

**Denali Commission Quarterly  
Project Narrative &  
Funds Disbursement Request  
Form 642**

**Project Name: Electronic Health Record**

**Agency: Providence Valdez Medical Center**

**Reporting Period: Q2 (April - June) 2009**

**Grant No.: 01004-08**

**A. Disbursement Request**

**We are requesting ASHNHA to release \$200,555.60 in Denali Commission Grant Funds for our project at this time.**

**B. Project Narrative**

**1. What is the status of your 2008 HNHFIP project (include portions completed) as of 6/30/2009?**

- The vendor (CPSI) contract was completed January 1, 2009 and the *Project Charter* with all the stakeholders was developed and endorsed February 20, 2009.
- During the week of February 17<sup>th</sup>, we conducted a preplanning implementation session in which CPSI vendor application managers were on site to evaluate the needs of the facility.
- As of March 10<sup>th</sup>, the network upgrade for the server was completed by the Providence Anchorage IT team and ALCAN Tel.
- The CPSI server was installed on March 12<sup>th</sup>
- In the months of March and April, several Providence Valdez Medical Center teams traveled to Alabama for point-of-care “super user” training, attended administrative workshops and constructed *e-forms*. Our on-site IT lead also attended a Systems Orientation in Alabama as a high-level overview of the CPSI HER program.
- A new *Information Systems Senior Analyst* position was created at the Providence Region to assist outlying Providence facilities with complex IT project implementations and IT vendor relationships, which has been key to our implementation success.
- During the week of April 20-22<sup>nd</sup>, vendor hardware started to arrive. The computers, mobile carts, lap-tops, tablets, printers, scanners and interface

units were inventoried and configured in preparation for the arrival and training of hospital staff by personnel from CPSI.

- The pre-implementation training started during the week of May 4<sup>th</sup>. CPSI trained the hospital Ancillary, Pharmacy and the Point of Care departments. The training was comprised of both classroom and hands on education. Staff managed to train simultaneously while tending to the regular operations of the facility. A great deal of discussion and customization regarding work flow improvements occurred to prepare for the new EMR system.
- On May 11<sup>th</sup> the system was officially turned on! As is the case with any EMR or other large IT projects, the majority of hospital staff struggled with the system at first.
- By May 22<sup>nd</sup>, an extensive issues log was developed to efficiently and effectively troubleshoot and resolve concerns, problems and glitches. Issue resolution efforts continue and are part of an ongoing effort to customize certain applications and flowcharts. This process is expected to last up to one year or beyond. Over time we will transition most hardcopy forms into electronic format. Additional training is required for staff to accomplish that endeavor. The nurse informatics team from Providence Anchorage was deployed to help troubleshoot and provide recommendations regarding work flow issues with the new electronic media. The Senior System Analyst has also been on site several times to evaluate the progress of the implementation phase. He validated that the implementation was successful and is helping us navigate the expected learning curve.

**2. Is the project on schedule? If not, what kind of problem(s) does the delay present? How will this be dealt with?**

The project is currently on schedule in accordance with the Project Charter.

**3. Is the project on budget? Over or under budget? If over budget, how will this be dealt with?**

The project is on budget for Phase I. Phase II, which involves acquisition of a Pyxis (Pharmacy) Interface and Computerized Physician Order Entry (CPOE) isn't adequately covered by the original budget. Consequently, capital monies which had been assigned to another capital item have been re assigned to this portion of the EMR implementation project. The city of Valdez has approved these changes.

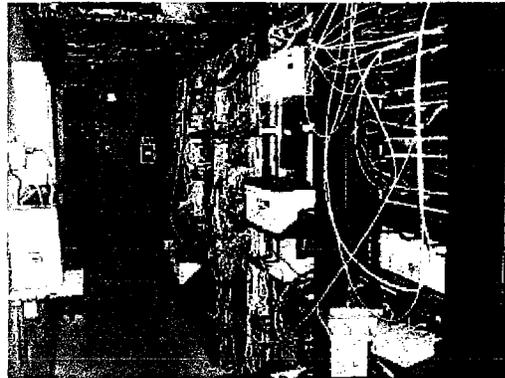
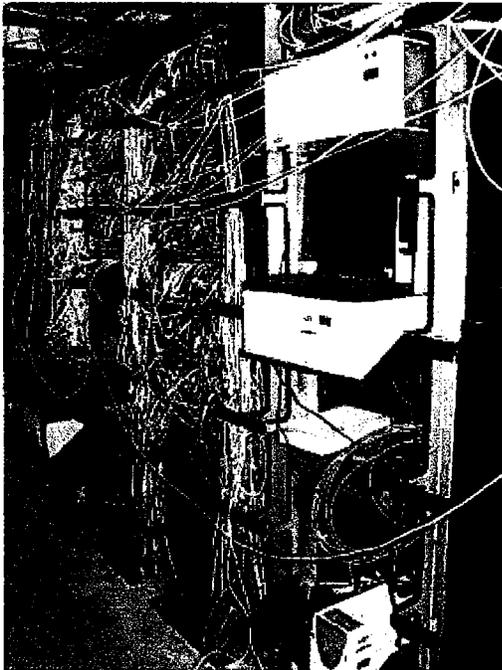
**4. Other comments, problems and solutions:**

Security setup and maintenance was accomplished during initial setup for all employees needing to access CPSI for designated job functions. CPSI provided template security settings for job functions and Providence Valdez Medical Center customized specific employee needs to meet job demands. Continued security setting maintenance will be provided as needed.

Over time clinical, ancillary and support services staff are getting accustomed to working in this new electronic world. It has had a significant impact on workflows – in some ways positive, but in others negative. Certain previously efficient processes now require painstaking work and effort to complete. We continue to fine-tune and

individualize the EMR to meet our specific needs. We are optimistic and excited as we know the system will ultimately enhance quality and safety endeavors at our facility.





**Denali Commission  
Quarterly Project Financial Report  
Form 641(A)**

**Project Name: Electronic Health Record**

Agency: Providence Valdez Medical Center

Reporting Period: **Second Quarter (April - June) 2009**

Grant No.: 01004-08

**Please include the following information:**

*(Use additional pages as necessary)*

**Budget Information:**

1. The total approved project budget:

a. Denali Commission cost share match: \$361,163 \_\_\_\_\_

b. Facility cost share match: \$361,163 \_\_\_\_\_

c. Total project cost: \$722,326 \_\_\_\_\_

2. Total Project Expenditures as of June 30, 2009:

a. Amount of facility CSM expended to date: \$725,877.60

b. Amt of Denali Commission CSM received (previously reimbursed) to date: \$160,607.40

c. Amt of Denali Commission CSM requested for reimbursement this quarter: \$200,555.60

3. The amount of Denali Commission funds expended for the project as of the end June 30, 2009 (add lines 2b. and 2c. above for this figure): \$361,163.00

4. The percentage of total expenditures to-date compared to the projected total project cost:  
100%

5. **Project Schedule:**

Show the project schedule with milestone dates for major design and construction phases:

**Denali Commission  
Quarterly Project Financial Report  
Project Performance Analysis (PPA) Form 641(B)**

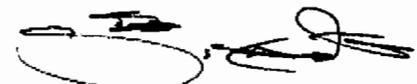
Project Name: Electronic Health Record

Agency: Providence Valdez Medical Center

Reporting Period: Second Quarter (April - June) 2009

Grant No.: 01004-08

Line Items:	Approved Budget:	Actual Cost:	Scheduled Completion Date:	Actual Work Performed:
EHR Vendor: Hardware; Software; Licenses; Misc. Equipment; Install & Training	\$722,326	\$725,877.60	Completed May 2009	Project is complete
Facility Network Upgrade				
Support Fees & Ancillary Equipment				
<b>Totals:</b>				

  
Signature

7/15/09  
Date

SEAN McALLISTER, ADMINISTRATOR  
Print Name and Title



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INVOICE NUMBER
487565
CUSTOMER NUMBER
5000

145322

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/14/09	189755-CAP		006	ON RECEIPT	5/13/09
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
5431	1	ChartLink - Base License		0.00	.00
5472	1	ChartLink - Site License		29800.00	29800.00
5936	1	ChartLink - Base License		11500.00	11500.00
9003	1	Software Discount		-10325.00	-10325.00
	1	Deposit Applied		-3097.50	-3097.50

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
30975.00			27877.50



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INVOICE NUMBER
487542
CUSTOMER NUMBER
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145349

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/13/09	189757-CAP		006	ON RECEIPT	5/12/09
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
5876	1	Exp - MP EMR/Per Practitioner (Fly)	EA	3090.00	3090.00
	1	Deposit Applied		-308.50	-308.50

A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
3090.00			2781.50



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INVOICE NUMBER
488246
CUSTOMER NUMBER
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145322

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/20/09	189755-CAP		006	ON RECEIPT	5/19/09
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
6803	1	Lab IF COULTER HmX (bidi)		3400.00	3400.00
6816	1	Lab IF DADE EXPAND (bidi)		3400.00	3400.00

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
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MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
6800.00			6800.00



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INVOICE NUMBER
488247
CUSTOMER NUMBER
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148295

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/20/09	189755-CAP		006	ON RECEIPT	5/19/09
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
6839	1	Lab IF DIAGNOSTICA STAGO - COAG (bidi)		3400.00	3400.00

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED IN ALL INVOICES NOT PAID WITHIN 30 DAYS. O RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
3400.00			3400.00



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INVOICE NUMBER
488541
CUSTOMER NUMBER
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148843

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/21/09		EXPF	999	ON RECEIPT	0/00/00
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		05/03/09 - 05/09/09 Shalanda Carr Install - Pharmacy Airfare Hotel Meals Parking/Tolls Baggage Fee Rental Car Automobile Mileage		1294.50 1039.72 294.00 42.00 40.00 474.00 10.40	1294.50 1039.72 294.00 42.00 40.00 474.00 10.40

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
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NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
3194.62			3194.62



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INVOICE NUMBER
489474
CUSTOMER NUMBER
5000

148959

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/26/09		EXPF	999	ON RECEIPT	0/00/00
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		05/03/09 - 05/09/09 Shalanda Carr Install - Pharmacy Airfare Hotel Meals Parking/Tolls Baggage Fee Rental Car Automobile Mileage		-1294.50 -1039.72 -294.00 -42.00 -40.00 -474.00 -10.40	-1294.50 -1039.72 -294.00 -42.00 -40.00 -474.00 -10.40
<i>Applied to Invoice: 488541</i>					

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
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NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
-3194.62			-3194.62



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INVOICE NUMBER
488540
CUSTOMER NUMBER
5000

148842

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/21/09		EXPF	999	ON RECEIPT	0/00/00

ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		05/10/09 - 05/15/09 Byron Cruthirds Install-Lab Information Sys.			
		Airfare			
		Hotel		589.36	589.36
		Meals		252.00	252.00
		Parking/Tolls		36.00	36.00
		Baggage Fee		40.00	40.00
		Rental Car		407.00	407.00

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
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MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
1324.36			1324.36



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INVOICE NUMBER
489473
CUSTOMER NUMBER
5000

148958

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/26/09		EXPF	999	ON RECEIPT	0/00/00

ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		05/10/09 - 05/15/09 Byron Cruthinds Install-Lab Information Sys.			
		Airfare			
		Hotel		-589.36	-589.36
		Meals		-252.00	-252.00
		Parking/Tolls		-36.00	-36.00
		Baggage Fee		-40.00	-40.00
		Rental Car		-407.00	-407.00
<i>Applied to Invoice: 488540</i>					

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
-1324.36			-1324.36

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INVOICE NUMBER
488539
CUSTOMER NUMBER
5000

148841

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/21/09		EXPF	999	ON RECEIPT	0/00/00
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		05/02/09 - 05/02/09 Byron Cruthirds Install-Lab Information Sys.			
		Airfare		994.00	994.00
		Hotel		82.88	82.88
		Meals		42.00	42.00
		Parking/Tolls		6.00	6.00
		Baggage Fee		40.00	40.00

A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED ON ALL INVOICES NOT PAID WITHIN 30 DAYS. NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
1164.88			1164.88



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INVOICE NUMBER
489471
CUSTOMER NUMBER
5000

148956

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/26/09		EXPF	999	ON RECEIPT	0/00/00
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		05/02/09 - 05/02/09 Byron Cruthirds Install-Lab Information Sys. Airfare Hotel Meals Parking/Tolls Baggage Fee		-994.00 -82.88 -42.00 -6.00 -40.00	-994.00 -82.88 -42.00 -6.00 -40.00
<i>Applied to Invoice - 488539</i>					

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
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NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
-1164.88			-1164.88



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INVOICE NUMBER
488538
CUSTOMER NUMBER
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148840

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/21/09		EXPF	999	ON RECEIPT	0/00/00
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		05/03/09 - 05/09/09 Byron Cruthirds Install-Lab Information Sys.			
		Airfare		205.00	205.00
		Hotel		1031.38	1031.38
		Meals		294.00	294.00
		Parking/Tolls		42.00	42.00
		Rental Car		488.40	488.40

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
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NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
2060.78			2060.78



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INVOICE NUMBER
489472
CUSTOMER NUMBER
5000

148957

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/26/09		EXPF	999	ON RECEIPT	0/00/00
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		05/03/09 - 05/09/09 Byron Cruthirds Install-Lab Information Sys. Airfare Hotel Meals Parking/Tolls Rental Car		-205.00 -1031.38 -294.00 -42.00 -488.40	-205.00 -1031.38 -294.00 -42.00 -488.40
<i>Applied to Invoice - 488538</i>					

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
-2060.78			-2060.78



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INVOICE NUMBER
488542
CUSTOMER NUMBER
5000

148844

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/21/09		EXPF	999	ON RECEIPT	0/00/00
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		05/10/09 - 05/15/09 Shalanda Carr Install - Pharmacy Airfare Hotel Meals Parking/Tolls Baggage Fee Gasoline Rental Car Automobile Mileage			
				589.36	589.36
				252.00	252.00
				36.00	36.00
				40.00	40.00
				9.70	9.70
				395.00	395.00
				10.40	10.40

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
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MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
1332.46			1332.46



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INVOICE NUMBER
489475
CUSTOMER NUMBER
5000

148960

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/26/09		EXPF	999	ON RECEIPT	0/00/00
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		05/10/09 - 05/15/09 Shalanda Carr Install - Pharmacy Airfare Hotel Meals Parking/Tolls Baggage Fee Gasoline Rental Car Automobile Mileage			
				-589.36	-589.36
				-252.00	-252.00
				-36.00	-36.00
				-40.00	-40.00
				-9.70	-9.70
				-395.00	-395.00
				-10.40	-10.40

*Applied to Invoice  
488542*

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ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
-1332.46			-1332.46



Clear direction  
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P.O. Box 850309 / Mobile, Alabama 36685-0309  
600 Wall Street / Mobile, Alabama 36695  
Telephone 251.639.8100

INVOICE

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MAY 29 2009

BY \_\_\_\_\_

S  
O Providence Valdez Med Ctr  
L P.O. Box 550  
D  
  
T Valdez AK 99686

S  
H Providence Valdez Med Ctr  
I 911 Meals Avenue  
P  
  
T Valdez AK 99686

INVOICE NUMBER
489477
CUSTOMER NUMBER
5000

148963

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/26/09		EXPF	999	ON RECEIPT	0/00/00
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		02/16/09 - 02/20/09 Paul York Pre-site-Lab Information Sys. Airfare Hotel Meals Parking/Tolls		-2063.10 -356.46 -210.00 -30.00	-2063.10 -356.46 -210.00 -30.00
<i>Applied to: Invoice 472550</i>					

A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
-2659.56			-2659.56



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L P.O. Box 550  
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T Valdez AK 99686

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H Providence Valdez Med Ctr  
I 911 Meals Avenue  
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T Valdez AK 99686

INVOICE NUMBER
489476
CUSTOMER NUMBER
5000

148961

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/26/09		EXPF	999	ON RECEIPT	0/00/00
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
		02/16/09 - 02/19/09 Shalanda Carr Pre-install - Pharmacy Airfare Hotel Meals Parking/Tolls Tips Gasoline Rental Car		-1888.09 -250.47 -168.00 -24.00 -4.00 -3.32 -206.80	-1888.09 -250.47 -168.00 -24.00 -4.00 -3.32 -206.80
<i>Applied to Invoice-472492</i>					

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
-2544.68			-2544.68



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L P.O. Box 550  
D  
T Valdez AK 99686

S Providence Valdez Med Ctr  
H 911 Meals Avenue  
P  
T Valdez AK 99686

INVOICE NUMBER
486411
CUSTOMER NUMBER
5000

148413

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/11/09	194004-CAP		006	ON RECEIPT	5/11/09
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
50164	1	Electronic File Management		16000.00	16000.00
50233	1	EFM LEADTOOLS - 1st Year Support	EA	0.00	.00
50234	5	EFM LEADTOOLS Runtime Lic. (Server-based)	EA	0.00	.00
50235	1	EFM LEADTOOLS Viewer Distribution Lic.	EA	0.00	.00
6414	1	Electronic File Management	EA	0.00	.00
9003	-1	Software Discount		-4590.00	-4590.00
9003	1	Software Discount		-4000.00	-4000.00
	1	Deposit Applied		-741.00	-741.00

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
7410.00			6669.00



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INVOICE

S Providence Valdez Med Ctr  
L P.O. Box 550  
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T Valdez AK 99686

S Providence Valdez Med Ctr  
H 911 Meals Avenue  
I  
P  
T Valdez AK 99686

INVOICE NUMBER	487154
CUSTOMER NUMBER	5000

145322

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/12/09	189755-CAP		006	ON RECEIPT	5/11/09
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
5061	1	Pharmacy	EA	23400.00	23400.00
5065	1	Order Entry/Results Reporting	ea	34000.00	34000.00
5075	1	Laboratory Information System		0.00	.00
5076	1	Radiology Information System		25500.00	25500.00
5077	1	Physical Therapy		8500.00	8500.00
5080	1	Pharmacy Clinical Monitoring (100 Beds		4300.00	4300.00
5195	1	Auto-Fax		7200.00	7200.00
5267	1	Point-of-Care (8 User Licenses)		0.00	.00
5274	2	Point-of-Care (Individual License)		2600.00	5200.00
5296	1	MICROMEDEX CareNotes - (100 Beds		5100.00	5100.00
5328	1	Point-of-Care System (8 Licenses)		17000.00	17000.00
5363	1	Enterprise Wide Scheduling		23400.00	23400.00
5379	1	Outreach Client Access (Single License)		4300.00	4300.00
5381	1	Pharm IF - Formulary Update		2100.00	2100.00
5550	6	POC Med Verification - Single License		900.00	5400.00
5656	6	POC Med Verification - Single License		0.00	.00
5697	1	EMR Viewer		0.00	.00
6469	1	Laboratory Information System		45900.00	45900.00
9003	1	Software Discount		-52825.00	-52825.00
	1	Deposit Applied		-15847.40	-15847.40

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
158475.00			142627.60



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telephone 251.639.8100

INVOICE

S Providence Valdez Med Ctr  
L P.O. Box 550  
D  
T Valdez AK 99686

S Providence Valdez Med Ctr  
I 911 Meals Avenue  
P  
T Valdez AK 99686

INVOICE NUMBER
487155
CUSTOMER NUMBER
5000

145349

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/12/09	189757-CAP		006	ON RECEIPT	5/11/09
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
5702	1	I&T - Pharmacy (100 Beds	EA	14000.00	14000.00
5716	1	I&T - Clinicals (50 Beds	EA	34000.00	34000.00
5717	1	I&T - POC (50 Beds	EA	42000.00	42000.00
5725	1	I&T - EWS Enterprise Wide Sched	EA	4000.00	4000.00
5737	1	Exp - POC (Fly) (50 Beds		32445.00	32445.00
5748	1	Conv - Clinical ( 50 Beds		7500.00	7500.00
5752	1	Conv - POC ( 50 Beds		2500.00	2500.00
5765	1	Exp - Clinical (Fly) 50 to 99 Beds		41715.00	41715.00
5790	1	Exp - Pharmacy (Fly) (100 Beds	EA	10815.00	10815.00
5793	1	Exp - EWS (Fly)	EA	3090.00	3090.00
	1	Deposit Applied		19206.50	19206.50

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
IN ALL INVOICES NOT PAID WITHIN 30 DAYS.  
O RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
192065.00			172858.50



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INVOICE

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L P.O. Box 550  
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T Valdez AK 99686

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H Providence Valdez Med Ctr  
I 911 Meals Avenue  
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T Valdez AK 99686

INVOICE NUMBER
485812
CUSTOMER NUMBER
5000

148320

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/06/09	Steven	UPS	006	ON RECEIPT	5/06/09
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
2223	1	Cable Parallel 6'	ea	4.00	4.00
2972	1	Printer OKI 320T/S	ea	523.00	523.00

A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED ON ALL INVOICES NOT PAID WITHIN 30 DAYS. NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
527.00	83.25		610.25



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L P.O. Box 550  
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T Valdez AK 99686

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H Providence Valdez Med Ctr  
I 911 Meals Avenue  
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T Valdez AK 99686

INVOICE NUMBER
485996
CUSTOMER NUMBER
5000

148295

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/07/09	189755-CAP	UPS	006	ON RECEIPT	5/07/09
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
3104	1	Enet Hub Dawning SNI 10bT	EA	1296.00	1296.00

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
1296.00			1296.00



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L P.O. Box 550  
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T Valdez AK 99686

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H Providence Valdez Med Ctr  
I 911 Meals Avenue  
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T Valdez AK 99686

INVOICE NUMBER
485564
CUSTOMER NUMBER
5000

148295

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/06/09	189755-CAP	UPS	006	ON RECEIPT	5/05/09
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
4172	1	Cable DawnSNI E0188 20' T=190	ea	13.00	13.00

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
13.00			13.00



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T Valdez AK 99686  
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H Providence Valdez Med Ctr  
I 911 Meals Avenue  
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T Valdez AK 99686  
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INVOICE NUMBER	485537
CUSTOMER NUMBER	5000

145322

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
5/05/09	189755-CAP		006	ON RECEIPT	5/05/09
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
5919	1	Electronic Forms - Tech Set-up	EA	0.00	.00
5929	1	Electronic Forms - Site License	EA	0.00	.00
5930	1	Electronic Forms - Site License	EA	30000.00	30000.00
9003	1	Software Discount		-7500.00	-7500.00
	1	Deposit Applied		-2250.00	-2250.00

A CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
22500.00			20250.00



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MAY 01 2009

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S Providence Valdez Med Ctr  
L P.O. Box 550  
D  
T Valdez AK 99686

S Providence Valdez Med Ctr  
H 911 Meals Avenue  
P  
T Valdez AK 99686

INVOICE NUMBER
483794
CUSTOMER NUMBER
5000

147909

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
4/28/09	S BENNETT	UPS	003	ON RECEIPT	4/27/09
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
7225	4	label 3.5 x 15/16 thermal/roll	RL	79.95	319.80
7259	2	label 3 x 2 DirTherm roll piggyback	RL	75.00	150.00
7260	2	label 2.5 x 1.5 thermal/roll	RL	39.00	78.00
7414	2	ribbon ZEB/S400-600 3.5x1476 (ZEB)	EA	40.95	81.90
8428	1	blood bank 9 1/2 x 5 1/2 3 Part	BX	94.60	94.60
8443	1	generic BloodBank 3Part 9 x 11	BX	74.53	74.53
8448	2	laser Radiology (1/05)	BX	277.50	555.00

200508-VMC

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
1353.83			1353.83



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L P.O. Box 550  
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T Valdez AK 99686

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H Providence Valdez Med Ctr  
I 911 Meals Avenue  
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T Valdez AK 99686

INVOICE NUMBER
484255
CUSTOMER NUMBER
5000

148004

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE	
4/30/09	200479-0-VMC	UPS	006	ON RECEIPT	4/29/09	
ITEM NUMBER	QUANTITY	DESCRIPTION		UNIT	UNIT PRICE	TOTAL PRICE
10429	1	Scanner FUJ/FI60F USB/6x4		EA	340.00	340.00

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
340.00			340.00



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L P.O. Box 550  
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T Valdez AK 99686

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I 911 Meals Avenue  
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T Valdez AK 99686

INVOICE NUMBER	483850
CUSTOMER NUMBER	5000
	147926

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
4/29/09	194004-CAP	UPS	006	ON RECEIPT	4/28/09

ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
11350	4	Printer LxT652DN	EA	0.00	.00
1190	1	Surge Protector AC line120v1 ou	EA	0.00	.00
1190	1	Surge Protector AC line120v1 ou	EA	0.00	.00
1190	1	Surge Protector AC line120v1 ou	EA	0.00	.00
1190	1	Surge Protector AC line120v1 ou	EA	0.00	.00
3720	4	Printer - Laser High Speed (Lex 652DN)		959.00	3836.00

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
ON ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
3836.00			3836.00



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O P.O. Box 550  
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T Valdez AK 99686  
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H 911 Meals Avenue  
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T Valdez AK 99686  
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INVOICE NUMBER
483658
CUSTOMER NUMBER
5000

147037

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
4/28/09	194004--CAP		006	ON RECEIPT	4/27/09

ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
3720	-7	Printer - Laser High Speed (Lex 6520N)		-959.00	-6713.00
<i>Applied to Invoice 478654</i>					

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
IN ALL INVOICES NOT PAID WITHIN 30 DAYS.  
O RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
-6713.00			-6713.00



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O Providence Valdez Med Ctr  
L P.O. Box 550  
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T Valdez AK 99686

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H Providence Valdez Med Ctr  
I 911 Meals Avenue  
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T Valdez AK 99686

INVOICE NUMBER
482094
CUSTOMER NUMBER
5000

145322

INVOICE DATE	CUSTOMER PURCHASE ORDER	SHIP VIA	SALESMAN	TERMS	DELIVERY DATE
4/22/09	189755-CAP	UPS	006	ON RECEIPT	4/21/09
ITEM NUMBER	QUANTITY	DESCRIPTION	UNIT	UNIT PRICE	TOTAL PRICE
3104	2	Enet Hub Dawning SNI 10bT	EA	1296.00	2592.00
4171	2	Cable DawnSNI E0187 20' T=189	ea	13.00	26.00
4174	1	Cable DawnSNI E0185 20' T=192	ea	13.00	13.00
	1	Deposit Applied		-259.20	-259.20

CHARGE OF 1-1/2% PER MONTH WILL BE ASSESSED  
IN ALL INVOICES NOT PAID WITHIN 30 DAYS.  
NO RETURNS AFTER 60 DAYS FROM DATE OF INVOICE.

MERCHANDISE TOTAL	FREIGHT	TOTAL TAX	NET INVOICE
2631.00			2371.80



The Right Technology.  
Right Away.™

VISIT CDWG ON THE INTERNET

INVOICE DATE	INVOICE NUMBER	INVOICE TERMS	DUE DATE
03/27/2009	NQF5233	NET 30-VERBAL GOVT	04/26/2009

OUR PART NO.	DESCRIPTION	QTY. ORD	QTY. SHIP	QTY. B/D	UNIT PRICE	TOTAL
1418093	ERGOTRON STYLEVIEW NB CART Manufacture Part Number: 5V31-31002	2	2	0	\$1,136.61	\$2,273.22
NR 104 040309 NRC						
<h1>ORIGINAL INVOICE</h1> <h2>THANK YOU FOR YOUR ORDER</h2>						
ACH INFORMATION: THE NORTHERN TRUST 58 SOUTH LASALLE STREET CHICAGO, IL 60676		ROUTING NO.: 071000152 ACCOUNT NAME: CDW GOVERNMENT INC ACCOUNT NO.: 91057		HAVE QUESTIONS ABOUT YOUR ACCOUNT? PLEASE EMAIL US AT: <a href="mailto:credit@cdw.com">credit@cdw.com</a>		
ORDER DATE	SHIP VIA	PURCHASE ORDER NO.		CUSTOMER NO.	PRODUCT SUBTOTAL	
03/19/2009	DROP SHIP-GROUND	19536SPRV		8273751	\$2,273.22	
SALESPERSON BRIAN PIETERS 312-705-2984 <a href="mailto:briapie@cdw.com">briapie@cdw.com</a>		SHIP TO: PROVIDENCE HEALTH & SERVICES ATTN:SARAH HOGARTH 911 MEALS AVENUE VALDEZ AK 99686		SALES ORDER NUMBER V384655		SHIPPING
						\$639.20
						SALES TAX
						\$0.00
						INVOICE AMOUNT
						\$2,912.42
						AMOUNT DUE
						\$2,912.42
CDW GOVERNMENT, INC. AN ILLINOIS CORPORATION FEIN 36-4230110						

6523021

**MAKE CHECKS PAYABLE TO:**



CDW Government, Inc.  
75 Remittance Drive, Suite 1515  
Chicago, IL 60675-1515

RETURN SERVICE REQUESTED

**RECEIVED**  
APR 03 2009  
**FINANCE**

**PLEASE DETACH AND RETURN THIS PORTION WITH YOUR**

INVOICE NUMBER	INVOICE DATE	CUSTOMER NUMBER
NQF5233	03/27/2009	8273751
PRODUCT-SUBTOTAL	SHIPPING	SALES TAX
\$2,273.22	\$639.20	\$0.00
INVOICE AMOUNT	AMOUNT DUE	
\$2,912.42	\$2,912.42	



0101

PROVIDENCE HEALTH & SERVICE ALASKA  
ACCOUNTS PAYABLE  
PO BOX 196501  
ANCHORAGE, AK 99519-6501

CDW GOVERNMENT, INC.  
75 REMITTANCE DRIVE  
SUITE 1515  
CHICAGO, IL 60675-1515

Invoice Date	Invoice Number
3/20/09	45758870
Order Number	Sales Person
26286986 - 001	4019

Remit Payment to:  
HEWLETT-PACKARD COMPANY  
13207 Collections Center Drive  
Chicago, IL 60693



D-U-N-S: 00-912-2532  
FED ID#: 94-1081436

Customer Number	Order Date	Ship Date	Purchase Order Number	Ship Via
W18643	3/19/09	3/20/09	195362-0-PRV	2-DAY VALUE FRT
Authorization Number	Freight Terms	Terms	FOB Point	Page Number
		NET 30 DAYS		1 of 1

Bill to:

ID 1.4420 | MB 0.369 | 17467511.ps | 1 of 2 s | HPV



PROVIDENCE HEALTH SYSTEMS  
ATTN ACCOUNTS PAYABLE  
PO BOX 198501  
ANCHORAGE AK 99519-8501

**RECEIVED**  
**MAR 26 2009**  
**FINANCE**

Ship to:

PROVIDENCE ALASKA GEN STORES  
PO# 195362-0-PRV  
3200 PROVIDENCE DR  
ANCHORAGE AK 99508-0000

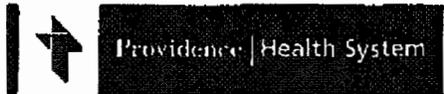
Item Number	Order Quantity	Backorder Quantity	Shipped Quantity	Description	Vendor Item Number	U/M	Unit Price (USD)	Extended Price (USD)
0692252	3		3	E6930pUP8600W4X1GGIBNNN20Qe US SER #: 2CE91000ZN 2CE91000WV	FL488AW#ABA 2CE91000YW		1247.20	3741.60
*SHPHDL	1		1	SHIPPING AND HANDLING If you require Technical Assistance with your product(s), please call: 1-800-HP Invent (1-800-474-6836). If you have a question about your order or would like to speak to a Customer Service Representative, please call: 503-215-3074.	*SHPHDL	EA	74.25	74.25
			NET DUE DATE	4/19/09			TOTAL USD	3815.85
				INQUIRIES TO: (800)209-9620				

CUSTOMER INVOICE

ALL CLAIMS AND RETURNED MERCHANDISE MUST BE ACCOMPANIED BY THIS INVOICE. ALL SALES SUBJECT TO WARRANTY PROVISIONS AND OTHER CONDITIONS

PLEASE REFER TO OUR INVOICE NUMBER WHEN MAKING YOUR PAYMENT

Please mail remittance to the address indicated above



**TRAVEL EXPENSE VOUCHER**

Name: Joy Wiggins Dept. Phone: 907-834-1893 Date: 2/23/09  
 Dept: 11284808 Cost Center: 788000 Budgeted (?) Yes \_\_\_ No X  
 Conference/Seminar Title: CPSI Training (POC & E-Forms) Date(s): 3/16-3/26/09  
 Location: Mobile Alabama Depart: 3/14/09 Return: 4/1/09  
 Reason/Goals for attending: Training for CPSI Go live POC & E-forms

**SECTION A**

This SECTION to be COMPLETED for PRE-APPROVAL		
Expense Item	Estimated Cost to be Paid by PHSA	Cost to be Paid by Employee
Tuition/Fee		
Room	<u>\$ 200.00</u>	<u>1250.00</u>
Board		<u>560.00</u>
Travel	<u>1059.61</u>	
Misc.		
Other <u>Cou Rental</u>		<u>250.00</u>
<b>TOTAL</b>		

This section TO BE COMPLETED within 5 Working Days of Return		
Hospital (B)	Business Expense/Paid by:	
	Employee	Total Expenses
<u>190.40</u>	<u>1526.20</u>	<u>1716.60</u>
	<u>431.76</u>	<u>431.76</u>
<u>1059.61</u>	<u>30.00</u>	<u>1089.61</u>
	<u>240.89</u>	<u>240.89</u>
<u>81250.01</u>	<u>2228.85</u>	<u>83478.86</u>

Approval Signatures Required Prior to Travel

Travel Cash Advance: \$ \_\_\_\_\_

Employee Signature: Joy Wiggins 2/23/09  
 Date: 2/23/09  
 Dept. Director Sign: \_\_\_\_\_  
 Date: \_\_\_\_\_

**SECTION B**

<b>Total Expenses:</b>	\$	<u>3478.86</u>	total
Less (A) Cash Advances	\$		
Personal Exp. Paid by Hospital	\$		
(B) Business Exp. Paid by Hospital	\$	<u>1250.01</u>	
<b>Subtotal</b>	\$	<u>1250.01</u>	
<b>Balance Due-Employee (Hospital)</b>		<u>2228.85</u>	

All receipts must accompany this form upon completion of travel.  
**SIGNATURES NEEDED UPON RETURN**  
 I hereby certify the above expenses to be correct.  
 Employee Signature: Joy Wiggins 4/16/09  
 Department Director: \_\_\_\_\_  
 Assistant Administrator: \_\_\_\_\_

**ACCOUNT DEPARTMENT USE ONLY**

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

PAMC 9983-001(2/98)



# TRAVEL EXPENSE VOUCHER

Providence Health & Services Employee (?)  YES  NO   
 If YES, Enter Employee # 305381   
 Name: Sarah Hogarth Contact: 834-1868 Date: 4/20/09   
 Mailing Address: PO Box 550 Contact Phone: 907 255 3093   
 (Complete a completed & signed W-9 for first-time reimbursement or for address change)   
 Department Name: IT Department #: 11284800 Budgeted (?)  YES  NO   
 Conference/Seminar Title: CPSI System Overview Date(s): 3/28/09-4/1/09   
 Location: Mobile, Alabama Depart: 3/26/09 Return: 4/3/09   
 Reason/Goals for Attending: general understanding of how CPSI programs work together

## SECTION A - Pre-Approval for Travel & Request for Cash Advance

Expense Item	Estimated Costs	
	Direct-Paid by Providence	Paid by Employee Reimbursable
787000-Tuition/Fee		
787001-CME		
788021-Hotel		900.00
788022-Meals		240.00
788020-Airfare	1157.60	
788023-Car Rental		
788025-Parking		
788026-Shuttle/Taxi		
788022-Contract Per Diem -Meals		
788027-Other Incidental		
<b>TOTAL</b>	<b>1157.60</b>	<b>1140.00</b>

Travel Cash Advance: \$ 900.00   
 (Must be accompanied by Payroll Deduction Authorization)   
 Employee Signature: [Signature] Date: 4/20/09   
 Dept. Director Sign: [Signature] Date: 4/23/09   
 Administrator Sign: \_\_\_\_\_ Date: \_\_\_\_\_   
 (required if no departmental budget)

## SECTION B - Request for Reimbursement - Submit within 5 working days of return or two weeks if a travel advance was issued

Expense Item	Actual Costs		Total Travel Costs
	Direct-Paid by Providence	Paid by Employee - Reimbursable	
787000-Tuition/Fee			
787001-CME			
788021-Hotel		860.92	860.92
788022-Meals		173.93	173.93
788020-Airfare	1157.60		1157.60
788023-Car Rental			
788025-Parking			
788026-Shuttle/Taxi			
788022-Contract Per Diem -Meals			
788027-Other Incidental			
<b>TOTAL</b>			<b>2192.45</b> total

Less Cash Advance - 900.00   
 Less Business Expense Paid by Providence - 1157.60   
 Subtotal - 2057.60   
 Balance Due - Employee (Providence) 134.85

**SIGNATURES REQUIRED FOR REIMBURSEMENT**   
 All receipts must accompany this form upon completion of travel.   
 I hereby certify the above expenses to be correct.   
 Employee Signature: [Signature] Printed Name: Sarah Hogarth Date: 5/19/09   
 Department Director: [Signature] Printed Name: SEAN MCCALLISTER Date: 5/21/09

Questions? Contact Accounts Payable at 212-6345 (ext 6345) or [akeahollins@Providence.org](mailto:akeahollins@Providence.org)   
 Need a Payroll Deduction Authorization?..go to <http://provident/forms/default.asp>   
 Need a W-9..go to <http://www.irs.gov/pub/irs-cd/w9.pdf>   
 Need to review travel policy?..see PHS policy R140.001



# TRAVEL EXPENSE VOUCHER

Providence Health & Services Employee (?)  NO

If YES, Enter Employee # 302854

Name: Matthew King <sup>RO 1</sup> Contact: 835-2249 Date: \_\_\_\_\_

Mailing Address: PO Box 1271 Valdez AK 99686 Contact Phone: \_\_\_\_\_  
(Complete a completed & signed W-9 for first-time reimbursement or for address change)

Department Name: Nursing Department #: 11284800 Budgeted (?)  YES

Conference/Seminar Title: CPSI Training Date(s): \_\_\_\_\_

Location: Mobile AL Depart: 3/1/09 Return: 3/31/09

Reason/Goals for Attending: \_\_\_\_\_

## SECTION A - Pre-Approval for Travel & Request for Cash Advance

Expense Item	Estimated Costs Direct-Paid by Providence	Estimated Costs Paid by Employee Reimbursable
787000-Tuition/Fee		
787001-CME		
788021-Hotel	<del>42</del>	<u>1300</u>
788022-Meals		<u>360</u>
788020-Airfare	<u>162.50</u>	<u>1,368.29</u>
788023-Car Rental		<u>465.00</u>
788025-Parking		
788026-Shuttle/Taxi		
788022-Contract Per Diem-Meals		
788027-Other Incidental		
<b>TOTAL</b>	<u>162.50</u>	<u>3493.29</u>

Travel Cash Advance: \$ 0  
(Must be accompanied by Payroll Deduction Authorization)

Employee Signature: M King Date: \_\_\_\_\_

Dept. Director Sign: [Signature] Date: \_\_\_\_\_

Administrator Sign: [Signature] 4/21/09  
(required if no departmental budget) Sean McCallister

## SECTION B - Request for Reimbursement - Submit within 5 working days of return or two weeks if a travel advance was issued

Expense Item	Actual Costs Direct-Paid by Providence	Actual Costs - Paid by Employee - Reimbursable	Total Travel Costs
787000-Tuition/Fee			
787001-CME			
788021-Hotel		<u>1234.06</u>	<u>1234.06</u>
788022-Meals		<u>162.09</u>	<u>162.09</u>
788020-Airfare	<u>162.50</u>	<u>1368.29</u>	<u>1530.79</u>
788023-Car Rental		<u>464.66</u>	<u>464.66</u>
788025-Parking			
788026-Shuttle/Taxi			
788022-Contract Per Diem-Meals			
788027-Other Incidental			
<b>TOTAL</b>	<u>162.50</u>	<u>3229.10</u>	<u>3391.60</u> total
Less Cash Advance			
Less Business Expense Paid by Providence			<u>162.50</u>
Subtotal			<u>3229.10</u>
Balance Due - Employee (Providence)			<u>3229.10</u>

### SIGNATURES REQUIRED FOR REIMBURSEMENT

All receipts must accompany this form upon completion of travel.  
 I hereby certify the above expenses to be correct.

Employee Signature: M King Printed Name: Matt King Date: \_\_\_\_\_  
 Department Director: [Signature] Printed Name: Julie Silkott Date: \_\_\_\_\_



**RIGHT! SYSTEMS, INC.**

P.O. BOX 11626  
TACOMA, WA 98411  
(360) 956-0414

**INVOICE**

INVOICE No: 94131

INVOICE DATE 04/30/09

PAGE 1

**BILL TO:**  
PROVIDENCE HEALTH SYSTEM  
PO BOX 196501  
ATTN ACCTS PAYABLE  
ANCHORAGE, AK 99519-6501

**RECEIVED**

MAY 11 2009

Finance

**SHIP TO:**  
PROVIDENCE HEALTH GEN STORE  
3200 PROVIDENCE DRIVE  
DEBBIE GREDIAGIN/196719-0-PRV  
ANCHORAGE, AK 99508

CUSTOMER	SHIP VIA	FROM	TERM
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PRO001	DROP SHIP	Origin	Net 15 Days
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PURCHASE ORDER NUMBER	SALESPERSON	ORDER DATE	OUR ORDER NUMBER
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1967190-PRV	EK	03/30/09	39337
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QTY ORDERED	QTY SHIPPED BACKORDER	ITEM NUMBER	UNIT OF MEASURE	UNIT PRICE	EXTENDED PRICE
		ITEM DESCRIPTION	DISCOUNT%	TAX	
3		224-3594		2237.03	5711.09
		0 DELL LATITUDE XT2 NON-TAA BASE		N	
3		312-0855		110.52	331.56
		0 DELL LATITUDE 6-CALL 42 WHR BATTERY		N	
		CUSTOMER KIT			
3		317-0186		147.36	442.08
		0 DELL LATITUDE MEDIBASE, DVD+RW XT2		N	
		CUSTOMER KIT			
		DELLD0N5K392 D048694			
1		1 FREIGHT		219.00	219.00
		0 SHIPPING CHARGES		N	

Net due on 05/15/09

Nontaxable	7703.73
Taxable Subtotal	0.00
Tax	0.00
<b>Total Invoice</b>	<b>7703.73</b>

THANK YOU