE:
A - FREIGHT
B - TICKETS (PASS)
C - CASH RECEIPTS
D - DEBIT MEMOS
E - CREDIT MEMOS
F - TRANSFERS
G - JOURNAL VOUCHERS
H - INVOICE BILLINGS
J - EXCHANGE ORDERS

Our books close on the 25th of each month. All charges and credits received
in this office after that date will appear on next month's statement.

Correspondence regarding this statement should be mailed to

Wien Consolidated Airlines, Inc., 4100 International Airport Rd., Anchorage, Alaska 99502

PAY LAST
AMOUNT
IN THIS
COLUMN



Wing Consolidated Airlines, Inc. PASSENGER TICKET AND RECEIPT CHECK
 AGENT'S COUPON

NAME OF PASSENGER: **Jimmy Barr**

FARE BASIS: **ACH WE**

CLASS: **1000**

DATE: **1/19**

TIME: **11:00 AM**

STATUS: **OK**

TO: **DEERING**

FROM: **KOTZEBUE**

FARE: **10.00**

TAXES: **10.50**

TOTAL: **20.50**

AGENCY: **STR**

AGENCY NUMBER: **212:100 084:430**

AGENCY NAME: **STR**

AGENCY ADDRESS: **55 0706**

SIGNED **Juneau, Alaska**

1. KEEP YELLOW COPY 2. SEND WHITE AND PINK COPIES WITH CARBON INTACT.

1. WRITE REPLY. 2. DETACH STUB, KEEP PINK COPIES WITH CARBON INTACT.

Business License No. **70-05277**

Issued - **February 21, 1970**

Signature: **Kathy Miles**

PAY LAST AMOUNT IN THIS COLUMN

Our books close on the 25th of each month. All charges and credits received in this office after that date will appear on next month's statement.

Juneau, Alaska 99802

Wien Consolidated Airlines, Inc.



4100 INTERNATIONAL AIRPORT RD.
ANCHORAGE, ALASKA 99502

TO: [Faded text]
[Faded text]
[Faded text]

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE

TERMS: NET CASH, NO DISCOUNT ALLOWED, INTEREST CHARGED ON OVERDUE ACCOUNTS

NO	DATE		CODE	ITEMS	DEBITS	CREDITS	BALANCE
	DAY	YEAR					
					BALANCE FORWARD 10		
7	12	69			1000		
8	14	70			188.00		
					198.00		

PLEASE RETURN TO: [Faded text]

Business License No. 70-05277
[Faded text]
[Faded text] - February 24, 1970

[Faded text] is correct and just
[Faded text]
Kathy Miller
[Faded text]

- 1 - CREDIT MEMOS
- 2 - TRANSFERS
- 3 - JOURNAL VOUCHERS
- 4 - INVOICE BILLINGS
- 5 - REMARK ORDERS

Our books close on the 21st of each month. All charges and credits resolved in this office after that date will appear on next month's statement.
Correspondence regarding this statement should be mailed to
Wien Consolidated Airlines, Inc., 4100 International Airport Rd., Anchorage, Alaska 99502

PAY LAST AMOUNT IN THIS COLUMN

STATEMENT

Wien Consolidated Airlines, Inc.



4100 INTERNATIONAL AIRPORT RD.
ANCHORAGE, ALASKA 99502

TO State Department of Health & Welfare
Fouch H
Juneau, Alaska 99801

33-005

10-19-70

PLEASE DETACH AND
RETURN THIS PORTION
WITH YOUR REMITTANCE.

TERMS NET CASH NO DISCOUNT ALLOWED. INTEREST CHARGED ON OVERDUE ACCOUNTS.

MO	DATE	YEAR	CODE	ITEMS	DEBITS	CREDITS	BALANCE
					BALANCE FORWARD	STR#	
9	19	70		2121-174304	17.00	I did not receive STR#s for any of these tickets.	
9	1	70		2121-165509	27.00		
9	15	70		2123-024182	22.00		
9	1	70		2121-165493	20.00		
9	1	70		2121-165492	20.00		
9	1	70		2121-165491	20.00		
8	31	70		2121-165450	10.50		
2	24	70		2122-098146	45.00		
9	1	70		2121-154002	60.00		
12	31	68		GW1-072742	30.00	This is an old ticket that was set up on Government & we finally got it back from them stating that it was to be a state charge.	
					279.50		
					279.50		

PLEASE RETURN COPY OF THIS STATEMENT WITH YOUR PAYMENT.
THANK YOU

Alaska Department of Health & Welfare
Type: Mr. Carrier
Date: 10/21/70

I certify that this bill is correct and just
Betty Mable
WIEN CONSOLIDATED AIRLINES, INC.

- 1. CREDIT MEMO
- 2. TRANSFER
- 3. JOURNAL VOUCHER
- 4. RECEIPT
- 5. EXCHANGE ORDER

Out bills close on the 15th of each month. All charges and credits received in this office after that date will appear on next month's statement.

Correspondence regarding this statement should be mailed to
Wien Consolidated Airlines, Inc., 4100 International Airport Rd., Anchorage, Alaska 99502

PAY LAST
AMOUNT
IN THIS
COLUMN

XEROX

DUPLICATE

CUSTOMER NO.	INVOICE NO.	INVOICE DATE
68335600	004265216	12-31-69

BILL TO
 HARBOR VIEW
 MEMORIAL HOSPITAL
 VALDEZ AK 99686

SHIP TO/INSTALLED AT

PLEASE DIRECT ALL INQUIRIES TO:
 XEROX CORPORATION
 505 106TH AVENUE N E
 BELLEVUE WASHINGTON
 98004
 TELEPHONE 206-455-1061

PURCHASE ORDER NUMBER	SPECIAL REFERENCE NUMBER	
3594		
TERMS	GOVERNMENT CONTRACT NUMBER	
PAYABLE UPON RECEIPT		
ITEM	PERIOD	AMOUNT

XEROX 2400	SERIAL NO. 150-017379	
BASIC USE CHARGE	JANUARY	30.00
	SUB TOTAL	30.00
	TOTAL	30.00

METER CARD RECEIVED BUT NOT BILLABLE

XEROX CORPORATION hereby certifies that these goods were produced in compliance with all applicable requirements of Section 6, 7 and 12 of the FAIR LABOR STANDARDS ACT, as amended, and of regulations and orders of the UNITED STATES DEPARTMENT OF LABOR issued under Section 14 thereof.

24.108
XEROX

ONLY TO:
THE HEALTH & WELFARE DEPT.
1000 LEVUE, WASHINGTON BRANCH

July 30, 1971

State of Alaska
Health & Welfare
Management Services
Pouch H
Juneau, Alaska 99801

C/N: 568352249

Dear Customer:

I have attached copies of two past due invoices which perhaps you have never received or have overlooked. Both invoices cover usage on machine serial #150-017177. The first, invoice 023939700 dated 11-13-68, includes the minimum meter charge for August 1968 totaling \$1,100.00. The second, invoice 001763740 dated 2-28-69, includes the minimum meter charge from 11-1-68 to 12-26-68 totaling \$2,016.98 (\$1,100.00 for November & \$916.98 for December). This is a partial payment due on the total amount of the invoice since the machine cancelled on the 26th of December.

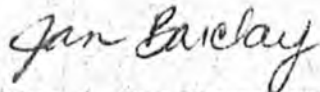
If payment has been made in the last month, please disregard this reminder.

If this amount has been paid, please assist us by sending a copy of your check (front and back) so that we may clear the balance due.

If there is a billing or other problem, please inform us of such promptly.

Thank you for your assistance in clearing this aging balance due.

Yours very truly,



(Mrs.) Jan Barclay
Supervisor, Accounts Receivable

JB:ml

Enclosures

POOR COPY

STATE OF ALASKA
HEALTH & WELFARE
MANAGEMENT SERVICES
TO ALASKA OFFICE BLDG
JUNEAU ALASKA 99801

ORIGINAL

11-13-68

023939700

OK*

PLEASE
MAIL TO
P.O. BOX 3961
FINCH ANNEX
SAN FRAN, CAL 94120

PLEASE PRINT NAME AND ADDRESS
FOR RETURN ONLY

NET 30 DAYS

CA3594

MACH 150 017177

58015221-0 9134 410

1 21004571

MONTHLY CHARGE ON 2500 EMPLOYEES PLAN

INITIAL INV PLAN B
07/1/68-8/30/68

TOTAL

120.00

COPIES 24

OK
OG-37-40-41

Nov. Billing Not Paid
for Service 8-1-68 to 8-30-68
\$100.00

POOR COPY

MEMORANDUM

State of Alaska

JAN 20 1972

TO: C.M. McLean, Administrator
Division of Mental Health
Juneau

THRU: Lynette M. McCoy, Chief Nurse

DATE : January 18, 1972

FROM: Leora R. Rutledge, Accountant
Harborview Memorial Hospital
Valdez

SUBJECT: Old invoices-Copper Valley Electric

*Did not hand
Date on Meter reading until 1-20-72*

Enclosed are two old billings from Copper Valley Electric Co. Our records indicate that these bills were first received in January of 1971. I do not know why the long delay in the use of the utility and the billing on the useage covering the dates from 6-20-69 to 7-30-69, but would suppose through an oversight which was discovered through audit.

These bills were vouchered to Juneau for payment on January 13, 1971 but were never paid. On October 11, 1971, we submitted duplicates of these billings, again requesting that they be paid, but unfortunately they were not. Now Fiscal has returned them to us to code and approve and resubmit, noting that in order to pay them it will be necessary to obtain Legislative approval.

As these bills represent the final billings before combining the three utility meters into one, they are justified.

I am sending them, along with my reply to their memo, through your office so that you will be aware of what the circumstances are should any question arise. If there is a better way of handling them, please let me know.

28.11
85.71

\$113.82

REPLY MEMO

Department of Health & Social Services

Fiscal Operations

Pouch H

Juneau, Alaska 99801

State of Alaska**MESSAGE****REPLY**

to Alice Jackinsky, Fiscal

DATE 10/11/71

to Leora Rutledge

DATE 12/27/71

Harborview Memorial Hospital

Attached please find copies of a Copper Valley Electric Association billing. They originally sent us this billing 12/31/70, I vouchered them down for payment on 1/13/71. I have coded the new billing as a duplicated billing, as the December ones never were paid. Would you please let me know what action is taken on this so we can assure Copper Valley Electric of payment.

Thank you,

HARBORVIEW MEMORIAL HOSPITAL

SIGNED

ACCOUNTANT

1. KEEP YELLOW COPY.

2. SEND WHITE AND PINK COPIES WITH CARBON INTACT.

What is the difference between 17/2 SC II, 17/1 SC II & 17/2/U SC I, 17/1/U SC I? Attached is a copy of the paid 12/31/70 billings on the first 2 numbers, but haven't any record of payment on the 2nd 2 for this particular period. Your Xerox copy bears 12/31/70 dates but indicates these to be 1969 final billings. Please clarify billing period, meter readings if possible, code, approve and resubmit. If it appears they are less than 2 years old, will process. If stale dated, they will have legislative approval in order to pay.

SIGNED

1. WRITE REPLY.

2. DETACH STUB, KEEP PINK COPY. RETURN WHITE COPY TO SENDER

COPPER VALLEY ELECTRIC ASSOCIATION, INC.

BOX 487, VALDEZ, ALASKA 99686

377711

ACCOUNT NO.

Date _____

Payment due 10th of each month. After 10th of month, if bill is not paid, service is subject to disconnection. Failure to receive bill does not relieve consumer of payment.

RATE	METER READING		KWH USED	CHARGE	OTHER CHARGES	TAX	ARREARS	TOTAL DUE
	PRESENT	PREVIOUS						
	30749	30432						28.11

YOUR RATES ARE:
 I RESIDENT & COMMERCIAL
 II SMALL COMMERCIAL
 III LARGE COMMERCIAL
 IV STREET LIGHTS

PLEASE RETURN COPY OF THIS BILL WITH REMITTANCE FOR IDENTIFICATION OF ACCOUNT.

FORM 71184 TIPPECANOE PRESS INC., SHELBYVILLE, IND.

MAIL TO: CVEA, BOX 487
VALDEZ, ALASKA 99686

26-00-330

COPPER VALLEY ELECTRIC ASSOCIATION, INC.

BOX 487, VALDEZ, ALASKA 99686

ACCOUNT NO.

Date _____

Payment due 10th of each month. After 10th of month, if bill is not paid, service is subject to disconnection. Failure to receive bill does not relieve consumer of payment.

RATE	METER READING		KWH USED	CHARGE	OTHER CHARGES	TAX	ARREARS	TOTAL DUE
	PRESENT	PREVIOUS						
	29949	28793						85.71

YOUR RATES ARE:
 I RESIDENT & COMMERCIAL
 II SMALL COMMERCIAL
 III LARGE COMMERCIAL
 IV STREET LIGHTS

PLEASE RETURN COPY OF THIS BILL WITH REMITTANCE FOR IDENTIFICATION OF ACCOUNT.

FORM 71184 TIPPECANOE PRESS INC., SHELBYVILLE, IND.

MAIL TO: CVEA, BOX 487
VALDEZ, ALASKA 99686

26-00-330

Reliever bill
to Rich also

Please send this
copy back to Rich Guthrie
Legis. Finance

Original sponsor: Rules Committee by
request of the Governor

Offered: 2/11/72
Referred: Rules

1 ~~SENATE~~ IN THE HOUSE ~~HOUSE~~ BY THE FINANCE COMMITTEE
2 ~~SENATE~~ ^{CS} ~~COMM SUBS~~ FOR CS FOR HOUSE BILL NO. 522

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 SEVENTH LEGISLATURE - SECOND SESSION

5 A BILL

6 For an Act entitled: "An Act appropriating for miscellaneous claims; and
7 providing for an effective date."

8 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9 * Section 1. The sum of \$238.74 is appropriated from the general fund to
10 the Department of Fish and Game for unpaid bills due various claimants.

11 * Sec. 2. The sum of \$44.30 is appropriated from the general fund to the
12 Department of Commerce for a bill due Glacier State Telephone Company.

13 * Sec. 3. The sum of ~~\$1,461.20~~ ^{\$2,071.13} is appropriated from the general fund to
14 the Department of Revenue for reissue of stale date warrants.

15 * Sec. 4. The sum of \$17,814 is appropriated from the general fund to
16 the Department of Law in settlement of the case of Jack Lee v. State of
17 Alaska and Tilden D. Luchs v. Andrew Michael Paukan and State of Alaska.

* Sec. 5. The sum of \$10,911.06
is appropriated from the general
fund to the Department of Health
and Social Services for unpaid bills
due various claimants.

* Sec. 6. The sum of \$1,125~~00~~ is
appropriated from the general fund to
the Department of Education for an unpaid bill
~~bill for~~ ~~leased classroom space at the Bradford~~
~~River State School. Due Sykes Logging~~
Company for leased classroom space at Bradford
River State School.

* Sec. 7. The sum of \$304~~00~~ is
appropriated from the general fund

to the Alaska Court System for
~~an~~ unpaid ^{autopsy} bills due the Fairbanks
Medical and Surgical Clinic.

* Sec. 8. This Act takes effect on the
day after its passage ~~and~~ and
approval or on the day it becomes
law without approval.



RECORDS CERTIFICATION



I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James Smith
Signature of Camera Operator

4/4/89
Date

Committee Report

HOUSE OF REPRESENTATIVES

3/14/72

3/13/72

Date

Mr. Speaker

The Committee on FINANCE has had HB 523

under consideration. A majority of the members of the Committee

- recommends it do pass
- recommends it do not pass
- recommends it do pass with attached amendment(s)
- recommends it be replaced with CS for _____ and that
CS for _____ do pass
- (and) recommends it be referred to the _____
committee
- reports it back without recommendation
- (other) _____

MEMBERS SIGNING THE MAJORITY REPORT:

<u>[Signature]</u>	_____	_____
<u>[Signature]</u>	_____	_____
<u>[Signature]</u>	_____	_____
<u>[Signature]</u>	_____	<u>[Signature]</u>

MEMBERS NOT CONCURRING IN THE MAJORITY REPORT:

_____ recommends:

_____ recommends:

_____ recommends:

_____ recommends:

_____ recommends:

[Signature]
CHAIRMAN

Introduced: 1/14/72
Referred: Commerce and
Finance

1 IN THE HOUSE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

2

HOUSE BILL NO. 523

3

IN THE LEGISLATURE OF THE STATE OF ALASKA

4

SEVENTH LEGISLATURE - SECOND SESSION

5

A BILL

6

For an Act entitled: "An Act appropriating to the small business revolving

7

loan fund; and providing for an effective date."

8

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF ALASKA:

9

* Section 1. The sum of \$135,400 is appropriated from the general fund
10 to the small business revolving loan fund established in AS 45.95.060.

11

* Sec. 2. This Act takes effect on the day after its passage and
12 approval or on the day it becomes law without approval.

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implement.
SLA 21
Ch 109

STATE OF ALASKA
Dept. of Administration
Budget & Management Div.

STATEMENT OF PROGRAM

For the Fiscal Year Ending June 30, 1972

		CODE
AGENCY	COMMERCE	08
OPERATING PROGRAM	Business Loans	4
ACTIVITY		0
FUNCTION		0

DEFINITION STATEMENT:

STATUTORY BASIS:

AS 45.95.010

DEFINITION:

The Alaska State Legislature created the Small Business Revolving Loan Fund within the Department of Commerce, to aid small businesses within the State, by providing financial assistance. Enactment of Chapter 109 SLA 1971 enabled these Small Businesses to acquire, finance or refinance, or equip businesses, including mining and fisheries, but not including farming.

Loans acquired through this program shall be secured by acceptable collateral and may not exceed 75 per cent of appraised value of the collateral offered as security. The rate of interest may not exceed eight per cent a year on the unpaid balance. Maximum loan limit is \$60,000.00.

OBJECTIVES:

To provide funds to established businesses for purposes of expansion and development and in some cases existence.

STATE OF ALASKA
Dept. of Administration
Budget & Management Div.

STATEMENT OF PROGRAM

For the Fiscal Year Ending June 30, 1972

		CODE
AGENCY	COMMERCE	08
OPERATING PROGRAM	Business Loans	4
ACTIVITY		0
FUNCTION		0

ANALYTIC STATEMENT:

It is recognized that within the State of Alaska there exists severe unemployment and that the loss of any business is detrimental to the establishment of a stable economic base, and that the preservation of existing business firms is of utmost importance. It is further recognized that the creation of new jobs within existing firms and maintaining present employment opportunities is of prime concern to the small business loans to acquire, finance or refinance, or equip businesses, including mining and fishing, but not including farming.

Loans acquired through this program shall be secured by acceptable collateral and may not exceed 75 per cent of appraised value of the collateral offered as security. The rate of interest may not exceed eight per cent a year on the unpaid balance. Maximum loan limit is \$60,000.00.

The Small Business Loan Section if implemented in FY '72 through supplemental appropriation and assuming implementation became effective January 1, 1972 would consist of a Loan Examiner II, Clerk-Typist III and a Clerk IV. The Loan Examiner II is responsible for this section. He also interviews applicants, evaluates credits and recommends action, makes appraisals, etc. The Clerk-Typist III performs general secretarial duties and other related work as required. The Clerk IV will perform the most difficult and complex duties requiring extensive knowledge of a specialized subject area such as recording and filing of security documents, title searches, close loans, etc.

September

LOAN COMPARISONS

5/24/70 9/1/70

5/24/71 -- 9/1/71

1970

1971

Loans Approved Period	Region	Number of Loans	Home	Business	Personal	Dollar Amount
May	Juneau	0	0	0	0	0
	Anch.	0	0	0	0	0
	Fair.	0	0	0	0	0
SUB-TOTAL		0	0	0	0	0
June	Juneau	0	0	0	0	0
	Anch.	2	(1) 25,000	(1) 25,000	0	50,000
	Fair.	1	(1) 11,000	0	0	11,000
SUB-TOTAL		3	36,000	25,000	0	61,000
July	Juneau	3	(3) 62,700	0	0	62,700
	Anch.	5	(2) 72,700	(1) 23,000	(1) 5,000	100,700
	Fair.	4	(4) 95,000	0	0	95,000
SUB-TOTAL		12	232,930	23,000	5,000	259,030
August	Juneau	6	(5) 122,000	(1) 25,000	0	147,000
	Anch.	12	(11) 249,500	(1) 25,000	0	273,500
	Fair.	6	(5) 113,500	(1) 25,000	0	138,500
SUB-TOTAL		24	484,000	75,000	0	559,000
September	Juneau	0	0	0	0	0
	Anch.	0	0	0	0	0
	Fair.	0	0	0	0	0
SUB-TOTAL		0	0	0	0	0
TOTAL		39	752,060	123,000	5,000	880,060

Loans Approved Period	Region	Number of Loans	Home	Business	Personal	Dollar Amount
May	Juneau	0	0	0	0	0
	Anch.	0	0	0	0	0
	Fair.	0	0	0	0	0
SUB-TOTAL		0	0	0	0	0
June	Juneau	6	(6) 169,000	0	0	169,000
	Anch.	2	(4) 94,000	(4) 118,000	0	212,000
	Fair.	1	(1) 25,000	0	0	25,000
SUB-TOTAL		15	287,000	118,000	0	405,000
July	Juneau	10	(10) 287,700	0	0	287,700
	Anch.	14	(12) 304,200	0	(1) 5,000	309,200
	Fair.	8	(6) 100,500	(2) 102,025	0	202,525
SUB-TOTAL		32	752,400	102,025	5,000	860,425
August	Juneau	8	(5) 123,000	(3) 54,200	0	177,200
	Anch.	15	(14) 422,000	(1) 60,000	0	482,000
	Fair.	4	(3) 91,000	0	(1) 5,000	93,000
SUB-TOTAL		27	636,000	154,200	5,000	795,200
September	Juneau	3	(1) 40,000	(2) 114,000	0	154,000
	Anch.	2	(1) 20,000	(1) 42,750	0	62,750
	Fair.	2	(2) 41,000	0	0	41,000
SUB-TOTAL		7	101,000	156,750	0	257,750
TOTAL		61	1,781,700	537,775	10,000	2,329,475

Note: Numerical comparison increase - 108%

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

BUDGET AMENDMENT
 COST ANALYSIS SUMMARY

For the Fiscal Year Ending June 30, 197²

AGENCY	COMMERCE	CODE	08
OPERATING PROGRAM	Business Loans		4
ACTIVITY			0
FUNCTION			0

CODE	EXPENDITURE BY OBJECT	PRESENT AUTHORIZATION	REVISION INCREASE, (DECREASE)	AMENDED AUTHORIZATION
100	PERSONAL SERVICES	-0-	18,300	18,300
200	TRAVEL		3,600	3,600
300	CONTRACTUAL SERVICES		4,000	4,000
400	COMMODITIES		1,200	1,200
500	EQUIPMENT		3,300	3,300
600	LANDS, BUILDINGS, NON-STRUCTURAL IMPROVEMENTS			
700	GRANTS, CLAIMS, SHARED REVENUE			
800	MISCELLANEOUS			
900	INTER-AGENCY CHARGES		300	300
	TOTAL	-0-	30,700	30,700
	SOURCE OF FUNDS			
	FEDERAL RECEIPTS See 02-15			
	PROGRAM RECEIPTS See 02-15			
	INTER-AGENCY RECEIPTS See 02-15			
	SPECIAL FUND			
	SPECIAL FUND RESERVE ACCOUNT			
	UNRESTRICTED GENERAL FUND RECEIPTS	-0-	30,700	30,700
	TOTAL			
	PERMANENT FULL-TIME POSITIONS		3	3
	PERMANENT PART-TIME POSITIONS			
	TEMPORARY (FULL-TIME EQUIVALENTS)			
	NUMBER OF MAN MONTHS		18	18

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

BUDGET AMENDMENT
 100, PERSONAL SERVICES - NEW

AGENCY	COMMERCE	CODE	08
OPERATING PROGRAM	Business Loans		4
ACTIVITY			0
FUNCTION			0

New Program (Juneau) For the Fiscal Year Ending June 30, 197 2

CLASSIFICATION TITLE (1)	PRIORITY (2)	PCN (3)	PAY RGE (4)	MTHLY. SALARY (5)	BUDGE- TARY USE (6)	TOTAL POSITION COST (7)	REVISION INCREASE, (DECREASE)			PRESENT AUTHORIZATION			AMENDED AUTHORIZATION		
							NO. POS. (8)	NO. MO. (9)	ANNUAL AMOUNT (10)	NO. POS. (11)	NO. MO. (12)	ANNUAL AMOUNT (13)	NO. POS. (14)	NO. MO. (15)	ANNUAL AMOUNT (16)
1 Loan Examiner II	1		19A	1362		17,401	1	6	8172	0	0	0	1	6	8,172
2 Clerk-Typist III	1		8A	606		6,834	1	6	3636				1	6	3,636
3 Clerk IV	1		9A	652		6,557	1	6	3912				1	6	3,912
4															
5															
6															
7															
8															
9															
10															
11															
12 Sub-Total									15,720						15,720
13 Employees Benefits @ 17%									2,672						2,672
14															
15 Vacancy & Turnover									(92)						(92)
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
PERMANENT - Full-Time Positions							3						3		
PERMANENT - Part-Time Positions															
TEMPORARY - (Full-Time Equivalent)															
NUMBER OF MAN MONTHS								18						18	
TOTAL ANNUAL AMOUNT									18,300			-0-			18,300

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

REQUEST FOR NEW POSITION

For the Fiscal Year Ending June 30, 1972

PROPOSED POSITION TITLE Loan Examiner II RANGE 19 LOCATION Juneau
 TYPE OF POSITION Permanent - Full time REFERENCE: 02-138, LINE 1

AGENCY OPERATING PROGRAM	COMMERCE Business Loans	08 4
ACTIVITY		0
FUNCTION		0

CODE (1)	EXPENDITURE BY OBJECT (2)	EXPENDITURES (3)	DETAIL OF RELATED EXPENSES (4)	APPROVED CLASSIFICATION	CLASS CODE	RANGE	APPROVED BY	EFFECTIVE DATE	LOCATION	PCN
100	PERSONAL SERVICES	\$9,561	\$8,172 plus benefits 1,389	\$200						
200	TRAVEL	3,600	travel: in-state							
300	CONTRACTUAL SERVICES	2,640	Comm. \$900, printing \$200, rent \$240, repair equip. \$100, transportation things \$1000, other							
400	COMMODITIES	300	professional supplies \$200, office \$100							
500	EQUIPMENT	1,300	desk \$200, exec. chair \$100, costumer \$40, storage cabinet \$90, calculator \$600, side chair \$40, file cabinet \$130, bookcase \$100							
TOTAL		\$17,401								
<p>NARRATIVE JUSTIFICATION:</p> <p>The Loan Examiner will be required to travel in order to make appraisals, close loans and contact delinquent accounts, interview applicants for loans, advise them of eligibility, types of loans available and types and amounts of security required. Make appraisals of collateral offered, inspects buildings under construction and projects underway to assure proposed schedule is being met. Compiles and reviews application information and recommends acceptance or denial of the loan. Review controlled accounts, countersigns checks for controlled accounts, review invoices submitted for accuracy and compare them with previously submitted estimates. Under Department guidelines, recommends foreclosures to the Loan Committee, arrange for management and disposition of repossessed property, advertise for public sale and auction of such property.</p>										
<p>CERTIFICATION BY DEPARTMENT HEAD</p> <p><i>Wm. W. Farrow</i></p>								<p>DATE</p> <p>11/20/71</p>		

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

REQUEST FOR NEW POSITION

For the Fiscal Year Ending June 30, 1972

PROPOSED POSITION TITLE Clerk-Typist III RANGE 8 LOCATION Juneau
 TYPE OF POSITION Permanent full-time REFERENCE: 02-13B, LINE 2

AGENCY	COMMERCE	CODE	08
OPERATING PROGRAM	Business Loans		4
ACTIVITY			0
FUNCTION			0

CODE (1)	EXPENDITURE BY OBJECT (2)	EXPENDITURES (3)	DETAIL OF RELATED EXPENSES (4)
100	PERSONAL SERVICES	\$4,254	\$3,636 plus benefits \$618
200	TRAVEL	-0-	
300	CONTRACTUAL SERVICES	680	communications \$250, printing \$100, rent \$230, repair services \$50, other \$50
400	COMMODITIES	600	professional supplies \$100, office supplies \$400, other \$100
500	EQUIPMENT	1,000	desk \$230, typist chair \$50, side chair \$40, 5/drawer file cabinet \$130, typewriter \$440
900	Central Duplicating	300	
	TOTAL	\$6,834	

NARRATIVE JUSTIFICATION:

The Clerk-Typist III under general supervision will function as a fully qualified working level clerical support to the Loan Examiner II, who will be the head of this section carrying out a major program; and will perform general secretarial duties and other related work as required.

CERTIFICATION BY DEPARTMENT HEAD	DATE
<i>Herbert C. Kadow</i>	11/17/71

APPROVED CLASSIFICATION	
CLASS CODE	
RANGE	
APPROVED BY	
EFFECTIVE DATE	
LOCATION	
PCN	

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

REQUEST FOR NEW POSITION

For the Fiscal Year Ending June 30, 1972

PROPOSED POSITION TITLE Clerk IV RANGE 9 LOCATION Juneau
 TYPE OF POSITION Permanent full time REFERENCE: 02-13B, LINE 3

AGENCY	COMMERCE	08
OPERATING PROGRAM	Business Loans	4
ACTIVITY		0
FUNCTION		0

CODE (1)	EXPENDITURE BY OBJECT (2)	EXPENDITURES (3)	DETAIL OF RELATED EXPENSES (4)
100	PERSONAL SERVICES	\$4,577	\$3,912 plus benefits \$665
200	TRAVEL	-0-	
300	CONTRACTUAL SERVICES	680	Communications \$250, printing \$100, rent \$230, repair equipment \$50, other \$50
400	COMMODITIES	300	Professional supplies \$100, office \$100, other \$100
500	EQUIPMENT	1,000	desk \$230, typist chair \$50, side chair \$40, file cabinet \$130, typewriter \$550
TOTAL		\$6,557	

NARRATIVE JUSTIFICATION:

The Clerk IV will perform the most difficult and complex clerical duties requiring extensive knowledge of a specialized subject area; such as the recording and filing of security documents, run property title searches, close loans, etc.

CERTIFICATION BY DEPARTMENT HEAD	DATE
<i>Heiner W. Kados</i>	10/17/71

APPROVED CLASSIFICATION
 CLASS CODE
 RANGE
 APPROVED BY
 EFFECTIVE DATE
 LOCATION
 PCN

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

BUDGET AMENDMENT
 200, TRAVEL

AGENCY	COMMERCE	CODE	08
OPERATING PROGRAM	Business Loans		4
ACTIVITY			0
FUNCTION			0

For the Fiscal Year Ending June 30, 197 2

CODE (1)	TRAVEL CLASSIFICATION (2)	PRESENT AUTHORIZATION (3)	REVISION INCREASE, (DECREASE) (4)	AMENDED AUTHORIZATION (5)
210	TRANSPORTATION COSTS WITHIN ALASKA	-0-	1,800	1,800
220	PER DIEM & OTHER COSTS WITHIN ALASKA		1,800	1,800
230	TRANSPORTATION COSTS OUTSIDE ALASKA			
240	PER DIEM COSTS OUTSIDE ALASKA			
TOTAL		-0-	3,600	3,600

ANALYSIS OF REQUESTED TRAVEL

PURPOSE	LOCATION	DATE	EMPLOYEE TRAVELLING	NO. DAYS	COST	
					TRANS.	PER DIEM
Contact individuals state-wide for Business Loans	Various - in state	unknown	Loan Examiner II	60	1,800	1,800
EXPLANATION: The program supervisor will be required to travel throughout the State from time to time contacting individuals and businesses for possible Small Business Loan assistance. It will also be his responsibility to verify the character, capabilities and capacities of the Small Business Loan applicants.						
60 days per diem - \$1,800 2-5 days RT/month - 1,800 \$3,600						

STATE OF ALASKA
Dept. of Administration

BUDGET AMENDMENT
300, CONTRACTUAL SERVICES

AGENCY	COMMERCE	CODE
OPERATING PROGRAM	Business Loans	08
		4
ACTIVITY		0
FUNCTION		0

For the Fiscal Year ending June 30, 197_2

CODE (1)	CONTRACTUAL SERVICES CLASSIFICATION (2)	PRESENT AUTHORIZATION (3)	REVISION INCREASE, (DECREASE) (4)	AMENDED AUTHORIZATION (5)
310	COMMUNICATIONS	-0-	1,400	1,400
320	PRINTING AND ADVERTISING		400	400
330	RENTS AND UTILITIES		700	700
340	REPAIRS, SERVICES AND ALTERATIONS		200	200
350	TRANSPORTATION OF THINGS		1,000	1,000
360	EQUIPMENT RENTAL		100	100
370	INSURANCE AND BONDING			
380	PROFESSIONAL FEES AND SERVICES			
390	OTHER CONTRACTUAL SERVICES		200	200
	TOTAL	-0-	4,000	4,000

EXPENDITURE REQUEST -
NARRATIVE ANALYSIS

- 310 - Telephone Service & Tolls \$1,000; postage \$400
- 320 - Printing of various forms and reports \$400
- 330 - Rental of space 300 sq. ft. @ 40 cents x 6 months = \$700 (rounded) Goldstein Building
- 340 - Repair Services - office and equipment
- 350 - Transportation new hire
- 360 - Rental of Equipment
- 390 - Subscriptions to newspaper and other necessary publications

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

BUDGET AMENDMENT
 400, COMMODITIES

AGENCY	COMMERCE	CODE	08
OPERATING PROGRAM	Business Loans		4
ACTIVITY			0
FUNCTION			0

For the Fiscal Year Ending June 30, 1972

CODE (1)	COMMODITY CLASSIFICATION (2)	PRESENT AUTHORIZATION (3)	REVISION INCREASE, (DECREASE) (4)	AMENDED AUTHORIZATION (5)
410	CLOTHING	-0-		
420	FOOD FOR HUMAN CONSUMPTION			
440	FUEL (OTHER THAN FOR MOTOR VEHICLES)			
450	MAINTENANCE & CONSTRUCTION MATERIALS			
460	MOTOR VEH. PARTS, SUPPLIES & ACCESSORIES			
470	PROFESSIONAL & SCIENTIFIC SUPPLIES		400	400
480	STATIONARY AND OFFICE SUPPLIES		600	600
490	OTHER SUPPLIES, MATERIALS AND PARTS		200	200
	TOTAL	-0-	1,200	1,200

EXPENDITURE REQUEST -
 NARRATIVE ANALYSIS

- 470 - Purchase of necessary professional supplies
- 480 - Purchase of necessary office supplies
- 490 - Purchase of other miscellaneous supplies

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

BUDGET AMENDMENT
 500, EQUIPMENT

For the Fiscal Year Ending June 30, 197 2

AGENCY	COMMERCE	CODE	08
OPERATING PROGRAM	Business Loans		4
ACTIVITY			0
FUNCTION			0

CODE (1)	EQUIPMENT CLASSIFICATION (2)	PRESENT AUTHORIZATION (3)	REVISION INCREASE, (DECREASE) (4)	AMENDED AUTHORIZATION (5)
510	VEHICLES, BOATS, AIRPLANES	-0-		
520	OFFICE FURNITURE AND EQUIPMENT		3,300	3,300
530	EQUIPMENT PECULIAR TO THE PROGRAM			
560	SHOP AND MAINTENANCE EQUIPMENT			
590	OTHER EQUIPMENT			
	TOTAL	-0-	3,300	3,300

ANALYSIS OF EQUIPMENT REQUEST

ITEM NO.	DESCRIPTION OF REQUEST	EQUIP. CODE	NO. OF UNITS	UNIT COST	TOTAL COST
	<u>New Positions:</u>				
1	(1) Executive Desk @ \$200 (2) typist desks @\$230	520	3	220	660
2	(1) Executive Chair @ \$100 (2) typist chairs @\$50	520	3	66	200
3	(1) Costumer	520	1	40	40
4	(1) Storage Cabinet	520	1	90	90
5	(1) Bookcase	520	1	100	100
6	(1) Calculator	520	1	600	600
7	(6) Side Chairs	520	6	20	120
8	(3) File Cabinets 5/drawer W/L	520	3	130	390
9	(2) Typewriter	520	2	550	1,100
	Total				3,300

28

FY 73

		code	
AGENCY	CATEGORY	111	DEVELOPMENT
<i>COMMERCIAL</i>	PROGRAM	19	ECONOMIC DEV.
DIVISION	SUB-PROGRAM	6	SMALL BUSINESS LOAN
	ELEMENT		
	SUB-ELEMENT		

EXPLANATION:

120.0 CAPITALIZATION OF THE SMALL BUSINESS LOAN FUND

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

BUDGET AMENDMENT
 900, INTER-AGENCY CHARGES

For the Fiscal Year Ending June 30, 197 2

AGENCY	COMMERCE	08
OPERATING PROGRAM	Business Loans	4
ACTIVITY		0
FUNCTION		0

CODE (1)	EXPENDITURE CLASSIFICATION (2)	PRESENT AUTHORIZATION (3)	REVISION INCREASE, (DECREASE) (4)	AMENDED AUTHORIZATION (5)
900	INTER-AGENCY CHARGES			
930	Central Duplicating	-0-	300	300

EXPENDITURE REQUEST -
 NARRATIVE ANALYSIS

930 - Central Duplicating Services, duplicating forms and reports.



RECORDS CERTIFICATION



I, the undersigned, an employee of the State of Alaska, do hereby certify that the microfilm images on this microform are accurate reproductions of the original records of the State of Alaska as accumulated during the regular course of business, and that it is the established policy and practice of this State to microfilm its records and to dispose of the original records after microfilm reproductions have been made.

James D. Smith
Signature of Camera Operator

4/4/89
Date

Committee Report

S E N A T E

4/21

H-24-72

Date

Mr. President:

The Committee on Finance has had HR 521
(Small Business Loan Fund appropriation)
under consideration. A majority of the members of the Committee

- recommends it do pass
- recommends it do not pass
- recommends it do pass with attached amendment(s)
- recommends it be replaced with CS for _____ and that
CS for _____ do pass
- (and) recommends it be referred to the _____
committee
- reports it back without recommendation
- (other) _____

MEMBERS SIGNING THE MAJORITY REPORT:

[Handwritten signatures]

MEMBERS NOT CONCURRING IN THE MAJORITY REPORT:

_____ recommends:
_____ recommends:
_____ recommends:
_____ recommends:
_____ recommends:

[Handwritten signature]
CHAIRMAN

MEMORANDUM

State of Alaska # 72-515

DEPARTMENT OF COMMERCE

PHONE: 586-2745

STAFF COPY

TO: The Honorable Joseph R. Henri
Commissioner
Department of Administration

DATE: November 16, 1971

ATTN: Myrton R. Charney
Director
Division of Budget &
Management

SUBJECT: Supplemental Appropriation

FROM: Kenneth W. Kadow
Commissioner

Enclosed find an original and three copies of the Department of Commerce's Budget Request for a Supplemental Appropriation.

1. Veterans' Affairs Revolving Loan Fund:

Request for an additional \$59,900; the current appropriation is \$264,300 - therefore, the amended appropriation will be \$324,200. This will fund the following positions:

	Budget Request Months	Effective Date
<u>Juneau General Office:</u>		
Administrative Officer I	6	January 1, 1972
Collection Officer	6	January 1, 1972
Accounting Clerk III	6	January 1, 1972
<u>Juneau Regional Office:</u>		
Loan Examiner I	3	April 1, 1972
<u>Fairbanks Regional Office:</u>		
Loan Examiner I	3	April 1, 1972
<u>Anchorage Regional Office:</u>		
Clerk Typist III	6	January 1, 1972
Loan Examiner I	3	April 1, 1972

RECEIVED

NOV 17 1971

BUDGET & MANAGEMENT

Due to the increase in the number of loans in this program, it is highly recommended this request of supplemental funds be approved. (See analytic statement for justification of this request.)

2. Small Business Loans:

HB 523

AS 45.95.010 created the Small Business Revolving Loan Fund. Enactment of Chapter 109, SLA 1971, will enable small businesses to borrow funds in order to acquire, finance, refinance or equip businesses, including mining and fisheries but not including farming. (See analytic statement for justification of this

November 16, 1971.

program.) The past Legislature did not appropriate the necessary funds for implementation of this program. Therefore, it is necessary to request this supplemental appropriation of \$30,700 which will provide for a Loan Examiner II, Clerk Typist III and a Clerk IV with the recommendation this office be established in Juneau with an effective date of January 1, 1972.

Enclosures



STATE OF ALASKA
Dept. of Administration
Budget & Management Div.

STATEMENT OF PROGRAM

For the Fiscal Year Ending June 30, 1972

		CODE
AGENCY	COMMERCE	08
OPERATING PROGRAM	Business Loans	4
ACTIVITY		0
FUNCTION		0

DEFINITION STATEMENT:

STATUTORY BASIS:

AS 45.95.010

DEFINITION:

The Alaska State Legislature created the Small Business Revolving Loan Fund within the Department of Commerce, to aid small businesses within the State, by providing financial assistance. Enactment of Chapter 109 SLA 1971 enabled these Small Businesses to acquire, finance or refinance, or equip businesses, including mining and fisheries, but not including farming.

Loans acquired through this program shall be secured by acceptable collateral and may not exceed 75 per cent of appraised value of the collateral offered as security. The rate of interest may not exceed eight per cent a year on the unpaid balance. Maximum loan limit is \$60,000.00.

OBJECTIVES:

To provide funds to established businesses for purposes of expansion and development and in some cases existence.

STATE OF ALASKA
Dept. of Administration
Budget & Management Div.

STATEMENT OF PROGRAM

For the Fiscal Year Ending June 30, 1972

		CODE
AGENCY	COMMERCE	08
OPERATING PROGRAM	Business Loans	4
ACTIVITY		0
FUNCTION		0

ANALYTIC STATEMENT:

It is recognized that within the State of Alaska there exists severe unemployment and that the loss of any business is detrimental to the establishment of a stable economic base, and that the preservation of existing business firms is of utmost importance. It is further recognized that the creation of new jobs within existing firms and maintaining present employment opportunities is of prime concern to the small business loans to acquire, finance or refinance, or equip businesses, including mining and fishing, but not including farming.

Loans acquired through this program shall be secured by acceptable collateral and may not exceed 75 per cent of appraised value of the collateral offered as security. The rate of interest may not exceed eight per cent a year on the unpaid balance. Maximum loan limit is \$60,000.00.

The Small Business Loan Section if implemented in FY '72 through supplemental appropriation and assuming implementation became effective January 1, 1972 would consist of a Loan Examiner II, Clerk-Typist III and a Clerk IV. The Loan Examiner II is responsible for this section. He also interviews applicants, evaluates credits and recommends action, makes appraisals, etc. The Clerk-Typist III performs general secretarial duties and other related work as required. The Clerk IV will perform the most difficult and complex duties requiring extensive knowledge of a specialized subject area such as recording and filing of security documents, title searches, close loans, etc.

September

LOAN COMPARISONS

5/24/70 9/1/70

5/24/71 - 9/1/71

1970

1971

Loans Approved Period	Region	Number of Loans	Home	Business	Personal	Dollar Amount
May	Juneau	0	0	0	0	0
	Anch.	0	0	0	0	0
	Fair.	0	0	0	0	0
SUB-TOTAL		0	0	0	0	0
June	Juneau	0	0	0	0	0
	Anch.	2	(1) 25,000	(1) 25,000	0	50,000
	Fair.	1	(1) 11,000	0	0	11,000
SUB-TOTAL		3	36,000	25,000	0	61,000
July	Juneau	3	(3) 62,700	0	0	62,700
	Anch.	5	(3) 72,700	(1) 23,000	(1) 5,000	100,700
	Fair.	4	(4) 93,000	0	0	93,000
SUB-TOTAL		12	232,000	23,000	5,000	260,000
August	Juneau	6	(5) 122,000	(1) 25,000	0	147,000
	Anch.	12	(11) 240,000	(1) 25,000	0	272,000
	Fair.	6	(5) 113,500	(1) 25,000	0	138,500
SUB-TOTAL		24	434,000	75,000	0	559,000
September	Juneau	0	0	0	0	0
	Anch.	0	0	0	0	0
	Fair.	0	0	0	0	0
SUB-TOTAL		0	0	0	0	0
TOTAL		39	752,000	123,000	5,000	830,000

Loans Approved Period	Region	Number of Loans	Home	Business	Personal	Dollar Amount
May	Juneau	0	0	0	0	0
	Anch.	0	0	0	0	0
	Fair.	0	0	0	0	0
SUB-TOTAL		0	0	0	0	0
June	Juneau	6	(6) 163,000	0	0	163,000
	Anch.	2	(4) 94,000	(4) 118,000	0	212,000
	Fair.	1	(1) 25,000	0	0	25,000
SUB-TOTAL		15	287,000	118,000	0	403,000
July	Juneau	10	(10) 287,700	0	0	287,700
	Anch.	14	(12) 364,200	0	(1) 5,000	369,200
	Fair.	8	(6) 180,100	(2) 102,025	0	282,125
SUB-TOTAL		32	752,400	102,025	5,000	860,425
August	Juneau	8	(5) 123,000	(3) 94,200	0	217,200
	Anch.	15	(14) 422,000	(1) 60,000	0	482,000
	Fair.	4	(2) 94,000	0	(1) 5,000	92,000
SUB-TOTAL		27	639,000	154,200	5,000	798,100
September	Juneau	3	(1) 40,000	(2) 114,000	0	154,000
	Anch.	2	(1) 20,000	(1) 48,750	0	68,750
	Fair.	2	(2) 41,000	0	0	41,000
SUB-TOTAL		7	101,000	162,750	0	263,750
TOTAL		81	1,781,700	537,775	10,000	2,329,475

Note: Numerical comparison increase - 103%

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

BUDGET AMENDMENT
 COST ANALYSIS SUMMARY

For the Fiscal Year Ending June 30, 197²

AGENCY	COMMERCE	CODE	08
OPERATING PROGRAM	Business Loans		4
ACTIVITY			0
FUNCTION			0

CODE	EXPENDITURE BY OBJECT	PRESENT AUTHORIZATION	REVISION INCREASE, (DECREASE)	AMENDED AUTHORIZATION
100	PERSONAL SERVICES	-0-	18,300	18,300
200	TRAVEL		3,600	3,600
300	CONTRACTUAL SERVICES		4,000	4,000
400	COMMODITIES		1,200	1,200
500	EQUIPMENT		3,300	3,300
600	LANDS, BUILDINGS, NON-STRUCTURAL IMPROVEMENTS			
700	GRANTS, CLAIMS, SHARED REVENUE			
800	MISCELLANEOUS			
900	INTER-AGENCY CHARGES		300	300
	TOTAL	-0-	30,700	30,700
	SOURCE OF FUNDS			
	FEDERAL RECEIPTS See 02-15			
	PROGRAM RECEIPTS See 02-15			
	INTER-AGENCY RECEIPTS See 02-15			
	SPECIAL FUND			
	SPECIAL FUND RESERVE ACCOUNT			
	UNRESTRICTED GENERAL FUND RECEIPTS	-0-	30,700	30,700
	TOTAL			
	PERMANENT FULL-TIME POSITIONS		3	3
	PERMANENT PART-TIME POSITIONS			
	TEMPORARY (FULL-TIME EQUIVALENTS)			
	NUMBER OF MAN MONTHS		18	18

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

BUDGET AMENDMENT
 100, PERSONAL SERVICES - NEW

AGENCY	COMMERCE	CODE	08
OPERATING PROGRAM	Business Loans		4
ACTIVITY			0
FUNCTION			0

New Program (Juneau) For the Fiscal Year Ending June 30, 197 2

CLASSIFICATION TITLE (1)	PRIORITY (2)	PCN (3)	PAY RGE (4)	MTHLY. SALARY (5)	BUDGETARY USE (6)	TOTAL POSITION COST (7)	REVISION INCREASE, (DECREASE)			PRESENT AUTHORIZATION			AMENDED AUTHORIZATION		
							NO. POS. (8)	NO. MO. (9)	ANNUAL AMOUNT (10)	NO. POS. (11)	NO. MO. (12)	ANNUAL AMOUNT (13)	NO. POS. (14)	NO. MO. (15)	ANNUAL AMOUNT (16)
1 Loan Examiner II	1		19A	1362		17,401	1	6	8172	0	0	0	1	6	8,172
2 Clerk-Typist III	1		8A	606		6,834	1	6	3636				1	6	3,636
3 Clerk IV	1		9A	652		6,557	1	6	3912				1	6	3,912
4															
5															
6															
7															
8															
9															
10															
11															
12 Sub-Total									15,720						15,720
13 Employees Benefits @ 17%									2,672						2,672
14															
15 Vacancy & Turnover									(92)						(92)
16															
17															
18															
19															
20															
21															
22															
23															
24															
25															
PERMANENT - Full-Time Positions							3						3		
PERMANENT - Part-Time Positions															
TEMPORARY - (Full-Time Equivalent)															
NUMBER OF MAN MONTHS								18						18	
TOTAL ANNUAL AMOUNT									18,300			-0-			18,300

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

REQUEST FOR NEW POSITION

For the Fiscal Year Ending June 30, 1972

PROPOSED POSITION TITLE Loan Examiner II RANGE 19 LOCATION Juneau
 TYPE OF POSITION Permanent - Full time REFERENCE: 02-13B, LINE 1

AGENCY	COMMERCE	CODE	08
OPERATING PROGRAM	Business Loans		4
ACTIVITY			0
FUNCTION			0

CODE (1)	EXPENDITURE BY OBJECT (2)	EXPENDITURES (3)	DETAIL OF RELATED EXPENSES (4)	APPROVED CLASSIFICATION	CLASS CODE	RANGE	APPROVED BY	EFFECTIVE DATE	LOCATION	PCN
100	PERSONAL SERVICES	\$9,561	\$8,172 plus benefits 1,389	\$200						
200	TRAVEL	3,600	travel: in-state							
300	CONTRACTUAL SERVICES	2,640	Comm. \$900, printing \$200, rent \$240, repair equip. \$100, transportation things \$1000, other professional supplies \$200, office \$100							
400	COMMODITIES	300								
500	EQUIPMENT	1,300	desk \$200, exec. chair \$100, costumer \$40, storage cabinet \$90, calculator \$600, side chair \$40, file cabinet \$130, bookcase \$100							
	TOTAL	\$17,401								
<p>NARRATIVE JUSTIFICATION:</p> <p>The Loan Examiner will be required to travel in order to make appraisals, close loans and contact delinquent accounts, interview applicants for loans, advise them of eligibility, types of loans available and types and amounts of security required. Make appraisals of collateral offered, inspects buildings under construction and projects underway to assure proposed schedule is being met. Compiles and reviews application information and recommends acceptance or denial of the loan. Review controlled accounts, countersigns checks for controlled accounts, review invoices submitted for accuracy and compare them with previously submitted estimates. Under Department guidelines, recommends foreclosures to the Loan Committee, arrange for management and disposition of repossessed property, advertise for public sale and auction of such property.</p>										
								CERTIFICATION BY DEPARTMENT HEAD <i>[Signature]</i>		DATE 11/17/71

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

REQUEST FOR NEW POSITION

For the Fiscal Year Ending June 30, 1972

PROPOSED POSITION TITLE Clerk-Typist III RANGE 8 LOCATION Juneau
 TYPE OF POSITION Permanent full-time REFERENCE: 02-13B, LINE 2

AGENCY	COMMERCE	08
OPERATING PROGRAM	Business Loans	4
ACTIVITY		0
FUNCTION		0

CODE (1)	EXPENDITURE BY OBJECT (2)	EXPENDITURES (3)	DETAIL OF RELATED EXPENSES (4)
100	PERSONAL SERVICES	\$4,254	\$3,636 plus benefits \$618
200	TRAVEL	-0-	
300	CONTRACTUAL SERVICES	680	communications \$250, printing \$100, rent \$230, repair services \$50, other \$50
400	COMMODITIES	600	professional supplies \$100, office supplies \$400, other \$100
500	EQUIPMENT	1,000	desk \$230, typist chair \$50, side chair \$40, 5/drawer file cabinet \$130, typewriter \$440
900	Central Duplicating	300	
	TOTAL	\$6,834	

NARRATIVE JUSTIFICATION:

The Clerk-Typist III under general supervision will function as a fully qualified working level clerical support to the Loan Examiner II, who will be the head of this section carrying out a major program; and will perform general secretarial duties and other related work as required.

CERTIFICATION BY DEPARTMENT HEAD	DATE
<i>Handwritten Signature</i>	11/17/71

APPROVED CLASSIFICATION	
CLASS CODE	
RANGE	
APPROVED BY	
EFFECTIVE DATE	
LOCATION	
PCN	

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

REQUEST FOR NEW POSITION

For the Fiscal Year Ending June 30, 1972

PROPOSED POSITION TITLE Clerk IV RANGE 9 LOCATION Juneau
 TYPE OF POSITION Permanent full time REFERENCE: 02-13B, LINE 3

AGENCY	<u>COMMERCE</u>	CODE	<u>08</u>
OPERATING PROGRAM	<u>Business Loans</u>		<u>4</u>
ACTIVITY			<u>0</u>
FUNCTION			<u>0</u>

CODE (1)	EXPENDITURE BY OBJECT (2)	EXPENDITURES (3)	DETAIL OF RELATED EXPENSES (4)	APPROVED CLASSIFICATION
100	PERSONAL SERVICES	\$4,577	\$3,912 plus benefits \$665	
200	TRAVEL	-0-		
300	CONTRACTUAL SERVICES	680	Communications \$250, printing \$100, rent \$230, repair equipment \$50, other \$50	
400	COMMODITIES	300	Professional supplies \$100, office \$100, other \$100	
500	EQUIPMENT	1,000	desk \$230, typist chair \$50, side chair \$40, file cabinet \$130, typewriter \$550	
TOTAL		\$6,557		

NARRATIVE JUSTIFICATION:

The Clerk IV will perform the most difficult and complex clerical duties requiring extensive knowledge of a specialized subject area; such as the recording and filing of security documents, run property title searches, close loans, etc.

CERTIFICATION BY DEPARTMENT HEAD	DATE	LOCATION	PCN
<i>Theresa A. Kados</i>	<i>10/17/71</i>		

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

BUDGET AMENDMENT
 200, TRAVEL

AGENCY	COMMERCE	CODE	08
OPERATING PROGRAM	Business Loans		4
ACTIVITY			0
FUNCTION			0

For the Fiscal Year Ending June 30, 197 2

CODE (1)	TRAVEL CLASSIFICATION (2)	PRESENT AUTHORIZATION (3)	REVISION INCREASE, (DECREASE) (4)	AMENDED AUTHORIZATION (5)
210	TRANSPORTATION COSTS WITHIN ALASKA	-0-	1,800	1,800
220	PER DIEM & OTHER COSTS WITHIN ALASKA		1,800	1,800
230	TRANSPORTATION COSTS OUTSIDE ALASKA			
240	PER DIEM COSTS OUTSIDE ALASKA			
TOTAL		-0-	3,600	3,600

ANALYSIS OF REQUESTED TRAVEL

PURPOSE	LOCATION	DATE	EMPLOYEE TRAVELLING	NO. DAYS	COST	
					TRANS.	PER DIEM
Contact individuals state-wide for Business Loans	Various - in state	unknown	Loan Examiner II	60	1,800	1,800
<p>EXPLANATION:</p> <p>The program supervisor will be required to travel throughout the State from time to time contacting individuals and businesses for possible Small Business Loan assistance. It will also be his responsibility to verify the character, capabilities and capacities of the Small Business Loan applicants.</p> <p>60 days per diem - \$1,800 2-5 days RT/monthn - <u>1,800</u> \$3,600</p>						

STATE OF ALASKA
Dept. of Administration

BUDGET AMENDMENT
300, CONTRACTUAL SERVICES

AGENCY	COMMERCE	CODE	08
OPERATING PROGRAM	Business Loans		4
ACTIVITY			0
FUNCTION			0

For the Fiscal Year ending June 30, 197_2

CODE (1)	CONTRACTUAL SERVICES CLASSIFICATION (2)	PRESENT AUTHORIZATION (3)	REVISION INCREASE, (DECREASE) (4)	AMENDED AUTHORIZATION (5)
310	COMMUNICATIONS	-0-	1,400	1,400
320	PRINTING AND ADVERTISING		400	400
330	RENTS AND UTILITIES		700	700
340	REPAIRS, SERVICES AND ALTERATIONS		200	200
350	TRANSPORTATION OF THINGS		1,000	1,000
360	EQUIPMENT RENTAL		100	100
370	INSURANCE AND BONDING			
380	PROFESSIONAL FEES AND SERVICES			
390	OTHER CONTRACTUAL SERVICES		200	200
	TOTAL	-0-	4,000	4,000

EXPENDITURE REQUEST -
NARRATIVE ANALYSIS

- 310 - Telephone Service & Tolls \$1,000; postage \$400
- 320 - Printing of various forms and reports \$400
- 330 - Rental of space 300 sq. ft. @ 40 cents x 6 months = \$700 (rounded) Goldstein Building
- 340 - Repair Services - office and equipment
- 350 - Transportation new hire
- 360 - Rental of Equipment
- 390 - Subscriptions to newspaper and other necessary publications

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

BUDGET AMENDMENT
 500, EQUIPMENT

For the Fiscal Year Ending June 30, 197 2

AGENCY	COMMERCE	CODE	08
OPERATING PROGRAM	Business Loans		4
ACTIVITY			0
FUNCTION			0

CODE (1)	EQUIPMENT CLASSIFICATION (2)	PRESENT AUTHORIZATION (3)	REVISION INCREASE, (DECREASE) (4)	AMENDED AUTHORIZATION (5)
510	VEHICLES, BOATS, AIRPLANES	-0-		
520	OFFICE FURNITURE AND EQUIPMENT		3,300	3,300
530	EQUIPMENT PECULIAR TO THE PROGRAM			
560	SHOP AND MAINTENANCE EQUIPMENT			
590	OTHER EQUIPMENT			
TOTAL		-0-	3,300	3,300

ANALYSIS OF EQUIPMENT REQUEST

ITEM NO.	DESCRIPTION OF REQUEST	EQUIP. CODE	NO. OF UNITS	UNIT COST	TOTAL COST
	<u>New Positions:</u>				
1	(1) Executive Desk @ \$200 (2) typist desks @\$230	520	3	220	660
2	(1) Executive Chair @ \$100 (2) typist chairs @\$50	520	3	66	200
3	(1) Costumer	520	1	40	40
4	(1) Storage Cabinet	520	1	90	90
5	(1) Bookcase	520	1	100	100
6	(1) Calculator	520	1	600	600
7	(6) Side Chairs	520	6	20	120
8	(3) File Cabinets 5/drawer W/L	520	3	130	390
9	(2) Typewriter	520	2	550	<u>1,100</u>
	Total				3,300

28

FY 73

AGENCY	CATEGORY	code	
<i>CORPORATION</i>		<i>III</i>	<i>DEVELOPMENT</i>
	PROGRAM	<i>A</i>	<i>ECONOMIC DEV.</i>
DIVISION	SUB-PROGRAM	<i>B</i>	<i>SMALL BUSINESS LOAN</i>
	ELEMENT		
	SUB-ELEMENT		

EXPLANATION:

120.0 CAPITALIZATION OF THE SMALL BUSINESS LOAN FUND

STATE OF ALASKA
 Dept. of Administration
 Budget & Management Div.

BUDGET AMENDMENT
 900, INTER-AGENCY CHARGES

For the Fiscal Year Ending June 30, 197 2

		CODE
AGENCY	COMMERCE	08
OPERATING PROGRAM	Business Loans	4
ACTIVITY		0
FUNCTION		0

CODE (1)	EXPENDITURE CLASSIFICATION (2)	PRESENT AUTHORIZATION (3)	REVISION INCREASE, (DECREASE) (4)	AMENDED AUTHORIZATION (5)
930	INTER-AGENCY CHARGES			
930	Central Duplicating	-0-	300	300

EXPENDITURE REQUEST --
 NARRATIVE ANALYSIS

930 - Central Duplicating Services, duplicating forms and reports.