

Leg. Finance - House & Senate Finance Comte Files (1973-74)

HB 139 cont., CSHB 139, HB 140, 143, CSHB 146 215

Phone 225-5144

Phone 225-5145

Ketchikan Medical Clinic

3612 TONGASS
KETCHIKAN, ALASKA 99901

Department of Health & Welfare

RECEIVED

JAN 31 1973

733719 29233112
257234 29 2815111

1-30-73

For Services Rendered:	Faye Riffe		
1-18-71	ER examination	15.00	69.00
1-26-71	Short leg cast	24.00	
	Xrays, Rt, Lt, Obliq rt ankle	20.00	
2-13-71	Repair cast	10.00	
2-26-71	Office followup	7.00	
	Xrays rt ankle AP & LAT	18.00	
3-30-71	Office visit	9.00	
	Xrays, AP & LAT rt ankle	27.00	
	14 x 17	6.00	
4-19-71	Cast removed	10.00	
5-25-71	Xrays 2 v- 14 & 17	27.00	
	Deep injection	15.00	
6-29-71	Office visit	9.00	
	Xrays 2 v 14 x 17	27.00	
			224.00

Department of Health and Welfare
 Division of Health
 VENDOR'S INVOICE

PAYEE Edwin Lindig, M.D.
 ADDRESS Fairbanks Medical & Surgical Clinic
521 Fourth Avenue
Fairbanks, Alaska 99701

DATE		AMOUNT
03/16/70	Office V.	\$ 12.00
03/26/70	28715 Surgery Dr. Evans	225.00
	28760 Surgery Dr. Lindig	945.00
	28715	
	28250	
04/16/70	29400 Surgery	40.00
05/21/70	29405 Surgery-SLW	36.00
	99073 Crutches	35.00
05/28/70	90040 Brief et-est	
06/24/70	73620 Foot, limited	16.00
	99071 Ace bandages	2.00
	99073 Crutches	13.50
	97000 Pt 1 modalitie	12.00
06/27/70	97050 Pt 2 modalities	13.00
06/29/70	99072 Elastic Hosiery	4.95
07/01/70	97050 Pt 2 modalities	13.00
07/06/70	97050 Pt 2 modalities	13.00
07/09/70	99097	30.00
12/02/71	INSURANCE PAYMENT	\$1,410.45
		985.56
	BALANCE	424.89

06-35-6-350-380

RE: DENNY, Thomas
 6/19/52 (deceased)
 Clear, Alaska

Edwin Lindig, M.D.
 SIGNATURE by *F. Adelf*

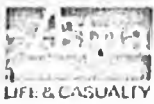
.00

6.00

49.20

82.40

137.60



EXPLANATION OF MEDICARE BENEFITS

THIS IS A STATEMENT OF THE ACTION TAKEN ON YOUR MEDICARE CLAIM

Prepared By:

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

DATE

4.20.11

IMPORTANT

HEALTH INSURANCE CLAIM NUMBER

501-32-51434

SEE REVERSE SIDE FOR
GENERAL INFORMATION.

BENEFICIARY'S
NAME
AND ADDRESS

A. Mejo

State Dated

LOCATION OF SERVICE CODES

The following will explain the codes shown in the "Location of" column to the right.

- O Doctor's Office
- IH Inpatient Hospital
- IL Independent Lab
- ECF Extended Care Facility
- H Patient's Home
- OH Outpatient Hospital
- OL Other Location
- NH Nursing Home

SERVICES

	FIRST DATE		LAST DATE		LOCATION OF	NUMBER OF	RENDERED BY	DESCRIPTION OF
	MO	DAY	MO	DAY				
1	01	05	01	30	7A	11	U. W. Mortenson, MD	1
2					7A	14		1
3					7A	11		1
4					7A	11		1
5								
6								
7								
8								
9								
10								

DESCRIPTION OF SERVICE CODES

The following will explain the number shown in the "Description of" column at left.

- 1. Medical Care
- 2. Surgery
- 3. Consultation
- 4. Diagnostic X-ray
- 5. Diagnostic Lab
- 6. Radiation Therapy
- 7. Anesthetic
- 8. Assistant Surgeon
- 9. Other Service
- 0. Whole Blood or Packed Red Blood Cells

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.

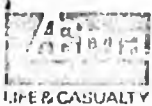
	TOTAL	NOT ALLOWED	ALLOWED
1	53.00	3.00	49.00
2	108.00		108.00
3	40.00	10.00	30.00
4	15.00		15.00
5			
6			
7			
8			
9			
10			

Your \$50.00 deductible has been met for 19 71

J. W. Mortenson, MD

TOTAL ALLOWED CHARGES	552.00
LESS DEDUCTIBLE	6.00
BALANCE OF ALLOWED CHARGES	546.00
LESS 20% COINSURANCE	109.20
MEDICARE PAYS	436.80

BENEFITS
PAID TO



EXPLANATION OF MEDICARE BENEFITS

THIS IS A STATEMENT OF THE ACTION TAKEN ON YOUR MEDICARE CLAIM

Prepared By:

DATE

12/12
Aetna Life & Casualty
Medicare Claim Administration
Yeon Building
522 S. W. 5th Avenue
Portland, Oregon 97204
Telephone No. 222-6831

1/10/11

IMPORTANT

HEALTH INSURANCE CLAIM NUMBER

561 32-5743A

SEE REVERSE SIDE FOR GENERAL INFORMATION.

BENEFICIARY'S NAME AND ADDRESS

*H. Mejo
Box 2585
Ketchikan, Alaska 99901*

LOCATION OF SERVICE CODES

The following will explain the codes shown in the "Location of" column to the right.

- O Doctor's Office
- IH Inpatient Hospital
- IL Independent Lab
- ECF Extended Care Facility
- H Patient's Home
- OH Outpatient Hospital
- OL Other Location
- NH Nursing Home

SERVICES

	FIRST DATE		LAST DATE		LOCATION OF	NUMBER OF	RENDERED BY	DESCRIPTION OF
	MO	DAY	MO	DAY				
1	01	11	11	11	IL	5	M. D.	1
2					IH	1	M.D.	1
3					IH	01		1
4					IH	1		1
5								
6								
7								
8								
9								
10								

DESCRIPTION OF SERVICE CODES

The following will explain the number shown in the "Description of" column at left.

- 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
- 0. Whole Blood or Packed Red Blood Cells

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.

	TOTAL	NOT ALLOWED	ALLOWED
1	1350.00	1100.00	250.00
2	351.00	310.00	41.00
3	1500.00	1500.00	
4	10.00		10.00
5			
6			
7			
8			
9			
10			

Your \$50.00 deductible has been met for 19 70

TOTAL ALLOWED CHARGES	410.00
LESS DEDUCTIBLE	—
BALANCE OF ALLOWED CHARGES	410.00
LESS 20% COINSURANCE	82.00
MEDICARE PAYS	328.00

BENEFITS AID TO

*Dr. U. Martenson, MD
2415 Hemlock St. #10
Ketchikan, Alaska 99901*

REQUEST FOR MEDICARE PAYMENT
MEDICAL INSURANCE BENEFITS—SOCIAL SECURITY ACT
 (See Instructions on Back—Type or Print Information)

Form Approved
 Budget Bureau No.
 72-RO730

PART I—PATIENT TO BE FILLED IN BY PATIENT THROUGH MAIL ONLY

A	Copy from your HEALTH INSURANCE CARD (See example on back)	Name of patient Arzilla Nejo	Health insurance claim number 561-32-5243 - A	<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female
----------	--	---------------------------------	--	--

Patient's street address Box 2505	City, State, ZIP code Ketchikan, Alaska, 99901	Telephone Number
--------------------------------------	---	------------------

Describe the illness or injury for which you received treatment (Always fill in this item if your doctor does not complete Part II below)	Was your illness or injury connected with your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

5 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 the insurance company or State agency upon its request, give the following information.

Insuring organization or State agency name and address Patient's request for payment on file with this office.	Policy or Medical Assistance Number
---	-------------------------------------

6 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 permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

Signature of patient (See instructions on reverse where patient is unable to sign)	Date signed
--	-------------

**SIGN A
 HERE**

PART II—PREVIOUSLY RECEIVED SERVICES TO BE FILLED IN BY PHYSICIAN

7	A. Date of each service	B. Place of service (*See Codes below)	C. Fully describe surgical or medical procedures and other services or supplies furnished for each date given	D. Nature of illness or injury requiring services or supplies	E. Charges (If related to unusual circumstances explain in 7C)	Leave Blank
			Balance forward		658.00	
	1-18-71	IH	Hospital IX & PE	Angina pectoris	\$ 27.00	
	thru		subsequent hospital visits			
	1-20-71		(2) hospital visits		18.00	
	1-25-71	III	Hospital IX & PE	I certify that this is a just and proper bill and hereby authorize the Department Certifying to effect payment of same. <i>Maxim L. Smith 12-26-71</i> Signature _____ Date _____	27.00	
	thru		subsequent visit			
	1-30-71	IH	(4) 09.00		36.00	

8 Name and address of physician or supplier (Number and street, city, State, ZIP code) James W. Mortensen, M. D. 2415 Hemlock St., Suite 102 Ketchikan, Alaska, 99901	Telephone No. No. Physician or supplier code	9 Total charges \$ 796.00	10 Amount paid \$	11 Any unpaid balance due \$ 796.00
---	---	-------------------------------------	-----------------------------	---

12 Assignment of patient's bill <input type="checkbox"/> I accept assignment <input type="checkbox"/> I do not accept assignment	13 Show name and address of facility where services were performed (If other than home or office visits) Ketchikan General Hospital 3100 Tongass Avenue, Ketchikan, Alaska, 99901
--	--

14 Signature of physician or supplier (A physician's signature certifies that physician's services were personally rendered by him or under his personal direction)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DDS Other degree _____	Date signed 2-18-71
--	--	------------------------

REQUEST FOR MEDICARE PAYMENT
MEDICAL INSURANCE BENEFITS—SOCIAL SECURITY ACT

(See Instructions on Back—Type or Print Information)

Form Approved
Budget Bureau No.
72-RO730

A Copy from your HEALTH INSURANCE CARD (See example on back) Name of patient: **Arzilla Mejo**

Health insurance claim number: **561-32-5243** Male Female

Patient's street address: **Box 2305** City, State, ZIP code: **Ketchikan, Alaska,** Telephone Number: _____

Describe the illness or injury for which you received treatment (Always fill in this item if your doctor does not complete Part II below) Was your illness or injury connected with your employment?
 Yes No

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 the insurance company or State agency upon its request, give the following information.
Insuring organization or State agency name and address: **Patient's request for payment on file with this office.** Policy or Medical Assistance Number: _____

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 permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.
Signature of patient (See instructions on reverse where patient is unable to sign) _____ Date signed _____

SIGN HERE

7 A. Date of each service	B. Place of service (*See Codes below)	C. Fully describe surgical or medical procedures and other services or supplies furnished for each date given	D. Nature of illness or injury requiring services or supplies	E. Charges (If related to unusual circumstances explain in 7C)	Leave Blank
1-11-70 thru	IH	Balance forward Hospital IX & PE subsequent visits		475.00 \$ 27.00	
1-11-70		(1) visit	I certify that this is a just and proper bill and hereby authorize the Department Certifying Officer to effect payment of same.	9.00	
1-5-71 thru	IH	Hospital IX & PE subsequent visits		27.00	
1-7-71		(2) visits	<i>Martin L. Swain</i> 12-21-72 Date	18.00	
1-10-71	IH	Midnight emergency room Hospital IX & PE		25.00	
1-11-71		(1) visit	06-22-3-370 385 23-0070 3-Digit Account Code 3-Digit Object Code	9.00	
1-11-71	IH	Hospital IX & PE		27.00	
1-12-71		(1) hospital visit	OHA 27549-01 Case or Med. Card No.	5.00	
1-14-71	OH	Emergency room exam		15.00	

8 Name and address of physician or supplier (Number and street, city, State, ZIP code) _____ Telephone No. _____

Physician or supplier code _____

9 Total charges \$ **663.00**

10 Amount paid \$ _____

11 Any unpaid balance due \$ _____

12 Assignment of patient's bill
 I accept assignment I do not accept assignment

13 Show name and address of facility where services were performed (If other than home or office visits) _____

14 Signature of physician or supplier (A physician's signature certifies that physician's services were personally rendered by him or under his personal direction) _____ MD DO DDS Other degree _____ Date signed _____

OH—Outpatient Hospital ECF—Extended Care Facility OL—Other Locations
IH—Inpatient Hospital NH—Nursing Home

REQUEST FOR MEDICARE PAYMENT

MEDICAL INSURANCE BENEFITS—SOCIAL SECURITY ACT

(See Instructions on Back—Type or Print Information)

Form Approved
Budget Bureau No.
72-RO730

PART I—PATIENT INFORMATION TO BE FILLED IN THROUGH 6

A Copy from your HEALTH INSURANCE CARD (See example on back)	Name of patient Arzilla Nejo	Health insurance claim number 561-32-5243
		<input type="checkbox"/> Male <input checked="" type="checkbox"/> Female

Patient's street address Box 2909	City, State, ZIP code Kotchikan, Alaska, 99901	Telephone Number
---	--	------------------

Describe the illness or injury for which you received treatment (Always fill in this item if your doctor does not complete Part II below)	Was your illness or injury connected with your employment? <input type="checkbox"/> Yes <input type="checkbox"/> No
---	--

5 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 the insurance company or State agency upon its request, give the following information.

Insuring organization or State agency name and address Patient's request for payment on file with this office.	Policy or Medical Assistance Number
--	-------------------------------------

6 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 permit a copy of this authorization to be used in place of the original, and request payment of medical insurance benefits either to myself or to the party who accepts assignment below.

Signature of patient (See instruction on reverse where patient is unable to sign)	Date signed
---	-------------

SIGN HERE →

PART II—DESCRIPTION OF SERVICES TO BE FILLED IN THROUGH 12

7	A. Date of each service	B. Place of service (*See Codes below)	C. Fully describe surgical or medical procedures and other services or supplies furnished for each date given	D. Nature of illness or injury requiring services or supplies	E. Charges (If related to unusual circumstances explain in 7C)	Leave Blank
	9-11-70	LI	Hospital RX & PE	Acute mild congestive heart failure	27.00	
	= thru 9-15-70		subsequent hospital visits (7) @ 9.00	Diabetes mellitus, adult	\$ 63.00	
	9-16-70	OH	Emergency room exam	I certify that this is a just and proper bill and hereby authorize the Department Certifying Officer to effect payment of same.	15.00	
	= thru 9-27-70	OH	FKG by doctor		10.00	
	9-27-70	IH	Hospital RX & PE	<i>Sharon L. Swann</i> 12-26-72	27.00	
	= thru 9-27-70	IH	subsequent hospital visits (22) @ 9.00		198.00	
	10-9-70	IH	Hospital RX & PE	CB 22-3-370 385 23-00%	27.00	
	= thru 10-17-70		subsequent hospital visit (3) @ 9.00		72.00	
	11-7-70	IH	Hospital RX & PE	CPA 27549-01	27.00	
	= thru 11-8-70		subsequent hospital visits (1) visit		9.00	

8 Name and address of physician or supplier (Number and street, city, State, ZIP code)	Telephone No.	9 Total charges \$ 475.00	
	Physician or supplier code	10 Amount paid \$	
		11 Any unpaid balance due \$	

12 Assignment of patient's bill <input type="checkbox"/> I accept assignment <input type="checkbox"/> I do not accept assignment	13 Show name and address of facility where services were performed (If other than home or office visits)
--	---

14 Signature of physician or supplier (A physician's signature certifies that physician's services were personally rendered by him or under his personal direction)	<input type="checkbox"/> MD <input type="checkbox"/> DO <input type="checkbox"/> DDS Other degree _____	Date signed
--	--	-------------

STATEMENT OF ACCOUNT

NELSON MEDICAL GROUP
 (Professional Corporation)
 6300 - 9TH AVE. N.E.
 SEATTLE, WASHINGTON 98116

25045

You are responsible for payment of this account regardless of insurance coverage. If you have an insurance claim to be submitted, please complete the second copy of this statement and mail directly to your insurance company.

IMPORTANT

PHYSICIANS	
OBSTETRICS/GYNECOLOGY	
10.	Reuben E. Nelson, M.D.
17.	A. Richard Graham, M.D.
16.	
18.	J. Barry Siebenlist, M.D.
GENERAL SURGERY	
11.	Howard B. Johnson, M.D.
FAMILY MEDICINE	
12.	Jack G. Hennemann, M.D.
13.	William S. Palmer, M.D.
14.	Paul L. Allen, M.D.
15.	John L. Fleming, M.D.

FOR

State of Alaska
 Department of Health & Welfare
 Pouch H
 Jeuneu, Alaska .99801
 ATTN: Margaret Bartoo
 Medical Care Coordinator

ACCOUNT NUMBER

PHONE (206) 525-4600
 IN CASE OF ERROR NOTIFY CLINIC AT ONCE

TO INSURE PROPER CREDIT TO YOUR ACCOUNT
 PLEASE RETURN THE UPPER PORTION
 OF THIS STATEMENT WITH YOUR PAYMENT

DETACH
 HERE

PLEASE RETURN THIS PORTION WITH YOUR PAYMENT

DATE	OR NO	FAMILY MEMBER	SIC MED CODE	DESCRIPTION	ICD-9	CHARGES OR CREDITS	BALANCE
10-13-70		Alfred Osgood		Nursing Home Call			15.00
10-20-70		Alfred Osgood		Nursing Home Call			15.00
4-21-71		Alfred Osgood		Nursing Home Call			15.00
6-14-71		Alfred Osgood		Nursing Home Call			15.00



JLH \$60.00
 OAA 32775
 06-37-10-01-395
 06-35-6-340-385

These charges have never been paid by either the State of Alaska or Medicare. We have billed both places and have been told different things and we would like to have this bill, which is long overdue, taken care. Please find the enclosed copy copy showing that Mr. Osgood is not eligible for Part B of Medicare until July, 1971.

A FINANCE CHARGE IS COMPUTED ON ACCOUNT BILLINGS UNPAID 30 DAYS AFTER THE DATE OF BILLING AT THE RATE OF 1% PER MONTH; ANNUAL PERCENTAGE RATE OF 12% MINIMUM CHARGE OF 50¢ PER MONTH IS COMPUTED ON SUCH ACCOUNTS UNDER \$50.

RETAIN THIS LOWER PORTION FOR YOUR TAX RECORDS. NOTICE: SEE REVERSE SIDE FOR IMPORTANT INFORMATION.

LAST AMOUNT IN THIS COLUMN IS YOUR NEW BALANCE

PLEASE MAKE CHECK PAYABLE TO:
 NELSON MEDICAL GROUP
 6300 - 9TH AVE. N.E., SEATTLE, WA, 98116

adm

MEDICARE ADJUSTMENT NOTIFICATION

Sitka Comm. Hosp Date 3-28-72

Sitka, Alaska

Provider Number 02-0002

RE: Beneficiary Williams, E. L.

H.I. Number 574-07-4889A

Date of Admission 2-4-69

Statement covers period from 2-4-69 to 2-18-69

The following adjustment has been made on the above mentioned claim:

- 1. Item _____ changed from _____ to _____
- 2. Item _____ changed from _____ to _____
- 3. *Sup* Deductible changed from 0 to 44.00
- 4. Total charges changed from _____ to _____
- 5. Total non-covered charges changed from _____ to _____
- 6. Statement covers period changed from _____ to _____
- 7. Other *Rate's* from 102 to 100%

REASON FOR ADJUSTMENT

SSA reject. According to SSA records the above admit began a benefit period. The prior stay in January of 1969 was before entitlement therefore did not effect the benefit period or take the ded.



MEDICARE CLAIMS
 c/o Blue Cross
 P.O. Box 327
 Seattle, Washington 98111
 Telephone MAin 4-3666

Sincerely,
H. Pence
 Medicare Claims Section

EDICAL SURGICAL GROUP
FAIRBANKS, ALASKA 99701

PHONE: 452-1231

1/26/72

TA
STATEMENT OF ACCOUNT

Family & Children's Services
Room 320 Chena Building
Fairbanks, Alaska

FOR PROFESSIONAL SERVICES RENDERED:

Archie Pierson

chronic lung disease		
marked urinary frequency & urgency		
10/29/70	ureteral dilatation	25.00
	UA	5.00
	sputum culture	4.00
	sputum cytology	15.00

Total

\$49.00

James A. Lundquist, M. D.

*While auditing the account - we
found no payment for the
above services.*

OCT 28 1972

4 3:1 *
4 5.1
9 4.1 *

Minister of Mental Health
Provincial Hospital
107 Park Street
Ottawa, Ontario

For information of the Minister of Mental Health

10-70	10-70-101, 10-70-102, 10-70-103	12.00
10-70	10-70-104, 10-70-105, 10-70-106	12.00
		24.00

Minister of Mental Health, Ottawa, Ontario

Enclosed for the Minister of Mental Health are the following documents:



Conrad R. [Name] (Replaces)

06-32-2-111-380 45⁰⁰

MEDICARE ADJUSTMENT NOTIFICATION

Valley Hosp Palmer

Date

Provider Number 02-0006
 Pt: Beneficiary Fred V. Miller
 I.I. Number 574-12-6545A
 Date of Admission 12-09-69
 Statement covers period from 12-09-69 to 12-31-69
 A downward adjustment has been made on the above mentioned claim:
 1. Item 19V changed from 0 to 44.00
 2. Item 19Y changed from 0 to 44.00
 3. Deductible changed from 0 to 44.00
 4. Total charges changed from _____ to _____
 5. Total uncovered charges changed from _____ to _____
 6. Statement covers period changed from _____ to _____
 7. Other _____

44.00
 44.00

REASON FOR ADJUSTMENT
SSA Request

The last discharge date on SSA account is 9/27/69 - this stay was the start of a New Benefit Period - ded. should have been there.

MEDICARE CLAIMS
 c/o Blue Cross
 P.O. Box 377
 Seattle, Washington 98111
 Telephone BAm 4-3666

Sincerely
 [Signature] 3/23/72
 Medicare Claims Section

EDWARD M. VOKE, M.D.

AMERICAN ACADEMY OF
ORTHOPAEDIC SURGEONS

ORTHOPAEDIC SURGEON
PROVIDENCE PROFESSIONAL BLDG
3300 PROVIDENCE DRIVE-ROOM 107
ANCHORAGE, ALASKA 99504
PHONE: (907) 279-3595

DIPLOMATE AMERICAN
BOARD OF ORTHOPAEDIC
SURGERY

October 24, 1972

Department of Health & Welfare
527 East Fourth Avenue
Anchorage, Alaska

Re: WRIGHT, Linda A.

SERVICES RENDERED:

12:20:70 -	Patient was seen in ER at Providence - See attached report	\$20.00
12:21:70 -	Surgery (See attached op report)	600.00
6:1271	Patient seen in the office for follow up pin removal doing well.	10.00
	X-rays taken #73070	19.20
		\$649.20

620.00

Kay Breen
Kay Breen
Secretary to Dr. Voke

I certify that this is a just and proper bill
and hereby authorize the Department Certifying
Officer to effect payment of same.

James Merrill 11-8-72
Signature Date

RECEIVED
OCT 27 1972

630.00 un-paid
balance - 4-72

06-22-3-330-385-71-0080
8-Digit Account Code 3-Digit Object Code

CRM 52763-01
Case or Med. Card No. Remarks

Division of Family &
Services

STATEMENT

Far North Sanitation, Inc.

P.O. BOX 289
 FAIRBANKS, ALASKA 99701
 PHONE: 456-6969

Northern Regional Correction Inst.
 P.O. Box 317
 Fairbanks

ALL ACCOUNTS DUE BY 10th OF MONTH

DATE	REFERENCE	CHARGES	PAYMENTS	BALANCE
9-1-70	June Service	101 ⁰⁰		104 ⁰⁰

INTEREST OF 1% PER MONTH WILL BE CHARGED ON ALL PAST DUE ACCOUNTS.

Health & Social Services
 Outdated Billings (Non-Medical)

Alaska World Travel CC-06-2266	06-32-2-805-211		173.00
Avis Rent Car	06-66-4-455-211		60.12
Far North Sanitature	06-66-4-110-330		104.00
Ft Yukon Air Service CC 06-2283	06-31-1-032-*211		22.00
General Telephone Co	06-31-1-013-312		47.00
Island Flying Service	06-31-1-524-211		200.00
Matanuska Telephone	06-66-4-303-312		43.00
Municipal Utilities	06-66-4-110-312		800.00
National Bank of Wash. Wa 054875	06-22-1-310-730		15.00
Page Photo	06-31-1-523-320		28.75
Pitney-Bowes	06-66-4-110-310		27.00
Petersberg Telephone	06-66-4-416-311	27.25	
" "	06-66-4-416-312	36.85	59.10
Sea Hand Frt	06-66-4-352-320		10.25
Tongass Trading Co	06-66-4-101-730	80.37	
" "	06-66-4-101-490	5.95	86.32
Wein Airlines (212-156195)	06-31-1-036-350	6.30	
" " (212-141501)	06-26-3-100-211	60.00	
" " (212-135389)	06-26-3-100-350	31.61	
" " (212-92219)	06-33-3-100-211	104.00	
" " (212-919400)	06-31-1-723-211	114.00	
" " (212-120442)	06-26-3-100-350	35.44	
" " (212-69534)	06-66-4-311-350	6.00	
" " (212-110383)	06-66-4-235-350	6.36	363.71
		Total	2039.25

Budget
requests.

					T
1	7	3	0	0	+
	6	0	1	2	+
1	0	4	0	0	+
	2	2	0	0	+
	4	7	0	0	+
2	0	0	0	0	+
	4	3	0	0	+
8	0	0	0	0	+
	1	5	0	0	+
	2	8	7	5	+
	2	7	0	0	+
	5	9	1	0	+
	1	0	2	5	+
	8	6	3	2	+
	3	6	3	7	+
2	0	3	2	2	T

Not pd as of 7/30/57
223874

SA-19
2M 9-67

STATE OF ALASKA

Request For Transportation

ONN. HENSON, International Planning Coordinator
DEPARTMENT OF HEALTH & WELFARE

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

_____ Alaska World Travel Company to furnish Transportation

for _____ from _____
(Name of Traveler)

To Anchorage, Alaska Kotzebue, 2/11, 19 70
(Place and Date of Issue)

Form No. 384-934 Ticket No. 852-853
(Signature of Traveler)

Value 773.00 (No tax payable)
Tourist class fare (See instruction #1 on reverse) (Title)

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

26-0058

06-32-2-805
~~06-24-40-20-210~~

ALASKA WORLD TRAVEL

*Service*322 DOCK STREET
KETCHIKAN, ALASKA 99901
AREA CODE 907 225 6131

No. 2127

TO: • Alaska State Department of Health & Welfare
• Division of Mental Health
• 2900 Providence Avenue
• Anchorage, Alaska

February 11, 1970

PLEASE DETACH
THIS PORTION OF
INVOICE AND
RETURN WITH YOUR
REMITTANCE.THIS INVOICE REPRESENTS AN IMMEDIATE TRANSFER OF FUNDS FROM OUR AGENCY TO THE PARTICIPATING
CARRIERS UPON ISSUANCE OF TICKETS. YOUR PROMPT REMITTANCE WILL BE APPRECIATED.

DATE	TRANSPORTATION OR SERVICE	CHARGES
2/10/70	Air ticketing Ketchikan-Anchorage round trip	178.50

ORDER FOR

Mrs. Emma O. Sullivan

ALASKA WORLD TRAVEL

*Service*322 DOCK STREET
KETCHIKAN, ALASKA 99901
AREA CODE 907 225 6131

Fairbanks.

202

State TR# 278603

STATE OF ALASKA
604 BROADWAY ST. SOUTHWEST
FAIRBANKS, ALASKA

7-11-70
7-8-70
2412
3600

60012

~~06-46-14-00~~
66-4-455-211-210

PHONE: 456-5555

Ft. Yukon

AIR SERVICE

P. O. BOX 3054 AIRPORT TERMINAL
FAIRBANKS, ALASKA 99701

Customer's Order No. _____ Date 8/9/70 1970
Name State Dept. Health & Welfare
Address Div. of Public Health

SOLD BY	CASH	C.O.D	CHARGE	ON ACCT.	ADSE. REID	PAID OUT	
			<input checked="" type="checkbox"/>			<u>1</u>	
QUAN.	DESCRIPTION					PRICE	AMOUNT
	CHARTER: RENTAL: INSTRUCTION: <u>Ticket # 5511</u> <u>SA-19 # 238583</u> <u>Mary Ray</u>						
	SALES TAX						
	TOTAL						<u>72 00</u>

ALL claims and returned goods MUST be accompanied by this bill

7712

Rec'd by

Copyright © Moore Business Forms, Inc.

STATE OF ALASKA
REQUEST FOR TRANSPORTATION
ALASKA DEPARTMENT OF HEALTH & WELFARE
DIVISION OF PUBLIC HEALTH

DEPARTMENT OF HEALTH & WELFARE
(Department or Office requesting transportation and address)

No. **238583** requests the _____ Company to furnish Transportation

The _____ from _____

for _____ (Name of Traveler)

To _____ (Place and Date of Issue) _____, 1970

Form No. _____ Ticket No. 5511 (Signature of Traveler) _____

Value \$ 72.00

GENERAL TELEPHONE COMPANY OF ALASKA
BOX 11
NOME, ALASKA 99762

February 28, 1973

State of Alaska
McGrath Health Center
McGrath, Alaska 99627

McGrath 524-3299

September 1968	Exchange Service	\$23.50
October 1968	Exchange Service	<u>23.50</u>
		\$47.00

These two months exchange service charges have never been paid. They have been carried on this account since November 1968 and are outstanding at the present time.

06-31-1-013-312

SENDER:
 1. DETACH YELLOW COPY
 2. SEND WHITE AND PINK COPIES TO PERSON ADDRESSED

Personal LETTER®

RECIPIENT:
 1. WRITE REPLY AT BOTTOM
 2. RETAIN WHITE COPY AND RETURN PINK TO SENDER

TO	John Swander	DATE		FROM	
NAME	State of Alaska Dept of Health & Social Services Pouch H		Feb 26, 1973	NAME	Matanuska Telephone Association, Inc.
ADDRESS	Juneau, Alaska 99801			ADDRESS	P. O. Box 859 Palmer, Alaska 99645
SUBJECT	Adult Conservation Camp 258-2200 & 2400			SIGNED	Polson/

06-66-4-303-312

M
E
S
S
A
G
E

On the account for 258-2400 I have enclosed copies of bills dated Mar & apr. 1972
 The \$43.00 Arrears shown on the July 1969 bill was an initial charge of \$7.50
 for installation and a pro-rated monthly service from 5/21/69 to 6/30/69 in the
 amount of \$35.50. (See attached)

In regards to the long distance call for \$12.10 on 258-2200, a credit of \$13.31
 was reflected on the bill dated April 1971. Enclosed please find a statement dated
 February 1971 itemizing the \$41.50 charge.

Credit was given for two payments of \$ 395.05 and \$234.50 Received in our office
 March 10, 1971, however there were three debit adjustments that month also. These
 included a \$3.00 in. lation charge, a pro-rated amount of \$7.89 for increased monthly
 service from Feb 19 to Mar 31 and a toll call in the amount of \$13.20.

R
E
P
L
Y

On your March 1972 statement we did credit you with a payment of \$280.75 received
 Feb. 3 and applied a Service connection charge of \$10.00 for hands free telephone and
 pro-rated increase of \$3.42 for service from 2/2/72 to 2/29/72

I have also enclosed copies of the March & April statements.

SIGNATURE

DATE

RECIPIENT RETAINS

INVOICE

MUNICIPAL UTILITIES SYSTEM

645 FIFTH AVENUE
FAIRBANKS, ALASKA

August 19 70

CONTRACT No. or 10178
INVOICE No.

JOB ORDER No. or 40510
TELEPHONE No.

ACCOUNT No. 150-002
.....

Alaska State Jail
Wilbur and Egan
Fairbanks, Alaska 99701

Charges for installation of Plessey 5x20 Switchboard and Wiring.

PER Contract completed 12/11/69

\$ 800.00

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

MUNICIPAL UTILITIES SYSTEM

M. Smith

By Accountant or Chief Clerk

FIRST NIGHT LABOR
1. FUEL 2. STEAM
3. WATER 4. OIL

JOB ORDER

40510

DATE 8-19-70

UTILITY TELEPHONE

DESCRIPTION OF WORK INSTALLATION OF PLECSBY 5K20
Switch Board + wiring

AUTHORIZED BY:

LABOR COSTS

EMPLOYEE	TOTAL HOURS	RATE	BILLING	TOTAL AMOUNT

MATERIAL COSTS

ITEM	TOTAL AMOUNT

BILLING INFORMATION

NAME ALASKA STATE JAIL NEW OLD
 ADDRESS 602 BARNETTE ? ACCOUNT NUMBER
 CITY FAIRBANKS STATE

LABOR \$
 MATERIALS 10178 ✓
 PER CONTRACT 800.00
 OTHER (SPECIFY) 800.00
 Completed 12/11/69
 TAX 0% 2% 5%
 TOTAL \$ 800.00

DATE COMPLETED 8-19-70 BY Mike Kumbler K.P. VIK

APPROVED
DATE 10 1970

Pacific National Bank of Washington

BRANCH: **SCATTLE MAIN**
 WASHINGTON

OUTGOING COLLECTION

WE ENCLOSE FOR COLLECTION THE ITEMS LISTED BELOW.
 DO NOT HOLD FOR CONVENIENCE OF PARTIES.

PLEASE REPORT BY BRANCH NAME
 AND OUR NO. **121079**

DATE: 4/14/72		PAYER: YOURSELVES		DUE DATE: SIGHT		AMOUNT: 15.00	
DEPOSITOR				DOCUMENTS			
				STATE OF ALASKA WARRANT # 054875 DTD. ?/01/70 F/O ANDREW OOZEVASEUK PHOTO COPY OF DEATH CERTIFICATE RECORDERS # 1629			
MAIL TO				SPECIAL INSTRUCTIONS			
DEPARTMENT OF ADMINISTRATION OF THE STATE OF ALASKA JUNEAU, ALASKA				PLEASE REMIT CASHIERS CHECK.....			

CL 258 11/70

UNLESS OTHERWISE INSTRUCTED DO NOT PROTEST
 SURRENDER DOCUMENTS ONLY ON PAYMENT

This is State Bank of Alaska

⑈0051000000⑈

COMMISSIONER OF ADMINISTRATION

99762

⑈0051000000⑈

89-52
 1252

Submit for Reg. Approval

⑈125200052⑈

\$15.00

13174
 54875

NAME AK
 ANDREW OOZEVASEUK, ANDREW
 550 BOX HOSPITAL

063 01 70

MO. DAY YR. AGENCY

DATE OF ISSUE PAY TO THE ORDER OF



MUST SHOW ADMINISTRATOR OF ESTATE
 OR NEED DEATH CERTIFICATE

This warrant will be deemed paid unless redeemed
 two years after the date of issue per AS

No. 054875

06-22-1-310

09/21/70

AGE - LAST BIRTHDAY		UNDER 1 YEAR		UNDER 1 DAY		DATE OF BIRTH	
88						11/27/81	
STATE OF DEATH				RECORDING DISTRICT		CITY, TOWN OR LOCATION	
ALASKA				CAPE NOME		NOME	
HOSPITAL OR OTHER INSTITUTION - NAME (IF NOT IN EITHER ONE, STREET AND NUMBER)						STREET AND NUMBER	
MAYNARD MCDOUBALL MEMORIAL HOSP.							
RESIDENT OF STATE				STATE OF BIRTH (IF NOT IN U.S.A. - NAME COUNTRY)		CITIZEN OF WHAT COUNTRY	
				ALASKA		USA	
MARRIAGE STATUS				SURVIVING SPOUSE (IF WAS IN U.S.A. - NAME)			
<input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED				NELLIE OOSEVASEUK			
SOCIAL SECURITY NUMBER		USUAL OCCUPATION		KIND OF BUSINESS OR INDUSTRY			
RESIDENCE - STATE				RECORDING DISTRICT OR COUNTY			
ALASKA							
CITY, TOWN OR LOCATION		INSIDE CITY LIMITS		STREET AND NUMBER			
GAMBELL		<input type="checkbox"/> YES <input type="checkbox"/> NO					
FATHER - NAME		MOTHER - NAME					
DEC.		DEC.					
INFORMANT - NAME		MAILING ADDRESS - STREET OR P.O. BOX NO., CITY OR TOWN, STATE, ZIP CODE					
PART I. DEATH WAS CAUSED BY [ENTER ONLY ONE CAUSE PER LINE FOR (a), (b) AND (c)] SEE REVERSE SIDE							
IMMEDIATE CAUSE							
(a) PNEUMONIA							
DUE TO, OR AS A CONSEQUENCE OF:							
(b) OLD C.V.A.							
DUE TO, OR AS A CONSEQUENCE OF:							
PART II. OTHER SIGNIFICANT CONDITIONS							
CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE (ENTER IN REVERSE SIDE)							
IF VIOLENT DEATH							
<input type="checkbox"/> ACCIDENT <input type="checkbox"/> HOMICIDE		DATE OF INJURY (MONTH, DAY, YEAR, HOUR)		HOW INJURY OCCURRED			
<input type="checkbox"/> SUICIDE <input type="checkbox"/> UNDETERMINED							
INJURY AT WORK		PLACE OF INJURY		LOCATION - STREET AND NUMBER, CITY OR TOWN, STATE, ZIP CODE			
<input type="checkbox"/> YES <input type="checkbox"/> NO							
CERTIFICATION - PHYSICIAN (SIGN UNDER 23a)		HOUR OF DEATH		DATES IN ATTENDANCE		DATE LAST SEEN ALIVE BY PHYSICIAN	
DEATH OCCURRED AT THE PLACE OR THE DATE ADDED TO THE BEST OF MY KNOWLEDGE DUE TO THE CAUSE(S) STATED		3:10 A.M.		FROM 07/16/69 TO 09/21/70		09/21/70	
CERTIFICATION - MEDICAL EXAMINER OR COPOMER (SIGN UNDER 23b)		HOUR OF DEATH		DATE FROM PROJECTED DEATH		HEAD	
SIGNATURE		3:10 A.M.		09/21/70		3:10 A.M.	
DEGREE OR TITLE				NAME (IMPRINT)		WON PAL CHUNG, M.D.	
DATE SIGNED		MAILING ADDRESS - STREET OR P.O. BOX NO., CITY OR TOWN, STATE, ZIP CODE					
10/08/70		P.O. BOX 550 - NOME, ALASKA 99762					
<input checked="" type="checkbox"/> BURIAL <input checked="" type="checkbox"/> REMOVAL		DATE (MONTH, DAY, YEAR)		CEMETERY OR CREMATORY - NAME AND LOCATION, CITY OR TOWN, STATE			
<input type="checkbox"/> CREMATION		9-22-70		Gambell, Alaska			
PERMIT ISSUED BY		FUNERAL DIRECTOR - SIGNATURE		FUNERAL HOME - NAME AND ADDRESS (STREET OR P.O. BOX NO., CITY OR TOWN, STATE, ZIP CODE)			
				DATE RECORDED			

DECEASED

CAUSE

PHYSICIAN OR OTHER FILING CERTIFICATE

TBURIAL

STATE OF ALASKA, SECOND JUDICIAL DISTRICT) ss. 2 - RECORDER'S COPY

I, the undersigned, certify that this is a true and full copy of an original document on file in the District Court, Second Judicial District, State of Alaska. Witness my hand and the seal of this court this 23rd day

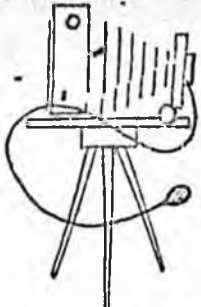
March, 1972, at Nome

Maurice Kelliber, Presiding DISTRICT JUDGE

Rose A. Foodick

SEE REVERSE SIDE

3.75
3.00
22.00
22.75 ✓



Page Photo

Corner of Rezanoff & 9th

Box 2516 Kodiak, Alaska 99615

907-486-3659

DATE May 5, 1970

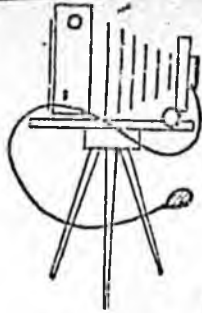
NAME Dept. Environmental Health

Bob DeNof

ADDRESS _____

PHONE _____

5	5x7 prints	3.75



Page Photo

Corner of Rezanoff & 9th

Box 2516 Kodiak, Alaska 99615

907-486-3659

DATE April 7, 1970

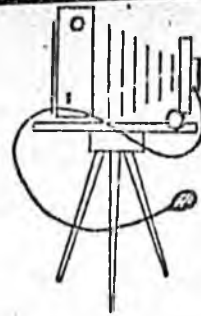
NAME Dept. Environmental Health

Bob DeNof

ADDRESS _____

PHONE _____

4	5x7 prints	3.00



Page Photo

Corner of Rezanoff & 9th

Box 2516 Kodiak, Alaska 99615

907-486-3659

DATE April 7, 1970

NAME Dept. Environmental Health

Bob DeNof

ADDRESS _____

PHONE _____

10	4x5 films dev.	2.00
2	rolls 120 film dev.	2.00
18	8x10 glossies	18.00
		22.00

06-31-1-523-320



Pitney-Bowes INC.
89 WALNUT STREET
STAMFORD, CONN. 06904

INVOICE
C-O-P-Y

• TERMS: NET 30 DAYS

D-U-N-S 116-1793

TO

State of Alaska
Dept of Health & Welfare
Fairbanks State Jail
2nd & Cushman
Fairbanks Alaska 99701

GR.	INVOICE NO.	INVOICE DATE
	21-980947	4/30/70

INSTALLED AT

CUST. ORDER NO.

CUSTOMER ACCOUNT NUMBER

1068 7680 20 5

MODEL	SERIAL NO.	PERIOD COVERED		AMOUNT	DISCOUNT	TRADE-IN	STATE TAX	CITY OR COUNTY TAX	TOTAL AMOUNT
		FROM	THROUGH						
2200	372760	4/16/70	7/15/70	27 00					27 00
DESCRIPTION					SHIPPING CHARGES				

- TO BILL RENTAL ON CURRENT METER AND TO ALLOW CREDIT FOR PREVIOUS BILLING ON REPLACED METER.
- TO CHANGE FROM _____ BILLING TO _____ BILLING BEGINNING _____
- TO BILL _____ ADVANCE RENTAL
- TO BILL ADDITIONAL CHARGE OR CREDIT DUE ON _____ POSTAGE USED.
- TO BILL METER MACHINE RENTAL THROUGH DATE OF CANCELLATION.

- TO BILL MACHINE INSPECTION ON CURRENT MACHINE AND TO ALLOW CREDIT FOR PREVIOUS BILLING ON REPLACED MACHINE.
- BILLING TO BE ON ANNUAL BASIS BEGINNING _____ CHANGED FROM ANNUAL DATE OF _____

Form 3851-A
Rev. 1/70

We warrant that the goods or services covered by this invoice were produced and/or performed in compliance with the Fair Labor Standards Act of 1938, as amended.

DEM	NOT	VER TEL	TO	ORD OUT	C41-D	REMARKS	DATE	AMOUNT	BALANCE
FORM A 1-18 (U.S.) REV.							EXCHANGE AND TELEPHONE NUMBER SERVED		
- PAGE 2-							PETERSBURG 772 4747		
CALLS TO							AMOUNT		
29 JUN							.50		
TEL. NO. MIN-TY							CALLS FROM		
586 5283 1 K 1							137.35		
AMOUNT DUE -							78.25 Pd		
							59.10 Bal Due		

DEM	NOT	VER TEL	TO	ORD OUT	C41-D	REMARKS	DATE	AMOUNT	BALANCE
FORM A 1-18 (U.S.) REV.							EXCHANGE AND TELEPHONE NUMBER SERVED		
5/14/70 ALASKA YOUTH & ADULT AUTHORITY 807 1002 PETERSBURG ALASKA 99833							PETERSBURG 772 4747		
EXCHANGE SERVICE							PREVIOUS BILL		
							PAYMENTS RECEIVED		
							274.20		
							195.95 CR		
							78.25 CR		
							22.25		
CALLS TO							CALLS FROM		
4								3.25	
0								1.75	
1								2.85	
11			ALAS					2.00	
11								1.75	
3								.75	
3								3.00	
2								.90	
1								.40	
1								.40	
7								2.85	
11								3.45	
11								3.25	
11								1.30	
1								.90	
7								1.00	
12								1.50	
12								.50	
2								.40	
2								1.40	
2								.50	
2								.65	
2								1.01	
2								.40	

CONTINUED- SEE NEXT PAGE

36.85 DATED
 STABLES
 BILL REC'D 3-28-72

SEA-LAND SERVICE, INC.

ISSUING TERMINAL ANCHORAGE, ALASKA

998 104825

FREIGHT BILL NO.

SAILING DATE 1/15/70	VESSEL NAME PH 27S	MASTER F. B. NO. 992	DEST. TERM 999	ORIG. DATE 1/9/70	SHIPPER OR GOVT BILL NO.	CONTAINER NO. 55 203	TEMP. CONTROL NONE	ADVANCE CARRIER NAME SLFS	FRT. BILL NO.	AMOUNT	CODE	FREIGHT BILL DATE 1/9/70	JHJM
SHIPPER OR GOVT BILL NO.		ADVANCE CARRIER NAME		FRT. BILL NO.		AMOUNT		CODE		DATE		INITIALS	

GOVERNMENT	SHIP BOOKING NOT REQUIRED	CARRIER SEA LAND OPTION	BEYOND ROUTING
------------	---------------------------	-------------------------	----------------

CONSIGNEE
HERMAN & BLUMENTHAL CO
122 SOUTH JACKSON
SEA WY

SPECIAL INSTRUCTIONS

EX.

SHIPPER
MC LAUGHLIN YOUTH CENTER
ANC AK

BILL TO:
PREPAY AND CHARGE SHIPPER

NO. OF PIECES	COMMODITY	DESCRIPTION	CLASS	WEIGHT	RATE	CHARGES
1	CTN OF CLOTHING					

SPEC. HANDLING	RATED WGT.	COMMODITY NO.	CL. / TARIFF ITEM NO.	CLASS	TOTAL WGT.	RATE	OCEAN CHARGES
		47111	11		63	MIN	10.25

CODE	CHARGE	CODE	CUBE/WGT/3	RATE	CHARGE
11	C.O.D. AMOUNT				
12	C.O.D. FEE				
14	CONSOLIDATION				
19	DETENTION/DEBURRAGE				
24	SPLIT DELIVERY				
25	SPLIT PICKUP				
26	STOP IN TRANSIT				
27	STOPOFF				
30	OTHER				
PREPAID			8326	TOTAL CHARGES	10.25

FEB 16 1971

CASHIER CONTROL

06-66-4-352



No. 12712

TRADING CO., INC.
Box 468
Ketchikan, Alaska 99901

SOLD TO Detention Home
Division of Correction
Gale Berg for Leslie Tennant

CUSTOMER'S ORDER NO. 2313 TERMS Chg. VIA

QUAN.	DESCRIPTION	ITEM PRICE	DATE	AMOUNT
2	shirts @	4.88		02009.76 ✓ 4
1	"	6.50		02006.50 ✓ 4
1	belt	1.88		02001.88 ✓ 6
4	pt. Levis @	6.98		02027.92 ✓ 6
1	pt. shoes	14.95		02014.95 ✓ 6
2	pkg's briefs @	2.89		02005.78 ✓ 1
2	pkg T-shirts	3.29		02006.58 ✓ 6
3	pt socks @	1.50		02004.50 ✓ 1
1	pt. socks	1.50		1.50
1	athletic support			1.00 6
			\$273942	19080.378
ACCOUNT NUMBER				
TOTAL				

CUSTOMER'S SIGNATURE

ACCOUNT NUMBER - #
CHARGE - CH
CASH - CA
RECEIVED ON ACCOUNT - RC

DEPARTMENT	HOME.	SPORTING GOODS	OUTBOARD	MEN'S	FURNITURE	HOUSEWARES	MARINE STORE
				<i>Handwritten mark</i>			

W. J. ...

2	6	3.71	*
	5.6		
	5.0		
3	5.44		
1	4.0		
1	4.0		
1	1.6		
5	0.0		
5	0.0		

2

1

SIGNATURE OF SHIPPER OR SHIPPER'S AGENT

W.M. CONSOLIDATED, INC. RAPID AIRCRAFT
 101 W. ALASKA STREET
 SHELBY, ALASKA 99587

272-156195

DECLARED VALUE

\$5

SHIPPER'S C.O.D.

CCOD

SHIPPER'S ADDRESS
 Alaska Dept of Health

CONSIGNEE'S ADDRESS
 Public Health Service
 460 Olive Street

PAID

C.O.D. FEES & CHARGES

COLLECT

Tax \$30

EXCESS VALUE

CITY STATE ZIP CODE
 Anchorage Alaska 99501

CITY STATE ZIP CODE
 Anchorage Alaska 99501

INSURANCE PREMIUM

CARRIER'S ADVANCES

WEIGHT - RATE

WEIGHT IN LBS. IN

WEIGHT IN LBS. OUT

WEIGHT - RATE

DELIVER

RECEIVED BY (NAME AND ADDRESS)

RECEIVED BY (NAME AND ADDRESS)

RECEIVED BY (NAME AND ADDRESS)

RECEIVED BY (NAME AND ADDRESS)

RECEIVED BY (NAME AND ADDRESS)

RECEIVED BY (NAME AND ADDRESS)

DATE

DATE

DATE

DATE

DATE

DATE

TIME

TIME

TIME

TIME

TIME

TIME

INSTRUCTIONS TO CARRIER

INSTRUCTIONS TO CARRIER

INSTRUCTIONS TO CARRIER

INSTRUCTIONS TO CARRIER

INSTRUCTIONS TO CARRIER

INSTRUCTIONS TO CARRIER

REMARKS

REMARKS

REMARKS

REMARKS

REMARKS

REMARKS

SHIPPER'S SIGNATURE

SHIPPER'S SIGNATURE

SHIPPER'S SIGNATURE

SHIPPER'S SIGNATURE

SHIPPER'S SIGNATURE

SHIPPER'S SIGNATURE

DATE

DATE

DATE

DATE

DATE

DATE

TIME

TIME

TIME

TIME

TIME

TIME

FOR THE SHIPPER'S USE ONLY
 THIS RECEIPT IS VALID ONLY IF SIGNED BY THE SHIPPER OR SHIPPER'S AGENT

[Handwritten Signature]
 Date: 8/12/70

8-Digit Account Code: 357-63-
 3-Digit Order Code

Case or Mvd. Card No. Remarks

SA-19
2M 9-67

STATE OF ALASKA

230152

Request For Transportation

The DEPARTMENT OF HEALTH & ~~WELFARE~~ requests the
(Department or Office requesting transportation and address)

WEIN

Company to furnish Transportation

for KATHLEEN SIMON from Bethel
(Name of Traveler)

To Anchorage Bethel 4/26 19 70
(Place and Date of Issue)

Form No. _____ Ticket No. Charter J. Dally for Kathleen Lynch PHN
(Signature of Traveler)

Value \$ 60.00 (No tax payable) D.R.
Tourist class fare (See instruction #1 on reverse side) (To be inserted by carrier). (Title)

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

06-26-3-100 211
06-31-40-02-211





TO Department of Health & Welfare
Division of Public Health
Pouch #
Juneau, Alaska 99801

33-005

6-11-70

PLEASE DETACH &
RETURN THIS PORTION
WITH YOUR REMITTANCE

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

MO.	DATE		CODE	ITEMS	DEBITS	CREDITS	BALANCE
	DAY	YEAR					
				BALANCE FORWARD			
5	19	70		2120-18951 - 169	170.00	229.50	
5	23	70		2121-173519 - 163	33.00	229.50	
5	27	70		2121-171709 - 162	60.00	210.22	
5	1	70		2121-171817 - 162	60.00	210.22	
4	29	70		2121-171501 - 162	60.00	210.22	
5	19	70		2121-172771 - 162	60.00	210.22	
4	22	70		2121-175886 - 162	20.00	230.92	
5	11	70		2126-023313 - 168	11.50	233.62	
5	1	70		2121-131170 - 161	20.00	233.62	
5	13	70		2122-121349 - 166	120.00	229.750	
5	13	70		2122-120071 - 166	70.00	161.916	
5		70		2122-121035 - 166	70.00	230.724	
5		70		2122-119876 - 165	100.00	230.222	
4		70		2122-119617 - 165	100.00	230.666	
5		70		2122-119326 - 165	100.00	230.723	
4		70		2122-119332 - 165	70.00	230.452	
4		70		2122-119331 - 165	70.00	230.722	
5		70		2122-117456 - 165	60.00	230.929	
5	1	70		2122-161899 - 164	100.00	230.724	
5	1	70		2122-101831 - 162	120.00	229.794	
4		70		2122-101111 - 162	110.00	230.070	
5	1	70		2122-087305 - 168	27.00	230.933	
4	2	70		2122-087210 - 168	20.00	229.913	
4	2	70		2122-087207 - 168	37.50	230.071	

fact # 05998 (4)

fact # 05998 (4)

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

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

PAY LAST AMOUNT IN THIS COLUMN

WILL PAY THIS. FOUND
IN VOID FILE.
LEG. APPROVAL

WIEN CONSOLIDATED AIRLINES, INC. RAPID AIRBILL
 INTERNATIONAL AIRPORT • BOX 3001 ANCHORAGE, ALASKA 99502 FAIRBANKS, ALASKA 99701 NON-NEGOTIABLE
 SUBJECT TO CONDITIONS OF CONTRACT ON THE BACK OF THE AIRBILL

212 -135389

DECLARED VALUE \$ SHIPPER'S C.O.D. \$

SHIPPER State of Alaska		CONSIGNEE State of Alaska		PREPAID \$ 1.51	C.O.D. FEE & OTHER \$	COLLECT
STREET ADDRESS Dept of Health + Welfare		STREET ADDRESS Dept of Health + Welfare		EXCESS VALUE		
CITY Fairbanks, Alaska		CITY Fort Yukon, Alaska		INSURANCE PREMIUM		
ROUTING FROM VIA WE TO		VIA TO (DESTINATION)		PREPAID	COLLECT	
				CASH	CHARGE	
PIECES 1	DESCRIPTION (INCLUDING METHOD OF PACKING, MARKS & NUMBERS) GARTON FILING CABINET	WGT. IN LBS. 430	COM. GRP. NO.	RATE 7.00	WEIGHT - RATE 30.10	
INSTRUCTIONS TO CARRIER		48 11		1		
DIMENSIONAL WEIGHT INFORMATION		EXECUTED AT BY FAI/S.P.B	DATE 9-21-70	TIME	TOTAL (INCLUDING C.O.D.) \$ (31.61)	

DELIVERY RECEIPT X

COD
 State collect
 CR

PHONE CONTACTED	PHONE	DATE	TIME	RECEIVED DATE	TIME
				1 /	

BY X Mart. Getzloff
 IN GOOD ORDER EXCEPT AS NOTED ON THE BACK HEREOF.

Excursion rates must be used when available.

219493

SA-19
2M 9-67

STATE OF ALASKA
Request For Transportation

DEPARTMENT OF HEALTH & WELFARE

The ----- requests the

(Department or Office requesting transportation and address)

Wain Consolidated

Company to furnish Transportation

for ----- from -----

Robert Carroll

Fairbanks

(Name of Traveler)

To -----, 1969

Kotzebue & return

Juneau Nov. 18

(Place and Date of Issue)

Form No. ----- Ticket No. -----

2129-2219

Marjorie G. Hill

(Signature of Traveler)

Value \$ ----- (No tax payable)

104.00

Acting Asst. Coordinator

(Title)

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

Office of Alcoholism

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

06-54-10-00

USE EXCURSION AIRFARE RATES. IF AVAILABLE AND NOT USED,
DEDUCTION WILL BE MADE FROM PER DIEM CLAIM.

STATEMENT

Wien Consolidated Airlines, Inc.



4100 INTERNATIONAL AIRPORT RD.
ANCHORAGE, ALASKA 99502

TO Alaska Department of Health & Welfare
Office of Alcoholism
Pouch H
Juneau, Alaska 99801

33-005

12-16-69

PLEASE DETACH AND RETURN THIS PORTION WITH YOUR REMITTANCE.

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

MO	DATE		CODE	ITEMS	DEBITS	CREDITS	BALANCE
	DAY	YEAR					
					BALANCE FORWARD		
10	30	69		2129-2174 *	117.20	2129.70	
11	20	69		2129-2219 *	104.30	2129.70	
10	30	69		2129-2176	115.20	2129.05	
					5.80		

Please return a copy of this statement with your remittance.

* See attached copy of file

06-33-3-100-211

pdck #03177 (417)

CODE:

- A - FREIGHT
- B - TICKETS/PASS
- C - CASH RECEIPTS
- D - DEBIT MEMOS
- E - CREDIT MEMOS
- F - TRANSFERS
- G - JOURNAL VOUCHERS
- H - INVOICE BILLINGS
- I - EXCHANGE ORDERS

Our books close on the 15th of each month. All charges and credits received in this office after the 15th 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 THE 5 COLUMN

WE OWE THIS.
WILL BE PAID.
LEG. APPROVAL.

BA-19
3M-3-70

STATE OF ALASKA
REQUEST FOR TRANSPORTATION
DEPARTMENT OF HEALTH & WELFARE

7/30/71
No. 238663

The _____ requests the _____

(Department or Office requesting transportation and address) _____ Company to furnish Transportation

for _____ from _____
(Name of Traveler)

To _____ 1970
(Place and Date of Issue)

Form No. _____ Ticket No. _____
(Signature of Traveler)

Value \$ 114.00 (No tax payable) _____
Tourist class fare (See instruction #1 on reverse side) (To be inserted by carrier). _____
(Title)

Carrier will forward this request to the Department or Office Requesting Transportation
(SEE INSTRUCTIONS ON REVERSE SIDE)
06-88-16-01-210

FOR ON ISSUE DATE _____ WHEN CONSOLIDATED AIRLINE, INC. EXCHANGE ORDER Form 2129 No. 19400
TOLSON _____

EXCHANGE THIS ORDER FOR TICKETS FOR TRANSPORTATION AND/OR FURNISH THE RELATED SERVICES AS DESIGNATED BELOW TO:
Address _____

ROUTE	CLASS	FLIGHT NO.	DATE	TIME	FARE	FARE BASIS	RES. STATUS	ISSUED IN CONNECTION WITH
								ISSUED IN CONNECTION WITH
								DATE AND PLACE OF ORIGINAL ISSUE
								DATE & PLACE OF ISSUE

RELATED CHARGES TO BE LISTED BELOW:

33-005

AGENT

EXCHANGED FOR:

ISSUED/PROVIDED BY:

TOTAL AMOUNTS AND FIGURES \$ 57.11 PAYMENT AT _____

FOR TERMS & CONDITIONS SEE REVERSE SIDE • NOT TRANSFERABLE • NOT GOOD FOR PASSAGE • VOID IF MUTILATED OR ALTERED

2129-19400 WAS ATTACHED TO TR ON VOUCHER BUT NEVER PAID. WE OWE THIS. LEG. APPROVAL USE ABOVE CODE

PASSENGER'S COPY

WIEN CONSOLIDATED AIRLINES, INC. RAPID AIRBILL
 INTERNATIONAL AIR FRT. • CDK 3009
 AIRCRAFT REG. ALASKA 99502 FAIRBANKS, ALASKA 99701 NON-NEGOTIABLE
 SUBJECT TO CONDITIONS OF CONTRACT ON THE BACK OF THE AIRBILL

212-120442 (22-004)

DECLARED VALUE \$ SHIPPER'S C.O.D. (COD)

SHIPPER <i>Christine Barber</i>		CO-SHIPPER <i>Christine Barber</i>		PREPAID \$	C.O.D. FEE & OTHER \$1.70	COLLECT
SHIPPER ADDRESS <i>Box 365</i>		SHIPPER STREET ADDRESS <i>c/o. D.P.W. 510 - 2nd Ave.</i>		EXCESS VALUE		
CITY <i>Bethel, Alaska</i>		CITY <i>Fairbanks, Ak.</i>		INSURANCE PREMIUM		
STATE <i>Alaska</i>		STATE <i>Alaska</i>		CARRIER'S ADVANCES		
ZIP CODE		ZIP CODE		3113		
ROUTING FROM		VIA TO		VIA TO		PREPAID
WE						COLLECT
						CASH
						CHARGE
PIECES	DESCRIPTION (INCLUDING METHOD OF PACKING, MARKS & NUMBERS)	WT. IN LBS.	COM. GR. NO.	RATE	WEIGHT - RATE	
12	3 Bags, 2 Suitcases, 7 Boxes	241		.14	33.74	
	1-Box Busted					
	When Rec. by OO/ce					
INSTRUCTIONS TO CARRIER		STATE TRANS. Reg.		PICKUP		
<i>Short 1 pc</i>		<i>Dept of Health & Welfare</i>		DELIVERY		
DIMENSIONAL WEIGHT INFORMATION		EXECUTED AT/RY		DATE	TIME	TOTAL (INCLUDING C.O.D.)
<i>MSA Dikeman</i>		<i>BET B.D.</i>		<i>11/11/70</i>		<i>\$ 35.44</i>

DELIVERY RECEIPT

BY CONTACTED	PHONE	DATE	TIME	RECEIVED DATE	TIME	BY
<i>11/11/70</i>	<i>1637</i>	<i>11-12</i>	<i>11:00 AM</i>	<i>11</i>		<i>Christine D. Barber</i>
BY CONTACTED	PHONE	DATE	TIME			
	<i>16</i>					

DIV. of F&CS
 NOV 15 1972
 N.H.O.

06-26-3-100-35141-8000 * 1 year year

STATE OF ALASKA
 REQUEST FOR TRANSPORTATION
 DEPARTMENT OF HEALTH & WELFARE
 No 239409

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

_____ Company to furnish Transportation
 for *Christine D. Barber* from *Bethel*
 (Name of Traveler)

To *Fairbanks* *Bethel - 11/11/70*, 19
 (Place and Date of Issue)

Form No. *212-120442* Ticket No. *Christine D. Barber*
 (Signature of Traveler)

Value \$ *35.44* (No tax payable) *Asst. Dir. Health*
 (Title)

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

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

Bethel
Draft

5 DELIVERY RECEIPT X

SIGNATURE OF SHIPPER OR SHIPPER'S AGENT

WILL CONSOLIDATED AIRLINES, INC. RAPID AIRMAIL
 P.O. 6227 • INTERNATIONAL AIRPORT • BOX 3009
 ANCHORAGE, ALASKA 99502 FAREMANS, ALASKA 97201 NON-NEGOTIABLE
 SUBJECT TO CONDITIONS OF CONTRACT ON THE BACK OF THE AIRBILL

212 - 69534

SHIPPER'S C.O.D.

COD

PKGS	DESCRIPTION (INCLUDING METHOD OF PACKING, MARKS & NUMBERS)	WGT. IN LBS.	COM. OR. NO.	DATE	TIME	RECEIVED DATE	TIME	BY	DECLARED VALUE	C.O.D. FILE & OTHER	COLLECT	EXCESS VALUE		INSURANCE PREMIUM	CARRIER'S ADVANCES	WEIGHT - RATE	PICTURE	DELIVERY	DIMENSIONAL WEIGHT INFORMATION	INSTRUCTIONS TO CARRIER	
												PREPAID	CASH								COLLECT
1	Bals. Doccine (Coflin)	2		12/29/69		12/30/69		X Bedford	\$ 6.00												

BY X Bedford Monsieur
 IN GOOD ORDER EXCEPT AS NOTED ON THE BACK HEREOF

COLEER

PREPARED BY: W. R. Conrad PHONE: _____ DATE: _____
 RECEIVED BY: _____ PHONE: _____ DATE: _____
 CONTRACTED: _____ CONTACTED: _____

WIEN CONSOLIDATED AIRLINES, INC. RAPID AIRBILL
 INTERNATIONAL AIRPORT • BOX 3009 ANCHORAGE, ALASKA 99503 FAIRDANKS, ALASKA 99701 NON-NEGOTIABLE
 SUBJECT TO CONDITIONS OF CONTRACT ON THE BACK OF THE AIRBILL

212 -110383

DECLARED VALUE SHIPPER'S C.O.D.

\$. \$ COD

SIGNATURE OF SHIPPER OR SHIPPER'S AGENT

DELIVERY RECEIPT

SHIPPER <i>State Dept of Correction</i>		CONSIGNEE <i>Mrs. Max Beard</i>		PREPAID	C.O.D. FEE & OTHER	COLLECT
STREET ADDRESS		STREET ADDRESS <i>Box 478</i>		EXCESS VALUE		
CITY <i>ANC</i> STATE ZIP CODE		CITY <i>None</i> STATE ZIP CODE		INSURANCE PREMIUM		
ROUTING FROM	VIA <i>WE</i>	TO	VIA	TO (DESTINATION)	PREPAID	COLLECT
					CASH	CHARGE
PIECES <i>3</i>	DESCRIPTION (INCLUDING METHOD OF PACKING, & ARKS & NUMBERS) <i>2 suitcases - 1 CTN</i>		WGT. IN LBS. <i>53</i>	COM. ORP. NO. <i>COL CASH 15</i>	RATE <i>6.36</i>	
					WEIGHT - RATE	
	<i>Chg Shipper - None Received</i>				PICKUP	
	<i>1-Box 478 - None</i>				DELIVERY	
DIMENSIONAL WEIGHT INFORMATION <i>thick</i>			EXECUTED AT/ BY <i>ANC-SHIP</i>	DATE <i>1/12/70</i>	TIME	TOTAL (INCLUDING C.O.D.) <i>6.36</i>

PERSON CONTACTED	PHONE	DATE	TIME	RECEIVED DATE <i>1/16/70</i>	TIME
PERSON CONTACTED	PHONE	DATE	TIME		

BY *X Dorothy L. Hutton*
 IN GOOD ORDER EXCEPT AS NOTED ON THE BACK HEREOF.

STATEMENT

Wien Consolidated Airlines, Inc.



4100 INTERNATIONAL AIRPORT RD.
ANCHORAGE, ALASKA 99502

TO State Department of Health & Welfare
Division of Corrections Nome Branch
Box 478
Nome, Alaska

33-004

6-26-70

PLEASE DETACH AND
RETURN THIS PORTION
WITH YOUR REMITTANCE

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

MO.	DATE		CODE	ITEMS	DEBITS	CREDITS	BALANCE
	DAY	YEAR					
					BALANCE FORWARD		
1	12	70		212-110383 <i>212</i>	6.36		

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

CODE:
A - FREIGHT
B - TICKETS/PASSI
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



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 O. Smith
Signature of Camera Operator

4/26/89
Date

COMMITTEE REPORT

3/16/73

SENATE

Mr. President:

Date 3/30/73

The Committee on FINANCE has had CSIB 139 ~~appon.~~ ~~for miscellaneous claims~~ 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>	<u>[Signature]</u>	_____
<u>[Signature]</u>	<u>[Signature]</u>	_____

Members NOT concurring in the Majority report:

_____ recommends:

_____ recommends:

_____ recommends:

_____ recommends:

_____ recommends:

[Signature] Chairman

Introduced: 1/25/73
Referred: Finance

1 IN THE HOUSE

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

2 HOUSE BILL NO. 139

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 EIGHTH LEGISLATURE - FIRST SESSION

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

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

8 * Section 1. The sum of \$1,840 is appropriated from the general fund
9 to the State-Operated School System for an unpaid bill due the Alaska
10 Village Electric Co-op for the purchase of a cable for the Teller school.

11 * Sec. 2. The sum of \$1,529.50 is appropriated from the general fund
12 to the Department of Public Works for unpaid charter flight charges by
13 Island Flying Service.

14 * Sec. 3. The sum of \$823.41 is appropriated from the general fund to
15 the Department of Revenue for the reissue of stale date warrants.

16 * Sec. 4. This Act takes effect on the day after its passage and
17 approval or on the day it becomes law without approval.

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Original sponsor: Rules Committee by
request of the Governor

Offered: 3/14/73
Referred: Rules

1 IN THE HOUSE

BY THE FINANCE COMMITTEE

2 CS FOR HOUSE BILL NO. 139

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 EIGHTH LEGISLATURE - FIRST 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 \$1,840 is appropriated from the general fund to
10 the State-Operated School System for an unpaid bill due the Alaska Village
11 Electric Co-op for the purchase of a cable for the Teller school.

12 * Sec. 2. The sum of \$1,529.50 is appropriated from the general fund to
13 the Department of Public Works for unpaid charter flight charges by Island
14 Flying Service.

15 * Sec. 3. The sum of \$823.41 is appropriated from the general fund to the
16 Department of Revenue for the reissue of stale date warrants.

17 * Sec. 4. The sum of \$1,196.60 is appropriated from the general fund to
18 the Department of Administration for an unpaid bill to the Fairbanks Medical
19 and Surgical Clinic.

20 * Sec. 5. The sum of \$327 is appropriated from the general fund to the
21 Department of Fish and Game for unpaid bills to Service Electric Co., Inc.
22 and to Western Alaska Airlines.

23 * Sec. 6. The sum of \$7,394.27 is appropriated from the general fund to
24 the Department of Health and Social Services for payment of various unpaid
25 bills for medical and other vendors.

26 * Sec. 7. This Act takes effect on the day after its passage and approval
27 or on the day it becomes law without approval.

28
29

TO: Myrton R. Charney, Director
Division of Budget and Management
Department of Administration

DATE : November 15, 1972

FROM: Stanley Friese
Superintendent
Alaska State-Operated School System

SUBJECT: Supplemental Appropriation -
Vendor Payment

The attached invoice dated September 22, 1969, was received by Alaska State-Operated Schools from the Division of Buildings on November 8, 1972. According to the Division of Buildings, it appears to be a legitimate charge incurred by Alaska Village Electric Co-op for the purchase of cable at our Teller school.

Since the invoice exceeds the two year statutory requirement for the payment of State obligations, we are requesting that a supplemental appropriation in the amount of \$1,840.00 be processed by your office.

A copy of the invoice and a letter of explanation by the Division of Buildings is attached for your information.

S. P.



SF:jle

Attachments

Misc. Claims

MEMORANDUM

State of Alaska

TO: Myrton R. Charney, Director
Division of Budget & Management
Department of Administration

DATE : January 10, 1973

FROM: W. L. Riddle *WLR*
Fiscal Officer
Department of Public Works

SUBJECT:

Attached are eight copies of form SA-05 issued to Island Flying Service from May 1969 through July 1970. After many requests for them to submit the original SA-05 we finally received a listing and four originals on August 8, 1972 totaling \$1,529.50.

These bills are all just and proper but due to the two year limitation of paying bills they should be submitted to the present legislature for funds to be appropriated for payment.

WLR/1h

RECEIVED

JAN 11 1973

BUDGET & MANAGEMENT

TO: Mr. Gene Smith
Director of Budget and Management

DATE: January 3, 1973

FILE NO:

FROM: John M. Daugherty
Director, Treasury Div.
Dept. of Revenue

SUBJECT: "Stale Dated" warrants for
which appropriation is
requested.

C. F. Williams.....	\$ 15.92
George Salzman.....	231.03
Leonard C. Lizardo.....	16.95
Thomas Keever.....	29.00
1st Nat. Bank of Ore.....	2.82
Joseph Oates, Jr.	103.07
Willie Omik	66.00
Willie Omik	77.75
Willie Omik	47.61
Willie Omik	87.75
Shirley Sharratt.....	21.51

Total \$ 699.46

Added with approval of	699.46
Mr. Gene Smith Jan. 12, '73	
Robert & Jessie Bloom	100.20

Total \$ 799.66

Added with the approval of	
Mr. Gene Smith Jan. 18, '73	23.75
for Audrey Sweeney	

Total 823.41

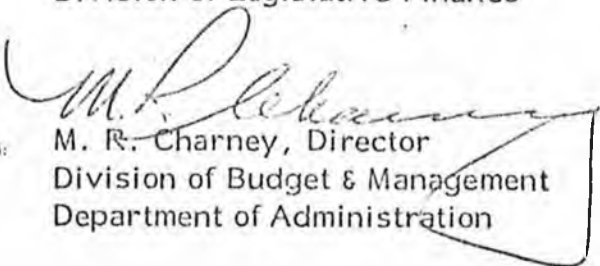
*Sent to Donna Spragg
1-18-73
L*

STATE
of ALASKA

MEMORANDUM

TO: Jay Hogan, Director
Division of Legislative Finance

DATE : March 13, 1973

FROM: 
M. R. Charney, Director
Division of Budget & Management
Department of Administration

SUBJECT: HB 139 Miscellaneous Claims

The following is a list of unpaid claims to be added to House Bill 139 for supplemental appropriation:

1. The sum of \$1,196.60 to Department of Administration for an unpaid bill to Fairbanks Medical & Surgical Center for Helen Callahan, resident of the Pioneers' Home.
2. The sum of \$327.00 to Department of Fish & Game for unpaid bills to Service Electric Co., Inc. for a saw and Western Alaska Airlines for charter flight.
3. The sum of \$7,394.27 to Department of Health & Social Services for various unpaid bills for medical and regular expenses to various vendors.


This will bring the total appropriation to \$13,110.78.

STATE
of ALASKA

MEMORANDUM

TO: [M. R. Charney, Director
Division of Budget and Management

DATE: March 13, 1973

FROM: Robert Lesher 
Administrative Officer
Department of Administration

SUBJECT: Supplemental Appropriation
for Outstanding Accounts

Please be advised the request for a supplemental appropriation for the outstanding account with the Fairbanks Medical and Surgical Clinic is \$1,196.60.

This is for costs incurred between February, 1968 and December, 1970 and does not include the financial charges of \$280.56. This charge has been discounted by the clinic.

Details of this account are attached.

RL/mjc
Enclosure:

MEMORANDUM

State of Alaska

TO: Myrton R. Charney, Director
Division of Budget and Management
Department of Administration

DATE : January 25, 1973

FROM: Vern Roberts, Director *VR*
Division of Administration
Department of Fish and Game

SUBJECT: Requests for supplemental
appropriations, old billings

The Department of Fish and Game respectfully requests a supplemental appropriation for the following two billings:

1. Service Electric Co., Inc. - Invoice #8514 - dated 3/19/68 in the amount of \$83.00
2. Western Alaska Airlines - Invoice #6825 - dated 5/16/69 in the amount of \$244.00

We have attached copies of all our material with reference to the above.

Thank you.

cc: Accounting

TO: M.R. Charney, Director
Dept. of Administration
Div. of Budget & Management

Thru: Roger C. Lange, Comptroller
Dept. of Health & Social Services

FROM: Ray Davidson, Fiscal officer
Dept. of Health & Social Services

DATE : March 1, 1973

SUBJECT: Statute of limitations
outdated billings

The attached billings were not submitted for payment by vendors until after the statute of limitations required legislation to process them (2 years after service). We would appreciate legislative approval for supplemental funds to enabling us to make payment to these vendors.

Regular Billings	1996.25
Medical Billings	5398.02
Total	7394.27

HB139

January 23, 1973

The Honorable Tom Fink
Speaker of the House
Alaska State Legislature
Juneau, Alaska 99801

Dear Mr. Speaker:

Pursuant to the Uniform Rules of the Legislature
I am transmitting a bill appropriating \$4,192.91
for various miscellaneous claims dating from past
fiscal years.

The appropriations in this bill are allocated as
follows:

To the State-operated School System for an unpaid bill due Alaska Village Co-op.....	\$1,840.00
To the Department of Public Works for unpaid charter flight charges.....	1,529.50
To the Department of Revenue for the reissue of stale date warrants.....	<u>823.41</u>
	\$4,192.91

Sincerely,

William A. Egan
Governor



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 O. Smith
Signature of Camera Operator

4/26/89
Date

Introduced: 1/25/73
Referred: Labor & Management
and Finance

BY THE RULES COMMITTEE BY
REQUEST OF THE GOVERNOR

1 IN THE HOUSE

2 HOUSE BILL NO. 140

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 EIGHTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act extending employment security coverage to
7 employees of the state; and providing for an
8 effective date."

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

10 * Section 1. AS 23.20.276(a) is amended to read:

11 (a) Benefits paid to employees of nonprofit organizations shall
12 be financed in accordance with the provisions of this section and sec.
13 277 of this chapter. For the purposes of this section and sec. 277 of
14 this chapter, a nonprofit organization is the State of Alaska, or
15 an organization, or group of organizations, described in sec. 501(c)(3)
16 of the U. S. Internal Revenue Code and exempt from income tax under
17 sec. 501(a) of that code.

18 * Sec. 2. AS 23.20.278 is amended to read:

19 Sec. 23.20.278. FINANCING BENEFITS PAID TO EMPLOYEES OF THE
20 STATE [HOSPITALS AND INSTITUTIONS OF HIGHER EDUCATION]. The state or
21 an instrumentality of the state subject to this chapter, under sec.
22 525(a)(4) of this chapter, shall pay contributions under the provisions
23 of sec. 165 of this chapter, unless it elects to reimburse the de-
24 partment for the unemployment compensation fund according to the pro-
25 visions applicable to nonprofit organizations under sec. 277 of this
26 chapter.

27 * Sec. 3. AS 23.20.325(a) is amended to read:

28 (a) A service performed for an employing unit, including [STATE
29 DEPARTMENTS AND AGENCIES,] municipalities [,] or other political sub-

1 divisions of the state, which is excluded under the definition of
2 employment, and with respect to which no payments are required under
3 the employment security law of another state or of the federal govern-
4 ment, is considered employment for all purposes of this chapter if the
5 department approves a written election to that effect filed by the
6 employing unit for which the service is performed, as of the date
7 stated in the approval. The department may not approve an election
8 unless it (1) includes all the service of the type specified in each
9 establishment or place of business for which the election is made, and
10 (2) is made for not less than two calendar years.

11 * Sec. 4. AS 23.20.520(12) is amended to read:

12 (12) "employing unit" means the State of Alaska, or an
13 individual or type of organization, partnership, association, trust,
14 estate, joint trust company, insurance company or domestic or foreign
15 corporation, or the receiver, referee in bankruptcy, trustee, or
16 successor of one of these, or the legal representative of a deceased
17 person, which has or subsequent to January 1, 1937, had one or more
18 individuals performing service for it within the state; an [AND] indi-
19 vidual performing services inside the state for an employing unit which
20 maintains two or more separate establishments inside the state is
21 considered as employed by a single employing unit for the purposes of
22 this chapter; notwithstanding any provision in this chapter, any
23 employing unit which employs individuals whose services must be
24 covered by the unemployment insurance laws of this state after
25 December 31, 1971 as a condition of approval of the unemployment in-
26 surance laws of this state under sec. 3304(a) of the U. S. Internal
27 Revenue Code of 1954, as amended, will be considered an employer as
28 to those individuals and shall be subject to contributions on all
29 wages paid after December 31, 1971, or reimbursement payments to

1 cover benefits paid based on services performed after December 31,
2 1971, depending on the applicable law;

3 * Sec. 5. AS 23.20.525(a)(4) is amended to read:

4 (4) service performed after December 31, 1971 by an indi-
5 vidual in the employ of this state or any instrumentality of this
6 state [, OR IN THE EMPLOY OF THIS STATE AND ONE OR MORE STATES OR THEIR
7 INSTRUMENTALITIES, FOR A HOSPITAL OR INSTITUTION OF HIGHER EDUCATION IN
8 THIS STATE (EXCEPT SERVICE DESCRIBED IN SEC. 526(d) OF THIS CHAPTER)
9 IF THE SERVICE IS EXCLUDED FROM THE TERM "EMPLOYMENT" SOLELY BY REASON
10 OF SEC. 3306(c)(7) OF THE FEDERAL UNEMPLOYMENT TAX ACT];

11 * Sec. 6. AS 23.20.526(a)(16) is amended to read:

12 (16) [EXCEPT AS PROVIDED IN SEC. 525(a)(4) OF THIS CHAPTER,]
13 service performed in the employ of [THE STATE OR] a political sub-
14 division of the state unless coverage is elected under sec. 325 or
15 sec. 326 of this chapter;

16 * Sec. 7. AS 23.20.526(d)(4) is amended to read:

17 (4) for a [STATE] hospital in a state prison or other state
18 correctional institution by an inmate of the [A] prison or correctional
19 institution;

20 * Sec. 8. AS 23.20.526(d) is amended by adding new paragraphs to read:

21 (8) by persons elected to public office by popular vote or
22 appointed to fill vacancies in elected offices;

23 (9) by justices of the supreme court, judges of the superior
24 court, judges and magistrates of other state courts established by law;

25 (10) by the administrative director of the state court
26 system;

27 (11) by the employees of the legislature;

28 (12) by the commissioner and deputy commissioner of each
29 principal department in the executive branch;

1 (13) by the chief administrative officer of each house of
2 the legislature;

3 (14) by persons employed in a professional capacity to make
4 a temporary and special inquiry, study, or examination as authorized
5 by the governor, the legislature, or a legislative committee; and

6 (15) by members and commissioners of state boards,
7 commissions or authorities.

8 * Sec. 9. This Act takes effect January 1, 1974.
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JUNEAU ALASKA

Alaska State Legislature
House

FINANCE COMMITTEE BILL ASSIGNMENT

TO: Representative Specking
House Finance Committee

DATE: February 26, 1973

FROM: Earl D. Hillstrand
Chairman
House Finance Committee

BILL NO.: HB 140

TITLE: An Act extending employment security coverage to
employees of the state; and providing for an
effective date.

COMMENTS: This bill has been referred to you for your review
and research and eventual presentation to the
committee for their consideration.

The Legislature of the State of Alaska
FISCAL NOTE
First Session - Eighth Legislature

I. REQUEST

Bill Identification: HB #140
 Title: Employment Security coverage State employees
 Requested by: Legislative Finance Date: 2/24/73
 Return Date Requested: 3/5/73
 Agency: Department of Labor Program: ESD-Unemployment Insurance

II. FISCAL DETAIL

Budget Request Unit(s) Affected: Labor, ESD-Unemployment Insurance

A. EXPENDITURES: (Thousands of dollars)

OBJECT	FY 73	FY 74	FY 75	FY 76	FY 77	FY 78
100 PERSONAL SERVICES		2.3	52.5	80.5	85.9	104.2
200 TRAVEL						
300 CONTRACTUAL						
400 COMMODITIES		.5	13.2	20.1	21.5	26.1
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
BENEFITS		0.0	646.0	1002.0	*	*
TOTAL	XXX	2.8	711.7	1102.6	107.4	130.3

B. FUNDING: (Thousands of dollars)

GENERAL FUND		\$0.0	\$696.0	\$1002.0	*	*
FEDERAL FUNDS		2.8	65.7	100.6	107.4	130.3
OTHER						

*Costs can not be accurately projected this many years in advance.

C. POSITIONS:

(Non-Contingency/Contingency)

PERMANENT/TEMPORARY	/	.06/.10	1.3/2.2	1.9/3.22	2.06/3.44	2.2/3.78
MAN MONTHS (P./T.)	/	/	/	/	/	/

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

Assumptions-\$17,717=FY '74 Federal Dollars/Manyear

-Increase 17,717 by 5% per year

-Use contingency as base for determinations

-Non-contingency (permanent)=60% of contingency expectation

-Commodities .25% of Personal Services

Purpose: To provide Unemployment Insurance benefits to all non-covered State employees.

- IV. ATTACHMENTS
1. Contingency Manyear table
 2. Benefits table

V. DATE: March 8, 1973 PREPARED BY: Roger A. Harman
Fiscal Officer

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)

ATTACHMENT # 1

Contingency Workload Table

	FY '73	FY '74	FY '75	FY '76	FY '77	FY '78
Wage	-----	0.1	0.29	0.32	0.33	0.35
New Claims	-----	0.0	0.47	0.72	0.72	0.96
Weeks Claimed	-----	0.0	1.40	2.08	2.25	2.29
Non-Monetary	-----	0.0	0.02	0.03	0.04	0.05
Appeals	-----	<u>0.0</u>	<u>0.03</u>	<u>0.07</u>	<u>0.10</u>	<u>0.13</u>
		0.1	2.21	3.22	3.44	3.78

ATTACHMENT 2 - A

TABLE 2

Estimated Reimbursable U.I. Costs to Cover
 Alaska State Government Employees
 Under H.B. 140 and Benefit Provisions
 of H.B. 252 ^{a/}
 (\$ Thousands)

MOST LIKELY REIMBURSABLE BENEFIT COSTS	FISCAL YEAR		
	<u>1974</u>	<u>1975</u>	<u>1976</u>
Total		\$1,164	\$1,897
Less Federal Funds (25%)		<u>291</u>	<u>474</u>
Net State Cost	\$0	\$873	\$1,423

^{a/} Assuming costs under the benefit provisions of H.B. 252 in fiscal year 1975 will be 35% greater than present law and 42% greater in fiscal year 1976.

ATTACHMENT 2 - B

TABLE 1

Estimated U.I. Costs to
 Cover Alaska State Government Employees
 Under H.B. 140 and Present Law ^{a/}
 (\$ Thousands)

MOST LIKELY BENEFIT COSTS	FISCAL YEAR		
	<u>1974</u>	<u>1975</u>	<u>1976</u>
<u>Regular Basis</u> ^{b/}			
Total Assessed Contributions	\$1,716	\$1,848	\$2,004
Less Employee Contributions	<u>286</u>	<u>308</u>	<u>334</u>
Total State Cost	\$1,430	\$1,540	\$1,670
Less Federal Funds (25%)	<u>358</u>	<u>385</u>	<u>418</u>
Net State Cost	\$1,072	\$1,155	\$1,252
<u>Reimbursement Basis (H.B. 140)</u> ^{c/}			
Total		\$862	\$1,336
Less Federal Funds (25%)		<u>216</u>	<u>334</u>
Net State Cost	\$0	\$646	\$1,002

- ^{a/} Assuming an 8% increase in State government payroll for additional services covered by H.B. 140.
- ^{b/} Assuming the State is experience rated and pays contributions in the lowest rate class of A.S. 23.20.290, 1.5% employer and .3% employee.
- ^{c/} Assuming benefit costs are .8% of State government payroll for additional services covered by H.B. 140.



RECORDS CERTIFICATION



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James O. Smith
Signature of Camera Operator

4/26/89
Date

Introduced: 1/26/73
Referred: Health, Welfare &
Education and Finance

BY BRADNER, BOWMAN, CARROL, CHANCE
MEEKINS, PARKER, M. MILLER AND
GARDINER

1 IN THE HOUSE

2 HOUSE BILL NO. 143

3 IN THE LEGISLATURE OF THE STATE OF ALASKA

4 EIGHTH LEGISLATURE - FIRST SESSION

5 A BILL

6 For an Act entitled: "An Act placing a student on the Board of Regents of
7 the University of Alaska; and providing for an
8 effective date."

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

10 * Section 1. AS 14.40.120 is amended to read:

11 Sec. 14.40.120. UNIVERSITY GOVERNED BY BOARD OF REGENTS. The
12 University of Alaska shall be governed by a Board of Regents consisting
13 of nine [EIGHT] regents.

14 * Sec. 2. AS 14.40.140 is amended to read:

15 Sec. 14.40.140. TERM OF OFFICE. Except for a student regent as
16 specified in sec. 150(b) of this chapter, the [THE] term of office of
17 a regent is eight years. The term of office begins on the first Monday
18 in February of the year in which the appointment is made. Each regent
19 serves until his successor is appointed and qualifies.

20 * Sec. 3. AS 14.40.150 is amended by adding a new subsection to read:

21 (b) At least one member of the Board of Regents shall be a full-
22 time student, appointed from a list of two students submitted to the
23 governor from each campus site of the University of Alaska after an
24 election is held at each campus site. Elections shall be conducted
25 under rules established by the Governor's Commission on the Involvement
26 of Young People in Government (AS 44.19.777 - 44.19.787). The term of
27 office of a student regent is two years. For purposes of this sub-
28 section, "full-time student" means

29 (1) a person who, at the time of appointment, is enrolled

1 in courses at the University of Alaska equal to nine academic credit
2 hours or the equivalent of nine academic credit hours in career
3 education, including but not limited to vocational and technical
4 programs, or

5 (2) a person who, at the time of appointment, is enrolled
6 in graduate courses at the University of Alaska equal to six graduate
7 academic credit hours.

8 * Sec. 4. This Act takes effect on the day after its passage and approval
9 or on the day it becomes law without approval.

The Legislature of the State of Alaska

FISCAL NOTE

First Session - Eighth Legislature

I. REQUEST

Bill Identification: HR 143
 Title: Student on Bd of Regents
 Requested by: Legislative Finance Date: 3/5/73
 Return Date Requested: 3/12/73
 Agency: University of Alaska Program: Board of Regents

II. FISCAL DETAIL

Budget Request Unit(s) Affected: Education, Higher Education- U of A Central Governanc

A. EXPENDITURES: (Thousands of dollars)

OBJECT	FY 73	FY 74	FY 75	FY 76	FY 77	FY 78
100 PERSONAL SERVICES						
200 TRAVEL		1,765				
300 CONTRACTUAL		235				
400 COMMODITIES						
500 EQUIPMENT						
600 LAND & STRUCTURES						
700 GRANTS, CLAIMS, ETC.						
TOTAL		2,000				

B. FUNDING: (Thousands of dollars)

GENERAL FUND		2,000				
FEDERAL FUNDS						
OTHER						

C. POSITIONS:

PERMANENT/TEMPORARY	/	/	/	/	/	/
MAN MONTHS (P./T.)	/	/	/	/	/	/

III. ANALYSIS (See Fiscal Note Preparation Instructions, Section III)

One extra member of Board of Regents would increase the Travel and subsistence (Per Diem) costs of that account. Based upon reasonable assumptions, estimate:

Travel - 8 trips @ \$80	\$640	
Travel - 1 trip @ \$180	180	
Per Diem 27 da. @ \$35	945	\$1765
Support costs - mailing, postage, etc.		235
		<u>\$2,000</u>

IV. ATTACHMENTS

V. DATE: 8 March 1973

PREPARED BY: Harold A. Byrd

Original: Legislative Finance
 cc: Budget and Management
 Prime Sponsor (First Legislator Named)



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James O. Smith
Signature of Camera Operator

4/26/89
Date

Original sponsors: Ose, Beirne
Fritz, et al

Offered: 3/7/73
Referred: Finance

IN THE HOUSE

BY THE HEALTH, EDUCATION AND
SOCIAL SERVICES COMMITTEE

CS FOR HOUSE BILL NO. 146

IN THE LEGISLATURE OF THE STATE OF ALASKA

EIGHTH LEGISLATURE - FIRST SESSION

A BILL

For an Act entitled: "An Act making a special appropriation to the Alaska
State Council on the Arts; and providing for an
effective date."

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

* Section 1. The sum of \$20,000 is appropriated from the general fund to
the Alaska State Council on the Arts to be used to provide funds for matching
grants to student artistic and cultural organizations, and to individual
students of demonstrated proficiency and particular promise in the fine arts.

* Sec. 2. The unexpended and unobligated portion of this appropriation
lapses into the general fund June 30, 1974.

* Sec. 3. This Act takes effect on the day after its passage and approval
or on the day it becomes law without approval.

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