

Payment to Agency Report

A Public Document

PAYMENT TO AGENCY REPORT

1. Agency Name

Upland Fire Department

Division, Department, or Region (if applicable)

Emergency Medical Service

Street Address

475 N. Second Ave. Upland, Ca. 91786

Area Code/Phone Number

909 931-4180

Email

srasmussen@ci.upland.ca.us

Agency Contact (name and title)

Stephanie Rasmussen

Date Stamp

California Form 801

For Official Use Only

Amendment (explain in comment section)

Date of Original Filing: (month, day, year)

2. Donor Name and Address

Individual

Last Name

First Name

Other

Inland Counties Emergency Medical Agency

Name

1425 South "D" Street

San Bernardino

Ca

92415

Address

City

State

Zip Code

Local EMS Agency

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) received by the donor for this payment:

Name Amount Name Amount

3. Payment Information (Complete Sections 3.1 (a or b), 3.2, 3.3)

3.1 (a) Travel Payment

Location of Travel

Dates (month, day, year)

Transportation Provider

Rail

Air

Bus

Auto

Other

Check Applicable Boxes

Name of Lodging Facility

Lodging Expenses

Meal Expenses

Transportation Expenses

Other Expenses

Total Expenses

3.1 (b) Payment(s) not related to travel:

Dates (month, day, year)

\$

Total Expenses

3.2. Payment Description. Provide a specific description of the payment and its agency purpose and use.

Upland Fire EMS received two Panasonic CF-19 Toughbooks and battery packs for use in the field to capture real time electronic patient care records and data collection using the Imagetrend software. This is a requirement for participation in the EMS system.

3.3. Identify the officials who used the payment in Section 3.1 (See instructions)

Last Name

First Name

Position/Title

Department/Division

Last Name

First Name

Position/Title

Department/Division

4. Verification

I authorized the acceptance of the reported payment(s) as in compliance with FPPC regulations.

Signature

DAVE CORBIN Print Name

DEPUTY FIRE CHIEF Title

9/8/15 (month, day, year)

Comment:

(Use this space or an attachment for any additional information)



Inland Counties Emergency Medical Agency

Serving San Bernardino, Inyo and Mono Counties

Tom Lynch, EMS Administrator
Reza Vaezazizi, MD, Medical Director

EMS DATA SYSTEM

EQUIPMENT DELIVERY ACKNOWLEDGEMENT RECEIPT

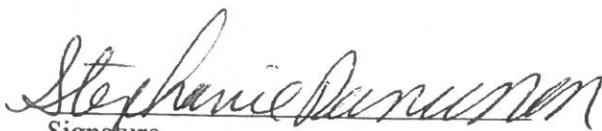
UPLAND FIRE DEPARTMENT
472 N. SECOND AVENUE
UPLAND, CA 91786

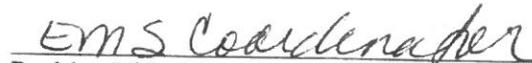
MOU AGREEMENT NUMBER 10-95

AUGUST 28, 2015

EQUIPMENT	MODEL #	SERIAL #	TAG #	PC NAME
Toughbook	CF-19CDBAXVM	7BKSA14431	Z027033	UFD-09
Toughbook	CF-19CDBAXVM	7BKSA14735	Z027044	UFD-10
Battery Pack (2)	CF-VZSU48U	9228186434 UPC		

UPLAND FIRE DEPARTMENT (PROVIDER) hereby acknowledges receipt and accepts ownership of one two (2) additional Panasonic CF-19 Toughbooks and battery packs noted above. By signing this document, PROVIDER has accepted the above listed equipment and all devices included in original packaging. PROVIDER also agrees that in accepting ownership of the above; PROVIDER will honor all stipulations of Agreement Number 10-95, which allows placement of equipment and software necessary to enable prehospital data management and syndromic surveillance.


Signature


Position/Title

Stephanie Rasmussen
Print Name

9/2/15
Date