

RESOLUTION 91-64

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

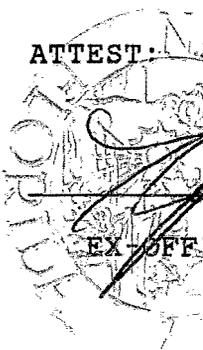
WHEREAS these revenues were not anticipated in the 1990/91 budget for the General Fund.

BE IT THEREFORE resolved by the Board of County Commissioners, Nassau County, Florida in regular session, duly assembled on the 25th day of March, 1991, the following budget amendment pursuant to Florida Statutes Chapter 129.06(2)(d) be adopted:

|                 |                        |    |        |
|-----------------|------------------------|----|--------|
| REVENUE         |                        |    |        |
| 001-342-600-101 | Fees-Ambulance Service | \$ | 500.00 |
| APROPRIATION    |                        |    |        |
| 001-161-64-101  | Equipment              | \$ | 500.00 |

ADOPTED this 25th day of March, 1991.

ATTEST:



*[Signature]*  
 \_\_\_\_\_  
 EX OFFICIO CLERK

*[Signature]*  
 \_\_\_\_\_  
 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

M E M O R A N D U M

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

TO: CATHY LEWIS, FINANCE DIRECTOR

FROM: ARMON C. SUMMERALL, DIRECTOR *Armon*

RE: MONEY COLLECTED FOR EQUIPMENT

DATE: MARCH 15, 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 EQUIPMENT NOT RETURNED BY AREA HOSPITALS.

*spinal immobilization equipment (spineboard)*

PATIENT'S INSURANCE COMPANY: FLORIDA FARM BUREAU INS.

CHECK DATE: 3-7-91 CHECK NUMBER: 171674

AMOUNT COLLECTED: \$250.00

DEPOSIT WAS MADE BY THE DEPARTMENT OF EMERGENCY

SERVICES ON MARCH 15, 1991

PLEASE PLACE THESE FUNDS IN ACCOUNT #001-161-~~52~~-109 *64-101*

FINANCE DEPT.

15 MAR 91 11 53



FLORIDA FARM BUREAU INSURANCE COMPANIES

P.O. BOX 730 GAINESVILLE, FLORIDA 32602

THE SUN BANK OF GAINESVILLE  
GAINESVILLE, FLORIDA

CHECK NUMBER  
171674

63-50  
631

171674

PAY  
TO THE  
ORDER  
OF

BOARD OF COUNTY COMMISSIONERS  
DEPT OF EMERGENCY SERVICES/PUBLIC SAFETY

|             |              |
|-------------|--------------|
| DATE ISSUED | DATE OF LOSS |
| 03 07 91    | 01 29 91     |

FOR: D/S 1/29/91 - PT #910248 - CALL#910248G1  
PT: JEAN LEWIS

PAY

|                                   |
|-----------------------------------|
| NOT VALID AFTER 90 DAYS<br>AMOUNT |
| \$ *****523.00                    |

CLAIM: 774716  
CLAIMANT: JEAN M LEWIS

FOR FARM BUREAU DIANNE DAVIS

POLICY: AP 1037185  
INSURED: JEAN M LEWIS

AUTHORIZED SIGNATURE

⑈ 171674 ⑈ ⑆063100507⑆0050000096682⑈



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

MEMORANDUM

TO: CATHY LEWIS, FINANCE DIRECTOR

FROM: ARMON C. SUMMERALL, DIRECTOR *AS*

RE: MONEY COLLECTED FOR EQUIPMENT

DATE: MARCH 7, 1991

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

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

*(spine board)*

PATIENT'S INSURANCE COMPANY: STATE FARM

CHECK DATE: 2-25-91 CHECK NUMBER: 877169

AMOUNT COLLECTED: \$250.00

DEPOSIT WAS MADE BY THE DEPARTMENT OF EMERGENCY

SERVICES ON MARCH 7, 1991

PLEASE PLACE THESE FUNDS IN ACCOUNT #001-161-52-109

*44-101*

*001-342-600-101*

*Fees Ambulance Svc.*

*Budget amendment for 3/25/91*

STATE FARM MUTUAL AUTO INS. CO.     STATE FARM FIRE AND CASUALTY CO.  
 STATE FARM GENERAL INS. CO.     STATE FARM LLOYDS  
 STATE FARM COUNTY MUTUAL INS. CO. OF TEXAS

PAYABLE THROUGH  
 FIRST UNION NATIONAL BANK  
 OF FLORIDA  
 JACKSONVILLE, FLORIDA

1 10 877169N

CAR NO. 041648

CLAIM NUMBER 10-4687-082

POLICY NUMBER 4965-485-10B

DATE 02-25-91

PAY TO THE ORDER OF

DEPT. OF PUBLIC SAFETY  
 11 N. 14TH ST, BOX 12  
 FERNANDINA BCH FL 32034

ACCT OF CATHERINE TAYLOR  
 ACCT #910237  
 DOS--1/28/91

\*\*\*\*\*FOUR HUNDRED SIXTY-FOUR AND 00/100 DOLLARS \$\*\*\*\*\*464.00\*

|                            |        |
|----------------------------|--------|
| COVERAGE                   |        |
| PERSONAL INJURY PROTECTION |        |
| 051-2-\$                   | 371.20 |
| MEDICAL PAYMENT            |        |
| 600-2-\$                   | 92.80  |

DATE OF LOSS 01-28-91

NAME OF INSURED TAYLOR, GRADY

CAT. CODE

CLAIM REPRESENTATIVE

COM-MENT

STATE

TIN

CL UNIT

10

591863042

TATKI

110

⑈ 1018877169⑈ ⑆063106624⑆ ⑆1060004051⑈