

ALASKA LEGISLATURE

2413

HOUSE and SENATE FINANCE COMMITTEE FILES, 2001 - 2002

PLEASE
DO NOT
STAPLE
IN THIS
AREA

Family Planning Program
3601 'C' St. #934- PO Box 240249
Anchorage AK 995240249

HEALTH INSURANCE CLAIM FORM

1 MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA BLK LUNG OTHER 1a INSURED'S ID NUMBER (FOR PROGRAM IN ITEM 1)

2 PATIENT'S NAME (Last Name, First Name, Middle Initial) 3 PATIENT'S BIRTH DATE MM DD YY SEX 4 INSURED'S NAME (Last Name, First Name, Middle Initial)

5 PATIENT'S ADDRESS (No. Street) 6 PATIENT RELATIONSHIP TO INSURED 7 INSURED'S ADDRESS (No. Street)

8 CITY STATE 9 PATIENT STATUS 10 INSURED'S ADDRESS (No. Street) STATE

11 INSURED'S POLICY GROUP OR FECA NUMBER

12 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.

13 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.

14 DATE OF CURRENT ILLNESS (First symptom) OR INJURY (Accident) OR PREGNANCY (LMP) 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 17a ID NUMBER OF REFERRING PHYSICIAN 18 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY

19 RESERVED FOR LOCAL USE 20 OUTSIDE LAB? \$ CHARGES

21 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE) 22 MEDICAID RESUBMISSION CODE ORIGINAL RE: NO

23 PRIOR AUTHORIZATION NUMBER

24 A B C D E F G H I J K

From	To	Place of Service	Type of Service	PROCEDURES SERVICES, OR SUPPLIES (Explain Unusual Circumstances) CPT/HCPCS MODIFIER	DIAGNOSIS CODE	\$ CHARGES	DAYS (SPD) OR UNITS Family Plan	ENG	COB	RESERVED FOR LOCAL USE
02 16 00	02 16 00			99401		53 98	1 N			
02 16 00	02 16 00			99070 N		10 50	3 N			
02 16 00	02 16 00			4260A		7 50	30 N			
02 16 00	02 16 00			1STFT		0 00	1 N			

25 FEDERAL TAX ID NUMBER SSN EIN 26 PATIENT'S ACCOUNT NO 27 ACCEPT ASSIGNMENT? (For gov't claims see back) YES NO 28 TOTAL CHARGE \$ 29 AMOUNT PAID \$ 30 BALANCE DUE \$

31 SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) 32 NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) 33 PHYSICIAN'S SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE

23 7033773 23 Anchorage 28 \$ 71.98 29 \$ 30 \$ 71.98

31 JO FORTIER FNP 07 03 01 SIGNED DATE

32 Planned Parenthood of Alaska 3401 E. 42nd Avenue Anchorage AK 99508

33 Planned Parenthood of Alaska 3401 East 42nd Ave, Suite 200 Anchorage AK 99508 (907) 565-7526

FORM 1000-1000-1000

PLEASE
DO NOT
STAPLE
IN THIS
AREA

(293)
1001 JPL (11-12) P
JP: LJ

APPROVED OMB-0935-0006 HEALTH INSURANCE CLAIM FORM

1 MEDICARE (Medicare #)	MEDICAID (Medicaid #)	CHAMPUS (Sponsor's SSN)	CHAMPVA (IVA File #)	GROUP HEALTH PLAN (ISSN or ID)	FECA BY LUNG (SSN)	OTHER (ID)	16 INSURED'S ID NUMBER (IF OF PROGRAM IN ITEM 1)																																																																																												
2 PATIENT'S NAME (Last Name, First Name, Middle Initial)				3 PATIENT'S BIRTH DATE (MM DD YY) SEX (M F)		4 INSURED'S NAME (Last Name, First Name, Middle Initial)																																																																																													
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CITY		STATE		8 PATIENT STATUS (Single Married Other)		CITY		STATE																																																																																											
ZIP CODE		TELEPHONE (Include Area Code)		Employment (Full-Time Student Part-Time Student)		ZIP CODE		TELEPHONE (INCLUDE AREA CODE)																																																																																											
5. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO:		11. INSURED'S POLICY GROUP OR FECA NUMBER																																																																																													
a. OTHER INSURED'S POLICY OR GROUP NUMBER				a. EMPLOYMENT? (CURRENT OR PREVIOUS) (YES NO)		b. INSURED'S DATE OF BIRTH (MM DD YY) SEX (M F)																																																																																													
c. OTHER INSURED'S DATE OF BIRTH (MM DD YY) SEX (M F)				b. AUTO ACCIDENT? (YES NO) PLACE (State)		b. EMPLOYER'S NAME OR SCHOOL NAME																																																																																													
c. EMPLOYER'S NAME OR SCHOOL NAME				c. OTHER ACCIDENT? (YES NO)		c. INSURANCE PLAN NAME OR PROGRAM NAME																																																																																													
c. INSURANCE PLAN NAME OR PROGRAM NAME				RESERVED FOR LOCAL USE		6. IS THERE ANOTHER HEALTH BENEFIT PLAN? (YES NO) If yes, return to and complete item 9 a-c.																																																																																													
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment.						13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below.																																																																																													
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DAVID WJELLER, MD						PIC MOBILE 3340 PROVIDENCE DR ANCHORAGE AK 99504			PROVIDENCE IMAGING CENTER 4000 PALE ST, #103 ANCHORAGE AK 99504 PINE 477-5555-4001 GRP																																																																																										

RECEIVED

SEP 06 2001

SECTION OF MATERNAL, CHILD & ADOLESCENT HEALTH ANCHORAGE OFFICE 46.12

Patient Tracking Fees - Quarter 4

Provider: PSMC *P. Seward* 24

LastName	FirstName	Patient#	Service Date	CPT	Svc. Fee	Tracking Fee
			5/21/2001	88164	\$34.00	\$30.00
			4/11/2001	99396	\$160.00	\$30.00
			7/12/2001	88164	\$34.00	\$30.00
			2/6/2001	99214	\$133.00	\$30.00
			5/16/2001	99214	\$133.00	\$30.00
			3/13/2001	99214	\$133.00	\$30.00
			5/2/2001	88164	\$34.00	\$30.00
			4/17/2001	99396	\$160.00	\$30.00
			2/24/2000	99214	\$127.00	\$30.00
Total Patient Tracking Fees:						\$270.00

Number of Patients 9

5400

Ok to pay PSM 99250
 \$210.00 01-06311441 06602301 73230
Juli D. Smith 08-2-01

Ok to pay
 \$30.00 02-06311441 06602301 73230
Juli D. Smith 08-3-01

Ok to pay
 \$30.00 02-06311441 06602301 73230
Juli D. Smith 08-3-01

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Alaska BCCEDP - Billing
3601 C STREET, SUITE 934
Anchorage, AK 99503

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE (Medicare #)	MEDICAID (Medicaid #)	CHAMPUS (Sponsors SSN)	CHAMPVA (VA File #)	GROUP HEALTH PLAN (ISSN or ID)	FECA BLK LUNG (SSN, X (ID))	OTHER	12. INSURED'S I.C. NUMBER	PUP PROGRAM (If any)								
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)	3. PATIENT'S BIRTH DATE (MM DD YY)	SEX (M F X)	4. INSURED'S NAME (Last Name, First Name, Middle Initial)	5. PATIENT'S ADDRESS (Inc. Street)	6. PATIENT RELATIONSHIP TO INSURED (Self X Spouse Child Other)	7. INSURED'S ADDRESS (Inc. Street)	8. INSURED'S DATE OF BIRTH (MM DD YY)	SEX (M F X)								
P.O. BOX 812	06 05 1969 M	F X	P.O. BOX	TALKEETNA AK	Single X Married Other	P.O. BOX	06 05 1969 M	F X								
CITY	STATE	8. PATIENT STATUS (Employed Full-Time Student Part-Time Student)	CITY	STATE	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 X b. AUTO ACCIDENT? YES NO X c. OTHER ACCIDENT? YES NO X 10c. RESERVED FOR LOCAL USE)	CITY	STATE								
TALKEETNA	AK	Single X Married Other	TALKEETNA	AK	99676 () -	11. INSURED'S POLICY GROUP OR FECA NUMBER	ZIP CODE	TELEPHONE (INCLUDE AREA CODE)								
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SECTION OF MATERNAL, CHILD & FAMILY HEALTH ANCHORAGE OFFICE	156.88	19														

PLEASE
DO NOT
STAPLE
IN THIS
AREA

Alaska BCCEDP - Billing
3601 C STREET, SUITE 934
Anchorage, AK 99505

HEALTH INSURANCE CLAIM FORM

1. MEDICARE (Medicare #)	MEDICAID (Medicaid #)	CHAMPUS (Sponsors SSN)	CHAMPVA (VA File #)	GROUP HEALTH PLAN (ISSN or ID)	FED. BLK. LUNG (ISSN)	OTHER (ID)	16. INSURED'S I.D. NUMBER (For Payment Use Only)
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)				3. PATIENT'S BIRTH DATE MM DD YY		SEX M F X	4. INSURED'S NAME (Last Name, First Name, Middle Initial)
5. PATIENT'S ADDRESS (No., Street) PO BOX				6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>		7. INSURED'S ADDRESS (No., Street) PO BOX	8. INSURED'S NAME (Last Name, First Name, Middle Initial)
CITY WILLOW		STATE AK		9. PATIENT STATUS Single <input checked="" type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>		CITY WILLOW	STATE AK
ZIP CODE 99688		TELEPHONE (include Area Code) (907) 495-1016		10. IS PATIENT'S CONDITION RELATED TO: Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>		ZIP CODE 99688	TELEPHONE (INCLUDE AREA CODE) (907) 495-1016
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial)				10. IS PATIENT'S CONDITION RELATED TO: Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>		11. INSURED'S POLICY GROUP OR FECA NUMBER	
a. OTHER INSURED'S POLICY OR GROUP NUMBER				b. EMPLOYMENT? (CURRENT OR PREVIOUS) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		a. INSURED'S DATE OF BIRTH MM DD YY	
b. OTHER INSURED'S DATE OF BIRTH MM DD YY				c. AUTO ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
c. EMPLOYER'S NAME OR SCHOOL NAME				c. OTHER ACCIDENT? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		b. EMPLOYER'S NAME OR SCHOOL NAME	
6. INSURANCE PLAN NAME OR PROGRAM NAME				10c. RESERVED FOR LOCAL USE		c. INSURANCE PLAN NAME OR PROGRAM I Alaska BCCEDP - Billing	
12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below. SIGNED Signature on file DATE 10/08/2001				13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE I authorize payment of medical benefits to the undersigned physician or supplier for services described below. SIGNED Signature on file		c. IS THERE ANOTHER HEALTH BENEFIT PLAN? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO If yes, return to and complete item 9-a-d	
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. HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM MM DD YY TO MM DD YY	
17. NAME OF REFERRING PHYSICIAN OR OTHER SOURCE				17a. I.C. NUMBER OF REFERRING PHYSICIAN		20. OUTSIDE LAB? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
15. RESERVED FOR LOCAL USE				21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY. (RELATE ITEMS 1,2,3 OR 4 TO ITEM 24E BY LINE) 1. 795		22. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
24. A DATE(S) OF SERVICE From To B Place of Service C Type of Service D PROCEDURES, SERVICES, OR SUPPLIES (Explain Unusual Circumstances) E DIAGNOSIS CODE				23. PRIOR AUTHORIZATION NUMBER		26. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.	
06 22 2000 06 22 2000 1 99213 1				26. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.		27. PRIOR AUTHORIZATION NUMBER	
06 22 2000 06 22 2000 1 88164 1				26. MEDICAID RESUBMISSION CODE ORIGINAL REF. NO.		27. PRIOR AUTHORIZATION NUMBER	
25. FEDERAL TAX I.D. NUMBER 92-0117838				26. PATIENT'S ACCOUNT NO. 512000		27. ACCEPT ASSIGNMENT? (For gov. claims, see back) <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	
31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREES OR CREDENTIALS (I certify that the statements on the reverse apply to this bill and are made a part thereof.) SARAH Y. WALTERS, 10/08/2001				32. NAME AND ADDRESS OF FACILITY WHERE SERVICES WERE RENDERED (If other than home or office) Ok to pay SHS 56237 \$65.97 00-06311441 73230 10-1201		33. PHYSICIAN'S, SUPPLIER'S BILLING NAME, ADDRESS, ZIP CODE & PHONE # Sunshine Community Health Center P.O. Box 787 (Mile 4.4 Talkeetna Spur Rd) Talkeetna, AK 99676 (907) 733-2273	

RECEIVED

OCT 10 2001

SECTION OF MATERNAL, CHILD & FAMILY HEALTH ANCHORAGE OFFICE

TOTAL CHARGE \$65.97 BALANCE DUE \$1.00

PRIMARY REBILL

MISCELLANEOUS INSKEY

PLEASE DO NOT STAPLE IN THIS AREA

PICA MISCELLANEOUS INSKEY

HEALTH INSURANCE CLAIM FORM

PICA

1. MEDICARE (Medicare #) <input type="checkbox"/>		MEDICAID (Medicaid #) <input type="checkbox"/>		CHAMPUS (Sponsor's SSN) <input type="checkbox"/>		CHAMPVA (VA File #) <input type="checkbox"/>		GROUP HEALTH PLAN (SSN or ID) <input type="checkbox"/>		FECA (ISSN) <input checked="" type="checkbox"/>		OTHER <input checked="" type="checkbox"/>		12. INSURED'S I.C. NUMBER (FOR PROGRAM & ITEM #)			
2. PATIENT'S NAME (Last Name, First Name, Middle Initial)								3. PATIENT'S BIRTH DATE (MM DD YY) 07 07 1982				SEX F <input checked="" type="checkbox"/>					
5. PATIENT'S ADDRESS (No., Street) 211 CLARKSON DR								6. PATIENT RELATIONSHIP TO INSURED Self <input checked="" type="checkbox"/> Spouse <input type="checkbox"/> Child <input type="checkbox"/> Other <input type="checkbox"/>				7. INSURED'S ADDRESS (No., Street) SAME					
CITY FAIRBANKS				STATE AK		8. PATIENT STATUS Single <input type="checkbox"/> Married <input type="checkbox"/> Other <input type="checkbox"/>				CITY				STATE			
ZIP CODE 99709 2386				TELEPHONE (Include Area Code) (907) 479 7821				Employed <input type="checkbox"/> Full-Time Student <input type="checkbox"/> Part-Time Student <input type="checkbox"/>				ZIP CODE				TELEPHONE (INCLUDE AREA CODE)	
9. OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) SAME								10. IS PATIENT'S CONDITION RELATED TO:				11. INSURED'S POLICY GROUP OR FECA NUMBER NONE					
a. OTHER INSURED'S POLICY OR GROUP NUMBER 0600442818				b. OTHER INSURED'S DATE OF BIRTH MM DD YY 07 07 1982				c. EMPLOYER'S NAME OR SCHOOL NAME				d. INSURANCE PLAN NAME OR PROGRAM NAME MEDICAID ALASKA					
13. EMPLOYMENT? (CURRENT OR PREVIOUS) YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				14. AUTO ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				15. OTHER ACCIDENT? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				16. INSURED'S DATE OF BIRTH MM DD YY 07 07 1982				SEX M <input type="checkbox"/> F <input checked="" type="checkbox"/>	
17. EMPLOYER'S NAME OR SCHOOL NAME				18. IS THERE ANOTHER HEALTH BENEFIT PLAN? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>				19. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNATURE ON FILE				20. EMPLOYER'S NAME OR SCHOOL NAME				21. INSURANCE PLAN NAME OR PROGRAM NAME MISCELLANEOUS INSKEY	

12. PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize the release of any medical or other information necessary to process this claim. I also request payment of government benefits either to myself or to the party who accepts assignment below.) SIGNATURE ON FILE 04 30 2001

13. INSURED'S OR AUTHORIZED PERSON'S SIGNATURE (I authorize payment of medical benefits to the undersigned physician or supplier for services described below.) SIGNATURE ON FILE

14. DATE OF CURRENT ILLNESS (First symptom) OR INJURY/ACCIDENT OR RESONANCE (MRI) DATE 07/5/01

15. IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE DATE (MM DD YY)

17. NAME OF REFERRING PHYSICIAN: [Signature] Date 193.00

19. RESERVED FOR LOCAL USE: Collocation - Expenditure - Amount

21. DIAGNOSIS OR NATURE OF ILLNESS OR INJURY (RELATE ITEMS 1, 2, 3 OR 4 TO ITEM 24E BY LINE) 84500 .NF213 7 S

22. MEDICAID RESUBMISSION CODE ORIGINAL REF NO

23. PRIOR AUTHORIZATION NUMBER E927 FMA 89104 023F1052

DATE OF SERVICE FROM MM DD YY	DATE OF SERVICE TO MM DD YY	Place of Service	Type of Service	PROCEDURES (ICD-9-CM)	DIAGNOSIS CODE	S CHARGES	DAYS (EPSDT OR Family Plan)	EMG	CCR	RESERVED FOR LOCAL USE
09271999	09271999	23	01	99283, LEV 3, EXP. HIST, EXAM, LOW-MOD CO	12	193 00	1	X		4295

24. FEDERAL TAX ID NUMBER 920085972

25. PATIENT'S ACCOUNT ID 00001765301X01

26. ACCEPT ASSIGNMENT? YES NO

27. TOTAL CHARGE 193 00

28. AMOUNT PAID

29. BALANCE DUE 193 00

31. SIGNATURE OF PHYSICIAN OR SUPPLIER INCLUDING DEGREE OR CREDENTIAL: SUSAN [Signature] 04 30 2001

32. NAME AND ADDRESS OF PHYSICIAN WHERE SERVICES WERE RENDERED: FAIRBANKS MEMORIAL HOSP 1650 COWLES STREET FAIRBANKS AK 99701 5925

33. PHYSICIAN'S SUPPLIER'S BILLING NAME ADDRESS ZIP CODE: EMERGENCY MEDICINE ASSOCIATES PO BOX 74000 FAIRBANKS AK 99707 4000 4295 1517205-

Child's Name: _____

- 2. Foster Parent Damages and loss \$ _____
Refer to CPS Adm. Chapter 6.0. section 6.2.2.7 (4) (b)
Please attach form 06-9440 and police report if applicable.
- 3. Shipping & Freight Costs (Child's belongings only) \$ _____
- 4. Other-Services critical for completion of the case plan \$ _____
 - Genetic/Paternity Testing
 - Advertising for Missing Parents
 - Birth Certificates
 - Expert Witnesses (ICWA/Non-ICWA)
 - Supervised Visitation
 - Court Teleconference Costs

III.A. SUB-TOTAL IV-E FOSTER CARE ADMINISTRATIVE	\$ _____
---	-----------------

IV. NON-IV-E REIMBURSEMENT

- 1. Independent Living - Limited to those expenses that facilitates the transition of foster children to independent living that are not otherwise reimbursable under maintenance or administration or other resource. \$ _____
Describe: _____
- 2. Medical, Dental, Diagnostic, Therapeutic, and Assessment Services \$ 193.00
As payer of last resort (no Medicaid coverage or other third party reimbursement)
Refer to 7 AAC 53.320.
 - Medical Describe: Dr. Appointment
 - Dental Describe: _____
 - Diagnostic (i.e. Psych evaluations) Describe: _____
 - Therapeutic (i.e. Counseling) Describe: _____
 - Assessment Services Describe: _____
 - Medical equipment, furnishings, or discretionary devises for children with special needs Describe: _____
 - Travel Describe: _____
- 3. Unlicensed Child Care for Foster Child \$ _____
 - during foster parent's employment when the foster child is not in school
 - during the foster parent's attendance at mandatory foster parent training
 - during foster parents attendance at case conference, case reviews, court hearing, without foster child
 - which facilitate the foster parent's attendance at Division approved activities which are beyond the scope of "ordinary parental duties"
- 4. Other services critical for completion of the case plan of a child in foster care when no other resources are available \$ _____
Describe: _____

IV.A. SUB-TOTAL NON-IV-E REIMBURSABLE	\$ _____
--	-----------------

V. EXPLAIN HOW ALTERNATIVE SOURCES OF FUNDING FOR ALL ITEMS ABOVE HAVE BEEN EXHAUSTED: Child emancipated; no other resources.

VI. TOTAL COST: \$ 193.00

VII. one time cost short term costs (date) _____ / _____ / _____ to _____ / _____ / _____

Child's Name: _____

VIII. Payee Name FMH Address Cowles Street. 00701

IX. SSN or Fed Tax ID# _____ Vendor # (PVN) _____ Reimbursement

X. Judy Ringstad
Social Worker Signature _____ PCN _____ Date 1/1

XI. APPROVALS:

S.W. IV Signature PCN _____ Date 1/1 Shel Arde
S.W. V Signature PCN 5014 Date 11/1/01

Children's Services Manager Date 1/1 _____
Family Services Program Administrator Date _____
Required for Requests exceeding \$1,500.00 and Out-of-State Travel

FISCAL INFORMATION (To be filled out by fiscal)

XII. CATEGORY	COST	CODING
IV-E Foster Care Maintenance (II.A.)	\$ _____	_____
IV-E Foster Care Administrative (III.A.)	\$ _____	_____
Non-IV-E Reimbursable (IV.A.)	\$ _____	_____
TOTAL OF REQUEST:	\$ _____	

PVN
NIMS 98041

Breast & Cervical Health Check (BCHC)

2001 Billing and Service Form
2000

Clinic/Provider Name: Northern Medical Services
Mailing Address: 4101 Arctic Blvd Suite 206
Anchorage AK 99503

Woman's Last Name: [REDACTED] First: [REDACTED]
Date of Birth: 4 19 69
SSN: [REDACTED]

New Patient Office Visits					Radiological Procedures						
	Rate	CPT Code	Service Date(s)	Qty	Cost		Rate	CPT Code	Service Date(s)	Qty	Cost
Problem focused (usually 10 minutes)	\$39.98	99201				Screening mammogram	\$64.23	76042			
Expanded problem focused (usually 20 minutes)	\$69.36	99202				Diagnostic/Followup - Unilateral Mammogram	\$83.85	76041			
Medical decision making, low complexity (usually 30 minutes)	99.80 99.80	99203	6/29/00	1	109.80	Diagnostic/Followup - Bilateral Mammogram	\$102.31	76091			
Medical decision making, moderate complexity (usually 45 minutes)	\$148.04	99204				Ultrasound - Echography, Breast (unilateral or bilateral) scan and/or real time image documentation	\$83.12	76645			
Medical decision making, high complexity (usually 60 minutes)	\$186.20	99205				Laboratory Procedures					
Established Patient Office Visits											
Minimal presenting problem(s) (usually 5 minutes)	\$25.69	99211				Pap smear (read by a cytotechnologist)	\$14.60	88164			
Problem focused (usually 10 minutes)	\$40.45	99212				Pap smear, cytopathology, cervical or vaginal collected in preservative fluid, automated thin layer preparation.	\$14.60	88142			
Expanded problem focused history/exam medical decision making, low complexity (usually 15 minutes)	\$56.63	99213				Colposcopy Biopsy Interpretation	\$100.84	88305			
Detailed history/exam medical decision making, moderate complexity (usually 25 minutes)	\$88.10	99214				Cervical Diagnostic Procedures					
Comprehensive history/exam medical decision making, high complexity (usually 40 minutes)	\$130.38	99215				Colposcopy directed cervical biopsy	\$130.69	57454			
Consultation											
Consultation (15 minutes)	\$55.94	99241				Colposcopy without biopsy	\$105.17	57452			
Consultation, problem focused (usually 30 minutes)	\$100.25	99242				Other					
Consultation, problem focused (usually 40 minutes)	\$132.17	99243									
Preventive Medicine											
New Patient-Initial Preventive Medicine Visit, 18-39 Years	\$103.00	99385									
New Patient-Initial Preventive Medicine Visit, 40-64 Years	\$143.00	99386									
New Patient-Initial Preventive Medicine Visit, 65 - Years	\$142.00	99387									
Established Patient-Periodic Preventive Medicine Visit, 18-39 Years	\$92.00	99395									
Established Patient-Periodic Preventive Medicine Visit, 40-64 Years	\$114.00	99396									
Established Patient-Periodic Preventive Medicine Visit, 65 - Years	\$130.00	99397									
						Total					99.80

Please submit to:
BCHC
3601 C Street, Suite 934
PO Box 240249
Anchorage, Alaska 99524-0249

I certify this information is true, accurate and complete.

State of Alaska Ok to pay
Women & At
934, PO Box \$ 99.80 00-06311441 73230
Julie [Signature] 12/26/01

Christy Stogor
Signed
12-19-01
Date

STATE OF ALASKA

HEALTH AND SOCIAL SERVICES

TONY KNOWLES, GOVERNOR

Division of Administrative Services/Fisc
P.O. Box 240249
Anchorage, AK 99524-0249

(907) 269-7818

March 6, 2001

Xerox Corporation
PO Box 7405
Pasadena, CA 91109-7405

RE: Invoice # 168587459

Acct# 691857908

To whom it may concern:

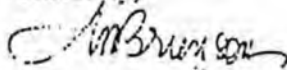
We received your fax regarding a past due invoice dated 4-20-99. Research indicates that the invoice will need to be submitted for a supplemental appropriation through the legislature.

Our Juneau fiscal office has the documents and will research for possible previous payment and then submit the invoices through the legislature for supplemental approval. Usually any supplemental requests are approved by the legislature in May of each year therefore; we are unable to pay the bill at this time.

I apologize for the delay. You may wish to suspense the invoice and contact our office in June to check the status. You can call Marissa at 269-7815 or you can contact me directly at 269-7818.

If I can clarify the process or you need further assistance, please let me know.

Sincerely,



Marissa Brunson

Accounting Clerk II

Cc: Cheryl Karasch, Human Resources
Luz Malacas, Juneau Fiscal

Please Remit To:

RECEIVED
MAR 16 2001

INVOICE

PVN

FBM 91029

Frontier Business Systems, Inc.
105 Trading Bay Drive # 101
Kenai, AK 99611

Invoice Number: 8981
P.O. Number: INV

Invoice Date: 12/22/1999
Invoice Terms: Net 10



K-PPA-075

Bill To: 003050

SOA-H&SS/DIV PUBLIC ASSIS-KENAI
3601 C St. Suite 410 P.O.Box 240249

Anchorage, AK 99524

Attn: Shannon Hall JILL KILPECK 283-2950 * (907) 283-2900

Ship To:

SOA-H&SS/PUBLIC ASSIS-KENAI
11312 KENAI SPUR HWY #2

KENAI, AK 99611

JILL KIOPECKY * (907) 283-2950

99501-5434

SOA-H&SS/PUBLIC ASSIS-KENAI * SHARP * FO3850 * Ser # 6010335X * * Non Contract * Chargeable * Mrx: N/A

Service

Service Problem	Technician	Qty	Ext Price
Supply Delivery	TBL		

Supplies

Product Code	Order	BO	Ship	Make	Model	Discount	Unit Price	Ext Price
FO48DR	1	0	1	Sharp	FO4800	0.00%	\$206.00	\$206.00
DRUM CART.								

"Copy of original"
Elbowe

I certify that this is a just and proper invoice for the Department of
 _____ Date: 6/1/01
 \$206.00
 06-21-C-330-74225
 6-Digit Account Code 3-Digit Object

Signature

1/ ✓ AKSAS not pd.
✓ supplemental list. *

Telephone: (907) 283-2880
Facsimile: (907) 283-6495

Sub Total: \$206.00
 Shipping & Handling: \$0.00
 Applicable Sales Tax: \$0.00
 Payment: \$0.00

Customer Signature

Balance Due: \$206.00

This Invoice Is Due and Payable By 01/01/2000

The customer guarantees payment within the specified terms and agrees to reimburse seller for all expenses incurred in collecting the amount of this invoice. A service charge of 1.5 % per month will be added to all past due amounts.

Thank You For Choosing Frontier Business Systems, Inc.

STATE OF ALASKA
HEALTH AND SOCIAL SERVICES

TONY KNOWLES, GOVERNOR

Division of Administrative Services/Fiscal
P.O. Box 240249
Anchorage, AK 99524-0249

(907) 269-7818

May 8, 2001

The New Printer Workshop NPW, Inc.
605 Barrow Street, Ste 2
Anchorage, AK 99501

RE: Invoice # 032098

Acct# 5060

To whom it may concern:

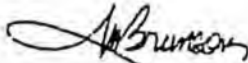
We received your fax regarding a past due invoice dated 09-22-98. Research indicates that the invoice will need to be submitted for a supplemental appropriation through the legislature.

Our Juneau fiscal office has the documents and will research for possible previous payment and then submit the invoices through the legislature for supplemental approval. Usually any supplemental requests are approved by the legislature in May of each year therefore; we are unable to pay the bill at this time.

I apologize for the delay. You may wish to suspense the invoice and contact our office in June to check the status. You can contact me directly at 269-7815.

If I can clarify the process or you need further assistance, please let me know.

Sincerely,



Marissa Brunson

Accounting Clerk II

Cc: Leanne Gunter, Public Health, Nursing
Luz Malacas, Juneau Fiscal

CC 06311 020

74225

Printing, Rubber Stamps, Stencils, Notary & Corporate Seals, Name Plates

INVOICE NUMBER

the new **printer's workshop**

NPW, Inc.

605 BARROW STREET, SUITE 2
ANCHORAGE, ALASKA 99501
(907) 279-4501 • FAX (907) 276-0329
FED I.D. #92-0126897

RECEIVED
MAR - 8 2001
DE 30 98 032098
SCR NURSING

SOLD TO: State of Alaska		ACCT. NO. 5060	DATE WRITTEN 9-22-98	BY DB
Dept. of Health & Social Services So. Central Regional Nursing		CONTACT PERSON Carol Stricklin		
		PHONE 562-5454	CUSTOMER P. O. NUMBER 06152-99-99002	

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	Nametag		7.50
I CERTIFY THIS TO BE A TRUE AND ACCURATE COPY OF THE ORIGINAL. <i>Carol Stricklin</i> 2/28/01 Signature Date			
INVOICE			
PAST DUE			
			TOTAL \$ 7.50

PLEASE PAY FROM THIS INVOICE. NO STATEMENT SENT UNLESS REQUESTED.

STATE OF ALASKA

HEALTH AND SOCIAL SERVICES

TONY KNOWLES, GOVERNOR

Division of Administrative Services/Fiscal
P.O. Box 240249
Anchorage, AK 99524-0249

(907) 269-7818

June 1, 2001

Builders Industrial Supply, Inc.
Box 947
Nome, AK 99762

RE: Invoice # 79216

To whom it may concern:

We received your fax regarding a past due invoice dated 09/16/99. Research indicates that the invoice will need to be submitted for a supplemental appropriation through the legislature.

Our Juneau fiscal office has the documents and will research for possible previous payment and then submit the invoices through the legislature for supplemental approval. Usually any supplemental requests are approved by the legislature in May of each year therefore; we are unable to pay the bill at this time.

I apologize for the delay. You may wish to suspense the invoice and contact our office in June to check the status. You can contact me directly at 269-7815.

If I can clarify the process or you need further assistance, please let me know.

Sincerely,



Marissa Brunson

Accounting Clerk II

Cc: Kathy Tenney, Division of Juvenile Justice
Luz Malacas, Juneau Fiscal

FY00

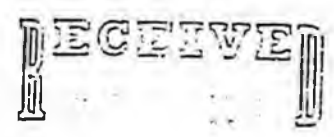
BUILDERS INDUSTRIAL SUPPLY, INC.

P.O. BOX 947
 NOME, AK 99762

Statement

Date
 3/31/2001

To:
 NOME YOUTH FACILITY
 BOX 1750
 NOME, AK 99762



BY:

Amount Due	Amount Enc.
\$457.06	

Date	Transaction	Amount	Balance
06/30/1999	Balance forward		8.00
07/15/1999	PMT - 76942	-8.00	0.00
09/16/1999	INV #79216	316.00	316.00
10/19/1999	INV #79982	500.00	816.00
11/16/1999	INV #80519	500.00	1,316.00
11/24/1999	INV #80652	85.00	1,401.00
12/02/1999	PMT - 80519	-500.00	901.00
01/04/2000	PMT - 79982/80652	-585.00	316.00
02/25/2000	INV #81984	40.00	356.00
03/06/2000	INV #82145	68.00	424.00
03/25/2000	PMT - 81984	-40.00	384.00
05/31/2000	PMT	-68.00	316.00
06/20/2000	INV #83708	126.44	442.44
09/07/2000	INV #85331	68.50	510.94
09/30/2000	PMT - 83708	-126.44	384.50
10/02/2000	INV #86144	31.87	416.37
10/30/2000	INV #86763	20.88	437.25
11/10/2000	PMT - 85331	-68.50	368.75
11/27/2000	INV #87220	128.98	497.73
12/06/2000	PMT - 86763/86144	-52.75	444.98
12/27/2000	INV #87666	11.50	456.48
01/13/2001	PMT - 87220	-128.98	327.50
02/05/2001	PMT - 87666	-11.50	316.00
03/23/2001	INV #88998	83.24	399.24
03/23/2001	INV #88995	39.82	439.06
03/23/2001	INV #88984	18.00	457.06

[Handwritten signature]

CURRENT	1-30 DAYS PAST DUE	31-60 DAYS PAST DUE	61-90 DAYS PAST DUE	OVER 90 DAYS PAST DUE	Amount Due
0.00	41.06	0.00	0.00	316.00	\$457.06

STATE OF ALASKA

TONY KNOWLES, GOVERNOR

DEPT. OF HEALTH AND SOCIAL SERVICES


*DIVISION OF JUVENILE JUSTICE
NORTHERN REGION YOUTH CORRECTIONS*

1502 WILBUR STREET
FAIRBANKS, AK 99701
PHONE (907) 451-2150
FAX (907) 451-5152

MEMORANDUM

DATE: May 24, 2001

TO: Tina Williams, Anchorage Fiscal

FROM:  Kathy Tenney
Administrative Assistant

SUBJECT: Unpaid Bill - Builders Industry Supply ?

Per our conversation, I'm enclosing an invoice that the vendor has indicated is unpaid. Since AKSAS has been purged for this time period, the invoice will need to be verified against microfiche.

I'm coding the invoice in case it is verified to be outstanding. Please process the bill once this information is obtained. If it is verified that it has been paid, please provide us with information that we can return to the vendor (cancelled check preferably). Thanks.

Attachment

*Builders Industry Supply, Inc. Invoice #79216, dated 9/16/1999.

D. W. ...

00

OK per
Kach
BS

- COPY OF PHYSICIAN BILL
- PHYSICIAN BILL BREAKDOWN
- PHYSICIAN'S NOTICE AND CERTIFICATION

\$ 159.⁰⁰ PHYSICIAN SERVICES

100%

06338820-77290

\$ 159.⁰⁰ TOTAL PAID

PVN: WHA 84118
William H. ANTHES, MD.

PLEASE DO NOT STAPLE IN THIS AREA



RECEIVED FEB HEALTH INSURANCE CLAIM FORM DMHDD

SELF PAY WRITING DATE STAMP JAN 13 2000 RECEIVED

PICA

1 MEDICARE MEDICAID CHAMPUS CHAMPVA GROUP HEALTH PLAN FECA OTHER INSURED'S ID NUMBER (OF PROGRAM NUMBER)

2 PATIENT'S NAME (Last Name, First Name, Middle Initial) 3 PATIENT'S BIRTH DATE (MM DD YY) SEX 4 INSURED'S NAME (Last Name, First Name, Middle Initial)

5 PATIENT'S ADDRESS (No. Street) 6 PATIENT RELATIONSHIP TO INSURED 7 INSURED'S ADDRESS

8 CITY 9 STATE 10 PATIENT STATUS 11 INSURED'S PC

12 ZIP CODE 13 TELEPHONE (include Area Code) 14 EMPLOYMENT CURRENT OR PREVIOUS 15 INSURED'S DATE OF BIRTH (MM DD YY) SEX

16 OTHER INSURED'S NAME (Last Name, First Name, Middle Initial) 17 IS PATIENT'S CONDITION RELATED TO 18 EMPLOYER'S NAME OR SCHOOL NAME

19 OTHER INSURED'S POLICY OR GROUP NUMBER 20 AUTO ACCIDENT? 21 EMPLOYER'S NAME OR SCHOOL NAME

22 OTHER INSURED'S DATE OF BIRTH (MM DD YY) SEX 23 OTHER ACCIDENT? 24 INSURANCE PLAN NAME OR PROGRAM NAME

25 INSURANCE PLAN NAME OR PROGRAM NAME 26 RESERVED FOR LOCAL USE 27 IS THERE ANOTHER HEALTH BENEFIT PLAN?

Please do cover sheet. We will pay KF 9-17-01

READ BACK OF FORM BEFORE COMPLETING & SIGNING THIS FORM. 28 PATIENT'S OR AUTHORIZED PERSON'S SIGNATURE. 29 INSURED'S OR AUTHORIZED PERSON'S SIGNATURE.

SIGNED SIGNATURE ON FILE DATE 01/11/2000 SIGNED SIGNATURE ON FILE

30 DATE OF CURRENT ILLNESS First symptoms of INJURY Accident or PREGNANCY/CHP 31 IF PATIENT HAS HAD SAME OR SIMILAR ILLNESS GIVE FIRST DATE (MM DD YY) 32 DATES PATIENT UNABLE TO WORK IN CURRENT OCCUPATION FROM TO

33 NAME OF REFERRING PHYSICIAN OR OTHER SOURCE 34 ID NUMBER OF REFERRING PHYSICIAN 35 HOSPITALIZATION DATES RELATED TO CURRENT SERVICES FROM TO

36 RESERVED FOR LOCAL USE 37 OUTSIDE LAB? 38 CHARGES

39 DIAGNOSIS OR NATURE OF ILLNESS OR INJURY RELATE ITEMS 1-3 OR 4 TO ITEM 39 BY LINE 719.41 977.9

40 MEDICAID RESUBMISSION CODE ORIGINAL REF NO 41 PRIOR AUTHORIZATION NUMBER

A DATE S OF SERVICE FROM		B Pract Type		C PROCEDURES SERVICES OF SUPPLIER		D DIAGNOSIS CODE		E CHARGES		F CHARGES		G DAYS EPSON OR Family UNITS Plan		H RESERVED FOR LOCAL USE			
MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY	MM	DD	YY
01	02	2000	01	02	2000	21	03	99251	1,2,3	159.00	1						

42 FEDERAL TAX ID NUMBER 43 PATIENT ID NUMBER 44 REPORT ASSIGNMENT 45 TOTAL CHARGE 46 AMOUNT PAID 47 BALANCE DUE

48 SIGNATURE OF PHYSICIAN OR SUPPLIER 49 NAME AND ADDRESS OF HEALTH CARE SERVICE CENTER 50 PHYSICIAN OR SUPPLIER SIGNATURE ADDRESS ZIP CODE

Carrs Quality Centers

6411 A Street, Anchorage, Alaska 99518 • Ph: 561-1944

D 94396 INVOICE
No 930181

- No. 2 Gambell
- No. 5 Aurora Village
- No. 6 Sears Mall
- No. 7 Eagle River
- No. 8 Kena
- No. 9 Eastgate
- No. 10 Diamond
- No. 11 Wasilla
- No. 12 Jewel Lake
- No. 13 Huffman
- No. 14 Palmer
- No. 16 Fairbanks
- No. 17 Muldoon
- No. 18 Kelchikan
- No. 20 Juneau
- Video Return
- Other

SOLD TO State of Alaska Dept. of Health & Social Services Prenatal Care II program DATE 8-3-99
1231 Gambel Street Anch. AK 99501 SOLD BY KRIS

CUSTOMER # 31216118

PAID ON ACCOUNT CHARGE
 RECEIPT

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
100	Prenatal Vit. Lx # 842217		18.60
100	Hum. Abs NPIT # 842216		20.80
100	Hum. Abs Popular Lx # 842215		20.80
100	one touch test strips Lx # 842214		68.80

TERMS. NET. 30 DAYS (FROM DATE ABOVE)
 RECEIVED BY: [Signature] TOTAL 128.30

White - Office Yellow - Customer Pink - Store

SAFEWAY, INC.
 HEREBY STATES THIS
 TO BE A CERTIFIED COPY
 OF THE ORIGINAL INVOICE
 ACCTS. REC. SUPERVISOR

[Signature]

okay to pay ATN 32618
 #128,30 0006311408 77590
 P. J. J. 1/30/02

Remit to: CARR'S c/o SAFEWAY INC.
FILE #72905
P.O. BOX 60000
SAN FRANCISCO, CA 94160-2905

094396

STORE SALES INVOICE

SOLD TO: St. of Alaska

Dept. of Health + Social Services

ATTN OF: Prenatal Care II Program

ADDRESS: 1231 Gambell Street

Anchorage, AK 99501-4621

Store Number 1-14	1816
Cust. No. 15-20	E10437
Inv. No. 21-20	100308
Date (*) 27-32	091999
Accounting Use Only 33-34	0 1

QUANTITY	DESCRIPTION	PRICE	AMOUNT
1	Rx 9312265 (30 Tablets)		8.60
	Auth. # 27350		
	OPag to pay ATN 27350		
	*P.O. No. 02311408 77590		
	② Summary 1/30/02		
	SAFEWAY, INC. HEREBY STATES THIS TO BE A CERTIFIED COPY OF THE ORIGINAL INVOICE ACCTS. REC. SUPERVISOR		

THIS ACKNOWLEDGES RECEIPT OF MERCHANDISE AND SERVES AS CUSTOMER RECORD OF PURCHASES STATEMENT WILL REFER TO THE INVOICE NUMBER.

TOTAL 35-40	8.60
Cust. P.O. No. 41-48	

STORE MGR'S APPROVAL *[Signature]*

CARR'S CHECKER *[Signature]*

AUTHORIZED SIGNATURE *[Signature]*

Customer to Initial Cash Register Top if Requested and Received.

Form Number 71-B CARR'S (new 9-99) 3-95-1A-10

COPY WHITE MINK YELLOW -ACCTG ONLY -STORE -CUSTOMER

Printed in U.S.A.

Carrs Quality Centers

6111 A Street, Anchorage, Alaska 99518 • Ph: 561-1944

INVOICE

№ 947208

- No. 2 Gambell No. 8 Kenal No. 12 Jewel Lake No. 17 Muldoon
- No. 5 Aurora Village No. 9 Eastgate No. 13 Huffman No. 18 Ketchikan
- No. 6 Scars Mall No. 10 Dimond No. 14 Palmer No. 20 Juneau
- No. 7 Eagle River No. 11 Wasilla No. 16 Fairbanks Video Return
- Oil*

094396-11-99

SOLD TO State of Alaska Prenatal Care Program
1231 Gambell St
ANCHORAGE AK 99501-4627

DATE _____
SOLD BY Kayelinda

CUSTOMER #

1	0	4	3	7					
---	---	---	---	---	--	--	--	--	--

 Auth# 12793

PAID ON ACCOUNT	<input type="checkbox"/>	CHARGE	<input type="checkbox"/>
-----------------	--------------------------	--------	--------------------------

RECEIPT

QUANTITY	DESCRIPTION	UNIT PRICE	AMOUNT
1	81226 Prenatal VTS		8.60

TERMS: NET. 30 DAYS (FROM DATE ABOVE)

RECEIVED BY: [Signature] TOTAL 8.60

White - Charge Yellow - Customer Pink - Store

SAFEWAY, INC.
 HEREBY STATES THIS
 TO BE A CERTIFIED COPY
 OF THE ORIGINAL INVOICE.
 ACCTS. REC. SUPERVISOR

[Signature]

ok to pay ATN 12793
 # 8.60 00 66311408 77590
 P. Finnesen 1/30/02

WAY INC.

0000
SAN FRANCISCO, CA 94160-2905

INVOICE

State of Alaska
ATTN OF: Friendal Care
ADDRESS: 1231 Campbell St
Anch AK 99501

Store Number 11-14	1805
Cust. No. 15-20	
Inv. no. 21-26	105353
Date (M) 27-32	10/20/99
Accounting Use Only 33-34	0 1

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	14 650999 - strips (not covered on Ins)		61.40
	14 650998 - syringes (not covered on Ins)		22.70
	14 650997 - insulin (Ins copy)		15.00
	14 650996 - insulin (Ins copy)		15.00
	[REDACTED] 6/10/99 (charge correction)		

SAFEMAY, INC.
HEREBY STATES THIS
TO BE A CERTIFIED COPY
OF THE ORIGINAL INVOICE
ACCTS. REC. SUPERVISOR

THIS ACKNOWLEDGES RECEIPT OF MERCHANDISE AND
SERVES AS CUSTOMER RECORD OF PURCHASES. STATE-
MENT WILL REFER TO THE INVOICE NUMBER

TOTAL
35-40 114.10

Cust. P.O. No. 41-48

STORE MGR'S APPROVAL

CARR'S CHECKER

AUTHORIZED SIGNATURE

Customer to Initial if Cash Register Tape is Requested and Received.

Form Number 71-B SALLPS
(new 6-92) 6-92-15 10

COPY
WHITE
PINK
YELLOW

ACCTG. DEPT.
STORE
CUSTOMER

Printed in U.S.A.

okay to pay ATN 30048
#114.10 99 06 311 405 77590
P. Simmen 1/30/02.

CARRS

NOBODY DOES IT BETTER FOR LESS
YOUR FRIENDLY AUPURA MILDOW CARRS

01	PHARMACY	11	40
	PHARMACY	22	70
	PHARMACY	15	00
	PHARMACY	12	00
----	TAX	03	84
	Misc. Tender	119	11

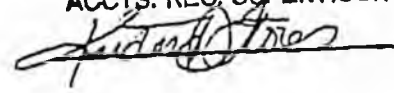
TOTAL NUMBER OF ITEMS SOLD - 4
10/20 14 08 12 1604 29 0023 101

JOIN THE CARRS CLUB MEMBERSHIP TO
GET ONE INSTANT

111 7 2005 000 TO THE CARRS

MEMBER ONE TO THE CARRS CLUB
1000 000 000 000 000 000 000

SAFEWAY, INC.
HEREBY STATES THIS
TO BE A CERTIFIED COPY
OF THE ORIGINAL INVOICE
ACCTS. REC. SUPERVISOR



ATN 304F

SAFeway INC.

5000
SAN FRANCISCO, CA 94160-2905

SALES INVOICE

State of AK
 ATTN: OF: Prenatal Care
 ADDRESS:

Store Number 11-14	1805
Cust. No. 15-20	
Inv. No. 21-25	105354
Date (M) 27-32	10/20/99
Accounting Use Only 33-34	0 1

(MM-DD-YY)

QUANTITY	DESCRIPTION	PRICE	AMOUNT
174	660888 - insulin (Ins copay)		15.00
174	660887 - strips (Not covered on Ins)		61
	for [redacted] 7/13/99 (charge correction)		

SAFeway, INC.
 HEREBY STATES THIS
 TO BE A CERTIFIED COPY
 OF THE ORIGINAL INVOICE
 ACCTS. REC. SUPERV. 30.1
Shirley L. Jones

THIS ACKNOWLEDGES RECEIPT OF MERCHANDISE AND SERVES AS CUSTOMER RECORD OF PURCHASES. STATEMENT WILL REFER TO THE INVOICE NUMBER.

TOTAL 35-40	76.40
Cust. P.O. No. 41-46	

STORE MGR'S APPROVAL _____

CARR'S CHECKER *[Signature]*

AUTHORIZED SIGNATURE _____

Customer to Initial if Cash Register Tape is Requested and Received.

Form Number 71-B CANYS
(rev 5 02) 6-99-15-10

COPY
WHITE
PINK
YELLOW
ACCTG. DEPT
-STORE
-CUSTOMER

Printed in U.S.A

ok to pay ATN 30107
 # 7640 00 063 11 408 77590
 P. J. J. J. J. J. 1/30/02

SAFeway INC.

50000
SAN FRANCISCO, CA 94160-2905

SALES INVOICE

State of AK
ITEM OF: Prenatal Care

ADDRESS:

Store Number 11-14	1805
Cust. No. 15-20	
Inv. no. 21-26	105354
Date (*) 27-32	10/20/99
Accounting Use Only 33-34	0 1

QUANTITY	DESCRIPTION	PRICE	AMOUNT
	74 6608868-insulin		15.00
	(Ins copy)		
	74 6608867-Strips		
	(Not cov)		
	for XXXX		
	(change a)		

CARRS

NOBODY DOES IT BETTER FOR YOU.
YOUR FRIENDLY AURORA VILLAGE STORE

PHARMACY	15.00
UP PHARMACY	61.40
*** TAX	16.40
MIS. FEE	16.40

TOTAL NUMBER OF ITEMS SOLD: 2
10-20-99 TO 10-20-99 29 0000 100

WITH THE CHECK CODE: APPROVED IN
TYPE AND INSTANT
THE CHECKS ARE IN THE STORE
PLEASE CALL IF I MAY ASSIST YOU
IF THE CHECK IS NOT IN THE STORE

SAFeway, INC.
HEREBY STATES THIS
TO BE A CERTIFIED COPY
OF THE ORIGINAL INVOICE
ACCTS. REC. SUPERVISOR

Kurtis A. Jones

THIS ACKNOWLEDGES RECEIPT OF ME
SERVES AS CUSTOMER RECORD OF PAY-
MENT WILL REFER TO THE INVOICE NUMBE

STORE MGR'S
APPROVAL _____

AUTHORIZED
SIGNATURE _____

Requested and Received _____

Form Number 71-D CARRS
(Rev. 5-97) 5-93 16-10

COPY
WHITE
PINK
YELLOW

ACCTG DEPT
STORE
CUSTOMER

Printed in U.S.A.

Nanuaq Manor
PO Box 850/400 Bering Street
Nome, AK 99762

Account Statement

PVN- NAM97056

Account Number	38
Statement Date	01/04/02
Balance Due	409.00
Last Payment	
Existing Credit	0.00

State Of Alaska- Public Assist
Coastal Reg. Office
3601 C Street
Anchorage, AK 99524
Attn: Shannon Hall

Net 30 days.
Your account is currently closed.

Open Balance:	31-60 days	61-90 days	91-120 days	Over 120 days:
0.00	0.00	0.00	0.00	409.00

Inv Date	Check In/Out	Voucher	Invoice	Reference	Original Amount	Payments Received	Finance Charges	Open Amount
06/06	06/05-06/06	[REDACTED]	F 813	LYDIA	160.00	0.00	0.00	160.00
06/06	06/05-06/06	[REDACTED]	F 814	LYDIA	160.00	0.00	0.00	160.00
06/06	06/05-06/06	[REDACTED]	F 815	LYDIA	89.00	0.00	0.00	89.00

Fix Assets

Spoke to LeAnn 11 Jan 02

Please call

907-443-5296

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

[Signature]
Signature _____ Date *11 Jan 02*

06-21-6-330-71280
Budget Account Code _____ 3-Digit Object Code _____

409.00

15

Nauyas Minor

Page 1 of 1

PO Box 850/400 Bering Street
Nome, AK 99762
907-443-5296

Bernice Rookok

*Old SCC 01976
Bernice 1967 xid/idea*

Room	Folio	Checkin	CheckOut	Balance
2/14	813	06/05/2000	06/06/2000	0.00
Master Folio		Weekday: 180.00 Weekend: 180.00		

Date	Room	Description/Voucher	Charges	Credits	Balance
06/05/2000	2/14	Room Non-Taxable	180.00	0.00	180.00
06/06/2000	2/14	City Ledger - Rookok, Bernice	0.00	180.00	0.00
		* [REDACTED]			
		* [REDACTED]			

Certified copy

LON
01/11/02 11:53 AM

Thank you for staying with us!

*Internal System - Room Not Paid - per Se Ann. & N.B. King.
1/11/02 - NO 90) found, NO piece print found.*

Nanuaq Manor
PO Box 850/400 Bering Street
Nome, AK 99762
907-443-5296

Page 1 of 1

Alice Anagick

Room	Folio	CheckIn	CheckOut	Balance
(414)	B14	06/05/2000	06/06/2000	0.00
Master Folio		Weekday: 160.00 Weekend: 160.00		

Date	Room	Description/Voucher	Charges	Credits	Balance
06/05/2000	414	Room Non-Taxable	160.00	0.00	160.00
06/06/2000	414	City Ledger - Anagick Alice	0.00	160.00	0.00
		* [REDACTED]			
		* [REDACTED]			
<u>Certified copy</u>					

LOH
01/11/02 11:58 AM

Thank you for staying with us!

1/11/02 - NO ENSURED AKA PRIOR Pymt Forward.

Nanaaq Manor
PO Box 850/400 Bering Street
Nome, AK 99762
907-443-5296

██████████
Elim, AK

Room	Folio	Checkin	CheckOut	Balance
(3/14)	015	06/05/2000	06/06/2000	0.00
Master Folio		Weekday: 89.00 Weekend: 89.00		

Date	Room	Description / Voucher	Charges	Credits	Balance
06/05/2000	3/14	Room Non-Taxable	89.00	0.00	89.00
06/05/2000	3/14	Room Non-Taxable	89.00	0.00	178.00
06/06/2000	3/14	City Ledger - ██████████	0.00	89.00	89.00
06/06/2000	3/14	City Ledger - ██████████	0.00	89.00	0.00

Certified copy

LO1
01/11/02 12:02 PM

Thank you for staying with us!

VA ?N - NO EN Final, NO PRIOR payment found,

Patient Tracking Fees - Quarter 2

Provider: Interior Neighborhood Health Clinic 3

LastName	FirstName	Patient#	Service Date	CPT	Svc Fee	Tracking Fee
			11/5/01	99385	\$171.00	\$40.00
			9/4/01	99396	\$143.00	\$40.00
			10/4/01	99396	\$143.00	\$40.00
			11/13/01	88141	\$35.00	\$40.00
			10/23/01	99202	\$97.00	\$40.00
			10/19/01	99396	\$143.00	\$40.00
			11/1/01	99395	\$147.00	\$40.00
			12/7/01	99386	\$190.00	\$40.00
			10/25/01	99386	\$190.00	\$40.00
			10/24/01	99396	\$143.00	\$40.00
			10/26/01	99396	\$143.00	\$40.00
			11/8/01	99396	\$143.00	\$40.00
			5/21/01	99212	\$83.00	\$30.00
			10/27/99	99214	\$137.00	\$30.00
			10/29/01	99396	\$143.00	\$40.00
			11/5/01	99386	\$190.00	\$40.00
			10/4/01	99386	\$190.00	\$40.00
			11/14/01	99396	\$143.00	\$40.00
			12/14/01	99203	\$136.00	\$40.00
			10/12/01	99386	\$190.00	\$40.00
			11/26/01	99395	\$147.00	\$40.00
			11/24/01	99396	\$90.00	\$40.00
			10/5/01	99395	\$147.00	\$40.00
			10/9/01	99396	\$143.00	\$40.00

*
Suppl

~~10/27/99 99214 \$137.00 \$30.00 *~~

Patient Tracking Fees - Quarter 2

Provider: Interior Neighborhood Health Clinic 3

LastName	FirstName	Patient#	Service Date CPT	Svc Fee	Tracking Fee
			11/16/01 99396	\$143.00	\$40.00
			11/30/01 99396	\$143.00	\$40.00
			12/27/01 99395	\$147.00	\$40.00
			12/7/01 99396	\$143.00	\$40.00
			12/21/01 99212	\$65.00	\$40.00

Number of Patients: 101

Total Patient Tracking Fees: \$4,010.00

Summary by State FY Coding

00 - 03611441 73270	\$30.00
01 - 03611441 73270	\$60.00
02 - 03611441 73270	\$3,920.00

Supplemental

pd
2-5-02
1526462-73

John D. Dutil
2/1/02

11711975180

Patient Tracking Fees - Quarter 2

Provider: Anchorage Neighborhood Health Center 5

LastName	FirstName	Patient#	Service Date	CPT	Svc Fee	Tracking Fee
			10/30/01	88164	\$31.00	\$40.00
			8/1/01	88164	\$31.00	\$40.00
			10/8/01	88164	\$31.00	\$40.00
			10/9/01	99395	\$133.00	\$40.00
			3/3/00	99201	\$61.00	\$30.00 *
			2/18/00	99213	\$62.00	\$30.00 *
			10/1/01	99395	\$133.00	\$40.00
			10/4/01	88164	\$31.00	\$40.00
			11/5/01	99396	\$145.00	\$40.00
			10/1/01	99395	\$133.00	\$40.00
			10/4/01	88164	\$31.00	\$40.00
			3/27/00	99213	\$81.00	\$30.00 *
			10/10/01	88164	\$31.00	\$40.00
			10/9/01	88164	\$31.00	\$40.00
			7/28/00	99214	\$117.00	\$30.00
			11/7/01	99213	\$81.00	\$40.00
			9/17/01	99204	\$170.00	\$40.00
			10/18/01	99386	\$175.00	\$40.00
			10/23/01	99385	\$160.00	\$40.00
			10/9/01	88164	\$31.00	\$40.00
			10/29/01	88164	\$31.00	\$40.00
			11/9/01	99395	\$133.00	\$40.00
			10/3/01	99396	\$145.00	\$40.00
			11/6/01	99396	\$145.00	\$40.00

(*)
(*)

(*)

Patient Tracking Fees - Quarter 2

Provider: Anchorage Neighborhood Health Center 5

LastName	FirstName	Patient#	Service Date	CPT	Svc Fee	Tracking Fee
			10/24/01	99396	\$145.00	\$40.00
			10/5/01	99385	\$160.00	\$40.00
			11/7/01	99396	\$145.00	\$40.00
			10/25/01	88164	\$31.00	\$40.00

Number of Patients: 100

Total Patient Tracking Fees: \$3,920.00

Summary by State FY Coding

00 - 03611441	73270	\$180.00
01 - 03611441	73270	\$60.00
02 - 03611441	73270	\$3,680.00

⊕ Supplemental -

PP
2-15-02
1526462-74

Juni Domet 2/1/02
ANN 8(15)83

Section 19

Miscellaneous Claims and Stale-dated Warrants

Department of Law

Change Record Detail With Description

Department of Law

Scenario: LAW FY2002 Supplemental - Governor's (2483)

Component: Administrative Services (2164)

BRU: Administration and Support (280)

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	27.1	0.0	0.0	27.1	0.0	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund	27.1												
Miscellaneous Claims: \$27.1 in GF's to pay two vendor invoices related to prior fiscal years that were not received in time to process prior to funds lapsing.													
Totals		27.1	0.0	0.0	27.1	0.0	0.0	0.0	0.0	0.0	0	0	0

Audit Findings Sheet
State of Alaska

Name: Alaska Department of Law

Calculation of Back Maintenance For Contract Period: July 1, 1998 - June 30, 1999
(Our Current Contract Period is July 1, 2000 - June 30, 2001)

Date: 8-29-01

Discount:

Licenses

Enter the findings from the "Technical Data Sheet" in this table:

	*Licenses Purchased	Licenses In Use	List Price	Discounted Price	Licenses Added	Total
NetWare (Nodal)	574	574	\$ 158 00	\$ 104 25	0	\$ -
GroupWise	477	477	\$ 130 00	\$ 85 80	0	\$ -
Total Licenses to Purchase						\$ -

*Licenses Purchased based on Maintenance History

Back Maintenance

If you can determine the month in which new licenses listed above, were installed, then use that number of months prior to the Co-Term to calculate back-maintenance.

	Back-Maintenance Owed	List - Yearly	Discounted - Yearly	Discounted - Monthly	# of Months	Total
NetWare (Nodal) (7/1/98-6/30/99)	460	\$ 40 00	\$ 26 40	\$ 2 20	12	\$ 12 144 00
GroupWise (7/1/98-6/30/99)	450	\$ 32 00	\$ 21 12	\$ 1 76	12	\$ 9 504 00
Total Back-Maintenance to Purchase						\$ 21,648.00

Total Purchases for Compliance	\$ 21,648.00
---------------------------------------	---------------------

Technical Process Agreement

By signing below, I agree with the audit process used during the audit of Novell software and the results of the process as shown above.

Signature _____

Date _____

Name (printed): _____

Finalize Agreement

By signing below, I accept the results of the Novell audit and agree to complete a purchase order and schedule C for the above licenses and maintenance, and submit to Novell within 30 calendar days of the signature date below.

Signature _____

Date _____

Name (printed): _____

INVOICE

Civil Division
Nelson Deschene
P. O. Box 110300
Juneau, AK 99811-0300
LAW\CIVIL

Invoice No. 0003714
Date: 07/06/2001
Acct: 3\138\82
Account PO#:
From: 06/01/2001 to 06/30/2001

Page: 2

	RATE	QTY	TOTAL
CHARGES/CREDITS			
19,480 lbs @ .17/lb Destruction of Non-Confidential Materials (Code 130)			3,311.60
			<hr/>
			3,311.60

Total Amount Due 5,485.99

Paid 7/25/01 wrnt# 20077287

- 73.50

5412.49

Remit Payment to:
AAA MOVING & STORAGE
717 E. SHIP CREEK AVE
ANCHORAGE, AK 99501
(907) 276-3506

Billing Inquiries:
AAA ARCHIVES
5344 SHAUNE DR.
JUNEAU, AK 99801
(907) 780-3671

AAA RECORD ARCHIVES

INVOICE

TO: Barbara H.
- 5419

204

Civil Division
Nelson Deschene
P. O. Box 110300
Juneau, AK 99811-0300
LAW\CIVIL

Invoice No. 0003714
Date: 07/06/2001
Acct: 3\138\82
Account PO#:
From: 06/01/2001 to 06/30/2001

Page: 1

		RATE	QTY	TOTAL
STORAGE: 06/01/2001 through 06/30/2001				
STD FILE BOX QTY/EA (CODE 131)	(0.2700/30 days)	0.2700	3,905.00	1,054.35
Odd Size Box/Tube QTY/EA (CODE 131)	(0.2700/30 days)	0.2700	22.00	5.94
			<u>3,927.00</u>	<u>1,060.29</u>

OTHER SERVICES

Input Data Qty/Mins (CODE 129)	WO #0004136 06/20/2001	62.5000	180.00	62.50
Refilling Qty/Mins (CODE 126)	WO #0004111 06/12/2001	17.7000	50.00	17.70
Pull Ctn/File. Qty/Mins. (CODE 126)	WO #0004112 06/12/2001	17.7000	50.00	17.70
Pull Ctn/File. Qty/Mins. (CODE 126)	WO #0004115 06/13/2001	62.5000	168.00	62.50
Pull Ctn/File. Qty/Mins. (CODE 126)	WO #0004115 06/13/2001	104.1700	286.00	104.17
Pull Ctn/File. Qty/Mins. (CODE 126)	WO #0004115 06/13/2001	161.4600	465.00	161.46
Pull Ctn/File. Qty/Mins. (CODE 126)	WO #0004115 06/13/2001	151.0400	421.00	151.04
Pull Ctn/File. Qty/Mins. (CODE 126)	WO #004115 06/13/2001	151.0400	430.00	151.04
Pull Ctn/File. Qty/Mins. (CODE 126)	WO #0004146 06/21/2001	88.5400	247.00	88.54
Pull Ctn/File. Qty/Mins. (CODE 126)	WO #0004146 06/21/2001	88.5400	255.00	88.54
Pull Ctn/File. Qty/Mins. (CODE 126)	WO #0004146 06/21/2001	88.5400	248.00	88.54
STANDARD PICK UP (CODE 127)	WO #0004136 06/20/2001	26.0400	1.00	26.04
				<u>1,019.77</u>

PRIORITY SERVICES

NORMAL DELIVERY (CODE 128)	WO #0004146 06/21/2001	20.8300	1.00	20.83
				<u>20.83</u>

MATERIALS

Std Stg Box (CODE 124)	WO #0004103 06/11/2001	1.4700	50	73.50
				<u>73.50</u>

Approved for Payment

Date: _____

Signed: _____

cc: acct. 173207003

Remit Payment to:
AAA MOVING & STOR. INC
717 E. SHIP CREEK AVE
ANCHORAGE, AK 99501
(907) 276-3506

Billing Inquiries:
AAA ARCHIVES
5344 SHAUNE DR.
JUNEAU, AK 99801
(907) 780-3671

AAA RECORD ARCHIVES

ASAB3000-03 RRN: 0189141
 RSN: 05045 CPD: 07/25/01

DISTRB RD: 03304 D01

STATE OF ALASKA
 STATEWIDE ACCOUNTING SYSTEM
 FINANCIAL TRANSACTION REGISTER

PAGE: 13
 DATE: 07/25/01

SELECTION INPUT RD: SOURCE RD: 03304 N STATUS: B TRANS CODES:
 CERT RD: AUTH RD: SSI:

TRANSACTION CODE, NAME AND DESCRIPTIONS	BATCH/SEQUENCE	DOCUMENT	RD CODES	DATE	TIME	TERMINAL	RSN
310-10 WARRANT REQUEST EXP	AA1468641 0156	AA14686410156	INPUT 03304	07/24/01	13:38:57	X25U	05045
	FPC COA	TRANS AMOUNT	SOURCE 03304	07/25/01	18:37:50:84		
			CERT 03300	07/25/01	14:18:30	X3MC	STATUS
	A 01	91.20	AUTH	00/00/00	00:00:00		A
			AUTH	00/00/00	00:00:00		
			LAST 03304	07/25/01	07:56:28	X2A8	

WRNT NUM	CLASS	ROUTING	NEW	OLD	DATES	PRINT AMOUNT	REISSUE	NAME AND ADDRESS
20077287	GN	M			SCHED 07/24/01 PRINT 00/00/00 REDEM 00/00/00 RECON 00/00/00	91.20		
								00000-0000

DOC	ACT	LINE	TYPE	NUMBER	AMOUNT	DATE	COMMENTS
001	001	PVN	AMS84356		0.00	00/00/00	AAA MOVING & STORAGE
002	002	ARD	03000		0.00	00/00/00	LAW
003	003	ACC	3\138\82		0.00	00/00/00	
004	004	INV	0003714		73.50	07/06/01	
005	005	ACC	3\138\81		0.00	00/00/00	
006	006	INV	0003713		17.70	07/06/01	

DOC	ACT	LINE	AMOUNT	SY	CC	PGM	LC	ACCT	FY	NMRTR	PT	OPEN	ITEM	LIQN	IEAX	DESCRIPTION
001	001		91.20	01	03201003			73857	01							

DOC	ACT	LINE	AMOUNT	SY	CC	PCM	LC	ACCT	FY	NMRTR	PT	MO	OPEN	ITEM	LIQN	COA	DESCRIPTION	SRCE
001	001		91.20	01	03201003			73857	01			01				01		UD
001	001		91.20-	02	90011100			22600	01			01				02		EX
001			91.20-	01	90011100			21331	01			01				01		EX
001			91.20	01	90011100			21331	01			01				02		EX

Short paid in error INV. 0003714 total is \$5485.99
 This Payment < 73.50 >
 Balance Due 5412.49

BSA 9/21/01

Section 19

Miscellaneous Claims and Stale-dated Warrants

Department of Military and Veterans' Affairs

Change Record Detail With Description

Department of Military and Veterans Affairs

Scenario: FY2002 Supplemental - Governor's (2454)
 Component: Alaska Military Youth Academy (1969)
 BRU: Alaska National Guard (130)

Change Record Title	Trans Type	Totals	Personal Services	Travel	Contractual	Supplies	Equipment	Land/ Buildings	Grants Claims	Misc.	Positions			
											PFT	PPT	NP	
Sec 19 Miscellaneous Claim														
	Suppl	0.3	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0	0	0	0
1004 Gen Fund	0.3													
See back-up memo.														
Totals		0.3	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0.0	0	0	0	0

MEMORANDUM


DEPARTMENT OF MILITARY & VETERANS AFFAIRS

STATE OF ALASKA

ADMINISTRATIVE SERVICES

TO: Annalee McConnell
Director, OMB

DATE: January 17, 2002

FROM:  Carol Carroll
Director, Administrative Services

TELEPHONE: 465-4730

SUBJECT: FY02 Miscellaneous Claim
AK Military Youth
Academy

The Department of Military & Veterans Affairs requests approval of a miscellaneous claim for inclusion in the FY02 supplemental funding legislation.

The miscellaneous claim in the amount of \$274.00 is to pay a bill submitted to the Alaska Military Youth Academy (AMYA) by the Doctors Collection Service in July, 2001. The bill was presented on behalf of the Providence Alaska Medical Center, for services provided to the AMYA in July, 1995. The original bill was inadvertently not paid, resulting in this late billing.

If you have any questions please call Jean Davis at 465-2422.

cc: Tim Jones, AMYA Director
Denise Liccioli, DMVA Finance Officer

Jeremiah Hamilton

Bill: \$274⁰⁰

Acct #: 192242

ADDRESS

Doctors Collection Service
605 Barrow St.
Ste 1
Anchorage, AK 99501

Attn: Annie

ASSI- D/R	EST- -YCN	SUP ANCH	FMO	NU.15	TAG
SEC	Department of Military and Veterans Affairs				DGP
ACCT	JUL 23 2001				ADCC
TERS	Admin. Inhab. & Support Services Division (A2-SD)				VETS
NOTE:					

TAX ID #

92-0138120

Payment Approved:

R. Lasher

Date:

JUL 20 2001

Amount:

\$274.00

Coding:

09602010 / 9420

↓ cannot code to TW:
7/26/01

HCI # A

PROVIDENCE ALASKA MEDICAL CENTER
PO BOX 196604
ANCHORAGE, AK
907 261-3005
FEI # 920016429N

PAGE N

TYPE OF BILL	DATE OF BILL	DATE OF PREV BILL
CYCLE	07/20/95	
OUTP.		

99519-6604

BIRTH-DATE
07/09/78

HOSP I

061

*Lori 7-30-95
Collection*

PATIENT NAME	PATIENT NUMBER	SEX	AGE	ADMISSION DATE	DISCHARGE DATE	DAYS
HAMILTON, JERMAH S	52827359	M		07/14/95		

GUARANTOR NAME AND ADDRESS	C.O.B.	INSURANCE COMPANY NAME	GROUP NUMBER	POLICY NUMBER
		[REDACTED]		
GLEN HAMILTON HC33B3197 WASILLA, AK 99654	1	HANLEY MD JOHN R		

AMOUNT OF PAYMENT \$

DATE OF SERVICE	DESCRIPTION OF HOSPITAL SERVICES	CPT CODE	TOTAL CHARGES	EST. COVERAGE INS. CO. NO. 1	EST. COVERAGE INS. CO. NO. 2	EST. COVERAGE INS. CO. NO. 3	EST. COVERAGE INS. CO. NO. 4	PATIENT AMOUNT
DETAIL OF CURRENT CHARGES, PAYMENTS AND ADJUSTMENTS								
07/14	CERVICAL COLLA		12.40	12.40				
001	03600202							
07/14	C-SP AP LAT	72040	103.60	103.60				
001	53006953							
07/14	LIMITED CARE	99283	90.00	90.00				
001	08624256							
07/14	LOW SEVERITY	99282	68.00	68.00				
001	08900052							
SUMMARY OF CURRENT CHARGES								
	CAST ROOM		12.40	12.40				
	RADIOLOGY		103.60	103.60				
	ER PHY FEE		68.00	68.00				
	EMERGENCY ROOM		90.00	90.00				
SUB-TOTAL OF CURR. CHARGES			274.00	274.00				

*Where
Did this
Name come
from
What
is this for?*

Att: Col Fleming

*Dr. Collection
605 Barrow
\$9224.2
995*

IT IS OUR PLEASURE TO SERVE YOU
THANK YOU FOR SELECTING PROVIDENCE

TOTALS	274.00	274.00
--------	--------	--------

PATIENT NUMBER 52827359 PLEASE REFER TO PATIENT NUMBER ON ALL INQUIRIES AND CORRESPONDENCE.

ADDITIONAL PATIENT BILLING MAY BE NECESSARY FOR ANY CHARGES NOT POSTED WHEN THIS BILL WAS PREPARED, OR IF INSURANCE CARRIERS DO NOT PAY ANY PART OF THE AMOUNT SHOWN UNDER ESTIMATED INSURANCE COVERAGE.

PAY THIS AMOUNT

PROVIDENCE ALASKA MEDICAL CENTER
ANCHORAGE AK

7/17/01 \$382.08

Subject: RE: 6-year old bill from Providence Medical
Date: Thu, 20 Sep 2001 13:05:58 -0800
From: Richard Lasher <rlasher@ngchak.org>
To: 'Jeanmarie Davis' <jeand@dnr.state.ak.us>
CC: Irene Lee <Irene_Lee@ngchak.org>, Denise Liccioli <denise_liccioli@ak-prepared.com>, nicob@dnr.state.ak.us

\$274.00

Collection Service as noted.

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

From: Jeanmarie Davis [mailto:jeand@dnr.state.ak.us]
Sent: Thursday, September 20, 2001 9:35 AM
To: Dick Lasher
Cc: Irene Lee; Denise Liccioli; nicob@dnr.state.ak.us
Subject: 6-year old bill from Providence Medical

Hi Dick,

The 6-year old bill for Providence Medical Center that you submitted for payment on July 23, 2001 will require an appropriation from the legislature as a "Miscellaneous Claim" against a prior year. These usually get approved in the supplemental bills that pass in May. Once we have approval for that, then we can cut the check.

I need to verify the following information for the appropriation request:

1. AMOUNT - the actual bill shows \$274.00, but there is a handwritten amount at the bottom dated 7/17/01 for \$383.08. Please confirm the correct amount.
2. Providence Alaska Medical Center provided the service, but it looks like you'll need to pay the bill to the "Doctors Collection Service". Please confirm.

Please let me know no later than Monday morning as OMB has requested this information now.

Thanks.

Jean

Section 19

Miscellaneous Claims and Stale-dated Warrants

Department of Public Safety

Change Record Ignoring Included Scenarios

Department of Public Safety

Scenario: FY2002 Supplemental - Governor's (2454)

Component: Administrative Services (525)

BRU: Statewide Support (165)

Scenario/ 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	0.3	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0	0	0
1004 Gen Fund	0.3												
This request is to fund miscellaneous claims of \$293.88 for expenses incurred by FWP Enforcement/ISU in FY99.													
Totals		0.3	0.0	0.0	0.0	0.3	0.0	0.0	0.0	0.0	0	0	0

MEMORANDUM


State of Alaska

TO: Annalee McConnell, Director
Office of Management & Budget
Office of the Governor

DATE: January 9, 2002

FILE NO:

TELEPHONE NO: 465-4336


FROM: Ken Bischoff, Director
Division of Administrative Services
Department of Public Safety

SUBJECT: FY02 Misc. Claims
Supplemental

The Department of Public Safety requests approval of an FY2002 Miscellaneous Claims Supplemental Appropriation in the amount of \$293.88 for the following items:

Sitka True Value - Invoice 141979	\$283.70
Sitka True Value - Invoice 141919	<u>10.18</u>
Total	\$293.88

Your approval of this request is greatly appreciated.

Attachments: Copy of Invoices
Copy of AKSAS FY99 AR showing lapse balance is available

CC: FWP, Karen Allam
Budget Section

True Value

SITKA TRUE VALUE
 P.O. BOX 1609
 815 HALIBUT POINT ROAD
 SITKA ALASKA 99835
 PHONE: (907) 747-6292

PAGE NO 1

PVN - SIE 84823

Payment researched, not paid
 per Matt.

SAVE YOUR RECEIPT
 RECEIPT REQUIRED FOR REFUND OR EXCHANGE

AK DEPT. OF PUBLIC SAFETY - FISH
 FISH AND WILDLIFE PROTECTION
 P.O. BOX 1062
 SITKA AK 99835

CUST # 11012
 TERMS: NET 10TH

INV # 141979
 DATE: 10/23/98
 CLERK: DI

REF. # P/V MINKE

TIME :10:13

 * INVOICE *

certify this
 to be a true
 copy of the
 original

Shane Dean

QUANTITY	UM	ITEM	DESCRIPTION	PRICE / PER	EXTENSION
1	EA	265405	REDDY HEATER - 35,000 BTU - R35B	233.99 /EA	233.99 N
2	EA	207837	2-PAK 9" ROLLER COVER - TP6915	4.19 /EA	8.38 N
1	EA	265637	SILVER DUCT TAPE - PROFESSIONAL	7.49 /EA	7.49 N
1	EA	217158	9" ROLLER FRAME - RFE900	2.19 /EA	2.19 N
1	EA	217455	2" X 60-YD MASKING TAPE - 1217EP	2.99 /EA	2.99 N
1	EA	195299	1007 1-1/2" VARNISH/ENAMEL BRUSH	4.19 /EA	4.19 N
1	EA	670265	FIRM PAINT TRAY - PRT-90	2.49 /EA	2.49 N
1	EA	248948	8' X 10' POLY TARP - 700810	6.99 /EA	6.99 N
1	EA	248649	10' X 20' POLY TARP - 701020	14.99 /EA	14.99 N

to pay *d*
 Mary Folger
 date 1-16-00 BY 98 BY 98
 Location Code: 12 10-0-405 74786 = 49.71
12-10-0-405, 74820 = 233.99

Matt Mah
 RECEIVED BY

** AMOUNT CHARGED TO ACCOUNT **	283.70 TAXABLE	0.00
	NON-TAXABLE	283.70
	SUB-TOTAL	283.70
	TAX AMOUNT	0.00
	TOTAL INVOICE	283.70

JAN 17 2000

True Value

SITKA TRUE VALUE
 P.O. BOX 1689
 815 HALIBUT POINT ROAD
 SITKA ALASKA 99835
 PHONE: (907) 747-6292

PAGE NO 1

*attn
 Carol*

PVY-51E84823

SAVE YOUR RECEIPT
 RECEIPT REQUIRED FOR REFUND OR EXCHANGE

*Payment researched
 not paid per Matt.*

AK DEPT. OF PUBLIC SAFETY - FISH
 FISH AND WILDLIFE PROTECTION
 P.O. BOX 1662
 SITKA AK 99835

CUST # 11812
 TERMS: NET 10TH

INV # 141919
 DATE : 10/22/98
 CLERK: FS

TIME : 8:25

 * INVOICE *

*I identify this
 to be a
 true copy
 of the
 original*

Sherrill Helmer

QUANTITY	UM	ITEM	DESCRIPTION	PRICE / PER	EXTENSION
1	EA	678995	6-PK ASSORTED STEEL WOOL - 1129	1.79 /EA	1.79 N
1	EA	192815	LFS-3 RUST INHIBITER - 88316	8.39 /EA	8.39 N
				74759 = 8.39	
P/V MINKE				12-10 0.405	.74756 = 1.79

OK to pay 9 Gary Folger

Date 1-16-01 CY 98 SY 99

Collection Code: 12-10-0.405 ~~79559~~

** AMOUNT CHARGED TO ACCOUNT **

16.18 TAXABLE
 NON-TAXABLE 18.18
 SUB-TOTAL 18.18
 TAX AMOUNT 0.00
 TOTAL INVOICE 18.18

Matt Mahan
 RECEIVED BY

*Here are your request invoices
 if you have further questions
 please call us
 Thank
 you*

JAN 17 2001

PAGE: 1

True Value.

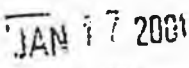
SITKA TRUE VALUE
P.O. BOX 1809
815 HALIBUT POINT ROAD
SITKA ALASKA 99835
(907) 747-6292

STATEMENT

CLOSING DATE: 6/30/00

ACCT: 11012

AK DEPT. OF PUBLIC SAFETY - FISH
FISH AND WILDLIFE PROTECTION
2760 SHERWOOD LANE
JUNEAU AK 99901

DATE	REFERENCE NO.	ST	C	DESCRIPTION	DEBIT	CREDIT	
				YOUR SUMMER TIME HEADQUARTERS			
10/22/98	141919	1	I	INVOICE	10.18		
10/23/98	141979	1	I	P/V MINKE	283.70		
				NEW BALANCE	293.88		
							
CURRENT		1-30 DAYS		31-60 DAYS		61-90 DAYS	
0.00		0.00		0.00		0.00	
						OVER 90 DAYS	
						293.88	

TERMS: NET 10TH

011012

INQ-TR: TANAB AND UNOBLIGATED BALANCE CALCULATIONS
CY: 2002 APPN: 46508 (1999) - ENFORCEMENT & ISU

01/02/2002

	AVAILABLE BALANCE	UNOBLIGATED BALANCE
NET CONTINUING EXPENDITURE		
AUTHORIZATION (PF2)	11069954.57	11069954.57
NET CONTINUING RESTRICTED		
REVENUE ESTIMATE (PF3)	-711609.99	
LESS: ALLOWABLE RECEIPTS (PF4)	-711609.99	
ACTUAL EXPENDED	11069954.57	11069954.57
ENCUMBRANCES (PF5)	N/A	
NET BALANCE	-----	-----
TOLERANCE ADJUSTMENT (PF6)		=====
TOLERANCE ADJUSTED NET	-----	
AVAILABLE BALANCE	=====	

INQ-TR: TANAB - LAPSE BALANCE
CY: 2002 APPN: 46508 (1999) - ENFORCEMENT & ISU

01/02/2002

LAPSED EXPENDITURE AUTHORIZATIONS	-7555.42
PLUS: LAPSE ADJUSTMENTS	1585.50
AVAILABLE LAPSE BALANCE	----- -5969.92 =====
LESS: RESTRICTED EXPENDITURE AUTHORIZATIONS	
UNRESTRICTED AVAILABLE LAPSE BALANCE	----- -5969.92 =====



Section 19

Miscellaneous Claims and Stale-dated Warrants

Department of Transportation and Public Facilities

Sec 19

MEMORANDUM

State of Alaska
Department of Transportation & Public Facilities
Administrative Services Division

TO: Dianna Blair
Budget Analyst

DATE: 1/28/02

TEXT NO: (907) 465-3652

FAX NO: (907) 465-3124

TELEPHONE NO: (907) 465-3911

FROM: Liz Blecker *LB*
Finance Officer

SUBJECT: Miscellaneous Claims

The Department of Transportation and Public Facilities has one miscellaneous claim for FY 2002, a payment to Hoonah Trading Company for \$32.96 dated January 2, 1999. The Highway and Aviation section purchased 32 gallons of diesel fuel. A search of Hoonah Trading payments did not prove that this invoice had already been paid.

Unfortunately, the company did not bring the unpaid invoice to our attention until after the 24 month period for which to pay outstanding State obligations.

Sec 19

Certified true original copy

J. H. [Signature]

Office Manager

01-28-02

11058122 NY

444085715

NR 52501

19

2586313P-58139-34101461-70751

CA 29690658

Miss [Name]

Food [Name]

Supply [Name]

1/25/02

HOONAH TRADING CO.
 P.O. BOX 117
 HOONAH, ALASKA 99822
 (907) 846-3211 FAX (907) 846-3200
 EMail: 81-0618782

DELIVERY INVOICE No. 26266

145

1/2/99

ITEM	PRODUCT NUMBER	QUANTITY	UNIT PRICE	AMOUNT
207	Unbleached Cotton	32	1.03	32.96
	Headley Feed Inc.			
	Blended Feed No. 2			
				Total
				32.96

D.O.T

605

1/15/02 spoke of Laura's Mills w/ Hoonah still outstanding bill

Sec 20(a)

MEMORANDUM

State of Alaska


Department of Transportation & Public Facilities
Commissioner's Office

TO: Annalee McConnell, Director
Office of Management and Budget

DATE: February 8, 2002

FAX NO: (907) 586-8365

TELEPHONE NO: (907) 465-3900


FROM: Joseph L. Perkins, P.E.
Commissioner

SUBJECT: Supplemental request
for FY2002

In addition to the FY2002 operating and capital budget supplemental requests submitted via ABS, the Department of Transportation and Public Facilities (DOT&PF) is requesting the following capital budget supplemental items:

The Department is also requesting the following ratifications:

- | | | |
|-----|--|---|
| (1) | Department of Transportation and Public Facilities | |
| | (A) | AR 64790-15 Reimbursable Projects \$34,614.23 |
| | (B) | AR 58904-01 Reimbursable Authority \$96,773.16 |
| | (C) | AR 61669-01 Reimbursable Authority \$165,066.62 |

Explanation:

(A) and (B): The Southeast Region Design and Construction section developed plans and specifications for Kake city streets with the understanding that the costs would be reimbursed by Kake Tribal Corporation. BIA paid for on-site construction administration, project inspection and materials testing. Unfortunately, preliminary engineering costs were not included in the project budget. Attempts were made to receive the funding from Kake Tribal Corporation and the Bureau of Indian Affairs, but were unsuccessful. Since then Kake Tribal Corporation has filed Chapter 11 which places the State among the other unsecured creditors. Reimbursement of these funds has been determined to be highly unlikely.

(C): The Federal Highway Administration allows the use of in-kind match on construction projects. The Municipality of Anchorage used in-kind match for projects and requested the federal portion from the Department. The FHWA requires for reporting purposes the total project costs to include the in-kind match. Prior to FY96 an adjusting journal entry was done in the state accounting system to reflect this match both on the expenditure and revenue sides. The procedures for completing this transaction were not documented well, nor were they always followed correctly. This request cleans up the errors from this in-kind match accounting process.

The Department is also requesting \$32.96 in general funds for a miscellaneous claim. The Southeast Region Highways and Aviation section purchased 32 gallons of diesel fuel on January 2, 1999. Only recently did Hoonah Trading Company notify the Department

that this invoice had not been paid. Research has determined that it has not been paid and it is past the 24-month period for processing State obligations thus requiring a supplemental.

If you have any questions or need further information, please contact Nancy Slagle at 465-3911.

CC: Nancy Slagle, Administrative Services Director
Kurt Parkan, Deputy Commissioner
Liz Blecker, Finance Officer

MEMORANDUM
DEPARTMENT OF NATURAL RESOURCES

State of Alaska
SUPPORT SERVICES DIVISION

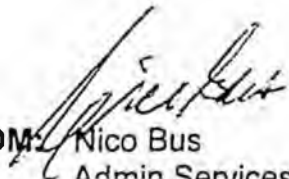
Sec 20(b)

TO: Annalee McConnell
Director, OMB

DATE: January 18, 2002

FILE NO: 03 ratification memo

TELEPHONE NO.: 465-2406


FROM: Nico Bus
Admin Services Manager

SUBJECT: Ratification request
FY01 Fire Suppression

The Department of Natural Resources submits a request for one ratification item to be included in SLA02 legislation. The ratification amount is \$4,730,000, for FY01 authorization posted in the Statewide Fire Suppression Program BRU, Fire Suppression component.

The authorization to expend was obtained through the "Declaration of a Disaster Emergency" process, during the time period after the regular FY01 supplemental process. Emergency funding in the amount of \$2,000,000 was posted on June 13, 2001, and \$3,000,000 was posted on June 29, 2001. Unused authorization in the amount of \$270,000 was removed from AKSAS on September 10, 2001 (ADN#1014056), resulting in the need to ratify the balance.

June 13, 2001	\$2,000,000.00
June 29, 2001	\$3,000,000.00
ADN#1014056 Reduction	<u>(\$270,000.00)</u>
Balance to Ratify	<u>\$4,730,000.00</u>

Copies of the Emergency Declaration and the general fund reduction are attached. If you have any questions, please call Jean Davis at 465-2422.

Attachments

cc: Jean Davis, Budget Analyst
Lex McKenzie, Forestry

Sec 20(b)

B 1491346 5 0001

FDE 520-50: APPROPRIATION BUDGET

TRANS CODE MINOR 50 ADDITIONAL AUTH RD 120

DOCUMENT NUMBER 10/31-1-4056

SOURCE RD CODE 10064

TOTAL AMOUNT _____ SPREAD AMT (Y/N) N

DESCRIPTION LONG FY01 FIRE SUPPRESSION _____ AR 37313

REDUCE GENERAL FUND NOT NEEDED FROM _____

EMERGENCY DISASTER DECLARATIONS _____

FISCAL PERIOD CODE P BUDGET TYPE SUP DENOMINATOR _____ POSTING MONTH _____

FIN	AMOUNT	SY	CC	PGM	LC	ACCT	FY	NMR	MORE	FINS	N
1	-117549.76	01	10310130			71000	01				
	LINE DESC										
2	-96404.15	01	10310130			72000	01				
	LINE DESC										
3	-56046.09	01	10310130			75000	01				
	LINE DESC										
4	270000.00	01	10310130			68515	01				
	LINE DESC										

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10--PF11--PF12--
 UPDAT QUIT SUBMT ERRS BASE FINS PFKYS HELP

OFFICE OF
MANAGEMENT DIRECT

SEP 19 2001

[Signature] 9/7/01
[Signature]
[Signature]

OMB APPROVED

9-10-01

150
141

TONY KNOWLES
GOVERNOR
GOVERNOR@STATE.AL.US



STATE OF ALASKA
OFFICE OF THE GOVERNOR
JUNEAU

Sec 20(b)

P.O. Box 110001
Juneau, Alaska 99811-0001
(907) 465-3506
Fax (907) 465-3532
www.gov.state.ak.us

DECLARATION OF A DISASTER EMERGENCY

WHEREAS, the Department of Natural Resources must provide fire suppression activities (AS 41.15.010-41.15.170) to prevent continuing and new fires from threatening life and property; and,

WHEREAS, the appropriation to the Department of Natural Resources, Statewide Fire Suppression Program by sec. 1, ch. 133, SLA 2000, page 24, line 12, for fiscal year 2001 is totally obligated and not sufficient to cover fire suppression costs for fiscal year 2001; and,

WHEREAS, the disasters declared on September 22, 2000; October 20, 2000; November 17, 2000; December 15, 2000; January 12, 2001; February 9, 2001; and March 9, 2001, were limited to 30 days under AS 26.23.020(c); however, continued fire suppression operations are needed;

NOW, THEREFORE, on this 6th day of April 2001, I find insufficient funds were regularly appropriated for fiscal year 2001 fire suppression operations and activities, and find it necessary to implement funding via the disaster declaration process. Because money from the disaster relief fund is not available to cope with the disaster, I authorize under AS 26.23.020(j), and AS 26.23.050, that additional funds be made available to the Department of Natural Resources for continued wildland fire fighting needs for fiscal year 2001. To the extent that additional fire suppression authorization is needed for the remainder of fiscal 2001, this funding mechanism will be used again.

FURTHER, the commissioner of the Department of Natural Resources is hereby authorized to utilize funds made available for these purposes, in the amounts considered necessary for fire protection and suppression.

By Tony Knowles
Tony Knowles
Governor

SEL 20(6)
B 1468239 S 0002

FDE 520-50: APPROPRIATION BUDGET

TRANS CODE MINOR 50 ADDITIONAL AUTH RD _____
DOCUMENT NUMBER 10/31-1-4053_
SOURCE RD CODE 10064
TOTAL AMOUNT _____ SPREAD AMT (Y/N) N
DESCRIPTION LONG FX01 FIRE SUPPRESSION _____
EMERGENCY DECLARATION _____

FISCAL PERIOD CODE C BUDGET TYPE SUP DENOMINATOR _____ POSTING MONTH _____

FIN	AMOUNT	SY	CC	PGM	LC	ACCT	FY	NMR	MORE	FINS	Y
1	1500000.00	01	10310130			71000	01				
	LINE DESC _____										
2	150000.00	01	10310130			72000	01				
	LINE DESC _____										
3	1100000.00	01	10310130			73000	01				
	LINE DESC _____										
4	75000.00	01	10310130			74000	01				
	LINE DESC _____										

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
 UPDAT QUIT SUBMT ERRS BASE FINS PFKYS HELP

FDE 520-50: APPROPRIATION BUDGET

B 1468239 S 0001
OVERFLOW N

DOC NUM 10/31-1-4053

DENOM

N	AMOUNT	SY	CC	PGM	LC	ACCT	FY	NMR
1	1500000.00	01	10310130			71000	01	
	LINE DESC _____							
2	150000.00	01	10310130			72000	01	
	LINE DESC _____							
3	1100000.00	01	10310130			73000	01	
	LINE DESC _____							
4	75000.00	01	10310130			74000	01	
	LINE DESC _____							
5	175000.00	01	10310130			75000	01	
	LINE DESC _____							
6	-3000000.00	01	10310130			68515	01	
	LINE DESC _____							
7								
	LINE DESC _____							
8								
	LINE DESC _____							
9								
	LINE DESC _____							

Handwritten signature and date: 6/29/01

110
1
4053

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---
UPDAT QUIT SUBMT ERRS BASE FINS PFKYS HELP

OFFICE OF
MANAGEMENT & BUDGET

Handwritten signature: Car. Mezola
OMB APPROVED

JUN 29 2001

6-29-01

1500
1400
1

STATE OF ALASKA

OFFICE OF THE GOVERNOR

OFFICE OF MANAGEMENT AND BUDGET

TONY KNOWLES, GOVERNOR

P.O. BOX 110020
JUNEAU, ALASKA 99811-0020
PHONE: (907) 465-4660
FAX: (907) 465-3008

February 28, 2002

The Honorable Dave Donley
The Honorable Pete Kelly
The Honorable Eldon Mulder
The Honorable Bill Williams
Alaska State Legislature
State Capitol
Juneau, AK 99801

Dear Finance Committee Co-Chairs:

Please consider the following amendments to the regular supplemental bills, SB 292 and HB 415:

Amend section 3(c), Department of Corrections, to read as follows:

(c) The sum of ~~\$85,000~~ [\$100,000] is appropriated from the general fund to the Department of Corrections, parole board, for operating costs for the fiscal year ending June 30, 2002.

Amend section 11, Judgments and Claims, to read as follows:

Sec. 11. JUDGMENTS AND CLAIMS. The sum of ~~\$785,500~~ [\$816,500] is appropriated to the Department of Law to pay judgments and claims against the state for the fiscal year ending June 30, 2002, from the following sources in the amounts listed:

SOURCE	AMOUNT
General fund	600,500 [631,500]
Public Employees Retirement Trust Fund	185,000

Amend section 15(a)(9), Department of Public Safety, to read as follows:

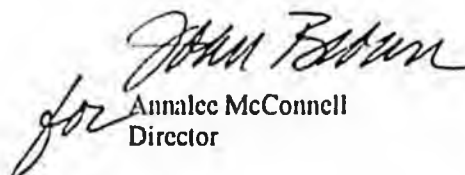
(a)(9) the sum of ~~\$87,500~~ [\$30,000] is appropriated from the general fund to the Department of Public Safety, Alaska state troopers detachments, for medical examination costs of victims of sexual assault and sexual abuse:

Amend section 17, Department of Transportation and Public Facilities, by deleting 17(e)(3):

(e)(3) [THE SUM OF \$150,000 FROM GENERAL FUND PROGRAM RECEIPTS FOR HILLCREST BRIDGE REPAIR:]

Back-up information on the amendments is attached. If you have any questions, please call me (465-4660) or Joan Brown (465-4681).

Sincerely,


Annalee McConnell
Director

Attachments

cc: David Teal
Legislative Finance

FY2002 SUPPLEMENTALS

	A	B	C	D	E	F	G	H	I
1	Sec. No.	Department	BRU or Component	Supplemental Need	General Funds	Federal Funds	Other Funds	Fund Source	Total Funds
2	FAST TRACK SUPPLEMENTAL								
3	1	Court System	Judicial Conduct	Legal fees in excess of FY2001 supplemental. Actual amount is \$6829.77.	6.8				6.8
4	2(a)	Comm & Ec Dev	Alaska Science & Technology Foundation	Idaho National Engineering and Environmental Laboratory Grant Contract for Alaska Business Research. Funds are available March 1, 2002.			25.0	Statutory Designated Prog Rcpts	25.0
5	2(b)	Comm & Ec Dev	International Trade & Business Development	International Trade and Business Endowment - replace unrealized FY02 Investment Earnings - Fund Source Change	230.4		-230.4	Internat'l Trade and Dev. Fund Earnings Reserve	0.0
6	3	Corrections	Palmer Correctional Center	New well including pump and wellhouse as primary water well has failed and is nonrepairable. Statutory designated program receipts (SDPR) are from interest earnings of Northern Tobacco Securitization Corporation (NTSC).			172.2	Statutory Designated Prog Rcpts	172.2
7	4(a)	Health & Soc Svcs	Medicaid Services	Medicaid Services - Projected to run out April 16. \$4.57m GF is for FY2001 bills paid in FY2002; 1.8m GF is from underfunding last year below low case scenario; 6.34m GF is for caseload at mid-case range and cost increases, particularly for seniors and d	12,712.5	106,618.0	23,903.3	Statutory Designated Prog Rcpts	143,233.8
8	4(b)	Health & Soc Svcs	Subsidized Adoptions & Guardianship	Formula program caseload growth	2,529.6				2,529.6
9	5	Transportation	Marine Highway Stabilization Fund	Marine Highway Stabilization Fund FY02 deficit due to Columbia fire and fuel cost increases. If not funded, Spring/Summer service would need to be drastically cut, reducing revenues during highest revenue season. Ships would be put into lay-up status fo	2,876.9				2,876.9
10	6	Military & Vets	Disaster Planning & Control	Costs to maintain 24-hour State Emergency Coordination Center (SECC), the agency that coordinates all federal, state and local jurisdictional responses associated with any disaster or event.	100.0				100.0
11	7	Natural Resources	CIP	Scope change for SLA97, CH50, Sec 15(k), P9, L13 - from prepare and administer the Kalgin Island II, Caribou Hills, S. Ninilchik-Dome View, South Ninilchik Blck timber sales in Kenai Peninsula to Kenai Peninsula to reduce risks from wildfire.					0.0
12	8	Governor	Elections	Costs for printing and mailing a Primary Election Voter Education Guide in time to explain the new law (shifted from FY2003 budget which will be amended)	25.0				25.0
13	9(a)	Comm & Ec Dev	Power Cost Equalization & Rural Electrification Fund	Technical correction to add the inadvertently omitted FY02 appropriation from the Power Cost Equalization Endowment fund to the Power Cost Equalization and Rural Electclification Fund			7,062.2	PCE EF	7,062.2
14	9(b)	Comm & Ec Dev	Power Cost Equalization & Rural Electrification Fund	Fully fund the statutory formula in the PCE statute. Cost increase is due to higher fuel costs.	1,100.0				1,100.0

FY2002 SUPPLEMENTALS

	A	B	C	D	E	F	G	H	I
1	Sec. No.	Department	BRU or Component	Supplemental Need	General Funds	Federal Funds	Other Funds	Fund Source	Total Funds
15	9(c)	Comm & Ec Dev	Power Cost Equalization	Fully fund PCE statute. Increase due to higher fuel costs.			1,100.0	PCE	1,100.0
16	9(d)(1)	Comm & Ec Dev	Power Cost Equalization	Delete sufficient authorization from FY02 to pay FY01 late bills			-56.8	PCE	-56.8
17	9(d)(2)	Comm & Ec Dev	Power Cost Equalization	Add authorization to pay power cost equalization program FY01 late bills			56.8	PCE	56.8
18	10(a)(1)	Transportation	Northern Region Highways & Aviation	Chandalar (James Dalton Hwy) Maintenance Station Replacement- Temporary rental and other costs of vacating the maintenance station due to imminent structural failure.	127.8				127.8
19	10(a)(2)	Transportation	Central Region Highways & Aviation	East Fork (Parks Hwy- S of Cantwell) Maintenance Station Replacement- Temporary rental and other costs of vacating the maintenance station due to imminent structural failure.	21.9				21.9
20	10(a)(3)	Transportation	Central Region Highways & Aviation	Willow (Parks Hwy) Maintenance Station Replacement- Temporary rental and other costs of vacating the maintenance station due to imminent structural failure.	45.5				45.5
21	10(a)(4)	Transportation	Northern Region Highways & Aviation	Nome Maintenance Station Imminent Structural Failure - Temporary rental and other costs of vacating the maintenance station to due imminent failure.	72.0				72.0
22	10(b)	Transportation	Northern Region CIP	Chandalar Maintenance Station Replacement Design Costs (SDPR from NTSC - see line 6)			456.8	Statutory Designated Prog Rcpts	456.8
23	10(c)	Transportation	Southeast Region CIP	Title change from West Douglas Highway Extension to Gastineau Channel Second Crossing to match federal project name change					0.0
24	11(a)	University	Systemwide Small Planning, Design and Construction	Funding authority needed in excess of the FY02 small project non-gf receipt authority for Lena Point fisheries and ocean sciences facility for simultaneous excavation with NOAA to prevent disruption and damage to the facility at a later date.			800.0	UA Rcpts	800.0
25	11(b)	University	CIP	Scope Change for Sec 3, Ch 61, SLA 2001 to include UAA Heating, Ventilation, and Air Conditioning Piping Replacement Phases 1-4					
26	12			Lapse Provisions					
27	13			Retroactivity					
28	14			Effective Date					
29	FAST TRACK BILL TOTAL				19,848.4	106,618.0	33,289.1	0.0	159,755.5
30	[REDACTED]								
31	[REDACTED]								
32	REGULAR SUPPLEMENTALS								
33	1(a)(1)	Administration	Finance	Contractual costs for maintenance of the State payroll system (AKPAY) core database	150.0				150.0
34	1(a)(2)	Administration	General Relief	Shortfunding for projected caseload	273.0				273.0
35	1(a)(3)	Administration	Leasing	Shortfunding of the amount required to pay leases with the private sector	1,300.0				1,300.0
36	1(a)(4)	Administration	Leasing	FY02 appropriation for the Anchorage Jail lease is short \$4,784.38	4.8				4.8
37	1(a)(5)	Administration	Office of Public Advocacy	Shortfunding of current year exacerbated by increased costs	1,865.0				1,865.0
38	1(a)(6)	Administration	Public Defender	Shortfunding of current year need and fiscal notes	600.0				600.0
39	1(a)(7)	Administration	Public Defender	Mental Health Court attorney approved by the Mental Health Trust			73.0	MHTAAR	73.0

FY2002 SUPPLEMENTALS

	A	B	C	D	E	F	G	H	I
1	Sec. No.	Department	BRU or Component	Supplemental Need	General Funds	Federal Funds	Other Funds	Fund Source	Total Funds
40	1(b)-(c)	Administration	Senior Services	Senior Services Employment Program hold harmless -- Federal regulations not promulgated so funds not needed.	-120.0				-120.0
41	2(a)	Comm & Ec Dev	Alaska Aerospace Development Corporation	Replace \$311.9 of unrealized FY02 Alaska Science & Technology Foundation Investment Earnings with AADC receipts.			0.0		0.0
42	2(a)	Comm & Ec Dev	Alaska Aerospace Development Corporation Facilities Maintenance	Replace \$69.2 of unrealized Alaska Science & Technology Foundation FY02 Investment Earnings with AADC receipts.			0.0		0.0
43	2(b)	Comm & Ec Dev	Power Project Fund	Denali Commission Appropriation to the Power Project Fund		4,900.0			4,900.0
44	2(c)	Comm & Ec Dev	Alaska Aerospace Development Corporation	Grant from the U.S. Department of Defense for Kodiak Launch Complex Improvements- Infrastructure Safety Upgrades, Range Safety System, and Road Improvements		20,000.0			20,000.0
45	3(a)	Corrections	Facility-Capital Improvement Unit	The \$160.5 general fund fiscal note funding Ch. 32, SLA 2001 (HB 149 Private Prison in Kenai) is no longer needed since Kenai voters rejected the proposal. Funds are reappropriated to Inmate Health Care.					0.0
46	3(b)	Corrections	Inmate Health Care	Shortfunding in health care costs resulting from continued inflation of pharmacy costs, staff salaries (includes \$676.0 for health care worker/nurses salary costs), contract physician costs and hospital care.	1,839.5				1,839.5
47	3(c)	Corrections	Parole Board	Shortfunding in operations due to increased prisoner hearings and Parole Board activity AMD Feb 28 Decrease GF by 15.0 from 100.0 to 85.0	85.0				85.0
48	3(d)	Corrections	CIP	Offender Tracking Information System Development		762.0			762.0
49	4	Military & Veterans' Affairs	Disaster Relief Fund	The Disaster Relief Fund directly funds the core services of the Division of Emergency Services, 10 full-time positions and the match for another 10 positions. Fund capitalization to cover the core services costs has been done in the supplemental for sev	680.0				680.0
50	5(a)(1)	Education	Pupil Transportation	Cost for new bus routes approved in current year	541.6				541.6
51	5(a)(2)	Education	Schools for the Handicapped	Education costs for children in state custody who require out-of-state placement	165.5				165.5
52	5(b)	Education	Foundation	Use balance in foundation program resulting from the October student count to fund supplemental needs.	-1,975.9				-1,975.9
53	5(c)	Education	CIP	Federal School Renovation, Individuals with Disabilities Education Act (IDEA) and Technology grants for local school districts		5,400.0			5,400.0
54	5(d)(1)-(2)	Education		Along with a reappropriation of \$198.6 from the Department of Law, this will fund the McGraw-Hill assessment contract increase of \$498.9.	300.3				300.3
55	6	Environ Cons		Amend the FY02 appropriation made by Sec. 89, Ch. 61 for implementation of the cruise ship bill to correct the fund source from statutory designated program receipts to the Commercial Passenger Vessel Environmental Compliance Fund.					0.0
56	7	Natural Resources	Fire Suppression	Fixed costs and fire suppression costs incurred to date. Updated costs for spring fire suppression will be provided as needed	7,235.0				7,235.0

FY2002 SUPPLEMENTALS

	A	B	C	D	E	F	G	H	I
1	Sec. No.	Department	BRU or Component	Supplemental Need	General Funds	Federal Funds	Other Funds	Fund Source	Total Funds
	8(a) - (b)	Fish & Game	CIP	Change fund source on \$26.2 due to shortfall in Commercial Fisheries Limited Entry Commission (CFEC) collections - Dock replacement in King Salmon. (SDPR from NTSC - see line 6)				Rcpt Supp Svcs to Statutory Designated Prog Rcpts	0.0
57								same	0.0
58	8(a) - (b)	Fish & Game	CIP	Change fund source on \$78.8 due to CFEC shortfall - Statewide facilities repair & maintenance. (SDPR from NTSC - see line 6)				same	0.0
	8(a) - (b)	Fish & Game	CIP	Change fund source on \$145.0 due to CFEC shortfall - Upper Cook Inlet and Kuskokwim River Coho projects. (SDPR from NTSC - see line 6)				same	0.0
59								same	0.0
60	8(a) - (b)	Fish & Game	CIP	Change fund source on \$63.0 on FY01 CIP project due to CFEC shortfall - Copper River (Miles Lake) Sonar. (SDPR from NTSC - see line 6)				same	0.0
61	8(a) - (b)	Fish & Game	CIP	Change fund source on \$88.5 due to CFEC shortfall - Mariculture development program. (SDPR from NTSC - see line 6)				same	0.0
62	8(a) - (b)	Fish & Game	CIP	Change fund source on \$200.0 due to CFEC shortfall - Vessel and aircraft repair and maintenance. (SDPR from NTSC - see line 6)				same	0.0
63	9(a)	Governor	Elections	Redistricting: add carryforward language for the remaining balance of the \$947.4 appropriation made in Sec. 20, Ch. 60, SLA 2001					0.0
64	9(b)	Governor		Correct a drafting error in Sec. 36(c), Ch. 61 by adding reference to fiscal year 2001.					0.0
65	9(c)	Governor	Governmental Coordination	Change RPL 01-2-8022 Coastal Impact Assistance Program from Operating to Capital					0.0
66	9(d)	Governor	CIP Governmental Coordination	Additional authorization for the Coastal Impact Assistance Program			3,335.7		3,335.7
67	10(a)(1)	Health & Soc Svcs	Adult Public Assistance	Formula program caseload growth	541.0				541.0
68	10(a)(2)	Health & Soc Svcs	Board on Alcohol & Drug Abuse	Cost of co-locating with AK Mental Health Board			40.9	MHTAAR	40.9
69	10(a)(3)	Health & Soc Svcs	Bureau of Vital Statistics	Increased receipt supported services authority so general funds can be transferred to Community Health/Emergency Medical Services for two-way radio costs			75.0	Rcpt Supp Svcs	75.0
70	10(a)(4)	Health & Soc Svcs	Foster Care Special Needs	Shortfunding of formula program from caseload growth projections	304.6				304.6
71	10(a)(5)	Health & Soc Svcs	General Relief Assistance	Formula program growth	190.7				190.7
72	10(b)	Health & Soc Svcs	Comm Health/EMS	Correct HB 228 Sale of Tobacco Products fiscal note fund source from Tobacco Settlement to Tobacco Use Cessation and Education Fund	-487.9		487.9	Tobacco Use Cessation & Ed Fund	0.0
73	11	Law		Judgments and Claims \$810,486.85 AMD Feb 28 Decrease GF by 31.5 from 631.5 to 600.5	600.5		185.0	PERS Fund	785.5
74	12(a)	Law		Law Office Assistant reclassification costs		1.7	129.4	Inter-Agency Rcpts	131.1
75	12(b)	Law		Fund the \$214.4 general fund portion of the Law Office Assistant reclassification costs with the reappropriation of funds within the Department of Law					0.0

FY2002 SUPPLEMENTALS

	A	B	C	D	E	F	G	H	I
1	Sec. No.	Department	BRU or Component	Supplemental Need	General Funds	Federal Funds	Other Funds	Fund Source	Total Funds
	13	Military & Vets	Army Guard Facilities Maintenance	Federal funds for increased telecommunications costs for the Distance Learning project		350.0			350.0
76									
77	14(1)	Natural Resources	Geological Development	Federal grant awards for geological projects		493.4			493.4
78	14(2)	Natural Resources	Parks Mgmt	Increased fuel costs	20.2				20.2
79	14(3)	Natural Resources	Parks Mgmt	Increased costs for two-way radio circuits	40.7				40.7
80	14(4)	Natural Resources	Recorder's Office	Costs of title records for new title companies. Title insurance laws require companies to have duplicate records for the past 25 years.			300.0	Statutory Designated Prog Rcpts Rcpt Supp Svcs	300.0
81	14(4)	Natural Resources	Recorder's Office	Assume recording duties in Valdez, Glennallen, and Seward that were previously done by the Courts System without charge. Increased costs to process heavy volume of mortgage refinance activity and implement completed classification study.			235.0		235.0
82	15(a)(1)	Public Safety	AST	Increased fuel costs	106.1				106.1
83	15(a)(2)	Public Safety	AST- Prisoner Transport	Increased prisoner transports based on higher volume of cases	172.9				172.9
84	15(a)(3)	Public Safety	AST Detachments	Increased fuel costs	125.3				125.3
85	15(a)(4)	Public Safety	AST Detachments	Recruitment Academy Training	81.0				81.0
86	15(a)(5)	Public Safety	AST Detachments	Standby pay due to heightened security	67.5				67.5
87	15(a)(6)	Public Safety	AST	Standby pay due to heightened security	15.7				15.7
88	15(a)(7)	Public Safety	VPSO	Standby pay due to heightened security	11.8				11.8
89	15(a)(8)	Public Safety	AST Detachments	Emergency guard hires needed to guard offenders in areas with no jails.	59.0				59.0
90	15(a)(9)	Public Safety	AST Detachments	Medical examination costs for sexual assault/abuse cases AMD Feb 28 Increase GF by 57.5 from 30.0 to 87.5	87.5				87.5
91	15(a)(10)	Public Safety	AST Detachment's	Increased costs for two-way radio circuits	102.4				102.4
92	15(a)(11)	Public Safety	Fish & Wildlife	Increased fuel costs	247.4				247.4
93	15(b)	Public Safety	Batterers Intervention Program	Fund source change to correct the overallocation of PFD felon funds in FY2002.	63.9		-63.9	PFD Fund	0.0
94	16(a)(1)	Revenue	Alcohol Beverage Control Board	Contractual costs for a hearing officers to conduct formal hearings on liquor licenses	20.0			General Fund Program Rcpts	20.0
95	16(a)(2)	Revenue	Permanent Fund Dividend Division	Legal costs awarded by state Supreme Court in a class-action suit filed on behalf of applicants denied dividends.			89.9	PFD Fund	89.9
96	16(a)(3)	Revenue	Permanent Fund Dividend Division	Overtime costs to resolve eligibility review and appeal case backlog.			31.9	PFD Fund	31.9
97	16(b)	Revenue	Child Support Enforcement	Recover cost of increased number of paternity testings required by court orders.	43.0				43.0
98	16(c)	Revenue	Child Support Enforcement	Appropriation of interest earned on reserve account balance	60.0				60.0
99	16(d)	Revenue	Treasury Division	Correct fund source for Ch 60, SLA 2000 PCE Fund/Sale of 4 Dam Pool/Energy (HB 446) fiscal note.					0.0

FY2002 SUPPLEMENTALS

	A	B	C	D	E	F	G	H	I
1	Sec. No.	Department	BRU or Component	Supplemental Need	General Funds	Federal Funds	Other Funds	Fund Source	Total Funds
	16(e)	Revenue	Treasury Division	Repeal fiscal note funding for Ch. 32, SLA 2001 (HB 149 Kenai Private Prison) since Kenai voters did not approve the private prison development.	-20.0				-20.0
100									
101	17(a)	Transportation	Central Region Highways & Aviation	Whittier Tunnel Maintenance and Operations for June 7-30 (current contract expires)			178.0	Rcpt Supp Svcs	178.0
102	17(b)(1)	Transportation	Central Region Facilities	Fuel and Utility Cost Increases	240.9				240.9
103	17(b)(2)	Transportation	Northern Region Facilities	Fuel and Utility Cost Increases	230.6				230.6
104	17(b)(3)	Transportation	Southeast Region Facilities	Fuel and Utility Cost Increases	140.3				140.3
105	17(b)(4)	Transportation	Central Region Highways & Aviation	Fuel and Utility Cost Increases	381.0				381.0
106	17(b)(5)	Transportation	Northern Region Highways & Aviation	Fuel Cost Increases	569.2				569.2
107	17(b)(6)	Transportation	Southeast Region Highways & Aviation	Fuel Cost Increases	39.2				39.2
108	17(c)(1)	Transportation	Ted Stevens Anchorage International Airport (TSAIA) Administration	Utility Cost Increases			10.0	Internat'l Airports Rev Fund	10.0
109	17(c)(2)	Transportation	TSAIA Facilities	Utility Cost Increases			467.0	Internat'l Airports Rev Fund	467.0
110	17(c)(3)	Transportation	TSAIA Field & Equipment Maintenance	Utility Cost Increases			60.0	Internat'l Airports Rev Fund	60.0
111	17(c)(4)	Transportation	TSAIA Safety	Utility Cost Increases			8.0	Internat'l Airports Rev Fund	8.0
112	17(d)	Transportation	State Equipment Fleet Administration	Add authority for increased usage of fuel credit card system			250.0	Highway Working Capital Fund	250.0
113	17(e)(1)	Transportation		Glenn Highway Rut Repair from McCarrey St to Highland Rd.		6,000.0			6,000.0
114	17(e)(2)	Transportation		Dimond Boulevard Rut Repair		6,000.0			6,000.0
115	17(e)(3)	Transportation		Hillcrest (Anchorage) Bridge Repair- 3rd party repayment for damages. AMD Feb 28 Deleted request for \$150.0 GFPR				General Fund Program Rcpts	0.0
116	17(e)(4)	Transportation		Northern Region Materials Lab Worker Safety Compliance Upgrade. (SDPR from NTSC - see line 6)			600.0	Statutory Designated Prog Rcpts	600.0

FY2002 SUPPLEMENTALS

	A	B	C	D	E	F	G	H	I
1	Sec. No.	Department	BRU or Component	Supplemental Need	General Funds	Federal Funds	Other Funds	Fund Source	Total Funds
	18(a)-(d)	University	CIP	Eliminate federal receipts since funding source was changed to university receipts via RPL 45-2-0007 for Arctic Supercomputer purchase.		-32,000.0			-32,000.0
117									
118	18 (e)	University		Replace unrealized investment earnings from the Alaska Science and Technology Foundation	1,753.3		-1,753.3	ASTF	0.0
119	19	Misc Claims	Administration	Miscellaneous Claims: -0-, State-dated warrants: 23,744.07	23.7				23.7
120	19	Misc Claims	Corrections	Miscellaneous claims: \$3,204.11	3.2				3.2
121	19	Misc Claims	Fish & Game	Miscellaneous claims: \$3,761 00	3.8				3.8
122	19	Misc Claims	Health & Soc Srvc	Miscellaneous claims: \$21,499.91	21.5				21.5
123	19	Misc Claims	Law	Miscellaneous claims: \$27,060.49	27.1				27.1
124	19	Misc Claims	Military & Veterans' Affairs	Miscellaneous claims: \$274.00	0.3				0.3
125	19	Misc Claims	Public Safety	Miscellaneous claims: \$293.88	0.3				0.3
126	19	Misc Claims	Transportation	Miscellaneous claims: \$32.96					0.0
127									
128				REGULAR SUPPLEMENTAL BILL TOTAL	18,831.5	15,242.8	1,403.8		35,478.1
129	TOTAL FOR BOTH BILLS MINUS THE \$16.5m GF PLACEHOLDER IN FISCAL SUMMARY				22,179.9	121,860.8	34,692.9		178,733.5
130									
131				Ratifications:					
132	20(a)(1)	Transportation		AR 61669-2001 Reimbsble Authority	165,066.62				
133	20(a)(2)	Transportation		AR 64790-2015 Reimbursable Authority	34,614.23				
134	20(a)(3)	Transportation		AR 58904-2001 Reimbursable Proj.	96,773.16				
135	20(b)	Natural Resources	Fire Suppression	FY2001 Fire suppression costs AR 37313-01 Fire Suppression	4,730,000.00				
136	21			Lapse Provisions					
137	22			Retroactivity					
138	23			Effective Dates					
139	24			Immediate Effective Date					

STATE OF ALASKA /

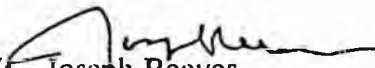
DEPARTMENT OF CORRECTIONS

MEMORANDUM

Division of Administrative Services
Budget and Finance
P.O. Box 112000
Juneau, Alaska 99811-2000
Phone (907) Fax (907)

TO: Annalee McConnell, Director
Office of Management and Budget

DATE: February 26, 2002

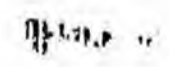
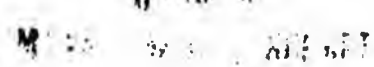
FROM:  Joseph Reeves
Deputy Director
Division of Administrative Services

PHONE:
SUBJECT: *FY2002 Parole Board
Supplemental - Amendment*

Current projections for the Parole Board component indicate that the supplemental request of \$100.0 can be reduced to \$85.0.

The reduction of \$15.0 in contractual line is due to the Board being one member short. There have been only four board members for a period of time and that has reduced board member compensation.

cc: Dwayne Peeples, Director, Division of Administrative Services
Sharleen Griffin, Budget and Finance Manager, Division of Administrative Services



FEB 27 2002

MEMORANDUM

State of Alaska
Department of Law
Division of Administrative Services

TO: Annalee McConnell, Director
Office of Management and Budget

DATE: 20 February, 2002

FROM: Kathryn Daughhete, Director *Kad*
Division of Administrative Services

PHONE: 465-3673

SUBJECT: FY 2002 Supplemental Items

FY 2002 Judgments and Claims

The attached schedules, totaling \$785,440.55 reflects the current level of judgments and claims awaiting legislative appropriation. The funds for this request are as follows:

\$600,440.55 General Fund
\$185,000.00 PERS Fund

While the latest version of the schedule of items to be paid from the general fund does contain recently submitted judgments and claims, the amount overall has been reduced to reflect our withdrawal of the attorney's fees and costs awarded by the Ninth Circuit Court of Appeals in re: Doe v. Otte – the appeal challenging the application of the sex offender registration law to sex offenders who committed their offenses before the effective date of the statute. As you are now most certainly aware, the Supreme Court has granted our request for certiorari in this case. As a result, the Appeals Court award is not ripe for payment at this time.

cc: Bruce Botelho, Attorney General
Barbara Pitchie, Deputy Attorney General, Civil Division
Cynthia Cooper, Deputy Attorney General, Criminal Division
Dean Guaneli, Chief Assistant Attorney General, Criminal Division

Department of Law

FY2002 Judgments & Claims - General Funds

Case #	Case Name	Description	Date	Amount	Interest	Total	Cumulative Total
1	ACLU Planned Parenthood of Alaska, et al v. Commissioner Perdue/DHSS	Challenge to legislative elimination of funding for the General Relief Medical Program	10/9/99 01/05/01 - 09/20/01	\$236,026.16	\$33,882.51	\$269,908.67	
2	Foster Pepper Rubini & Reeves ACLU v. State	Challenge to 1996 campaign finance reform legislation	4/27/00 08/30/01	\$107,954.28	\$23,706.39	\$131,660.67	
3	Steven D. Smith, P.C. CSED v. Ragula	Child support lien and withholding lien vs. attorney's lien	6/30/00 9/27/01	\$2,344.08	\$268.48	\$2,612.56	
4	Michael Gershel, Esq. Brooker v. Brooker	Agreements between private parties not involving CSED	10/30/01	\$525.00	\$31.46	\$556.46	
5	Hagans, Ahearn, McLaughlin & Webb Herold v. State	Wrongful termination	1/2/02	\$80,000.00	\$0.00	\$80,000.00	
6	Alaska Legal Services Corporation Quinhagak v. U.S.	Subsistence jurisdiction over navigable rivers	9/30/96 10/24/00	\$82,525.07	\$16,955.56	\$99,480.63	
7	Marston & Cole Trust Fund Thomas Brown v. DMV	Right to due process re: telephonic testimony in driver's license revocation administrative hearing	1/7/02	\$414.43	\$52.81	\$467.24	
8	Kasmar & Stone JTF Peter T. Knight Peter T. Knight v. DMV	Right to due process re: telephonic testimony in driver's license revocation administrative hearing	1/7/02	\$873.20	\$17.69	\$890.89	
9	Randall Luffberry, Esq. ITF Donald A. Ryall Donald Ryall v. DMV	Challenge to administrative revocation of driver's license	10/31/01	\$1,262.14	\$75.31	\$1,337.45	
10	Ingaldson Maassen, P.C. ITF Nicholas Digel Nicholas Digel v. DMV	Reversal of administrative revocation of driver's license due to supreme court striking down "use it and lose it" law	5/7/01	\$229.01	\$23.66	\$252.67	
11	Larry L. Caudle Brandon Garrett v. DMV	Reversal of administrative revocation of driver's license due to supreme court striking down "use it and lose it" law	5/7/01	\$536.50	\$64.55	\$601.05	