

RESOLUTION 91-68

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 April, 1991, the following budget amendment pursuant to Florida Statutes Chapter 129.06(2)(d) be adopted:

REVENUE

001-342-600-101 Fees-Ambulance Service \$ 200.00

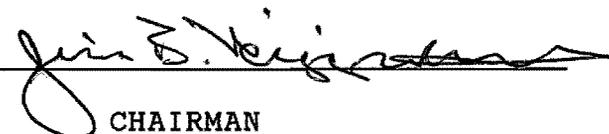
APROPRIATION

001-161-64-101 Equipment \$ 200.00

ADOPTED this 8th day of April, 1991.

ATTEST:


EX-OFFICIO CLERK


CHAIRMAN

91-68

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 *ALC*

RE: MONEY COLLECTED FOR EQUIPMENT

DATE: MARCH 22, 1991

FINANCE DEPT.
(904) 261-6612
(904) 879-3300

Suncom 821-5227

Emergency Dial 911
25 MAR 21 1991
(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: USF&G

CHECK DATE: 2-15-91 CHECK NUMBER: 719366

AMOUNT COLLECTED: \$200.00

DEPOSIT WAS MADE BY THE DEPARTMENT OF EMERGENCY SERVICES ON MARCH 22, 1991

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

49-719366-0

49 719366 0

3300 207478011 AL 4111

71/21

-02

UNITED STATES FIDELITY AND GUARANTY COMPANY

JACKSONVILLE, FL

INSURED/PRINCIPAL/POLICYHOLDER

POLICY/BOND NUMBER

DATE

THERESA GEIGER

PPA10743968400

03/19/91

INJURED/OBLIGEE

DATE OF ACCL/LOSS

PIP-MEDICAL

JANA GEIGER

02/15/91

FROM 02/15/91 TO 02/15/91

PT-4910422

TO THE ORDER OF

NASSAU DEPT OF EMERGENCY SERVICES

11 N 14TH ST BOX 12

FERNANDINA BEACH FL 32034

591863042

PAY ONLY

*****420.80*

USF&G[®] INSURANCE

VOID IF NOT PRESENTED FOR PAYMENT WITHIN 6 MONTHS FROM DATE OF ISSUE

PAYABLE THROUGH

FIRST NATIONAL BANK OF MARYLAND WOODLAWN, MARYLAND

P. W. Ballman AUTHORIZED SIGNATURE

Ken Black COUNTERSIGNATURE

CL. GEN. 96 (3-88)

E-HJA58

P-HJA58

⑆49719366⑆ ⑆05500010⑆ ⑆991588126900⑆