

ALASKA LEGISLATURE

2411

HOUSE and SENATE FINANCE COMMITTEE FILES,

2001 - 2002

Department of Corrections
2002 Miscellaneous Claims

Invoice Date	Vendor Name	Invoice Number	Description	Component	Colocation Code	Account Code	Amount
1/12/99	HPS Agricultural	#2175783	freight	Point McKenzie	20665001	73460	\$ 79.00 ✓
5/27/99	New Printer's Workshop	#33195	stamp	Cook Inlet CC	20663243	74229	\$ 23.95 ✓
3/20/00	West Publishing Corp.	#58728	publications	Fairbanks CC	20662130	73563	\$ 235.95 ✓
4/12/00	Alaska Textiles, Inc.	#31472	pants	Fairbanks CC	20662130	74608	\$ 706.86 ✓
4/12/00	Alaska Textiles, Inc.	<u>#33523</u>	shirts	Fairbanks CC	20662130	74608	\$ 33.58
4/12/00	Alaska Textiles, Inc.	<u>#31483</u>	shirts	Fairbanks CC	20662130	74608	\$ 140.07
5/25/00	Wesgro Distributing, Inc.	#5256	masonry	Spring Creek CC	20663320	73724	\$ 569.70 ✓
2/7/96	Alaska Financial Services	#9267447	ambulance	Inmate Health Care	20661520	73239	\$ 250.00 ✓
11/4/96	James Bertelson, MD	#1-400894-1	medical	Inmate Health Care	20661520	73238	\$ 1,100.00 ✓
5/15/97	New Printer's Workshop	#28029	stationary	Inmate Health Care	20661520	73560	\$ 65.00 ✓
							<u>\$ 3,204.11</u>

Office of
MANAGEMENT & BUDGET
JAN 22 2002

STATE OF ALASKA /

DEPARTMENT OF CORRECTIONS

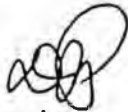
MEMORANDUM

Division of Administrative Services
P.O. Box 112000
Juneau, Alaska 99811-2000
Phone (907) 465-3376 Fax (907) 465-2006

TO: Joan Brown, Chief Budget Analyst
Office of Management and Budget

DATE: January 17, 2002

THRU:

FROM: Dwayne Peoples, Director 
Division of Administrative Services
Department of Corrections

SUBJECT: ADN 2020019
Miscellaneous Claims

The Department of Corrections' miscellaneous claims request is in the amount of \$ 3180.16. The department has received invoices from various vendors for services and purchases rendered during prior fiscal years. These claims have been examined and verified as obligations not yet paid. Research indicated that these invoices were not received in the department during the fiscal year in which the obligation occurred and were not included in the final expenditure determinations. Therefore, a valid claim exists and payment is due.

Attached for your review is a spreadsheet summarizing these claims and copies of the invoices.

Your consideration and approval of this request is appreciated. Should you have any questions or need additional information, please contact me.

Attachment

cc: DOC Budget/Revenue Files
Tuula Marquardt, Program Budget Analyst

RECEIVED
JAN 17 2002
BUDGET AND FINANCE



HPS

571 Whaley Pond Rd. • P.O. Box 1 • Grandville, SC 29829

AGRICULTURAL
PRODUCTS AND SERVICES DIV.

CONTENTS—MERCHANDISE | THIS PARCEL MAY BE OPENED FOR POSTAL INSPECTION IF NECESSARY
RETURN POSTAGE GUARANTEED

DATE 1/12/99
ORD 2175783
MATCH CODE 9155102

PHONE 907 376 2976
NAME STATE OF ALASKA
DEPT OF CORRECTIONS
POINT MCKENZIE REHAB PROGRAM
MILE 1 GUERNSEY RD
PO #20665001
WASILLA AK 99687 3889

Attn: Rafa



HPS

571 Whaley Pond Rd. • P.O. Box 1 • Grandville, SC 29829

AGRICULTURAL
PRODUCTS AND SERVICES DIV.

CONTENTS—MERCHANDISE | THIS PARCEL MAY BE OPENED FOR POSTAL INSPECTION IF NECESSARY
RETURN POSTAGE GUARANTEED

DATE 1/12/99
ORD 2175783
MATCH CODE 8155102

PHONE 907 376 2976
NAME STATE OF ALASKA
DEPT OF CORRECTIONS
POINT MCKENZIE REHAB PROGRAM
MILE 1 GUERNSEY RD
PO #20665001
WASILLA AK 99687 3889

Attn: Rafa
Rehabilitation Project

STATE OF ALASKA
DEPT OF CORRECTIONS
POINT MCKENZIE REHAB PROGRAM
MILE 1 GUERNSEY RD
PO #20665001
WASILLA AK 99687 3889

BILL TO ORDER# 2175783
CHG. CARD NO. 907 376 2976
TELEPHONE
ROAD NAME

Attn: Rafa

PAGE 1

INSTRUCTIONS: BILL TO/FOR SHIPPING ON ORDER #1508937
RETAIN THIS PACKING LIST AS YOUR ORDER RECORD IN CASE ANY ADJUSTMENT IS NECESSARY.
PLEASE CHECK CODE COLUMN FOR ANY NECESSARY EXPLANATION.

SEE LEGEND BELOW

DATALOG NUMBER	UNIT OF MEASURE	QTY.	DESCRIPTION	TOTAL PRICE
100-00	EA	1	MISC/SHIPPING CHARGE FOR ORDER #1508937 PER MIKE Gordon ON 3-4-98. <i>SR# 22-0134 (F4-02)</i>	79.00

I certify that this is a just and proper bill and authorize the Department Certifying Officer to effect payment.
PVN _____ INV 2175783
AC _____ AMT _____
AC 74440 AMT 79.00
AC _____ AMT _____
LC 76800050 CA _____
DO _____ EN _____
CC 20665001 PRG 15880
Wright 7/31/01
Signature Date

DATA
This is an R.H. Shumway invoice that was paid with stock # 25968938 document A 116350002.
ENTERED The \$79.00 due is an additional UPS charge.



2175783

PRODUCTS OUT, will be shipped by some of our regular carriers.
CONTAINER, located or seen to follow in a truck or for use with your order.
STATION, depend on order and available. Suppliers will be listed item of order or name.
ALERT STOCK, These items will be shipped directly from the warehouse of the order out.
SHIPMENT
RAPIDLY SHIPPED.

YOU MAY HAVE TO SEND YOUR ORDER IN SEVERAL INSTALLMENTS. SEEDS AND SUPPLIES ARE GENERALLY SHIPPED SOON AFTER RECEIPT OF THE ORDER PLANTS, TREES AND NURSERY ITEMS WILL BE SENT AS SOON AS WEATHER PERMITS, OR IN SEASON.

PAID BY _____
CHECKED BY _____

TOTAL FOR MERCHANDISE	79.00
TOTAL ABOVE	79.00
PACKING & HANDLING	.00
TRANSPORTATION CHARGES	.00
REMITTANCE	.00
TOTAL	79.00
PACKING LIST	79.00
BALANCE DUE	79.00

WEST PUBLISHING CORP
620 OPPERMAN DRIVE
P.O. BOX 64833
ST PAUL MN 55164-0833

CUSTOMER INVOICE
CUSTOMER REQUEST COPY

REQUESTED BY: JCT
ACCOUNTS RECEIVABLE
JUL 06,01 AT 13:21
PAGE 1

ACCOUNT NUMBER: 473-201-478
INVOICE#: 58728
ORDER ID: 97657-2516
SHIP DATE: 03/20/00

VENDOR# | 41-1426973

BILL-TO: STATE OF ALASKA
CORRECTIONS DEPT
COMPLIANCE DIRECTOR
STE 207
4500 DIPLOMACY DR
ANCHORAGE AK 99508

SHIP-TO: STATE OF ALASKA
CORRECTIONS DEPT
1931 EAGAN ST
FAIRBANKS AK 99701

PUB NO	QUAN	PUBLICATION DESCRIPTION	BOOKS	PRICE	TOTAL
2194.5	1	WEST 9TH DEC DIG PT2 V11 TO V13 IN 3 BOOKS	3	186.00	186.00
28922.1	1	WEST BLACKS LAW DICTIONARY 7TH NO TAX SHIP VIA UPS 2ND DAY AIR PHONE# (907)269-7400	1	49.95	49.95
			4T		235.95

APPROVED FOR PAYMENT
CC 2066-2130 LC 76700004
RD 20202 - CA

PC 15730 AC 73563

AMTS 235.95

[Signature]

SIGNATURE

11-15-01

DATE

NOV 20 2001

Alaska Textiles, Inc.
 620 West Fireweed Lane
 Anchorage, AK 99505
 USA
 Phone (907) 265-4551
 Fax (907) 265-4551

Invoice

Account No:
 803353

Invoice #
3-1472

Date:
 07/24/00

Terms
 Net 30 Days

Bill To:
 Fairbanks
 1921 Eagan St.
 Fairbanks, AK 99701

Ship To:
 Joy Dave/DC #377154
 Alaska St.-Corr-Fairbanks
 1921 Eagan St.
 REQ. 205605220-1
 Fairbanks, AK 99701

Item # 1921-1-1
 Item # 1921-1-2
 Item # 1921-1-3
 Item # 1921-1-4

Ship Instructions:
 FOB Anchorage
 Instructions:

Qty	Unit	Item #	Description	Unit Price	Total Price
1	ea	*9911-1-1	Pants, 65/35, Navy Blue, 34	24.99	24.99
1	ea	*9921-1-1	Pants, 65/35, Navy Blue, 34	30.60	30.60
1	ea	*9926-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9946-2-1	Pants, 65/35, Navy Blue, 34	33.60	33.60
1	ea	0.00	0.00
1	ea	*9941-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9942-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9943-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9944-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9945-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9946-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9947-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9948-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9949-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9950-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9951-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9952-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9953-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9954-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9955-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9956-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9957-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9958-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9959-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60
1	ea	*9960-1-1	Pants, 65/35, Navy Blue, 34	36.60	36.60

PAY FROM THIS INVOICE PLEASE
Finally Rec'd? Please call!

APPROVED FOR PAYMENT **FY00**
 CC 2056-2130 LC 76700004
 RD 20102 CA DO # 377154
 PC 15730 AC 74608
 AMT 706.86
 Joy Davis
 SIGNATURE
 8-23-01
 DATE

Thank you for your business. Special cut, non-stock, altered, modified, worn, or washed items cannot be returned for exchange or credit. We charge all freight costs and source restocking fees on non-stock returns. We accept returns/exchanges within 30 days of invoice date. Please pay from this invoice. Service charges of 2.5% per month will accrue 30 days from ship date.

Sales Amount	706.86
AP Tax	0.00
Ship/Handling	0.00
Invoice Total	706.86
Deposit:	0.00
Balance Due	706.86

FAIRBANKS CORRECTIONAL CENTER
 JUL 28 2000
 FAIRBANKS, AK

DELIVERY ORDER FROM: **STATE OF ALASKA** DELIVERY ORDER NUMBER

FAIRBANKS CORRECTIONAL CENTER
101 EAGAN AVENUE
FAIRBANKS, ALASKA 99701

ATTN: Joy Davis 907-452-4343

COMPANY CONTACT NAME TELEPHONE GS VENDOR CODE
 Jim Long 800-478-4882

CONTRACTOR FAX (907) 265-4850
 Alaska Textiles
 620 Fireweed Lane
 Anchorage, Alaska 99503

DATE DELIVERY REQUIRED
 07/31/00

F.O.B. POINT
 FINAL DESTINATION

ORDER ISSUED IN CAP
ACCORDANCE WITH QUOTE#

DATE OF ORDER
 05/22/00

AGENCY REQUISITION NO.
 2066052200-2

Exp. Date
 Dated

Order to be 3 DAY RUSH Surface Parcel Post Other-See Text
 Shipped via Air Freight Surface Freight Vendor's Choice

SHIPPING INSTRUCTIONS
 Please refer to our order number (DO) on all invoices related to this order

NOTE: This order constitutes a binding commitment between the state and the contractor listed herein. Unauthorized modification without the expressed prior approval of the purchasing authority will result in a financial obligation on the contractor and/or unauthorized state personnel making the change

ITEM NO	COMMODITY	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	20072	3	Each	8610-07 Women's Pant Pleated Front Size 7 Unhemmed-Navy	24.09	72.27
2	20072	3	Each	8610-07 Women's Pant Pleated Front Size 16 Unhemmed-Navy	24.09	72.27
3	20072	6	Each	8610-07 Women's Pant Pleated Front Size 26 Unhemmed-Navy	28.99	173.94
4	20072	7	Each	2610-07 Men's Pant Pleated Front Size 34 Unhemmed-Navy	24.09	168.63
5	20072	3	Each	2610-07 Men's Pant Pleated Front Size 35 Unhemmed-Navy	24.09	72.27
6	20072	8	Each	2610-07 Men's Pant Pleated Front Size 38 Unhemmed-Navy	24.09	192.72
7	20072	3	Each	2610-07 Men's Pant Pleated Front Size 40 Unhemmed-Navy	24.09	72.27
8	20072	3	Each	2610-07 Men's Pant Pleated Front Size 42 Unhemmed-Navy	24.09	72.27
9	20072	3	Each	2610-07 Men's Pant Pleated Front Size 34 x 36-Navy	24.09	72.27
10	20072	3	Each	2610-07 Men's Pant Pleated Front Size 35 x 30-Navy	24.09	72.27
11	20072	3	Each	2610-07 Men's Pant Pleated Front Size 40 x 34-Navy	24.09	72.27
12	20072	5	Each	9849 Women's Pant Plain Front Size 12 Unhemmed-Navy	30.60	153.00
13	20072	1	Each	9849 Women's Pant Plain Front Size 16 Unhemmed-Navy	30.60	30.60
14	20072	1	Each	9849 Women's Pant Plain Front Size 24 Unhemmed-Navy	33.66	100.98
15	20072	9	Each	9949 Men's Pant Plain Front Size 33 Unhemmed-Navy	30.60	275.40
16	20072	14	Each	9949 Men's Pant Plain Front Size 34 Unhemmed-Navy	30.60	428.40
17	20072	4	Each	9949 Men's Pant Plain Front Size 35 Unhemmed-Navy	30.60	91.80
18	20072	1	Each	9949 Men's Pant Plain Front Size 36 Unhemmed-Navy	30.60	30.60
19	20072	16	Each	9949 Men's Pant Plain Front Size 38 Unhemmed-Navy	30.60	489.60
20	20072	15	Each	9949 Men's Pant Plain Front Size 40 Unhemmed-Navy	30.60	459.00
21	20072	3	Each	9949 Men's Pant Plain Front Size 42 Unhemmed-Navy	30.60	91.80
22	20072	1	Each	9949 Men's Pant Plain Front Size 44 Unhemmed-Navy	33.66	33.66
23	20072	2	Each	9949 Men's Pant Plain Front Size 32 x 32-Navy	30.60	91.80
24	20072	2	Each	9949 Men's Pant Plain Front Size 34 x 33-Navy	30.60	91.80
25	20072	3	Each	9949 Men's Pant Plain Front Size 36 x 30-Navy	30.60	91.80

SEND INVOICE IN DUPLICATE TO: Same as "FROM" address shown above. Page 1 of 1 TOTAL OF ALL PAGES \$ 4588.09

REF	TYPE	NUMBER	AMOUNT	DATE	COMMENTS
1	PVN				
2	DO	377154	4628.75	05-22-00	
3					
4					

FIN	AMOUNT	SY	CC	PGM	LC	ACCT	FY	DATE	LIQ
1	4588.09	00	20662130	15730	76700004	74608			
2									
3									
4									

PURCHASING AUTHORITY NAME TITLE **PURCHASING AUTHORITY SIGNATURE** TELEPHONE NUMBER
 Joy Davis Administrative Manager *Joy Davis* 907-452-4343
 FAX 907-456-3801

I certify that I have received the material shown or accepted on reverse
 Name and Title Joy Davis, Administrative Manager Signature Date Received

- IMPORTANT:**
- D.O. number and receiving agency name must appear on all invoices and document relating to this order.
 - Do not overship or substitute.
 - Receipted freight bills must accompany all claims for freight charges.
 - The state is registered for tax free transactions under Chapter 32, IRS code. Registration number 92-601185. Items are for the exclusive use of the state and not for resale.

FY00

Item	Comm Code	Qty Ordered	Unit of Measure	DESCRIPTION	Unit Price	Extended Price
26	20072	(3)	Each	9949 Men's Pant Plain Front Size 36 x 32-Navy	30.60	91.80
27	20072	(3)	Each	9949 Men's Pant Plain Front Size 37 x 32-Navy	30.60	91.80
28	20072	(3)	Each	9949 Men's Pant Plain Front Size 38 x 30-Navy	30.60	91.80
29	20072	(3)	Each	9949 Men's Pant Plain Front Size 38 x 31-Navy	30.60	91.80
30	20072	(3)	Each	9949 Men's Pant Plain Front Size 39 x 35-Navy 40 x 35	30.60	91.80
31	20072	(3)	Each	9949 Men's Pant Plain Front Size 40 x 30-Navy	30.60	91.80
32	20072	(3)	Each	9949 Men's Pant Plain Front Size 40 x 32-Navy	30.60	91.80
33	20072	(1) 3 (2)	Each	9949 Men's Pant Plain Front Size 40 x 33-Navy (1)	30.60	91.80
				Freight Estimated		280.00
				7-11-00 Partial -	\$ 1219.51 00	
				7-31-00 Partial -	\$ 306.00 00	
				✓ ✓	\$ 336.60 00	
				✓ ✓	\$ 153.60 00	
				✓ ✓	\$ 765.00 00	
				8-10-00 ✓	\$ 1,192.42 00	
				8-23-00 ✓	\$ 153.00 00	
				8-20-01 ✓	\$ 706.80 00	
COMPLETED						
7						

Alaska Textiles, Inc.
 620 West Firweed Lane
 Anchorage, AK 99503
 USA
 Phone (907) 265-4580
 Fax (907) 265-4550

Invoice

Account No:
803353

Date:
07/25/00

Invoice #
3-1483
 Terms:
Net 30 Days

Bill To:

Fairbanks
 1931 Eagan St.
 Fairbanks, AK 99701

Ship To:

PO# 2066041200-1
 Alaska St.-Corr-Fairbanks
 1931 Eagan St.
 Fairbanks, AK 99701

Call Anchor (907) 450-5015
 Toll Free (907) 490-7456
 Alaska Textiles, Inc. 688
 PO# 2066041200-1

Ship Via: Drex Ship 907452501
 FOB: Anchorage
 Instructions: —

Qty	Unit	Item #	Description	Unit Price	Ext Price
1	EA	20924-1	Men's, L/S, REG. DIMENSION, BLUE, 16X34	23.71	23.71
1	EA	20925-1	Men's, Light Blue, L/S, 17X34	23.71	23.71
1	EA	20925-3	Shirt, Women's, Light Blue, L/S, Size 24	23.71	23.71
1	EA	129407	Emblem, Shoulder, Dept. of Cor.	1.50	1.50
1	EA	129408	Emblem, Back, Dept. of Cor.	1.50	1.50
1	EA	201453	Sew on Department of Corrections Inmate Patch Left Shoulder only at HONOLULU	0.75	0.75
1	EA	201454	Sew on Department of Corrections Inmate Patch Right Shoulder only at HONOLULU	0.75	0.75
1	EA	400005	Thank You	0.00	0.00

PAY FROM THIS INVOICE PLEASE

APPROVED
 CO 2511
 RD 2221
 PO 15730 - 74608
 AMT \$ 253.89
 SIGNATURE: Joy A. Davis
 DATE: 8-23-01
 ACCOUNT # 803353
 DO # 377139
 less credit of 113.82 = 140.07

Thank you for your business. Special cut, non-stock, altered, modified, worn, or washed items cannot be returned for exchange or credit. We charge all freight costs and source restocking fees on non-stock returns. We accept returns/exchanges within 30 days of invoice date. Please pay from this invoice. Service charges of 1.5% per month will accrue 30 days from ship date.

Sales Amount	253.89
Tax	0.00
Ship/Handling	0.00
Invoice Total	253.89
Deposit:	0.00
Balance Due	253.89

FAIRBANKS CORRECTIONAL CENTER

JUL 28 2000

FAIRBANKS, AK

Date: _____

Signature: _____

Alaska Textiles, Inc.
 20 West Fireweed Lane
 Anchorage, AK 99503

Phone (907) 265-4880
 Fax (907) 265-4850

Credit Memo
3-3472

Credit To:

Alaska St.-Corr-Fairbanks
 Fairbanks
 1931 Eagan St.
 Fairbanks, AK 99701

Order # 0000-0001
 Credit Date 10/25/00
 Account # 803353
 Cust PO/RA# 2066041200-1

Sales Jim L Rep 88

Attention:

Customer Phone (907) 452-5013
 Customer Fax (907) 490-7456

Quantity	Item Num	Description	Unit Credit	Ext Credit
1	Comment	this is a credit for the wrong retail charged to the	0.00	0.00
-1	*credit	credit amount due from original invoice 3-0673	113.82	-113.82
-1	*credit	credit amount due from original invoice 3-0283	71.13	-71.13

APPROVED FOR DEBIT
 CC 2004-2100 LC 76700
 ID 2000 OF DO# 377137
 IC 15730 IC 74608
 AMT <184.95>
 Signature Jim L. Davis
 DATE 8-23-01

FY00

377137

<113.82> INV# 31483
 <71.13> INV# 33523

FAIRBANKS CORRECTIONAL CENTER

NOV - 2 2000

FAIRBANKS, AK

Comments:

Thank you for your business.

Invoice 0003-3472: Page 1 of 1

Credit Amount	184.95CR
Tax	0.00
Ship/Handling	0.00
Credit Total	184.95CR
Credit Due	184.95CR

Alaska Textiles, Inc.
 620 West Fireweed Lane
 Anchorage, AK 99503
 IISA
 Phone (907) 265-4880
 Fax (907) 265-4850

Invoice

Account No:
 803353

Invoice No:
 3-3523

Date:
 10/27/00

Terms:
 Net 30 Days

Bill To:

Fairbanks
 1931 Egan St.
 Fairbanks, AK 99701

Ship To:

PO# 2066041200-1
 Alaska St.-Corr-Fairbanks
 1931 Egan St.
 Fairbanks, AK 99701

Cust. Phone: (907) 452-5013
 Cust. Fax: (907) 490-7456
 Sales Person: Jim L 88E
 Cust PO No: 2066041200-1

Ship Via: (wrap ship) 9074525013

FOB: Anchorage

Instructions:

Ship	BO	Unit	Item Num.	Description	Unit Price	Ext Price
1	0	EA	2035L5-17	Shirt, Light Blue, L/S, 37X34	25.75	25.75
25	0	EA	121407	Emblem, Shoulder, Dept. of Corr.	1.50	27.00
12	0	EA	121405	Emblem, Badge, Breast, Dept. of Corr.	1.50	27.00
18	1	EA	CSE1482	Sew on Department of Correction, Shoulder Patch, Left Shoulder only, at Horace Smal	0.75	13.50
15	0	EA	121414	Sew on Department of Correction: Breast Badge, Left Chest at Horace Smal	0.75	13.50
3	0	EA	400005	Thank You.	0.00	0.00

FAIRBANKS CORRECTIONAL CENTER

NOV - 2 2000

FAIRBANKS, AK

CD 2010-210010-70700004
 NO 2010-210010-70700004
 PO 15730 10 74608
 AMT 104.71 less credit of 71.13 =
 33.58
 SIGNATURE Jim L Davis
 DATE 8-23-01

Thank you for your business. Special cut, non-stock, altered, modified, worn, or washed items cannot be returned for exchange or credit. We charge all freight costs and source restocking fees on non-stock returns. We accept returns/exchanges within 30 days of invoice date. Please pay from this invoice. Service charges of 1.5% per month will accrue 30 days from ship date.

Sales Amount	104.71
AK Tax	0.00
Ship/Handling	0.00
Invoice Total	104.71
Deposit:	0.00
Balance Due	104.71

**PAY FROM THIS
 INVOICE PLEASE!**

Date: _____

Signature: _____

ORDER		FROM: STATE OF ALASKA		DELIVERY ORDER NUMBER	
Department of Corrections Fairbanks Correctional Center 1931 Eagan Avenue, Fairbanks, Alaska 99701		D.O. 377139			
CORRECTIONAL CENTER EAGAN AVENUE FAIRBANKS, ALASKA 99701		DATE DELIVERY REQUIRED 07/12/00		DATE OF ORDER 04/12/00	
ATTN: Joy Davis 907-452-4343		F.O.B. POINT		AGENCY REQUISITION NO. 2066041200-1	
CORRECTIONAL CENTER		FINAL DESTINATION		Exp. Date	
ORDER ISSUED IN		CA#		Dated	
ACCORDANCE WITH		QUOTE#			
COMPANY CONTACT NAME Jim Long		TELEPHONE 800-478-4882		GS VENDOR CODE	
CONTRACTOR Alaska Textiles 620 Fireweed Lane Anchorage, Alaska 99503		FAX (907) 263-4850		CORRECTED	
Order to be		3 DAY RUSH		Surface Parcel Post	
Shipped via		Air Freight		Surface Freight	
SHIPPING INSTRUCTIONS				Other-See Text Vendor's Choice	
Please refer to our order number (DO) on all invoices related to this order					

NOTE: This order constitutes a binding commitment between the state and the contractor listed herein. Unauthorized modification without the expressed prior approval of the purchasing authority will result in a financial obligation on the contractor and/or unauthorized state personnel making the change.

ITEM NO	COMMODITY	QUANTITY	UNIT	DESCRIPTION	UNIT PRICE	EXTENDED PRICE
1	20072	3	Each	203LB Men's Long Sleeve Blue Shirt 14 1/2 x 32	23.71	71.13
2	20072	3	Each	203LB Men's Long Sleeve Blue Shirt 15 1/2 x 32	23.71	71.13
3	20072	2	Each	203LB Men's Long Sleeve Blue Shirt 15 1/2 x 33	23.71	47.42
4	20072	9	Each	203LB Men's Long Sleeve Blue Shirt 16 x 33	23.71	213.39
5	20072	9	Each	203LB Men's Long Sleeve Blue Shirt 16 x 34	23.71	165.97
6	20072	3	Each	203LB Men's Long Sleeve Blue Shirt 16 x 35	23.71	71.13
7	20072	2	Each	203LB Men's Long Sleeve Blue Shirt 16 1/2 x 32	23.71	47.42
8	20072	6	Each	203LB Men's Long Sleeve Blue Shirt 16 1/2 x 33	23.71	142.26
9	20072	6	Each	203LB Men's Long Sleeve Blue Shirt 16 1/2 x 34	23.71	142.26
10	20072	12	Each	203LB Men's Long Sleeve Blue Shirt 16 1/2 x 35	23.71	284.52
11	20072	5	Each	203LB Men's Long Sleeve Blue Shirt 17 x 34	23.71	118.55
12	20072	3	Each	203LB Men's Long Sleeve Blue Shirt 17 x 35	23.71	71.13
13	20072	3	Each	203LB Men's Long Sleeve Blue Shirt 17 x 36	23.71	71.13
14	20072	5	Each	203LB Men's Long Sleeve Blue Shirt 17 1/2 x 32	23.71	118.55
15	20072	3	Each	203LB Men's Long Sleeve Blue Shirt 17 1/2 x 34	23.71	71.13
16	20072	25	Each	203LB Men's Long Sleeve Blue Shirt 17 1/2 x 35	23.71	592.75
17	20072	3	Each	203LB Men's Long Sleeve Blue Shirt 17 1/2 x 35 tall - Rec'd by [unclear] Not bill	47.42	142.26
18	20072	6	Each	203LB Men's Long Sleeve Blue Shirt 18 x 35	28.45	170.70
19	20072	3	Each	203LB Men's Long Sleeve Blue Shirt 18 x 36	28.45	85.35
20	20072	6	Each	203LB Men's Long Sleeve Blue Shirt 18 1/2 x 34	28.45	170.70
21	20072	5	Each	203LB Men's Long Sleeve Blue Shirt 18 1/2 x 35	28.45	142.25
22	20072	6	Each	203LB Men's Long Sleeve Blue Shirt 18 1/2 x 36 tall Rec'd by [unclear] Not bill	47.42	284.52
23	20072	3	Each	204LB Women's Long Sleeve Blue Shirt 34	23.71	71.13
24	20072	3	Each	204LB Women's Long Sleeve Blue Shirt 38	23.71	71.13
25	20072	2	Each	204LB Women's Long Sleeve Blue Shirt 44	23.71	47.42

SEND INVOICE IN DUPLICATE TO: Same as "FROM" address shown above. Page 1 of 1 TOTAL OF ALL PAGES 5 4424.75 4109.80

REF	TYPE	NUMBER	AMOUNT	DATE	COMMENTS
1	PVN				
2	DO		4424.75	04-12-00	
3			4109.80		
4					

FIN	AMOUNT	SY	CC	PGM	LC	ACCT	FY	HML	
								DIST	LIQ
1	4424.75	00	20662130	15730	76700004	74608			
2	4109.80								
3									
4									

PURCHASING AUTHORITY NAME: Joy Davis TITLE: Administrative Manager PURCHASING AUTHORITY SIGNATURE: [Signature] TELEPHONE NUMBER: 907-452-4343 FAX: 907-456-3801

I certify that I have received the material shown or excepted on reverse Name and Title: Joy Davis, Administrative Manager Signature: [Signature] Date Received: 8/23/01

- IMPORTANT:**
- D.O. number and receiving agency name must appear on all invoices and document relating to this order.
 - Do not overship or substitute.
 - Received freight bills must accompany all claims for freight charges.
 - The state is registered for tax free transactions under Chapter 32, IRS code. Registration number 92-601185. Items are for the exclusive use of the state and not for resale.

FY00

Item	Comm Code	Qty Ordered	Unit of Measure	DESCRIPTION	Unit Price	Extended Price
26	20072	136	Each	Emblem Shoulder	1.50	204.00
27	20072	136	Each	Emblem Breast	1.50	204.00
28	20072	136	Each	Sew on Provided DOC emblem, left shoulder patch	.75	102.00
29	20072	136	Each	Sew on Provided DOC emblem, left breast patch	.75	102.00
				Freight		280.00
			6-26-00	Partial - 98.85 00		
			6-16-00	Partial - 476.27 00		
			5-31-00	Partial - 3 191.77 00		
			3-18-00	Partial - 56.42 00		
			4-27-00	Partial 112.84 00		
			7-25-00	Partial 253.89 00		
			10-15-00	" -184.95 00		
			10-27-00	" 104.71 00		
COMPLETED						

WESGRO PAINT AND DRYWALL
6141 ROVENNA STREET
ANCHORAGE, AK 99518
9075629080

Invoice No: 5256
Date: 08/29/00
Page: 1

Sold To: SPRING CREEK CORR. CENTER
P.O. BOX 2109/MILE 5 NASH RD.
SEWARD, AK 99664

Customer No: 256
Phone No:

Ship To:

Cust. Order #: DO# 2016000158

Salesperson: #10 - Tim

Product Code	Item Description	Qty	Unit Price	Amount
SP:UGL DO# 2016000158	DRYLOCK LATEX MASONARY WATERPR	6	94.95	569.70

Sub-Total: 569.70

Shipping: 0.00

Tax [0]: EXEMPT *

Total: 569.70

DUE UPON RECEIPT: 569.70

Amount Paid: 0.00

Amount Due: 569.70

Change: 0.00

Thank
You

ATTN: BEVERLY

**DELIVERED
ORDER**

ROOM

**STATE OF ALASKA
Department of Corrections**

ORDER NUMBER
D.O. 20-16-00-0158

Spring Creek Correctional Center
P.O. Box 2109/Mile 5 Nash Road
Seward, Ak 99664
Attn: Procurement (907) 224-8113
Fax: 907-224-8062

24

Delivery Required By: 7 days ARO
DATE OF ORDER: May 25, 2000

F.O.B. POINT
Shipping Point
AGENCY REQUISITION #

Quote Bid No:
Date:

Company Contact Name: Perry Palermo
Phone Number: 907-562-9080

State Contract Award
Expiration Date:
Shipping method via: City Express

WesGro Paint
6141 Rovena Street
Anchorage, Ak 99518
Fax: 907-562-9089

REC'D 5 2000
WES 94234
STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Instructions: Please list D.O. No. on all documents.
Please ship prepaid and bill as separate line on invoice. Submit shipping documents with order or invoice.

Note: This order constitutes a binding commitment between the state and the contractor listed hereon. Unauthorized modification without the expressed prior approval of the purchasing authority will result in a financial obligation on the contractor and/or unauthorized state personnel.

ITEM #	COMMODITY CODE	Quantity Ordered	Unit meas.	DESCRIPTION (Note: include C.A. item number if appropriate)	UNIT	EXTENDED PRICE
1	630	6	ea	U g L Drylock Latex Base. 5 gal. Bckts. Color: P-13	S	94.95 S 569.70
2		30	ea	Stro-cote (6900) Semi-gloss latex. 5 gal. Buckets. Color: P-13	S	62.25 1,867.50
3		2	ea	Stro-cote (6900) Semi-gloss Latex. 5 gal. Buckets Color: P-11		62.25 124.50
4		14	ea	Seasons 1235 III Exterior 100% Acrylic, 5 gal. Bckts Color: P-13		71.99 1,007.86
5		2	ea	Seasons 1235 III Exterior 100% Acrylic, 5 gal. Bckts Color: P-15		71.99 143.98
6		3	ea	Metropolitan Interior/Exterior Semi-Gloss Alkyd Enamel, 5 gal. Buckets, Color: P-1		89.45 268.35

6/21

C. Smith

SEND INVOICE IN DUPLICATE TO: Same as the "ship to" address above
Page 1 of 2 Pages
Total of All Pages: 5
Total Price: 4,705.16

REF	Type	Number	Amount	Date	Comments
1	PVN				1) Partial Pay Invt 3178 \$4135.48 6/27/00
2	DO				
3	CA				2) Final Pay Inv-5250 \$569.70 8/2/00 BR
4	UDR				

FIN	AMOUNT	SY	CC	PGM	LGR	ACCT	FY	DIST	LIO
1	S 4,500.21	00	20663320	15640	76700010	73724			
2	S 204.97	00	20663320	15640	76700010	73460			
3									
4									
5									

Purchasing Authority Name: Jolund Luther, Administrative Manager
Title: Administrative Manager
Purchasing Authority's Signature: [Signature]
Telephone Number: (907) 224-8200

I certify that I have received the material shown or excepted on reverse:
Printed Name and Title: BEVERLY OELLER, PROCUREMENT SPEC I
Signature: [Signature]
Date Received: 6/28/00

1. D.O. # and receiving agency name must appear on all invoices and documents relating to this order.
2. Do not overship or substitute.
3. Receipted freight bills must accompany all claims for freight charges.
4. The state is registered for tax free transactions under Chapter 32, IRS code. Registration number 92-73-0006 K. Items are for the exclusive use of the state and not for resale.

ENT 2001294-15

Creek Correctional Center

ITEM	COMMODITY CODE	Quantity Ordered	Unit meas.	DESCRIPTION <small>(Note: include C.A. item number if appropriate)</small>	UNIT PRICE	EXTENDED PRICE
7	630	(2)	ea	Metropolitan Interior/Exterior Semi-gloss Alkyd Enamel 5 Gal. Buckets, Color: P-11	\$ 89.45	\$ 178.90
8		(3)	ea	Envira-Shield Interior/Exterior Gloss Alkyd Enamel 5 Gal. Buckets, Color: P-13	86.50	259.50
9	635	(36)	ea	Roller Covers 9", 3/8" ram, 36/case	2.22	79.92
10		(1)	ea	Freight (quoted by City Express), Prepay and bill as a separate line on invoice. Please include freight documentation with delivery or invoice.	204.97	204.97

SEP 14 2001

SEP 10, 1998

INDIVIDUAL SUMMARY OF ACCOUNT INFORMATION
ALL TRANSACTIONS
CITY OF FAIRBANKS AMBULANCE SERVICE
1919 LATHROP FAIRBANKS, AK. 99701

PAGE 134

1267447

REGISTRATION INFORMATION

PAT #	PATIENT NAME CHART NUMBER EMPLOYER	ADDRESS LINE 1 ADDRESS LINE 2 CITY	BIRTHDATE REL ST ZIP CODE	HOME TELEPHONE SEX WORK TELEPHONE	PRIMARY OFFICE REFERRING SOURCE
208170	GARITH 0124 MESSAGE	I SOLOMON PO BOX 70525 FAIRBANKS	11/20/1969 M AK 997070000	907/456-1356 M 907/000-2000	24 CITY OF FAIRBANKS AMBULANCE 1000 *

FINANCIAL INFORMATION

TOTAL BALANCE:	250.00	PAYMENT PLAN STATUS:	00	0-30 DAYS:	.00
TOTAL CHARGES:	250.00	AMOUNT PER MONTH:	.00	30-60 DAYS:	.00
TOTAL PERSONAL:	.00	AGREEMENT DATE:	00/00/00	60-90 DAYS:	.00
TOTAL 3RD PARTY:	.00	DATE LAST CHARGE:	02/07/96	90-120 DAYS:	.00
ACCOUNT TYPE R ANHS		DATE LAST PAYMENT:	09/09/99	120-150 DAYS:	.00
ACCOUNT LETTER F CITY OF FAIRBANKS AMBULANCE		COLLECTION STATUS:	00	150-180 DAYS:	.00
		HOLD STATUS:	00	180-210 DAYS:	.00
		DATE LAST STATUS:	00/00/00	210-240 DAYS:	.00
		TRAN #... IS THIS NTH: 003 NEXT: 003		240+ DAYS:	250.00

INSURANCE INFORMATION

POLICY	INSURANCE COMPANY	GROUP NUMBER	POLICY NUMBER	COVERAGE	POLICY HOLDER #
I	0101 ALASKA NATIVE HEALTH SERVICE	17445	574-48-2882	0	0

TRANSACTION INFORMATION

SEQ	T	CT	BT	BATCH	REF	ENTRY	TRAN	ND	FAC	CODE	DESCRIPTION	M	SS	RELATED	DIAGNOSIS	QTY	AMOUNT
												12					
0001	000	1	55	31	01245	000000	000598	020796	203	024	00328 AMB SVC. EMERGENCY. NO SPEC ALS	SH	00600	00300	01	250.00	
0002	000	1	55	31	01252	000271	000598	000598	203	000	09799 ANHS CLAIM SENT	01			01	0.00	

F496

APPROVED FOR PAYMENT

CC 2030 1-520
 PR 15305
 LC 76700004
 AC 73339
 \$ 250.00

Signature: *Robert Rasmussen* 1/14/01
 Date: 1/14/01

RECEIVED
 DEC 26 2001
 ACCOUNTS

01/16/02 17:13 FAX 907 269 7310

PRFC

Acct # 9267447

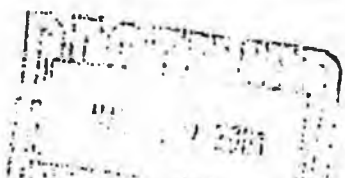
0006/005

JCO ACCOUNTING

D.O.C. MEDICAL

PLEASE
DO NOT
STAPLE
IN THIS
AREA

FY 197



HEALTH INSURANCE CLAIM FORM

1. MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA OTHER

2. PATIENT'S NAME (Last Name, First Name, Middle Initial)
ESTRADA, ELIZABETH

3. PATIENT'S BIRTH DATE
MM DD YY
07 24 1965

4. INSURED'S NAME (Last Name, First Name, Middle Initial)
SAME

5. PATIENT'S ADDRESS (No., Street)
4500 INDEPENDENCE DR.
ANCHORAGE, ALASKA 99507

6. PATIENT RELATIONSHIP TO INSURED
Self Spouse Child Other

7. INSURED'S ADDRESS (No., Street)
SAME

8. PATIENT STATUS
Single Married Other

9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)

10. IS PATIENT'S CONDITION RELATED TO:
a. EMPLOYMENT? (CURRENT OR PREVIOUS) YES NO
b. AUTO ACCIDENT? YES NO
c. OTHER ACCIDENT? YES NO

11. INSURED'S POLICY GROUP OR FECA NUMBER

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED: _____ DATE: _____
INP 84299

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE
SIGNED: _____ DATE: _____
Signature: _____ ORIGINAL REF. NO. 9/19/61

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP)
MM DD YY

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS, GIVE FIRST DATE
MM DD YY

16. DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION
FROM MM DD YY TO MM DD YY

17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE

18. I.D. NUMBER OF REFERRING PHYSICIAN

19. RESERVED FOR LOCAL USE

20. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES
FROM MM DD YY TO MM DD YY

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE)
1. 650

A	B	C	D	E	F	G	H	I	J	K
DATE(S) OF SERVICE From MM DD YY To MM DD YY	Place of Service	Type of Service	PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/ICPCS MODIFIER	DIAGNOSIS CODE	\$ CHARGES	DAYS	EPST OR Family Par	EMG	COR	RESERVED FOR LOCAL USE
07 04 94	21	2	59409	650	1100.00					

22. MEDICAL REIMBURSION

23. FEDERAL TAX I.D. NUMBER
920100075

24. PATIENT'S ACCOUNT NO.
-400894-1

25. ACCEPT ASSIGNMENT? (For gov. claims, see back) YES NO

26. TOTAL CHARGE
\$ 1100.00

27. AMOUNT PAID
\$ 0.00

28. BALANCE DUE
\$ 1100.00

29. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIALS
BERTELSON, JAMES M.D.
SIGNED: _____ DATE: 7 18 01

30. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office)
707 JESSIE ST
ANCHORAGE, ALASKA 99501

31. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE NO.
BERTELSON, JAMES M.D.
9500 INDEPENDENCE DRIVE
ANCHORAGE, ALASKA 99507

CORRECTIONS AUTH/EXP/OUTST ENC/BAL REPORT RRN:0157818 RSN:05177 01/16/2002
 APPROPRIATION EXPENDITURES BY ACCOUNT
 50566-02 PAROLE BOARD ORIG:02 APPROPRIATIONS (T B S R) FN:11100
 COA:2002

ENTITY NUMBER - DESCRIPTION	AUTH BALANCES	EXPENDED	ENCUMBER	UNOBLIG BALANCE
S** 70000 TOTAL EXPENDITURES	476100	267476	1708	206916
S** 70009 TOT EXPS-PRECLOSING	476100	267476	1708	206916
S** 70008 OPERATING ACCT TOTAL	476100	267476	1708	206916
S** 70010 RESTRICT/UNALLCATED	7300-	0	0	7300-
S** 70100 GROUP CTRL-PER SER	334000	159495	0	174505
S** 71000 PERSONAL SERVICES	334000	159495	0	174505
S** 70200 GROUP CTRL - OTHER	149400	107981	1708	39711
S** 70201 GC-OTHER-NONGRANT	149400	107121	1708	40571
S** 72000 TRAVEL	49100	38688	0	10412
S** 73000 OTHER SRVCS & CHARGE	88300	57760	1708	28831
S** 74000 SUPPLIES	4700	3966	0	734
S** 75000 CAPITAL OUTLAY	0	6707	0	6707-
S** 78000 DEBT SERVICE	7300	0	0	7300
S** 79950 INACTIVE EXP ACCOUNT	0	860	0	860-

FOR NEXT SECTION ENTER==> NUMBER _____ YEAR _____ LEVEL LIMIT _____
 Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 CONT QUIT PGDN RR PFKYS HELP

CORRECTIONS AUTH/EXP/OUTST ENC/BAL REPORT RRN:0157818 RSN:05177 01/16/2002
 APPROPRIATION EXPENDITURES BY ACCOUNT
 50566-01 PAROLE BOARD ORIG:01 ALLOCATIONS (T B S R) FN:11100
 COA:2002

ENTITY NUMBER - DESCRIPTION	AUTH BALANCES	EXPENDED	ENCUMBER	UNOBLIG BALANCE
S** 70000 TOTAL EXPENDITURES	587972	587914	0	57
S** 70009 TOT EXPS-PRECLOSING	587972	587914	0	57
S** 70008 OPERATING ACCT TOTAL	587972	587914	0	57
S** 70100 GROUP CTRL-PER SER	303643	303643	0	0
S** 71000 PERSONAL SERVICES	303643	303643	0	0
S** 70200 GROUP CTRL - OTHER	284329	284272	0	57
S** 70201 GC-OTHER-NONGRANT	284329	282202	0	2126
S** 72000 TRAVEL	122363	120293	0	2070
S** 73000 OTHER SRVCS & CHARGE	141237	141179	0	57
S** 74000 SUPPLIES	17798	17798	0	0
S** 75000 CAPITAL OUTLAY	2931	2931	0	0
S** 79950 INACTIVE EXP ACCOUNT	0	2069	0	2069-

FOR NEXT SECTION ENTER==> NUMBER _____ YEAR _____ LEVEL LIMIT _____
 Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 CONT QUIT RR PFKYS HELP

The FCC anticipates a supplemental of \$100.0 will be necessary to maintain the existing activities in compliance with statutory requirements.

Section 19

Miscellaneous Claims and Stale-dated Warrants

Department of Fish and Game

Change Record Detail With Description

Department of Fish and Game

Scenario: FY2002 Supplemental - Governor's (2454)

Component: Administrative Services (479)

BRU: Administration and Support (148)

Change Record Title	Trans Type	Totals	Personal Services	Travel	Contractual	Supplies	Equipment	Land/ Buildings	Grants Claims	Misc.	Positions		
											PFT	PPT	NP
Sec 19 Miscellaneous Claims													
	Suppl	3.8	0.0	0.0	0.0	0.0	0.0	0.0	3.8	0.0	0	0	0
1004 Gen Fund		3.8											
Detailed backup attached.													
Totals		3.8	0.0	0.0	0.0	0.0	0.0	0.0	3.8	0.0	0	0	0

STATE OF ALASKA

TONY KNOWLES, GOVERNOR

DEPARTMENT OF FISH AND GAME
OFFICE OF THE COMMISSIONER

P.O. BOX 25526
JUNEAU, AK 99802-5526
PHONE: (907) 465-4100
FAX: (907) 465-2332

MEMORANDUM

TO: Annalee McConnell
Director
Office of Management and Budget

FROM: *for* Frank Rue *KB*
Commissioner
Department of Fish and Game

DATE: January 22, 2002

SUBJECT: FY2002 Supplemental Request

RECEIVED
JAN 22 2002
OFFICE OF MANAGEMENT AND BUDGET

The Department of Fish and Game has identified the following supplemental request for FY2002.

MISCELLANEOUS CLAIMS

Under the provisions of AS 37.23.010, a department cannot pay invoices that are more than two years old. In such instances, it is necessary to ensure sufficient funds were lapsed and to obtain supplemental funding before these bills can be legally paid. We are currently aware of miscellaneous claims totaling \$3761.00 against the department. Attached is a copy of the backup for these transactions.

If you have any questions or require additional information, please call me or Kevin Brooks in the Division of Administration at 465-5999.

Attachments

cc: Kevin Brooks
Margie Ridgeway
Kevin Buckland

Susan - 1-1-1 request for pymt Ward Air



1999- this audit covers January 1, 1999- December 31, 1999. The outstanding invoices are:

18663	\$777.00 ✓	18745	\$459.00 ✓
18773	\$612.00 ✓	18224	\$433.50 ✓
18260	\$370.00 ✓	18307	\$940.00 ✓

The total balance due for 1999 is \$ 3591.50

I understand that invoices which were not paid in the year that the service was rendered may have to go to the legislature for approval. However, I would appreciate anything you can do to expedite this process as I would like to get this account current as soon as possible.

If you have any suggestions on what would make this process simpler and less cumbersome I would be happy to arrange a meeting with you.

Thank you,

Dianne Kiesel
Dianne Kiesel
Personnel Manager

777• +
612• +
370• +
459• +
433•5 +
740• +
3,391•5 *

3,391•5 +
135•89 +
163•4 +
70•21 +
3,761• *

Customer QuickReport

January through December 1999

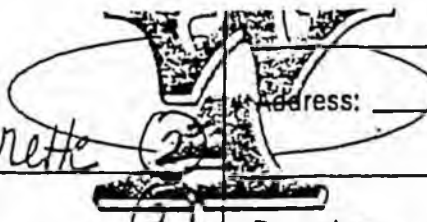
Invoice	Date	Invoice #	Amount	Notes	Balance
Invoice	08/21/1999	18198	370.00		26
Invoice	08/25/1999	18663 ^h	777.00		1
✓ Payment	08/25/1999	25246288	2,195.50	On account, 17711, 17819, 17922, 17933 17929, 18037	25
Invoice	08/30/1999	18744	370.00		27
Invoice	08/30/1999	18749	458.00		r
Invoice	08/31/1999	18767	1,103.60		27
Invoice	09/01/1999	18773	612.00		1
Invoice	09/03/1999	18205	1,421.30		27
Invoice	09/04/1999	18224	433.50		1
Invoice	09/07/1999	18260	370.00		1
✓ Payment	09/10/1999	26252639	1,312.00	18036, 18198, 18143	26
Invoice	09/10/1999	18307	840.00		1
Invoice	09/14/1999	18356	844.40		28
Invoice	09/16/1999	18387	370.00		30
Invoice	09/16/1999	18393	481.00		28
✓ Payment	09/16/1999	26631629	2,894.90	INV# 18205/18767/18744	27
Invoice	09/20/1999	18423	370.00		32
Invoice	09/24/1999	18463	370.00		32
Invoice	09/30/1999	18528	222.00		31 - No pymt. ref
Invoice	09/30/1999	18538	390.80		31 - No pymt. ref
Invoice	09/30/1999	18537	370.00		32
✓ Payment	10/02/1999	26654530	1,325.40	18356, 18393	28
Invoice	10/05/1999	18578	624.75		31 - No pymt. ref
Invoice	10/05/1999	18579	740.00		32
✓ Payment	10/05/1999	26656375	98.00	17620	29
✓ Payment	10/08/1999	26300886	370.00	09-16-99, TR# 1136573 INV 18387	30
✓ Payment	10/08/1999		1,237.55	18528, 18538, 18578	31
✓ Payment	10/20/1999	226314204	1,850.00	18578, 18537, 18463, 18423	32
Invoice	11/02/1999	18085	383.00		31 PD 2/17-100
Invoice	11/05/1999	19122	370.00		34
Invoice	11/09/1999	19173	370.00		34
Invoice	11/20/1999	19316	370.00		33
✓ Payment	12/02/1999	26363745	370.00	ON ACCT 19316	33
Payment		26757753	740.00	INV 19173, 19122	34

All highlighted in pink are unaccounted for. There are quite a few references to "Sales Receipt" - I didn't know what that was. I went ahead and sent in the invoice for the missing ticket # 16971. If you need anymore / have any questions send it back.

Rikku

* Maybe I should look up the 2000 Accounts receivable invoices to see if / when some of the later invoices were pd.

8991 Yandukin Drive
Juneau, Alaska 99801
(907) 789-9150



Passengers: 1/3 Crabtree / Frette
1/3 Brownley / Brown

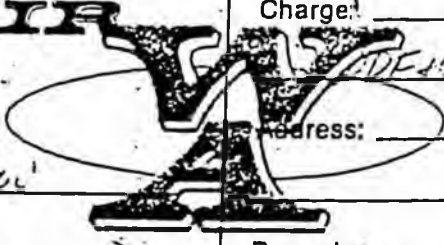
Address: _____
Remarks: 1136574

MO.	DAY	YR.
9	4	99
PILOT <u>DL</u>		
PU	A/C <u>025</u>	

FROM: <u>MU</u>	TO: <u>Take Tatsumino</u>	TYPE FARE <input type="checkbox"/> Pt to Pt <input type="checkbox"/> Seat <input checked="" type="checkbox"/> Charter <input type="checkbox"/> Freight <input type="checkbox"/> Extra Stop <input type="checkbox"/> Split	RATES		
<u>Take Tatsumino</u>	<u>MU</u>		\$ <u>255.00</u>	Pt to Pt	<u>1.7</u> hrs. = \$ <u>433.50</u>
Customer Signature _____			Tax _____	Flight x _____ hrs. = \$ _____	
			Other: _____	Standby x _____ hrs. = \$ _____	
				Total Charge	\$ <u>433.50</u>

WARD AIR

8991 Yandukin Drive
Juneau, Alaska 99801
(907) 789-9150



Passengers: 2 Adults + Child
1136575

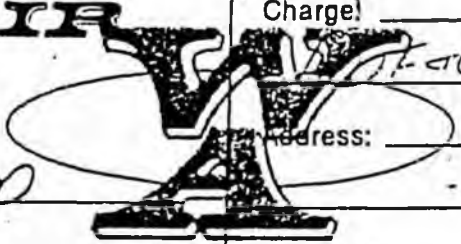
Charge: _____
Address: _____
Remarks: _____

TICKET NO. <u>18260</u>		
MO.	DAY	YR.
9	9	99
PILOT		
PU	A/C <u>57</u>	

FROM: <u>MU</u>	TO: <u>CVI</u>	TYPE FARE <input type="checkbox"/> Pt to Pt <input type="checkbox"/> Seat <input type="checkbox"/> Charter <input type="checkbox"/> Freight <input type="checkbox"/> Extra Stop <input type="checkbox"/> Split	RATES		
<u>MU</u>	<u>CVI</u>		\$ _____	Pt to Pt	_____ hrs. = \$ <u>270-</u>
Customer Signature _____			Tax _____	Flight x _____ hrs. = \$ _____	
			Other: _____	Standby x _____ hrs. = \$ _____	
				Total Charge	\$ <u>270-</u>

WARD AIR

8991 Yandukin Drive
Juneau, Alaska 99801
(907) 789-9150



Passengers: (2) + Camp
1136574

Charge: _____
Address: _____
Remarks: _____

TICKET NO. <u>18307</u>		
MO.	DAY	YR.
9	10	99
PILOT <u>D</u>		
PU	A/C <u>53</u>	

FROM: <u>64</u>	TO: <u>MU</u>	TYPE FARE <input type="checkbox"/> Pt to Pt <input type="checkbox"/> Seat <input type="checkbox"/> Charter <input type="checkbox"/> Freight <input type="checkbox"/> Extra Stop <input type="checkbox"/> Split	RATES		
<u>Tatsumino</u>	<u>MU</u>		\$ _____	Pt to Pt	<u>2</u> hrs. = \$ <u>940-</u>
Customer Signature _____			Tax _____	Flight x _____ hrs. = \$ _____	
			Other: _____	Standby x _____ hrs. = \$ _____	
				Total Charge	\$ <u>940-</u>

1-22-02
Amount is 740.00 s/b \$940
John Brown
MR [Signature]

Margie Ridgeway

From: Allison Arevalos [allison_arevalos@fishgame.state.ak.us]
Sent: Tuesday, January 22, 2002 8:11 AM
To: Margie Ridgeway
Subject: FW: Correction

FYI :)

-----Original Message-----

From: Dianne Kiesel [mailto:ckiesel@ptialaska.net]
Sent: Monday, January 21, 2002 10:47 AM
To: Allison Arevalos
Subject: Correction

Well I have to correct my last statement. After further review the Inv# 18307 really is \$740.00 so please make that correction. I will fax that to you now. Thanks and sorry for the confusion. Dianne

8991 Yandukin Drive
Juneau, Alaska 99801
(907) 789-9150

Address: _____

Passengers: Prin Gk
Yanusz

Remarks: 1136574

V

MO	DAY	YR
8	25	99

PILOT: DL

PU: _____ A/C: 353

FROM: <u>Jm</u>	TO: <u>Lt. Talzanic BC</u>	TYPE FARE	RATES	Total Charge
		<input type="checkbox"/> Pt to Pt <input type="checkbox"/> Seat <input type="checkbox"/> Charter <input type="checkbox"/> Freight <input type="checkbox"/> Extra Stop <input type="checkbox"/> Split	\$ <u>370</u> Pt to Pt <u>2.1</u> hrs. = \$ <u>477</u> \$ _____ Flight x _____ hrs. = \$ _____ \$ _____ Standby x _____ hrs. = \$ _____ Tax _____ = \$ _____ Other: _____ = \$ _____	<u>771</u>
Customer Signature _____				

Commercial Signs & Prints

WARD AIR

8991 Yandukin Drive
Juneau, Alaska 99801
(907) 789-9150

Address: _____

Passengers: Prin Gk + Pilown
Fitch + Prin Back

Remarks: 1136574

Charge: _____

TICKET NO. 8-30-44
No. 18745

MO	DAY	YR
8	30	99

PILOT: DL

PU: _____ A/C: 025

FROM: <u>Jm</u>	TO: <u>Lt. Talzanic</u>	TYPE FARE	RATES	Total Charge
		<input type="checkbox"/> Pt to Pt <input type="checkbox"/> Seat <input type="checkbox"/> Charter <input type="checkbox"/> Freight <input type="checkbox"/> Extra Stop <input type="checkbox"/> Split	\$ <u>255</u> Pt to Pt <u>1.8</u> hrs. = \$ <u>454</u> \$ _____ Flight x _____ hrs. = \$ _____ \$ _____ Standby x _____ hrs. = \$ _____ Tax _____ = \$ _____ Other: _____ = \$ _____	
Customer Signature _____				

Commercial Signs & Prints

WARD AIR

8991 Yandukin Drive
Juneau, Alaska 99801
(907) 789-9150

Address: _____

Passengers: Larry Zerby - 465-4205
Fredy Wilson

Remarks: _____

Charge: _____

TICKET NO. 9-1-99
No. 18773

MO	DAY	YR
9	1	99

PILOT: DL

PU: _____ A/C: 025-72

FROM: <u>Jm</u>	TO: <u>Fouquet Bay</u>	TYPE FARE	RATES	Total Charge
		<input type="checkbox"/> Pt to Pt <input type="checkbox"/> Seat <input type="checkbox"/> Charter <input type="checkbox"/> Freight <input type="checkbox"/> Extra Stop <input type="checkbox"/> Split	\$ _____ Pt to Pt <u>1.2</u> hrs. = \$ <u>306</u> \$ _____ Flight x _____ hrs. = \$ <u>306</u> \$ _____ Standby x _____ hrs. = \$ _____ Tax _____ = \$ _____ Other: _____ = \$ _____	<u>612</u>
Customer Signature _____				

Commercial Signs & Prints

WEST PUBLISHING CORP
620 OPPERMAN DRIVE
P.O. BOX 64833
ST PAUL MN 55164-0833

INVOICE

REQUESTED BY: JCT
ACCOUNTS RECEIVABLE
OCT 12, 01 AT 14:33

ACCOUNT NUMBER: 685-302-314
DESCRIPTION: WETLANDS REG REL #9
DATE: 04/98
REFERENCE#: 21-116-235
PO#: CELIA ROSEN

SHIP-TO: STATE OF AK
FISH & GAME DEPT
SPORT FISH DIVISION/RTS
ATTN CHRISTOPHER ESTES
333 RASPBERRY RD
ANCHORAGE AK 99518

WEP 84371 - DIFF Address

NET PRICE	QUANTITY	EXTENSION	TAX	TRANSPORTATION	TOTAL
127.00	1	127.00	.00	8.89	135.89

11240000 - 11244211 - 73501
Angela Wiedner 11312

RECEIVED
ANCH. ACCOUNTING

'01 OCT 22 P12:28

RECEIVED
2001 OCT 29 AM 10 54
FISH & GAME ACCTG.

WEST PUBLISHING CORP
620 OPPERMAN DRIVE
P.O. BOX 64833
ST PAUL MN 55164-0833

INVOICE

REQUESTED BY: JCT
ACCOUNTS RECEIVABLE
OCT 12.01 AT 14:33

ACCOUNT NUMBER: 685-302-314
DESCRIPTION: LAW WETLAND REG R#10
DATE: 04/99
REFERENCE#: 33-984-402

WEP84571

SHIP-TO: STATE OF AK
FISH & GAME DEPT
SPORT FISH DIVISION/RTS
ATTN CHRISTOPHER ESTES
333 RASPBERRY RD
ANCHORAGE AK 99518

NET PRICE	QUANTITY	EXTENSION	TAX	TRANSPORTATION	TOTAL
152.00	1	152.00	.00	11.40	163.40

11240000-11244211-73501

Angyn Wiedner 11.312

RECEIVED
ANCH. ACCOUNTING

01 OCT 22 112:28

Section 19

Miscellaneous Claims and Stale-dated Warrants

Department of Health and Social Services

Change Record Detail With Description

Department of Health and Social Services

Scenario: FY2002 Supplemental - Governor's (2454)

Component: Administrative Support Services (320)

BRU: Administrative Services (106)

Scenario/ Change Record Title	Trans Type	Totals	Personal Services	Travel	Contractual	Supplies	Equipment	Land/ Buildings	Grants Claims	Misc.	Positions PFT PPT NP		
FY2002 Supplemental - Governor's													
Sec 19 Miscellaneous claims													
	Suppl	21.5	0.0	0.0	21.5	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund	21.5												
Backup justification in the amount of \$21,499.91 has been provided under separate cover.													
Totals		21.5	0.0	0.0	21.5	0.0	0.0	0.0	0.0	0.0	0	0	0

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF ADMINISTRATIVE SERVICES

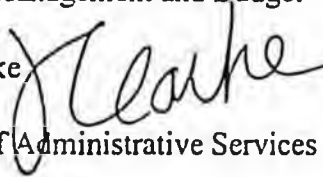
TONY KNOWLES, GOVERNOR

P.O. Box 110650
Juneau, AK 99811-0650
Phone: (907) 465-3082
Fax: (907) 465-2499

MEMORANDUM

DATE: February 6, 2002

TO: Annalee McConnell
Director
Office of Management and Budget

FROM: Janet Clarke 
Director
Division of Administrative Services

SUBJECT: Miscellaneous Claims Supplemental Request

The Department of Health and Social Services requests a supplemental appropriation of general funds for payment of miscellaneous claims in the amount of \$21,499.91. As in past years, the amount of this request will be updated periodically as additional claims are received, reviewed and approved for payment.

Supporting documentation is attached for your review.

cc: Jay Livey, Commissioner
Russ Webb, Deputy Commissioner
Elmer Lindstrom, Deputy Commissioner
Orlando Moskito, Finance Officer
Laura Baker, Budget Chief
Budget Section

DEPARTMENT OF HEALTH AND SOCIAL SERVICES											
FY02 MISCELLANEOUS SUPPLEMENTAL											
February 3, 2002											
FY	VENDOR	REF	CC	AC	REQUESTED AMOUNT	FUND SOURCE	BRU	LAPSED BALANCE	FUND	AR	REASON
98	Wright Air Service, Inc.	Bill	06213662	77282	500.00	GF	Foster Care Special Needs	49,536.65	11100	22546	Late Bill
99	Tlingit & Haida	Memo	06211608	77500	4,665.00	GF	T & H Social Services	4,665.00	11100	22514	Audit
99	South Austin Hospital	Bill	06213788	77290	6,191.85	GF	Residential Child Care	52,530.41	11100	24300	Late Bill
99	Emmonak Corporation	Bill	06213663	77321	29.60	GF	Foster Care Special Needs	265,539.54	11100	22546	Late Bill
00	Bartlett Regional Hospital	Bill	06213664	77290	318.75	GF	Foster Care Special Needs	327,441.54	11100	24296	Late Bill
00	Wal-Mart 2508 8300 W.Overland Rd Boise	Bill	06213679	77722	200.00	GF	Foster Care Special Needs	327,441.54	11100	24296	Late Bill
99	ANICA Family Store	Invoice	06213663	77720	188.84	GF	Foster Care Special Needs	265,539.54	11100	22546	Late Bill
99	ANICA Family Store	Invoice	06213663	77720	196.98	GF	Foster Care Special Needs	265,539.54	11100	22546	Late Bill
00	Donna Sherrouse	Memo	06213663	77333	800.00	GF	Foster Care Special Needs	327,441.54	11100	24296	Late Bill
98	Siluk Leasing Company	Invoice	06213686	77282	65.00	GF	Foster Care Special Needs	47,763.06	11100	22546	Late Billing
99	Tanana Air Service	Invoice	06213629	77282	14.25	GF	Foster Care Special Needs	265,539.54	11100	22546	Late Billing
99	Peninsula Airways	Invoice	06213662	77282	770.00	GF	Foster Care Special Needs	265,539.54	11100	22546	Late Billing
99	GCI	Invoice	06213458	75791	548.00	GF	FYS Family	71,385.20	11100	22550	Late Billing
99	Continuous Printing	Invoice	06216310	73560	788.00	GF	PA Field Services	730,711.14	11100	22528	Late Bill
99	Continuous Printing	Invoice	06216310	73990	429.00	GF	PA Field Services	730,711.14	11100	22528	Late Bill
99	Anchorage Neighborhood Health Center	Bill	06311441	73230	66.03	GF	Maternal, Child & Family Health	563,688.14	11100	24100	Late Bill
99	Anchorage Neighborhood Health Center	Bill	06311441	73230	7.15	GF	Maternal, Child & Family Health	563,688.14	11100	24100	Late Bill
99	Anchorage Neighborhood Health Center	Bill	06311441	73230	69.23	GF	Maternal, Child & Family Health	563,688.14	11100	24100	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	144.09	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	14.60	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	38.82	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	66.22	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	30.00	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
99	Anchorage Neighborhood Health Center	Bill	06311441	73270	29.00	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	96.16	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	67.57	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	46.12	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	67.57	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	46.12	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	67.81	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	143.88	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	14.60	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	67.57	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311441	73230	14.60	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	AK Radiology Associates	Bill	06311441	73230	21.69	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311412	77C10	91.00	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	06311412	77610	517.01	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill

DEPARTMENT OF HEALTH AND SOCIAL SERVICES											
FY02 MISCELLANEOUS SUPPLEMENTAL											
February 3, 2002											
FY	VENDOR	REF	CC	AC	REQUESTED AMOUNT	FUND SOURCE	BRU	LAPSED BALANCE	FUND	AR	REASON
00	Aurora Clinic	Bill	06311441	73270	30.00	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Fairview Health Center	Bill	06213850	77310	95.00	GF	Foster Care special Needs	336,091.86	11100	24296	Late Bill
00	Interior Neighborhood Health Clinic	Bill	06311441	73270	30.00	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Neighbor to Neighbor	Bill	06311441	73270	30.00	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Network Business Systems Inc.	Invoice	06311140	74222	375.00	GF	Epidemiology	449,111.33	11100	22616	Late Bill
00	Plan Parenthood - Anchorage	Bill	06311412	77610	71.98	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Providence Imaging Center	Bill	06311441	73230	46.12	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Providence Seward Medical Center	Bill	06311441	73270	30.00	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Sunshine Community Health Center	Bill	06311441	73230	156.88	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Sunshine Community Health Center	Bill	06311441	73230	65.97	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Emergency Medicine Associates	Bill	06213663	77290	193.00	GF	Foster Care Special Needs	336,091.86	11100	24296	Late Bill
00	Northern Medical Services	Bill	06311441	73230	99.89	GF	Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
99	Xerox	Invoice	06355090	74229	984.00	GF	Personnel & Payroll	6,206.54	11100	22669	Late Bill
00	Frontier System Business	Invoice	06216330	74225	206.00	GF	PA Field Services	504,619.88	11100	22528	Late Bill
99	The Printers Workshop	Invoice	06311020	74229	7.50	GF	Nursing	424,355.51	11100	22611	Late Bill
00	Builders Industrial Supply	Invoice	06663102	74690	316.00	GF	Nomo Youth Facility	22,120.67	11100	22568	Late Bill
00	William H. Anthos, MD	Bill	06338820	77290	159.00	GF	Designated Eval & Treatment	70,021.66	11100	24634	Late Bill
00	Carr's/Safeway	Invoice	06311408	77590	128.30		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Carr's/Safeway	Invoice	06311408	77590	8.60		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Carr's/Safeway	Invoice	06311408	77590	8.60		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Carr's/Safeway	Invoice	06311408	77590	33.09		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Carr's Safeway	Invoice	06311420	77590	15.80		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Carr's Safeway	Invoice	06311408	77590	114.10		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Carr's Safeway	Invoice	06311408	77590	76.40		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Carr's Safeway	Invoice	06311420	77590	45.49		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Carr's Safeway	Invoice	06311420	77590	46.19		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Carr's Safeway	Invoice	06311420	77590	45.89		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Nanuaq Manor	Bill	06216330	72392	160.00		PA Field Services	504,619.88	11100	22528	Late Bill
00	Nanuaq Manor	Bill	06216330	72392	160.00		PA Field Services	504,619.88	11100	22528	Late Bill
00	Nanuaq Manor	Bill	06216330	72392	89.00		PA Field Services	504,619.88	11100	22528	Late Bill
00	Interior Neighborhood Health Clinic	Bill	06311441	73270	30.00		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Northern Medical Service	Bill	6311441	73270	30.00		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	6311441	73270	30.00		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	6311441	73270	30.00		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	6311441	73270	30.00		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	6311441	73270	30.00		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill
00	Anchorage Neighborhood Health Center	Bill	6311441	73270	30.00		Maternal, Child & Family Health	553,490.81	11100	22613	Late Bill

WRIGHT AIR SERVICE

P.O. Box 80142
Fairbanks, Alaska 99706
474-0502

Certified Copy of Original

Date: 7-26-00

Mason L. Cook

Authorizing Signature

Date . . . 10-29-98 Pilot: BB

Aircraft . HELD N . . . 6478V

Route of Flight . FAL - G.L.D. MINTO - FAL

Pass. & Cargo . PIU . . . 2 PAX . . . + 20#



Name . HEALTH & SOCIAL SERVICES

Address . DFYS . . . 442-7872 . . . BRIAN TRIPLETT

Reservation called in by Myra Heaps

Flight Time . (1.0) . . . @ 250.00 . . . 250.00 /

Standby @

Tax

Fuel Differential

Other

MASTERCARD/VISA

St of AK / HISS Charge 250.00 /

Cash

TR No. Check X

Signature

S 1S129
10005

BRIAN TRIPLETT
was with
KOTZBAUE
DFYS OFFICE
(note phone prefix)

Judy Zangin

98-6213642-77282

Judy Zangin 7-26-01
895700

STATEMENT
Wright Air Service, Inc.



P.O. Box 60142
 Fairbanks, Alaska 99706

(907) 474-0502

DATE	REFERENCE NO.	DESCRIPTION	AMOUNT
		CARRY FORWARD BALANCE 05/31/01	1,208.80
06/04/01	P70471	1176919 [REDACTED]	200.00
06/04/01	P70473	1176919 [REDACTED]	100.00
06/04/01	P69139	CK#20007646	350.80
06/11/01	P68995	CK#20016487	200.00
06/25/01		CK#20036461	148.00

*7/13/01 - Sent to Jerry Z. for
 2112 - Misc. supplemental
 report
 [Signature]*

OVER 120	500.00	OVER 90	0.00	OVER 60	0.00	OVER 30	0.00	CURRENT	200.00
----------	--------	---------	------	---------	------	---------	------	---------	--------

TERMS:

NET30

NET30	0.00	0.00	06/30/01
Net due by above day of month	Service Charge per month on past due balance	Service Charge Annual Rate	Statement Date

PLEASE DETACH AND RETURN WITH PAYMENT

CUSTOMER NO: 10005

AMOUNT DUE: 600.00

PLEASE CHECK HERE AND CHANGE IF ADDRESS INCORRECT

ALASKA DEPT OF HEALTH & SOC SVCS
 DIVISION OF ADMIN SERVICES/FINANCE
 P.O. BOX 110650
 JUNEAU, AK 99811-0650

WRIGHT AIR SERVICE, INC.
 P.O. Box 60142
 Fairbanks, Alaska 99706
 Phone (907) 474-0502

INQ-TR: TANAB - LAPSE BALANCE
CY: 2002 APPN: 22546 (1998) - FC SPECIAL NEED

07/26/2001

LAPSED EXPENDITURE AUTHORIZATIONS	-77184.23
PLUS: LAPSE ADJUSTMENTS	29421.17

AVAILABLE LAPSE BALANCE	-47763.06
	=====
LESS: RESTRICTED EXPENDITURE AUTHORIZATIONS	-49536.65

UNRESTRICTED AVAILABLE LAPSE BALANCE	=====

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---											
CONT QUIT							PFKYS			HELP	
4-C	A Sess-1	146.63.51.196					X296			2/1	

STATE OF ALASKA
DEPT. OF HEALTH AND SOCIAL SERVICES
DIVISION OF ADMINISTRATIVE SERVICES
AUDIT SECTION

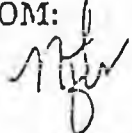
TONY KNOWLES, GOVERNOR

P.O. BOX 11555
JUNEAU, ALASKA 99811-0502
PHONE: (907) 465-3120
FAX: (907) 463-5145

MEMORANDUM

DATE: January 24, 2001

TO: Theresa Tanoury
Director
Division of Family and Youth Services

FROM:  Robert E. Wright
Senior Auditor
Audit Unit

SUBJECT: Single Audit Reconciliation. Central Council of the Tlingit and Haida Indian Tribes of Alaska, Gt. #8633, Gt. #06-8695 and Gt. #06-8712 for FY 98 and Gt.#06-9710 and Gt. #06-9711 for FY 99.

We have received a response from the grantee (copy attached) regarding the FYE 12/31/98 and 12/31/99 single audits of Central Council of the Tlingit and Haida Indian Tribes of Alaska covering Department of Health and Social Services grant numbers 06-8633, 06-8695 and 06-8712 for FY 98 and grant numbers 06-9710 and 06-9711 for FY 99.

We have incorporated their response into our final grant reconciliation. Based on this reconciliation, you owe the grantee \$4,665. We have netted this payment against a refund due DHSS of \$1,249 on DPA grant number 06-9897, for a net payment due the grantee of \$3,416. We have suggested that the grantee contact your division to arrange for payment of the net amount. You should contact DPA to coordinate this payment and assure this transaction meets everyone's requirements. Please notify the Audit Unit when you pay the grantee. After payment of the funds, the subject grants may be considered settled and closed.

A copy of this notification should be placed in the grant file to be referred to in current or future year grant award negotiations.

Attachments: Audit Unit's Reconciliation Data

cc: Janet Clarke, Director - DAS
DHSS - Accounts Receivable
DHSS Single Audit File

RECEIVED
D.F.Y.S.
01 JAN 26 09:10:27
STATE OFFICE

99-062116-08-7
7-26-01
84,665
Quality 300

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

DIVISION OF ADMINISTRATIVE SERVICES

AUDIT SECTION

TONY KNOWLES, GOVERNOR

PC BOX 110602
JUNEAU, ALASKA 99811-0602
PHONE: (907) 455-3120
FAX: (907) 455-5149

January 23, 2001

Central Council of the Tlingit and Haida
Indian Tribes of Alaska
Andrew Hope Building
320 W. Willoughby Ave, Suite 300
Juneau, Alaska 99801-9983

Ladies and Gentlemen:

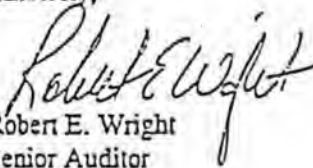
We have received your responses (copies attached) to the FYE 12/31/98 and 12/31/99 single audits of Central Council of the Tlingit and Haida Indian Tribes of Alaska covering Department of Health and Social Services grant numbers 06-8712, 06-8695, 06-8633 and 06-8304 for FY 98 and grant numbers 06-9711, 06-9710, 06-9839 and 06-9897 for FY 99.

We have incorporated your responses into the final grant reconciliations. Based on this reconciliation a refund of \$1,249 is due the Department of Health and Social Services on grant number 06-9839 and an additional amount of \$4,665 is due your agency on grant number 06-9710, for a net amount due your agency of \$3,416. Please contact the Division of Family and Youth Services to arrange for payment. Upon payment of these funds, these grants may be considered settled and closed. The remaining grants have nothing due to or from your agency and may also be considered settled and closed.

A grantee may, under 7 AAC 78.310(a), appeal the decision of an agency to require a refund of grant money after an audit under 7 AAC 78.230. To appeal, the grantee must submit a written request for a hearing to the Commissioner within fifteen (15) days after it receives notice of the granting agency's action. A copy of 7 AAC 78.310(a) is attached for your information. This notice is attached for information purposes to all grantees who are required to refund State money; it is in no way an indication that the grantee does not have to refund the money.

Should you have any questions, please contact me at 465-3120 in Juneau.

Sincerely,


Robert E. Wright
Senior Auditor

cc: Janet Clarke, Director - DAS
Jim Nordlund, Director, DPA
Theresa Tanoury, Director, DFYS

INQ-TR: TANAB - LAPSE BALANCE
 CY: 2002 APPN: 22514 (1999) - T-H SOCIAL SERVICES

07/26/2001

LAPSED EXPENDITURE AUTHORIZATIONS	-4665.00
PLUS: LAPSE ADJUSTMENTS	

AVAILABLE LAPSE BALANCE	-4665.00
	=====
LESS: RESTRICTED EXPENDITURE AUTHORIZATIONS	

UNRESTRICTED AVAILABLE LAPSE BALANCE	-4665.00
	=====

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---		
CONT QUIT	PFKYS	HELP
4- ^c	A Sess-1	146.63.51.196
		X296
		2/1

INQ-01: ENCUMBRANCE DETAIL INQUIRY 05/19/2001
 SOURCE RD CODE 06385 ENCUMBRANCE NUM 0691310
 ORIGINAL PLACED 186,000.00 DATE ESTABLISHED 07/01/1998
 ADJUST TO PLACED 4,065.00- DATE LAST ACTIVITY 07/03/2000
 TOTAL LIQUIDATIONS 181,935.00- DATE DUE 06/30/1999
 CURRENT BALANCE 0.00 RETENTION? YES
 DESCRIPTION SHORT GRANT #069710 LIQ RULE LN
 DESCRIPTION LONG TLINGIT AND HAIDA INDIAN TRIBES OF AK DENOM 0
 SSBG

REF TYPE	NUMBER	AMOUNT	DATE	COMMENTS (TRUNCATED)
1	VEN THC84241			
2	GRT 069710	186,000.00	07/14/1998	ORIGINAL
3	UDR DFYS			
4	UDR AMEND #1	600.00	11/06/1998	INCREASE EN
FIN	CURRENT-BALANCE	CA SY	CC	PGM LC ACCT FY NMR
1	0.00	01 99	6211608	77500 98

FOR LINE DETAIL ENTER==>FIN _____ FOR NEXT OI ENTER==> OI TYPE/NUM _____
 Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 CONT QUIT ACTVY BASE FINS REFS PFKYS COMNT HELP
 4-^o 1 Sess-1 146.63.51.196 X313 #5 22/74

PATIENT NO: 98263955
MED REC NO: 265564
GUARANTOR NO:
PATIENT:

SOUTH AUSTIN HOSPITAL
P O BOX 1269
SAN ANTONIO, TX 78295
(800) 627-2130

BILLING DATE
04/21/99

PAGE 1

ADMITTED
04/15/99

DISCHARGED
04/17/99

5499 C6213788 77290

BILL TO:

FAIRBANKS
99707

AK

INPATIENT
ADMIT THRU DISCHARGE CLAIM

FC=99

DATE OF SERVICE	ATT PHYS	FC	ROOM	AC	SERV CODE	REV CODE	DEPT	ROOM AND CARE	CHARGES
4/15/99	339	99	240P	PR	MED	110	0610	2 DAYS AT 464.00	928.00

TOTAL ROOM AND CARE 928.00

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/HCP	QTY	SERVICE DESCRIPTION	CHARGES
250-PHARMACY							
11599	158540	0712	141054		1	RX CEFOTAN 2 GM IVPB	66.75
11599	158540	0712	130385	641149535	1	RX PHENERGAN AMP 25M	4.59
11599	158540	0712	130430	39769006602	3	RX REGLAN AMP	24.48
1599	168549	0712	130430	39769006602	1	RX REGLAN AMP	8.16
1599	158540	0712	160606	24032602	1	RX MEPERIDINE TBX-75	3.00
1699	168588	0712	141054		2	RX CEFOTAN 2 GM IVPB	133.50
1699	168589	0712	168019	J0330	1	RX ANECTINE 10 ML	12.75
1699	168589	0712	130162	38029020	1	RX DIPRIVAN AMP	37.12
1699	168589	0712	130413	187310460	1	RX PROSTIG AMP 1mg	4.32
1699	168566	0712	130430	39769006602	1	RX REGLAN AMP	8.16
1699	168572	0712	130430	39769006602	1	RX REGLAN AMP	8.16
1699	168589	0712	130430	39769006602	9	RX REGLAN AMP	73.44
1699	168589	0712	130443	31789006	1	RX ROBINUL 0.2MG	8.84
1699	168589	0712	130604	3095015	1	RX TUBO VL 3 MG	3.00
1699	168589	0712	130780	173036300	1	RX ZANTAC 50MG VIAL	6.80
1699	168589	0712	130787	173044202	1	RX ZOFRAN 4MG IV	63.57
1699	168589	0712	131053	38037720	1	RX CEFOTAN 2 GM VIAL	56.94
1699	168589	0712	160596	24032502	1	RX MEPERIDINE TBX 50	3.00
1699	168589	0712	161055	11098003005	1	RX SUBLIMAZE 5 ML	17.24
1799	178680	0712	141054		2	RX CEFOTAN 2 GM IVPB	133.50
1799	178720	0712	141054		1	RX CEFOTAN 2 GM IVPB	66.75
1799	188760	0712	141054		1	RX CEFOTAN 2 GM IVPB	66.75

THANK YOU FOR CHOOSING SOUTH AUSTIN HOSPITAL FOR YOUR
HEALTHCARE NEEDS. 74-2781812

PATIENT NO: 98263955
ED REC NO: 265564
PARENTOR NO:
PATIENT:

SOUTH AUSTIN HOSPITAL
P O BOX 1269
SAN ANTONIO, TX 78295
(800) 627-2130

BILLING DATE PAGE -- 2
04/21/99
ADMITTED DISCHARGED
04/15/99 04/17/99

DATE OF SERVICE	BATCH REF	DEPT	F S	PROC	NDC/CPT-4/HCP	QTY	SERVICE DESCRIPTION	CHARGES
11799	17B720	0712		130430	39769006602	6	RX REGLAN AMP	48.96
							SUBTOTAL:	478.54
258-IV SOLUTIONS								
11599	16B586	0716		812085		1	D5RL 1000ML 2B2074	41.50
11599	16B603	0716		812085		1	D5RL 1000ML 2B2074	41.50
11599	15B524	0716		912230		1	NACL 1000ML 2B1324	39.00
11699	17B698	0716		812085		1	D5RL 1000ML 2B2074	41.50
11799	18B773	0716		812085		1	D5RL 1000ML 2B2074	41.50
11799	18B773	0716		812085		1	D5RL 1000ML 2B2074	41.50
							SUBTOTAL:	246.50
259-DRUGS/OTHER								
11599	15B525	0712		165007	59439012212	1	RX ACETAMIN SUP 10GM	2.75
11699	16B566	0712		161270	44072741	2	RX VICODIN CAP	4.76
11699	16B566	0712		161270	44072741	2	RX VICODIN CAP	4.76
11699	16B607	0712		161270	44072741	2	RX VICODIN CAP	4.76
11699	16B642	0712		161270	44072741	2	RX VICODIN CAP	4.76
11699	16B650	0712		161270	44072741	2	RX VICODIN CAP	4.76
11799	17B664	0712		161270	44072741	2	RX VICODIN CAP	4.76
							SUBTOTAL:	31.31
270-MED-SUR SUPPLIES								
11599	16B586	0718		800910		1	CATH SUCTION	3.00
							SUBTOTAL:	3.00
271-NON-STERI SUPPLY								
11599	16B586	0701		310735		1	MONOTHERM SKIN PROBE	38.00
11599	16B586	0718		800014		1	ADAPTER "T"	2.50
11599	16B586	0718		800058		1	AIRWAY ORAL 90MM	4.50
11599	16B586	0718		800476		1	BP CUFF ADULT DISP	35.00
11599	15B524	0718		800486		1	TUBING CONTINU-FLO IV	15.00
11599	16B603	0718		800487		1	TUBING INTERLINK SEC M	8.00
11599	15B524	0718		800488		1	TUBING INTERLINK EXT S	8.00
11599	16B586	0718		803920		1	K-PAD LRG	60.00
11599	16B586	0718		804703		1	MASK AEROSOL	4.00
11599	16B586	0718		807185		2	SUCTION CANNISTER 1200	28.00
11599	16B586	0718		807185		1	SUCTION CANNISTER 1200	14.00
11599	16B603	0718		807326		1	TED HOSE T/L MED LNG	21.50
							SUBTOTAL:	238.50
272-STERILE SUPPLY								
11599	16B586	0701		302793		1	CAUTERY TIP 0012	40.00
11599	16B586	0701		310356		2	DURAPREP 8630	58.00

THANK YOU FOR CHOOSING SOUTH AUSTIN HOSPITAL FOR YOUR
HEALTHCARE NEEDS. 74-2781812

PATIENT NO:	98263955	SOUTH AUSTIN HOSPITAL	BILLING DATE	PAGE -- 3
MED REC NO:	265564	P O BOX 1269	04/21/99	
GUARANTOR NO:		SAN ANTONIO, TX 78295		
PATIENT:		(800) 627-2130	ADMITTED	DISCHARGED
			04/15/99	04/17/99

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/HCPSC	QTY	SERVICE DESCRIPTION	CHARGES
41599	168586	0701	350000		1	AUTO SUTURE PREM-25W	150.00
41599	168586	0701	360035		1	VASCULAR STPLR TLV30	359.00
41599	168586	0718	802340		1	GAUZE 4X4 5 PK 8045	5.00
41599	158524	0718	803104		1	INJ-SITE INTERLINK	12.00
41599	158524	0718	803471		1	JELCO 20G	5.50
41599	168586	0718	807200		2	SUCT YANK HANDLE	9.00
41599	168586	0718	807255		2	SYRINGE BULB IRRIG	10.00
41599	158524	0718	807335		1	BICLUSIVE DRESS 2X3	5.00
41599	168586	0718	807588		2	TUBE SUCTION 10FT	16.00
41599	168586	0718	807588		1	TUBE SUCTION 10FT	8.00
41599	168586	0718	807614		1	TUBE ENDO CUFFED 8.0	11.50
41599	168586	0718	807112	A4454	1	STERI STRIP 1/2	6.50
41599	168586	0718	807356	A6216	1	TEFSA DRESSING 3X4	2.50
						SUBTOTAL:	698.00
301-LAB/CHEMISTRY							
41599	158523	0736	430207	80049	1	BASIC METABOLIC PANEL	128.00
						SUBTOTAL:	128.00
305-LAB/HEMATOLOGY							
1599	158523	0736	430450	85025	1	CBC PLATELET AUTO DIFF	61.50
						SUBTOTAL:	61.50
306-LAB/BACT-MICRO							
41599	158538	0736	430160	87075	1	CULTURE ANAEROBIC	110.00
41599	158523	0736	430300	87040	1	CULTURE BLOOD	105.00
41599	158538	0736	431960	87070	1	CULTURE SURGICAL SPEC	115.00
41599	158523	0736	432235	87086	1	CULTURE URINE W/CC	115.00
						SUBTOTAL:	445.00
307-LAB/UROLOGY							
11599	158523	0736	432200	81003	1	UA W/O MICRO AUTO	31.50
11599	158532	0736	432200	81003	1	UA W/O MICRO AUTO	31.50
11599	158523	0736	432210	81001	1	UA W/ MICRO AUTO	48.00
						SUBTOTAL:	48.00
310-PATHOLOGY LAB							
11599	168564	0736	435464	88304	1	SURG PATH LEVEL 3	91.50
						SUBTOTAL:	91.50
360-OR SERVICES							
1599	168586	0701	300040		1	OR TIME 60 MIN	1384.50
						SUBTOTAL:	1384.50
370-ANESTHESIA							
1599	168586	0701	300150		1	SARA SYSTEM	146.50

THANK YOU FOR CHOOSING SOUTH AUSTIN HOSPITAL FOR YOUR HEALTHCARE NEEDS. 74-2781812

ATIENT NO: 98263955
ED REC NO: 265564
UARRANTOR NO:
ATIENT:

SOUTH AUSTIN HOSPITAL
P O BOX 1269
SAN ANTONIO, TX 78295
(800) 627-2130

BILLING DATE PAGE - 4
04/21/99
ADMITTED DISCHARGED
04/15/99 04/17/99

DATE OF SERVICE	BATCH REF	F DEPT	S PROC	NDC/CPT-4/HPCS	QTY SERVICE DESCRIPTION	CHARGES
41599	16B586	0701	500320		1 ANES EQUIP 60 MIN	500.00
					SUBTOTAL:	646.50
	450-EMERGENCY ROOM					
41599	15B524	0780	420004	99284	1 ER LEVEL IV	329.00
					SUBTOTAL:	329.00
	460-PULMONARY FUNC					
41599	16B586	0701	300605	94761	1 PULSE OXIMETRY - REC	39.00
					SUBTOTAL:	39.00
	710-RECOVERY ROOM					
41599	16B586	0701	300520		1 REC TIME 60 MIN	395.00
					SUBTOTAL:	395.00
					TOTAL ANCILLARY CHARGES	5263.85
					TOTAL CHARGES	6191.85
					PAYMENTS	.00
					ADJUSTMENTS	.00
					BALANCE	6191.85

99-06213788-77290

Judy Zangia 7-26-01 \$ 6191.85

Judy Zangia

THANK YOU FOR CHOOSING SOUTH AUSTIN HOSPITAL FOR YOUR
HEALTHCARE NEEDS. 74-2781812

INQ-TR: TANAB - LAPSE BALANCE
CY: 2002 APPN: 24300 (1999) - RESIDENTIAL CC-GF

07/26/2001

LAPSED EXPENDITURE AUTHORIZATIONS	-69390.27
PLUS: LAPSE ADJUSTMENTS	16659.86

AVAILABLE LAPSE BALANCE	-52530.41
	=====
LESS: RESTRICTED EXPENDITURE AUTHORIZATIONS	

UNRESTRICTED AVAILABLE LAPSE BALANCE	-52530.41
	=====

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---										
CONT QUIT								PFKYS		HELP
4-0	A Sess-1	146.63.51.196						X296		2/1

INQ-TR: TANAB AND UNOBLIGATED BALANCE CALCULATIONS
 CY: 2002 APPN: 24300 (1999) - RESIDENTIAL CC-GF

07/26/2001

	AVAILABLE BALANCE	UNOBLIGATED BALANCE
NET CONTINUING EXPENDITURE		
AUTHORIZATION (PF2)	10410622.73	10410622.73
NET CONTINUING RESTRICTED		
REVENUE ESTIMATE (PF3)	-466413.00	
LESS: ALLOWABLE RECEIPTS (PF4)	-466413.00	
ACTUAL EXPENDED	10410622.73	10410622.73
ENCUMBRANCES (PF5)	N/A	
NET BALANCE	-----	-----
TOLERANCE ADJUSTMENT (PF6)		=====
TOLERANCE ADJUSTED NET		
AVAILABLE BALANCE		

=====

FOR NEXT APPROPRIATION ENTER==> NUMBER _____ TERM YEAR _____

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---

CONT QUIT EXATH NETRR RCPTS ENC ADJUST LAPSE XSTRC PFKYS NKTLL HELP

4-⁰ A Sess-1 146.63.51.196 X296 #5 22/42

INQ-CC: COLLOCATION CODE INQUIRY

07/26/2001

COLLOCATION CODE 6213788 ACTIVE? YES
 COA YEAR 2002
 SET-UP YEAR 1999
 TYPE: NON-PRIMARY
 DESCRIPTION SHORT: NRO RC OS STATE-YS
 DESCRIPTION LONG: NRO RC OS STATE ONLY-YS

CREATING RSN 04985
 UPDATE RSN 04985

REPORTS TO APPROPRIATION: 25412 - NRO RESIDENTIAL CARE
 REPORTS TO FUND: 11100 - GENERAL FUND
 REPORTS TO ORGANIZATION: 24534 - CPS INSTITUTIONAL CA
 REPORTS TO PROGRAM: 25327 - RESIDENTIAL CC STATE

POSTING? NO CORRESPONDING CURR YR APPN
 ADD PROGRAM ALLOWED? NO
 LC OVERRIDE ALLOWED? YES LAPSE COLLOCATION CODE
 DEFAULT LEDGER CODE LAPSE CC SET-UP YEAR
 FOR NEXT CC ENTER=> COLLOCATION CODE COA YEAR SET-UP YEAR
 Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 CONT QUIT LCLST PFKYS HELP

4-C A Sess-1 146.63.51.196 X296 #5 22/40

INQ-AR: APPROPRIATION INQUIRY

07/26/2001

APPROPRIATION NUMBER 25412 ACTIVE? YES CREATING RSN 04980
COA YEAR 2002 DATE START 07/01/1998 UPDATE RSN 05042
ORIG YEAR 1999
TERM YEAR 1999
DESCRIPTION SHORT: NRO RESIDENTIAL CARE
DESCRIPTION LONG: NRO RESIDENTIAL CARE

/
BUDGET TYPE: OPERATING
SESSION LAW REFERENCE:
LOGICAL LEVEL NUMBER: R0 - COMPONENTS
NEXT HIGHER LEVEL APPN: 24300 (1999) - RESIDENTIAL CC-GF
REPORTS TO APPN PGM:
REPORTS TO APPN ORG:
CONTROL TYPE: BGT FUND: 11100 - GENERAL FUND
REVENUE RECOGNITION? YES SPENDING APPROPRIATION? YES
BUDGETING APPROPRIATION? YES CROSS STRUCTURE CNTLS? NO
PHYSICAL LEVEL: 11 SEQUENCE: BEG 6207 END 6207
FOR NEXT APPROPRIATION ENTER==> NUMBER COA YEAR TERM YEAR
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
CONT QUIT BASE LWRLV BAL XSTRC PFKYS ATHRD TANAB HELP

4-^o A Sess-1 146.63.51.196 X296 =5 22/42

STATE OF ALASKA

DEPT. OF HEALTH AND SOCIAL SERVICES

TONY KNOWLES, GOVERNOR

P.O. BOX 110630
JUNEAU, ALASKA 99811-0630
PHONE: (907) 465-3170

DIVISION OF FAMILY AND YOUTH SERVICES

MEMORANDUM

DATE: June 19, 2001

TO: Judy Zangri
Accountant III

THRU: Dave Cote *DC*
Program Officer

FROM: Linnea Osborne
Program Coordinator

RE: [REDACTED] hospital bill dated 04/21/99 totaling \$6,191.85 for South Austin Hospital

On January 24, 2001 NRO Juvenile Probation Officer, Courtney King, contacted me regarding an outstanding bill for [REDACTED], prober #362213101. Ms. King promptly faxed me the copies that had been mailed to Vincent's parent, Ms. Mona Jones.

The copies received were from South Austin Anesthesiology in Austin Texas and one copy was a billing statement totaling \$605.00 dated April 22, 1999. The other copy was notification from the Merchants & Professional Credit Bureau, Inc. dated January 11, 2001 regarding collection action.

I made several attempts at contacting the bookkeeper/office manager at the South Austin Anesthesiology clinic, both leaving voice mail and messages through the receptionist. On 04/10/2001, the bookkeeper, Nila Rogers forwarded a certified copy of the billing. This was received, coded, and included in the FY2001 supplemental request. This should be processed in June or July of 2001 by the finance office.

On May 18, 2001 I was contacted by Steve McComb regarding a bill totaling \$6,191.85. Mr. McComb faxed a copy of a notice from NCO Financial Systems, Inc. to Ms. Mona Jones regarding the collection of a total of \$6,191.85 on behalf of Columbia St. David's South Hospital.

Maria Javier immediately contacted this collection agency and was informed that the bill had been paid. This information was forwarded back to Steve McComb who responded that Ms. Jones had contacted the credit agency who refuted this information and her bank was requesting proof that the bill had been paid.

I followed up with the credit agency on May 22, 2001. I spoke with a supervisor who informed me that the information pertaining to this claim had been returned to the hospital. Upon contacting directory

information it appeared the hospital had a name change. This resulted in contacting various hospital business offices.

Maria Javier followed up with a search for payment information on STARs and no payment for these services was identified. A review of AKSAS failed to identify any payment for these services either or any associated vendor numbers.

On May 24, 2001 I contacted Nicole Curel of customer service at South Austin Hospital, she verified that [REDACTED] hospital bill was outstanding. Ms. Curel noted that the bill had been archived and written off as bad debt. She agreed to forward an original or certified true copy of the detailed billing to DFYS for payment.

On June 18, 2001 I received the detailed billing totaling \$6,191.85. I have coded the billing with the appropriate FY1999 code information and am forwarding it with this memorandum to your attention to be included in the FY2002 DHSS supplemental appropriation request since the bill is over two years of age.

Please advise if you require further information or additional documentation (i.e. Request for Funds approved by DJJ Director).

EMMONAK CORPORATION

P.O. BOX 40
EMMONAK, ALASKA 99501
Office 949-1120; Store 949-1349
Tank Farm 949-1531

Customer's Order No. _____ Date Feb 1, 1999
Name State of Alaska - DEFS

Address _____ Phone: _____

QUANTITY	DESCRIPTION	PRICE	AMOUNT
----------	-------------	-------	--------

	Diapers		46.97
--	---------	--	-------

	94317109		
--	----------	--	--

I certify that this is a just and proper bill and authorize it
Signature: Mary Jma Date: 12/1/99

	94317109		403.55
	Mary Jma		

EMMONAK CORPORATION

P.O. BOX 40
EMMONAK, ALASKA 99501
Office 949-1120 Store 949-1349
Tank Farm 949-1531

Customer's Order No. _____ Date 12-23-99
Name State of Alaska - DEFS

Address _____ Phone: _____

QUANTITY	DESCRIPTION	PRICE	AMOUNT
----------	-------------	-------	--------

	Diapers		46.97
--	---------	--	-------

	94317109		
--	----------	--	--

Certified Copy
Portion of Invoice has not been rd.
Signature: Mary Jma Date: 123/21

	94317109		403.55
	Mary Jma		

CORRECTION

THE FOLLOWING DOCUMENT(S)
HAVE BEEN REFILMED TO
ASSURE LEGIBILITY OR PAGINATION



Rev. 6/98

Central Microfilm Services
Department of Education & Early Development
State of Alaska

EMMONAK CORPORATION

P.O. BOX 40
EMMONAK, ALASKA 99581
Office 949-1120; Store 949-1349
Tank Farm 949-1531

Customer's Order No. _____ Date Feb 1, 1999
Name State of Alaska - DFW
Address _____
Phone: _____

QUAN.	DESCRIPTION	PRICE	AMOUNT
-------	-------------	-------	--------

	<u>Diapers</u>		<u>46.97</u>
--	----------------	--	--------------

	<u>993K 709</u>		
--	-----------------	--	--

I hereby authorize this is a just and proper bill and authorize it
Signature Mary Jma Date 1/21/99

7 120 \$
7 120 \$

7 120 \$
7 120 \$

Mary Jma

EMMONAK CORPORATION

P.O. BOX 40
EMMONAK, ALASKA 99581
Office 949-1120; Store 949-1349
Tank Farm 949-1531

Customer's Order No. _____ Date 12-23-98
Name State of Alaska - DFW
Address _____
Phone: _____

QUAN.	DESCRIPTION	PRICE	AMOUNT
-------	-------------	-------	--------

	<u>Diapers</u>		<u>46.97</u>
--	----------------	--	--------------

	<u>993K 709</u>		
--	-----------------	--	--

Certified Copy
Portion of Invoice has
not been paid. Date 12-23-98

7 120 \$
7 120 \$

7 120 \$
7 120 \$

Mary Jma

INQ-WD: WARRANT DETAIL INQUIRY - REF LINES
WARRANT NUMBER 26337065

04/10/2000

OVERFLOW YES

REF	TYPE	NUMBER	AMOUNT	DATE	COMMENT (TRUNCATED)
1	PVN	EMMS4825			EMMONAK CORPORATION
2	INV	0015612	54.93	11/12/1999	GROCERIES
3	INV	0020525	46.67	12/23/1999	"
4	SN	9937649			
5	CSN	402554097			
6	CSN	402554791			
7					
8					
9					
10					
11					
12					
13					
14					
15					
16					
17	SRD	06344		11/03/1999	
18	OD	AA13160970030		11/03/1999	

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
CONT QUIT BAL BASE FINS REFS RENTS PPKYS COMMENT HELP

4-0 1 Sess-1 146.63.51.196 2/1

Alaska Department of Health and Social Services
Division of Family & Youth Services

1. 151 Region 995710 Office Request: F

REQUEST FOR FUNDS

- 2. Family Centered Out Of Home Care: Foster Care Independent Living
- Residential Care Relative

3. [REDACTED] 08 / 24 / 96 402554097
 Client's Name Date of Birth Prober Case Number (8 digits)

4. TYPE OF SERVICES/GOODS REQUESTED: INITIAL CLOTHING

5. Describe the specific need and how the request is consistent with the case plan (case plan must be attached). This is an Emergency placement in a foster home. Nelson needs a winter jacket, winter boots, snow pants, warm socks, hat and gloves.

Explain how alternative sources have been exhausted:

This is an Emergency placement in a foster home. The foster parents have not received any payments.



COMPLETED

FISCAL INFORMATION

6. Total cost of this request \$ 300.00 9. Payee Name Emmonak Corporation Company Store

Address _____

7. one-time cost

Emmonak, Alaska 99581

short term costs (date) / / to / /

10. SS or Tax ID# _____

8. reimbursement

Vendor # (FVN) _____

11. Susan J. Santa 4550 11/4/98
Worker Signature PCN Date

12. APPROVALS:

[Signature] 3198 11/4/98 [Signature] 3201 11/4/98
 P.O.III or S.W.IV Signature PCN Date P.O.IV or S.W.V Signature PCN Date

[Signature] 11/4/98
 Regional Administrator/Assignee Date

INQ-TR: TANAB - LAPSE BALANCE
CY: 2002 APPN: 22546 (1999) - FC SPECIAL NEED

07/26/2001

LAPSED EXPENDITURE AUTHORIZATIONS	-366777.64
PLUS: LAPSE ADJUSTMENTS	26238.10
AVAILABLE LAPSE BALANCE	-340539.54
=====	
LESS: RESTRICTED EXPENDITURE AUTHORIZATIONS	-75000.00
UNRESTRICTED AVAILABLE LAPSE BALANCE	-265539.54
=====	

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CONT QUIT							PFKYS				HELP	
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BARTLETT REGIONAL HOSPITAL
3260 HOSPITAL DRIVE
JUNEAU, ALASKA 99801
(907) 584-8436

V0000830547 1

920118588 051300 051300

6590 GLACIER HWY APT 148 JUNEAU AK 99801

04142000 F S 051300 16 1 7 01 M1116708

10 OCCURRENCE DATE	11 OCCURRENCE DATE	12 OCCURRENCE DATE	13 OCCURRENCE DATE	14 OCCURRENCE DATE

6590 GLACIER HWY APT 148
JUNEAU AK
99801

400176049

15 REV CD	16 DESCRIPTION	17 OFFICE RATES	18 SER. DATE	19 SER. UNITS	20 TOTAL CHARGES	21 NON-CO. SER. CHARGES	22
	450 EMERGENCY ROOM SERVICES	99201		2	17775		
	981 PRO FEES EMERGENCY ROOM	99283			14100		

00-06213631/7729D/A 318.75
400176049 Taylor Jordan

001 TOTAL CHARGE 31875 0

23	24	25	26	27	28	29
MEDICAID	HS020P	Y	Y		0	
DIVISION OF FAMILY YOUTH		Y	Y		31875	

30	31	32	33	34	35	36	37	38	39	40
		01	0600587837							
		01	T							

Quoted from 1-11-02

V718

41	42	43	44	45	46	47	48	49	50

ITD number was not received until 11/31/01.
Just finally filing for medicare.

MD0002637 LUDWIG, ARIC B.

[REDACTED]

V0000830547 05/13/00 05/13/00 05/18/00

6590 GLACIER HWY APT 148

MEDICAID ALASKA 060058.17
DIVISION OF FAMILY YO T

JUNEAU AK 99801

	***	450 EMERGENCY ROOM GENERAL ***		
05/13/00	45002552	EMERGENCY ROOM EACH ADD HOUR	1	91.25
05/13/00	45002550	EMERGENCY ROOM VISIT MODERATE	1	86.50

				177.75
	***	981 PROF FEES EMERGENCY ROOM ***		
05/13/00	98102840	PHYSICIAN EXTENDED SERVICE	1	141.00

				141.00
		ESTIMATED INSURANCE DUE		
		MEDICAID ALASKA		318.75

V0000830547

318.75
0.00
318.75
318.75
0.00

REQUEST FOR SPECIAL NEEDS FUNDS FOR CHILDREN AT-RISK

Special Needs funding is assessed on an as-needed basis only and pre-authorization is required.

Limitation: This form is to be used only for one time or irregular special needs expenditures on behalf of children who are at-risk and living with biological/legal parents. Receipts and supporting documentation are required.

Child's Name: [REDACTED] DOB: 04-14-2000 Prober Case Number: 400176049

Proposed services are for Child or Parent(s) or Sibling(s) or Other family members

Proposed services are court-ordered (please attach court order)

I. Describe the specific need and how the request is consistent with the case plan (case plan must be attached): Emergency room visit for Taylor requested by DFYS due to a report of harm.

II. IV-E ADMINISTRATIVE

1. Pre-placement Travel Expenditures = \$
Describe:

II.A. SUB-TOTAL IV-E ADMINISTRATIVE	= \$
-------------------------------------	------

III. Non-IV-E REIMBURSABLE

1. Repair/Replacement of Household appliance or Fixture = \$

2. Medical, Dental, Diagnostic, Therapeutic, and Assessment Services = \$318.75

As payer of last resort (no Medicaid coverage or other third party reimbursement)
Refer to 7 AAC 53.320.

Medical Describe: Emergency room visit

Dental Describe:

Diagnostic (i.e. Psych evaluations) Describe:

Therapeutic (i.e. Counseling) Describe:

Assessment Services Describe:

Medical equipment, furnishings, or discretionary devices for children with special needs
Describe:

Travel Describe:

3. Travel = \$

Biological Parent to Treatment Center

4. Other: Describe: = \$

III.A. SUB TOTAL Non-IV-E REIMBURSABLE	= \$318.75
--	------------

IV. EXPLAIN HOW ALTERNATIVE SOURCES OF FUNDING FOR ALL ITEMS ABOVE HAVE BEEN EXHAUSTED AND PLEASE ATTACH SUPPORTING DOCUMENTATION: No other resources available.

V. TOTAL COST: \$318.75

VI. one time cost short term costs (date) to

VII. Payee Name: Bartlett Regional Hospital Address: 3260 Hospital Drive, Juneau Alaska 99801

VIII. SSN or Fed Tax ID#: Vendor # (PVN): Reimbursement

IX. [Signature] 3154 6/11/01
Social Worker Signature PCN Date

X. APPROVALS:

[Signature] 3879 3/11/01 1 1
S.W. IV Signature PCN Date S.W. V Signature PCN Date

[Signature] 3/2/01 1 1
Children's Service Manager Date Family Services Program Administrator Date
Required For Requests exceeding \$1,500.00 and all Out-of-State Travel

FISCAL INFORMATION (To be filled out by fiscal)

XI.	CATEGORY	COST	CODING
	IV-E Foster Care Administrative (II. A)	\$ _____	
	Non IV-E Reimbursable (III.A)	\$ _____	
	TOTAL OF REQUEST:	\$ _____	<u>06213631 / 77290</u>

This form must be completed in full

7 AAC 53.070, 100-110 and 300-370

INQ-TR: TANAB - LAPSE BALANCE
CY: 2002 APFN: 24296 (2000) - FC SPECIAL NEED-GF

09/04/2001

LAPSED EXPENDITURE AUTHORIZATIONS	-336091.86
PLUS: LAPSE ADJUSTMENTS	8650.32

AVAILABLE LAPSE BALANCE	-327441.54
	=====
LESS: RESTRICTED EXPENDITURE AUTHORIZATIONS	

UNRESTRICTED AVAILABLE LAPSE BALANCE	-327441.54
	=====

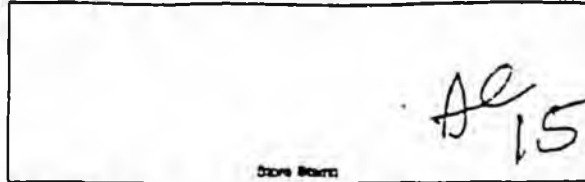
Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---											
CONT QUIT							PFKYS			HELP	
4- ^o	A Sess-1	146.63.51.196					X26T			2/1	

Mountain Home
203 N. Hillman
Boise ID
8704



STATEMENT

Rebecca [Signature]



DATE 8/12/99.

Department of Health
& Social Services
Ketchikan DF 13
Ketchikan Ak
99901
attn: Diane Whitner
City

ST 2598 DF 00000777 TEL 72 TR 01372	12.77
N/S BLK WIND 000258262764	14.77
R WHT/H JOBB 000256072443	16.72
FB HEALTH FMR V12412701301	7.74
FD L/S D DTE 000341050476	6.72
NS S/S STR 000310220945	7.72
FB S/S V-RCK 000340649457	6.72
FB BS WTR IN 000340649370	7.72
FB S/S BSBF 072706541303	16.72
COG FLKXT JH 065105626433	3.76
WENG SOCK 001307626461	16.72
FB UYML LHM 00000021907	6.00
FB 000000000000	6.00
PARTY SEE ATTACHED TICKETS, 12	

TERMS: NET 10 DAYS

FRANIS	000000000004	17.77
	SUBTOTAL	200.77
	TOTAL	200.77
	CASH TEND	0.00
	LOAN TERM	200.00
	CHANGE DUE	0.00
	VIEW OUR MISSING CHILDRENS BOARD	
	10/12/99	10/31/99

This is a true copy of an original bill.
Ricki J. Clavin

RICH

Make All Payments To Above Address

[Signature] 8/11/99
Date

Classification Code - Account Code / S 200 .00

06213679-77722
Client Number

F-400 80.2 702
Approval Number 006F-73

Quinn Zang
1-11-99

As you have already been informed
Wal-Mart is rolling out their new
Charge program. If you have not
received this information you can
Call 1-877-244-1088.

Your current charge account balance
must be remitted to us by Nov 31st.

Please send your final Payment to

WAL-MART STORE 2508
8300 W. OVERLAND RD.
BOISE, ID 83709

TAX - ID 000-666-7155



Thank-you
Barbara Byrnes
(208) 321-9077
ext 184
178

Alaska Department of Health and Social Services
Division of Family & Youth Services

623
Region

Ketchikan
Office

006F-73
Request #

REQUEST FOR FUNDS

- 2. Family Centered
- Out Of Home Care: Foster Care Independent Living
- Residential Care Relative

[Redacted]
Client's Name

10-30-81
Date of Birth

- 4 0 8 0 2 7 0 2
Prober Case Number (9 digits only)

4. TYPE OF SERVICES / GOODS REQUESTED: Clothing Allowance

5. Describe the specific need and how the request is consistent with the case plan (case plan must be attached). Tara has been at the Intermountain Hospital since April. She arrived there with one pair of shoes and a small suitcase of clothing and personal belongings which she brought from Cleo Wallace Center. Tara did not have a clothing request during 1998. At this point she is growing and maturing as a result of staying in the placement and eating a healthy diet. She had one pair of platform shoes when she arrived. The strap is broken on one of those shoes. Tara spends much of her time barefooted while in this placement. Intermountain does not supply clothing for the children in their care. According to her therapist, Tara has been working on her substance abuse counseling, personal therapy for depression, PTSD, and her personality disorders. Tara has taken her pre-test for her GED. If Tara continues along these lines, she will be able to reunite with the family in a matter of months. Tara cannot complete attend outside the hospital functions without proper attire. Staff at Intermountain as well as her therapist comment that she is in desperate need of appropriate sized clothing.

Explain how alternative sources have been exhausted: The parents have supplied some items, but it is apparent that this child needs more than they are able to give. Mother has been three months into a new job. Father has been unemployed much of the year, but is currently working on a tug boat. Meeting past debts and caring for the current family of four has limited the funds of this family. No other funding is available.

FISCAL INFORMATION

6. Total cost of this request \$200.00

9. Payee Name: Rich Michaelson

Address: Intermountain Hospital
303 North Allumbaugh Street
Boise, Idaho 83704

7. one-time cost

(date) / / to / /

short-term cost

10. SS or Tax ID#

8. reimbursement Vendor # (PVN)

11. [Signature] 5 1 1 7 08/10/99
Worker Signature PCN Date

12. APPROVALS:

[Signature] 8-10-99
P.O. III or S.W. IV Signature PCN Date

[Signature] 8-10-99
Regional Administrator Date

Ketchikan Family Services
415 Main Street, Room #201
Ketchikan, Alaska 99901

PURCHASE AUTHORIZATION
(Vendor Copy)

T.W. 4 0 0 8 0 2 7 0 2
Number (9 digits) PROBER

TYPE OF SERVICES/GOODS REQUESTED: CLOTHING

Notice: Copy of this authorization must accompany the invoice.

Notice: The State of Alaska is tax exempt. Number 92-6001185.

Within 30 days of purchase, the itemized invoice with the authorization form attached should be forwarded to the address below. The case number must be written on the invoice.

[Purchase above the amount authorized is the responsibility of the purchaser, and will not be paid by the State of Alaska.]

Total cost of this request \$ 200.00

Payee Name ANY VENDOR

one-time cost

Address _____

short term costs

(date) / / to / /

SS or Tax ID# _____

Vendor # (PVN) _____

L. Diane Whitwer
Worker Signature L. Diane Whitwer

PCN 3117

8/1/00
Date

AUTHORIZED PURCHASER RICH MICHAELSON / Rebecca Stephens

*Per Sport Manager
Debbie and
CSM
Jim*

Patton, Elaine S.

From: Kollar, Susie S.
Sent: Monday, January 22, 2001 7:38 AM
To: Patton, Elaine S.
Subject: RE: Old Bill - T.W.

Attach this email to bill and send it to me along with approval.

-----Original Message-----

From: Patton, Elaine S.
Sent: Friday, January 19, 2001 10:37 AM
To: Kollar, Susie S.
Subject: RE: Old Bill - T.W.

Susie, I finally received the "This is a true copy of an original bill" and signed. Walmart is changing their policy on letting people charge with Purchase Authorizations. They only have till the end of this month to collect. After the first of Feb all outstanding bills are being turned over to a collection agency.

-----Original Message-----

From: Kollar, Susie S.
Sent: Wednesday, January 17, 2001 1:01 PM
To: Patton, Elaine S.
Subject: RE: Old Bill - T.W.

This bill will not be able to be submitted for payment until next Fiscal Year (July 2001) in which it would go in a packet along with any other requests for a supplemental to the legislature. The legislature does not approve supplementals until end of session which would be May 2002 - at that time it would be paid.

You just missed the deadline for this years supplementals (that would have been approved May 2001 and paid July 2001).

So make sure you have a signed copy by the vendor and save until next July and then submit.

-----Original Message-----

From: Patton, Elaine S.
Sent: Wednesday, January 17, 2001 10:51 AM
To: Kollar, Susie S.
Subject: Old Bill - T.W.

I just received an old bill on a client that has been emancipated for over a year now. The bill is from Walmart in Boise, Idaho for \$200.00. Six months ago I asked them to write "this is a copy of a true bill" and to sign their name. They said they would, however, did not. I have not heard from them since then, six months ago. I just received another bill and they did not write "this is a copy of a true bill". I have the old request for funds and have high hopes that they will FAX the bill over to me today. I will stay on them till they do. I just wanted to make you aware of this bill and please let me know whether or not you want me to do anything different, since it is such an old bill..RFF NO 006F-73 - [REDACTED] Thank you.

Sent
1-22-01

NRS
 JAN 16 2001
 SPECIAL NEEDS

406018047
 -Laura Hielman
 1

ANICA FAMILY STORE
 P.O. BOX 565
 BETHEL, ALASKA 99559

ANI 84023

Customer's Order No. <u>17095</u>		Date <u>5/24/00</u>	
Name <u>State of Alaska - Div. of Family Services</u>			
Address <u>4033</u>			
		Phone: <u>907-993-2125</u>	
SOLD BY	CASH	C.O.D.	CHARGE
<u>HA</u>			<u>✓</u>
ON ACCT	MUSE	RETC	PAID OUT
QUAN.	DESCRIPTION	PRICE	AMOUNT
	<u>AROC</u>		<u>188.84</u>
	<u>MAGAT</u>		
	<u>MRU</u>		
	<u>FR9999</u>		
I certify that this is a just and proper bill and authorize its payment.			
Signature <u>[Signature]</u>		Date <u>5/11/01</u>	
Year - Collection	Expenditure	Amount	
<u>99-06213</u>	<u>799005</u>	<u>188.84</u>	
Year - Collocation	Expenditure	Amount	
<u>993F2125</u>	<u>40618047</u>		
PVN		OI#	
		TAX * <u>9.44</u>	
0178400 Received By <u>[Signature]</u>		TOTAL <u>198.28</u>	

01 May - 1 11:34

Judy Zangin
 5-11-02

POSTNET

TOTAL * 9.44
 TOTAL 198.28

0178400

Thank You

1470060-11

INQ-CC: COLLOCATION CODE INQUIRY

09/04/2001

COLLOCATION CODE 6213663
COA YEAR 2000
SET-UP YEAR 2000
TYPE: NON-PRIMARY
DESCRIPTION SHORT: NRO SN STATE
DESCRIPTION LONG: NRO SN STATE

ACTIVE? YES

CREATING RSN 04432
UPDATE RSN 04605

REPORTS TO APPROPRIATION: 25408 - NRO SPECIAL NEED
REPORTS TO FUND: 11100 - GENERAL FUND
REPORTS TO ORGANIZATION: 24514 - FOSTER CARE HOME BAS
REPORTS TO PROGRAM: 25336 - FC SPECI NEED STATE

POSTING?	YES	CORRESPONDING CURR YR APPN
ADD PROGRAM ALLOWED?	NO	
LC OVERRIDE ALLOWED?	YES	LAPSE COLLOCATION CODE
DEFAULT LEDGER CODE		LAPSE CC SET-UP YEAR
FOR NEXT CC ENTER==>	COLLOCATION CODE _____	COA YEAR _____ SET-UP YEAR _____
Enter-PF1---	PF2---	PF3---
PF4---	PF5---	PF6---
PF7---	PF8---	PF9---
PF10---	PF11---	PF12---
CONT QUIT	LCLST	PFKYS
		HELP
4-0	A Sess-1, 146.63.51.196	X26T #5 22/40



SINCE 1948

SEND BILLING INQUIRIES TO:

ANICA FAMILY STORE - BETHEL POWER PRODUCTS

(907)543-2108

BOX 555
BETHEL, ALASKA 99559

(507)545-2413 RECEIVED

JUN - 4 2001

DFYS/Fairbanks

Statement Date: 05/15/01

Account Number: STOF001

Page: 1

STATEMENT

ST OF AK FAMILY SVC
751 OLD RICHARDSON HWY
SUITE 300 ATTN VICKI GREENLAN
FAIRBANKS, AK-99701

cument	Date	Description		Debits	Credits	Balance
	04/15/01	Balance Forward	Bal Fwd			826.13
03397	05/15/01	Write off interest			430.87	395.26

Statement Balance		0.00	430.87	395.26
-------------------	--	------	--------	--------

INQ-TR: TANAB - LAPSE BALANCE
CY: 2002 APPN: 22546 (1999) - FC SPECIAL NEED

09/04/2001

LAPSED EXPENDITURE AUTHORIZATIONS	-366777.64
PLUS: LAPSE ADJUSTMENTS	26238.10

AVAILABLE LAPSE BALANCE	-340539.54
	=====
LESS: RESTRICTED EXPENDITURE AUTHORIZATIONS	-75000.00

UNRESTRICTED AVAILABLE LAPSE BALANCE	-265539.54
	=====

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12---				
CONT QUIT			PFKYS	HELP
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