Kodiak Island Health Care Foundation

P.O. Box 4385 • Kodiak, Alaska 99615
(907) 486-9557

Oct 7, 2008

Randall Burns
Alaska State Hospital & Nursing Home Association
943 Sixth Avenue, Suite 120
Anchorage, AK 99501-2033

Re: ASHNHA/Denali Commission Grant for Kodiak Fluoroscopy (# 01004-04)

Dear Mr. Burns,

I request grant funding for PKIMC in the amount of $ 158,500.00 for the PKIMC Fluoroscopy Project (Grant # 01004-04). For your assistance I have also enclosed a copy of the Denali Commission Certificate. It has been framed and placed appropriately in the Radiology Dept near the equipment. I will send photos under separate cover. Advance copies of this package have been e-mailed to you. If you have any questions please contact me at 907 486 3875 or alaskang@yahoo.de. Fund transfer information can be obtained from the PKIMC CEO at Timothy.Hocum@providence.org .

Thank you for your continued support and assistance.

Sincerely,

Jimmy Ng
Executive Director
Kodiak Island Health Care Foundation

Encl: Financial Report Forms 642, 641a, 641b

Cc: Tim Hocum, CFO, PKIMC

Attachment G

Denali Commission
Quarterly Project Financial Report

Project Name: PKIMC Phillips Digital Fluoroscopy Unit

Agency: Providence Kodiak Island Medical Center

Reporting Period: Quarterly report—this period ends 30 Sept 08

Grant #: 01004-04

Please include the following information:
(Use additional pages as necessary)

Budget Information:

1. The total project budget—Denali Commission and other funds combined: $334,918.37
2. The total project expenditures as of the end of the most recent quarter: $334,918.37
3. The total amount of Denali Commission funds committed to the project: $158,500.00
4. The total expenditure of Denali Commission funds for the project as of the end of this reporting period: $158,500.00
5. The percentage of expenditures to the total budget: 47 percent
6. Project Performance Analysis (use PPA form on page 2 of 641):

Project Schedule:

Show the project schedule with milestone dates for design and construction.

- Fluoroscopy Unit has been installed in the Radiology Dept of PKIMC

Form 641A

Attachment G

Denali Commission
Quarterly Project Financial Report
Project Performance Analysis (PPA) Form

Project Name: **PKIMC Phillips Digital Fluoroscopy Unit**

Agency: PKIMC

Reporting Period: Quarterly report—this period ends 30 Sept 08

Grant #: 01004-04

Line Items:	**Approved Budget:**	**Actual Cost:**	**Scheduled Completion Date:**	**Actual Work Performed:**
Construction	$158,500.00	$158,500.00	complete	Purchased and installed
Totals:	$158,500.00	$158,500.00		

Signature: _____ Date: 7 Oct 2008

For Don Rush
CEO, PKIMC

Form 641B

Attachment F

Denali Commission Quarterly
Project Narrative and Funds Disbursement Request

Project Name: PKIMC Phillips Digital Fluoroscopy Unit

Agency: PKIMC

Reporting Period: Quarterly report—and FINAL Sept 30, 2008

Grant #: 01004-04 **Amount of Funds Requested: $158,500.00**

1. **What is the status of the project; include portions completed?**

The project has been completed. The equipment has been purchased and installed in the Radiology Dept of the Providence Kodiak Island Medical Center.

2. **Is the project on schedule; if no, how will this be dealt with?**

Complete

3. **Is the project on budget; if not, how will this be dealt with?**

Project was completed on budget.

4. **Other comments/problems and solutions:**

Providnece Kodiak Island Medical Center
Phillips Digital Fluoroscopy Unit **334,918.37**

Grant Award	158,500.00	
Invoices		
Phillips Medical Systems		251,915.90
Phillips Medical Systems		62,978.98
Local Electric Inc		20,023.49
Total Expenditures		334,918.37
PKIMC Funded		176,418.37
Denali Grant Funded		158,500.00
Total Funding		334,918.37

PROVIDENCE
Health & Services

PO BOX 196501 ANCHORAGE, AK 99519-6501

WELLS FARGO BANK NA
ANCHORAGE, AK 99519

11-24 / 1210

CHECK NUMBER	DATE	AMOUNT
655067	04/02/08	****$251,915.90

OPERATING FUND

PAY TWO HUNDRED FIFTY-ONE THOUSAND NINE HUNDRED FIFTEEN AND 90/100———

TO THE ORDER OF
PHILIPS MEDICAL SYSTEMS NA CO
PO BOX 100355
ATLANTA GA 30384-0355

COPY - COPY

VOID -- THIS IS NOT A CHECK -- VOID

Vendor Number.38366 Vendor Name PHILIPS MEDICAL SYSTEMS NA CO Check Number.655067 Check Date 04/02/08

Invoice	Inv Date	PO Number	Comments	Gross Amount	Discounts	Net Amount
91151784	03/19/08	144574 0 CAP		251,915.90	0.00	251,915.90
					Total Check Amount:	$251,915.90

PHILIPS **Progress Bill**

Philips Medical Systems North America Company
A division of Philips Electronics North America Corporation
22100 Bothell Everett Highway
P.O. Box 3027 98041-9802
Bothell, WA 98021-8431

Invoice date	Page	Invoice Number
03-19-2008	4 / 4	91151784
Due date		**Purchase Order**
03-29-2008		144773-0-KMC
Terms of payment		**Order number**
10 days after date of invoice		6600027751
FEDERAL TAX ID# 13-3429115		**Contract Amount**
		314,894.88

Bill to 94191926

Attention: Accounts Payable

Providence Health System Alaska
PO Box 196501
ANCHORAGE AK 99519-6501
UNITED STATES

Ship to 94229983

PROVIDENCE KODIAK ISLAND MEDICAL
1915 E Rezanof Dr
KODIAK AK 99615-6602
UNITED STATES

REMIT TO

PHILIPS MEDICAL SYSTEMS N.A CO.
PO Box 100355
ATLANTA GA 30384-0355

ACH / EFT INSTRUCTIONS

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA # 1110-0001-2
ACCT # 3750202223
Remittance fax 425-482-8856

For Invoice Inquires Please Contact: PAMELA CAMPBELL
425-482-8354 / PAMELA.J.CAMPBELL@PHILIPS.COM

Customer Contact:

Account Manager: BANKE, BRYSON **Region:** 619

Terms of delivery FOB ORIGIN AND ABSORB

Item	Article - type number / description	Quantity	Unit		Amount (USD)
	980306690109 CABLES F/ EASY DIAG-SCP INSTAL	1.000	PCE		

Taxable Amount	0.00	**Sub Total**	251,915.90
State Sales Tax	%	**Total Sales Tax**	
County Sales Tax	%	**Less Down Payment Invoice #**	
City Sales Tax	%		
District Sales Tax	%	**Total Amount of this Invoice**	251,915.90
Bill of lading and Transport Number			

PHILIPS **Progress Bill**

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Terms of delivery FOB ORIGIN AND ABSORB

Item	Article - type number / description	Quantity	Unit		Amount (USD)
	Shoulder support				
989001003371	FLOOR PLATE EASY DIAGNOST	1.000	PCE		
	Floor plate for EasyDiagnost.				
989001003602	ANKLE CLAMPS	1.000	PCE		
	Ankle clamps				
989001003392	INSULATION KIT EASY DIAG.	1.000	PCE		
	Insulation kit for EasyDiagnost floor plate				
989001001612	CS Base Rail 4,3 m	1.000	PCE		
	Set of rails for BuckyDiagnost CS 2/4				
980306030007	CABINET BOX	3.000	PCE		
989801292151	XR Handover OnSite Educ 32h	1.000	PCE		

Taxable Amount	0.00	**Sub Total**	251,915.90
State Sales Tax	%	**Total Sales Tax**	
County Sales Tax	%		
City Sales Tax	%	**Less Down Payment Invoice #**	
District Sales Tax	%	**Total Amount of this Invoice**	251,915.90
Bill of landing and Transport Number			

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Customer Contact:

Account Manager: BANKE, BRYSON **Region:** 619

Terms of delivery FOB ORIGIN AND ABSORB

Item	Article - type number / description		Quantity	Unit		Amount (USD)
	NRFA371	PRINT PROTOCOL EDITOR				
	NRFA122	80 kW Generator with IQX				
	NRFA642	Bucky device				
	NRFA081	45 DEGREES TRENDELENBURG				
	NRFA142	Pulsed Fluoro w. SpectraBeam				
	NRFA461	DOSE CALCULATION				
	NRFA211	15" I.I./TV-CCD				
	NRFA601	MONITOR CS HEIGHT ADJUST.				
	NRFA662	BuckyDiagnost CS 2/4				
	NRFA722	BuckyDiagnost VS with tilting				
	980466213009	SHOULDER SUPPORT	1.000	PCE		

Taxable Amount	0.00	**Sub Total**	251,915.90
State Sales Tax	%	**Total Sales Tax**	
County Sales Tax	%		
City Sales Tax	%	**Less Down Payment Invoice #**	
District Sales Tax	%	**Total Amount of this Invoice**	251,915.90
Bill of lading and Transport Number			

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Bothell, WA 98021-8431

Invoice date	Page	Invoice Number
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03-29-2008		144773-0-KMC
Terms of payment		**Order number**
10 days after date of invoice		6600027751
FEDERAL TAX ID# 13-3429115		**Contract Amount**
		314,894.88

Bill to 94191926

Attention: Accounts Payable

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UNITED STATES

Ship to 94229983

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NR 3/30/09 FAX
EMAIL TO T OKEAL

REMIT TO

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ATLANTA GA 30384-0355

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Customer Contact:

Account Manager: BANKE, BRYSON **Region:** 619

Terms of delivery FOB ORIGIN AND ABSORB

Item	Article - type number / description	Quantity	Unit		Amount (USD)
0010					
	INSTALLATION				
	100448 EasyDiagnost Eleva	1.000	PCE		
	NNAH429 Variant List Price				
	706032 EasyDiagnost Eleva	1.000	PCE		
	NRFA561 LCD 18" EXAM ROOM MONITOR				
	NRFA511 LCD 18" CON. ROOM MONITOR				
	NRFA491 DICOM IO Package				
	NRFA702 mShield				
	NRFA283 Extended Digital Imaging				

Taxable Amount	0.00	**Sub Total**	251,915.90
State Sales Tax	%	**Total Sales Tax**	
County Sales Tax	%	**Less Down Payment Invoice #**	
City Sales Tax	%	**Total Amount of this Invoice**	251,915.90
District Sales Tax	%		
Bill of lading and Transport Number			

PROVIDENCE
Health & Services

PO BOX 196501 ANCHORAGE, AK 99519-6501

WELLS FARGO BANK NA
ANCHORAGE, AK 99510

11-24 / 1210

CHECK NUMBER	DATE	AMOUNT
657134	04/18/08	*****$62,978.98

OPERATING FUND

PAY SIXTY-TWO THOUSAND NINE HUNDRED SEVENTY-EIGHT AND 98/100----------

TO THE ORDER OF
PHILIPS MEDICAL SYSTEMS NA CO
PO BOX 100355
ATLANTA GA 30384-0355

COPY - COPY

VOID -- THIS IS NOT A CHECK -- VOID

Vendor Number:38386 Vendor Name PHILIPS MEDICAL SYSTEMS NA CO Check Number:657134 Check Date 04/18/08

Invoice	Inv Date	PO Number	Comments	Gross Amount	Discounts	Net Amount
91163165	03/28/08	144574 0 CAP		62,978.98	0.00	62,978.98
					Total Check Amount:	62,978.98

PHILIPS **Final Invoice**

Philips Medical Systems North America Company
A division of Philips Electronics North America Corporation
22100 Bothell Everett Highway
P.O. Box 3027 98041-9802
Bothell, WA 98021-8431

Invoice date	Page	Invoice Number
03-28-2008	1 / 4	91163155
Due date		Purchase Order
04-07-2008		144574-CAP
Terms of payment		Order number
10 days after date of invoice		6600027751
FEDERAL TAX ID# 13-3429115		Contract Amount
		314,894.88

Bill to 94191926
Attention: Accounts Payable
Providence Health System Alaska
PO Box 196501
ANCHORAGE AK 99519-6501
UNITED STATES

Ship to 94229983
PROVIDENCE KODIAK ISLAND MEDICAL
1915 E Rezanof Dr
KODIAK AK 99615-6602
UNITED STATES

REMIT TO
PHILIPS MEDICAL SYSTEMS N.A CO.
PO Box 100355
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ACH / EFT INSTRUCTIONS
BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA # 1110-0001-2
ACCT # 3750202223
Remittance fax 425-482-8856

For Invoice Inquires Please Contact: PAMELA CAMPBELL
425-482-8354 / PAMELA.J.CAMPBELL@PHILIPS.COM

Customer Contact:

Account Manager: BANKE, BRYSON Region: 619

Terms of delivery FOB ORIGIN AND ABSORB

Item	Article - type number / description	Quantity	Unit		Amount (USD)
0010					
	INSTALLATION				
	100448 EasyDiagnost Eleva	1.000	PCE		
	NNAH429 Variant List Price				
	706032 EasyDiagnost Eleva	1.000	PCE		
	NRFA561 LCD 18" EXAM ROOM MONITOR				
	NRFA511 LCD 18" CON. ROOM MONITOR				
	NRFA491 DICOM IO Package				
	NRFA702 mShield				
	NRFA283 Extended Digital Imaging				

Taxable Amount	0.00	Sub Total	62,978.98
State Sales Tax	%	Total Sales Tax	
County Sales Tax	%	Less Down Payment Invoice #	
City Sales Tax	%		
District Sales Tax	%	Total Amount of this Invoice	62,978.98
Bill of lading and Transport Number			

PHILIPS **Final Invoice**

Philips Medical Systems North America Company
A division of Philips Electronics North America Corporation
22100 Bothell Everett Highway
P.O. Box 3027 98041-9802
Bothell, WA 98021-8431

Invoice date	Page	Invoice Number
03-28-2008	2 / 4	91163155
Due date		**Purchase Order**
04-07-2008		144574-CAP
Terms of payment		**Order number**
10 days after date of invoice		6600027751
FEDERAL TAX ID# 13-3429115		**Contract Amount**
		314,894.88

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Remittance fax 425-482-8856

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425-482-8354 / PAMELA.J.CAMPBELL@PHILIPS.COM

Customer Contact:

Account Manager: BANKE, BRYSON Region: 619

Terms of delivery FOB ORIGIN AND ABSORB

Item	Article - type number / description	Quantity	Unit		Amount (USD)
NRFA371	PRINT PROTOCOL EDITOR				
NRFA122	80 kW Generator with IQX				
NRFA642	Bucky device				
NRFA081	45 DEGREES TRENDELENBURG				
NRFA142	Pulsed Fluoro w. SpectraBeam				
NRFA461	DOSE CALCULATION				
NRFA211	15" LL/TV-CCD				
NRFA601	MONITOR CS HEIGHT ADJUST.				
NRFA662	BuckyDiagnost CS 2/4				
NRFA722	BuckyDiagnost VS with tilting				
980466213009	SHOULDER SUPPORT	1.000	PCE		

Taxable Amount	0.00	Sub Total	62,978.98
State Sales Tax	%	Total Sales Tax	
County Sales Tax	%	Less Down Payment Invoice #	
City Sales Tax	%		
District Sales Tax	%	Total Amount of this Invoice	62,978.98
Bill of lading and Transport Number			

PHILIPS **Final Invoice**

Philips Medical Systems North America Company
A division of Philips Electronics North America Corporation
22100 Bothell Everett Highway
P.O. Box 3027 98041-9802
Bothell, WA 98021-8431

Invoice date	Page	Invoice Number
03-28-2008	3 / 4	91163155
Due date 04-07-2008		Purchase Order 144574-CAP
Terms of payment 10 days after date of invoice		Order number 6600027751
FEDERAL TAX ID# 13-3429115		Contract Amount 314,894.88

Bill to 94191926
Attention: Accounts Payable
Providence Health System Alaska
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BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA # 1110-0001-2
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Remittance fax 425-482-8856

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425-482-8354 / PAMELA.J.CAMPBELL@PHILIPS.COM

Customer Contact:

Account Manager: BANKE, BRYSON **Region:** 619

Terms of delivery FOB ORIGIN AND ABSORB

Item	Article - type number / description	Quantity	Unit		Amount (USD)
	Shoulder support				
989001003371	FLOOR PLATE EASY DIAGNOST	1.000	PCE		
	Floor plate for EasyDiagnost.				
989001003602	ANKLE CLAMPS	1.000	PCE		
	Ankle clamps				
989001003392	INSULATION KIT EASY DIAG.	1.000	PCE		
	Insulation kit for EasyDiagnost floor plate				
989001001612	CS Basc Rail 4,3 m	1.000	PCE		
	Set of rails for BuckyDiagnost CS 2/4				
980306030007	CABINET BOX	3.000	PCE		
989801292151	XR Handover OnSite Educ 32h	1.000	PCE		

Taxable Amount	0.00	Sub Total	62,978.98
State Sales Tax	%	Total Sales Tax	
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Bill of lading and Transport Number			

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Customer Contact:

Account Manager: BANKE, BRYSON | Region: 619 | Terms of delivery FOB ORIGIN AND ABSORB

Item	Article - type number / description	Quantity	Unit		Amount (USD)
	980306690109 CABLES F/ EASY DIAG-SCP INSTAL	1.000	PCE		

Taxable Amount	0.00	Sub Total	62,978.98
State Sales Tax	%	Total Sales Tax	
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City Sales Tax	%	Less Down Payment Invoice #	
District Sales Tax	%	Total Amount of this Invoice	62,978.98
Bill of lading and Transport Number			

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RECEIVED
APR 07 2008
FINANCE

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NNAH429	Variant List Price			
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NRFA561	LCD 18" EXAM ROOM MONITOR			
NRFA511	LCD 18" CON. ROOM MONITOR			
NRFA491	DICOM IO Package			
NRFA702	mShield			
NRFA283	Extended Digital Imaging			

BUYER 107 MATCH UNSUCCESSFUL
NO RECEIPTS AVAILABLE 4/17/08 PAL

SEE INVOICE 91183155 PO 144574 CAP

Taxable Amount	0.00	Sub Total	62,978.98
State Sales Tax	%	Total Sales Tax	
County Sales Tax	%	Less Down Payment Invoice #	
City Sales Tax	%		
District Sales Tax	%	Total Amount of this Invoice	62,978.98
Bill of lading and Transport Number			

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UNITED STATES

Ship to 94229983

PROVIDENCE KODIAK ISLAND MEDICAL
1915 E Rezanof Dr
KODIAK AK 99615-6602
UNITED STATES

REMIT TO

PHILIPS MEDICAL SYSTEMS N.A CO.
PO Box 100355
ATLANTA GA 30384-0355

ACH / EFT INSTRUCTIONS

BANK OF AMERICA
1850 GATEWAY BLVD.
CONCORD, CA 94520
ABA # 1110-0001-2
ACCT # 3750202223
Remittance fax 425-482-8856

For Invoice Inquires Please Contact: PAMELA CAMPBELL
425-482-8354 / PAMELA.J.CAMPBELL@PHILIPS.COM

Customer Contact:

Account Manager: BANKE, BRYSON **Region:** 619

Terms of delivery FOB ORIGIN AND ABSORB

Item	Article - type number / description		Quantity	Unit	Amount (USD)
	NRFA371	PRINT PROTOCOL EDITOR			
	NRFA122	80 kW Generator with IQX			
	NRFA642	Bucky device			
	NRFA081	45 DEGREES TRENDELENBURG			
	NRFA142	Pulsed Fluoro w. SpectraBeam			
	NRFA461	DOSE CALCULATION			
	NRFA211	15" I.I./TV-CCD			
	NRFA601	MONITOR CS HEIGHT ADJUST.			
	NRFA662	BuckyDiagnost CS 2/4			
	NRFA722	BuckyDiagnost VS with tilting			
	980466213009	SHOULDER SUPPORT	1.000	PCE	

Taxable Amount	0.00	**Sub Total**	62,978.98
State Sales Tax	%	**Total Sales Tax**	
County Sales Tax	%		
City Sales Tax	%	**Less Down Payment Invoice #**	
District Sales Tax	%	**Total Amount of this Invoice**	62,978.98
Bill of lading and Transport Number			

PHILIPS **Final Invoice**

Invoice date	Page	Invoice Number
03-28-2008	3 / 4	91163155
Due date		**Purchase Order**
04-07-2008		144773-0-KMC
Terms of payment		**Order number**
10 days after date of invoice		6600027751
FEDERAL TAX ID# 13-3429115		**Contract Amount**
		314,894.88

Philips Medical Systems North America Company
A division of Philips Electronics North America Corporation
22100 Bothell Everett Highway
P.O. Box 3027 98041-9802
Bothell, WA 98021-8431

Bill to 94191926
Attention: Accounts Payable
Providence Health System Alaska
PO Box 196501
ANCHORAGE AK 99519-6501
UNITED STATES

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Terms of delivery FOB ORIGIN AND ABSORB

Item	Article - type number / description	Quantity	Unit		Amount (USD)
	Shoulder support				
989001003371	FLOOR PLATE EASY DIAGNOST	1.000	PCE		
	Floor plate for EasyDiagnost.				
989001003602	ANKLE CLAMPS	1.000	PCE		
	Ankle clamps				
989001003392	INSULATION KIT EASY DIAG	1.000	PCE		
	Insulation kit for EasyDiagnost floor plate				
989001001612	CS Base Rail 4,3 m	1.000	PCE		
	Set of rails for BuckyDiagnost CS 2/4				
980306030007	CABINET BOX	3.000	PCE		
989801292151	XR Handover OnSite Educ 32h	1.000	PCE		

Taxable Amount	0.00	**Sub Total**	62,978.98
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Terms of delivery FOB ORIGIN AND ABSORB

Item	Article - type number / description	Quantity	Unit		Amount (USD)
	980306690109 CABLES F/ EASY DIAG-SCP INSTAL	1.000	PCE		

Taxable Amount	0.00	**Sub Total**	62,978.98
State Sales Tax	%	**Total Sales Tax**	
County Sales Tax	%		
City Sales Tax	%	**Less Down Payment Invoice #**	
District Sales Tax	%	**Total Amount of this Invoice**	62,978.98
Bill of lading and Transport Number			

PROVIDENCE
Health & Services

PO BOX 196601 ANCHORAGE, AK 99519-6601

WELLS FARGO BANK NA
ANCHORAGE, AK 99519

11-24 / 1210

CHECK NUMBER	DATE	AMOUNT
670973	08/20/08	**$20,023.49

OPERATING FUND

PAY TWENTY THOUSAND TWENTY-THREE AND 49/100

TO THE ORDER OF
LOCAL ELECTRIC INC
1212 MADSEN AVE
KODIAK AK 99615-6211

COPY - COPY

VOID -- THIS IS NOT A CHECK -- VOID

Vendor Number 59087 Vendor Name LOCAL ELECTRIC INC Check Number 670973 Check Date 08/20/08

Invoice	Inv Date	PO Number	Comments	Gross Amount	Discounts	Net Amount
8074	03/24/08	170938 0 KMC		19,674.29	0.00	19,674.29
8226	07/29/08	PRMC 0		349.20	0.00	349.20
				Total Check Amount		20,023.49

Local Electric, Inc.

1212 Madsen Avenue
Kodiak, Alaska 99615
(907) 486-8499
Fax: (907) 486-1773

Bill To -

PHSA Accounts Payable
P.O. Box 196501
Anchorage, AK 99519-6501

ATTN: STAN

Invoice

Date 3/24/2008

Invoice # 8074

Terms: Due on receipt

Description	Qty	Rate	Amount
Provided and installed electrical for power to X-Ray Machine. Labor through 3/27/08.			
Journeyman 83 hrs @ $80.00 per hour.	83	80.00	6,640.00
Apprentice 48 hrs @ $70.00 per hour.	48	70.00	3,360.00
Electrical Helper 8 hrs @ $55.00 per hour.	8	55.00	440.00
2" EMT Conduit	40	2.12	84.80
2" EMT 90	4	12.83	51.32
2" EMT 45	1	10.84	10.84
2" EMT Comp. Connector	4	6.81	27.24
2" Plastic Bushing	5	0.75	3.75
2" Mini Strap	2	1.27	2.54
2" Strut Strap	4	2.02	8.08
1/4" Beam Clamp	5	1.95	9.75
Shallow Strut	5	3.10	15.50
Deep Unistrut	10	3.65	36.50
T-Bar Hangars	2	4.80	9.60
1 1/2" EMT Conduit	30	2.30	69.00
1 1/4" EMT 45	3	11.45	34.35
1 1/2" EMT Compression Coupling	5	1.75	8.75
1 1/2" EMT Compression Connector	4	1.51	6.04
1 1/2" Plastic Bushing	6	0.98	5.88
6 x 6 x 4 Nema 1 Enclosure	1	8.93	8.93
8 x 8 x 6 Nema 1 Enclosure	1	9.99	9.99
10 x 10 x 4 Nema 1 Enclosure	1	15.72	15.72
Freight for Junction Box	1	7.05	7.05

Please remit to above address.

1 1/2% per month service charge (18% per annum), or maximum allowable by law, will be charged on all past due accounts.

Balance Due

Local Electric, Inc.

1212 Madsen Avenue
Kodiak, Alaska 99615
(907) 486-8499
Fax: (907) 486-1773

PKMC SCANNED
AUG 1 8 2008
INITIALS CIP

Bill To -

PHSA Accounts Payable
P.O. Box 196501
Anchorage, AK 99519-6501

Invoice

Date 3/24/2008

Invoice # 8074

Terms: Due on receipt

Fluoroscopy Project

Description	Qty	Rate	Amount
Emergency Stop	1	46.00	46.00
4 x 8 Stainless Steel Blank Cover	1	9.00	9.00
Lay-in Wall Duct with Cover, End Cap, Partition and Coupling	1	4,283.75	4,283.75
Lynden Air Freight for Wall Duct	1	1,590.13	1,590.13
Nema1 Enclosure, Ins Ground Neutral, 100 amp Circuit Breaker with Shunt-Trip, 30 amp Circuit Breaker with Shunt-Trip, Ground Bar Kit	1	2,325.76	2,325.76
Freight	1	108.40	108.40
3/0-3 NSI	3	23.05	69.15
#6 NSI	1	18.44	18.44
1 1/2" Chase Nipple & Nut	2	2.72	5.44
2" Chase Nipple & Nut	1	2.95	2.95
1" Chase Nipple & Nut	1	1.72	1.72
3/4" EMT	2	0.62	1.24
3/4" EMT Comp. Connector D/C	2	2.59	5.18
Core Drill Sunction Pad Equipment Rental	1	28.50	28.50
20' Galvanized S-Strut	100	3.13	313.00

189.76300 - 762000-0000 APPROVED FOR PAYMENT

X STAN THOMPSON

Capri Pruitt

for Tim Hocum

Please remit to above address.

expense - per Tim Hocum 8-14-08

1 1/2% per month service charge (18% per annum), or maximum allowable by law, will be charged on all past due accounts.

Balance Due $19,674.29

CERTIFICATE OF APPRECIATION

Denali Commission

Contribution towards Fluoroscopy

Providence Kodiak Island Medical Center

Signature Janny Ng, Director of KIHC Foundation — Date Oct 7, 2008

Signature Don Roth, CEO PKIMC — Date Oct 7, 2008