

Gift to Agency Report

A Public Document

GIFT TO AGENCY REPORT

1. Agency Name Department of Health Care Services		Date Stamp	California Form 801 For Official Use Only
Division, Department, or Region (if applicable)			
Street Address 1501 Capitol Avenue, Sacramento, California 95814			
Area Code/Phone Number (916) 440-7418	E-mail brian.hansen@dhcs.ca.gov	<input type="checkbox"/> Amendment (explain in comment section)	
Agency Contact (name and title) Brian Hansen, Special Assistant to the Director		Date of Original Filing: 8/13/09 (month, day, year)	

2. Donor Name and Address

Individual _____ Other American Medicaid Pharmacy Admin. As.

3260 Legacy Drive Anchorage AK 99516

Address City State Zip Code

Non-profit promoting information sharing for Medicaid Pharmacy Administrators

If "Other" is marked, describe the entity's business activity (if business) or its nature and interests.

If applicable, identify the name of each source and the amount(s) solicited or received by the donor for this gift:

_____	\$ _____	_____	\$ _____
Name	Amount	Name	Amount

3. Payment Information

Date and Amount of Payment (other than travel) _____ \$ 0

(month, day, year) (Round to whole dollars)

Travel Payment Information (Round to whole dollars) Location of Travel Providence, Rhode Island, USA

July 17-19	\$ 605.40	\$ 537.00	\$ 250.00	\$ 104.00	\$ 1,496.40
Date(s) of Travel	Transportation Expenses	Lodging Expenses	Meal Expenses	Other Expenses	Total Expenses

Provide a specific description of the nature and use of the payment for official agency business:

Travel to a conference to discuss Medicaid Pharmacy business with representatives from other state Medicaid programs.

Identify the officials for whom the payment was used:

Gorospo	Kevin	Chief Pharmacy Policy Br	Health Care Services
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division
_____	_____	_____	_____
Last Name	First Name	Title	Department/Division

4. Verification

I have determined that it is in the interests of the agency to accept this gift and use it for the official agency business described above.

<u>Brian L. Hansen</u>	Brian Hansen	Special Assist. to the Director	8/13/09
Signature of Agency Head or Designee	Print Name	Title	(month, day, year)

Comment: (Use this space or an attachment for any additional information.)