

**DENVER HEALTH AND HOSPITAL AUTHORITY  
PAYMENT REQUEST (SEE NOTE 1)**

REQUEST DATE: 9/19/2011      DATE GOODS/SERVICE RECD: 9/14/2011

INVOICE DATE: 9/14/2011      TIN #/SOCIAL SECURITY #:

VENDOR/PAYEE: Denver Sheriff Department  
Accounting- Dale Noland

REMIT TO ADDRESS: Po Box 1108, Denver, CO 80201

COMPANY: 1111      (Denver Health - 1111) (Medicaid Choice - 1122) (DHMP - 2222)

**PAYMENT DISTRIBUTION:**

B31700	5765	August 2011 66 Days @ \$209.00	\$13,794.00

Preparer Allison Pohlmann  
Phone: 303-436-3568  
Dept: Correctional Care  
MC: 3450

Materials and services shown were received by DHHA and are satisfactory and/or comply with specifications. Amounts set forth herein are due and owing from DHHA to the vendor.

Authorized Signature: [Signature]      Date: \_\_\_\_\_

Budget Signature: [Signature]      Date: 9/22/11

Budget Authorization required for purchases = to or > than \$5,000.00

SPARO Signature: \_\_\_\_\_      Date: \_\_\_\_\_

SPARO Authorization on all Restricted Funds, Special Project Funds, and Grant Salary Savings Funds

**RETURN THIS COMPLETED FORM WITH ORIGINAL INVOICE TO ACCOUNTS PAYABLE AT MAIL CODE 0080**

AP AREA: Check # \_\_\_\_\_      Date of Notification: \_\_\_\_\_

Return to Department: \_\_\_\_\_      Received in AP \_\_\_\_\_

AP Initials \_\_\_\_\_

Packing or Receiving Documentation Needed

Copy of Purchase Order/Contract needed, Purchasing approval needed

Other \_\_\_\_\_

**Note 1: DO NOT use this for Travel Advance, Travel Expense Reimbursement, or Bus Token Request**



JOHN W. HICKENLOOPER  
MAYOR

# CITY AND COUNTY OF DENVER

DEPARTMENT OF SAFETY

DENVER SHERIFF DEPARTMENT  
P.O. BOX 1108  
DENVER, COLORADO 80201

September 14, 2011

Denver Health Medical Center  
Correctional Healthcare  
777 Bannock St.  
MC 1926  
Denver, CO 80204-4507  
Attn: Keena French

Attached is the actual billing for prisoners who were contracted by DHMC to be housed in the Correctional Care Medical Facility and security provided by the Denver Sheriff Department

Bill for Month of:

August 2011

66 Days @ \$209.00

\$13,794.00

**Total Amount Due: \$13,794.00**

**MAKE CHECK PAYABLE TO:**

**DENVER SHERIFF DEPARTMENT  
ACCOUNTING - DALE NOLAND  
P.O. BOX 1108  
DENVER, CO 80201**

I certify that this statement of costs is true and accurate.  
Please feel free to call if you have any questions regarding this bill.

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Hli Ly  
Senior Accountant  
Denver Sheriff Department  
(720) 865-4109

September 7, 2011

TO: MARK VALENTINE, DIRECTOR of FINANCE & PURCHASING  
FROM: DIVISION CHIEF PHIL DEEDS - DOWNTOWN DIVISION *P. Deeds*  
SUBJECT: DOC INMATE BILLING - August 2011

NAME	ADMIT DATE	RELEASE DATE	DAYS
F	8/1/2011	8/1/2011	1
S	8/2/2011	8/3/2011	2
A	8/5/2011	8/7/2011	3
G	8/9/2011	8/10/2011	2
R	8/10/2011	8/17/2011	8
B	8/10/2011	8/22/2011	13
R	8/12/2011	8/15/2011	4
M	8/15/2011	8/16/2011	2
A	8/17/2011	8/24/2011	8
D	8/20/2011	8/21/2011	2
D	8/20/2011	8/20/2011	1
H	8/21/2011	8/24/2011	4
L	8/23/2011	8/24/2011	2
H	8/23/2011	8/26/2011	4
E	8/23/2011	8/26/2011	4
W	8/25/2011	8/29/2011	5
B	8/25/2011	8/28/2011	4
M	8/25/2011	8/26/2011	2
F	8/25/2011	8/26/2011	2
H	8/27/2011	8/30/2011	4
M	8/29/2011	8/31/2011	3
D	8/28/2011	8/30/2011	3
C	8/28/2011	8/29/2011	2
P	8/30/2011	8/31/2011	2 *
M	8/31/2011	8/31/2011	1 *
Gross Billing Days			88
Less Adjusted Days			-22
Net Billing Days			66

\* Before number of days indicates inmate was admitted in prior month



**DENVER HEALTH AND HOSPITAL AUTHORITY  
PAYMENT REQUEST (SEE NOTE 1)**

REQUEST DATE: 8/16/2011      DATE GOODS/SERVICE RECD: 8/16/2011

INVOICE DATE: 8/12/2011      TIN #/SOCIAL SECURITY #:

VENDOR/PAYEE: Denver Sheriff Department  
Accounting- Dale Noland

REMIT TO ADDRESS: Po Box 1108, Denver, CO 80201

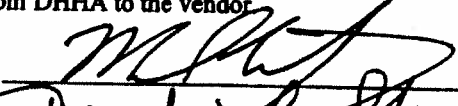
COMPANY: 1111      (Denver Health - 1111) (Medicaid Choice - 1122) (DHMP - 2222)

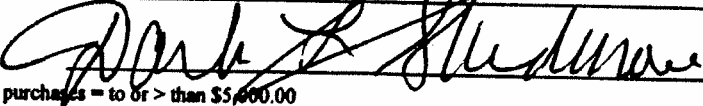
**PAYMENT DISTRIBUTION:**

831700	5765	July 2011 95 Days @ \$209.00	\$19,855.00

Preparer Allison Pohlmann  
Phone: 303-436-3568  
Dept: Correctional Care  
MC: 3450

Materials and services shown were received by DHHA and are satisfactory and/or comply with specifications. Amounts set forth herein are due and owing from DHHA to the vendor.

Authorized Signature:       Date: 8.16.11

Budget Signature:       Date: 8/16/11

Budget Authorization required for purchases = to or > than \$5,000.00

SPARO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SPARO Authorization on all Restricted Funds, Special Project Funds, and Grant Salary Savings Funds

**RETURN THIS COMPLETED FORM WITH ORIGINAL INVOICE TO ACCOUNTS PAYABLE AT MAIL CODE 0080**

AP AREA: Check # \_\_\_\_\_ Date of Notification: \_\_\_\_\_

Return to Department: \_\_\_\_\_ Received in AP \_\_\_\_\_

AP Initials \_\_\_\_\_

\_\_\_\_\_ Packing or Receiving Documentation Needed  
\_\_\_\_\_ Copy of Purchase Order/Contract needed, Purchasing approval needed  
\_\_\_\_\_ Other \_\_\_\_\_

**Note 1: DO NOT use this for Travel Advance, Travel Expense Reimbursement, or Bus Token Request**



JOHN W. HICKENLOOPER  
MAYOR

## CITY AND COUNTY OF DENVER

DEPARTMENT OF SAFETY

DENVER SHERIFF DEPARTMENT  
P.O. BOX 1108  
DENVER, COLORADO 80201

August 12, 2011

Denver Health Medical Center  
Correctional Healthcare  
777 Bannock St.  
MC 1926  
Denver, CO 80204-4507  
Attn: Keena French

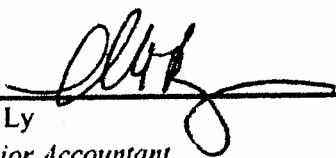
Attached is the actual billing for prisoners who were contracted by DHMC to be housed in the Correctional Care Medical Facility and security provided by the Denver Sheriff Department

Bill for Month of:  
July 2011                      95 Days @ \$209.00                      \$19,855.00  
  
Total Amount Due:                      \$19,855.00

**MAKE CHECK PAYABLE TO:**

DENVER SHERIFF DEPARTMENT  
ACCOUNTING - DALE NOLAND  
P.O. BOX 1108  
DENVER, CO 80201

I certify that this statement of costs is true and accurate.  
Please feel free to call if you have any questions regarding this bill.

  
\_\_\_\_\_  
Hli Ly  
Senior Accountant  
Denver Sheriff Department  
(720) 865-4109

August 9, 2011

TO: MARK VALENTINE, DIRECTOR of FINANCE & PURCHASING

FROM: DIVISION CHIEF PHIL DEEDS - DOWNTOWN DIVISION *P. Deeds*

SUBJECT: DOC INMATE BILLING - July 2011

	NAME	ADMIT DATE	RELEASE DATE	DAYS
G		7/1/2011	7/1/2011	* 1
E		7/1/2011	7/2/2011	* 2
W		7/1/2011	7/7/2011	* 7
G		7/1/2011	7/1/2011	* 1
S		7/1/2011	7/1/2011	* 1
M		7/1/2011	7/2/2011	2
L		7/1/2011	7/2/2011	2
A		7/1/2011	7/3/2011	3
S		7/2/2011	7/3/2011	2
L		7/3/2011	7/6/2011	4
A.		7/4/2011	7/8/2011	5
S		7/5/2011	7/6/2011	2
R		7/6/2011	7/19/2011	14
M		7/6/2011	7/10/2011	5
S		7/6/2011	7/8/2011	3
H		7/6/2011	7/12/2011	7
S		7/8/2011	7/9/2011	2
J		7/9/2011	7/11/2011	3
R		7/11/2011	7/12/2011	2
S		7/11/2011	7/12/2011	2
D		7/13/2011	7/14/2011	2
W		7/13/2011	7/16/2011	4
C		7/13/2011	7/19/2011	7
R		7/13/2011	7/14/2011	2
R		7/15/2011	7/18/2011	4
L		7/15/2011	7/16/2011	2
R		7/17/2011	7/21/2011	5
D		7/20/2011	7/21/2011	2
D		7/22/2011	7/27/2011	6
M		7/22/2011	7/22/2011	1
Gross Billing Days				Cont.
Less Adjusted Days				Next
Net Billing Days				Page

NAME	ADMIT DATE	RELEASE DATE	DAYS
P:	7/23/2011	7/24/2011	2
R	7/23/2011	7/27/2011	5
W	7/24/2011	7/25/2011	2
C	7/24/2011	7/24/2011	1
C	7/24/2011	7/25/2011	2
A	7/27/2011	7/29/2011	3
R	7/27/2011	7/29/2011	3
G:	7/28/2011	7/29/2011	2
			1
<b>Gross Billing Days</b>			126
<b>Less Adjusted Days</b>			-31
<b>Net Billing Days</b>			95

\* Before number of days indicates inmate was admitted in prior month  
 \* After number of days indicates inmate was not released prior to last day of month  
 Adjusted days = number of inmates admitted in current month with a stay greater than one day





**DENVER HEALTH AND HOSPITAL AUTHORITY  
PAYMENT REQUEST (SEE NOTE 1)**

REQUEST DATE: 08/01/2011      DATE GOODS/SERVICE RECD: 06/01/2011

INVOICE DATE: 07/27/2011      TIN #/SOCIAL SECURITY #:

VENDOR/PAYEE: Denver Sheriff Department  
Accounting- Dale Noland

REMIT TO ADDRESS : Po Box 1108, Denver, CO 80201

COMPANY: 1111      (Denver Health - 1111) (Medicaid Choice - 1122) (DHMP - 2222)

**PAYMENT DISTRIBUTION:**

ACCOUNTING UNIT	ACCOUNT	ACTIVITY CODE/ACCOUNT	AMOUNT
831700	5765	June Invoice	\$31,977.00
<b>TOTAL</b>			<b>\$31,977.00</b>

Preparer Keena French  
Phone: 720-956-2405  
Dept: Patient Financial Services  
MC: 1926

Materials and services shown were received by DHHA and are satisfactory and/or comply with specifications. Amounts set forth herein are due and owing from DHHA to the vendor.

Authorized Signature: *Stella Davis*      Date: 8/1/11

Budget Signature: *Dale L. Stedman*      Date: 8/1/11

Budget Authorization required for purchases = to or > than \$5,000.00

SPARO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SPARO Authorization on all Restricted Funds, Special Project Funds, and Grant Salary Savings Funds

**RETURN THIS COMPLETED FORM WITH ORIGINAL INVOICE TO ACCOUNTS PAYABLE AT MAIL CODE 0080**

AP AREA: Check # \_\_\_\_\_ Date of Notification: \_\_\_\_\_  
 Return to Department: \_\_\_\_\_ Received in AP \_\_\_\_\_  
 AP Initials \_\_\_\_\_  
 Packing or Receiving Documentation Needed \_\_\_\_\_  
 Copy of Purchase Order/Contract needed, Purchasing approval needed \_\_\_\_\_  
 Other \_\_\_\_\_

**Note 1: DO NOT use this for Travel Advance, Travel Expense Reimbursement, or Bus Token Request**



JOHN W. HICKENLOOPER  
MAYOR

# CITY AND COUNTY OF DENVER

DEPARTMENT OF SAFETY

DENVER SHERIFF DEPARTMENT  
P.O. BOX 1108  
DENVER, COLORADO 80201

July 27, 2011

Denver Health Medical Center  
Correctional Healthcare  
777 Bannock St.  
MC 1926  
Denver, CO 80204-4507  
Attn: Keena French

Attached is the actual billing for prisoners who were contracted by DHMC to be housed in the Correctional Care Medical Facility and security provided by the Denver Sheriff Department

Bill for Month of:

June 2011

153 Days @ \$209.00

\$31,977.00

**Total Amount Due: \$31,977.00**

MAKE CHECK PAYABLE TO:

DENVER SHERIFF DEPARTMENT  
ACCOUNTING - DALE NOLAND  
P.O. BOX 1108  
DENVER, CO 80201

I certify that this statement of costs is true and accurate.  
Please feel free to call if you have any questions regarding this bill.

Mohammad Dahleh  
Staff Accountant  
Denver Sheriff Department  
(720) 865-4107

July 22, 2011

TO: MARK VALENTINE, DIRECTOR of FINANCE & PURCHASING

FROM: DIVISION CHIEF PHIL DEEDS - DOWNTOWN DIVISION *P. Deeds*

SUBJECT: DOC INMATE BILLING - June 2011

	NAME	ADMIT DATE	RELEASE DATE	DAYS
A		6/1/2011	6/3/2011	* 3
H		6/1/2011	6/2/2011	* 2
B		6/1/2011	6/1/2011	* 1
C		6/1/2011	6/4/2011	* 4
F		6/1/2011	6/1/2011	* 1
V		6/1/2011	6/9/2011	* 9
M		6/2/2011	6/4/2011	3
A		6/3/2011	6/9/2011	7
C		6/4/2011	6/11/2011	8
D		6/5/2011	6/12/2011	8
R		6/6/2011	6/7/2011	2
O		6/6/2011	6/7/2011	2
D		6/6/2011	6/7/2011	2
F		6/6/2011	6/7/2011	2
H		6/8/2011	6/12/2011	5
J		6/8/2011	6/10/2011	3
R		6/9/2011	6/10/2011	2
W		6/10/2011	6/14/2011	5
M		6/10/2011	6/12/2011	3
G		6/11/2011	6/18/2011	8
M		6/11/2011	6/14/2011	4
C		6/12/2011	6/20/2011	9
M		6/14/2011	6/14/2011	1
D		6/15/2011	6/22/2011	8
T		6/15/2011	6/22/2011	8
F		6/15/2011	6/20/2011	6
T		6/16/2011	6/17/2011	2
M		6/17/2011	6/23/2011	7
M		6/20/2011	6/27/2011	8
H		6/21/2011	6/21/2011	1
Gross Billing Days				Cont.
Less Adjusted Days				Next
Net Billing Days				Page



Denver Sheriff's Department Out Of County Prisoner Log

JUNE 2011 ~~2011-2012~~

Prisoner's Name	Admission Date	Time Admitted	Release Date	Time Released	Released to
M	6/2/2011	16:30	6/4/2011	20:57	DOC
A	6/3/2011	22:30	6/9/2011	19:30	DOC
C	6/4/2011	15:10	6/11/2011	19:30	DOC
D	6/5/2011	17:00	6/12/2011	13:10	Arapahoe
R	6/6/2011	12:00	6/7/2011	17:00	DOC
C	6/6/2011	23:57	6/7/2011	14:32	Hudson
D	6/6/2011	18:00	6/7/2011	11:00	DOC/ Bent Co.
R	6/6/2011	14:45	6/7/2011	7:45	DOC
H	6/8/2011	20:00	6/12/2011	15:20	DOC
J	6/8/2011	17:00	6/10/2011	18:45	DOC
R	6/9/2011	4:23	6/10/2011	13:08	DOC
W	6/10/2011	1:45	6/14/2011	15:00	DOC
M	6/10/2011	23:30	6/12/2011	15:20	DOC
G	6/11/2011	16:20	6/18/2011	19:05	Hudson
M	6/11/2011	17:45	6/14/2011	17:30	Arapahoe
C	6/12/2011	12:15	6/20/2011	15:30	DOC
M	6/14/2011	13:40	6/17/2011	11:40	DOC
D	6/15/2011	10:55	6/22/2011	20:15	Adams
T	6/15/2011	13:00	6/22/2011	12:20	DOC
P	6/15/2011	19:15	6/20/2011	17:04	DOC
F	6/16/2011	0:53	6/18/2011	15:20	DOC
T	6/16/2011	3:35	6/17/2011	16:49	DOC
M	6/17/2011	16:47	6/23/2011	16:30	DOC
M	6/20/2011	3:50	6/27/2011	10:40	Arapahoe
H	6/21/2011	0:11	6/21/2011	16:30	DOC
L	6/21/2011	19:15	6/22/2011	4:00	DOC/ Admitted to SICU
G	6/21/2011	17:40	6/22/2011	14:00	Adams
M	6/22/2011	15:15	6/24/2011	13:10	DOC
H	6/22/2011	17:00	6/24/2011	19:50	DOC
L	6/22/2011	11:20	6/26/2011	13:15	DOC
E	6/23/2011	18:30	6/27/2011	18:50	DOC
F	6/23/2011	8:25	6/23/2011	17:35	DOC
G	6/23/2011	8:45	6/27/2011	12:30	Arapahoe
W	6/24/2011	4:20	6/24/2011	22:00	Arapahoe
S	6/24/2011	14:05	6/26/2011	15:25	Hudson
S	6/25/2011	1:40	6/27/2011	20:05	DOC
F	6/25/2011	13:50	6/26/2011	13:15	DOC
B	6/26/2011	0:05	6/26/2011	15:45	DOC
C	6/26/2011	18:20	6/30/2011	20:07	DOC
W	6/27/2011	18:20	6/30/2011	20:00	DOC
G	6/28/2011	15:15	7/1/2011	19:15	Hudson
W	6/28/2011	23:50	6/29/2011	11:00	Hudson
E	6/28/2011	9:55	7/2/2011	11:45	DOC
W	6/30/2011	15:30			DOC
G	6/30/2011	23:00	7/1/2011	19:15	DOC
S	6/30/2011	15:45	7/1/2011	19:15	Hudson

**DENVER HEALTH AND HOSPITAL AUTHORITY  
PAYMENT REQUEST (SEE NOTE 1)**

REQUEST DATE: 6/16/2011 DATE GOODS/SERVICE RECD: 6/13/2011

INVOICE DATE: 6/13/2011 TIN #/SOCIAL SECURITY #:

VENDOR/PAYEE: Denver Sheriff Department  
Accounting- Dale Noland

REMIT TO ADDRESS : Po Box 1108, Denver, CO 80201

COMPANY: 1111 (Denver Health - 1111) (Medicaid Choice - 1122) (DHMP - 2222)

**PAYMENT DISTRIBUTION:**

ACCOUNTING UNIT	ACCOUNT	ACTIVITY CODE/ACCOUNT	AMOUNT
831700	5765	May 2011 123 Days @ \$209.00	\$25,707.00
			\$25,707.00

Preparer Allison Pohlmann  
Phone: 303-436-3568  
Dept: Correctional Care  
MC: 3450

Materials and services shown were received by DHHA and are satisfactory and/or comply with specifications. Amounts set forth herein are due and owing from DHHA to the vendor.

Authorized Signature: \_\_\_\_\_

Date: 6/26/2011

Budget Signature: \_\_\_\_\_

Date: 6/21/11

Budget Authorization required for purchases to or > than \$5,000.00

SPARO Signature: \_\_\_\_\_

Date: \_\_\_\_\_

SPARO Authorization on all Restricted Funds, Special Project Funds, and Grant Salary Savings Funds

**RETURN THIS COMPLETED FORM WITH ORIGINAL INVOICE TO ACCOUNTS PAYABLE AT MAIL CODE 0080**

AP AREA: Check # \_\_\_\_\_

Date of Notification: \_\_\_\_\_

Return to Department: \_\_\_\_\_

Received in AP \_\_\_\_\_

AP Initials \_\_\_\_\_

Packing or Receiving Documentation Needed \_\_\_\_\_

Copy of Purchase Order/Contract needed, Purchasing approval needed \_\_\_\_\_

Other \_\_\_\_\_

**Note 1: DO NOT use this for Travel Advance, Travel Expense Reimbursement, or Bus Token Request**



JOHN W. HICKENLOOPER  
MAYOR

# CITY AND COUNTY OF DENVER

DEPARTMENT OF SAFETY

DENVER SHERIFF DEPARTMENT  
P.O. BOX 1108  
DENVER, COLORADO 80201

June 13, 2011

Denver Health Medical Center  
Correctional Healthcare  
777 Bannock St.  
MC 1926  
Denver, CO 80204-4507  
Attn: Keena French

Attached is the actual billing for prisoners who were contracted by DHMC to be housed in the Correctional Care Medical Facility and security provided by the Denver Sheriff Department

Bill for Month of:

May 2011

123 Days @ \$209.00

\$25,707.00

**Total Amount Due: \$25,707.00**

**MAKE CHECK PAYABLE TO:**

DENVER SHERIFF DEPARTMENT  
ACCOUNTING - DALE NOLAND  
P.O. BOX 1108  
DENVER, CO 80201

I certify that this statement of costs is true and accurate.  
Please feel free to call if you have any questions regarding this bill.

Mohammad Dahleh  
Staff Accountant  
Denver Sheriff Department  
(720) 865-4107



June 6, 2011

TO: MARK VALENTINE, DIRECTOR of FINANCE & PURCHASING

FROM: DIVISION CHIEF PHIL DEEDS - DOWNTOWN DIVISION *P. Deeds*

SUBJECT: DOC INMATE BILLING - May 2011

NAME	ADMIT DATE	RELEASE DATE	DAYS
R	5/1/2011	5/3/2011	* 3
P	5/1/2011	5/3/2011	* 3
A	5/1/2011	5/5/2011	* 5
M	5/1/2011	5/2/2011	* 2
W	5/1/2011	5/1/2011	* 1
B	5/2/2011	5/5/2011	4
F	5/5/2011	5/7/2011	3
J	5/5/2011	5/6/2011	2
M	5/8/2011	5/8/2011	1
E	5/9/2011	5/15/2011	7
M	5/9/2011	5/10/2011	2
M	5/10/2011	5/10/2011	1
F	5/11/2011	5/12/2011	2
T	5/12/2011	5/13/2011	2
M	5/12/2011	5/14/2011	3
M	5/13/2011	5/19/2011	7
T	5/15/2011	5/31/2011	17
G	5/16/2011	5/18/2011	3
C	5/16/2011	5/18/2011	3
A	5/17/2011	5/18/2011	2
M	5/18/2011	5/19/2011	2
C	5/18/2011	5/19/2011	2
G	5/18/2011	5/20/2011	3
B	5/19/2011	5/22/2011	4
V	5/20/2011	5/24/2011	5
H	5/20/2011	5/24/2011	5
M	5/20/2011	5/26/2011	7
W	5/22/2011	5/23/2011	2
E	5/22/2011	5/27/2011	6
A	5/22/2011	5/24/2011	3
Gross Billing Days			Cont.
Less Adjusted Days			Next
Net Billing Days			Page



**DENVER HEALTH AND HOSPITAL AUTHORITY  
PAYMENT REQUEST (SEE NOTE 1)**

REQUEST DATE: 5/23/2011 DATE GOODS/SERVICE RECD: 5/23/2011

INVOICE DATE: 5/17/2011 TIN #/SOCIAL SECURITY #:

VENDOR/PAYEE: Denver Sheriff Department  
Accounting- Dale Noland

REMIT TO ADDRESS: Po Box 1108, Denver, CO 80201

COMPANY: 1111 (Denver Health - 1111) (Medicaid Choice - 1122) (DHMP - 2222)

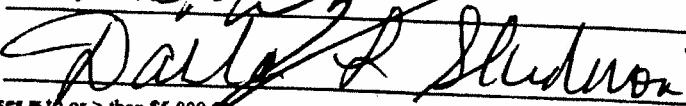
**PAYMENT DISTRIBUTION:**

ACCOUNTING UNIT	ACCOUNT	ACTIVITY CODE/ACCOUNT	AMOUNT
831700	5765	April 2011 97 Days @ \$209.00	\$20,273.00
<b>TOTAL</b>			<b>\$20,273.00</b>

Preparer Allison Pohlmann  
Phone: 303-436-3568  
Dept: Correctional Care  
MC: 3450

Materials and services shown were received by DHHA and are satisfactory and/or comply with specifications. Amounts set forth herein are due and owing from DHHA to the vendor.

Authorized Signature:  Date: 5/24/2011

Budget Signature:  Date: 5/25/11

Budget Authorization required for purchases = to or > than \$5,000.00

SPARO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SPARO Authorization on all Restricted Funds, Special Project Funds, and Grant Salary Savings Funds

**RETURN THIS COMPLETED FORM WITH ORIGINAL INVOICE TO ACCOUNTS PAYABLE AT MAIL CODE 0080**

AP AREA: Check # \_\_\_\_\_ Date of Notification: \_\_\_\_\_  
Return to Department: \_\_\_\_\_ Received in AP \_\_\_\_\_  
AP Initials \_\_\_\_\_

\_\_\_\_\_  
Packing or Receiving Documentation Needed \_\_\_\_\_  
\_\_\_\_\_  
Copy of Purchase Order/Contract needed, Purchasing approval needed \_\_\_\_\_  
\_\_\_\_\_  
Other \_\_\_\_\_

**Note 1: DO NOT use this for Travel Advance, Travel Expense Reimbursement, or Bus Token Request**  
Revised 01/06



JOHN W. HICKENLOOPER  
MAYOR

# CITY AND COUNTY OF DENVER

DEPARTMENT OF SAFETY

DENVER SHERIFF DEPARTMENT  
P.O. BOX 1108  
DENVER, COLORADO 80201

May 17, 2011

Denver Health Medical Center  
Correctional Healthcare  
777 Bannock St.  
MC 1926  
Denver, CO 80204-4507  
Attn: Keena French

Attached is the actual billing for prisoners who were contracted by DHMC to be housed in the Correctional Care Medical Facility and security provided by the Denver Sheriff Department

Bill for Month of:

April 2011

97 Days @ \$209.00

\$20,273.00

Total Amount Due: \$20,273.00

MAKE CHECK PAYABLE TO:

DENVER SHERIFF DEPARTMENT  
ACCOUNTING - DALE NOLAND  
P.O. BOX 1108  
DENVER, CO 80201

I certify that this statement of costs is true and accurate.  
Please feel free to call if you have any questions regarding this bill.

Mohammad Dahleh  
Staff Accountant  
Denver Sheriff Department  
(720) 865-4107

May 17, 2011

TO: MARK VALENTINE, DIRECTOR of FINANCE & PURCHASING  
 FROM: DIVISION CHIEF PHIL DEEDS - DOWNTOWN DIVISION  
 SUBJECT: DOC INMATE BILLING - APRIL 2011

	NAME	ADMIT DATE	RELEASE DATE	DAYS
A				
P		4/1/2011	4/4/2011	* 4
G		4/1/2011	4/1/2011	* 1
C		4/1/2011	4/2/2011	* 2
G		4/1/2011	4/1/2011	* 1
W		4/1/2011	4/1/2011	* 1
P		4/2/2011	4/4/2011	3
B		4/5/2011	4/5/2011	1
H		4/5/2011	4/7/2001	3
P		4/5/2011	4/7/2011	3
G		4/5/2011	4/7/2011	3
R		4/5/2011	4/7/2011	3
R		4/6/2011	4/8/2011	2
P		4/8/2011	4/13/2011	8
G		4/9/2011	4/11/2011	4
E		4/10/2011	4/11/2011	3
G		4/10/2011	4/19/2011	10
A		4/10/2011	4/11/2011	2
M		4/11/2011	4/11/2011	2
R		4/15/2011	4/11/2011	1
L		4/17/2011	4/19/2011	5
R		4/18/2011	4/30/2011	14 *
S		4/18/2011	4/19/2011	2
P		4/18/2011	4/21/2011	4
S		4/18/2011	4/21/2011	4
C		4/19/2011	4/21/2011	4
C		4/19/2011	4/30/2011	12 *
A		4/20/2011	4/20/2011	2
G		4/22/2011	4/21/2011	2
D		4/22/2011	4/25/2011	4
G		4/23/2011	4/23/2011	2
		4/23/2011	4/25/2011	3
		4/23/2011	4/25/2011	3
Gross Billing Days				Cont.
Less Adjusted Days				Next
Net Billing Days				Page



# Denver Sheriff's Department Out Of County Prisoner Log April 2011

Prisoner's Name	Admission Date	Time Admitted	Release Date	Time Released	Released to
	4/2/2011	19:11	4/4/2011		
	4/5/2011	0:35	4/5/2011	10:10	
	4/5/2011	22:45	4/5/2011	20:25	DOC
	4/5/2011	19:55	4/7/2011	10:45	DOC
	4/5/2011	17:55	4/7/2011	15:35	DOC
	4/5/2011	8:05	4/7/2011	20:40	DOC
	4/6/2011	18:39	4/6/2011	22:20	Arapahoe
	4/8/2011	18:15	4/13/2011	18:20	DOC
	4/8/2011	19:05	4/11/2011	20:04	DOC
	4/8/2011	10:46	4/8/2011	13:30	DOC
	4/10/2011	1:00	4/11/2011	15:00	DOC
	4/10/2011	22:50	4/19/2011	19:00	DOC
	4/10/2011	14:40	4/11/2011	17:05	DOC
	4/11/2011	2:25	4/11/2011	12:00	Hudson
	4/15/2011	16:40	4/11/2011	20:04	USM
	4/17/2011	0:50	4/19/2011	19:45	DOC
	4/18/2011	19:30	5/3/2011	17:40	Crowley
	4/18/2011	3:35	4/19/2011	16:30	DOC
	4/18/2011	12:45	4/21/2011	19:45	DOC
	4/19/2011	21:15	4/21/2011	14:00	DOC
	4/19/2011	17:05	5/3/2011	20:00	Hudson
	4/20/2011	15:55	4/20/2011	11:45	DOC
	4/22/2011	2:25	4/21/2011	15:15	ICE
	4/22/2011	8:45	4/25/2011	19:52	Adams
	4/23/2011	21:30	4/23/2011	10:45	DOC
	4/23/2011	9:35	4/25/2011	20:20	DOC
	4/25/2011	2:00	4/25/2011	20:55	Hudson
	4/25/2011	4:10	4/25/2011	21:30	DOC
	4/25/2011	23:30	4/26/2011	10:15	Hudson
	4/27/2011	10:00	4/28/2011	20:48	DOC
	4/27/2011	22:15	4/27/2011	15:55	DOC
	4/28/2011	10:00	4/28/2011	19:10	Adams
	4/28/2011	2:00	4/29/2011	19:36	DOC
	4/30/2011	2:00	5/5/2011	17:50	DOC
	4/30/2011	19:00	5/2/2011	20:15	DOC
			5/1/2011	15:45	DOC
					DOC

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**DENVER HEALTH AND HOSPITAL AUTHORITY  
PAYMENT REQUEST (SEE NOTE 1)**

REQUEST DATE: 5/9/2011      DATE GOODS/SERVICE RECD: 5/9/2011  
 INVOICE DATE: 4/26/2011      TIN #/SOCIAL SECURITY #:  
 VENDOR/PAYEE: Denver Sheriff Department  
                                  Accounting- Dale Noland  
 REMIT TO ADDRESS : Po Box 1108, Denver, CO 80201  
 COMPANY: 1111      (Denver Health - 1111) (Medicaid Choice - 1122) (DHMP - 2222)

**PAYMENT DISTRIBUTION:**

ACCOUNTING UNIT	ACCOUNT	ACTIVITY CODE/ACCOUNT	AMOUNT
831700	5765	April 2011 - 104 Days @ \$209.00	\$21,736.00
		March	
		TOTAL	\$21,736.00

Preparer Allison Pohlmann  
 Phone: 303-436-3568  
 Dept: Denver CARES  
 MC: 3440

Materials and services shown were received by DHHA and are satisfactory and/or comply with specifications. Amounts set forth herein are due and owing from DHHA to the vendor.

Authorized Signature: [Signature]      Date: 5/16/2011

Budget Signature: [Signature]      Date: 5/11/11

Budget Authorization required for purchases to or > than \$5,000.00

SPARO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SPARO Authorization on all Restricted Funds, Special Project Funds, and Grant Salary Savings Funds

**RETURN THIS COMPLETED FORM WITH ORIGINAL INVOICE TO ACCOUNTS PAYABLE AT MAIL CODE 0080**

AP AREA: Check # \_\_\_\_\_ Date of Notification: \_\_\_\_\_

Return to Department: \_\_\_\_\_ Received in AP \_\_\_\_\_

AP Initials \_\_\_\_\_

\_\_\_\_\_  
 Packing or Receiving Documentation Needed  
 \_\_\_\_\_  
 Copy of Purchase Order/Contract needed, Purchasing approval needed  
 \_\_\_\_\_  
 Other \_\_\_\_\_

**Note 1: DO NOT use this for Travel Advance, Travel Expense Reimbursement, or Bus Token Request**





JOHN W. HICKENLOOPER  
MAYOR

# CITY AND COUNTY OF DENVER

DEPARTMENT OF SAFETY

DENVER SHERIFF DEPARTMENT  
P.O. BOX 1108  
DENVER, COLORADO 80201

April 26, 2011

Denver Health Medical Center  
Correctional Healthcare  
777 Bannock St.  
MC 1926  
Denver, CO 80204-4507  
Attn: Keena French

Attached is the actual billing for prisoners who were contracted by DHMC to be housed in the Correctional Care Medical Facility and security provided by the Denver Sheriff Department

Bill for Month of:

March 2011

104 Days @ \$209.00

\$21,736.00

**Total Amount Due: \$21,736.00**

**MAKE CHECK PAYABLE TO:**

**DENVER SHERIFF DEPARTMENT  
ACCOUNTING - DALE NOLAND  
P.O. BOX 1108  
DENVER, CO 80201**

I certify that this statement of costs is true and accurate.  
Please feel free to call if you have any questions regarding this bill.

Mohammad Dahleh  
Staff Accountant  
Denver Sheriff Department  
(720) 865-4107

April 26, 2011

TO: MARK VALENTINE, DIRECTOR of FINANCE & PURCHASING  
 FROM: DIVISION CHIEF PHIL DEEDS - DOWNTOWN DIVISION  
 SUBJECT: DOC INMATE BILLING - MARCH 2011

NAME	ADMIT DATE	RELEASE DATE	DAYS
Qi	3/1/2011	3/2/2011	* 2
B	3/1/2011	3/2/2011	* 2
G	3/1/2011	3/4/2011	* 4
A	3/1/2011	3/4/2011	* 4
H	3/1/2011	3/2/2011	* 2
G	3/1/2011	3/14/2011	14
R	3/1/2011	3/2/2011	2
H	3/1/2011	3/2/2011	2
M	3/2/2011	3/4/2011	3
R	3/2/2011	3/4/2011	3
Si	3/5/2011	3/5/2011	1
B	3/5/2011	3/10/2011	6
S	3/7/2011	3/8/2011	2
B	3/9/2011	3/10/2011	2
T	3/10/2011	3/11/2011	2
T	3/11/2011	3/13/2011	3
C	3/11/2011	3/13/2011	3
W	3/11/2011	3/15/2011	5
Jr	3/11/2011	3/13/2011	3
C	3/12/2011	3/14/2011	3
G	3/12/2011	3/13/2011	2
Mi	3/13/2011	3/14/2011	2
C	3/15/2011	3/16/2011	2
C	3/15/2011	3/17/2011	3
L	3/18/2011	3/21/2011	6
N	3/17/2011	3/18/2011	2
Ki	3/18/2011	3/20/2011	3
D	3/19/2011	3/21/2011	3
Si	3/21/2011	3/25/2011	5
S	3/22/2011	3/23/2011	2
Gross Billing Days			Cont.
Less Adjusted Days			Next
Net Billing Days			Page

NAME	ADMIT DATE	RELEASE DATE	DAYS
Neff,	3/22/2011	3/23/2011	2
R	3/23/2011	3/23/2011	1
A	3/23/2011	3/31/2011	9 *
G	3/23/2011	3/23/2011	1
A	3/23/2011	3/24/2011	2
M	3/25/2011	3/25/2011	1
P	3/25/2011	3/31/2011	7 *
G	3/26/2011	3/31/2011	6 *
C	3/28/2011	3/31/2011	4 *
C	3/29/2011	3/31/2011	3
Hi	3/29/2011	3/31/2011	3
G	3/29/2011	3/31/2011	3 *
K	3/30/2011	3/30/2011	1
V	3/30/2011	3/30/2011	1
Gross Billing Days			142
Less Adjusted Days			38
Net Billing Days			104

M.D.

\* Before number of days indicates inmate was admitted in prior month  
 \* After number of days indicates inmate was not released prior to last day of month  
 Adjusted days = number of inmates admitted in current month with a stay greater than one day

March, 2011

Denver Sheriff's Department Out of County Prisoner Log

Prisoner's Name	Admission Date	Time Admitted	Release Date	Time Released	Released to
G	3/1/2011	0:35	3/14/2011	16:15	DOC
R	3/1/2011	17:35	3/2/2011	19:35	DOC
Hu	3/1/2011	5:10	3/2/2011	19:35	DOC
M	3/2/2011	0:35	3/4/2011	10:10	DOC
Rnc	3/2/2011	22:37	3/4/2011	19:30	DOC
S	3/5/2011	1:30	3/5/2011	?	Admitted MICU/ DOC
B	3/5/2011	2:10	3/10/2011	19:35	DOC
E	3/7/2011	22:30	3/8/2011	19:50	DOC
G	3/8/2011	22:25	3/20/2011	16:30	DOC
B	3/9/2011	6:05	3/10/2011	19:35	DOC
T	3/10/2011	1:15	3/11/2011	17:40	DOC
J	3/11/2011	15:00	3/13/2011	16:00	DOC
C	3/11/2011	18:25	3/13/2011	16:00	DOC
W	3/11/2011	18:35	3/15/2011	16:25	Hudson
J	3/11/2011	17:20	3/13/2011	17:40	DOC
C	3/12/2011	21:05	3/14/2011	16:15	DOC
G	3/12/2011	5:15	3/13/2011	17:40	Hudson
M	3/13/2011	18:40	3/14/2011	10:45	DOC
C	3/15/2011	18:00	3/18/2011	15:32	Adams
C	3/15/2011	7:55	3/17/2011	13:25	DOC
L	3/16/2011	23:30	3/21/2011	22:00	Hudson
N	3/17/2011	14:00	3/18/2011	13:20	DOC
M	3/17/2011	20:30	3/22/2011	19:30	DOC
K	3/18/2011	20:30	3/20/2011	16:15	Arapahoe
D	3/19/2011	15:40	3/21/2011	20:29	Arapahoe
S	3/21/2011	0:00	3/25/2011	9:55	Montezuma
S	3/22/2011	19:15	3/23/2011	15:20	Hudson
N	3/22/2011	21:47	3/23/2011	20:10	DOC
R	3/23/2011	21:40	3/23/2011	16:22	DOC
A	3/23/2011	17:50	4/4/2011	21:00	Hudson
G	3/23/2011	5:25	3/23/2011	20:00	Kit Carson
A	3/23/2011	21:40	3/24/2011	19:05	DOC
M	3/25/2011	3:45	3/25/2011	17:45	DOC
P	3/25/2011	22:00	4/1/2011	18:40	Hudson
G	3/26/2011	14:15	4/2/2011	18:05	DOC
C	3/28/2011	18:10	4/1/2011	15:10	DOC
C	3/29/2011	23:10	3/31/2011	15:55	Clear Creek
H	3/29/2011	19:45	3/31/2011	19:28	INS
G	3/29/2011	16:15	4/1/2011	17:35	Lincoln
K	3/30/2011	0:43	3/30/2011	21:50	Hudson
V	3/30/2011	15:40	3/30/2011	19:25	DOC

**DENVER HEALTH AND HOSPITAL AUTHORITY  
PAYMENT REQUEST (SEE NOTE 1)**

REQUEST DATE: 3/21/2011      DATE GOODS/SERVICE RECD: 3/21/2011

INVOICE DATE: 3/10/2011      TIN #/SOCIAL SECURITY #:

VENDOR/PAYEE: Denver Sheriff Department  
Accounting- Dale Noland

REMIT TO ADDRESS : Po Box 1108, Denver, CO 80201

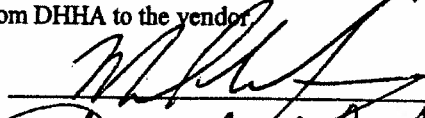
COMPANY: 1111      (Denver Health - 1111) (Medicaid Choice - 1122) (DHMP - 2222)

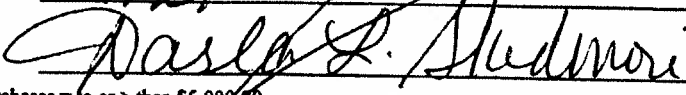
**PAYMENT DISTRIBUTION:**

ACCOUNTING	ACCOUNT	DESCRIPTION	AMOUNT
831700	5765	February 112 Days @ \$209.00	\$23,408.00

Preparer Allison Pohlmann  
Phone: 303-436-3568  
Dept: Denver CARES  
MC: 3440

Materials and services shown were received by DHHA and are satisfactory and/or comply with specifications. Amounts set forth herein are due and owing from DHHA to the vendor.

Authorized Signature:       Date: 3/22/2011

Budget Signature:       Date: 3/29/11

Budget Authorization required for purchases = to or > than \$5,000.00

SPARO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SPARO Authorization on all Restricted Funds, Special Project Funds, and Grant Salary Savings Funds

**RETURN THIS COMPLETED FORM WITH ORIGINAL INVOICE TO ACCOUNTS PAYABLE AT MAIL CODE 0080**

AP AREA: Check # \_\_\_\_\_ Date of Notification: \_\_\_\_\_  
Return to Department: \_\_\_\_\_ Received in AP \_\_\_\_\_  
AP Initials \_\_\_\_\_

\_\_\_\_\_ Packing or Receiving Documentation Needed  
\_\_\_\_\_ Copy of Purchase Order/Contract needed, Purchasing approval needed  
\_\_\_\_\_ Other \_\_\_\_\_

**Note 1: DO NOT use this for Travel Advance, Travel Expense Reimbursement, or Bus Token Request**  
Revised 01/06



JOHN W. HICKENLOOPER  
MAYOR

# CITY AND COUNTY OF DENVER

DEPARTMENT OF SAFETY

DENVER SHERIFF DEPARTMENT  
P.O. BOX 1108  
DENVER, COLORADO 80201

March 10, 2011

Denver Health Medical Center  
Correctional Healthcare  
777 Bannock St.  
MC 1926  
Denver, CO 80204-4507  
Attn: Keena French

Attached is the actual billing for prisoners who were contracted by DHMC to be housed in the Correctional Care Medical Facility and security provided by the Denver Sheriff Department

Bill for Month of:

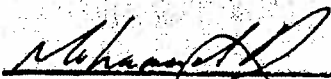
February 2011                      112 Days @ \$209.00                      \$23,408.00

**Total Amount Due: \$23,408.00**

**MAKE CHECK PAYABLE TO:**

DENVER SHERIFF DEPARTMENT  
ACCOUNTING - DALE NOLAND  
P.O. BOX 1108  
DENVER, CO 80201

I certify that this statement of costs is true and accurate.  
Please feel free to call if you have any questions regarding this bill.

  
\_\_\_\_\_  
Mohammad Dahleh  
Staff Accountant  
Denver Sheriff Department  
(720) 865-4107

March 7, 2011

*P. Deeds*

TO: MARK VALENTINE, DIRECTOR of FINANCE & PURCHASING  
FROM: DIVISION CHIEF PHIL DEEDS - DOWNTOWN DIVISION  
SUBJECT: DOC INMATE BILLING -- FEBRUARY 2011

NAME	ADMIT DATE	RELEASE DATE	DAYS
G	2/1/2011	2/1/2011	* 1
Ji	2/1/2011	2/7/2011	* 7
E	2/1/2011	2/4/2011	4
Vr	2/1/2011	2/4/2011	4
B	2/2/2011	2/4/2011	3
G	2/2/2011	2/4/2011	3
S	2/4/2011	2/7/2011	4
Hr	2/6/2011	2/6/2011	1
B	2/6/2011	2/9/2011	4
G	2/9/2011	2/22/2011	14
Aj	2/9/2011	2/25/2011	17
Pc	2/10/2011	2/11/2011	2
V	2/10/2011	2/11/2011	2
E	2/13/2011	2/14/2011	2
M	2/14/2011	2/15/2011	2
Mk	2/15/2011	2/16/2011	2
P	2/15/2011	2/17/2011	3
Pi	2/16/2011	2/17/2011	2
B	2/16/2011	2/28/2011	13
B	2/16/2011	2/18/2011	3
H	2/16/2011	2/19/2011	4
F	2/17/2011	2/18/2011	2
R	2/17/2011	2/24/2011	8
Mk	2/18/2011	2/18/2011	1
K	2/18/2011	2/20/2011	3
B	2/19/2011	2/21/2011	3
B	2/18/2011	2/25/2011	8
E	2/22/2011	2/23/2011	2
Ri	2/22/2011	2/24/2011	3
W	2/24/2011	2/24/2011	1
Gross Billing Days			Cont.
Less Adjusted Days			Next
Net Billing Days			Page





**Denver Sheriff's Department Out Of County Prisoner Log**  
**MARCH 2011**

<b>Prisoner's Name</b>	<b>Admission Date</b>	<b>Time Admitted</b>	<b>Release Date</b>	<b>Time Released</b>	<b>Released to</b>
E	2/1/2011	17:35	2/4/2011	17:45	DOC
V	2/1/2011	13:45	2/4/2011	13:45	DOC
B	2/2/2011	22:00	2/4/2011	18:17	DOC
G	2/2/2011	18:20	2/4/2011	14:00	Hudson
S	2/4/2011	10:25	2/7/2011	20:25	DOC
H	2/5/2011	2:50	2/9/2011	11:55	Adams
B	2/7/2011	0:12	2/9/2011	14:30	DOC
G	2/9/2011	12:17	2/22/2011	9:35	DOC
A	2/9/2011	5:45	2/25/2011	16:05	DOC
P	2/10/2011	17:45	2/11/2011	16:40	DOC
V	2/10/2011	21:15	2/11/2011	18:19	DOC
B	2/13/2011	23:45	2/14/2011	11:40	DOC
M	2/14/2011	18:37	2/15/2011	18:00	DOC
M	2/15/2011	17:20	2/15/2011	16:15	DOC
P	2/15/2011	9:05	2/17/2011	20:30	DOC
P	2/15/2011	10:55	2/17/2011	18:10	Aspenhoe
B	2/15/2011	18:15	2/28/2011	18:35	DOC
B	2/15/2011	18:00	2/18/2011	11:20	DOC
P	2/15/2011	16:20	2/19/2011	13:15	Hudson
P	2/17/2011	3:20	2/18/2011	11:20	DOC
R	2/17/2011	10:10	2/24/2011	18:27	DOC
I	2/18/2011	2:30	2/18/2011	13:45	DOC
K	2/18/2011	18:00	2/20/2011	13:00	Aspenhoe
B	2/18/2011	1:00	2/21/2011	15:07	Aspenhoe
B	2/18/2011	14:10	2/25/2011	19:25	DOC
B	2/22/2011	3:42	2/23/2011	22:10	Aspenhoe
R	2/22/2011	22:25	2/24/2011	19:27	DOC
C	2/23/2011	18:40	2/24/2011	17:44	Clear Creek
V	2/24/2011	045:55	2/24/2011	17:20	Aspenhoe
R	2/28/2011	18:40	2/27/2011	10:20	Aspenhoe
F	2/28/2011				
B	2/28/2011				
G	2/28/2011				
A	2/28/2011	18:30	3/4/2011	17:55	Aspenhoe
H	2/28/2011	6:30	3/2/2011	20:05	DOC

**DENVER HEALTH AND HOSPITAL AUTHORITY  
PAYMENT REQUEST (SEE NOTE 1)**

REQUEST DATE: 3/21/2011      DATE GOODS/SERVICE RECD: 3/21/2011

INVOICE DATE: 2/10/2011      TIN #/SOCIAL SECURITY #:

VENDOR/PAYEE: Denver Sheriff Department  
Accounting- Dale Noland

REMIT TO ADDRESS : Po Box 1108, Denver, CO 80201

COMPANY: 1111      (Denver Health - 1111) (Medicaid Choice - 1122) (DHMP - 2222)

**PAYMENT DISTRIBUTION:**

831700	5765	January 81 Days @ \$209.00	\$16,929.00

Preparer Allison Pohlmann  
Phone: 303-436-3568  
Dept: Denver CARES  
MC: 3440

Materials and services shown were received by DHHA and are satisfactory and/or comply with specifications. Amounts set forth herein are due and owing from DHHA to the vendor.

Authorized Signature:       Date: 3/22/2011

Budget Signature:       Date: 3/29/11

Budget Authorization required for purchases = to or > than \$5,000.00

SPARO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

SPARO Authorization on all Restricted Funds, Special Project Funds, and Grant Salary Savings Funds

**RETURN THIS COMPLETED FORM WITH ORIGINAL INVOICE TO ACCOUNTS PAYABLE AT MAIL CODE 0080**

AP AREA: Check # \_\_\_\_\_ Date of Notification: \_\_\_\_\_

Return to Department: \_\_\_\_\_ Received in AP \_\_\_\_\_

AP Initials \_\_\_\_\_

Packing or Receiving Documentation Needed

Copy of Purchase Order/Contract needed, Purchasing approval needed

Other \_\_\_\_\_

**Note 1: DO NOT use this for Travel Advance, Travel Expense Reimbursement, or Bus Token Request**

Revised 01/06



JOHN W. HICKENLOOPER  
MAYOR

# CITY AND COUNTY OF DENVER

DEPARTMENT OF SAFETY

DENVER SHERIFF DEPARTMENT  
P.O. BOX 1108  
DENVER, COLORADO 80201

February 10, 2011

Denver Health Medical Center  
Correctional Healthcare  
777 Bannock St.  
MC 1926  
Denver, CO 80204-4507  
Attn: Keena French

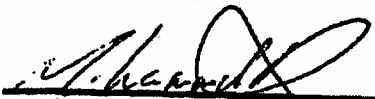
Attached is the actual billing for prisoners who were contracted by DHMC to be housed in the Correctional Care Medical Facility and security provided by the Denver Sheriff Department

Bill for Month of:			
January	2011	81 Days @ \$209.00	\$16,929.00
<b>Total Amount Due:</b>			<b><u>\$16,929.00</u></b>

**MAKE CHECK PAYABLE TO:**

DENVER SHERIFF DEPARTMENT  
ACCOUNTING - DALE NOLAND  
P.O. BOX 1108  
DENVER, CO 80201

I certify that this statement of costs is true and accurate.  
Please feel free to call if you have any questions regarding this bill.

  
 \_\_\_\_\_  
 Mohammad Dahleh  
 Staff Accountant  
 Denver Sheriff Department  
 (720) 865-4107

February 10, 2011

TO: MARK VALENTINE, DIRECTOR of FINANCE & PURCHASING  
 FROM: DIVISION CHIEF PHIL DEEDS - DOWNTOWN DIVISION  
 SUBJECT: DOC INMATE BILLING-- JANUARY 2011

NAME	ADMIT DATE	RELEASE DATE	DAYS
M	1/1/2011	1/4/2011	* 4
G	1/5/2011	1/7/2011	3
H	1/6/2011	1/11/2011	6
PI	1/7/2011	1/12/2001	6
F	1/7/2011	1/8/2011	2
B	1/8/2011	1/10/2011	3
J	1/8/2011	1/11/2011	4
J	1/9/2011	1/11/2011	3
M	1/11/2011	1/16/2011	6
H	1/11/2011	1/12/2011	2
B	1/12/2011	1/15/2011	4
O	1/12/2011	1/15/2011	4
S	1/14/2011	1/14/2011	1
R	1/14/2011	1/15/2011	2
P	1/16/2011	1/17/2011	2
G	1/16/2011	1/22/2011	7
J	1/16/2011	1/17/2011	2
W	1/17/2011	1/19/2011	3
D	1/18/2011	1/19/2011	2
L	1/19/2011	1/20/2011	2
D	1/20/2011	1/24/2011	5
CI	1/21/2011	1/21/2011	1
P	1/24/2011	1/29/2011	6
G	1/25/2011	1/29/2011	5
V	1/26/2011	1/29/2011	4
M	1/26/2011	1/28/2011	3
M	1/27/2011	1/31/2011	5
G	1/28/2011	1/31/2011	4 *
T	1/28/2011	1/30/2011	3
Freeman,	1/28/2011	1/29/2011	2
Gross Billing Days			Cont.
Less Adjusted Days			Next
Net Billing Days			Page





# DENVER HEALTH AND HOSPITAL AUTHORITY PAYMENT REQUEST (SEE NOTE 1)

REQUEST DATE: 2/22/2011      DATE GOODS/SERVICE RECD: 2/22/2011

INVOICE DATE: 2/10/2011      TIN #/SOCIAL SECURITY #:

VENDOR/PAYEE: Denver Sheriff Department  
Accounting- Dale Noland

REMIT TO ADDRESS : 5440 Roslyn Street, Building 5, Suite 303 Denver, CO 80216

COMPANY: 1111      (Denver Health - 1111) (Medicaid Choice - 1122) (DHMP - 2222)

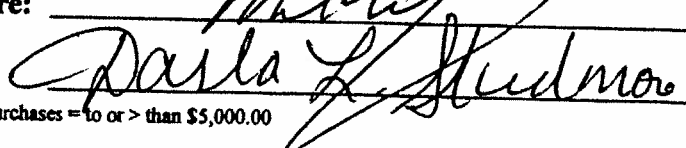
**PAYMENT DISTRIBUTION:**

831700	5765	2011 Prisoner Security Services	\$41,100.00

Preparer Allison Pohlmann  
Phone: 303-436-3568  
Dept: Denver CARES  
MC: 3440

Materials and services shown were received by DHHA and are satisfactory and/or comply with specifications. Amounts set forth herein are due and owing from DHHA to the vendor.

Authorized Signature:       Date: 3/3/2011

Budget Signature:       Date: 3/7/11

Budget Authorization required for purchases = to or > than \$5,000.00

SPARO Signature: \_\_\_\_\_      Date: \_\_\_\_\_

SPARO Authorization on all Restricted Funds, Special Project Funds, and Grant Salary Savings Funds

**RETURN THIS COMPLETED FORM WITH ORIGINAL INVOICE TO ACCOUNTS PAYABLE AT MAIL CODE 0080**

AP AREA: Check # \_\_\_\_\_      Date of Notification: \_\_\_\_\_  
Return to Department: \_\_\_\_\_      Received in AP \_\_\_\_\_  
AP Initials \_\_\_\_\_

\_\_\_\_\_ Packing or Receiving Documentation Needed  
\_\_\_\_\_ Copy of Purchase Order/Contract needed, Purchasing approval needed  
\_\_\_\_\_ Other \_\_\_\_\_

**Note 1: DO NOT use this for Travel Advance, Travel Expense Reimbursement, or Bus Token Request**



# CITY AND COUNTY OF DENVER

DEPARTMENT OF SAFETY

DENVER SHERIFF DEPARTMENT  
DENVER COUNTY JAIL  
P.O. BOX 1108  
DENVER, COLORADO 80201

JOHN W. HICKENLOOPER  
MAYOR

To: Denver Health & Hospital Authority  
General Accounting Dept. MC1925  
Attn: Jill Thompson  
655 Broadway, Suite 1000  
Denver, Colorado 80203

Date: February 10, 2011

Subject: 2011 Prisoner Security Services Invoice

Description	Amount
Per the 2011 Fiscal Year contract the Denver Sheriff Department will provide key security services for other jurisdictions' prisoners. Please refer to Appendix X - A of the contract.	\$41,100.00
Total	41,100.00

MAKE CHECK PAYABLE TO:

DENVER SHERIFF DEPARTMENT  
ACCOUNTING – DALE NOLAND  
5440 Roslyn Street, Building 5, Suite 303  
DENVER, CO 80216

Thank You!

Mohammad Dahleh

Denver Sheriff Department

P: 720-865-4107

F: 720-865-4188

E: mohammad.dahleh.mohammad@denvergov.org



B. These services will be billed monthly.

IX. Denver Police Department

A. The Denver Police Department shall provide traffic accident reports to the Authority by facsimile copy within 72 hours of a request from the Authority for these reports. The Authority may submit its requests via facsimile or email to addresses or numbers designated by the Police Department. The reports will be invoiced to the Authority at an amount equal to the Police Department's cost. The estimated amount of payment for this service in 2011 is \$4,000.

B. These services will be billed monthly and are subject to annual renewal.

X. Denver Sheriff Department.

A. The Denver Sheriff Department will provide prisoner security services in the CCMF on an as needed basis for prisoners of other facilities at a rate of \$209.00 per day reflecting actual costs of providing the service plus \$41,100.00 for providing key security services for other jurisdictions' prisoners. The total cost is estimated to be \$315,300 for Fiscal Year 2011. On request of Denver Health, the Denver Sheriff Department may provide security services for other jurisdictions' prisoners at or in transit to other treatment locations within Denver Health at a cost to the Authority of \$50 per hour.

B. The Denver Sheriff Department will prepare a monthly invoice or statement to be delivered to the Authority on the tenth business day of the month following the month for which invoicing is being made. The Authority will make payments for each invoice to the City within thirty (30) days of the receipt of the invoice.

C. The Authority shall provide the City Police Professional Liability insurance in the amount of One Million Dollars (\$1,000,000), which shall include any deductibles and costs of administration, either by paying the costs of a commercial insurance policy to be purchased by the City or by self insuring all such claims which shall include establishing a funded insurance reserve account in the amount of Two Hundred Fifty Thousand Dollars (\$250,000) to defend and pay claims that arise from the Sheriff Department providing security for prisoners of other jurisdictions who are receiving care at the Denver Health Correctional Care Medical Facility (CCMF) and as they move from CCMF to other Denver Health sites of service. The Sheriff Department will provide security within CCMF, and for moving prisoners from CCMF to a clinic within Denver Health Medical Center. The other jurisdiction's officers shall provide security for prisoners outside CCMF and for transportation of prisoners between CCMF and the prisoner's jurisdiction. In the event that other jurisdictions do not provide security for movement within Denver Health but outside of CCMF, then Denver Health may request that the Sheriff Department do so and pay the Sheriff Department as provided in subsection A. above.

XI. Vehicle Fueling and Maintenance Services.

A. Agreement to Provide Vehicle Fueling Services; Scope of Vehicle Fueling Services. The City's Fleet Maintenance Department (Division of Public Works) shall provide