

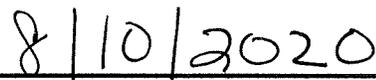
Automatic Supplement

To automatically supplement for unanticipated expenses incurred and reimbursement made to Brookings County.

Department:	Human Services
Amount: \$	2,142. ⁰⁰
Reason:	duplicate
Receipt #:	00518169
Line #:	701-4-441-4241



Department Head Signature



Date

BROOKINGS CO FINANCE OFFICE

REC#: 00518169 8/10/2020 11:46 AM
OPER: LS TERM: 013
REF#: 1061583

TRAN: 400.0000 Misc Receipts
RECEIPT# 2445 avera mckennan
overpmt bill pd twice
ACCOUNT 1013-3690000 \$2142.00
MISC OTHER MISCELLANEOUS

TENDERED: 2,142.00 CHECK
APPLIED: 2,142.00-

CHANGE: 0.00

BROOKINGS COUNTY - 520 Third St - Brookings, SD 57006-2024 - (605) 696-8250

133053

01-10168 ** AVERA MCKENNAN HOSPITAL **

07/07/2020

DATE	I.D.	PO #	DESCRIPTION	AMOUNT
06/29/2020	202006296664		----- G/L DISTRIBUTION ----- MENTAL HEALTH HOLDS	2,142.00

CHECK TOTAL 2,142.00

PLEASE DETACH STUB BEFORE DEPOSITING

Brookings County Veteran/Human Services

520 3rd St. STE. 210
Brookings, SD 57006

Vendor No.		Fund	
Claim No.		101-4-441-4241	\$ 2,142.00
Check No.		NO Lien	
TOTAL DUE	\$ 2,142.00		
Date	6/22/2020		

Name of person or firm to whom warrant shall be drawn must appear here.

Name or Firm **Avera McKennan Hospital**
 Street/Box **800 East 21st St PO Box 5045**
 City, State, ZIP **Sioux Falls, SD 57101**

COPY

	Mental Health Hold	
	1/11-14/2020 MK4748418	\$ 2,142.00
	Total	\$ 2,142.00

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief, is in all things true and correct (SDCL 4-9-4)

Approved by the Brookings County Board of County Commissioners on this _____ Day of _____ 2019

Please sign here

Chairman, Board of County Commissioners

Brookings County Veteran/Human Services

520 3rd St. STE. 210
Brookings, SD 57006

Vendor No.	_____	Fund	_____
ME	_____	101-4-441-4221	\$ 2,142.00
Check No.	_____	No lien	_____
TOTAL DUE	\$ 2,142.00	_____	_____
Date	6/16/2020	_____	_____

Name of person or firm to whom warrant shall be drawn must appear here.

Name or Firm **Avera McKennan Hospital**
 Street/Box **1325 S Cliff Ave**
 City, State, ZIP **Sioux Falls SD 57101**

COPY

	Mental Health Hold	MK4748418
		\$ 2,142.00
		\$ 2,142.00

I declare and affirm under the penalties of perjury that this claim has been examined by me and to the best of my knowledge and belief, is in all things true and correct (SDCL 4-9-4)

Approved by the Brookings County Board of County Commissioners on this _____ Day of _____ 2019

Please sign here _____

Chairman, Board of County Commissioners