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on the Treasury of the
COUNTY OF CONTRA COSTA
STATE OF CALIFORNIA

DATE 1-5-09

Made-By:

ADAMS, DAVID
NAME (LAST) (FIRST)
150 RANKIN WY #32
ADDRESS
BENICIA CA 94510
CITY, STATE ZIP CODE

IMPORTANT
See Instructions on Reverse Side

For the sum of FOUR HUNDRED EIGHTEEN AND 00/100 Dollars \$ 418.00

As itemized below:

DATE	DESCRIPTION	AMOUNT
12-30-08	LENSES FOR OAKLEY POLARIZED PRESCRIPTION LENSE BLACK OPIUM SUN GLASSES IMPACT RESISTANT	418.00

The undersigned under the penalty of perjury states: That the above claim and the items as therein set out are true and correct; no part thereof has been heretofore paid; and that the amount therein is justly due, and that the same is presented within one ar after the last item thereof has accrued.

Signed [Signature]
DEPARTMENT HEAD OR CHIEF DEPUTY

ENDOR NO.
[] [] [] [] []

Received, Accepted, and Expenditure Authorized

NO.	INVOICE DATE	DESCRIPTION	FUND/ORG.	ACCOUNT	ENCUMBRANCE NO.	P/C	PAYMENT AMOUNT
	1.8.09	Sunglass lens replacement	2505	2479			418.00
			TAXABLE AMOUNT	TAXE OPTION	ACTIVITY	SPEC. FLS.	DISCOUNT

PERSONAL PROPERTY REIMBURSEMENT CLAIM

TO BE COMPLETED BY CLAIMANT:

Claimant's Name: DAVID ADAMS

Date: 12-30-08

Address: 150 RANKIN WY #32 BENICIA CA 94510

Department: CONTRA COSTA SHERIFF

Employee No: 48938

Describe the manner in which the loss or damage occurred: _____

DURING A TRAFFIC STOP AT 1350 HRS, I WAS SEARCHING A VEHICLE. MY SUNGLASSES WERE ON MY HEAD WHILE SEARCHING UNDER THE FRONT DRIVERS SEAT. UPON LIFTING UP MY HEAD/SUNGLASSES HIT THE TOP DOOR FRAME SEAT BELT ASSEMBLY CAUSING THE LEFT LENSE TO BE SCRATCHED APPROX 1" IN THE MIDDLE OF LENSE

Amount of Loss Claim \$ _____

Amount to repair damaged property (attach invoice & actual repair) \$ 418.00 REPLACE LENSES

Original purchase price of article(s) (attach sales slip on same) \$ 490.00

Where purchased: DR. RICHARD JOYCE OPTOMETRIST

Date purchased: 8-4-07 OAKLEY POLARIZED SUNGLASSES PRESCRIPTION

Do you carry private insurance coverage for property loss or damage to your personal property? Yes _____ No X

If yes, have you contacted your insurance agent for reimbursement? Yes _____ No X

If yes, how much did your insurance reimburse you for the claim? \$ N/A

If no, why did the company reject your claim? N/A

[Signature] _____
Employee's Signature Date 1-5-09

TO BE COMPLETED BY WITNESS

Confirming statement by witness to incident: _____

Witness' Name (Print)

Signature of Witness

DEPUTY ADAMS SHOWED ME HIS PRESCRIPTION
SUNGLASSES, WHICH CONTAINED A VISIBLE
CRESCENT SCRATCH ON THE LEFT LENS.
THE GLASSES WERE COLLECTED, AND ARE
FORWARDED WITH THIS REPORT.

S. SPARVOLI #36036
Supervisor's Name (Print)

Sgt. *[Signature]*
Signature of Immediate Supervisor

TO BE COMPLETED BY DEPARTMENT HEAD OR DESIGNATED REPRESENTATIVE:

I recommend approval of this claim because said claim meets the criteria for reim-
bursement provided by Administrative Bulletin #313.1, as follows: (Please refer to
items 1-4 under Administrative Bulletin #313.1.)

I recommend rejection of this claim because said claim does not meet the criteria
for reimbursement provided by Administrative Bulletin #313.1, as follows: (Please
refer to items 1-4 under Administrative Bulletin #313.1.)

[Signature]
Signature of Department Head or Designated Representative

HAVE YOU CHECKED TO BE SURE

1. Damaged property is attached to this claim. If not, please explain.
2. This form has been completely answered.
3. County demand form and Board Order, if needed, is attached.

JAN-21-2009 WED 03:31 AM

Richard G. Joyce, O.D.
874 Southampton Road
Benicia, CA 94510

ADAMS, DAVID 48938
RG: PRESCRIPTION SUNGLASSES
Statement of Charges and Payments

Fee Slip Number: 25646
Date Printed: 01/08/2009
Provider: Richard Joyce, O.D.
Office Phone: 707-745-6266
License: 8752T

To: David Adams
150 Rankin Way #32
Benicia, CA 94510

TPA Number: 8752T /
Patient: David Adams
Next Appt:

Service Date	Qty	Description	CPT	Diagnosis	Amount	Patient Balance
08/04/2008	1	Polarized Oakley Sunglasses			416.00	
		Courtesy Discount			(83.60)	
	1	Oakley Flak Jacket			195.00	
		Courtesy Discount			(39.00)	
					Total Current Charges	490.40
08/04/2008	Payment Applied - Visa				(490.40)	
					Total Payments	(490.40)
					Balance Due	0.00
					Other Open Items	0.00
					NO PAYMENT NECESSARY	0.00

Thank you for your confidence and trust.

Total Due	0.00	Patient #	9446	Statement Date	01/08/2009
Amount Enclosed		Check #		Patient	David Adams

Richard G. Joyce, O.D.
874 Southampton Road
Benicia, CA 94510

David Adams
150 Rankin Way #32
Benicia, CA 94510