

RESOLUTION 91- 102

WHEREAS the Department of Emergency Services received monies for reimbursement of equipment not returned by patients.

WHEREAS these revenues were not anticipated in the 1990/91 budget for the General Fund.

BE IT THEREFORE resolved by the Board of County Commissioners, Nassau County, Florida in regular session, duly assembled on the 8th day of July, 1991, the following budget amendment pursuant to Florida Statutes Chapter 129.06(2)(d) be adopted:

REVENUE

001-342-600-101 Fees-Ambulance Service \$ 250.00

APROPRIATION

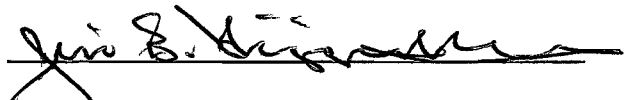
001-161-64-101 Equipment \$ 250.00

ADOPTED this 8th day of July, 1991.

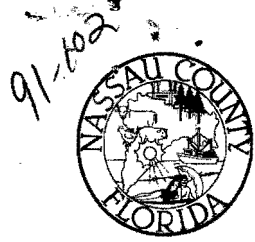
ATTEST:



EX OFFICIO CLERK



CHAIRMAN



NASSAU COUNTY BOARD OF COUNTY COMMISSIONERS
DEPARTMENT OF EMERGENCY SERVICES

NASSAU COUNTY OFFICE ANNEX
11 North 14th Street, Box 12
Fernandina Beach, Florida 32034-0494



ARMON C. SUMMERALL
Director

- DIVISIONS
- Civil Defense
 - Communications
 - Emergency Medical Services
 - Fire
 - Fuel Allocation
 - Water Safety

M E M O R A N D U M

TO: CATHY LEWIS, FINANCE DIRECTOR

FROM: ARMON C. SUMMERALL, DIRECTOR *AS*

RE: MONEY COLLECTED FOR EQUIPMENT

DATE: JUNE, 18, 1991

(904) 261-6612
 (904) 879-3300
 Suncom 821-5227
 Emergency Dial 911
 (904) 261-5962

THE FOLLOWING MONEY WAS RECEIVED BY THE DEPARTMENT OF EMERGENCY SERVICES FOR SPINAL IMMOBILIZATION EQUIPMENT NOT RETURNED BY AREA HOSPITALS.

PATIENT'S INSURANCE COMPANY: ALLSTATE INSURANCE

CHECK DATED 6/13/91 CHECK AMT \$451.00

AMOUNT COLLECTED: \$250.00

DEPOSIT WAS MADE BY THE DEPARTMENT OF EMERGENCY SERVICES ON JUNE 18, 1991

PLEASE PLACE THESE FUNDS IN ACCOUNT #001-161-64-101

FINANCE DEPT.

JUN 18 1991

An Affirmative Action/Equal Opportunity Employer

INSURED VERA SHAW	PROC. MCO 417	POLICY NUMBER 041184836	DATE ISSUED MONTH DAY YEAR 06 13 91	ATLAN DATA CE
CLAIMANT MEDICAL SERVICES FOR VERA SHAW 1/25/91	DESK LOC. CGG	EMPLOYEE I.D. DBOT	CLAIM NUMBER 4171815667	FLORI CLAIM C ACCOI
PAYMENT ACCT 910219 UNDER MED. PAY	WACHOVIA BANK AND TRUST COMPANY, N.A. CHARLOTTE, N.C.			66 08

PAY FOUR HUNDRED FIFTY ONE DOLLARS AND 00 CENTS ***** \$ *****451.00 923087!

DEAR CUSTOMER

PLEASE RATE THE QUALITY OF OUR CLAIM SERVICE BY MARKING A

Allstate®

92308753 8 92308753 8

OUTSTANDING VERY GOOD GOOD FAIR PO

TO THE ORDER OF
NASSAU CO RESCUE
11 N 14TH ST BOX 12
FERNANDINA BCH FL 320343108

- NORTHBROOK NATIONAL INS. CO.
- ALLSTATE COUNTY MUTUAL INS. CO.
- ALLSTATE PROPERTY AND CASUALTY INS. CO.
- ALLSTATE INS. CO.
- NORTHBROOK PROPERTY AND CASUALTY INS. CO.
- NORTHBROOK INDEMNITY INS. CO.
- ALLSTATE TEXAS LLOYD'S
- ALLSTATE INDEMNITY CO.

[Handwritten Signature]
AUTHORIZED SIGNATURES

VOID IF NOT PRESENTED WITHIN ONE HUNDRED AND EIGHTY DAYS OF THE DATE OF ISSUE

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