

CONTRACT, LEASE, AGREEMENT CONTROL FORM

Date: 04/20/22023

Contract/Lease Control #: C07-1517-HR

Procurement#: N/A

Contract/Lease Type: CONTRACT – AGREEMENT

Award To/Lessee: ASCENSION SACRED HEART PENSACOLA

Owner/Lessor: OKALOOSA COUNTY

Effective Date: 05/24/2007

Expiration Date: INDEFINITE

Description of: PRE-EMPLOYMENT PHYSICAL EXAMS

Department: HR

Department Monitor: BIRD

Monitor's Telephone #: 850-689-5874

Monitor's FAX # or E-mail: KBIRD@MYOKALOOSA.COM

Closed: 04/20/2023

CC: BCC RECORDS

CONTRACT CLOSE-OUT CHECKLIST
(To Be Prepared by the Contracts & Lease Coordinator)

DATE: March 27, 2023

Final payment paid on 4/13/23 with
check # 2304511 for \$585.00

TO: Finance Department

SUBJECT: Contract No. C07-1517-HR

MANAGING DEPARTMENT: HR

CONTRACTOR'S NAME: Ascension Sacred Heart Pensacola

PROJECT TITLE: Pre-Employment Physical Exams

The attached has met the final payment contract requirement in subject contract.

Yes No

1. Final Invoice **X**

Yes No N/A

2. Close-Out Documents

a. Signed Release of Lien **X**

b. Proof of Completion Advertisement **X**

c. Certificate of Insurance **X**

d. Consent of Surety to Final Payment **X**

e. Proof of Performance/Payment Bond **X**

Continuation 12 Months Following
Final Payment

f. Grants approval/signature **X**

3. Remarks

Faye Douglas Digitally signed by Faye Douglas
Date: 2023.03.29 07:51:46 -05'00'

OMB DIRECTOR

DATE

INVOICE

From:

ASCENSION SACRED HEART PENSACOLA
Tax ID: 590634434

Invoice ID: 1173745C9582
Invoice Date: 03/01/2023

Total Due: \$585.00

To:

OKALOOSA COUNTY BCC
302 N WILSON ST STE 203
CRESTVIEW FL 325363474

Please return top portion with payment to:

ASCENSION SACRED HEART PENSACOLA
PO BOX 18987
BELFAST ME 049154084

003115 2/3

Patient Name, Patient ID Claim ID Date	Provider Name Procedure	DOB Description	Amount
BOYKIN, CAMARCUS J, 61469943 12674851V9582 02/27/2023	CHRISTOPHER COLE PAC C0039	02/17/1991 <i>0126-549906</i> BH FDLE PHYS CRESTVIEW	Patient Subtotal: \$195.00
MARSHALL, AMBER, 61935331 12585402V9582 02/07/2023	CHRISTOPHER COLE PAC C0039	09/26/1991 <i>0126-549906</i> BH FDLE PHYS CRESTVIEW	Patient Subtotal: \$195.00
MATHEWS, CODY, 62449093 12675368V9582 02/27/2023	CHRISTOPHER COLE PAC C0039	05/11/1995 <i>0126-549906</i> BH FDLE PHYS CRESTVIEW	Patient Subtotal: \$195.00
Comments: Total payment is due within 30 days of invoice receipt. Please include the Invoice ID on your check.			Total Due: \$585.00

0126-549906 (3 x \$195.00) = \$585.00

Received
MAR 14 2023
Human Resources

