FROM (DEPT/ DIVISION): Sheriff's Office	
PROGRAM: Jail	
SUBJECT: medical bill	
Background: Inmate fell in bathroom due to water from the mop bucket. Inmate was transported to SAH for medical treatment. This bill falls under our responsibility. We would use line item 1540-55030.	() <u>ACTION REQUESTED</u> : We respectfully request approval to pay the St. Anthony Hospital invoice.
ATTACHMENTS: Payable to St. Anthony, St. Anthony Date: (9/28/22) Submitted By: (Capt. Kenny Fr	ony invoice ranks)
*******For Interna	al Use Only********
Checkoffs: () Exec. Asst. () Dept. Head (copy) () Human Resources (copy) () Budget (copy) () Fiscal	To be notified of Meeting: Capt. Kenny Franks, Lora Franks
() Legal (copy)	Needed at Meeting: Kenny Franks, Lt. Dustin Erickson (if necessary)
PLEASE RETURN THIS FORM AND A	ATTACHMENTS TO Executive Assistant ***********************************
Scheduled for meeting on: October 19, 2022	
Action taken:	
*******	******
Follow-up:	

AGENDA ITEM FOR ADMINISTRATIVE MEETING

() Discussion only() Action

UMATILLA COUNTY PAYMENT REQUEST

STANTHONY HOSPITAL PO BOX 310011285 PO BOX 310011285 ACCOUNT # DESCRIPTION 1540-55030 Inmate 1540-55030 26% DISCOUNT 7 PAGE TOTAL	PEID.AC	2580.07						
STANTHONY HOSPITAL DEPARTMENT CFO EACH EA		10-0000	TO THE PERSON OF		AUTHORIZATIO	IN-APPROVAL		
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