NOTICE
GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT
REGULAR MEETING

A Regular Session of the Glenpool Area Emergency Medical Service District will be held at 6:00 p.m. immediately following the Glenpool Industrial Authority meeting on Monday, February 5, 2018, at Glenpool City Hall, City Council Chambers, 12205 S. Yukon Ave., 3rd Floor, Glenpool, Oklahoma.

AGENDA

Page

A) **Call to Order - Timothy Lee Fox, Chairman**

B) **Roll Call, Declaration of Quorum – Susan White, Secretary; Timothy Lee Fox, Chairman**

C) **EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS**

1) Glenpool EMS Report 01012018-01312018 — 2 - 4

D) **District Administrator Report - Susan White, Adm., Sec.**

E) **Scheduled Business**

1) Discussion and possible action to approve minutes from January 8, 2018 meeting. (Susan White, Secretary) — 5 - 6
GEMS MIN 010818

2) Discussion and possible action to approve purchase order(s) and receipts register totaling $13,877.79. (Susan White, Dist Adm/Sec) — 7 - 30
2018-02-05-GEMS-Payment of Claims

3) Discussion and possible action to appoint John Gonsalves, City of Glenpool Finance Director, to serve as Treasurer for the GEMS District for the balance of the unexpired term of former GEMS District Treasurer Julie Casteen, and to authorize the Chairman of the GEMS District Board to sign an employment agreement between the GEMS District as employer and John Gonsalves as employee giving effect to such appointment. (Susan White, District Administrator) — 31 - 38
Treasurer's Emp Ag 020518
2018-02-01 GEMS Resignation Letter

4) Discussion and possible action to designate John Gonslaves as checking account signatory on all accounts. (Susan White, District Secretary)

F) **Adjournment**

This notice and agenda was posted at Glenpool City Hall, 12205 S. Yukon Ave., Glenpool, Oklahoma, on _____, _____ at _____am/pm.

Signed:
City Clerk

Mercy Regional EMS

Brian Cook
Director of Operations
PO Box 2398
Owasso, OK 74055
Office: 918.609.5827
Email: bcook@mercy-regional.com

To: Honorable Chair and GEMS Board Members

From: Brian Cook, Chief of Operations

Date: February 1, 2018

Ref: EMS Report January 1 – January 31, 2018

During the month of January 2018, we logged 114 responses. 87 patients were transported, nine patients refused transport, 2 calls cancelled prior to arrival, 2 calls no patient located, one DOA and 13 calls required mutual aid. We maintained a 95% response time compliance.

When we began service in Glenpool we started with a new ambulance. Last month we moved that ambulance to a transfer station and put another new ambulance in Glenpool.

Brian Cook,
Director of Operations

CRun	Call Date	Pick Up Location	Destination	Dispacthed	En Route	On Scene	Transport	Arrived	Clear	Response Time	Unit	
18-5	1/1/2018 06:31	EMERGENCY SCENE	ST. FRANCIS TULSA	1/1/2018 06:32	1/1/2018 06:35	1/1/2018 06:38	1/1/2018 07:05	1/1/2018 07:23	1/1/2018 07:36	00:06:23	MEDIC 401	
18-9	1/1/2018 09:14	EMERGENCY SCENE	ST. JOHN TULSA	1/1/2018 09:15	1/1/2018 09:15	1/1/2018 09:20	1/1/2018 09:43	1/1/2018 10:22	1/1/2018 10:22	00:06:31	MEDIC 401	
18-14	1/1/2018 11:16	EMERGENCY SCENE	ST. JOHN TULSA	1/1/2018 11:17	1/1/2018 11:17	1/1/2018 11:20	1/1/2018 11:42	1/1/2018 12:06	1/1/2018 12:23	00:03:25	MEDIC 401	
18-19	1/1/2018 14:51	EMERGENCY SCENE	ST. FRANCIS TULSA	1/1/2018 14:52	1/1/2018 14:52	1/1/2018 14:56	1/1/2018 15:18	1/1/2018 15:37	1/1/2018 16:07	00:04:57	MEDIC 401	
18-30	1/1/2018 20:49	EMERGENCY SCENE	ST. FRANCIS TULSA	1/1/2018 20:52	1/1/2018 20:52	1/1/2018 20:58	1/1/2018 21:14	1/1/2018 21:36	1/1/2018 21:56	00:08:35	MEDIC 401	
18-66	1/2/2018 16:46	EMERGENCY SCENE	MEDICAL ALARM	1/2/2018 16:47							MUTUAL AID RECIEVED	
18-68	1/2/2018 17:30	EMERGENCY SCENE	ST. JOHN TULSA	1/2/2018 17:31	1/2/2018 17:31	1/2/2018 17:32	1/2/2018 17:50	1/2/2018 18:11	1/2/2018 18:54	00:02:26	MEDIC 102	
18-71	1/2/2018 18:34	EMERGENCY SCENE	ST. FRANCIS TULSA	1/2/2018 18:35	1/2/2018 18:36	1/2/2018 18:41	1/2/2018 19:23	1/2/2018 19:47	1/2/2018 19:57	00:06:57	MEDIC 401	
18-72	1/2/2018 18:34	EMERGENCY SCENE	UNK	1/2/2018 18:35							MUTUAL AID RECIEVED	
18-77	1/2/2018 22:08	EMERGENCY SCENE	HILLCREST SOUTH	1/2/2018 22:08	1/2/2018 22:08	1/2/2018 22:14	1/2/2018 22:45	1/2/2018 22:57	1/2/2018 23:12	00:05:49	MEDIC 401	
18-96	1/3/2018 09:46	EMERGENCY SCENE	ST. FRANCIS TULSA	1/3/2018 09:47	1/3/2018 09:48	1/3/2018 09:51	1/3/2018 10:18	1/3/2018 10:36	1/3/2018 10:51	00:05:00	MEDIC 401	
18-121	1/3/2018 15:41	EMERGENCY SCENE	ST. JOHN TULSA	1/3/2018 15:42	1/3/2018 15:43	1/3/2018 15:43	1/3/2018 16:09	1/3/2018 16:39	1/3/2018 16:57	00:01:06	MEDIC 401	
18-123	1/3/2018 17:13	EMERGENCY SCENE	ST. FRANCIS SOUTH	1/3/2018 17:14	1/3/2018 17:16	1/3/2018 17:19	1/3/2018 17:53	1/3/2018 18:33	1/3/2018 19:26	00:06:26	MEDIC 401	
18-125	1/3/2018 17:45	EMERGENCY SCENE	UNK	1/3/2018 17:46							MUTUAL AID RECIEVED	
18-126	1/3/2018 17:49	EMERGENCY SCENE	ST. FRANCIS SOUTH	1/3/2018 17:50	1/3/2018 18:00	1/3/2018 18:20	1/3/2018 18:39	1/3/2018 19:03	1/3/2018 20:01	00:30:58	MEDIC 101	ALL AREA MUTUAL AID WAS BUSY
18-140	1/4/2018 03:29	EMERGENCY SCENE	ST. JOHN SAPULPA	1/4/2018 03:31	1/4/2018 03:34	1/4/2018 03:37	1/4/2018 04:35	1/4/2018 04:56	1/4/2018 05:12	00:08:07	MEDIC 401	
18-147	1/4/2018 07:52	EMERGENCY SCENE	ST. JOHN TULSA	1/4/2018 07:53	1/4/2018 07:55	1/4/2018 08:07	1/4/2018 08:21	1/4/2018 08:43	1/4/2018 09:01	00:15:10	MEDIC 401	CREW ERROR. DISCIPLINE TAKEN
18-184	1/4/2018 17:50	EMERGENCY SCENE	ST. FRANCIS TULSA	1/4/2018 17:52	1/4/2018 17:54	1/4/2018 17:59	1/4/2018 18:17	1/4/2018 18:39	1/4/2018 18:53	00:07:04	MEDIC 401	
18-186	1/4/2018 18:09	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/4/2018 18:11	1/4/2018 18:12	1/4/2018 18:16	1/4/2018 18:36	1/4/2018 18:36	1/4/2018 18:36	00:07:09	MEDIC 110	
18-188	1/4/2018 18:47	EMERGENCY SCENE	UNK	1/4/2018 18:48							MUTUAL AID RECIEVED	
18-201	1/5/2018 04:36	EMERGENCY SCENE	ST. JOHN TULSA	1/5/2018 04:38	1/5/2018 04:40	1/5/2018 04:49	1/5/2018 05:10	1/5/2018 05:41	1/5/2018 05:58	00:12:24	MEDIC 401	
18-207	1/5/2018 09:06	EMERGENCY SCENE	OSU MEDICAL CENTER	1/5/2018 09:07	1/5/2018 09:08	1/5/2018 09:13	1/5/2018 09:27	1/5/2018 09:51	1/5/2018 10:01	00:06:04	MEDIC 401	
18-213	1/5/2018 10:06	EMERGENCY SCENE	ST. FRANCIS TULSA	1/5/2018 10:08	1/5/2018 10:08	1/5/2018 10:16	1/5/2018 10:25	1/5/2018 10:43	1/5/2018 11:01	00:09:12	MEDIC 401	CREW STAGING
18-214	1/5/2018 10:32	EMERGENCY SCENE	HILLCREST SOUTH	1/5/2018 10:33	1/5/2018 10:34	1/5/2018 10:46	1/5/2018 10:58	1/5/2018 11:29	1/5/2018 12:22	00:13:33	MEDIC 102	MERCY AND CREEK RESPONDED
18-228	1/5/2018 12:48	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/5/2018 12:48	1/5/2018 12:49	1/5/2018 12:53	1/5/2018 13:03	1/5/2018 13:03	1/5/2018 13:03	00:04:38	MEDIC 401	
18-229	1/5/2018 13:01	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	1/5/2018 13:01	1/5/2018 13:02	1/5/2018 13:08	1/5/2018 13:17	1/5/2018 13:39	1/5/2018 14:16	00:07:29	MEDIC 401	
18-247	1/5/2018 15:51	EMERGENCY SCENE	ST. FRANCIS VINITA	1/5/2018 15:51	1/5/2018 15:53	1/5/2018 15:58	1/5/2018 16:20	1/5/2018 16:22	1/5/2018 16:49	00:07:11	MEDIC 302	
18-251	1/5/2018 16:55	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	1/5/2018 16:57	1/5/2018 16:59	1/5/2018 16:59	1/5/2018 17:19	1/5/2018 17:37	1/5/2018 18:07	00:04:02	MEDIC 401	
18-254	1/5/2018 18:16	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/5/2018 18:17	1/5/2018 18:17	1/5/2018 18:23	1/5/2018 18:28	1/5/2018 18:28	1/5/2018 18:28	00:06:34	MEDIC 401	
18-260	1/5/2018 21:24	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/5/2018 21:25	1/5/2018 21:27	1/5/2018 21:28	1/5/2018 22:03	1/5/2018 22:03	1/5/2018 22:03	00:04:15	MEDIC 401	
18-264	1/5/2018 23:43	EMERGENCY SCENE	CANCELLED PT GOING POV	1/5/2018 23:50	1/5/2018 23:50	1/5/2018 23:50	1/5/2018 23:50	1/5/2018 23:50	1/5/2018 23:50	00:07:32	MEDIC 401	
18-270	1/6/2018 11:30	EMERGENCY SCENE	ST. FRANCIS TULSA	1/6/2018 11:30	1/6/2018 11:32	1/6/2018 11:36	1/6/2018 11:53	1/6/2018 12:16	1/6/2018 12:29	00:05:41	MEDIC 401	
18-275	1/6/2018 13:15	EMERGENCY SCENE	ST. FRANCIS TULSA	1/6/2018 13:15	1/6/2018 13:16	1/6/2018 13:22	1/6/2018 13:43	1/6/2018 14:05	1/6/2018 14:28	00:07:01	MEDIC 401	
18-283	1/6/2018 18:20	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	1/6/2018 18:21	1/6/2018 18:22	1/6/2018 18:26	1/6/2018 18:41	1/6/2018 19:01	1/6/2018 19:38	00:05:48	MEDIC 401	
18-286	1/6/2018 18:50	EMERGENCY SCENE	UNK	1/6/2018 18:50							MUTUAL AID RECIEVED	
18-288	1/6/2018 20:51	EMERGENCY SCENE	ST. JOHN TULSA	1/6/2018 20:54	1/6/2018 20:54	1/6/2018 20:58	1/6/2018 21:25	1/6/2018 21:52	1/6/2018 22:46	00:06:30	MEDIC 401	
18-312	1/7/2018 10:34	EMERGENCY SCENE	ST. FRANCIS SOUTH	1/7/2018 10:40	1/7/2018 10:40	1/7/2018 10:40	1/7/2018 10:59	1/7/2018 11:30	1/7/2018 12:38	00:06:07	MEDIC 401	
18-315	1/7/2018 11:57	EMERGENCY SCENE	ST. FRANCIS SOUTH	1/7/2018 11:58	1/7/2018 11:58	1/7/2018 12:04	1/7/2018 12:38	1/7/2018 13:00	1/7/2018 13:39	00:06:59	MEDIC 102	
18-321	1/7/2018 17:34	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/7/2018 17:35	1/7/2018 17:37	1/7/2018 17:39	1/7/2018 17:47	1/7/2018 17:47	1/7/2018 17:47	00:04:17	MEDIC 401	
18-325	1/7/2018 21:54	EMERGENCY SCENE	ST. JOHN TULSA	1/7/2018 21:54	1/7/2018 21:57	1/7/2018 22:05	1/7/2018 22:29	1/7/2018 22:43	1/7/2018 22:57	00:10:33	MEDIC 401	
18-328	1/8/2018 00:37	EMERGENCY SCENE	OSU MEDICAL CENTER	1/8/2018 00:37	1/8/2018 00:39	1/8/2018 00:43	1/8/2018 00:50	1/8/2018 01:04	1/8/2018 01:22	00:06:25	MEDIC 401	
18-333	1/8/2018 05:18	EMERGENCY SCENE	ST. FRANCIS TULSA	1/8/2018 05:18	1/8/2018 05:18	1/8/2018 05:27	1/8/2018 05:47	1/8/2018 06:05	1/8/2018 06:17	00:08:12	MEDIC 401	
18-337	1/8/2018 07:41	EMERGENCY SCENE	ST. JOHN TULSA	1/8/2018 07:42	1/8/2018 07:43	1/8/2018 07:51	1/8/2018 08:13	1/8/2018 08:46	1/8/2018 09:13	00:09:16	MUTUAL AID GIVEN	
18-367	1/8/2018 16:30	EMERGENCY SCENE	OSU MEDICAL CENTER	1/8/2018 16:30	1/8/2018 16:31	1/8/2018 16:34	1/8/2018 17:09	1/8/2018 17:58	1/8/2018 17:59	00:03:57	MEDIC 401	
18-383	1/9/2018 01:36	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	1/9/2018 01:36	1/9/2018 01:39	1/9/2018 01:41	1/9/2018 01:59	1/9/2018 02:23	1/9/2018 03:08	00:05:31	MEDIC 401	
18-396	1/9/2018 09:17	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	1/9/2018 09:18	1/9/2018 09:18	1/9/2018 09:23	1/9/2018 09:40	1/9/2018 10:03	1/9/2018 11:35	00:05:21	MEDIC 401	
18-398	1/9/2018 09:41	EMERGENCY SCENE	ST. FRANCIS SOUTH	1/9/2018 09:42	1/9/2018 09:42	1/9/2018 09:45	1/9/2018 10:16	1/9/2018 10:38	1/9/2018 11:43	00:04:19	MEDIC 110	
18-416	1/9/2018 12:38	EMERGENCY SCENE	HILLCREST SOUTH	1/9/2018 12:39	1/9/2018 12:39	1/9/2018 12:49	1/9/2018 13:18	1/9/2018 13:39	1/9/2018 14:00	00:10:40	MEDIC 401	
18-428	1/9/2018 17:06	EMERGENCY SCENE	ST. FRANCIS TULSA	1/9/2018 17:07	1/9/2018 17:08	1/9/2018 17:09	1/9/2018 17:22	1/9/2018 17:43	1/9/2018 17:56	00:02:38	MEDIC 401	
18-447	1/10/2018 08:53	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/10/2018 08:54	1/10/2018 08:55	1/10/2018 08:58	1/10/2018 09:21	1/10/2018 09:21	1/10/2018 09:21	00:04:29	MEDIC 401	
18-456	1/10/2018 12:02	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	1/10/2018 12:03	1/10/2018 12:04	1/10/2018 12:10	1/10/2018 12:31	1/10/2018 13:01	1/10/2018 13:22	00:07:48	MEDIC 401	
18-477	1/10/2018 16:39	EMERGENCY SCENE	ST. JOHN TULSA	1/10/2018 16:41	1/10/2018 16:41	1/10/2018 16:41	1/10/2018 16:56	1/10/2018 17:23	1/10/2018 17:50	00:02:02	MEDIC 401	
18-483	1/10/2018 18:57	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	1/10/2018 18:57	1/10/2018 18:58	1/10/2018 19:03	1/10/2018 19:27	1/10/2018 19:47	1/10/2018 20:17	00:05:58	MEDIC 401	
18-487	1/10/2018 20:10	EMERGENCY SCENE	UNK	1/10/2018 20:11							MUTUAL AID RECIEVED	
18-491	1/10/2018 22:09	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/10/2018 22:12	1/10/2018 22:12	1/10/2018 22:14	1/10/2018 22:22	1/10/2018 22:22	1/10/2018 22:22	00:05:37	MEDIC 401	
18-501	1/11/2018 00:50	EMERGENCY SCENE	ST. FRANCIS TULSA	1/11/2018 00:51	1/11/2018 00:52	1/11/2018 00:58	1/11/2018 01:13	1/11/2018 01:28	1/11/2018 01:44	00:08:26	MEDIC 401	
18-504	1/11/2018 03:29	EMERGENCY SCENE	ST. FRANCIS TULSA	1/11/2018 03:30	1/11/2018 03:32	1/11/2018 03:33	1/11/2018 04:01	1/11/2018 04:19	1/11/2018 04:46	00:03:38	MEDIC 401	
18-511	1/11/2018 08:37	EMERGENCY SCENE	ST. FRANCIS TULSA	1/11/2018 08:38	1/11/2018 08:41	1/11/2018 08:49	1/11/2018 09:00	1/11/2018 09:21	1/11/2018 09:31	00:12:36	MEDIC 401	
18-533	1/11/2018 13:35	EMERGENCY SCENE	ST. JOHN TULSA	1/11/2018 13:36	1/11/2018 13:37	1/11/2018 13:41	1/11/2018 13:58	1/11/2018 14:21	1/11/2018 14:35	00:05:13	MEDIC 401	
18-542	1/11/2018 19:30	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/11/2018 19:31	1/11/2018 19:32	1/11/2018 19:34	1/11/2018 19:55	1/11/2018 19:55	1/11/2018 19:55	00:03:55	MEDIC 401	
18-551	1/12/2018 08:38	EMERGENCY SCENE	ST. JOHN TULSA	1/12/2018 08:38	1/12/2018 08:39	1/12/2018 08:42	1/12/2018 08:55	1/12/2018 09:16	1/12/2018 09:34	00:04:24	MEDIC 401	
18-584	1/12/2018 15:13	EMERGENCY SCENE	DOA - DEAD ON ARRIVAL	1/12/2018 15:17	1/12/2018 15:17	1/12/2018 15:18	1/12/2018 15:35	1/12/2018 15:35	1/12/2018 15:35	00:04:35	MEDIC 401	
18-590	1/12/2018 17:07	EMERGENCY SCENE	SIGNED REFUSAL	1/12/2018 17:08	1/12/2018 17:08	1/12/2018 17:16	1/12/2018 17:21	1/12/2018 17:21	1/12/2018 17:21	00:08:08	MEDIC 401	
18-598	1/12/2018 22:34	EMERGENCY SCENE	ST. JOHN TULSA	1/12/2018 22:34	1/12/2018 22:38	1/12/2018 22:40	1/12/2018 23:03	1/12/2018 23:23	1/12/2018 23:41	00:06:25	MEDIC 401	
18-600	1/12/2018 23:59	EMERGENCY SCENE	HILLCREST SOUTH	1/12/2018 23:59	1/12/2018 23:59	1/13/2018 00:02	1/13/2018 00:25	1/13/2018 00:43	1/13/2018 00:59	00:02:30	MEDIC 401	
18-613	1/13/2018 11:33	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/13/2018 11:34	1/13/2018 11:34	1/13/2018 11:39	1/13/2018 11:50	1/13/2018 11:50	1/13/2018 11:50	00:05:44	MEDIC 401	
18-616	1/13/2018 11:33	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/13/2018 11:34	1/13/2018 11:34	1/13/2018 11:39	1/13/2018 11:50	1/13/2018 11:50	1/13/2018 11:50	00:05:44	MEDIC 401	
18-617	1/13/2018 11:33	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/13/2018 11:34	1/13/2018 11:34	1/13/2018 11:39	1/13/2018 11:50	1/13/2018 11:50	1/13/2018 11:50	00:05:44	MEDIC 401	
18-622	1/13/2018 14:51	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	1/13/2018 14:52	1/13/2018 14:52	1/13/2018 14:55	1/13/2018 15:07	1/13/2018 15:26	1/13/2018 15:55	00:03:57	MEDIC 401	
18-629	1/13/2018 17:31	EMERGENCY SCENE	ST. FRANCIS TULSA	1/13/2018 17:32	1/13/2018 17:34	1/13/2018 17:36	1/13/2018 17:52	1/13/2018 18:13	1/13/2018 18:33	00:05:24	MEDIC 401	

18-634	1/13/2018 20:26	EMERGENCY SCENE	ST. JOHN TULSA	1/13/2018 20:26	1/13/2018 20:28	1/13/2018 20:31	1/13/2018 20:50	1/13/2018 21:05	1/13/2018 21:29	00:05:24	MEDIC 401
18-641	1/14/2018 07:33	EMERGENCY SCENE	HILLCREST SOUTH	1/14/2018 07:34	1/14/2018 07:36	1/14/2018 07:41	1/14/2018 08:14	1/14/2018 08:32	1/14/2018 08:54	00:07:34	MEDIC 401
18-654	1/14/2018 13:49	EMERGENCY SCENE	ST. FRANCIS TULSA	1/14/2018 13:49	1/14/2018 13:53	1/14/2018 13:56	1/14/2018 14:04	1/14/2018 14:27	1/14/2018 15:05	00:07:29	MEDIC 401
18-655	1/14/2018 14:38	EMERGENCY SCENE	UNK	1/14/2018 14:41							MUTUAL AID RECIEVED
18-673	1/15/2018 06:42	EMERGENCY SCENE	HILLCREST SOUTH	1/15/2018 06:43	1/15/2018 06:45	1/15/2018 06:47	1/15/2018 07:07	1/15/2018 07:25	1/15/2018 07:47	00:04:43	MEDIC 401
18-675	1/15/2018 08:34	EMERGENCY SCENE	ST. FRANCIS TULSA	1/15/2018 08:35	1/15/2018 08:35	1/15/2018 08:38	1/15/2018 09:03	1/15/2018 09:29	1/15/2018 09:47	00:04:49	MEDIC 401
18-677	1/15/2018 09:13	EMERGENCY SCENE	ST. FRANCIS TULSA	1/15/2018 09:14	1/15/2018 09:15	1/15/2018 09:20	1/15/2018 09:37	1/15/2018 10:19	1/15/2018 11:09	00:06:49	MEDIC 110
18-702	1/15/2018 15:28	EMERGENCY SCENE	ST. JOHN TULSA	1/15/2018 15:28	1/15/2018 15:28	1/15/2018 15:28	1/15/2018 15:39	1/15/2018 16:02	1/15/2018 16:23	00:00:16	MEDIC 401
18-715	1/15/2018 18:08	EMERGENCY SCENE	ST. FRANCIS TULSA	1/15/2018 18:10	1/15/2018 18:10	1/15/2018 18:14	1/15/2018 18:52	1/15/2018 19:20	1/15/2018 19:55	00:05:33	MEDIC 401
18-772	1/16/2018 18:42	EMERGENCY SCENE	ST. FRANCIS TULSA	1/16/2018 18:43	1/16/2018 18:43	1/16/2018 18:48	1/16/2018 19:04	1/16/2018 19:28	1/16/2018 19:45	00:05:44	MEDIC 401
18-774	1/16/2018 20:57	EMERGENCY SCENE	ST. FRANCIS TULSA	1/16/2018 20:57	1/16/2018 20:58	1/16/2018 21:01	1/16/2018 21:32	1/16/2018 21:55	1/16/2018 22:14	00:04:14	MEDIC 401
18-777	1/16/2018 23:56	EMERGENCY SCENE	ST. FRANCIS SOUTH	1/16/2018 23:56	1/16/2018 23:57	1/17/2018 00:00	1/17/2018 00:10	1/17/2018 00:26	1/17/2018 00:43	00:04:43	MEDIC 401
18-821	1/18/2018 00:06	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/18/2018 00:07	1/18/2018 00:08	1/18/2018 00:10	1/18/2018 00:23	1/18/2018 00:23	1/18/2018 00:23	00:04:22	MEDIC 401
18-827	1/18/2018 08:21	EMERGENCY SCENE	ST. FRANCIS TULSA	1/18/2018 08:22	1/18/2018 08:23	1/18/2018 08:27	1/18/2018 08:38	1/18/2018 09:01	1/18/2018 09:20	00:05:13	MEDIC 401
18-829	1/18/2018 08:58	EMERGENCY SCENE	MUTUAL AID	1/18/2018 09:00							MUTUAL AID RECIEVED
18-830	1/18/2018 09:08	EMERGENCY SCENE	MUTUAL AID	1/18/2018 09:08							MUTUAL AID RECIEVED
18-862	1/18/2018 18:33	EMERGENCY SCENE	MEDICAL ALARM	1/18/2018 18:34	1/18/2018 18:35	1/18/2018 18:35	1/18/2018 18:35	1/18/2018 18:35	1/18/2018 18:35	00:01:58	MEDIC 401
18-879	1/19/2018 08:40	EMERGENCY SCENE	HILLCREST SOUTH	1/19/2018 08:41	1/19/2018 08:42	1/19/2018 08:45	1/19/2018 08:55	1/19/2018 09:14	1/19/2018 09:41	00:05:13	MEDIC 401
18-891	1/19/2018 12:21	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/19/2018 12:22	1/19/2018 12:25	1/19/2018 12:27	1/19/2018 12:45	1/19/2018 12:45	1/19/2018 12:45	00:06:06	MEDIC 401
18-900	1/19/2018 14:11	EMERGENCY SCENE	ST. JOHN SAPULPA	1/19/2018 14:11	1/19/2018 14:13	1/19/2018 14:17	1/19/2018 14:41	1/19/2018 14:55	1/19/2018 15:15	00:05:52	MEDIC 401
18-909	1/19/2018 18:01	EMERGENCY SCENE	ST. FRANCIS TULSA	1/19/2018 18:02	1/19/2018 18:04	1/19/2018 18:08	1/19/2018 18:34	1/19/2018 18:47	1/19/2018 19:43	00:06:49	MEDIC 401
18-910	1/19/2018 18:01	EMERGENCY SCENE	UNK	1/19/2018 18:02							MUTUAL AID RECIEVED
18-941	1/20/2018 19:01	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/20/2018 19:03	1/20/2018 19:03	1/20/2018 19:05	1/20/2018 19:21	1/20/2018 19:21	1/20/2018 19:21	00:04:13	MEDIC 401
18-943	1/20/2018 19:25	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/20/2018 19:25	1/20/2018 19:25	1/20/2018 19:26	1/20/2018 19:48	1/20/2018 19:48	1/1/1900	00:01:32	MEDIC 401
18-946	1/20/2018 22:40	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	1/20/2018 22:40	1/20/2018 22:40	1/20/2018 22:44	1/20/2018 22:55	1/20/2018 23:10	1/20/2018 23:30	00:03:55	MEDIC 401
18-969	1/21/2018 15:01	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVIC	1/21/2018 15:01	1/21/2018 15:03	1/21/2018 15:07	1/21/2018 15:07	1/21/2018 15:07	1/21/2018 15:07	00:06:06	MEDIC 401
18-972	1/21/2018 16:58	EMERGENCY SCENE	ST. JOHN SAPULPA	1/21/2018 16:58	1/21/2018 16:58	1/21/2018 17:02	1/21/2018 17:22	1/21/2018 17:39	1/21/2018 17:59	00:04:33	MEDIC 401
18-975	1/21/2018 17:56	EMERGENCY SCENE	UNK	1/21/2018 17:56							MUTUAL AID RECIEVED
18-976	1/21/2018 17:58	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/21/2018 18:00	1/21/2018 18:00	1/21/2018 18:03	1/21/2018 18:35	1/21/2018 18:35	1/21/2018 18:35	00:05:03	MEDIC 401
18-981	1/21/2018 21:22	EMERGENCY SCENE	ST. JOHN TULSA	1/21/2018 21:22	1/21/2018 21:24	1/21/2018 21:26	1/21/2018 21:44	1/21/2018 22:05	1/21/2018 22:22	00:03:46	MEDIC 401
18-984	1/22/2018 01:57	EMERGENCY SCENE	ST. JOHN TULSA	1/22/2018 01:57	1/22/2018 02:02	1/22/2018 02:05	1/22/2018 02:21	1/22/2018 02:42	1/22/2018 02:58	00:07:49	MEDIC 401
18-991	1/22/2018 09:56	EMERGENCY SCENE	ST. JOHN SAPULPA	1/22/2018 09:57	1/22/2018 09:57	1/22/2018 10:00	1/22/2018 10:15	1/22/2018 10:31	1/22/2018 10:48	00:03:25	MEDIC 401
18-1024	1/22/2018 19:43	EMERGENCY SCENE	ST. JOHN SAPULPA	1/22/2018 19:43	1/22/2018 19:45	1/22/2018 19:45	1/22/2018 20:06	1/22/2018 20:22	1/22/2018 20:57	00:02:27	MEDIC 401
18-1029	1/22/2018 23:09	EMERGENCY SCENE	NO PATIENT FOUND	1/22/2018 23:09	1/22/2018 23:11	1/22/2018 23:17	1/22/2018 23:28	1/22/2018 23:28	1/22/2018 23:28	00:08:32	MEDIC 401
18-1041	1/23/2018 06:55	EMERGENCY SCENE	ST. FRANCIS SOUTH	1/23/2018 06:56	1/23/2018 06:56	1/23/2018 06:56	1/23/2018 07:02	1/23/2018 07:21	1/23/2018 07:37	00:00:41	MEDIC 401
18-1067	1/23/2018 15:05	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	1/23/2018 15:06	1/23/2018 15:07	1/23/2018 15:10	1/23/2018 15:29	1/23/2018 15:50	1/23/2018 16:26	00:04:48	MEDIC 401
18-1095	1/24/2018 11:02	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/24/2018 11:03	1/24/2018 11:04	1/24/2018 11:10	1/24/2018 11:19	1/24/2018 11:19	1/24/2018 11:19	00:07:33	MEDIC 401
18-1109	1/24/2018 15:07	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/24/2018 15:08	1/24/2018 15:16	1/24/2018 15:20	1/24/2018 15:36	1/24/2018 15:36	1/24/2018 15:36	00:13:32	MEDIC 401
18-1110	1/24/2018 15:07	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/24/2018 15:08	1/24/2018 15:16	1/24/2018 15:20	1/24/2018 15:36	1/24/2018 15:36	1/24/2018 15:36	00:13:32	MEDIC 401
18-1111	1/24/2018 15:07	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/24/2018 15:08	1/24/2018 15:16	1/24/2018 15:20	1/24/2018 15:36	1/24/2018 15:36	1/24/2018 15:36	00:13:32	MEDIC 401
18-1112	1/24/2018 17:14	ST. JOHN SAPULPA	ST. JOHN TULSA	1/24/2018 17:14	1/24/2018 17:15	1/24/2018 17:21	1/24/2018 17:32	1/24/2018 17:47	1/24/2018 18:03	00:07:13	MEDIC 401
18-1116	1/24/2018 19:29	EMERGENCY SCENE	ST. JOHN TULSA	1/24/2018 19:30	1/24/2018 19:30	1/24/2018 19:37	1/24/2018 20:03	1/24/2018 20:21	1/24/2018 20:53	00:08:07	MEDIC 401
18-1133	1/25/2018 05:52	EMERGENCY SCENE	OSU MEDICAL CENTER	1/25/2018 05:52	1/25/2018 05:55	1/25/2018 06:00	1/25/2018 06:19	1/25/2018 06:39	1/25/2018 07:17	00:08:04	MEDIC 401
18-1178	1/26/2018 01:17	LIFT ASSIST	SIGNED PATIENT REFUSAL	1/26/2018 01:17	1/26/2018 01:17	1/26/2018 01:22	1/26/2018 01:38	1/26/2018 01:38	1/26/2018 01:38	00:05:15	MEDIC 401
18-1200	1/26/2018 12:33	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	1/26/2018 12:33	1/26/2018 12:36	1/26/2018 12:40	1/26/2018 12:59	1/26/2018 13:21	1/26/2018 13:39	00:07:49	MEDIC 401
18-1207	1/26/2018 13:03	EMERGENCY SCENE	UNK	1/26/2018 13:04							MUTUAL AID RECIEVED
18-1224	1/26/2018 20:58	EMERGENCY SCENE	OSU MEDICAL CENTER	1/26/2018 20:58	1/26/2018 21:01	1/26/2018 21:05	1/26/2018 21:26	1/26/2018 21:53	1/26/2018 22:06	00:06:55	MEDIC 401
18-1237	1/27/2018 10:39	EMERGENCY SCENE	ST. FRANCIS TULSA	1/27/2018 10:40	1/27/2018 10:41	1/27/2018 10:43	1/27/2018 11:04	1/27/2018 11:23	1/27/2018 11:41	00:04:11	MEDIC 401
18-1239	1/27/2018 11:55	EMERGENCY SCENE	ST. FRANCIS TULSA	1/27/2018 11:56	1/27/2018 11:56	1/27/2018 12:01	1/27/2018 12:23	1/27/2018 12:41	1/27/2018 13:06	00:05:37	MEDIC 401
18-1267	1/28/2018 18:12	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/28/2018 18:13	1/28/2018 18:13	1/28/2018 18:16	1/28/2018 18:16	1/28/2018 18:16	1/28/2018 18:16	00:03:07	MEDIC 401
18-1268	1/28/2018 18:12	EMERGENCY SCENE	ST. FRANCIS TULSA	1/28/2018 18:13	1/28/2018 18:13	1/28/2018 18:16	1/28/2018 18:16	1/28/2018 18:16	1/28/2018 18:16	00:03:07	MEDIC 401
18-1272	1/28/2018 18:27	EMERGENCY SCENE	UNK	1/28/2018 18:28							MUTUAL AID RECIEVED
18-1292	1/29/2018 09:33	EMERGENCY SCENE	NO PATIENT FOUND	1/29/2018 09:35	1/29/2018 09:35	1/29/2018 09:38	1/29/2018 09:41	1/29/2018 09:41	1/29/2018 09:41	00:04:56	MEDIC 401
18-1315	1/29/2018 14:25	EMERGENCY SCENE	ST. JOHN TULSA	1/29/2018 14:25	1/29/2018 14:27	1/29/2018 14:29	1/29/2018 14:48	1/29/2018 15:09	1/29/2018 15:29	00:04:27	MEDIC 401
18-1334	1/29/2018 23:28	EMERGENCY SCENE	ST. FRANCIS TULSA	1/29/2018 23:30	1/29/2018 23:31	1/29/2018 23:36	1/29/2018 23:53	1/30/2018 00:15	1/30/2018 00:27	00:08:12	MEDIC 401
18-1356	1/30/2018 12:36	EMERGENCY SCENE	ST. FRANCIS TULSA	1/30/2018 12:36	1/30/2018 12:38	1/30/2018 12:41	1/30/2018 13:04	1/30/2018 13:26	1/30/2018 13:46	00:05:05	MEDIC 401
18-1364	1/30/2018 14:17	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	1/30/2018 14:19	1/30/2018 14:20	1/30/2018 14:20	1/30/2018 14:40	1/30/2018 15:01	1/30/2018 15:44	00:02:31	MEDIC 401
18-1380	1/30/2018 19:14	EMERGENCY SCENE	OSU MEDICAL CENTER	1/30/2018 19:14	1/30/2018 19:14	1/30/2018 19:22	1/30/2018 19:29	1/30/2018 19:42	1/30/2018 20:12	00:08:21	MEDIC 401
18-1390	1/31/2018 01:05	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	1/31/2018 01:05	1/31/2018 01:07	1/31/2018 01:13	1/31/2018 01:45	1/31/2018 01:45	1/31/2018 01:45	00:08:39	MEDIC 401

MINUTES
GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT
Regular Meeting
January 8, 2018

The Regular Meeting of the Glenpool Area Emergency Medical Service District was held at Council Chambers, Glenpool City Hall. Trustees present: Tim Fox, Chairman; Momodou Ceesay, Vice-Chairman; Patricia Agee; Brandon Kearns; and Jacqueline Triplett-Lund.

Staff present: Susan White, District Administrator/Secretary; and Lowell Peterson, District Legal Counsel. Brian Cook with Mercy Regional EMS was also present.

A) Chairman Fox called the meeting to order at 7:44 p.m.

B) Secretary White called the roll and Chairman Fox declared a quorum present.

C) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS

- Mr. Cook reviewed the EMS Activity Report for the period of December 7, 2017 – December 31, 2017. Mercy logged 86 calls during that period and maintained ninety-seven percent response time compliance.
- Trustee Lund inquired about the calendar year term for Mercy Care subscriptions. Mr. Cook replied the subscriptions are for January through December.

D) District Administrator Report – Susan White, District Administrator

- None

E) Scheduled Business

1) **Discussion and possible action to approve minutes from December 12, 2017 meeting.**
MOTION: Trustee Agee moved, second by Vice-Chairman Ceesay to approve minutes as presented.
FOR: Vice Chairman Ceesay; Chairman Fox; Trustee Agee; Trustee Kearns
AGAINST: None
ABSTAIN: Trustee Lund (Absent December 12, 2017)
Motion carried.

2) **Discussion and possible action to amend 2018 Meeting Calendar.**
MOTION: Trustee Lund moved, second by Vice-Chairman Ceesay to approve amended meeting calendar as presented.
FOR: Vice Chairman Ceesay; Chairman Fox; Trustee Agee; Trustee Kearns; Trustee Lund
AGAINST: None
Motion carried.

3) **Discussion and possible action to approve purchase order(s) and receipts register totaling $12,130.00.**
MOTION: Vice-Chairman Ceesay moved, second by Trustee Agee to approve purchase order and receipts register as presented and authorize payments.
FOR: Chairman Fox; Trustee Agee; Trustee Kearns; Trustee Lund; Vice Chairman Ceesay
AGAINST: None
Motion carried.

F) Adjournment.

- There being no further business, the meeting was adjourned at 7:48 p.m.

_____
Date

ATTEST:

_____
Clerk/Secretary

_____
Chairman

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS

From: Julie Casteen, District Treasurer

Date: January 31, 2018

Subject: Approval of Purchase Order Receiving Report and Payment Claims as of 1/30/18 totaling $13,877.79

Background:
A purchase order receiving report and a list of claims to be paid is presented to the Board monthly for approval.

Staff Recommendation:
Staff recommends a motion to accept the PO Receipt Register report dated 01/30/18 and approve the following payments:

P.O. Number	Account	Description	Vendor	Invoice #	Amount
18-07774	31-6-01-6202	Oxygen Cylinder Rental	Pace Products of Tulsa	112888	65.09
18-07774	31-6-01-6202	Oxygen Cylinder Rental	Pace Products of Tulsa	113013	80.12
18-07774	31-6-01-6202	Oxygen Cylinder Rental	Pace Products of Tulsa	112756	120.00
18-07775	31-6-01-6202	Medical Supplies	Emergency Medical Products	1960627	754.99
18-07777	31-6-01-6202	Medical Supplies	Curtin Drug	01/11/2018	560.00
18-07777	31-6-01-6202	Medical Supplies	Curtin Drug	01/11/2018	39.38
18-07782	31-6-01-6210	September Ambulance Service	Centurion Health Systems	1613	$ 12,000.00
18-08196	31-6-01-6202	EMR License Renewal	OK State Dept of Health	126	$ 20.00
18-08203	31-6-01-6202	Medical Supplies	Moore Medical	99747709	$ 238.21
				Total	**$13,877.79**

Attachments:
1. Purchase Order Claims Register dated 01/31/2018 totaling $13,877.79
2. PO Receipt Register dated 01/31/2018 totaling $13,877.79
3. Purchase Orders and Invoices totaling $13,877.79

12205 S. Yukon, Glenpool, OK 74033 • OFFICE: 918-209-4630 FAX: 918-209-4626

FUND: 31 - GEMS SUMMARY REPORT

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL					
18-07774	FY18 BLANKET- MEDICAL OXY	01-000450	PACE PRODUCTS OF TULSA	2/2018 112756	120.00
18-07774	FY18 BLANKET- MEDICAL OXY	01-000450	PACE PRODUCTS OF TULSA	2/2018 112888	65.09
18-07774	FY18 BLANKET- MEDICAL OXY	01-000450	PACE PRODUCTS OF TULSA	2/2018 113013	80.12
18-07775	FY18 BLANKET- MEDICAL SUP	01-000480	EMERGENCY MEDICAL PRODUCTS	2/2018 1960627	754.99
18-08196	EMRA Renewal License	01-000508	OKLA STATE DEPT. OF HEALTH -	2/2018 126/2018	20.00
18-07777	FY18 BLANKET- MEDICAL SUP	01-001236	CURTIN DRUG	2/2018 1/11/18	560.00
18-07777	FY18 BLANKET- MEDICAL SUP	01-001236	CURTIN DRUG	2/2018 1/11/2018	39.38
18-07782	AMBULANCE SERV 7/1/17- 6/	01-001267	CENTURION HEALTH SYSTEMS, DBA	2/2018 1613	12,000.00
18-08203	Canula Capnoline Plus	01-001462	MOORE MEDICAL, LLC	2/2018 99747709	238.21
				DEPARTMENT TOTAL:	13,877.79
				FUND TOTAL:	13,877.79
				GRAND TOTAL:	13,877.79

_____

Timothy Lee Fox, Chairman
February 5, 2018

APPROVED

VENDOR NAME / INVOICE	POST DATE	BANK	INVOICE AMOUNT	VENDOR TOTAL
01-001267 CENTURION HEALTH SYSTEMS, DBA				12,000.00
1613	2/05/2018	31	12,000.00	
01-001236 CURTIN DRUG				599.38
1/11/18	2/05/2018	31	560.00	
1/11/2018	2/05/2018	31	39.38	
01-000480 EMERGENCY MEDICAL PRODUCTS				754.99
1960627	2/05/2018	31	754.99	
01-001462 MOORE MEDICAL, LLC				238.21
99747709	2/05/2018	31	238.21	
01-000508 OKLA STATE DEPT. OF HEALTH - O				20.00
126/2018	2/05/2018	31	20.00	
01-000450 PACE PRODUCTS OF TULSA				265.21
112756	2/05/2018	31	120.00	
112888	2/05/2018	31	65.09	
113013	2/05/2018	31	80.12	
		TOTALS	13,877.79	13,877.79

P U R C H A S E O R D E R

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected

PURCHASE ORDER # 18-07782 08/07/2017

ISSUED TO: VEND #: 01-001267
CENTURION HEALTH SYSTEMS,
MERCY REGIONAL OKLAHOMA
9106 N. GARNETT RD.
OWASSO, OK 74055

SHIP TO:
GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

Julie Carteen 08/07/2017
PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 08/07/2017
ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	AMBULANCE SERV 7/1/17-6/30/18 AMBULANCE SERV 7/1/17- 6/30/18		00020348	31 -6-01-6210		0.00	144,000.00 *

1613 = 12,000.00
Jan 2018

** TOTAL ** 12,000.00 144,000.00

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE ORDER IS NOW A TRUE AND JUST DEBT OF THIS CITY. THIS PURCHASE ORDER IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED ABOVE.

Julie Carteen 11/26/18
OFFICER OR DEPARTMENT HEAD IN CHARGE DATE

62 O.S. SECTION 310.9 AND 74 O.S. SECTION 3109, PROVIDES THAT THE VEDOR'S SUBMISSION OF AN INVOICE OR ACCEPTANCE OF PAYMENT PURSUANT TO THIS PURCHASE CONSTITUTES A STATEMENT BY THE VENDOR THAT THE INVOICE OR CLAIM IS TRUE AND CORRECT THE WORK, SERVICES OR MATERIALS AS SHOWN BY THE INVOICE OR CLAIM HAVE BEEN COMPLETED OR SUPPLIED IN ACCORDANCE WITH THE PLANS, SPECIFICATIONS, ORDERS OR REQUESTS FURNISHED THE VENDOR, AND THE VENDOR HAS MADE NO PAYMENT, DIRECTLY OR INDIRECTLY, TO ANY ELECTED OFFICIAL, OFFICER OR EMPLOYEE OF THIS STATE OR ANY COUNTY OR POLITICAL SUBDIVISION OF THE STATE OF MONEY OR ANY OTHER THING OF VALUE TO OBTAIN PAYMENT. ANY VENDOR WHO SUBMITS AND INVOICE OR ACCEPTS PAYMENT PURSUANT TO THIS PURCHASE ORDER SHALL BE DEEMED TO ADOPT AND AFFIRM THE STATEMENT CONTAINED IN THIS PURCHASE ORDER UNLESS THE VENDOR STATES ON THE INVOICE THAT THE STATEMENT IS INCORRECT IN WHOLE OR IN PART; AND THE CITY OF GLENPOOL OR ITS RELATED ENTITIES AS THEIR INTEREST MAY APPEAR, MAY RECOVER FROM THE VENDOR THE FULL AMOUNT PAID PURSUANT TO THE PURCHASE ORDER IF THE STATEMENT ADOPTED AND AFFIRMED BY THE VENDOR IS FALSE

THE VENDOR SHALL FURNISH ITEMIZED INVOICE WHICH STATES THE VENDOR'S NAME AND ADDRESS. A CLEAR DESCRIPTION OF EACH ITEM PURCHASED IT'S PRICE, THE NUMBER OR VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

Mercy Regional Oklahoma

Owasso, OK 74055
Centurion Health Systems

Invoice

Date	Invoice #
1/12/2018	1613

Bill To
Glenpool City Accounts Payable 12205 S Yukon Ave Glenpool, Ok 74033

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	ALS Ambulance Subsidy for January 2018	12,000.00	12,000.00

RECEIVED
JAN 16 2018
BY MAP-FIN: TELEPHONE

Phone #	Fax #
9186095800	918-609-5799

Total $12,000.00

P U R C H A S E O R D E R

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected

PURCHASE ORDER # 18-07777 07/24/2017

ISSUED TO: VEND #: 01-001236

CURTIN DRUG
13101 S. ELWOOD
GLENPOOL, OK 74033

SHIP TO:

GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

Julie Carlton 07/24/2017

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 07/24/2017

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	FY18 BLANKET- MEDICAL SUPPLIES FY18 BLANKET- MEDICAL SUPPLIES		00020350	31 -6-01-6202		0.00	2,000.00 *

1/11/18 = 540.00
1/11/2018 = 39.38

Partial Payment 599.38

** TOTAL ** 2,000.00

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE ORDER IS NOW A TRUE AND JUST DEBT OF THIS CITY. THIS PURCHASE ORDER IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED ABOVE.

Julie Carlton 1/22/18

OFFICER OR DEPARTMENT HEAD IN CHARGE DATE

62 O.S. SECTION 310.9 AND 74 O.S. SECTION 3109, PROVIDES THAT THE VEDOR'S SUBMISSION OF AN INVOICE OR ACCEPTANCE OF PAYMENT PURSUANT TO THIS PURCHASE CONSTITUTES A STATEMENT BY THE VENDOR THAT THE INVOICE OR CLAIM IS TRUE AND CORRECT. THE WORK, SERVICES OR MATERIALS AS SHOWN BY THE INVOICE OR CLAIM HAVE BEEN COMPLETED OR SUPPLIED IN ACCORDANCE WITH THE PLANS, SPECIFICATIONS, ORDERS OR REQUESTS FURNISHED THE VENDOR, AND THE VENDOR HAS MADE NO PAYMENT, DIRECTLY OR INDIRECTLY, TO ANY ELECTED OFFICIAL, OFFICER OR EMPLOYEE OF THIS STATE OR ANY COUNTY OR POLITICAL SUBDIVISION OF THE STATE OF MONEY OR ANY OTHER THING OF VALUE TO OBTAIN PAYMENT. ANY VENDOR WHO SUBMITS AND INVOICE OR ACCEPTS PAYMENT PURSUANT TO THIS PURCHASE ORDER SHALL BE DEEMED TO ADOPT AND AFFIRM THE STATEMENT CONTAINED IN THIS PURCHASE ORDER UNLESS THE VENDOR STATES ON THE INVOICE THAT THE STATEMENT IS INCORRECT IN WHOLE OR IN PART; AND THE CITY OF GLENPOOL OR ITS RELATED ENTITIES AS THEIR INTEREST MAY APPEAR, MAY RECOVER FROM THE VENDOR THE FULL AMOUNT PAID PURSUANT TO THE PURCHASE ORDER IF THE STATEMENT ADOPTED AND AFFIRMED BY THE VENDOR IS FALSE.

THE VENDOR SHALL FURNISH ITEMIZED INVOICE WHICH STATES THE VENDOR'S NAME AND ADDRESS. A CLEAR DESCRIPTION OF EACH ITEM PURCHASED IT'S PRICE, THE NUMBER OR VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

11:30 AM

Curtin Drug
13101 S. Elwood
GLENPOOL, OK 74033
DEA: FC0604543

01/11/2018

Rx Items Transferred to:
GLENPOOL FD
14536 S ELWOOD AVE, GLENPOOL,
GLENPOOL, OK 74033

Qty	Name	NDC	Pkg	On Hand	Variance	Exp Date	Lot Number	Total Transferred Cost	Order Point
2	GLUCAGEN INJ HYPOKIT	00169706515	1	0				$560.00	0
1 Lines	$280 x2							0.00	

PO# 18-07777

RECEIVED
JAN 11 2018
BY A/P-FIN: GLENPOOL

Acct Payable
918-209-4626

4:56 PM

Curtin Drug
13101 S. Elwood
GLENPOOL, OK 74033
DEA: FC0604543

01/11/2018

Rx Items Transferred to:
GLENPOOL FD
14536 S ELWOOD AVE, GLENPOOL,
GLENPOOL, OK 74033

Qty	Name	NDC	Pkg	On Hand	Variance	Exp Date	Lot Number	Total Transferred Cost	Order Point
100	GLUCOCARD VITAL TEST STRIPS	08317760050	50	200				39.38	200
1 Lines	2x50ct @ 19.69 ea							0.00	

PO #18-07777

P U R C H A S E O R D E R
CITY OF GLENPOOL,OK
Email invoices: AP@cityofglenpool.com
Subject line must include PO and Vendor name or emails will be rejected

PURCHASE ORDER # 18-07775 07/24/2017

ISSUED TO: VEND #: 01-000480
EMERGENCY MEDICAL PRODUCTS
25196 NETWORK PLACE
CHICAGO, IL 60673-1251

SHIP TO:
GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

Julie Carstens 07/24/2017

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 07/24/2017

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	FY18 BLANKET- MEDICAL SUPPLIES FY18 BLANKET- MEDICAL SUPPLIES		00020351	31 -6-01-6202		0.00	4,000.00 *

1960627 = 754.99

Partial Payment 754.99

** TOTAL ** 4,000.00

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE ORDER IS NOW A TRUE AND JUST DEBT OF THIS CITY. THIS PURCHASE ORDER IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED ABOVE.

Julie Carstens 7/23/18

OFFICER OR DEPARTMENT HEAD IN CHARGE DATE

62 O.S. SECTION 310.9 AND 74 O.S. SECTION 3109, PROVIDES THAT THE VEDOR'S SUBMISSION OF AN INVOICE OR ACCEPTANCE OF PAYMENT PURSUANT TO THIS PURCHASE CONSTITUTES A STATEMENT BY THE VENDOR THAT THE INVOICE OR CLAIM IS TRUE AND CORRECT. THE WORK, SERVICES OR MATERIALS AS SHOWN BY THE INVOICE OR CLAIM HAVE BEEN COMPLETED OR SUPPLIED IN ACCORDANCE WITH THE PLANS, SPECIFICATIONS, ORDERS OR REQUESTS FURNISHED THE VENDOR, AND THE VENDOR HAS MADE NO PAYMENT, DIRECTLY OR INDIRECTLY, TO ANY ELECTED OFFICIAL, OFFICER OR EMPLOYEE OF THIS STATE OR ANY COUNTY OR POLTICAL SUBDIVISION OF THE STATE OF MONEY OR ANY OTHER THING OF VALUE TO OBTAIN PAYMENT. ANY VENDOR WHO SUBMITS AND INVOICE OR ACCEPTS PAYMENT PURSUANT TO THIS PURCHASE ORDER SHALL BE DEEMED TO ADOPT AND AFFIRM THE STATEMENT CONTAINED IN THIS PURCHASE ORDER UNLESS THE VENDOR STATES ON THE INVOICE THAT THE STATEMENT IS INCORRECT IN WHOLE OR IN PART; AND THE CITY OF GLENPOOL OR ITS RELATED ENTITIES AS THEIR INTEREST MAY APPEAR, MAY RECOVER FROM THE VENDOR THE FULL AMOUNT PAID PURSUANT TO THE PURCHASE ORDER IF THE STATEMENT ADOPTED AND AFFIRMED BY THE VENDOR IS FALSE.

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EMERGENCY MEDICAL PRODUCTS, INC.

www.BuyEMP.com
Ph: 800-558-6270
Fax: 800-558-1551

School Kids Healthcare
Division of EMP

www.schoolkidshealthcare.com
Ph: 866-558-0686
Fax: 800-558-1551

RECEIVED
JAN 22 2018
BY FIN: GLENPOOL

Invoice

Invoice	1960627
Date	1/16/2018
Page	1 of 3
Account #	123965

U 3 U I 4 9

**********AUTO**MIXED AADC 430 588 1 MB 0.423

Bill To:
City of Glenpool Fire Department
Darrell Colbert
12205 S Yukon Ave
Glenpool OK 74033-6635

Ship To:

Glenpool Fire Department
Chief Terrell Ogilvie
14536 S Elwood Ave
GLENPOOL, OK 74033-4005

Thank you for your order!

Purchase Order #		Ship Via				Payment Terms	
18-07775		FED EX GROUND				Net 30 Days	
Item #	Description	Ordered	Shipped	B/O	UOM	Unit Price	Ext. Price
506525	CURAPLEX ET TUBE WITH STYLET SIZE 2.5MM - UNCUFFED	2	2	0	EACH	$2.42	$4.84
002601	CAREFUSION NASAL CANNULA W/NON-FLARED TIPS, INFANT	4	4	0	EACH	$2.69	$10.76
506530	CURAPLEX ET TUBE WITH STYLET SIZE 3.0MM - UNCUFFED	2	2	0	EACH	$2.42	$4.84
506535	CURAPLEX ET TUBE WITH STYLET SIZE 3.5MM - UNCUFFED	2	2	0	EACH	$2.42	$4.84
506540	CURAPLEX ET TUBE WITH STYLET SIZE 4.0MM - UNCUFFED	2	2	0	EACH	$2.42	$4.84
506545	CURAPLEX ET TUBE WITH STYLET SIZE 4.5MM - UNCUFFED	2	2	0	EACH	$2.42	$4.84
504555	CURAPLEX ET TUBE WITH STYLET SIZE 5.5MM - CUFFED	2	2	0	EACH	$2.42	$4.84
504550	CURAPLEX ET TUBE WITH STYLET SIZE 5.0MM - CUFFED	2	2	0	EACH	$2.42	$4.84
504560	CURAPLEX ET TUBE WITH STYLET SIZE 6.0MM - CUFFED	2	2	0	EACH	$2.42	$4.84
504565	CURAPLEX ET TUBE WITH STYLET SIZE 6.5MM - CUFFED	2	2	0	EACH	$2.42	$4.84
504570	CURAPLEX ET TUBE WITH STYLET SIZE 7.0MM - CUFFED	2	2	0	EACH	$2.42	$4.84
504575	CURAPLEX ET TUBE WITH STYLET SIZE 7.5MM - CUFFED	2	2	0	EACH	$2.42	$4.84
504580	CURAPLEX ET TUBE WITH STYLET SIZE 8.0MM - CUFFED	2	2	0	EACH	$2.42	$4.84
504585	CURAPLEX ET TUBE WITH STYLET SIZE 8.5MM - CUFFED	2	2	0	EACH	$2.42	$4.84
504590	CURAPLEX ET TUBE WITH STYLET SIZE 9.0MM - CUFFED	2	2	0	EACH	$2.42	$4.84

EMERGENCY MEDICAL PRODUCTS, INC.

www.BuyEMP.com
Ph: 800-558-6270
Fax: 800-558-1551

School Kids Healthcare
Division of EMP

www.schoolkidshealthcare.com
Ph: 866-558-0686
Fax: 800-558-1551

Invoice

Invoice	1960627
Date	1/16/2018
Page	2 of 3
Account #	123965

Bill To:

City of Glenpool Fire Department
Darrell Colbert
12205 S Yukon Ave
Glenpool, OK 74033

Ship To:

Glenpool Fire Department
Chief Terrell Ogilvie
14536 S Elwood Ave
GLENPOOL, OK 74033-4005

Thank you for your order!

Purchase Order #		Ship Via				Payment Terms	
18-07775		FED EX GROUND				Net 30 Days	
Item #	Description	Ordered	Shipped	B/O	UOM	Unit Price	Ext. Price
KLTSD415EA	LIMITED QUANTITY- KING AIRWAY LTS-D, SUPRAGLOTTIC AIRWAY KIT, SIZE 5, PURPLE	2	2	0	EACH	$39.99	$79.98
KLTSD413EA	LIMITED QUANTITY- KING AIRWAY LTS-D, SUPRAGLOTTIC AIRWAY KIT, SIZE 3, YELLOW	2	2	0	EACH	$39.99	$79.98
507628	RUSCH ULTRA ROBERTAZZI NASAL AIRWAY, 28FR	2	2	0	EACH	$2.93	$5.86
507650	RUSCH ULTRA ROBERTAZZI NASAL AIRWAY KIT	2	2	0	EACH	$15.17	$30.34
6218	MEDIUM CONCENTRATION MASK - INFANT	6	6	0	EACH	$2.24	$13.44
32762	CURAPLEX DISPOSABLE PENLIGHT 6/PKG	1	1	0	PKG	$6.99	$6.99
17606	SAFETEC EZ-PROTECTION KIT	4	4	0	EACH	$6.92	$27.68
4010	ETHOX CORP. INFU-SURG PRESSURE INFUSER BAG -1000CC W/HOOK	2	2	0	EACH	$18.89	$37.78
3322	DYNAREX 2" X 2", 8 PLY STERILE GAUZE SPONGE - 50 2'S/TRAY	10	10	0	TRAY	$2.15	$21.50
66563	MEGAMOVER WITH POWERGRIPS, NONWOVEN POLY, WHITE, 40" X 80"	2	2	0	EACH	$29.03	$58.06
SOFTT-02	SOF TACTICAL TOURNIQUET, ORANGE	8	8	0	EACH	$28.79	$230.32
E2014	MDI ECONO-VAC ARM SPLINT	1	1	0	EACH	$22.49	$22.49
E2222	MDI ECONO-VAC LARGE FOREARM SPLINT	2	2	0	EACH	$10.79	$21.58
E2215	MDI ECONO-VAC MEDIUM FOREARM SPLINT	2	2	0	EACH	$8.99	$17.98
E2010	MDI ECONO-VAC WRIST/ANKLE SPLINT	1	1	0	EACH	$22.49	$22.49

EMERGENCY MEDICAL PRODUCTS, INC.

www.BuyEMP.com
Ph: 800-558-6270
Fax: 800-558-1551

School Kids Healthcare
Division of EMP

www.schoolkidshealthcare.com
Ph: 866-558-0686
Fax: 800-558-1551

Invoice

Invoice	1960627
Date	1/16/2018
Page	3 of 3
Account #	123965

Bill To:

City of Glenpool Fire Department
Darrell Colbert
12205 S Yukon Ave
Glenpool, OK 74033

Ship To:

Glenpool Fire Department
Chief Terrell Ogilvie
14536 S Elwood Ave
GLENPOOL, OK 74033-4005

Thank you for your order!

Purchase Order #		Ship Via				Payment Terms	
18-07775		FED EX GROUND				Net 30 Days	
Item #	Description	Ordered	Shipped	B/O	UOM	Unit Price	Ext. Price
	Tracking Numbers: 423005989117						

QUOTED PRICES INCLUDE STANDARD GROUND
DELIVERY CHARGES. QUOTE IS VALID FOR 90 DAYS!
QUOTE NUMBER MUST BE REFERENCED TO GUARANTEE QUOTE PRICES.

Please Remit to:
Emergency Medical Products, Inc.
25196 Network Place
Chicago, IL 60673-1251

Subtotal	754.99
Handling Fee	0.00
Freight	0.00
Trade Discount	0.00
Tax	0.00
Total	754.99

P U R C H A S E O R D E R

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected

PURCHASE ORDER # 18-08203 01/11/2018

ISSUED TO: VEND #: 01-001462

MOORE MEDICAL, LLC
P.O. BOX 99718
CHICAGO, IL 60696

SHIP TO:

GLENPOOL FIRE DEPT.
PUBLIC SAFETY BUILDING
14536 S. ELWOOD AVE
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

Julie Carlton 01/11/2018

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 01/11/2018

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Canula Capnoline Plus		00020919	31 -6-01-6202		0.00	238.21 *

Smart Capnoline Plus O2 Moore Medical Stock # 10513 $10 each
Box of 25
** OLD MEMO: Smart Capnoline Plus O2 Moore Medical Stock # 10513 $10 e
Canula Capnoline Plus

** TOTAL ** 238.21

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE ORDER IS NOW A TRUE AND JUST DEBT OF THIS CITY. THIS PURCHASE ORDER IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED ABOVE.

Julie Carlton 1/23/18

OFFICER OR DEPARTMENT HEAD IN CHARGE DATE

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mooremedical
Supporting Health & Care

Corporate Office
1690 New Britain Avenue
PO Box 4066
Farmington, CT 06032-4066

800.234.1464 | www.mooremedical.com

INVOICE

Invoice #	Invoice Amount Due	Invoice Date
99747709	$ 238.21	01/05/18
Bill to Customer #	**Terms**	**Order #**
21366278	NET 30 DAYS	18432977
Ship Date	**Due Date**	
01/05/18	02/04/18	
Customer Order #		
Blanket #	**PO #**	
	00020919	

HH-1 of 1 001289

MCK702 837238 465180018
Glenpool Fire Department
AP
12205 S Yukon Ave
Glenpool, OK 74033-6635

Ship To: 21366278

Glenpool Fire Department
Paul Newton
14536 S Elwood Ave
GLENPOOL OK 74033

CA - 7950 West Doe Avenue, Visalia, CA 93291
CT - 370 John Downey Drive, New Britain, CT 06051
FL - 8100 Westside Ind'l Dr, Bldg 4, Jacksonville, FL 32219

Item #	Item Description	Order Qty	Ship Qty	B/O Qty	$ Unit Price	U/M	$ Extended	$ Sales Tax	Ship From
10513	Smart Capnoline Plus O2 Adult	25	25		9.50	EA	237.50	.00	CA

RECEIVED
JAN 18 2019
BY BILLING DEPARTMENT

This purchase listed on this invoice may be subject to a discount or other promotional consideration that may require you to report the value of such discount or promotional consideration, if any, as a discount. In addition, the prices on this invoice may include fees for service that may not be reimbursable under the Medicare Medicaid statues. You can receive an itemized list of any fees in the included prices upon request.

For any inquires about your payments and balances, call 800.234.1464, and select option 3, 8:00am - 8:00pm ET Monday-Friday, or log in at www.mooremedical.com and view your options under the "My Account" tab.

Late payments are subject to 1.5% finance charge or the highest rate under state law.

Subtotal	$	237.50
Tax	$	.00
Handling	$	.00
Ship Ice/Haz	$	.00
Freight	$	.00
Fuel Surcharge	$	.71
Total	$	238.21
Balance Due	$	238.21

Please detach here and return with your remittance

mooremedical
Supporting Health & Care

Corporate Office
1690 New Britain Avenue
PO Box 4066
Farmington, CT 06032-4066

800.234.1464 | www.mooremedical.com

Invoice #	Invoice Amount Due	Invoice Date
99747709	$ 238.21	01/05/18
Bill to Customer #	**Terms**	**Order #**
21366278	NET 30 DAYS	18432977
Ship Date	**Due Date**	
01/05/18	02/04/18	
Customer Order #		
Blanket #	**PO #**	
	00020919	

Send Payments To:

Moore Medical LLC
PO Box 99718
Chicago, IL 60696

Glenpool Fire Department
AP
12205 S Yukon Ave
Glenpool, OK 74033-6635

99747709213662780000238216

mooremedical
Supporting Health & Care

Corporate Office
1690 New Britain Avenue
PO Box 4066
Farmington, CT 06032-4066

800.234.1464 | www.mooremedical.com

STATEMENT

Statement #	Balance
21366278	$ 238.21
Statement Date	**Bill to Account #**
01/08/18	21366278
Statement Total $	**238.21**

HH-1 of 1
001526

MCK701 839150 465947989
Glenpool Fire Department
AP
12205 S Yukon Ave
Glenpool, OK 74033-6635

Invoice Date	Invoice Number	Ship to Account #	Customer Reference/PO #	Invoice Amount	Payment Adjustment	Balance
01/05/18	99747709 RI	21366278	00020919	$ 238.21	$ .00	$ 238.21

Aging by Due Date as of 01/08/18

Current	1 - 30 Days	31 - 60 Days	61 Days & Over
$ 238.21	$ .00	$ .00	$ .00

For inquires about Account Payments and Balances, call 800.234.1464 and select option 3, 8:00am - 8:00pm ET Monday-Friday or log in at www.mooremedical.com and view your options under the "My Account" tab

Late Payments are subject to a 1.5% finance charge or the highest rate under state law.

RECEIVED
JAN 18 2018
BY AP-FIN: GLENPOOL

Moore DEA# PP0040167

Please detach here and return with your remittance

mooremedical
Supporting Health & Care

Corporate Office
1690 New Britain Avenue
PO Box 4066
Farmington, CT 06032-4066

800.234.1464 | www.mooremedical.com

Statement #	Balance
21366278	$ 238.21
Statement Date	**Bill to Account #**
01/08/18	21366278
Statement Total $	**238.21**

Send Payments To:

Moore Medical LLC
PO Box 99718
Chicago, IL 60696

Glenpool Fire Department
AP
12205 S Yukon Ave
Glenpool, OK 74033-6635

0290970821366278000238219

P U R C H A S E O R D E R
CITY OF GLENPOOL,OK
Email invoices: AP@cityofglenpool.com
Subject line must include PO and Vendor name or emails will be rejected

PURCHASE ORDER # 18-08196 01/11/2018

ISSUED TO: VEND #: 01-000508
OKLA STATE DEPT. OF HEALTH
PROTECTIVE HEALTH SVC /EMS
1000 N.E. 10TH STREET
OKLAHOMA CITY, OK 73117-12

SHIP TO:
GLENPOOL FIRE DEPT.
PUBLIC SAFETY BUILDING
14536 S. ELWOOD AVE
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

Julie Casteel 01/11/2018

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 01/11/2018

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	EMRA License Renewal EMR License Renewal #126 EMRA Renewal License		00020922	31-6-01-6202		0.00	20.00 *

** TOTAL ** 20.00

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE ORDER IS NOW A TRUE AND JUST DEBT OF THIS CITY. THIS PURCHASE ORDER IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED ABOVE.

Julie Casteel 1/13/18

OFFICER OR DEPARTMENT HEAD IN CHARGE DATE

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20922

Oklahoma State Department of Health

Oklahoma State Department of Health
Protective Health Services
Emergency Systems/EMS Division
1000 NE 10th Street
Oklahoma City, OK 73117-1299
Telephone: 405-271-4027
Fax: 405-271-4240

2018 EMRA Survey/Renewal Form

[310:641-15-6]

EMRA Name: Glenpool Fire Department License No. 126

Select one:

☒ Your EMRA's expiration date is June 30, 2018. **In addition to this completed renewal form** you must provide the following: 1. **Renewal Fee**: $20 2. **Insurance Proofs**: Current proof of Vehicle Liability insurance, General(Professional) Liability insurance and Worker's Comp. Separate insurance will need to be provided for any multi-agency substations. Mail all required forms and fees to: OSDH – Emergency Systems Attn: Financial Management PO Box 268823 Oklahoma City, OK 73126	☐ Your EMRA's expiration date is June 30, 2019 or December 31, 2019. **In addition to this completed renewal form** you must provide the following: 1. **Insurance Proofs**: Current proof of Vehicle Liability insurance, General(Professional) Liability insurance and Worker's Comp. Separate insurance will need to be provided for any multi-agency substations. Completed forms can be emailed to caseyb@health.ok.gov or esystems@health.ok.gov Or Faxed to: 405-271-4240 Or mailed to: OSDH – Emergency Systems 1000 NE 10th Street Oklahoma City, OK 73117

Demographics:

Mailing Address: 12205 S. Yukon Ave S
City Glenpool ST. OK Zip 74033

Physical Address: 14536 S. Elwood Ave S
City Glenpool ST. OK Zip 74033

Record Retention Address: 14536 S. Elwood Ave S
City Glenpool ST. OK Zip 74033

Agency Phone: 918-322-2172 Emergency Phone: Same

Office Hours: 24 hours open

Personnel:

Contact Person: Terrell B Ogilvie Email togilvie@cityofglenpool.com Phone 918-322-2172

Director: Terrell Ogilvie Email " Phone "

Training Officer: Kendall Dykes Email Kdykes@cityofglenpool.com Phone 918-322-2172

Medical Director: Jack Morgan, D.O. Email jmspecialops@hotmail.com Phone 918-724-7621

Multi-Agency Substations: The Stations on this list are considered Satellite stations for a multi-agency EMRA. Stations on this list will be departments or agencies who operate under your EMRA, but who are owned by other entities. These substations will be required to show their own proofs of insurance as asked for above. Substations owned by the same entity that owns your agency should be submitted on a separate print- out:

Number of Substations: Ø Complete the information below or provide the information separately.

Substation Name	Address	City	ST	Zip

OSDH-Emergency Systems may request additional information not included on this form.

I hereby certify that all information on this form is complete, true and correct to the best of my knowledge.

Signature: Terrell B. Ogilvie — Date: 1-3-18

Print Name: Terrell B. Ogilvie — Title: Deputy Chief

OMAG 3650 S. Boulevard • Edmond, OK 73013 • omag.org
405.657.1400 • 800.234.9461 • FAX 405.657.1401

WORKERS' COMPENSATION DECLARATION

Policy Number: WCV 1400124 01

Policy Period: From 07/01/2017 To 07/01/2018
12:01 A.M. Standard Time at the Named Insured's Address

Transaction: Renewal

Company: CompSource Mutual Insurance Co.

Pay Plan: Quarterly

Policy Number: 03070844-17-1

Named Insured and Address:
CITY OF GLENPOOL
12205 S. YUKON AVE.
GLENPOOL OK 74033

Agent
OMAG
3650 S. BOULEVARD
EDMOND OK 73013
Telephone: 405-657-1400

Business Description:
STANDARD PLAN

Type of Business:
MUNICIPALITY

This notice is to inform you that CompSource Mutual Insurance Company has accepted coverage for you for workers' compensation and employers' liability as a member of OMAG in accordance with the general coverage limits below. This notice is issued as a matter of information only and does not represent all the terms and conditions of coverage under this policy. Please see your enclosed policy for all Terms and Conditions of coverage.

COVERAGES:

WORKERS' COMPENSATION INSURANCE
Includes Part One of the attached policy and applies to the workers' compensation law of the State of Oklahoma.

EMPLOYERS' LIABILITY INSURANCE
Includes Part Two of the attached policy and applies to work in the State of Oklahoma.
Limits of liability under Part Two:

- Bodily Injury by Accident: $100,000 Each Accident
- Bodily Injury by Disease: $100,000 Each Employee
- Bodily Injury by Disease: $500,000 Policy Limit

PREMIUM

Estimated Annual Premium:	$	191,892.00
OMAG Administration Fee:	$	20,916.00
Invoiced Premium:	$	**212,808.00**

As a member of OMAG Workers' Compensation Plan, you are entitled to claims processing services for losses occurring during the policy period, per the terms of the "Application and Agreement" entered into with OMAG.

Date 06/27/2017

Jonathan D. Woods
Chief Executive Officer
OMAG

OMAG
3650 S. Boulevard • Edmond, OK 73013 • omag.org
405.657.1400 • 800.234.9461 • FAX 405.657.1401

Municipal Liability Protection Plan

Declarations Page

1. PLAN MEMBER and Mailing Address: **CITY OF GLENPOOL**, **12205 S. YUKON AVE.**, **GLENPOOL OK 74033**

AGREEMENT NUMBER: **GLA 1400473 01**

2. Plan Period: From 12:01 A.M. Central Standard Time at the address of the Plan Member
From **07/01/2017** to **07/01/2018**

3. The Plan Member is a(n) **MUNICIPALITY**

4. The Coverage afforded by this agreement is only with respect to the following coverages as are indicated by specific limits of coverage, for which a premium is charged.

COVERAGE		PREMIUM
GENERAL LIABILITY (PARTS I,IV, AND V)		
A. Bodily Injury	B. Property Damage	**$45,358**
C. Personal Injury	D. Errors and Omissions	Coverages A,B,C,D,I,J,L
I. Pollution Damage	J. Defense Reimbursement	
[ ] Prior Acts Coverage	L. W.C. Retaliation Defense	
AUTOMOBILE LIABILITY (PART II)		
E. Bodily and Personal Injury	F. Property Damage	**$6,914** Coverages E,F
[X] Hired and Non-owned Automobile Coverage		**$35** Hired and Non-owned
AUTOMOBILE & EQUIPMENT PHYSICAL DAMAGE (PART III)		
G. Automobile Physical Damage		**$8,920** Coverages G
1. Comprehensive 2. Specified Perils 3. Collision	Per fleet schedule	
[ ] Hired Auto Physical Damage Limit:		
H. Equipment Physical Damage - Per equipment schedule		**$4,632** Coverages H
[ ] Mobile Equipment Leased/Rented Limit: **$0**		

5. LIMITS OF LIABILITY, except for Coverages G,H,I,J,L

Losses subject to the OKLAHOMA GOVERNMENTAL TORT CLAIMS ACT:

$ 25,000 Each Property Damage Loss Per Occurrence, including Fire Legal
$ 125,000 Each Other Loss Per Occurrence
$ 1,000,000 Aggregate Per Occurrence

Losses not subject to the OKLAHOMA GOVERNMENTAL TORT CLAIMS ACT:

$ 10,000 Medical Payments for Volunteers Per Loss
$ 1,000,000 Each Other Loss Per Occurrence

Annual Aggregate

$ 2,000,000 Coverages C,D
$ 10,000 Coverage J

$65,859 Total Premium (This is not an invoice)

6. DEDUCTIBLES

Coverages A,B,E,F,L: No Deductible, except for sanitary sewer overflows and utility disruptions.
Coverages C,D: **$1,000** Per Occurrence
Coverages G,H: Per Schedule or Endorsement
Coverage I: $1,000 Per Pollution Incident
Coverage J: $5,000 SIR

7. This agreement is composed of this Declaration Page, Schedules, Forms and Endorsements, if any.

Jonathan D. Woods
OMAG Representative

05/12/2017
Date

MLPP DEC (1.19)

P U R C H A S E O R D E R

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

Subject line must include PO and Vendor name or emails will be rejected

PURCHASE ORDER # 18-07774 07/24/2017

ISSUED TO: VEND #: 01-000450

PACE PRODUCTS OF TULSA
9513 E 55TH ST, STE B
TULSA, OK 74145

SHIP TO:

GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

PURCHASING OFFICER — DATE 07/24/2017

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION.

ENCUMBERING OFFICER — DATE 07/24/2017

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	FY18 BLANKET- MEDICAL OXYGEN FY18 BLANKET- MEDICAL OXYGEN		00020352	31-6-01-6202		0.00	1,100.00 *

112888 = ~~65.09~~ 65.09

113013 = 80.12

112756 = 120.00

265.21

Partial Payment

** TOTAL ** 1,100.00

*** APPROVAL FOR PURCHASE ***

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE ORDER IS NOW A TRUE AND JUST DEBT OF THIS CITY. THIS PURCHASE ORDER IS APPROVED FOR PAYMENT IN THE AMOUNT INDICATED ABOVE.

OFFICER OR DEPARTMENT HEAD IN CHARGE — DATE 1/13/18

62 O.S. SECTION 310.9 AND 74 O.S. SECTION 3109, PROVIDES THAT THE VEDOR'S SUBMISSION OF AN INVOICE OR ACCEPTANCE OF PAYMENT PURSUANT TO THIS PURCHASE CONSTITUTES A STATEMENT BY THE VENDOR THAT THE INVOICE OR CLAIM IS TRUE AND CORRECT. THE WORK, SERVICES OR MATERIALS AS SHOWN BY THE INVOICE OR CLAIM HAVE BEEN COMPLETED OR SUPPLIED IN ACCORDANCE WITH THE PLANS, SPECIFICATIONS, ORDERS OR REQUESTS FURNISHED THE VENDOR, AND THE VENDOR HAS MADE NO PAYMENT, DIRECTLY OR INDIRECTLY, TO ANY ELECTED OFFICIAL, OFFICER OR EMPLOYEE OF THIS STATE OR ANY COUNTY OR POLTICAL SUBDIVISION OF THE STATE OF MONEY OR ANY OTHER THING OF VALUE TO OBTAIN PAYMENT. ANY VENDOR WHO SUBMITS AND INVOICE OR ACCEPTS PAYMENT PURSUANT TO THIS PURCHASE ORDER SHALL BE DEEMED TO ADOPT AND AFFIRM THE STATEMENT CONTAINED IN THIS PURCHASE ORDER UNLESS THE VENDOR STATES ON THE INVOICE THAT THE STATEMENT IS INCORRECT IN WHOLE OR IN PART; AND THE CITY OF GLENPOOL OR ITS RELATED ENTITIES AS THEIR INTEREST MAY APPEAR, MAY RECOVER FROM THE VENDOR THE FULL AMOUNT PAID PURSUANT TO THE PURCHASE ORDER IF THE STATEMENT ADOPTED AND AFFIRMED BY THE VENDOR IS FALSE.

THE VENDOR SHALL FURNISH ITEMIZED INVOICE WHICH STATES THE VENDOR'S NAME AND ADDRESS. A CLEAR DESCRIPTION OF EACH ITEM PURCHASED IT'S PRICE, THE NUMBER OR VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

PACE Products of Tulsa

Invoice

9513 E. 55th St., Ste., B
Tulsa, OK 74145
Phone: (918) 663-0555
Fax: (918) 665-6434

NO. 112888
Date: Dec 27, 2017
PO #

Sold To:
CITY OF GLENPOOL FIRE DEPT
FIRE DEPT ATT PAUL NEWTON
12205 S. YUKON AVE.
GLENPOOL, OK 74033

Phone: 918-322-2172

Ship to:
CITY OF GLENPOOL FIRE DEPT.
FIRE DEPT ATT PAUL NEWTON
12205 S. YUKON AVE.
GLENPOOL, OK 74033

RECEIVED JAN 08 2018 BY A/P-FIN: GLENPOOL

Customer ID: CIT001
Ship Date: Dec 27, 2017
Due Date: Dec 27, 2017
Terms: C.O.D.

Shipped Via: Pace Delivery
Driver:
Time:

Ordered	Returned	Product Description	Unit Price	Extension
3	3	OXYGEN/USP-D10SCF Cylinder Serial No: Lot No: Psi:	15.03	45 09
1		DELIVERY CHARGE	20.00	20.00

BV21330-258-
BV21974-335-

NORMAL DELIVERY-Please allow 24-72 hours for delivery after placing order. All orders are sent to dispatch immediately after called in. Occasionally you may receive an order on the same day. See same day emergency service for guaranteed delivery. Please call early to avoid service disruption and outages.

SAME DAY/EMERGENCY SERVICE-Delivery guaranteed for same day delivery. $25.00 Hotshot Fee + Delivery. Some restrictions apply. After Hours Fee $50.00 + Delivery.

Subtotal	65 09
Sales Tax	
Invoice Amount	
Payment Received	0 00
Ck #:	
TOTAL	65 09

Received By:

Cylinders remain the property of Pace Products. Customer owned cylinders on record. Rental Cylinders by Contract. Loaned Cylinders by Contract. Prices reflect the purchase of product only. Terms are noted on invoice. Finance charges applied to all past due invoices: 18% APR with a $2 minimum, calculated end of month ending balance. Any credit used must be applied to the same account the credit was issued. Cylinders, safety caps, etc. are the responsibility of the customer while in use. All Pace Products' property must remain at location of delivery. To relocate or report problems contact Pace Products of Tulsa, Inc. at (918) 663-0555.

NOTICE:Please pay from Invoice. Statements will only be mailed upon request, with Rental Invoice or Maintenance Invoice, or when account becomes delinquent.

PACE Products of Tulsa

Invoice

9513 E. 55th St., Ste., B
Tulsa, OK 74145
Phone: (918) 663-0555
Fax: (918) 665-6434

NO. 113013
Date: Jan 29, 2018
PO #

Sold To:
CITY OF GLENPOOL FIRE DEPT.
FIRE DEPT ATT PAUL NEWTON
12205 S. YUKON AVE.
GLENPOOL, OK 74033

Ship to:
CITY OF GLENPOOL FIRE DEPT.
FIRE DEPT ATT PAUL NEWTON
12205 S. YUKON AVE.
GLENPOOL, OK 74033

Phone: 918-322-2172
Customer ID: CIT001
Ship Date: Jan 29, 2018
Due Date: Jan 29, 2018
Terms: C.O.D.

Shipped Via: Pace Delivery
Driver:
Time:

Ordered	Returned	Product Description		Unit Price	Extension
4	4	OXYGEN/USP-D10SCF Cylinder Serial No: No: Psi:	Lot	15.03	60.12
		BV21950-010-NH			
1		DELIVERY CHARGE		20.00	20.00
		P328235-010-NH			
		BV21335-335-NH			
		BWO 28849-003-NH			

RECEIVED
JAN 30 2018
BY KYLE FIN: GLENPOOL

NORMAL DELIVERY-Please allow 24-72 hours for delivery after placing order. All orders are sent to dispatch immediately after called in. Occasionally you may receive an order on the same day. See same day emergency service for guaranteed delivery. Please call early to avoid service disruption and outages.

SAME DAY/EMERGENCY SERVICE-Delivery guaranteed for same day delivery. $25.00 Hotshot Fee + Delivery. Some restrictions apply. After Hours Fee $50.00 + Delivery

Received By: S. R #504

Subtotal	**80.12**
Sales Tax	
Invoice Amount	**80.12**
Payment Received	0.00
Ck #:	
TOTAL	80.12

Cylinders remain the property of Pace Products. Customer owned cylinders on record. Rental Cylinders by Contract. Loaned Cylinders by Contract. Prices reflect the purchase of product only. Terms are noted on invoice. Finance charges applied to all past due invoices: 18% APR with a $2 minimum, calculated end of month ending balance. Any credit used must be applied to the same account the credit was issued. Cylinders, safety caps, etc. are the responsibility of the customer while in use. All Pace Products' property must remain at location of delivery. To relocate or report problems contact Pace Products of Tulsa, Inc. at (918) 663-0555.

NOTICE:Please pay from Invoice. Statements will only be mailed upon request, with Rental Invoice or Maintenance Invoice, or when account becomes delinquent.

PACE Products of Tulsa

Rental Invoice

9513 E. 55th St., Ste., B
Tulsa, OK 74145
Phone: (918) 663-0555
Fax: (918) 665-6434

Invoice No
NOV2017 RENT 112756

Date: Dec 7, 2017

Sold To:
CITY OF GLENPOOL FIRE DEPT.
FIRE DEPT ATT PAUL NEWTON
12205 S. YUKON AVE.
GLENPOOL, OK 74033

Ship to:
CITY OF GLENPOOL FIRE DEPT.
FIRE DEPT ATT PAUL NEWTON
12205 S. YUKON AVE.
GLENPOOL, OK 74033

Customer ID: CIT001

Due Date: Dec 7, 2017

PO NUMBER

Shipped Via: U.S. Mail. (With Monthly Statement)

In Possesion Of	Discription	Unit Price	Extension
2	THIS IS YOUR YEARLY CYLINDER RENTAL! FOR: 2 ADDITIONAL OXY/USP	60.00	120.00

RECEIVED
JAN 30 2018
BY

THIS IS YOUR CYLINDER RENTAL INVOICE:
Rental is determined by number of cylinders in possession at end of Month.
Any cylinders over the contracted agreement are billed accordingly.

Received By: _____

Cylinders remain the property of Pace Products. Customer owned cylinders on record. Rental Cylinders by Contract. Loaned Cylinders by Contract. Prices reflec the purchase of product only. Terms are noted on invoice. Late Fee's applied to a past due invoices: 18% APR with a $2 minimum, calculated end of month endin balance. Any credit used must be applied to the same account the credit was issu Cylinders, safety caps, etc. are the responsibility of the customer while in use. A Pace Products' property must remain at location of delivery. To relocate or repor problems contact Pace Products of Tulsa, Inc. at (918) 663-0555.

Subtotal	**120.00**
Sales Tax	
Invoice Amount	**120.00**
Payment Received	0.00
Ck #: _____	
TOTAL	120.00

GEMS
Glenpool Area Emergency Medical Service District
Glenpool, Oklahoma

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS

From: Susan White, District Administrator

Date: February 5, 2018

Subject: GEMS Treasurer Employment Agreement for John Gonsalves

Background:

As the GEMS Board members may recall, Employment Agreements for the GEMS staff members (including District Administrator, Attorney, Secretary and Treasurer) were approved for Fiscal Year 2018 in June 2017 in order to clarify the distinction between GEMS employees and City employees as recommended by our auditor. This was also addressed by amendment to the FY 2017 Operational Agreement and mirrored in the FY 2018 Operational Agreement.

Since Julie Casteen is no longer employed as the GEMS Treasurer due to his resignation as Finance Director for the City, it would now be appropriate to appoint John Gonsalves, our new Finance Director, to replace Julie as the GEMS District Treasurer.

Staff Recommendation:

Staff recommends approval of the proposed Employment Agreement appointing John Gonsalves as GEMS District Treasurer.

Attachments:

FY 2017-2018 Employment Agreement - GEMS Treasurer (updated)

Glenpool Area Emergency Medical Service District
12205 S. Yukon Avenue Glenpool, OK 74033
Office 918-209-4630 Fax 9180209-4626

EMPLOYMENT AGREEMENT- GEMS Treasurer

FISCAL YEAR 2017 - 2018

This EMPLOYMENT AGREEMENT ("**Agreement**") is effective as of February 1, 2018 by and between JOHN GONSALVES, an individual ("**Employee"**) and the Glenpool Area Emergency Medical Service District ("**GEMS District**" or "**Employer**") (collectively the "**Parties**" and each a "**Party**") in accordance with the provisions of the Administrative Operations Agreement – Fiscal Year 2017-2018 entered into between the City of Glenpool and the Glenpool Emergency Medical Service District, dated June 19, 2017.

WHEREAS, Employer hereby employs Employee, and Employee hereby accepts such employment, upon the terms and subject to the conditions set forth in this Agreement; and

WHEREAS, each Party is duly authorized and capable of entering into this Agreement.

NOW, THEREFORE, in consideration of the mutual covenants, representations, warranties, and obligations set forth herein, and other good and valuable consideration, the receipt and sufficiency of which is hereby acknowledged, the Parties agree as follows:

1. Term. The term of employment under this Agreement shall begin as of February 1, 2018, and shall continue for the Employer's Fiscal Year of 2017-2018, that is, through June 30, 2018 (the "**Term**"). As such, Employee is NOT an employee-at-will and may only be terminated as specified in section 6 below, entitled "Termination."

2. Compensation

a. Yearly Salary. Employer hereby agrees to pay Employee a yearly salary of $2,500.00 as compensation for services rendered to Employer under this Agreement, such payment to be made on the basis of twelve (12) equal monthly paychecks. The salary may be adjusted from time to time by Employer, in its sole discretion.

b. Pay Period. Employee will be paid once per month. The pay period may be adjusted from time to time by Employer, in its sole discretion.

c. Business Expenses. Employer shall reimburse Employee for all reasonable and properly documented business expenses that are necessarily incurred in connection with carrying out Employee's duties and responsibilities and approved in advance by Employer in accordance with Employer's expense reimbursement policies and to the extent permissible under the Oklahoma Emergency Medical Service District Budget Act.

3. Benefits. Employee shall be entitled to such fringe benefits as may be provided from time to time by Employer to other employees occupying similar positions. This Agreement is for the sole benefit of Employee and Employer and is not intended to create an employee benefit plan or to modify the terms of any existing plan. Any employee benefit plan contemplated by this Agreement shall be governed solely by the terms of the underlying plan documents and by applicable law. Nothing in this Agreement shall impair Employer's right to amend, modify, replace, or terminate any and all such plan(s) in its sole discretion, as provided by law or to terminate this Agreement in accordance with its terms. **It is further expressly understood and agreed that, until such condition is changed by Employer in its sole discretion, this Agreement includes no employment benefits.**

4. Duties. Employee is hired by Employer as the GEMS District Treasurer. District Treasurer duties include performing accounting and budgetary services for GEMS, including management of the accounts of GEMS in accordance with the Emergency Medical Service District Budget Act and making such reports to the GEMS Board of Trustees as needed to keep the Board of Trustees informed regarding its financial status and legal compliance, and attendance at no fewer than nine scheduled meetings of the GEMS Board of Trustees during the Term of this Agreement. In addition to any job duties specified in this Agreement, Employee shall have such job duties as may from time to time be reasonably assigned to Employee by Employer. Employee acknowledges that by virtue of Employee's position and responsibilities, Employee will have fiduciary duties to Employer and a duty of loyalty to Employer and will; at all times, act in a manner consistent with these duties and abide by Employer's reasonable rules, regulations, instructions, and directions.

5. Extent of Services. During this Agreement, Employee shall devote so much of his time, energy, and attention to the benefit and business of Employer as may be reasonably necessary in performing Employee's duties pursuant to this Agreement. Any outside employment engaged by Employee, whether as Finance Director for the City of Glenpool or otherwise, must not interfere or conflict with Employee's ability to properly perform his job duties or conflict with any provision of this Agreement. Nothing in this Agreement shall be construed as limiting Employee's right to maintain any such outside employment that does not take any significant amount of Employee's time, energy, and attention away from Employee's duties to Employer.

6. Termination

a. Not At-Will Employment . Employee is NOT an employee-at-will, and this Agreement may only be terminated as follows: (i) for just cause, including, without limitation, breaching a provision of this Agreement; (ii) upon the death of Employee; (iii) upon Employer dissolving, becoming insolvent, filing

bankruptcy, or ceasing all business operations; (iv) cessation of the existence or functions of the GEMS District; or (v) by mutual written agreement of the Parties.

b. Notice Required. In the event this Agreement is terminated due to Employee's breach of a provision of this Agreement or other just cause, Employer may terminate this Agreement at any time, with or without notice, as permitted by applicable law. The Parties are not required to provide one another with notice of their intent not to extend or renew this Agreement for another fixed term prior to the expiration of this Agreement. However, as a matter of professional courtesy, the Parties agree to use their best efforts to provide at least ninety (90) day's notice of such intention. If the Parties do not agree to an extension or renewal of the terms of this Agreement, then, upon its expiration, this Agreement will terminate and be of no legal effect.

7. Obligation of Confidentiality

a. Confidential Information. "**Confidential Information**" means any information which is possessed by or developed for Employer and which relates to Employer's existing or potential business or technology, to the extent such information is generally not known to the public and which information Employer is permitted or required by applicable law to protect from disclosure. Confidential Information also includes information received by Employer from others that Employer has an obligation to treat as confidential. Confidential Information includes information and documents whether or not they are marked "Confidential" or carry any other marks or designations.

b. Non-Disclosure. Except as required in the conduct of Employer's business or as expressly authorized in writing on behalf of Employer, during the Term of this Agreement, Employee shall not disclose, directly or indirectly, any Confidential Information to any unauthorized third party. This obligation of non-disclosure shall continue after the termination of this Agreement indefinitely or for the maximum amount of time permitted by applicable law. These restrictions apply to all Confidential Information regardless of the format (hard copy, electronic, or otherwise) or location in which they are created or maintained, including, but not limited to, all computers that Employee may possess or have access to in or away from Employer's offices.

c. Exceptions. This Agreement shall not prohibit any disclosure that is required by law or court order, provided that Employee has not intentionally taken actions to trigger such required disclosure, and so long as not prohibited by any applicable law or regulation, Employer is given reasonable prior notice and an opportunity to contest or minimize such disclosure. The same provisions shall not prevent Employee's disclosure of Confidential Information in the event Employer has given Employee express prior-written permission to do so.

8. Severability. If any provision of this Agreement shall be held by competent authority to be invalid or unenforceable for any reason, that provision shall be considered removed from this Agreement and the remaining provisions shall continue to be valid and enforceable according to the intentions of the Parties. If such competent authority finds that any provision of this Agreement is invalid or unenforceable as currently written but that, by rewriting or limiting such provision, it would become valid and enforceable, then such provision shall be deemed to be written, construed, and enforced as is necessary to further the intent of the Parties to the maximum extent permitted by law.

9. Entire Agreement. This Agreement contains the entire agreement between the Parties and supersedes all prior agreements and understandings, oral or written, with respect to the subject matter hereof. This Agreement may be changed only by an agreement in writing signed by the Parties.

10. Governing Law and Venue. To the extent not inconsistent with applicable law, the Parties acknowledge and agree that this Agreement shall be governed by and construed in accordance with the laws of the State of Oklahoma and, in the event of any dispute hereunder, shall be presentable to the Tulsa County District Court.

11. Counterparts; Electronic Signature. This Agreement may be executed in counterparts, including by fax, email, or other facsimile, each an original but all considered part of one Agreement. Electronic signatures placed upon counterparts of this Agreement by a Party shall be considered valid representations of that Party's signature.

12. Notice. Any notice required or permitted to be given under this Agreement shall be sufficient if in writing and if sent by electronic mail, hand-delivered or by standard U.S. mail to the applicable Party at the following addresses or any other address so specified in writing by a Party:

EMPLOYER ADDRESS:
Glenpool Emergency Medical Service District
c/o City of Glenpool
12205 S. Yukon Avenue
Glenpool, Oklahoma 74033

EMPLOYEE ADDRESS
John Gonsalves
GEMS District Treasurer
c/o City of Glenpool
12205 S. Yukon Avenue
Glenpool, Oklahoma 74033

SIGNATURES ON NEXT PAGE

Intending to be legally bound hereby, employee and employer executed this Agreement as of the date(s) set forth below.

EMPLOYEE
JOHN GONSALVES

_____ Date: _____
Signed
GEMS District Treasurer

EMPLOYER
GLENPOOL EMERGENCY MEDICAL SERVICE DISTRICT

_____ Date: _____
Signed
Name: _____

Title: _____

Julie A. Casteen
26928 E 142nd Pl S
Coweta, OK 74429
(918) 500-1354 • juliecasteen@gmail.com

February 1, 2018

Ms. Susan White
Glenpool Area Medical Service District
12205 S Yukon Ave
Glenpool, OK 74033

Dear Susan,

Please accept my resignation as Treasurer of the Glenpool Area Medical Service District effective immediately.

It has been a pleasure serving the District.

Best regards,

Julie Casteen

Julie Casteen