

**GOOD HEALTH FOUNDATION BOARD
AGENDA
September 10, 2019
5:30 PM**

Meeting Location:

**Health Care District of Palm Beach County
Board Room
1515 N. Flagler Drive, Suite 101
West Palm Beach, FL 33401**

If a person decides to appeal any decision made by the Board, with respect to any matter considered at such meeting or hearing, he will need a record of the proceedings, and that, for such purpose, he may need to ensure that a verbatim record of the proceeding is made, which record includes the testimony and evidence upon which the appeal is to be based.

GOOD HEALTH FOUNDATION BOARD

AGENDA

September 10, 2019

Health Care District Board Room

1515 N. Flagler Drive, Suite 101

West Palm Beach, FL 33401

1. Call to Order – Ed Sabin

A. Roll Call

2. Agenda Approval

A. Additions/Deletions/Substitutions

B. Motion to Approve Agenda

3. Awards, Introductions and Presentations

None

4. Disclosure of Voting Conflict

5. Public Comment

6. Meeting Minutes

A. **Staff Recommends a MOTION TO APPROVE:**

Board Meeting Minutes of July 30, 2019. [Pages 1-4]

7. Consent Agenda - Motion to Approve Consent Agenda Items

A. **ADMINISTRATION**

7A-1 **RECEIVE AND FILE:**

September 10, 2019 Internet Posting of Good Health Foundation Board Meeting

<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=291&m=0|0&DisplayType=C>

7A-2 **RECEIVE AND FILE:**

Updated Employee Assistance Program Procedure (Thomas Cleare) [Pages 5-10]

7A-3 **RECEIVE AND FILE:**

Supporting Documentation for the Funding Request Approved at the July 30, 2019 Foundation Board Meeting (Thomas Cleare) [Pages 11-51]

8. Regular Agenda

A. **ADMINISTRATION**

8A-1 **Staff Recommends a MOTION TO APPROVE:**

Funding Request Procedure (Thomas Cleare) [Pages 52-55]

8A-2 **Staff Recommends a MOTION TO APPROVE:**

Checking Account Signature Authority (Thomas Cleare) [Pages 56-57]

9. Board Member Comments

10. Establishment of Upcoming Meetings

December 10, 2019

11. Motion to Adjourn

GOOD HEALTH FOUNDATION BOARD
SUMMARY MEETING MINUTES
July 30, 2019
600 Okeechobee Boulevard
West Palm Beach, FL 33401

1. Call to Order

Mr. Sabin called the meeting to order.

A. Roll Call

Board Members Present: Edward Sabin, Chair; Joseph Bergeron; Michael Burke; Mark Marciano; Richard Sartory, Joseph Gibbons; Nancy Banner and Leslie Daniels.

Staff and Guests: Darcy Davis, Chief Executive Officer; Dr. Tom Cleare, VP of Strategy; Valerie Shahriari, VP and General Counsel; Karen Harris, VP of Field Operations; Janet Moreland, Administrator of Lakeside Medical Center; Steven Hurwitz, VP, CHRO & CCO of HR & Communications; Anil Harris, RSM;

Recording Secretary: Tanya McCain

2. Agenda Approval

A. Additions/Deletions/Substitutions

CONCLUSION/ACTION: Ms. Banner made a motion to pull item 7B-2 from the Consent Agenda and add it to the Regular Agenda as item 8A-4. The motion was duly seconded by Mr. Burke. There being no opposition, the motion passed unanimously.

B. Motion to Approve Agenda

CONCLUSION/ACTION: Ms. Banner made a motion to approve the agenda as modified. The motion was duly seconded by Mr. Burke. There being no opposition, the motion passed unanimously.

3. Awards, Introductions and Presentations

A. Employee Assistance Fund Video

A video was presented of an employee giving a first-hand account of how the Employee Assistance Fund was a tremendous help during a time of hardship.

4. Disclosure of Voting Conflict

A. None.

5. Public Comment

A. None.

6. Meeting Minutes

Staff Recommends a MOTION TO APPROVE:

Good Health Foundation Board Meeting Minutes of May 28, 2019

CONCLUSION/ACTION: Ms. Banner made a motion to approve the minutes of the May 28, 2016 meeting as presented. The motion was duly seconded by Mr. Burke. There being no opposition, the motion passed unanimously.

7. Consent Agenda – Motion to Approve Consent Agenda Items

CONCLUSION/ACTION: Mr. Bergeron made a motion to approve the Consent Agenda. The motion was duly seconded by Mr. Burke. There being no opposition, the motion passed unanimously.

A. ADMINISTRATION

7A-1 RECEIVE AND FILE:

July 2019 Internet Posting of Good Health Foundation Board Meeting
<https://www.hcdpbc.org/EventViewTrainingDetails.aspx?Bck=Y&EventID=248&m=010&DisplayType=C>

7A-2 MOVED TO REGULAR AGENDA AS ITEM 8A-4.

7A-3 RECEIVE AND FILE:

Health Care District Investment Policy

8. Regular Agenda

A. ADMINISTRATION

8A-1 Staff Recommends a MOTION TO APPROVE:

Good Health Foundation Tax From 990

The District's external auditor, RSM US LLP, presented the completed tax filing for fiscal year ended September 30, 2018 and responded to questions.

CONCLUSION/ACTION: Mr. Gibbons made a motion to approve the Good Health Foundation Tax Form 990. The motion was duly seconded by Mr. Bergeron. There being no opposition, the motion passed unanimously.

8A-2 Staff Recommends a MOTION TO APPROVE:

Amendment to the Good Health Foundation Articles of Incorporation

Dr. Cleare presented the proposed amendment(s) to subsection (a) of Article V. titled, Purpose, to read as follows:

- (a) The Corporation is empowered to engage in any and all lawful activities consistent with any charitable purpose for which corporations may be organized under the Florida Not for Profit Corporation Act.

CONCLUSION/ACTION: Ms. Banner made a motion to approve the Amendment to the Good Health Foundation Articles of Incorporation. The motion was duly seconded by Mr. Daniels. There being no opposition, the motion passed unanimously.

8A-3 Staff Recommends a MOTION TO APPROVE:

Temporary Restricted Funds

Dr. Cleare presented the recommendation to transfer the \$963,653 in temporarily restricted funds to the District that satisfy the purpose restrictions from the donations and responded to questions.

CONCLUSION/ACTION: Mr. Gibbons made a motion to approve the Temporary Restricted Funds. The motion was duly seconded by Ms. Banner. There being no opposition, the motion passed unanimously.

8A-4 RECEIVE AND FILE:

Health Care District Employee Assistance Fund

CONCLUSION/ACTION: Recommendation to bring back as a policy for revisions.

9. Board Member Comments

None.

10. Establishment of Upcoming Meetings

Date:
September 10, 2019

Time:
5:30 P.M. (Immediately following the Joint Board Meeting
with the Finance and Audit Committee and TRIM Public
Hearing)

11. Motion to Adjourn

There being no further business, the meeting was adjourned.

Michael Burke, Secretary

Date

GOOD HEALTH FOUNDATION BOARD
September 10, 2019

1. Description: Updated Employee Assistance Program Procedure

2. Summary:

This agenda item presents the Board with the updated Employee Assistance Program procedure following feedback at the July 30, 2019 Foundation Board Meeting.

3. Substantive Analysis:

During discussion of the Employee Assistance Program procedure, the Foundation Board and the External Auditors RSM identified that Item 4 under the Procedure's process should be eliminated. This agenda item presents the updated Procedure with the following item deleted from the Process:

#4. Once approved, employee will be notified by phone with written notification to follow. Payment will be processed through the accounts payable department and as a one-time payment. Funds are treated as taxable income and will be subject to IRS regulations.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:



 Darcy Davis
 Chief Executive Officer

5. Reviewed/Approved by Committee:

 N/A

 Committee Name Date

GOOD HEALTH FOUNDATION BOARD
September 10, 2019

6. Recommendation:

Staff recommends the Board receive and file the Updated Employee Assistance Program Procedure.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas Cleare
VP of Strategy

PROCEDURE

Procedure Name:	Employee Assistance Fund	Effective Date:	09/01/2019
Department:	Human Resources	Policy Number:	N/A

APPLICABILITY

This procedure applies to all Health Care District Employees, including Lakeside Medical Center, Healey Center, Physician Practice Offices, Primary Care Clinics, School Health, Pharmacy, Aeromedical, Trauma, Managed Care, and any other affiliated entities.

PROCEDURE

The District recognizes employees may experience hardships that may require emergency financial assistance. The Employee Emergency Assistance Fund (EAF) is a program available to assist employees who are experiencing a personal financial crisis. The EAF is allocated to employees who demonstrate an emergency financial need, is designed to provide limited assistance and is not a loan. The EAF is designed to address an event or catastrophe that is sudden, unexpected, and critical, such as a family crisis, acute illness, natural disaster or fire. Funds are donated to the program through employee generosity in the form of PTO donations or cash to support employees during times of need.

Definitions

An emergency would be defined as a situation beyond an employee's control such as a flood, hurricane, theft, loss of essential property or primary residence, death within the immediate family, accident, illness, disability, etc.

Eligibility criteria

1. All regular full-time and part-time employees who have been employed for a minimum of one year. Employees are not required to be benefit-eligible. Temporary and per diem employees are not eligible.
2. Family crisis can include situations involving the employee, their spouse, their legal dependent(s), or a parent for whom they are the primary caregiver.
3. Employees must not have received funds in the past year.
4. Employees may submit one application within a six month period. No more than three applications may be submitted within the employee's total term of employment.
5. Employees may be granted no more than the documented amount needed up to a maximum limit of \$2,000 within a 12-month period (the maximum amount may be increased given extreme extenuating circumstances and approved by the EAF Committee and/or VP, Human Resources). No more than one application may be submitted per emergency situation. The amount awarded to applicants cannot exceed the available fund balance.

Examples of an emergency

PROCEDURE

Procedure Name: **Employee Assistance Fund** Effective Date: 09/01/2019

Department: **Human Resources** Policy Number: N/A

1. Critical injury
2. Serious illness
3. Natural disaster
4. Death of an immediate family member as defined under the Compassionate Leave policy.
5. Domestic violence

Examples of events not covered by the EAF

1. Chronic debt or sustained financial short-falls
2. Legal fees or fines (garnishments)
3. Any event that is a result of an illegal activity committed by the staff member or their dependents

Process

1. Employees must complete an application for EAF which will include appropriate documentation to the Human Resources Department for verification. Examples of documentation may include death certificates, insurance claims statements, or police reports.
2. A committee appointed by the Vice President, HR will review for consideration. Committee will be comprised of a representative set of non-management employees. Committee members may delegate authority in their absence. Meetings may be held electronically as needed.
3. Requests will be reviewed as soon as possible given the urgency of need. In most cases, decisions should be reached within three working days of the committee receiving all necessary information. In almost all situations, a decision should be reached before the end of ten working days.
4. All decisions of the committee are final. Committee may review multiple requests at any given time and it may not always be possible to approve all requests given limited fund availability.

Donations

Employees may contribute to the EAF via one time or recurring payroll deductions. Additionally PTO may be donated through this process. Donations made can be considered tax deductible/charitable contributions. The accounts payable department will provide receipts at year end for all contributions. All donations must be made to the Good Health Foundation.

PROCEDURE

Procedure Name: **Employee Assistance Fund** Effective Date: 09/01/2019
 Department: **Human Resources** Policy Number: N/A

RESPONSIBILITY

Employee Responsibilities:

1. Complete Employee Assistance Fund Application.
2. Provide adequate documentation to support need.

Human Resources Responsibility:

1. Track submissions approved per the procedure.
2. Maintain appropriate documentation.

Committee Responsibility:

1. Review and process submissions for EAF within time frames recommended.

CROSS-REFERENCES

N/A

ADDENDA

N/A

APPROVED BY	DATE
_____ Steven Hurwitz, VP Human Resources	_____ 09/01/2019
_____ <i>Darcy Davis</i> Darcy Davis, CEO	_____ 09/01/2019

PROCEDURE

Procedure Name: **Employee Assistance Fund** Effective Date: 09/01/2019
 Department: **Human Resources** Policy Number: N/A

PROCEDURE REVISION HISTORY

Original Procedure Date	Revisions	
10/01/2018	09/01/2019	"[Next Revised Procedure Date]"
	"[Next Revised Procedure Date]"	"[Next Revised Procedure Date]"
	"[Next Revised Procedure Date]"	"[Next Revised Procedure Date]"
	"[Next Revised Procedure Date]"	"[Next Revised Procedure Date]"

GOOD HEALTH FOUNDATION BOARD
September 10, 2019

1. Description: Supporting Documentation for the Funding Request Approved at the July 30, 2019 Foundation Board Meeting.

2. Summary:

This agenda items presents the supporting documentation for the request for funding for \$963,653 for expenses at Lakeside Medical Center and the pass-through grant for the CL Brumback Primary Care Clinics approved at the July 30, 2019 meeting.

3. Substantive Analysis:

This agenda item presents additional details and supporting documentation for the \$963,653 funding request approved at the July 30, 2019 meeting. This includes an \$813,653 payment to the Health Care District for expenses at Lakeside Medical Center and \$150,000 to the CL Brumback Primary Care Clinics for the pass-through grant from the Quantum Foundation for the Mobile Clinic.

Funding Requests from the Health Care District

1. Improvements for Lakeside Medical Center - \$728,894

The following 4 asset purchases are presented as supporting documentation for the funding request for the \$728,894 for Improvements for Lakeside Medical Center. Copies of invoices and checks are attached to this agenda item.

Asset Description	Asset ID Number	Acquisition Date	Cost
Cooling Tower System	07880	9/29/2017	\$493,610.00

Invoice # 38340515	HCD Check # 299409	Amount:	\$444,249.00
Invoice # 38487994	HCD Check # 299969	Amount:	\$49,361.00
		Total:	\$493,610.00

Asset Description	Asset ID Number	Acquisition Date	Cost
Security Camera/Alarm	07878	9/29/2017	\$132,817.39

Invoice # 26332724	HCD Check # 295417	Amount:	\$87,985.83
Invoice # 27254928	HCD Check # 295417	Amount:	\$11,771.97
Invoice # 29101169	HCD Check # 299970	Amount:	\$31,709.19
Invoice # 29108328	HCD Check # 299970	Amount:	\$1,350.40
		Total:	\$132,817.39

GOOD HEALTH FOUNDATION BOARD
September 10, 2019

Asset Description	Asset ID Number	Acquisition Date	Cost
OR Humidity AC Repair	07716	11/3/2016	\$67,812.50

Invoice #	37144412	HCD Check #	292867	Amount:	\$59,062.50
Invoice #	37278709	HCD Check #	293031	Amount:	\$8,750.00
				Total:	\$67,812.50

Asset Description	Asset ID Number	Acquisition Date	Cost
Lift Station Pump & Valve Box	07772	02/18/2017	\$60,000

Invoice #	12940	HCD Check #	295265	Amount:	\$60,000.00
				Total:	\$60,000.00

2. Diabetes outreach initiative at Lakeside MC - \$5,000

The following expense is presented as supporting documentation for the funding request for the \$5,000 for Diabetes Outreach Initiative at Lakeside Medical Center. Copies of invoices and checks are attached to this agenda item.

Expense Description	Date	Cost
Divabetic, LLC, Diabetes Community Outreach Event @ Dolly Hand Cultural Arts Center	1/28/2012	\$5,000

Invoice #	23	HCD Check #	252306	Amount:	\$5,000.00
				Total:	\$5,000.00

3. Purchase of capital assets for Lakeside Medical Center - \$79,759

The following 3 asset purchases are presented as supporting documentation for the funding request for the \$79,759 for Improvements for Lakeside Medical Center. Copies of invoices and checks are attached to this agenda item.

Asset Description	Asset ID Number	Acquisition Date	Cost
Cardiopulmonary Pulmonary Function Tests (PFT) Machine	07979	7/17/2018	\$33,491.00

Invoice #	00481724	HCD Check #	306310	Amount:	\$33,491.00
					\$33,491.00

GOOD HEALTH FOUNDATION BOARD
September 10, 2019

Asset Description	Asset ID Number	Acquisition Date	Cost
Steris 4085 Surgical Table	07938	12/1/2017	\$35,323.74

Invoice # 7208214	HCD Check # 302456	Amount:	\$216.30
Invoice # 7211902	HCD Check # 302456	Amount:	\$41,990.93
Invoice # 7266612	HCD Check # 302456	Amount:	-\$7,999.99
Invoice # 7287650	HCD Check # 302456	Amount:	\$1,116.50
			\$35,323.74

Asset Description	Asset ID Number	Acquisition Date	Cost
Bard Halcyon Ultrasound Machine	07975	6/11/2018	\$39,999.00

Invoice # 45333529	HCD Check # 305077	Amount:	\$1,200.00
Invoice # 45365862	HCD Check # 305077	Amount:	\$38,799.00
			\$39,999.00

Funding Requests from the CL Brumback Primary Care Clinics

4. Mobile Clinic for the Homeless \$150,000

The Quantum Foundation awarded the CL Brumback Primary Care Clinics a \$150,000 to help fund the Mobile Clinic. The Good Health Foundation was the recipient of the pass-through funding for the Mobile Clinic. The funds were paid to the Clinics on February 6, 2019.

The restricted use funds held by the Foundation after the approval of the funding requests at the July 30, 2019 meeting are presented below.

Assets with purpose limitations:	Amount
Lakeside Medical Center primary care program	\$181,777
Diabetes outreach initiative at Lakeside MC	\$80,000
Total temporarily restricted net assets	\$261,777

GOOD HEALTH FOUNDATION BOARD
September 10, 2019

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:



 Darcy Davis
 Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A


 Committee Name

 Date

6. Recommendation:

Staff recommends the Board receive and file the Supporting Documentation for the Funding Request Approved at the July 30, 2019 Foundation Board Meeting.

Approved for Legal sufficiency:



 Valerie Shahriari
 VP & General Counsel



 Thomas Cleare
 VP of Strategy

Cooling Tower System Supporting Documentation



Health Care District
PALM BEACH COUNTY

2601 10th Ave N. Suite 402 Palm Springs, FL 33461-3186
(561)659-1270

CHECK NO. 299409

PDF Copy

TRANE US INC
PO BOX 406469
ATLANTA GA 30384

902831 TRANE US INC

BUDGET CODE	ACCOUNT	PUR. ORDER	INVOICE NUMBER	AMOUNT	DESCRIPTION
4225605627806	546350	170453	38292601	488.00	REPAIRS NOT COVERED U
3515605627806	562105	171122	38340515	444,249.00	REPLACEMENT OF COOLIN

PDF Copy

PLEASE DETACH AND RETAIN THIS STATEMENT BEFORE DEPOSITING THE CHECK



Health Care District
PALM BEACH COUNTY

2601 10th Ave N. Suite 402 Palm Springs, FL 33461-3186
(561)659-1270

PNC Bank, N.A. 001 Florida
WEST PALM BEACH, FLORIDA

63-8419
2670

CHECK NO. 299409

PAY ONLY *444,737.00***

ACCOUNTS PAYABLE CHECK

DATE: 09/15/17

PAY THE SUM OF FOUR HUNDRED FORTY FOUR THOUSAND, SEVEN HUNDRED THIRTY SEVEN DOLLARS & ZERO CENTS

CHECK AMOUNT
***444,737.00*

TO THE ORDER OF TRANE US INC
PO BOX 406469
ATLANTA GA 30384



TRANE

Trane U.S. Inc.
3600 PAMMEL CREEK ROAD
LA CROSSE, WI 546017599

PAYMENT REQUISITION

RECEIVED
AUG 30 2017
FINANCE DEPT.

Remit To: Trane U.S. Inc
PO BOX 406489
ATLANTA, GA 30384-6489

TYPE	INVOICE
*** NUMBER	38340515
DATE	25-AUG-17
PAGE	1
PURCHASE ORDER NUMBER	171122
CONTRACT NAME	Lakeside Medical CT Replace
CUSTOMER ACCOUNT #	3350379
PREVIOUS #	

Bill HEALTH CARE DIST PALM BCH CNTY
To: 2601 10TH AVE NORTH
SUITE 402
PALM SPRINGS, FL 33461

Contract Name and Location: See applicable Tax Detail page(s)

Payment Terms	Due Date	Credit Job #	Contract #
N30	24-SEP-17	H452157	CID00053654

Application No. 01 for work completed thru 31-AUG-17

- | | | | |
|---------------------------------|--------------|--|---------------|
| 1. ORIGINAL CONTRACT SUM: | \$493,610.00 | 4. TOTAL COMPLETED & STORED TO DATE: | \$444,249.00 |
| 2. Net Change by Change Orders: | \$0.00 | a. Percentage Completed: | <u>90.00%</u> |
| 3. CONTRACT SUM TO DATE: | \$493,610.00 | 5. RETAINAGE: | |
| | | a. <u>0.00%</u> of Completed Work: | \$0.00 |
| | | b. <u>0.00%</u> of Stored Material: | \$0.00 |
| | | Total Retainage | \$0.00 |
| | | 6. TOTAL EARNED LESS RETAINAGE: | \$444,249.00 |
| | | 7. LESS PREVIOUS REQUESTS FOR PAYMENT: | \$0.00 |

902831	171122		
PO# 562105		444,249	
PARTIAL	FULL PAYMENT		
DATE TO PAY	<u>9-6-17</u>		
REMARKS			

8. CURRENT PROJECT PAYMENT DUE: (Before Applicable Sales Taxes)	\$444,249.00
9. Applicable Sales Taxes: See applicable Tax Detail page(s)	\$0.00
10. Amount Due This Requisition:	\$444,249.00
Currency: USD	
*** PLEASE REFERENCE NUMBER	38340515 WITH YOUR PAYMENT

Sections Included: Summary Sheet, Detail Sheet(s) and Tax Detail Sheet(s)

SPECIAL INSTRUCTIONS:

Federal Tax ID 25-0900465

0.5% Discount:
*Payment within 10 days of invoice date
*Account must be current

Form 08/2017 PDS



Health Care District
PALM BEACH COUNTY

2601 10th Ave N. Suite 402 Palm Springs, FL 33461-3186
(561)659-1270

CHECK 299969
NO.

PDF COPY

TRANE US INC
PO BOX 406469
ATLANTA GA 30384

902831 TRANE US INC

BUDGET CODE	ACCOUNT	PUR. ORDER	INVOICE NUMBER	AMOUNT	DESCRIPTION
4225605627806	546350	170453	38411898	15,000.00	REPAIRS NOT COVERED U
4225605627806	546350	170453	38436296	-15,000.00	CREDIT INV 38411898
4225605627806	546350	170453	38437140	5,000.00	RENTAL 9/7-9/11/17
3515605627806	562105	171122	38487994	49,361.00	REPLACE COOLING SYSTE

PDF COPY

PLEASE DETACH AND RETAIN THIS STATEMENT BEFORE DEPOSITING THE CHECK



Health Care District
PALM BEACH COUNTY

2601 10th Ave N. Suite 402 Palm Springs, FL 33461-3186
(561)659-1270

PNC Bank, N.A. 001 Florida
WEST PALM BEACH, FLORIDA

63-8419
2670

CHECK 299969
NO.

PAY ONLY ***54,361.00***

ACCOUNTS PAYABLE CHECK

DATE: 10/05/17

PAY THE SUM OF FIFTY FOUR THOUSAND, THREE HUNDRED SIXTY ONE DOLLARS & ZERO CENTS

CHECK AMOUNT
*****54,361.00*

TO TRANE US INC
THE PO BOX 406469
ORDER ATLANTA GA 30384
OF



TRANE

Trane U.S. Inc.

3600 PAMMEL CREEK ROAD
LA CROSSE, WI 54601-1599

RECEIVED

OCT - 5 2017

A/P DEPT

PAYMENT REQUISITION

J

Remit Trane U.S. Inc.			
To: PO BOX 408489			
ATLANTA, GA 30388-4899			
DEPT	EMP. NO.	PL. PAGE	AMT.
806	562105		49,361.
Contract			
Name and Location:			
See applicable Tax Detail page(s)			
PARTIAL FULL PAYMENT			
DATE TO PAY: 10-5-17			
APPROVALS: [Signature]			

TYPE	INVOICE
*** NUMBER	38487994
DATE	03-OCT-17
PAGE	1
PURCHASE ORDER NUMBER	171122
CONTRACT NAME	Lakeside Medical CT Replace
CUSTOMER ACCOUNT #	3350379
PREVIOUS #	

Bill HEALTH CARE DIST PALM BCH CNTY
 To: 2601 10TH AVE NORTH
 SUITE 402
 PALM SPRINGS, FL 33461

Payment Terms	Due Date	Credit Job #	Contract #
N30	02-NOV-17	H452157	CID00053654

Application No. 02 for work completed thru 31-OCT-17

1. ORIGINAL CONTRACT SUM:	\$493,610.00	4. TOTAL COMPLETED & STORED TO DATE:	\$493,610.00
2. Net Change by Change Orders:	\$0.00	a. Percentage Completed:	100.00%
3. CONTRACT SUM TO DATE:	\$493,610.00	5. RETAINAGE:	
		a. 0.00% of Completed Work:	\$0.00
		b. 0.00% of Stored Material:	\$0.00
		Total Retainage:	\$0.00
		6. TOTAL EARNED LESS RETAINAGE:	\$493,610.00
		7. LESS PREVIOUS REQUESTS FOR PAYMENT:	\$444,249.00

[Handwritten signature]
 10-4-17
 171122

8. CURRENT PROJECT PAYMENT DUE: (Before Applicable Sales Taxes)	\$49,361.00
9. Applicable Sales Taxes: See applicable Tax Detail page(s)	\$0.00
10. Amount Due This Requisition:	\$49,361.00
Currency: USD	
*** PLEASE REFERENCE NUMBER 38487994 WITH YOUR PAYMENT	

Sections Included: Summary Sheet, Detail Sheet(s) and Tax Detail Sheet(s)

SPECIAL INSTRUCTIONS:

Federal Tax ID: 23-0900465

10-5-17

0.5% Discount:
 *Payment within 10 days of invoice date
 *Account must be current

PURCHASING
 JIMMY AMAYA

Security Camera/Alarm Supporting Documentation



Health Care District
PALM BEACH COUNTY

CHECK NO. **295417**

2601 10th Ave N. Suite 402 Palm Springs, FL 33461-3186
(561)659-1270

TYCO FIRE & SECURITY (US) MANAGEMEN
TYCO INTEGRATED SECURITY LLC
PO BOX 371967
PITTSBURGH, PA 15250-7967

V10290 TYCO FIRE & SECURITY (US) MANAGEMEN

BUDGET CODE	ACCOUNT	PUR. ORDER	INV. NO.	AMOUNT	DESCRIPTION
351-823	564400		26332724	87985.83	Alarm installation
351-823	564400		27254928	11771.97	Security camera upgra

SRC 006 (REV 09/10/2)

PLEASE DETACH AND RETAIN THIS STATEMENT BEFORE DEPOSITING THE CHECK



Health Care District
PALM BEACH COUNTY

2601 10th Ave N. Suite 402 Palm Springs, FL 33461-3186
(561)659-1270

PNC Bank, N.A. 001 Florida
WEST PALM BEACH, FLORIDA

63-8419
2670

CHECK NO. **295417**

DATE: 02/28/17

ACCOUNTS PAYABLE CHECK

PAY NINETY-NINE THOUSAND SEVEN HUNDRED FIFTY-SEVEN DOLLARS AND EIGHTY CENTS *****

CHECK AMOUNT

*****\$99,757.80

VOID AFTER 6 MONTHS

TO
THE
ORDER
OF

TYCO FIRE & SECURITY (US) MANAGEMEN
TYCO INTEGRATED SECURITY LLC
PO BOX 371967
PITTSBURGH, PA 15250-7967

FILE COPY

VOID OVER \$90,757.80



Purchase Order Number	Invoice Date	Invoice Number	Invoice Amount	Payment Due Date
PU151220	04/12/16	26332724	\$87,985.83	Upon Receipt

Nature Of Service: Installation Charge

Current Charges:

04/12/16 Job Number: 1214552202
 Amount
 Amount: \$87,985.83 Tax: \$0.00 \$87,985.83

Based on 100 % Completion of Job - Total Cost 87,985.83
 Less 0.00 Billed Previously

Total Balance Due: \$87,985.83

Please note that cash / check payments given to your TycoIS Representative and / or credit card payments authorized by you for your service or installation may not be reflected here due to timing of this statement creation.

Did you know... Failure to include your invoice could cause a delay in processing your payment.

Don't Forget to Include the Following With Your Payment:
 Customer Number
 Invoice Number

Late Fee Policy: A late fee of 1.5% (or highest rate permitted by law, if less) per month will be assessed on the unpaid Total Balance Due when more than 30 days past due.

Customer Number:
01500 112145522
Business/Account Name:
LAKESIDE MEDICAL CENTER

Service Address:
39200 Hooker Hwy.
Belle Glade, FL 33430

For Questions: 1.800.2.TYCO.IS
 Need a copy of our new W9?
 Visit us at www.tycois.com/legal

Visit www.TycoIS.com for up-to-date security services information for your business.

To pay this invoice and/or future recurring invoices by credit card, follow the instructions on the back of this invoice.

TEST YOUR ALARM SYSTEM MONTHLY TO CONFIRM YOUR SYSTEM IS OPERATIONAL

Tyco Integrated Security LLC
 10405 Crosspoint Blvd.
 Indianapolis, IN 46256

7102 6000 N0 00 13 04132016 NNNNNNN 0000767 Knn-0 1ed.

#BWNKFG
 #225541211005105#
 PALM B HEALTH CARE DISTRICT OF
 2601 10TH AVE NORTH
 SUITE 100
 PALM SPRINGS, FL 33461



Invoice Number: 26332724
Invoice Date: 04/12/16
Customer Number: 01500 112145522
Due Date: Upon Receipt

Please Pay This Amount

\$87,985.83

Amount Enclosed: \$

MAIL PAYMENT TO

Payment Coupon Please detach and enclose this coupon with your payment. Do not send cash. Please write your customer number on your check or money order and make payable to: Tyco Integrated Security LLC

If you want to pay by credit card or make any changes to your billing or service account information, please check here and enter the new information on the back of this invoice.

Tyco Integrated Security LLC
 P.O. Box 371967
 Pittsburgh, PA 15250-7967



001121455220002633272400512160087985830087985834



Purchase Order Number PU161675(BPA)	Invoice Date 09/30/16	Invoice Number 27254928	Invoice Amount \$11,771.97	Payment Due Date Upon Receipt
--	--------------------------	----------------------------	-------------------------------	----------------------------------

Nature Of Service: Installation Charge

Current Charges:

09/30/16 Job Number: 1214552203
 Amount
 Amount: \$11,771.97 Tax: \$0.00 \$11,771.97

Based on 100 % Completion of Job - Total Cost 11,771.97
 Less 0.00 Billed Previously

Total Balance Due: \$11,771.97

Please note that cash / check payments given to your TycoIS Representative and / or credit card payments authorized by you for your service or installation may not be reflected here due to timing of this statement creation.

Did you know... Failure to include your invoice could cause a delay in processing your payment.

Don't Forget to Include the Following With Your Payment:
 Customer Number
 Invoice Number

Late Fee Policy: A late fee of 1.5% (or highest rate permitted by law, if less) per month will be assessed on the unpaid Total Balance Due when more than 30 days past due.

Customer Number:
01500 112145522
Business/Account Name:
PALM BEACH COUNTY HOME

Service Address:
39200 Hooker Hwy
Belle Glade, FL 33430-5368

For Questions: 1.800.2.TYCO.IS
 Need a copy of our new W9?
 Visit us at www.tycois.com/legal

Visit www.TycoIS.com for up-to-date security services information for your business.

To pay this invoice and/or future recurring invoices by credit card, follow the instructions on the back of this invoice.

TEST YOUR ALARM SYSTEM MONTHLY TO CONFIRM YOUR SYSTEM IS OPERATIONAL

Tyco Integrated Security LLC
 10405 Crosspoint Blvd.
 Indianapolis, IN 46256

7502 6000 NO 00 01 10012016 0002662 001

#BWNKFYG
 #225541211005105#
 LAKESIDE MEDICAL CENTER
 2601 10TH AVE NORTH
 SUITE 100
 PALM SPRINGS, FL 33461



Invoice Number: 27254928
Invoice Date: 09/30/16
Customer Number: 01500 112145522
Due Date: Upon Receipt

Please Pay This Amount

\$11,771.97

Amount Enclosed: \$

MAIL PAYMENT TO

Tyco Integrated Security LLC
 P.O. Box 371967
 Pittsburgh, PA 15250-7967



Payment Coupon Please detach and enclose this coupon with your payment. Do not send cash. Please write your customer number on your check or money order and make payable to: Tyco Integrated Security LLC

If you want to pay by credit card or make any changes to your billing or service account information, please check here and enter the new information on the back of this invoice.

001121455220002725492801030160011771970011771972



Health Care District
PALM BEACH COUNTY

2601 10th Ave N. Suite 402 Palm Springs, FL 33461-3186
(561) 659-1270

CHECK 299970
NO.

PDF Copy

TYCO FIRE & SECURITY (US) MANAGEMEN
TYCO INTEGRATED SECURITY LLC
PO BOX 371967
PITTSBURGH PA 15250-7967

910290 TYCO FIRE & SECURITY (US) MANAGEMEN

BUDGET CODE	ACCOUNT	PUR. ORDER	INVOICE NUMBER	AMOUNT	DESCRIPTION
3515605627823	564500	172058	29101169	31,709.19	LMC SECURITY SYSTEM
3515605627823	564500	172058	29108328	1,350.40	LMC SECURITY SYSTEM

PDF Copy

PLEASE DETACH AND RETAIN THIS STATEMENT BEFORE DEPOSITING THE CHECK



Health Care District
PALM BEACH COUNTY

2601 10th Ave N. Suite 402 Palm Springs, FL 33461-3186
(561) 659-1270

PNC Bank, N.A. 001 Florida
WEST PALM BEACH, FLORIDA

63-8419
2670

CHECK 299970
NO.

PAY ONLY *****33,059.59*

DATE: 10/05/17

ACCOUNTS PAYABLE CHECK

PAY THE SUM OF THIRTY THREE THOUSAND FIFTY NINE DOLLARS & 59 CENTS

CHECK AMOUNT
*****33,059.59*

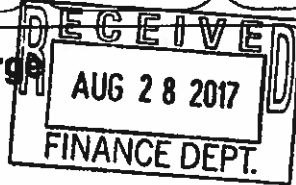
TO TYCO FIRE & SECURITY (US) MANAGEMEN
THE TYCO INTEGRATED SECURITY LLC
ORDER PO BOX 371967
OF PITTSBURGH PA 15250-7967

DAVID J. 70.17



Purchase Order Number P1151220	Invoice Date 08/17/17	Invoice Number 29101169	Invoice Amount \$31,709.19	Payment Due Date Upon Receipt
-----------------------------------	--------------------------	----------------------------	-------------------------------	----------------------------------

Nature Of Service: Installation Charge



Current Charges:

08/17/17 Job Number: 1214552201
 Amount
 Amount: \$31,709.19 Tax: \$0.00 \$31,709.19

Based on 100 % Completion of Job - Total Cost 31,709.19
Less 0.00 Billed Previously

Total Balance Due: \$31,709.19

Did you know... Failure to include your invoice could cause a delay in processing your payment.

Don't Forget to Include the Following With Your Payment:
Customer Number

Invoice Number			
910890			
DEPT	AMOUNT	SUB PROJ	AMT
223	564500		31,709.19
<input checked="" type="checkbox"/> PARTIAL		<input type="checkbox"/> FULL PAYMENT	
DATE TO PAY 10-5-17			
APPROVALS			

Customer Number:
01300 112145522

Business/Account Name:
PALM BEACH COUNTY HOME

Service Address:
39200 Hooker Hwy
Belle Glade, FL 33430-5368

For Questions: 1.800.2.TYCO.IS
Need a copy of our new W9?
Visit us at www.tycois.com/legal



It's fast and even more important - It's easy! You can save time and money paying your bill. Please see the back of your invoice to see how you can setup your account for automatic payments using your bank account!

Visit www.TycoIS.com for up-to-date security services information for your business.

To pay this invoice and/or future recurring invoice by credit card, follow the instructions on the back of this invoice.

Late Fee Policy: A late fee of 1.5% (or highest rate permitted by law, if less) per month will be assessed on the unpaid Total Balance Due when more than 30 days past due.

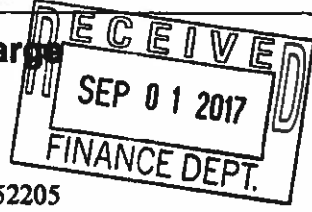
TEST YOUR ALARM SYSTEM MONTHLY TO CONFIRM YOUR SYSTEM IS OPERATIONAL

DAVID 8-6-17



Purchase Order Number NA	Invoice Date 08/24/17	Invoice Number 29108328	Invoice Amount \$1,350.40	Payment Due Date Upon Receipt
------------------------------------	---------------------------------	-----------------------------------	-------------------------------------	---

Nature Of Service: Installation Charge



Current Charges:

08/24/17 Job Number: 1214552205
 Amount: \$1,350.40 Tax: \$0.00 \$1,350.40

Based on 100 % Completion of Job - Total Cost 1,350.40
Less 0.00 Billed Previously

Total Balance Due: \$1,350.40

Did you know... Failure to include your invoice could cause a delay in processing your payment.

Don't Forget to Include the Following With Your Payment:
Customer Number
Invoice Number

910290	172052		
823	564500	1350.40	
<input checked="" type="checkbox"/> PARTIAL		<input type="checkbox"/> FULL PAYMENT	
DATE TO PAY 10-5-17			

Late Fee Policy: A late fee of 1.5% (or highest rate permitted by law, if less) per month will be assessed on the unpaid Total Balance Due when more than 30 days past due.

Customer Number: 01300 112145522
Business/Account Name: PALM BEACH COUNTY HOME

Service Address:
39200 Hooker Hwy
Belle Glade, FL 33430-5368

For Questions: 1.800.2.TYCO.IS
Need a copy of our new W9?
Visit us at www.tycois.com/legal



It's fast and even more important - it's easy! You can save time and money paying your bill. Please see the back of your invoice to see how you can setup your account for automatic payments using your bank account!

Visit www.TycoIS.com for up-to-date security services information for your business.

To pay this invoice and/or future recurring invoice by credit card, follow the instructions on the back of this invoice.

TEST YOUR ALARM SYSTEM MONTHLY TO CONFIRM YOUR SYSTEM IS OPERATIONAL

OR Humidity AC Repair Supporting Documentation



Health Care District
PALM BEACH COUNTY

2601 10th Ave N, Suite 402 Palm Springs, FL 33461-3186
(601)669-1270

CHECK NO. **292867**

TRANE US INC
PO BOX 406469

ATLANTA, GA 30384

V02831 TRANE US INC

BUDGET CODE	ACCOUNT	PUR. ORDER	INV. NO.	AMOUNT	DESCRIPTION
351-806	562105	PU170458	37144412	59062.50	Remainder of humidity

SRC 006 (REV 09/102)

PLEASE DETACH AND RETAIN THIS STATEMENT BEFORE DEPOSITING THE CHECK



Health Care District
PALM BEACH COUNTY

2601 10th Ave N, Suite 402 Palm Springs, FL 33461-3186
(601)669-1270

PNC Bank, N.A. 001 Florida
WEST PALM BEACH, FLORIDA

63-8419
2670

CHECK NO. **292867**

DATE: 11/03/16

ACCOUNTS PAYABLE CHECK

PAY FIFTY-NINE THOUSAND SIXTY-TWO DOLLARS AND FIFTY CENTS *****

CHECK AMOUNT
*****\$59,062.50

VOID AFTER 6 MONTHS

TO
THE
ORDER
OF

TRANE US INC
PO BOX 406469

ATLANTA, GA 30384

FILE COPY

VOID OVER \$59,062.50

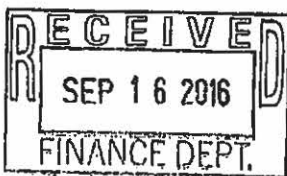


TRANE

Trane U.S. Inc.

3600 PAMMEL CREEK ROAD
LA CROSSE, WI 546017599

PAYMENT REQUISITION



Remit To: Trane U.S. Inc.
PO BOX 406469
ATLANTA, GA 30384-6469

TYPE	INVOICE
*** NUMBER	37144412
DATE	12-SEP-16
PAGE	1
PURCHASE ORDER NUMBER	PU161852
CONTRACT NAME	Lakeside Medical OR Humid Ctrl
CUSTOMER ACCOUNT #	3350379
PREVIOUS #	

Bill HEALTH CARE DIST PALM BCH CNTY
To: 2601 10TH AVE NORTH
SUITE 402
PALM SPRINGS, FL 33461

Contract Name and Location: See applicable Tax Detail page(s)

Payment Terms	Due Date	Credit Job #	Contract #
N30	12-OCT-16	H434110	CID00046412

Application No. 02 for work completed thru 30-SEP-16

- 1. ORIGINAL CONTRACT SUM: \$87,500.00
- 2. Net Change by Change Orders: \$0.00
- 3. CONTRACT SUM TO DATE: \$87,500.00
- 4. TOTAL COMPLETED & STORED TO DATE: \$87,500.00
 - a. Percentage Completed: 100.00%
- 5. RETAINAGE:
 - a. 10.00% of Completed Work: \$8,750.00
 - b. 0.00% of Stored Material: \$0.00
 - Total Retainage: \$8,750.00
- 6. TOTAL EARNED LESS RETAINAGE: \$78,750.00
- 7. LESS PREVIOUS REQUESTS FOR PAYMENT: \$19,687.50

Emerald Leung
954.391.4504
emerald.leung@trane.com



VENDOR #		PURCHASE ORDER #	
1708801		170950	
DEPT	EXP ACCT	SUB PROJ	AMT.
C-06502105			59,062.50
<input checked="" type="checkbox"/> PARTIAL		<input type="checkbox"/> FULL PAYMENT	
DATE TO PAY <u>11-3-16</u>			
APPROVALS <i>[Signature]</i>			

- 8. CURRENT PROJECT PAYMENT DUE: \$59,062.50
(Before Applicable Sales Taxes)
- 9. Applicable Sales Taxes: \$0.00
See applicable Tax Detail page(s)

10. Amount Due This Requisition: **\$59,062.50**
Currency: USD

Sections Included: Summary Sheet, Detail Sheet(s) and Tax Detail Sheet(s)

*** PLEASE REFERENCE NUMBER 37144412 WITH YOUR PAYMENT

SPECIAL INSTRUCTIONS: For questions concerning the Project Scope, Status, or Progress, contact Emerald Leung
954.391.4504
emerald.leung@trane.com

Federal Tax ID: 25-0900465

0.5% Discount:
*Payment within 10 days of invoice date
*Account must be current

Form 09131603



Health Care District
PALM BEACH COUNTY

CHECK NO. **293031**

2601 10th Ave N, Suite 402 Palm Springs, FL 33461-3186
(561)659-1270

TRANE US INC
PO BOX 406469

ATLANTA, GA 30384

V02831 TRANE US INC

BUDGET CODE	ACCOUNT	PUR. ORDER	INV. NO.	AMOUNT	DESCRIPTION
351-806	562105	PO170458	37278709	8750.00	Remainder of OR humid

SRC 006 (REV 09/10/2)

PLEASE DETACH AND RETAIN THIS STATEMENT BEFORE DEPOSITING THE CHECK



Health Care District
PALM BEACH COUNTY

2601 10th Ave N, Suite 402 Palm Springs, FL 33461-3186
(561)659-1270

PNC Bank, N.A. 001 Florida
WEST PALM BEACH, FLORIDA

63-8419
2670

CHECK NO. **293031**

DATE: 11/10/16

ACCOUNTS PAYABLE CHECK

PAY ■ EIGHT THOUSAND SEVEN HUNDRED FIFTY DOLLARS AND ZERO CENTS *****

CHECK AMOUNT

*****8,750.00

VOID AFTER 6 MONTHS

TO
THE
ORDER
OF

TRANE US INC
PO BOX 406469

ATLANTA, GA 30384

FILE COPY

VOID OVER \$8,750.00

DAVID 10-16-16

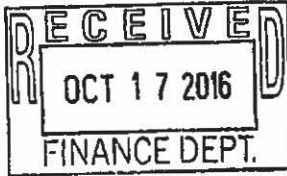


TRANE

Trane U.S. Inc.

3600 PAMMEL CREEK ROAD
LA CROSSE, WI 546017599

PAYMENT REQUISITION



Remit To: Trane U.S. Inc.
PO BOX 406469
ATLANTA, GA 30384-6469

TYPE	INVOICE
*** NUMBER	37278709
DATE	11-OCT-16
PAGE	1
PURCHASE ORDER NUMBER	PU161852
CONTRACT NAME	Lakeside Medical OR Humid Ctrl
CUSTOMER ACCOUNT #	3350379
PREVIOUS #	

Bill HEALTH CARE DIST PALM BCH CNTY
To: 2601 10TH AVE NORTH
SUITE 402
PALM SPRINGS, FL 33461

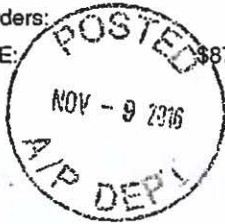
Contract Name and Location: See applicable Tax Detail page(s)

Payment Terms	Due Date	Credit Job #	Contract #
N30	10-NOV-16	H434110	CID00046412

Application No. 03 for work completed thru 11-OCT-16

- 1. ORIGINAL CONTRACT SUM: \$87,500.00
- 2. Net Change by Change Orders: \$0.00
- 3. CONTRACT SUM TO DATE: \$87,500.00
- 4. TOTAL COMPLETED & STORED TO DATE: \$87,500.00
 - a. Percentage Completed: 100.00%
- 5. RETAINAGE:
 - a. 0.00% of Completed Work: \$0.00
 - b. 0.00% of Stored Material: \$0.00
- Total Retainage: \$0.00
- 6. TOTAL EARNED LESS RETAINAGE: \$87,500.00
- 7. LESS PREVIOUS REQUESTS FOR PAYMENT: \$78,750.00

Emerald Leung
954.391.4504
emerald.leung@trane.com



VENDOR #	PURCHASE ORDER #	DEPT	EXP ACCT	SUB PROJ	AMT.
102821	161852	806	362105		8750
		PARTIAL		FULL PAYMENT	
DATE TO PAY		<u>11-10-16</u>			
APPROVALS					

- 8. CURRENT PROJECT PAYMENT DUE: \$8,750.00
(Before Applicable Sales Taxes)
- 9. Applicable Sales Taxes: \$0.00
See applicable Tax Detail page(s)
- 10. Amount Due This Requisition: **-\$8,750.00**
Currency: USD

Sections Included: Summary Sheet, Detail Sheet(s) and Tax Detail Sheet(s)

*** PLEASE REFERENCE NUMBER 37278709 WITH YOUR PAYMENT

SPECIAL INSTRUCTIONS:

For questions concerning the Project Scope, Status, or Progress, contact Emerald Leung
954.391.4504
emerald.leung@trane.com

Federal Tax ID: 25-0900465

0.5% Discount:

*Payment within 10 days of invoice date

*Account must be current

Form 1013 (08/08)

Lift Station Pump & Valve Box Supporting Documentation



CHECK NO. 295265

2601 10th Ave N. Suite 402 Palm Springs, FL 33461-3186
(561)659-1270

ATLANTIC ENVIRONMENTAL SYSTEMS INC
2244 4TH AVENUE NORTH

LAKE WORTH, FL 33461

V09577 ATLANTIC ENVIRONMENTAL SYSTEMS INC

BUDGET CODE	ACCOUNT	PUR. ORDER	INV. NO.	AMOUNT	DESCRIPTION
351-806	562105	PU170852	12940	60000.00	Emergency Lift Statio

SRC 006 (REV 09/102)

PLEASE DETACH AND RETAIN THIS STATEMENT BEFORE DEPOSITING THE CHECK



2601 10th Ave N. Suite 402 Palm Springs, FL 33461-3186
(561)659-1270

PNC Bank, N.A. 001 Florida
WEST PALM BEACH, FLORIDA

63-8419
2670

CHECK NO. 295265

DATE: 02/28/17

ACCOUNTS PAYABLE CHECK

PAY ■ SIXTY THOUSAND DOLLARS AND ZERO CENTS *****

CHECK AMOUNT

*****\$60,000.00

VOID AFTER 6 MONTHS

TO
THE
ORDER
OF

ATLANTIC ENVIRONMENTAL SYSTEMS INC
2244 4TH AVENUE NORTH

LAKE WORTH, FL 33461

FILE COPY

VOID OVER \$60,000.00



**ATLANTIC
ENVIRONMENTAL
SYSTEMS, INC**

2244 4th Avenue North
Lake Worth, FL 33461
P: 561-547-8080
F: 561-547-3999
www.eMOPS.com

RECEIVED
FEB 15 2017
AP DEPARTMENT

Invoice

DATE	INVOICE NO.
2/6/2017	12940

BILL TO:

Lakeside Medical Center
Attn: Accounts Payable
39200 Hooker Highway
Belle Glade, FL 33430

SHIPPED TO:

Lakeside Medical Center
Attn: Earl Moore
39200 Hooker Highway
Belle Glade, FL 33430
Palm Beach County

P.O. NO.	SHIPPED VIA	SHIP DATE	TERMS	DUE DATE	AES JOB NO.
PU170852	AES Truck	2/3/2017	Net 30	3/8/2017	4573 - Service

DESCRIPTION	QTY	RATE	AMOUNT
Emergency Lift Station Repair Purchase Request # - PR170969 Requested By: - Earl Moore	1	60,000.00	60,000.00

9577		170852	
DEPT	EXP ACCT	SUB PROJ	AMT
C806	562105		60000.00
PARTIAL		FULL PAYMENT	
DATE TO PAY	2/28/17		
APPROVALS			

POSTED
FEB 27 2017
A/P DEPT

Please remit to the above address. FEIN #65-0315800 Tax ID #60-8012226784-4 Account inquiries: Christine Studenroth, 561-547-8080 ext. 200 Chris@emops.com	SUBTOTAL	USD 60,000.00
	SALES TAX (6.0%)	USD 0.00
	TOTAL	USD 60,000.00

www.eMOPS.com

David 2/17

Diabetes Outreach Supporting Documentation



Health Care District
PALM BEACH COUNTY

CHECK NO. **252306**

2601 10th Ave N. Suite 402 Palm Springs, FL 33461-3186
(561)859-1270

DIVABETIC LLC
C/O MQS
155 NORTH DEAN ST SUITE 5
ENGLEWOOD NJ 07631

9851 DIVABETIC LLC

BUDGET CODE	ACCOUNT	PUR. ORDER	INV. NO.	AMOUNT	DESCRIPTION
4225605627750	548100		23	5,000.00	LMC OUTREACH EVENT

SRC 006 (REV 09/102)

PLEASE DETACH AND RETAIN THIS STATEMENT BEFORE DEPOSITING THE CHECK



Health Care District
PALM BEACH COUNTY

2601 10th Ave N. Suite 402 Palm Springs, FL 33461-3186
(561)859-1270

PNC Bank, N.A. 001 Florida
WEST PALM BEACH, FLORIDA

63-8419
2670

CHECK NO. **252306**

DATE: 01/26/12

PAY FIVE THOUSAND DOLLARS AND ZERO CENTS

TO
THE
ORDER
OF

DIVABETIC LLC
C/O MQS
155 NORTH DEAN ST SUITE 5
ENGLEWOOD NJ 07631

ACCOUNTS PAYABLE CHECK

CHECK AMOUNT
*****5,000.00

VOID AFTER 6 MONTHS

FILE COPY

VOID OVER \$5,000.00

C00252306C

B267084199B

0 1203191649CC

Divabetic, LLC

c/o MQS & Co LLC
 155 North Dean Street, Ste 5
 Englewood, NJ 07631

Invoice

RECEIVED
 NOV 11 2011

Date	Invoice #
11/2/2011	23

Bill To
Lakeside Medical Center ATTN: Jeff McRoberts 39200 Hooker Highway Belle Glade, FL 33430

Ship To

P.O. Number	Terms	Rep	Ship	Via	F.O.B.	Project
			11/2/2011			

Quantity	Item Code	Description	Price Each	Amount
	Corporate Support	<p>Program fee for Divabetic outreach event scheduled for Saturday, January 28, 2012 This fee covers Divabetic's program honorarium for Judi Wilcox, Max 'Mr. Divabetic' Szadek and 2 Divabetic support team members. It also includes divabetic.org promotional support, Golden Girls pow rpoint presentation, Divabetic collateral materials, poster design, and prize giveaways.</p> <p>Exclusions: This price does not cover venue, furniture (chair/table/mirrors/lights/tablecloths) rentals, parking, hotel rooms, AV equipment, staging, stage draping (if needed), signage (poster, postcard printing), postage and mailing, PR, AV equipment operator, Catherine Schuller's wage, local diabetes educators' wages, event insurance, and/or travel expenses. and/or food/beverage costs.</p> <p>Fee payable as follows: \$2,500 due upon receipt of invoice \$2,500 due January 15, 2012</p>	5,000.00	5,000.00

Total			\$5,000.00
--------------	--	--	-------------------

Cardiopulmonary Pulmonary Function Test (PFT) Machine Supporting Documentation



Health Care District
PALM BEACH COUNTY

1515 N. Flager Dr, Ste 101 West Palm Beach, FL 33401-3429
(561)659-1270

CHECK NO. 306310

PDF Copy

MEDICAL GRAPHICS CORPORATION
MGC DIAGNOSTICS CORP
PO BOX 9201, BIN #11
MINNEAPOLIS MN 55480

910717 MEDICAL GRAPHICS CORPORATION

BUDGET CODE	ACCOUNT	PUR ORDER	INVOICE NUMBER	AMOUNT	DESCRIPTION
3515605627617	564100	182043	00481724	33,491.00	CARDIOPULMONARY PFT M

PDF Copy

PLEASE DETACH AND RETAIN THIS STATEMENT BEFORE DEPOSITING THE CHECK



Health Care District
PALM BEACH COUNTY

1515 N. Flager Dr, Ste 101 West Palm Beach, FL 33401-3429
(561)659-1270

PNC Bank, N.A. 001 Florida
WEST PALM BEACH, FLORIDA

63-8419
2670

CHECK NO. 306310

PAY ONLY

***33,491.00*

ACCOUNTS PAYABLE CHECK

DATE: 08/09/18

PAY THE SUM OF THIRTY THREE THOUSAND, FOUR HUNDRED NINETY ONE DOLLARS & ZERO CENTS

CHECK AMOUNT
****33,491.00*

TO MEDICAL GRAPHICS CORPORATION
THE MGC DIAGNOSTICS CORP
ORDER PO BOX 9201, BIN #11
OF MINNEAPOLIS MN 55480



MGC DIAGNOSTICS

RECEIVED
JUL 27 2018

PLEASE REMIT TO:

INVOICE

MGC Diagnostics Corporation

through its subsidiary Medical Graphics Corporation
350 Oak Grove Parkway
St. Paul, Minnesota, USA 55127
www.mgcdiagnostics.com
FEIN: 41-1316712

FINANCE

MGC Diagnostics / Medical Graphics Corporation
Bin #11
P.O. Box 9201
Minneapolis, MN 55480-9201
(651) 484-4874

Invoice #	Invoice Date	Page
00481724	18-Jul-2018	1/2

Bill To:

HEALTH CARE DIST PALM BEACH CO
ATTN: ACCTS PAYABLE
1515 N FLAGLER DR, STE 101

WEST PALM BEACH, FL 33401-3429
USA

Ship To:

LAKESIDE MEDICAL CENTER
ATTN: PO# 182043
39200 HOOKER HIGHWAY

BELLE GLADE, FL 33430
USA

CUSTOMER PO NUMBER		TERMS		SHIP VIA		F.O.B. POINT		
SO 182043		NET 30		GROUND		DESTINATION		
ORDERED BY		SALES REPRESENTATIVE		ORDER DATE	OUR ORDER #	CUSTOMER ID		
RICHARD YOUNG		HPG		13-Jun-2018	20311063	522118		
LN	OL	QUANTITY		PART IDENTIFIER	DESCRIPTION COMMENTS	UNIT	UNIT PRICE	EXTENDED PRICE
		ORDERED	SHIPPED					
01	01	1.00	1.00	800820-001	ULTIMA SYSTEM PF 100-120V SERIAL NUMBER: 251000159	EA	25734.00	25734.00
02	01	1.00	1.00	443022-001	POWER CORD HOSPITAL GRADE	EA	0.00	0.00
03	01	1.00	1.00	790781-001	STARTER KIT ULTIMA SERIES PF	EA	0.00	0.00
04	01	1.00	1.00	755117-001	KIT REG PLATINUM/ULTIMA PF RTD STATIONARY H/K & E CYLINDERS	EA	0.00	0.00
05	01	1.00	1.00	440716-001	COMPUTER, DELL OPTIPLEX 7450 ALL-IN-ONE NT SERIAL NUMBER: HDJ8RP2	EA	200.00	200.00
06	01	1.00	1.00	441074-001	PRINTER CANON TS6120 AD HOC PIXMA - BLACK	EA	163.00	163.00
07	01	1.00	1.00	704002-002	CALIBRATION SYRINGE 3 LITER	EA	0.00	0.00
08	01	1.00	1.00	900002-001	INSTALLATION	EA	0.00	0.00
09	01	1.00	1.00	006006-001	POSTER, ATS/ERS GUIDELINES	EA	0.00	0.00
10	01	1.00	1.00	006003-001	FLOW VALUE LOOP POSTER	EA	0.00	0.00
11	01	1.00	1.00	900003-005	2 DAY PULMONARY TRAINING ON-SITE UP TO 4 PEOPLE	EA	2995.00	2995.00
12	01	1.00	1.00	147612-309	PULMONARY CONSULT SOFTWARE LICENSE	EA	596.00	596.00
13	01	1.00	1.00	758100-004	PREVENT FLOW SENSOR (24 PK)	EA	199.00	199.00
14	01	1.00	1.00	543370-001	PREVENT HANDLE FOR FLOW SENSOR	EA	30.00	30.00
15	01	1.00	1.00	758200-001	BREATHPATH PATIENT CIRCUIT (12 PK)	EA	130.00	130.00
16	01	100.00	100.00	536723-001	FILTER KIT 2 FILTER/NOSE CLIP/MOUTHPIECE	EA	2.99	299.00
17	01	1.00	1.00	920010-002	UCSA ULTIMA PF RTD 1 YEAR ESSENTIAL	EA	3145.00	3145.00
18	01	1.00	1.00	790785-001	KIT KEYBOARD TRAY	EA	0.00	0.00
19	01	1.00	1.00	155208-001	KIT MONITOR MOUNT	EA	0.00	0.00

An interest finance charge of 1.5% per month will be assessed for all overdue invoices.

U.S. DOLLARS

Richard Young

Steris 4085 Surgical Table Supporting Documentation



Health Care District
PALM BEACH COUNTY

1515 N. Flager Dr, Ste 101 West Palm Beach, FL 33401-3429
(561) 659-1270

CHECK NO. 302456

PDF COPY

STERIS CORPORATION
PO BOX 676548
DALLAS TX 75267-6548

908828 STERIS CORPORATION

BUDGET CODE	ACCOUNT	PUR. ORDER	INVOICE NUMBER	AMOUNT	DESCRIPTION
3515605627641	564100	181057	7208214	216.30	STERIS 4085 SURGICAL
3515605627641	564100	181057	7211902	41,990.93	SHIPPING AND HANDLING
3515605627641	564100	181057	7266612	-7,999.99	STERIS 4085 SURGICAL
3515605627641	564100	181057	7287650	1,116.50	STERIS 4085 SURGICAL

PDF COPY

PLEASE DETACH AND RETAIN THIS STATEMENT BEFORE DEPOSITING THE CHECK



Health Care District
PALM BEACH COUNTY

1515 N. Flager Dr, Ste 101 West Palm Beach, FL 33401-3429
(561) 659-1270

PNC Bank, N.A. 001 Florida
WEST PALM BEACH, FLORIDA

53-8419
2670

CHECK NO. 302456

PAY ONLY *****35,323.74*

ACCOUNTS PAYABLE CHECK

DATE: 02/08/18

PAY THE SUM OF THIRTY FIVE THOUSAND, THREE HUNDRED TWENTY THREE DOLLARS & 74 CENTS

CHECK AMOUNT
*****35,323.74*

TO STERIS CORPORATION
THE PO BOX 676548
ORDER DALLAS TX 75267-6548
OF

STERIS®



STERIS Corporation
 5960 Hulsley Rd.
 Mentor, OH 44060
 Phone 440-354-2600
 Tax Registration# 34-1482024
 GLN# 0724995000004

REMIT TO:
 STERIS Corporation
 P.O. Box 676548
 DALLAS TX 75267-6548
 GLN #0724995110055

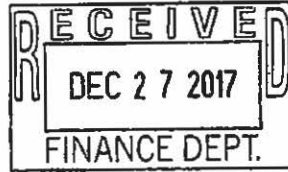


INVOICE

NUMBER 7208214	
DATE 13-DEC-17	PAGE 1 of 1
PURCHASE ORDER NUMBER 181057	
BILL TO GLN	SHIP TO GLN 1100004993823
SALES ORDER NUMBER 10223940	
CUSTOMER NUMBER 117416	LOCATION LAKE WORTH.

BILL TO:

Attn: Accounts Payable
 HEALTH CARE DISTRICT OF PALM BEACH
 COUNTY
 2601 10TH AVE N STE 100
 LAKE WORTH FL 33461

**SHIP TO:**

LAKESIDE MEDICAL CENTER
 39200 HOOKER HWY
 BELLE GLADE FL 33430

TERMS		DUE DATE		SALES PERSON			CUSTOMER CONTACT																													
NET 30		12-JAN-18		A13107 Kouras, Andrew																																
SHIP DATE		SHIP VIA		SHIPPING REFERENCE / EQUIPMENT SERIAL NUMBER																																
13-DEC-17		FedEx Ground		9612019041022478425434																																
ITEM NO.	PART NUMBER/DESCRIPTION	QUANTITY			TAX	UNIT PRICE	EXTENSION																													
		ORDERED	BACK ORD.	SHIPPED																																
1	BF484 PAD, ELITE LATERAL POSITIONER	1		1		216.30	216.30																													
		<table border="1"> <tr> <td colspan="2">VENDOR #</td> <td colspan="2">PURCHASE ORDER #</td> </tr> <tr> <td colspan="2">908828</td> <td colspan="2">181057</td> </tr> <tr> <td>DEPT</td> <td>EXP ACCT</td> <td>SUB PROJ</td> <td>AMT.</td> </tr> <tr> <td>641</td> <td>5624100</td> <td></td> <td>216</td> </tr> <tr> <td colspan="2">✓ PARTIAL</td> <td colspan="2">FULL PAYMENT</td> </tr> <tr> <td colspan="2">DATE TO PAY</td> <td colspan="2">2-8-18</td> </tr> <tr> <td colspan="2">APPROVALS</td> <td colspan="2"></td> </tr> </table>			VENDOR #		PURCHASE ORDER #		908828		181057		DEPT	EXP ACCT	SUB PROJ	AMT.	641	5624100		216	✓ PARTIAL		FULL PAYMENT		DATE TO PAY		2-8-18		APPROVALS							
VENDOR #		PURCHASE ORDER #																																		
908828		181057																																		
DEPT	EXP ACCT	SUB PROJ	AMT.																																	
641	5624100		216																																	
✓ PARTIAL		FULL PAYMENT																																		
DATE TO PAY		2-8-18																																		
APPROVALS																																				

44

Visit <https://store.steris.com> to view and print invoices, view order history, P.O.D.s, and service requests.

SPECIAL INSTRUCTIONS	SUBTOTAL	TAX	TOTAL
	216.30	0.00	216.30 USD

Brandy Sender 12-29-17

Amounts past due are subject to a service charge of 1½% per month.



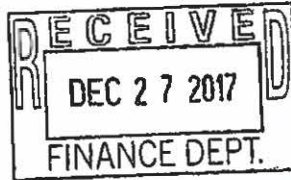
STERIS Corporation
5960 Heisley Rd.
Mentor, OH 44060
Phone 440-354-2600
Tax Registration# 34-1482024
GLN# 0724995000004

REMIT TO:
STERIS Corporation
P.O. Box 676548
DALLAS TX 75267-6548
GLN #0724995110055

INVOICE	
NUMBER	7211902
DATE	15-DEC-17
PAGE	1 of 1
PURCHASE ORDER NUMBER	181057
BILL TO GLN	SHIP TO GLN
117416	1100004993823
SALES ORDER NUMBER	10223940
CUSTOMER NUMBER	LOCATION
117416	LAKE WORTH.

BILL TO:

Attn: Accounts Payable
HEALTH CARE DISTRICT OF PALM BEACH
COUNTY
2601 10TH AVE N STE 100
LAKE WORTH FL 33461



SHIP TO:

LAKESIDE MEDICAL CENTER
39200 HOOKER HWY
BELLE GLADE FL 33430



TERMS		DUE DATE		SALES PERSON		CUSTOMER CONTACT	
NET 30		14-JAN-18		A13107 Kouras, Andrew			
SHIP DATE		SHIP VIA		SHIPPING REFERENCE / EQUIPMENT SERIAL NUMBER			
15-DEC-17		ABF Freight System		239492479			
ITEM NO.	PART NUMBER/DESCRIPTION	QUANTITY			TAX	UNIT PRICE	EXTENSION
		ORDERED	BACK ORD.	SHIPPED			
1	BF083 CLARK SOCKETS (PR)	1		1		356.31	356.31
2	ST013507 - GTIN: 00724995154783	1		1		36,357.54	36,357.54
3	STERIS 4085 TABLE BAT/LINE 110V FWLS W/TLT PADS SHIPPING&HAND SS SHIPPING AND HANDLING SURGICAL	1				1,794.03	1,794.03
4	BF425 STD ACC PKG 2 IN ARMBORAD PAD EXTRA LONG STRAP	1				768.18	768.18
5	BF436 MICRO SURG ARM/HAND TABLE	1				2,714.87	2,714.87

VENDOR #		PURCHASE ORDER #	
901822		181057	
DEPT	EXP ACCT	SUB PROJ	AMT
641	564100		41,990.93
<input checked="" type="checkbox"/> PARTIAL		<input type="checkbox"/> FULL PAYMENT	
DATE TO PAY <u>2-8-18</u>			
APPROVALS			

Visit <https://store.steris.com> to view and print invoices, view order history, P.O.D.s, and service requests.

SPECIAL INSTRUCTIONS	SUBTOTAL	TAX	TOTAL
	41,990.93	0.00	41,990.93 USD

Brandy Seider 12-29-17

Amounts past due are subject to a service charge of 1 1/2% per month.



STERIS Corporation
 5900 Haisley Rd.
 Mentor, OH 44000
 Phone 440-354-2600
 Tax Registration# 34-1482024
 GLN# 0724985000004

REMIT TO:
 STERIS Corporation
 P.O. Box 678548
 DALLAS TX 75267-8548
 GLN #0724985110055



CREDIT MEMO	
NUMBER 7266612	
DATE 18-JAN-18	PAGE 1 of 1
PURCHASE ORDER NUMBER 181057	
BILL TO GLN	SHIP TO GLN 1100004980823
SALES ORDER NUMBER 10223940	
CUSTOMER NUMBER 117416	LOCATION LAKE WORTH

BILL TO:

Attn: Accounts Payable
 HEALTH CARE DISTRICT OF PALM BEACH
 COUNTY
 2801 10TH AVE N STE 100
 LAKE WORTH FL 33461

SHIP TO:

LAKESIDE MEDICAL CENTER
 39200 HOOKER HWY
 BELLE GLADE FL 33430

TERMS	DUE DATE	SALES PERSON	CUSTOMER CONTACT																																
	18-JAN-18	A13107 Kouras, Andrew																																	
SHIP DATE	18-JAN-18	SHIP VIA	SHIPPING REFERENCE / EQUIPMENT SERIAL NUMBER																																
ITEM NO.	PART NUMBER/DESCRIPTION	QUANTITY			TAX	UNIT PRICE	EXTENSION																												
		ORDERED	BACK ORD.	SHIPPED																															
1	TRADECOMPTABLE TRADE-IN COMPETITOR TABLE	-1		-1		7,999.99	-7,999.99																												
 Credit Memo Confirmation This is not a request for payment. RECEIVED PROCESSED FEB 1 2018 PURCHASING JIMMY AMAYA	<table border="1"> <tr> <td colspan="2">VENDOR #</td> <td colspan="2">PURCHASE ORDER #</td> </tr> <tr> <td colspan="2">90838</td> <td colspan="2">181057</td> </tr> <tr> <td>DEPT</td> <td>EXP ACCT</td> <td>SUB PROJ</td> <td>AMT.</td> </tr> <tr> <td>641</td> <td>564100</td> <td></td> <td>(7999.99)</td> </tr> <tr> <td colspan="2">PARTIAL</td> <td colspan="2">FULL PAYMENT</td> </tr> <tr> <td>DATE TO PAY</td> <td colspan="3">2.8.18</td> </tr> <tr> <td>APPROVALS</td> <td colspan="3">JAN</td> </tr> </table>			VENDOR #		PURCHASE ORDER #		90838		181057		DEPT	EXP ACCT	SUB PROJ	AMT.	641	564100		(7999.99)	PARTIAL		FULL PAYMENT		DATE TO PAY	2.8.18			APPROVALS	JAN					PD# 181057 \$ - 7999.99 1/31/18 [Signature]
VENDOR #		PURCHASE ORDER #																																	
90838		181057																																	
DEPT	EXP ACCT	SUB PROJ	AMT.																																
641	564100		(7999.99)																																
PARTIAL		FULL PAYMENT																																	
DATE TO PAY	2.8.18																																		
APPROVALS	JAN																																		

Visit <https://store.steris.com> to view and print invoices, view order history, P.O.D.s, and service requests.

SPECIAL INSTRUCTIONS	SUBTOTAL	TAX	TOTAL
	-7,999.99	0.00	-7,999.99 USD

Amounts past due are subject to a service charge of 1% per month.

STERIS



STERIS Corporation
 5900 Heislley Rd.
 Mentor, OH 44060
 Phone 440-354-2800
 Tax Registrations# 34-1482024
 GLN# 0724995000004

REMIT TO:
 STERIS Corporation
 P.O. Box 676548
 DALLAS TX 75267-6548
 GLN #0724995110055

INVOICE	
NUMBER 7287650	
DATE 30-JAN-18	PAGE 1 of 1
PURCHASE ORDER NUMBER 181057	
BILL TO GLN	SHIP TO GLN 1100004893823
SALES ORDER NUMBER 10223940	
CUSTOMER NUMBER 117416	LOCATION LAKE WORTH.

BILL TO:

Attn: Accounts Payable
 HEALTH CARE DISTRICT OF PALM BEACH
 COUNTY
 2801 10TH AVE N STE 100
 LAKE WORTH FL 33461

SHIP TO:
 LAKESIDE MEDICAL CENTER
 39200 HOOKER HWY
 BELLE GLADE FL 33430



TERMS	DUE DATE	SALES PERSON	CUSTOMER CONTACT					
NET 30	01-MAR-18	A13107 Kouras, Andrew						
SHIP DATE		SHIP VIA	SHIPPING REFERENCE / EQUIPMENT SERIAL NUMBER					
30-JAN-18			0					
ITEM NO.	PART NUMBER/DESCRIPTION	QUANTITY			TAX	UNIT PRICE	EXTENSION	
		ORDERED	BACK ORD.	SHIPPED				
1	SE601290071 DISPOSAL OF TABLE	1		1		374.00	374.00	
2	SE110110072 INSPECT AND START-UP 4085 TABLE					742.50	742.50	
<p>RECEIVED PROCESSED</p> <p>FEB 1 2018</p> <p>PURCHASING JIMMY AMAYA</p>		VENDOR #		PURCHASE ORDER #		<p>PO# 181057</p> <p>\$ 1116.50</p> <p>1/3 bills placed in Capital Purchar</p>		
		DEPT		EXP ACCT	SUB PROJ			AMT.
		6211		564100				1116.50
		<input checked="" type="checkbox"/> PARTIAL <input type="checkbox"/> FULL PAYMENT						
		DATE TO PAY		2-F-18				
		APPROVALS						

Visit <https://store.steris.com> to view and print invoices, view order history, P.O.D.s, and service requests.

SPECIAL INSTRUCTIONS	SUBTOTAL	TAX	TOTAL
		1,116.50	0.00

Amounts past due are subject to a service charge of 1 1/2% per month.

Bard Halcyon Ultrasound Machine Supporting Documentation



Health Care District
PALM BEACH COUNTY

1515 N. Flager Dr, Ste 101 West Palm Beach, FL 3401-3429
(561) 659-1270

CHECK NO. 305077

PDF Copy

CR BARD INC
P O BOX 75767
CHARLOTTE NC 28275

902095 CR BARD INC

BUDGET CODE	ACCOUNT	PUR. ORDER	INVOICE NUMBER	AMOUNT	DESCRIPTION
3515605627641	564100	180860	45333529	1,200.00	BARD HALCYON ULTRASOU
3515605627641	564100	180860	45365862	38,799.00	BARD HALCYON ULTRASOU
4225605627641	552220	180532	78111211	1,883.84	SURGICAL SUPPLIES

PDF Copy

PLEASE DETACH AND RETAIN THIS STATEMENT BEFORE DEPOSITING THE CHECK



Health Care District
PALM BEACH COUNTY

1515 N. Flager Dr, Ste 101 West Palm Beach, FL 3401-3429
(561) 659-1270

PNC Bank, N.A. 001 Florida
WEST PALM BEACH, FLORIDA

63-8419
2670

CHECK NO. 305077

PAY ONLY ****41,882.84*

ACCOUNTS PAYABLE CHECK

DATE: 06/14/18

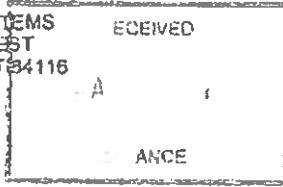
PAY THE SUM OF FORTY ONE THOUSAND, EIGHT HUNDRED EIGHTY TWO DOLLARS & 84 CENTS

CHECK AMOUNT
****41,882.84*

TO CR BARD INC
THE P O BOX 75767
ORDER CHARLOTTE NC 28275
OF



BARD ACCESS SYSTEMS
605 NORTH 5600 WEST
SALT LAKE CITY, UT 84116



BILL TO:
9396 1 MB 0.424 ED175X 10338 03591742047 S2 P5332789 0001.0001



HEALTH CARE DIST OF PALM BEA
ATTN: ACCOUNTS PAYABLE
1515 N FLAGLER DR STE 101
WEST PALM BEACH FL 33401-3429

INVOICE

INVOICE #	INVOICE DATE	SALES ORDER #	
45333529	05/04/18	56870734	
SALES REP	SHIP TO	SOLD TO	BILL TO
75565655	10060116	10060116	74373
GLN SHIP TO	GLN SOLD TO	GLN BILL TO	
CUSTOMER SERVICE		CUSTOMER PO #	
1-800-545-0890		180860	
REMIT TO:			
C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275			

SHIP TO:
LAKESIDE MEDICAL CENTER
39200 HOOKER HIGHWAY
BELLE GLADE, FL 33430

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING
05/04/18			FXSTD	1	10.00		434294290447
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTRN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT
1	EA		UPX898MD	PO 180860 QUOTE 2256R3 SONY THERMAL PRINTER		1,200.0000	\$1,200.00

902025 180860
#1 641 504100 CAP422/200.DS

POSTED
JUN 3 2018
A/P DEPT

DATE TO PAY 6/14/18
APPROVALS

SAVE TIME & HELP SAVE A TREE WITH OUR FREE E-DELIVERY SERVICE
You can now receive your invoices on a daily basis by e-mail.
Contact us today at COV-NOPaperinvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only.
You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: NET 30 INVOICE TOTAL: \$1,200.00

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant documentation. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001.952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

Handwritten signature - 5/17



DYMAX CORPORATION
 Sub. of BARD ACCESS SYSTEMS
 110 MARSHALL DRIVE
 WARRENDALE, PA 15086

RECEIVED
 JUN 11 2018
 AP DEPARTMENT

BILL TO:

HEALTH CARE DIST OF PALM BEACH
 ATTN: ACCOUNTS PAYABLE
 STE 101
 1515 N FLAGLER DR
 WEST PALM BEACH, FL 33401

INVOICE

INVOICE #	INVOICE DATE	SALES ORDER #	
45365882	06/08/18	S6920686	
SALES REP	SHIP TO	SOLD TO	BILL TO
T5565655	10080116	10080116	74373
GLN SHIP TO	GLN SOLD TO	GLN BILL TO	
CUSTOMER SERVICE		CUSTOMER PO #	
1-800-545-0890		180860	
REMIT TO:			
C.R. BARD, INC. P.O. BOX 75767 CHARLOTTE, NC 28275			

SHIP TO:
 LAKESIDE MEDICAL CENTER
 39200 HOOKER HIGHWAY
 BELLE GLADE, FL 33430

DATE SHIPPED	SHIPMENT ORDER NUMBER	SHIP WHSE	CARRIER	CARTONS	WEIGHT	FREIGHT TERMS	BILL OF LADING
06/08/18			FXGR	0	0.00		
QUANTITY SHIPPED	UOM	DIV	CATALOG NUMBER/GTIN	DESCRIPTION		UNIT PRICE	EXTENDED AMOUNT
1	EA		960041600	TO REBILL INV. # 45358056 DATED 5/31/18 WITH NO FREIGHT. PER REQUEST FROM RON BIVONA 954-242-5620. HAVE ISSUED CREDIT ON ORIG INV.			
1	EA		950041600	Linear Probe with Buttons L7SVA		6,000.0000	\$6,000.00
1	EA		9770116 00801741124693	Halcyon Ultrasound System		19,000.0000	\$19,000.00
1	EA		9770132 00801741124365	BAS MEDICAL EQUIPMENT ROLL STAND (MER)		2,000.0000	\$2,000.00
1	EA		9770132 00801741124365	SHERLOCK 3CG TCS STAND ALONE		4,500.0000	\$4,500.00
1	EA		960041300	Convex Probe C3		6,000.0000	\$6,000.00
1	EA		1001A0157	3 Year Extended Warranty SR8		1,299.0000	\$1,299.00

902095 180860

SAVE TIME & HELP E-DELIVERY SERVICE

You can now receive your invoices on a daily basis by e-mail.
 Contact us today at COV-NOPaperInvs@crbard.com to get started!

You acknowledge that the product samples that were provided to you as identified herein are for your internal use with your patients only.
 You agree that the product samples shall not be resold. Any use to the contrary must be reported back to C.R. Bard.

PAYMENT TERMS: NET 30 **INVOICE TOTAL: \$38,799.00**

The above charges may not reflect the true net cost of the above products as other discounts, rebates, or price reductions (collectively "discounts") may be provided to customer for such products. When the value of any further discounts becomes known, Bard will provide customer with relevant information. Under 42 U.S.C. 1320a-7b(b)(3)(A) and the Safe Harbor provisions regarding discounts or other price reductions (42 C.F.R. 1001.952(h)), customer must fully and accurately report on any claims or cost reports to Medicare and any state Medicaid program, as and when required, any discounts earned, including those items invoiced at no charge.

POSTED

JUN 13 2018

AP DEPT

Branche 6/11

GOOD HEALTH FOUNDATION BOARD
September 10, 2019

1. Description: Funding Request Procedure

2. Summary:

This agenda item presents a Funding Request procedure for review and approval by the Board.

3. Substantive Analysis:

As a follow-up to the discussion at the July 30th Board Meeting, a draft Funding Request procedure has been developed. The procedure outlines the steps staff will take to bring funding requests before the Board. The steps include the requirement that a grantee requesting funds must submit the request in writing. Documentation must include invoices and proof that the invoice was paid by the grantee. If the funding request relates to restricted funds held by the Foundation, Staff will confirm that the expenses are appropriate based on the restriction. Once the Foundation Board approved the funding, a check will be prepared, signed by the Foundation's designated agent, and provided to the grantee.

In situations where the Foundation is serving as the recipient of a pass-through grant, the funds will be disbursed to the grantee and the Foundation Board will receive information on the pass-through grant at the next scheduled meeting.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:



 Darcy Davis
 Chief Executive Officer

5. Reviewed/Approved by Committee:

N/A

 Committee Name

 Date

GOOD HEALTH FOUNDATION BOARD
September 10, 2019


6. Recommendation:

Staff recommends the Board approve the Funding Requests Procedure.

Approved for Legal sufficiency:



Valerie Shahriari
VP & General Counsel



Thomas Cleare
VP of Strategy

Good Health Foundation

Procedure Name: **Funding Requests**

Effective Date: 9/10/2019

Department: **Good Health Foundation**

Procedure Number: N/A

PROCEDURE

The Good Health Foundation funds are to be expended according to the Bylaws to fulfill the Foundation's mission to advance the health of residents and visitors in Palm Beach County through access to local quality health care. The Foundation's Bylaws address payments in Section 4.

SECTION 4. Checks, Drafts, Notes, Etc. All checks, drafts or other orders for the payment of money, and all notes or other evidences of indebtedness issued in the name of the Corporation shall be signed by such officer or officers, or agent or agents, of the Corporation and in such manner as shall from time to time be determined by resolution of the Governing Board.

Designated Health Care District staff are responsible for ensuring that all required supporting documents have been presented, that the appropriate funds are available for such payments, and that the obligations are paid on a timely basis.

Funding Request Payments

1. Requests for funding by a grantee must be made in writing.
2. The request for funding must include supporting documentation including invoices for goods and services and copies of checks or EFT records for the payment of the goods and services.
3. Requests for funding must be approved by the Good Health Foundation Board.
 - Staff will bring the request for funding as an agenda item to the Foundation Board including confirmation that the goods and services are consistent with restricted funds (if applicable) and include all supporting documentation.
4. After Foundation Board approval, staff will prepare a check to be signed by the Foundation's designated agent.

Pass-Through Grants

The Good Health Foundation serves as a pass-through recipient of grant funding for Lakeside Medical Center, CL Brumbach Primary Care Clinics, and other Health Care District programs. For grants to these specific Health Care District entities that pass through the Good Health Foundation, the funding will be provided to the Health Care District or the appropriate entity upon receipt by the Good Health Foundation. An agenda item on pass-through disbursements will be provided to the Foundation Board at the next scheduled Board meeting.

Good Health Foundation

Procedure Name: **Funding Requests**

Effective Date: 9/10/2019

Department: **Good Health Foundation**

Procedure Number: N/A

APPROVED BY	DATE
_____	_____
_____	_____

PROCEDURE REVISION HISTORY

Original Procedure Date

Revisions

GOOD HEALTH FOUNDATION BOARD
September 10, 2019

1. Description: Checking Account Signature Authority

2. Summary:

This agenda item presents the Board with information on the Foundation's checking account and signature authority as well as a recommendation to appoint a second authorized signer.

3. Substantive Analysis:

As a follow-up to the discussion at the July 30th Board Meeting, this agenda item presents information on the Foundation's checking account.

Section 4 of the Foundation Bylaws identify how the Board designates signature authority for the Foundation's checking account.

SECTION 4. Checks, Drafts, Notes, Etc. All checks drafts or other orders for the payment of money and all notes or other evidences of indebtedness issue in the name of the Corporation shall be signed by such officer or officers, or agent or agents, of the Corporation and in such manner as shall from time to time be determined by resolution of the Governing Board.

The Foundation's current bank and signature authority are presented below:

Bank: PNC Bank
Authorized Signer: Darcy Davis

Best practices would include two designated signers for the Foundation's checking account. As a result, staff recommends the Board designate Joel Snook, the Health Care District's CFO, as a second authorized signer for the PNC Checking Account.

4. Fiscal Analysis & Economic Impact Statement:

	Amount	Budget
Capital Requirements	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Net Revenue	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
Annual Expenditures	N/A	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

Reviewed for financial accuracy and compliance with purchasing procedure:


Darcy Davis
Chief Executive Officer

