Form 641 – Parts A, B & C
ASHNHA Quarterly Project Budget Summary
& Performance Analysis Reporting Form

Denali Commission Projects

Project Name: Voice Communication System

Name of Hospital / Grant Sub-Recipient: South Peninsula Hospital

Reporting Period: FY 12 Quarter 4 July 1 – Sept 30, 2012

Sub-Recipient Grant No.:
1004-Q $1,846 Extended until 12/31/12
1150-H $12,617 Extended until 12/31/12
1265-L $29,311 Extended until 12/31/12

Part 641 – A. Project Budget Summary (provide the following information requested; use additional pages as necessary):

1. ***Original Project Budget Information:***

   a. The *original* total approved project budget:

      i. Amount of Denali Commission Grant Award: $43,880 in original award
      $43,744 in opened awards

      Amount of funding by Award:
      1004-Q $1,846
      1150-H $12,617
      1265-L $29,311

      ii. Amount of Facility Cost Share Match (CSM): $44,000

      iii. Original Total Project Cost [line 1(a)(i) plus line 1(a)(ii)]: $87,880

2. ***Actual Project Costs Recorded During the Current Reporting Period:***

   a. Amount of the Facility's own Project cost share match (CSM) expended (non-reimbursed expenditures) during the current reporting period:

      $52,131

      Please note which award to apply this match:

      1004-Q $1,846 $1,846
      1150-H $12,617 $12,617
      1265-L $29,311 $37,668

b. Amount of Facility funds expended during the current reporting period for which Denali Commission grant funds are being requested this period on Form 642 (Part B) to reimburse your hospital for its project expenditures:

$43,774

Please note which award the reimbursement is requested from:

1004-Q $1,846	$1,846
1150-H $12,617	$12,617
1265-L $29,311	$29,311

c. Total amount of project costs recorded during the reporting period, whether expended facility CSM or reimbursement for facility expenditures is being sought (add lines 2a & 2b):

$95,905

Please total amount per award:

1004-Q $1,846	$3,692
1150-H $12,617	$25,234
1265-L $29,311	$66,979

3. *Total Denali Commission Grant Funds Received to Date:*

Please report the **total** amount of Denali Commission grant funds **received** (whether received as an advance or as reimbursement for expenses) as of the end of the current reporting period (i.e., the total grant funds received to-date):

$106

Please note Denali Commission funds received to date by award:

316-7 SPH $106	$106 Award is now closed – no funds remain
1004-Q $1,846	0
1150-H $12,617	0
1265-L $29,311	0

4. *Total Facility Cost Share Match Funds Expended to Date:*

Please report the **total** amount of hospital funds **expended** (i.e., the hospital's share of the cost of the project *for which reimbursement was not and cannot be sought* from the Denali Commission) as of the end of the current reporting period (i.e., the total hospital matching funds expended to-date for which you did not seek reimbursement):

$52,379

Please note cost share match funds expended to date by award:

316-7 SPH $106	$ 248
1004-Q $1,846	$1,846
1150-H $12,617	$12,617
1265-L $29,311	$37,668

5. *Project Schedule:*

Please state the anticipated start and end dates of this funded 2010 Denali Commission Primary Care Improvements in Hospitals project, and provide a list of appropriate milestone dates for the major phases or activities of your project.

Start date: March, 2011

End date: December, 2012

Description of Milestone Or Activity	Anticipated Completion Date
1. Finalize and update system specifications and get updated quote	completed
2. RFP for new hospital-wide unified messaging system (includes telephone, nurse communication, et al) RFP completed and distributed	completed
3. Bids Received	March 15, 2012
4. Selected Hill-Rom system as preferred vendor	April 30, 2012
5. Hill-Rom reps will be on site to finalize purchase order	May 14, 2012
6. Wireless infrastructure installed – will be "inspected" by vendor	May, 2012
7. Purchased the hands-free nurse communication system	August, 2012
8. Receive the telephone system	September, 2012
9. Install the system	November, 2012
10. Train on hands-free nurse communication system	November, 2012

Part 641 – B. Project Performance Analysis (add line items to the chart as appropriate):

[illegible]	[illegible] Budget	[illegible] Cost	[illegible] Date:	[illegible]
Hands free system purchased		$95,905	November, 2012	Infrastructure is wired
Totals:				

Part 641 – C. Facility Certification:

The preparer of this report, by signing below, certifies on behalf of his or her employer, that the information contained herein is accurate and complete to the best of his or her knowledge.

Signature

10-29-2012
Date

ROBERT LETSON, CEO
Printed Name and Official Title

Project Fund Disbursement Request
Form 642 – Parts A & B
ASHNHA's Quarterly Project Reporting Form

Please Use this Form to Make a Fund Disbursement Request

Project Name: Voice Communications System

Name of Hospital / Grant Sub-Recipient: South Peninsula Hospital

Reporting Period: FY 12 Quarter 4 July 1- Sept 30, 2012

Sub-Recipient Grant No.: 316-7 SPH, 1004-Q, 1150-H, 1265-L

Part 642 – A. Project Narrative *(use additional pages as necessary)* :

1. **What is the status of your D/C "Primary Care Improvements in Hospitals" project? (Please list all project phases completed or milestones achieved during the reporting period.)**

The system has been purchased and received. Installation and training will take place in November.

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

It's pretty much on schedule as of the last quarterly report. It was delayed greatly getting started, but is 90% complete.

3. **Is the 2project on budget, or over or under budget? If over budget, how will this be dealt with? What funds is your facility using to cover the additional project costs?**

It's pretty much on budget. The total cost ended up being 10% over budget, but it is not unexpected given the delays in purchasing the system. The hospital will be using excess capital project funds allocated for server upgrades to cover that difference.

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

Part 642 – B. Project Fund Disbursement Request (Advance or Reimbursement)

We are requesting ASHNHA to release $ $43,774.00 in Denali Commission Grant Funds for our project at this time. *This funding request is:*

1. ____ a request for an *Advance* against our Project Grant Award Funds; **or**

2. __X__ a request for *Reimbursement* from Project Grant Award Funds in order to cover project expenses incurred by our hospital during the reporting period.

Copies of all invoices submitted and checks written in payment must accompany any request for reimbursement; copies of purchase orders or other commitment documents must accompany any request for an advance.

H0190 HILL-ROM
PO BOX 643592, PITTSBURGH, PA 15264-3592

SOUTH PENINSULA HOSPITAL * 4300 BARTLETT STREET * HOMER, AK 99603.7005

					NET PAYABLE
23731947 PO# 00013017. 627421: SO 9910445	08/20/12	2,639.20			2,639.20
CHECK NO. 259450 091312		2,639.20			2,639.20

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Vendor #: H0190 Check #: 259450

ScanFile 2003 v7.6 - Computer: ADM-CFO-WS01 - User: lim - Date/Time: 10/29/2012 10:04:33 AM

Vendor #: H0190 Check #: 259450

Original Invoice

Invoice No: 23731947	Your P.O.: 13017	Invoice Date: 08/20/2012
Hill-Rom Order No.: SO 9910445	Payment Terms: NET 30 DAYS	Due Date: 09/19/2012

SOUTH PENINSULA HOSPITAL
Attn: Accounts Payable
PO BOX 1017
HOMER AK 99603

Sold To Customer: 627421
GLN: 1100005390928

SOUTH PENINSULA HOSPITAL
4300 BARTLETT ST
HOMER AK 99603

ENTERED SEP 13 2012

Ship To Customer: 627421
GLN: 1100005390928

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
18.000	12.00	P2536A0412	**COMM CABLE, CAT5E, SEAFOAM** B.O.L. #: 7648526 dated: 08/17/2012	$217.22	$2,606.64
19.000	4.00	P2537A02	**RJ45 CONN, AMP** B.O.L. #: 7648526 dated: 08/17/2012	8.14	32.56
			PO # 13017 PROPOSAL # RQCCQ1373 WIRELESS INTERFACE TO ASCOM NCM Tracking Number: 071423430179708, NO MODE SELECTED 071423430179715, NO MODE SELECTED 071423430179722, NO MODE SELECTED 071423430179739, NO MODE SELECTED 071423430179746, NO MODE SELECTED 071423430179753, NO MODE SELECTED 071423430179760, NO MODE SELECTED 071423430179777, NO MODE SELECTED 071423430179784, NO MODE SELECTED 071423430179791, NO MODE SELECTED 071423430179807, NO MODE SELECTED 071423430179814, NO MODE SELECTED		
			Sub Total:		$2,639.20
			Total Order		**$2,639.20**

RECEIVED
AUG 27 2012
IN ACCOUNTS PAYABLE

1180000 4
Proj: 1115

U.S. Customers Send Payment To:

Hill-Rom
PO Box 643592
Pittsburgh, PA 15264-3592

Visa, MasterCard and American Express Accepted
Past due balances subject to a 1.5% per month late charge, where applicable.

Int'l ID #: 35-0382072

Wire Payment:

JP Morgan
101 Monument Circle
Indianapolis, IN 46277
Account #: 1923-4862-1
ABA Routing #: 074000010
Please reference your invoice number.

For Questions / Correspondence Please Contact:

Hill-Rom
1069 State Route 46 East - Mail Code - J36
Batesville, IN 47006
Attn: Credit Inquiry Specialist
Phone: 800-445-2114 Option 3
Fax: 812-934-8848

Federal Tax ID # 35-1538921

H0190 HILL-ROM
PO BOX 643592, PITTSBURGH, PA 15264-3592

SOUTH PENINSULA HOSPITAL * 4300 BARTLETT STREET * HOMER, AK 99603.7005

					NET PAYABLE
23734985 PO# 00013017. 627421	08/25/12	18,962.00			18,962.00
CHECK NO. 259509 091812		18,962.00			18,962.00

Vendor #: H0190 Check #: 259509

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ScanFile 2003 v7.6 - Computer: ADM-CFO-WS01 - User: lim - Date/Time: 10/29/2012 10:05:15 AM

Vendor #: H0190 Check #: 259509

H0190

Hill-Rom

Original Invoice

Invoice No: 23734985	Your P.O.: 13017	Invoice Date: 08/25/2012
Hill-Rom Order No.: SO 9910445	Payment Terms: NET 30 DAYS	Due Date: 09/24/2012

SOUTH PENINSULA HOSPITAL
Attn: Accounts Payable
PO BOX 1017
HOMER AK 99603

Sold To Customer: 627421
GLN: 1100005390928

SOUTH PENINSULA HOSPITAL
4300 BARTLETT ST
HOMER AK 99603

ENTERED SEP 17 2012

Ship To Customer: 627421
GLN: 1100005390928

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
11.000	1.00	MP5-UPS	**MP5 UNINTERRUPTIBLE PWR BACKUP** B.O.L. #: 7662914 dated: 08/24/2012 ZMT1011132421	1,434.91	1,434.91
12.000	1.00	FXINT-MAUXII	**MP5 AUXILIARY BOARD** B.O.L. #: 7662914 dated: 08/24/2012 ZMT0608095069	664.32	664.32
14.000	1.00	P2519A20	**UNINTERRUPTED POWER CABINET** B.O.L. #: 7662914 dated: 08/24/2012	731.77	731.77
15.000	1.00	P2521A03	**UPC UPS, 350VA** B.O.L. #: 7662914 dated: 08/24/2012	106.29	106.29
16.000	1.00	P2532B02	**8-PORT 10/100 SWITCH, LINKSYS** B.O.L. #: 7662914 dated: 08/24/2012	72.84	72.84
17.000	6.00	P2594A01	**FULL FEAT A/S, CODE BLUE W/DIS** B.O.L. #: 7662914 dated: 08/24/2012 PO # 13017 PROPOSAL # RQCCQ1373 WIRELESS INTERFACE TO ASCOM NCM Tracking Number: 2664368221, NO MODE SELECTED	739.42	4,436.52
			Sub Total:		$18,962.00
			11800006 Proj 1115		
				Total Order	**$18,962.00**

U.S. Customers Send Payment To:

Hill-Rom
PO Box 643592
Pittsburgh, PA 15264-3592

RECEIVED
SEP 04 2012
IN ACCOUNTS PAYABLE

Visa, MasterCard and American Express Accepted
Past due balances subject to a 1.5% per month late charge, where applicable.

Int'l ID #: 35-0382072

Wire Payment:

JP Morgan
101 Monument Circle
Indianapolis, IN 46277
Account #: 1923-4862-1
ABA Routing #: 074000010
Please reference your invoice number.

For Questions / Correspondence Please Contact:

Hill-Rom
1069 State Route 46 East - Mail Code - J36
Batesville, IN 47006
Attn: Credit Inquiry Specialist
Phone: 800-445-2114 Option 3
Fax: 812-934-8848

Federal Tax ID # 35-1538921

ScanFile 2003 v7.6 - Computer: ADM-CFO-WS01 - User: lim - Date/Time: 10/29/2012 10:05:25 AM

Vendor #: H0190 Check #: 259509

Hill-Rom

Original Invoice

Invoice No: 23734985	Your P.O.: 13017	Invoice Date: 08/25/2012
Hill-Rom Order No.: SO 9910445	Payment Terms: NET 30 DAYS	Due Date: 09/24/2012

SOUTH PENINSULA HOSPITAL
Attn: Accounts Payable
PO BOX 1017
HOMER AK 99603

Sold To Customer: 627421
GLN: 1100005390928

SOUTH PENINSULA HOSPITAL

4300 BARTLETT ST
HOMER AK 99603

Ship To Customer: 627421
GLN: 1100005390928

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
2.000	1.00	FXT1-24	**MP5 T1 ADAPTER BOARD** B.O.L. #: 7662914 dated: 08/24/2012 ZV0709052914	$2,657.25	$2,657.25
3.000	1.00	FXINT-MAUXII	**MP5 AUXILIARY BOARD** B.O.L. #: 7662914 dated: 08/24/2012 ZMT0608095098	664.32	664.32
4.000	1.00	DXOPT-SYN	**MP5/DXP T1/PRI SYN CARD** B.O.L. #: 7662914 dated: 08/24/2012 TN03070065218	701.52	701.52
5.000	1.00	MP5-BCHHR	**MP5 CABINET ASSEMBLY, HILL-ROM** B.O.L. #: 7662914 dated: 08/24/2012 ZV1110054000	1,860.07	1,860.07
6.000	1.00	MP5-UPS	**MP5 UNINTERRUPTIBLE PWR BACKUP** B.O.L. #: 7662914 dated: 08/24/2012 ZMT1011132427	1,434.91	1,434.91
7.000	1.00	FXIISW-EXP	**MP5 EXPANSION LICENSE** B.O.L. #: 7662914 dated: 08/24/2012	1,687.35	1,687.35
8.000	1.00	CMBRC5	**NETWORK CABLE MANAGER, COMB** B.O.L. #: 7662914 dated: 08/24/2012	69.17	69.17
9.000	1.00	FXLDS-16	**MP5 DIGITAL STATION BOARD** B.O.L. #: 7662914 dated: 08/24/2012 ZMT1011132585	2,366.22	2,366.22
10.000	1.00	P2519B12	**RJ45 ADAPTOR BOARD ASSEMBLY** B.O.L. #: 7662914 dated: 08/24/2012	74.54	74.54

U.S. Customers Send Payment To:

Hill-Rom
PO Box 643592
Pittsburgh, PA 15264-3592

Visa, MasterCard and American Express Accepted
Past due balances subject to a 1.5% per month late charge, where applicable.

Int'l ID #: 35-0382072

Wire Payment:

JP Morgan
101 Monument Circle
Indianapolis, IN 46277
Account #: 1923-4862-1
ABA Routing #: 074000010
Please reference your invoice number.

For Questions / Correspondence Please Contact:

Hill-Rom
1069 State Route 46 East - Mail Code - J36
Batesville, IN 47006
Attn: Credit Inquiry Specialist
Phone: 800-445-2114 Option 3
Fax: 812-934-8848

Federal Tax ID # 35-1538921

H0190 HILL-ROM
PO BOX 643592, PITTSBURGH, PA 15264-3592

SOUTH PENINSULA HOSPITAL * 4300 BARTLETT STREET * HOMER, AK 99603.7005

REF		GROSS			NET PAYABLE
23739101 PO# 00013018. 627421: SO 9910457	08/31/12	18,649.85			18,649.85
CHECK NO. 259652 092512		18,649.85			18,649.85

Vendor #: H0190 Check #: 259652

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ScanFile 2003 v7.6 - Computer: ADM-CFO-WS01 - User: lim - Date/Time: 10/29/2012 10:05:54 AM

Vendor #: H0190 Check #: 259652

Hill-Rom

Original Invoice

Invoice No: 23739101	Your P.O.: 13018 01227831	Invoice Date: 08/31/2012
Hill-Rom Order No.: SO 9910457	Payment Terms: NET 30 DAYS	Due Date: 09/30/2012

SOUTH PENINSULA HOSPITAL
Attn: Accounts Payable
PO BOX 1017
HOMER AK 99603

Sold To Customer: 627421
GLN: 1100005390928

SOUTH PENINSULA HOSPITAL
4300 BARTLETT ST
HOMER AK 99603

ENTERED SEP 13 2012

Ship To Customer: 627421
GLN: 1100005390928

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
2.000	20.00	AS-WH1-AADA	**I62 MESSENGER WIFI SET WBATT**	$573.75	$11,475.00
3.000	18.00	AS-660217	**SPARE BATTERY, D62**	33.15	596.70
4.000	3.00	AS-CR4-AAAA	**D62 BATTERY PAK CHGR 6 SLOT**	514.25	1,542.75
5.000	1.00	AS-DP1-AAAA	**I62 DESKTOP PROGRAMMER**	152.15	152.15
6.000	1.00	AS-DC3-AABA	**D41/D62 DESKTOP CHGR, BASIC**	40.80	40.80
7.000	3.00	AS-AWS1293	**AS,UNITE,VOIP GWAY-ANLG (8-PT)**	1,614.15	4,842.45
			PO # 13018 PROPISAL # RQCCQ1336-02 ASCOM INTEGRATION		
			Sub Total:		$18,649.85

RECEIVED
SEP 10 2012
IN ACCOUNTS PAYABLE

11800006
Proj 1115 #4,220.80
Proj 1219 #17,727.05

Total Order **$18,649.85**

U.S. Customers Send Payment To:

Hill-Rom
PO Box 643592
Pittsburgh, PA 15264-3592

Visa, MasterCard and American Express Accepted
Past due balances subject to a 1.5% per month late charge, where applicable.

Int'l ID #: 35-0382072

Wire Payment:

JP Morgan
101 Monument Circle
Indianapolis, IN 46277
Account #: 1923-4862-1
ABA Routing #: 074000010
Please reference your invoice number.

For Questions / Correspondence Please Contact:

Hill-Rom
1069 State Route 46 East - Mail Code - J36
Batesville, IN 47006
Attn: Credit Inquiry Specialist
Phone: 800-445-2114 Option 3
Fax: 812-934-8848

Federal Tax ID # 35-1538921

H0190 HILL-ROM
PO BOX 643592, PITTSBURGH, PA 15264-3592

SOUTH PENINSULA HOSPITAL * 4300 BARTLETT STREET * HOMER, AK 99603.7005

					NET PAYABLE
23740740 PO# 00013018. 627421	09/05/12	3,864.65			3,864.65
23741680 PO# 00013017. 627421	09/06/12	1,170.00			1,170.00
CHECK NO. 259712 092712		5,034.65			5,034.65

Vendor #: H0190 Check #: 259712

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Vendor #: H0190 Check #: 259712

110176

Hill-Rom

Original Invoice

Invoice No: 23740740	Your P.O.: 13018	Invoice Date: 09/05/2012
Hill-Rom Order No.: SO 9910457	Payment Terms: NET 30 DAYS	Due Date: 10/05/2012

SOUTH PENINSULA HOSPITAL
Attn: Accounts Payable
PO BOX 1017
HOMER AK 99603

Sold To Customer: 627421
GLN: 1100005390928

SOUTH PENINSULA HOSPITAL
4300 BARTLETT ST
HOMER AK 99603

Ship To Customer: 627421
GLN: 1100005390928

ENTERED SEP 17 2012

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
9.000	1.00	AS-FE3-C1ALCBAS	**UNITECM COMPACT, LIC: BASE**	$2,554.25	$2,554.25
10.000	1.00	AS-FE3-C1ACLU10	**UNITECM COMPACT 10 USERS**	1,147.50	1,147.50
18.000	1.00	P005276	**HANDLING CHARGE $500-$50,000**	162.90	162.90
			PO # 13018 PROPISAL # RQCCQ1336-02 ASCOM INTEGRATION		
			Sub Total:		$3,864.65

11400030
$1962.03
11800006
Proj: 1219
$1902.62

RECEIVED
SEP 14 2012
IN ACCOUNTS PAYABLE

Total Order **$3,864.65**

U.S. Customers Send Payment To:

Hill-Rom
PO Box 643592
Pittsburgh, PA 15264-3592

Visa, MasterCard and American Express Accepted
Past due balances subject to a 1.5% per month late charge, where applicable.

Int'l ID #: 35-0382072

Wire Payment:

JP Morgan
101 Monument Circle
Indianapolis, IN 46277
Account #: 1923-4862-1
ABA Routing #: 074000010
Please reference your invoice number.

For Questions / Correspondence Please Contact:

Hill-Rom
1069 State Route 46 East - Mail Code - J36
Batesville, IN 47006
Attn: Credit Inquiry Specialist
Phone: 800-445-2114 Option 3
Fax: 812-934-8848

Federal Tax ID # 35-1538921

H0190 HILL-ROM
PO BOX 643592, PITTSBURGH, PA 15264-3592

SOUTH PENINSULA HOSPITAL * 4300 BARTLETT STREET * HOMER, AK 99603.7005

					NET PAYABLE
23749480	09/19/12	885.72			885.72
PO# 00001111. 627421: Q1111					
23734986	08/25/12	37,990.97			37,990.97
PO# 00013019. 627421					
23742509	09/08/12	13,798.90			13,798.90
PO# 00013018. 627421					
CHECK NO. 260036 101112		52,675.59			52,675.59

Vendor #: H0190 Check #: 260036

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Vendor #: H0190 Check #: 260036

Hill-Rom

Original Invoice

Invoice No: 23734986	Your P.O.: 13019	Invoice Date: 08/25/2012
Hill-Rom Order No.: SO 9910467	Payment Terms: NET 30 DAYS	Due Date: 09/24/2012

SOUTH PENINSULA HOSPITAL
Attn: Accounts Payable
PO BOX 1017
HOMER AK 99603

Sold To Customer: 627421
GLN: 1100005390928

SOUTH PENINSULA HOSPITAL
4300 BARTLETT ST
HOMER AK 99603

ENTERED OCT 1 1 2012

Ship To Customer: 627421
GLN: 1100005390928

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
36.000	1.00	P2522A01	**KEY-BOARD MASTER STATION** B.O.L. #: 7662909 dated: 08/24/2012	68.50	68.50
37.000	1.00	P2522B02	**KEYBOARD/MOUSE EXT. CBLE. 6 FT** B.O.L. #: 7662909 dated: 08/24/2012	8.55	8.55
38.000	1.00	P2521C01	**UPS, APC BACK-UPS RS 1500** B.O.L. #: 7662909 dated: 08/24/2012	359.55	359.55
39.000	1.00	P2518A05	**MTG. SUPPORT ASSY, SERVER** B.O.L. #: 7662909 dated: 08/24/2012	227.01	227.01
40.000	1.00	P25765S100	**SW, NCM CLIENT 5.0** B.O.L. #: 7662909 dated: 08/24/2012	2,106.00	2,106.00
			PO # 13019 PROPOSAL # RQCCQ1375 NCM 5.0 UPG Tracking Number: 2664368221, NO MODE SELECTED		
			Sub Total:		$37,990.97

11400030

Total Order **$37,990.97**

U.S. Customers Send Payment To:

Hill-Rom
PO Box 643592
Pittsburgh, PA 15264-3592

Visa, MasterCard and American Express Accepted
Past due balances subject to a 1.5% per month late charge, where applicable.

Int'l ID #: 35-0382072

Wire Payment:

JP Morgan
101 Monument Circle
Indianapolis, IN 46277
Account #: 1923-4862-1
ABA Routing #: 074000010
Please reference your invoice number.

For Questions / Correspondence Please Contact:

Hill-Rom
1069 State Route 46 East - Mail Code - J36
Batesville, IN 47006
Attn: Credit Inquiry Specialist
Phone: 800-445-2114 Option 3
Fax: 812-934-8848

Federal Tax ID # 35-1538921

ScanFile 2003 v7.6 - Computer: ADM-CFO-WS01 - User: lim - Date/Time: 10/29/2012 10:06:59 AM

Vendor #: H0190 Check #: 260036

H0170

Hill-Rom

Original Invoice

Invoice No: 23734986	Your P.O.: 13019	Invoice Date: 08/25/2012
Hill-Rom Order No.: SO 9910467	Payment Terms: NET 30 DAYS	Due Date: 09/24/2012

SOUTH PENINSULA HOSPITAL
Attn: Accounts Payable
PO BOX 1017
HOMER AK 99603

Sold To Customer: 627421
GLN: 1100005390928

SOUTH PENINSULA HOSPITAL
4300 BARTLETT ST
HOMER AK 99603

Ship To Customer: 627421
GLN: 1100005390928

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
2.000	1.00	P25765HCMA10	**SERVER,COMARK,NCM,WINSVR2008** B.O.L. #: 7662909 dated: 08/24/2012 1912025COM	$5,142.89	$5,142.89
3.000	1.00	P2517A1900	**MONITOR, 19IN LCD BLACK** B.O.L. #: 7662909 dated: 08/24/2012	482.04	482.04
4.000	1.00	P2522B02	**KEYBOARD/MOUSE EXT. CBLE. 6 FT** B.O.L. #: 7662909 dated: 08/24/2012	8.55	8.55
5.000	1.00	P2522A01	**KEY-BOARD MASTER STATION** B.O.L. #: 7662909 dated: 08/24/2012	68.50	68.50
6.000	1.00	P2500A10	**COMLINX NCM MOUSE** B.O.L. #: 7662909 dated: 08/24/2012	22.42	22.42
7.000	1.00	P2521C01	**UPS, APC BACK-UPS RS 1500** B.O.L. #: 7662909 dated: 08/24/2012	359.55	359.55
8.000	1.00	P2518A05	**MTG. SUPPORT ASSY, SERVER** B.O.L. #: 7662909 dated: 08/24/2012	227.01	227.01
9.000	1.00	P25765S200	**SW, NCM SERVER 5.0** B.O.L. #: 7662909 dated: 08/24/2012	4,290.00	4,290.00
10.000	1.00	P006038	**COMLINX NCM5 MANUALS CD** B.O.L. #: 7662909 dated: 08/24/2012	7.80	7.80
12.000	1.00	SERVICECONTRACT	**BILLED UPON PRODUCT SHIPMENT** B.O.L. #: 7662909 dated: 08/24/2012		

U.S. Customers Send Payment To:

Hill-Rom
PO Box 643592
Pittsburgh, PA 15264-3592

RECEIVED
SEP 04 2012
IN ACCOUNTS PAYABLE

Visa, MasterCard and American Express Accepted
Past due balances subject to a 1.5% per month late charge, where applicable.

Int'l ID #: 35-0382072

Wire Payment:

JP Morgan
101 Monument Circle
Indianapolis, IN 46277
Account #: 1923-4862-1
ABA Routing #: 074000010
Please reference your invoice number.

For Questions / Correspondence Please Contact:

Hill-Rom
1069 State Route 46 East - Mail Code - J36
Batesville, IN 47006
Attn: Credit Inquiry Specialist
Phone: 800-445-2114 Option 3
Fax: 812-934-8848

Federal Tax ID # 35-1538921

ScanFile 2003 v7.6 - Computer: ADM-CFO-WS01 - User: lim - Date/Time: 10/29/2012 10:07:04 AM

Vendor #: H0190 Check #: 260036

Hill-Rom

Original Invoice

Invoice No: 23734986	Your P.O.: 13019	Invoice Date: 08/25/2012
Hill-Rom Order No.: SO 9910467	Payment Terms: NET 30 DAYS	Due Date: 09/24/2012

SOUTH PENINSULA HOSPITAL
Attn: Accounts Payable
PO BOX 1017
HOMER AK 99603

Sold To Customer: 627421
GLN: 1100005390928

SOUTH PENINSULA HOSPITAL
4300 BARTLETT ST
HOMER AK 99603

Ship To Customer: 627421
GLN: 1100005390928

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
15.000	2.00	P25765HCMA16	**CLIENT,COMARK,NCM,WIN7PRO** B.O.L. #: 7662909 dated: 08/24/2012 1412012COM 1912015COM	3,594.16	7,188.32
16.000	2.00	P2500A09	**COMLINX NCM CONSOLE** B.O.L. #: 7662909 dated: 08/24/2012	791.57	1,583.14
17.000	2.00	P2500A10	**COMLINX NCM MOUSE** B.O.L. #: 7662909 dated: 08/24/2012	22.42	44.84
18.000	2.00	P2517C15	**MONITOR, 15IN LCD TOUCH SCREEN** B.O.L. #: 7662909 dated: 08/24/2012	1,174.52	2,349.04
19.000	2.00	P2522A01	**KEY-BOARD MASTER STATION** B.O.L. #: 7662909 dated: 08/24/2012	68.50	137.00
20.000	2.00	P2522B02	**KEYBOARD/MOUSE EXT. CBLE. 6 FT** B.O.L. #: 7662909 dated: 08/24/2012	8.55	17.10
21.000	2.00	P2521C01	**UPS, APC BACK-UPS RS 1500** B.O.L. #: 7662909 dated: 08/24/2012	359.55	719.10
22.000	2.00	P2518A05	**MTG. SUPPORT ASSY, SERVER** B.O.L. #: 7662909 dated: 08/24/2012	227.01	454.02
23.000	2.00	P25765S100	**SW, NCM CLIENT 5.0** B.O.L. #: 7662909 dated: 08/24/2012	2,106.00	4,212.00

U.S. Customers Send Payment To:

Hill-Rom
PO Box 643592
Pittsburgh, PA 15264-3592

Visa, MasterCard and American Express Accepted
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Int'l ID #: 35-0382072

Wire Payment:

JP Morgan
101 Monument Circle
Indianapolis, IN 46277
Account #: 1923-4862-1
ABA Routing #: 074000010
Please reference your invoice number.

For Questions / Correspondence Please Contact:

Hill-Rom
1069 State Route 46 East - Mail Code - J36
Batesville, IN 47006
Attn: Credit Inquiry Specialist
Phone: 800-445-2114 Option 3
Fax: 812-934-8848

Federal Tax ID # 35-1538921

ScanFile 2003 v7.6 - Computer: ADM-CFO-WS01 - User: lim - Date/Time: 10/29/2012 10:07:09 AM

Vendor #: H0190 Check #: 260036

Hill-Rom

Original Invoice

Invoice No: 23734986	Your P.O.: 13019	Invoice Date: 08/25/2012
Hill-Rom Order No.: SO 9910467	Payment Terms: NET 30 DAYS	Due Date: 09/24/2012

SOUTH PENINSULA HOSPITAL
Attn: Accounts Payable
PO BOX 1017
HOMER AK 99603

Sold To Customer: 627421
GLN: 1100005390928

SOUTH PENINSULA HOSPITAL
4300 BARTLETT ST
HOMER AK 99603

Ship To Customer: 627421
GLN: 1100005390928

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
25.000	5.00	P2512A00	**ZONE LIGHT, CEILING MOUNT** B.O.L. #: 7662909 dated: 08/24/2012	128.61	643.05
26.000	2.00	P2549A03	**ENCLOSURE, ROOM BOX FOR MPRB &** B.O.L. #: 7662909 dated: 08/24/2012	57.76	115.52
27.000	2.00	P2599A01	**CONSOLIDATED ROOM BOARD ASSY** B.O.L. #: 7662909 dated: 08/24/2012	291.11	582.22
28.000	2.00	P2594A06	**STAND A/S, W/CODE, W/O DISP** B.O.L. #: 7662909 dated: 08/24/2012	379.61	759.22
29.000	1.00	P2536A0412	**COMM CABLE, CAT5E, SEAFOAM** B.O.L. #: 7662909 dated: 08/24/2012	217.22	217.22
30.000	1.00	P2537A02	**RJ45 CONN, AMP** B.O.L. #: 7662909 dated: 08/24/2012	8.14	8.14
32.000	1.00	P25765HCMA16	**CLIENT,COMARK,NCM,WIN7PRO** B.O.L. #: 7662909 dated: 08/24/2012 0912003COM	3,594.16	3,594.16
33.000	1.00	P2500A09	**COMLINX NCM CONSOLE** B.O.L. #: 7662909 dated: 08/24/2012	791.57	791.57
34.000	1.00	P2500A10	**COMLINX NCM MOUSE** B.O.L. #: 7662909 dated: 08/24/2012	22.42	22.42
35.000	1.00	P2517C15	**MONITOR, 15IN LCD TOUCH SCREEN** B.O.L. #: 7662909 dated: 08/24/2012	1,174.52	1,174.52

U.S. Customers Send Payment To:

Hill-Rom
PO Box 643592
Pittsburgh, PA 15264-3592

Visa, MasterCard and American Express Accepted
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Int'l ID #: 35-0382072

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Indianapolis, IN 46277
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Fax: 812-934-8848

Federal Tax ID # 35-1538921

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Vendor #: H0190 Check #: 260036

Hill-Rom

Original Invoice

Invoice No: 23742509	Your P.O.: 13018 01227831	Invoice Date: 09/08/2012
Hill-Rom Order No.: SO 9910457	Payment Terms: NET 30 DAYS	Due Date: 10/08/2012

SOUTH PENINSULA HOSPITAL
Attn: Accounts Payable
PO BOX 1017
HOMER AK 99603

Sold To Customer: 627421
GLN: 1100005390928

SOUTH PENINSULA HOSPITAL

4300 BARTLETT ST
HOMER AK 99603

ENTERED OCT 1 1 2012

Ship To Customer: 627421
GLN: 1100005390928

Line	Qty	Product No.	Product Description / Serial No.	Unit Price	Extended Price
8.000	1.00	AS-FE3-C1ABAB	**UNITECM ENT, ELISE 3 STD**	$2,295.00	$2,295.00
11.000	1.00	AS-660324	**19" RACK KIT FOR ELISE3**	71.40	71.40
12.000	1.00	AS-AWS1343	**AA60 VOICE APPLIANCE**	2,975.00	2,975.00
13.000	1.00	AS-AWS1286	**ASCOM HR NURSECALL GATEWAY**	8,457.50	8,457.50
14.000	1.00	AS-AWS1166	**AS,PWR SUPPLY 12V4.5 AC+BRKET**		
			PO # 13018 PROPISAL # RQCCQ1336-02 ASCOM INTEGRATION		
			Sub Total:		$13,798.90

RECEIVED
SEP 17 2012
IN ACCOUNTS PAYABLE

11800006
Proj: 1219

Total Order **$13,798.90**

U.S. Customers Send Payment To:

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PO Box 643592
Pittsburgh, PA 15264-3592

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