

**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 April 1, 2019, 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 – Wendy Knight, Clerk; Timothy Lee Fox, Chairman	
C) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS	
1) Glenpool EMS Report 02272019-03252019	2 - 4
D) District Administrator Report - Susan White, Administrator	
E) Scheduled Business	
1) Discussion and possible action to approve minutes from March 4, 2019 meeting. (Wendy Knight, Clerk) GEMS - 04 Mar 2019 - Minutes - Html	5 - 6
2) Discussion and possible action to approve purchase order(s) and receipts register totaling \$19,801.47. (John Gonsalves, Treasurer) GEMS Invoices 4-1-19	7 - 26

F) Adjournment

This notice and agenda was posted at Glenpool City Hall, 12205 S. Yukon Ave., Glenpool, Oklahoma, on March 29, 2019 by 4:00 pm.

Signed: Wendy Knight

Clerk

Mercy Regional



Brian Cook
Chief 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: March 26, 2019

Ref: EMS Report February 27, 2019 – March 25, 2019

We logged 105 calls for service during this period while maintaining a 97% response time compliance.

66 patients treated and transported
25 patients refused transport
11 mutual aid received
2 calls cancelled
1 DOA

On Monday March 25, 2019 we began to staff an additional 24/7 ambulance dedicated to St. Francis Glenpool and for a back-up 911 ambulance. We will commit to staffing this ambulance for sixty days and continually evaluate the call volume for this ambulance over the next two months. If the ambulance is not profitable we will no longer staff it. We continue to lose money on our GEMS contract and we can't have another truck where we are robbing Peter to pay Paul.

Brian Cook,
Chief of Operations

CRtn	Call Date	Pick Up Location	Destination	Dispatched	En Route	On Scene	Transport	Arrived	Clear	Response Time	Unit	
19-2519	2/27/2019 07:17	EMERGENCY SCENE	ST. FRANCIS TULSA	2/27/2019 07:17	2/27/2019 07:23	2/27/2019 07:23	2/27/2019 07:42	2/27/2019 08:08	2/27/2019 08:41	00:05:51	MEDIC 401	
19-2520	2/27/2019 07:46	EMERGENCY SCENE	MUTUAL AID								MUTUAL AID RECEIVED	
19-2521	2/27/2019 08:09	EMERGENCY SCENE	MUTUAL AID								MUTUAL AID RECEIVED	
19-2530	2/27/2019 10:35	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	2/27/2019 10:36	2/27/2019 10:37	2/27/2019 10:39	2/27/2019 10:58	2/27/2019 10:58	2/27/2019 10:58	00:04:01	MEDIC 401	
19-2566	2/27/2019 22:07	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	2/27/2019 22:09	2/27/2019 22:11	2/27/2019 22:14	2/27/2019 22:33	2/27/2019 22:33	2/27/2019 22:33	00:07:15	MEDIC 401	
19-2583	2/28/2019 10:34	EMERGENCY SCENE	ST. FRANCIS TULSA	2/28/2019 10:36	2/28/2019 10:36	2/28/2019 10:38	2/28/2019 11:00	2/28/2019 11:17	2/28/2019 11:30	00:03:37	MEDIC 401	
19-2586	2/28/2019 10:50	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED	
19-2589	2/28/2019 11:12	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED	
19-2600	2/28/2019 14:55	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	2/28/2019 14:57	2/28/2019 14:58	2/28/2019 14:58	2/28/2019 15:12	2/28/2019 15:35	2/28/2019 16:03	00:03:02	MEDIC 401	
19-2614	2/28/2019 18:21	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	2/28/2019 18:21	2/28/2019 18:22	2/28/2019 18:25	2/28/2019 18:35	2/28/2019 18:35	2/28/2019 18:35	00:03:45	MEDIC 401	
19-2616	2/28/2019 19:40	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	2/28/2019 19:41	2/28/2019 19:43	2/28/2019 19:46	2/28/2019 19:50	2/28/2019 19:50	2/28/2019 19:50	00:05:33	MEDIC 401	
19-2621	2/28/2019 22:23	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	2/28/2019 22:24	2/28/2019 22:26	2/28/2019 22:30	2/28/2019 22:52	2/28/2019 22:52	2/28/2019 22:52	00:07:29	MEDIC 401	
19-2630	3/1/2019 07:05	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/1/2019 07:05	3/1/2019 07:06	3/1/2019 07:12	3/1/2019 07:27	3/1/2019 07:40	3/1/2019 07:55	00:07:27	MEDIC 401	
19-2648	3/1/2019 14:19	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/1/2019 14:20	3/1/2019 14:21	3/1/2019 14:27	3/1/2019 14:54	3/1/2019 14:54	3/1/2019 14:54	00:08:11	MEDIC 401	
19-2656	3/1/2019 16:05	EMERGENCY SCENE	DOA - DEAD ON ARRIVAL	3/1/2019 16:05	3/1/2019 16:08	3/1/2019 16:13	3/1/2019 16:43	3/1/2019 16:43	3/1/2019 16:43	00:08:19	MEDIC 401	
19-2684	3/2/2019 11:24	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/2/2019 11:24	3/2/2019 11:27	3/2/2019 11:32	3/2/2019 11:02	3/2/2019 12:26	3/2/2019 12:56	00:08:21	MEDIC 401	
19-2701	3/2/2019 23:24	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/2/2019 23:25	3/2/2019 23:27	3/2/2019 23:33	3/2/2019 23:52	3/2/2019 23:52	3/2/2019 23:52	00:08:21	MEDIC 401	
19-2702	3/3/2019 00:06	EMERGENCY SCENE	ST. JOHN TULSA	3/3/2019 00:06	3/3/2019 00:06	3/3/2019 00:13	3/3/2019 00:38	3/3/2019 00:59	3/3/2019 01:37	00:07:26	MEDIC 401	
19-2705	3/3/2019 03:18	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/3/2019 03:19	3/3/2019 03:22	3/3/2019 03:26	3/3/2019 03:53	3/3/2019 04:15	3/3/2019 04:36	00:07:59	MEDIC 401	
19-2711	3/3/2019 08:54	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/3/2019 08:54	3/3/2019 08:55	3/3/2019 09:01	3/3/2019 09:04	3/3/2019 09:04	3/3/2019 09:04	00:07:07	MEDIC 401	
19-2727	3/3/2019 19:31	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/3/2019 19:31	3/3/2019 19:31	3/3/2019 19:42	3/3/2019 20:03	3/3/2019 20:03	3/3/2019 20:03	00:11:40	MEDIC 401	
19-2744	3/4/2019 09:31	EMERGENCY SCENE	HILLCREST SOUTH	3/4/2019 09:32	3/4/2019 09:33	3/4/2019 09:37	3/4/2019 09:46	3/4/2019 10:08	3/4/2019 10:23	00:05:26	MEDIC 401	
19-2780	3/4/2019 17:14	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/4/2019 17:15	3/4/2019 17:17	3/4/2019 17:20	3/4/2019 17:35	3/4/2019 17:52	3/4/2019 18:06	00:05:30	MEDIC 401	
19-2792	3/4/2019 21:57	EMERGENCY SCENE	ST. FRANCIS TULSA	3/4/2019 21:57	3/4/2019 22:00	3/4/2019 22:04	3/4/2019 22:27	3/4/2019 22:49	3/4/2019 23:02	00:05:59	MEDIC 401	
19-2845	3/5/2019 21:24	EMERGENCY SCENE	ST. JOHN TULSA	3/5/2019 21:26	3/5/2019 21:27	3/5/2019 21:30	3/5/2019 21:47	3/5/2019 22:09	3/5/2019 22:28	00:06:10	MEDIC 401	
19-2848	3/6/2019 00:04	EMERGENCY SCENE	ST. FRANCIS TULSA	3/6/2019 00:04	3/6/2019 00:07	3/6/2019 00:11	3/6/2019 00:30	3/6/2019 00:48	3/6/2019 01:10	00:06:19	MEDIC 401	
19-2850	3/6/2019 03:05	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/6/2019 03:07	3/6/2019 03:08	3/6/2019 03:11				00:05:47	MEDIC 401	
19-2887	3/6/2019 17:53	EMERGENCY SCENE	ST. FRANCIS TULSA	3/6/2019 17:53	3/6/2019 17:54	3/6/2019 18:00:51	3/6/2019 18:18	3/6/2019 18:44	3/6/2019 18:52	00:08:00	MEDIC 401	
19-2888	3/6/2019 18:24	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED	
19-2897	3/6/2019 23:01	EMERGENCY SCENE	ST. FRANCIS TULSA	3/6/2019 23:03	3/6/2019 23:03	3/6/2019 23:07	3/6/2019 23:27	3/6/2019 23:49	3/7/2019 00:12	00:06:27	MEDIC 401	
19-2915	3/7/2019 09:26	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/7/2019 09:27	3/7/2019 09:29	3/7/2019 09:33	3/7/2019 10:04	3/7/2019 10:04	3/7/2019 10:04	00:07:06	MEDIC 401	
19-2927	3/7/2019 13:01	EMERGENCY SCENE	ST. JOHN TULSA	3/7/2019 13:02	3/7/2019 13:04	3/7/2019 13:06	3/7/2019 13:19	3/7/2019 13:42	3/7/2019 14:05	00:04:51	MEDIC 401	
19-2933	3/7/2019 14:17	EMERGENCY SCENE	ST. FRANCIS TULSA	3/7/2019 14:18	3/7/2019 14:19	3/7/2019 14:25	3/7/2019 14:55	3/7/2019 15:18	3/7/2019 15:55	00:08:06	MEDIC 101	
19-2942	3/7/2019 18:00	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/7/2019 18:02	3/7/2019 18:03	3/7/2019 18:09	3/7/2019 18:25	3/7/2019 18:25	3/7/2019 18:25	00:08:03	MEDIC 401	
19-2944	3/7/2019 18:23	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/7/2019 18:26	3/7/2019 18:26	3/7/2019 18:31	3/7/2019 18:46	3/7/2019 18:50	3/7/2019 19:06	00:08:08	MEDIC 401	
19-2957	3/8/2019 05:01	EMERGENCY SCENE	ST. FRANCIS TULSA	3/8/2019 05:01	3/8/2019 05:06	3/8/2019 05:09	3/8/2019 05:20	3/8/2019 05:40	3/8/2019 06:02	00:07:39	MEDIC 401	
19-2966	3/8/2019 09:51	EMERGENCY SCENE	ST. FRANCIS TULSA	3/8/2019 09:52	3/8/2019 09:52	3/8/2019 09:55	3/8/2019 10:10	3/8/2019 10:30	3/8/2019 10:59	00:03:21	MEDIC 401	
19-2976	3/8/2019 13:42	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/8/2019 13:43	3/8/2019 13:44	3/8/2019 13:49	3/8/2019 14:07	3/8/2019 14:15	3/8/2019 14:31	00:07:24	MEDIC 401	
19-2980	3/8/2019 15:05	EMERGENCY SCENE	ST. JOHN TULSA	3/8/2019 15:06	3/8/2019 15:06	3/8/2019 15:12	3/8/2019 15:24	3/8/2019 15:45	3/8/2019 16:52	00:07:25	MEDIC 401	
19-2992	3/8/2019 18:50	EMERGENCY SCENE	ST. FRANCIS TULSA	3/8/2019 18:51	3/8/2019 18:53	3/8/2019 18:55	3/8/2019 19:12	3/8/2019 19:31	3/8/2019 19:54	00:05:36	MEDIC 401	
19-2996	3/8/2019 22:07	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/8/2019 22:08	3/8/2019 22:08	3/8/2019 22:15	3/8/2019 22:49	3/8/2019 22:49	3/8/2019 22:49	00:07:44	MEDIC 401	
19-2999	3/8/2019 22:50	EMERGENCY SCENE	ST. JOHN TULSA	3/8/2019 22:50	3/8/2019 22:50	3/8/2019 22:55	3/8/2019 23:10	3/8/2019 23:29	3/9/2019 00:14	00:05:02	MEDIC 401	
19-3000	3/8/2019 22:07	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/8/2019 22:08	3/8/2019 22:09	3/8/2019 22:15	3/8/2019 22:49	3/8/2019 22:49	3/8/2019 22:49	00:07:44	MEDIC 401	
19-3005	3/9/2019 00:58	EMERGENCY SCENE	ST. FRANCIS TULSA	3/9/2019 01:01	3/9/2019 01:01	3/9/2019 01:06	3/9/2019 01:32	3/9/2019 01:51	3/9/2019 02:13	00:08:00	MEDIC 401	
19-3018	3/9/2019 07:50	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	3/9/2019 07:51	3/9/2019 07:51	3/9/2019 07:54	3/9/2019 08:03	3/9/2019 08:23	3/9/2019 08:41	00:04:33	MEDIC 401	
19-3025	3/9/2019 12:38	EMERGENCY SCENE	ST. FRANCIS TULSA	3/9/2019 12:39	3/9/2019 12:40	3/9/2019 12:44	3/9/2019 13:03	3/9/2019 13:29	3/9/2019 13:49	00:05:41	MEDIC 401	
19-3031	3/9/2019 15:14	EMERGENCY SCENE	ST. FRANCIS TULSA	3/9/2019 15:15	3/9/2019 15:15	3/9/2019 15:18	3/9/2019 15:42	3/9/2019 16:07	3/9/2019 16:25	00:04:31	MEDIC 401	
19-3045	3/9/2019 22:31	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	3/9/2019 22:32	3/9/2019 22:35	3/9/2019 22:39	3/9/2019 22:50	3/9/2019 23:10	3/10/2019 00:01	00:07:33	MEDIC 401	
19-3069	3/10/2019 15:44	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/10/2019 15:45	3/10/2019 15:45	3/10/2019 15:51	3/10/2019 16:17	3/10/2019 16:37	3/10/2019 16:54	00:06:51	MEDIC 401	
19-3089	3/11/2019 09:59	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/11/2019 09:59	3/11/2019 10:01	3/11/2019 10:07	3/11/2019 10:23	3/11/2019 10:39	3/11/2019 11:06	00:08:02	MEDIC 401	
19-3102	3/11/2019 13:24	EMERGENCY SCENE	HILLCREST SOUTH	3/11/2019 13:25	3/11/2019 13:26	3/11/2019 13:29	3/11/2019 13:45	3/11/2019 14:04	3/11/2019 14:49	00:04:31	MEDIC 401	
19-3108	3/11/2019 14:46	EMERGENCY SCENE	MUTUAL AID								MUTUAL AID RECEIVED	
19-3119	3/11/2019 22:50	EMERGENCY SCENE	OSU MEDICAL CENTER	3/11/2019 22:52	3/11/2019 22:55	3/11/2019 22:55	3/11/2019 23:00	3/11/2019 23:16	3/11/2019 23:29	00:04:59	MEDIC 401	
19-3122	3/12/2019 00:34	EMERGENCY SCENE	ST. FRANCIS TULSA	3/12/2019 00:36	3/12/2019 00:39	3/12/2019 00:41	3/12/2019 01:09	3/12/2019 01:30	3/12/2019 01:44	00:06:35	MEDIC 401	
19-3135	3/12/2019 09:25	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/12/2019 09:26	3/12/2019 09:27	3/12/2019 09:29	3/12/2019 09:49	3/12/2019 10:06	3/12/2019 10:31	00:03:58	MEDIC 401	
19-3157	3/12/2019 15:43	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	3/12/2019 15:43	3/12/2019 15:45	3/12/2019 15:47	3/12/2019 15:47	3/12/2019 15:47	3/12/2019 15:47	00:04:02	MEDIC 401	
19-3163	3/12/2019 19:32	EMERGENCY SCENE	ST. FRANCIS TULSA	3/12/2019 19:32	3/12/2019 19:37	3/12/2019 19:37	3/12/2019 20:02	3/12/2019 20:52	3/12/2019 20:52	00:04:43	MEDIC 401	
19-3181	3/13/2019 10:25	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/13/2019 10:25	3/13/2019 10:25	3/13/2019 10:30	3/13/2019 11:01	3/13/2019 11:01	3/13/2019 11:01	00:04:55	MEDIC 401	
19-3195	3/13/2019 12:56	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	3/13/2019 12:57	3/13/2019 12:58	3/13/2019 13:05	3/13/2019 13:06	3/13/2019 13:06	3/13/2019 13:06	00:08:30	MEDIC 401	
19-3206	3/13/2019 16:21	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/13/2019 16:21	3/13/2019 16:22	3/13/2019 16:27	3/13/2019 16:37	3/13/2019 16:37	3/13/2019 16:37	00:06:05	MEDIC 401	
19-3209	3/13/2019 17:13	ST. FRANCIS GLENPOOL		3/13/2019 17:15	3/13/2019 17:15	3/13/2019 17:19	3/13/2019 17:34	3/13/2019 17:51	3/13/2019 18:07	00:06:11	MEDIC 401	
19-3213	3/13/2019 18:41	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	3/13/2019 18:42	3/13/2019 18:43	3/13/2019 18:44	3/13/2019 19:03	3/13/2019 19:25	3/13/2019 20:45	00:03:26	MEDIC 401	
19-3215	3/13/2019 19:58	EMERGENCY SCENE	UNKNOWN								MUTUAL AID RECEIVED	
19-3219	3/13/2019 20:59	EMERGENCY SCENE	ST. FRANCIS TULSA	3/13/2019 20:59	3/13/2019 20:59	3/13/2019 21:12	3/13/2019 21:22	3/13/2019 21:54	3/13/2019 22:07	00:12:54	MEDIC 401	
19-3221	3/13/2019 23:02	EMERGENCY SCENE	SIGNED PATIENT REFUSAL									

19-3270	3/14/2019 20:24	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	3/14/2019 20:25	3/14/2019 20:26	3/14/2019 20:30	3/14/2019 20:48	3/14/2019 21:06	3/14/2019 21:34	09:06:40	MEDIC 401	
19-3292	3/15/2019 08:47	EMERGENCY SCENE	ST. FRANCIS TULSA	3/15/2019 08:47	3/15/2019 08:49	3/15/2019 08:51	3/15/2019 09:14	3/15/2019 09:35	3/15/2019 10:23	09:03:49	MEDIC 401	
19-3302	3/15/2019 10:43	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/15/2019 10:44	3/15/2019 10:44	3/15/2019 10:49	3/15/2019 11:18	3/15/2019 11:25	3/15/2019 11:48	09:05:40	MEDIC 401	
19-3336	3/15/2019 08:47	EMERGENCY SCENE	ST. FRANCIS TULSA	3/15/2019 08:47	3/15/2019 08:49	3/15/2019 08:51	3/15/2019 09:14	3/15/2019 09:35	3/15/2019 10:23	09:03:49	MEDIC 401	
19-3362	3/16/2019 15:48	EMERGENCY SCENE	HILLCREST SOUTH	3/16/2019 15:48	3/16/2019 15:49	3/16/2019 15:54	3/16/2019 16:15	3/16/2019 16:34	3/16/2019 16:50	09:06:11	MEDIC 401	
19-3363	3/16/2019 16:10	EMERGENCY SCENE									MUTUAL AID RECEIVED	
19-3368	3/16/2019 17:51	EMERGENCY SCENE	ST. FRANCIS TULSA	3/16/2019 17:52	3/16/2019 17:53	3/16/2019 17:56	3/16/2019 18:07	3/16/2019 18:31	3/16/2019 18:47	09:09:39	MEDIC 401	
19-3388	3/17/2019 09:45	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/17/2019 09:45	3/17/2019 09:47	3/17/2019 09:51	3/17/2019 10:12	3/17/2019 10:12	3/17/2019 10:12	09:06:12	MEDIC 401	
19-3401	3/17/2019 18:29	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/17/2019 18:29	3/17/2019 18:32	3/17/2019 18:34	3/17/2019 18:48	3/17/2019 18:48	3/17/2019 18:48	09:05:21	MEDIC 401	
19-3404	3/17/2019 22:02	EMERGENCY SCENE	ST. FRANCIS TULSA	3/17/2019 22:03	3/17/2019 22:04	3/17/2019 22:10	3/17/2019 22:30	3/17/2019 22:52	3/17/2019 23:09	09:08:15	MEDIC 401	
19-3415	3/18/2019 05:21	EMERGENCY SCENE	ST. JOHN TULSA	3/18/2019 05:22	3/18/2019 05:22	3/18/2019 05:29	3/18/2019 05:37	3/18/2019 05:58	3/18/2019 06:16	09:07:55	MEDIC 401	
19-3419	3/14/2019 02:26	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/14/2019 02:28	3/14/2019 02:30	3/14/2019 02:30	3/14/2019 02:52	3/14/2019 03:16	3/14/2019 03:29	09:04:26	MEDIC 401	
19-3475	3/19/2019 08:57	EMERGENCY SCENE	ST. FRANCIS TULSA	3/19/2019 08:59	3/19/2019 08:59	3/19/2019 09:18	3/19/2019 09:39	3/19/2019 10:01	3/19/2019 10:19	09:20:16	MEDIC 401	Caller gave wrong address
19-3484	3/19/2019 11:01	EMERGENCY SCENE	ST. JOHN TULSA	3/19/2019 11:01	3/19/2019 11:03	3/19/2019 11:07	3/19/2019 11:24	3/19/2019 11:47	3/19/2019 12:15	09:06:05	MEDIC 401	
19-3515	3/19/2019 22:32	EMERGENCY SCENE	HILLCREST SOUTH	3/19/2019 22:34	3/19/2019 22:38	3/19/2019 22:39	3/19/2019 22:54	3/19/2019 23:06	3/19/2019 23:25	09:06:18	MEDIC 401	
19-3517	3/20/2019 00:06	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/20/2019 00:07	3/20/2019 00:10	3/20/2019 00:12	3/20/2019 00:25	3/20/2019 00:25	3/20/2019 00:25	09:06:06	MEDIC 401	
19-3539	3/8/2019 22:37	EMERGENCY SCENE	ST. JOHN TULSA	3/8/2019 22:37	3/8/2019 22:39	3/8/2019 22:39	3/8/2019 22:39	3/8/2019 22:39	1/1/1900	09:01:56	MEDIC 401	
19-3547	3/20/2019 16:14	EMERGENCY SCENE	ST. JOHN TULSA	3/20/2019 16:16	3/20/2019 16:16	3/20/2019 16:19	3/20/2019 16:35	3/20/2019 17:00	3/20/2019 17:19	09:04:44	MEDIC 401	
19-3549	3/20/2019 17:35	EMERGENCY SCENE	ST. FRANCIS TULSA	3/20/2019 17:36	3/20/2019 17:38	3/20/2019 17:43	3/20/2019 18:09	3/20/2019 18:41	3/20/2019 18:48	09:07:22	MEDIC 401	
19-3559	3/20/2019 17:35	EMERGENCY SCENE	ST. FRANCIS TULSA	3/20/2019 17:36	3/20/2019 17:38	3/20/2019 17:43	3/20/2019 18:09	3/20/2019 18:41	3/20/2019 18:48	09:07:22	MEDIC 401	
19-3570	3/21/2019 09:39	EMERGENCY SCENE	ST. JOHN TULSA	3/21/2019 09:39	3/21/2019 09:40	3/21/2019 09:44	3/21/2019 09:53	3/21/2019 10:08	3/21/2019 10:42	09:05:28	MEDIC 401	
19-3571	3/21/2019 09:53	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED	
19-3577	3/21/2019 12:04	EMERGENCY SCENE	ST. FRANCIS TULSA	3/21/2019 12:04	3/21/2019 12:06	3/21/2019 12:08	3/21/2019 12:48	3/21/2019 13:11	3/21/2019 13:26	09:04:16	MEDIC 401	
19-3605	3/22/2019 09:38	EMERGENCY SCENE	ST. FRANCIS TULSA	3/22/2019 09:38	3/22/2019 09:39	3/22/2019 09:45	3/22/2019 10:04	3/22/2019 10:29	3/22/2019 10:55	09:07:27	MEDIC 401	
19-3633	3/22/2019 19:33	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/22/2019 19:35	3/22/2019 19:37	3/22/2019 19:40	3/22/2019 20:00	3/22/2019 20:20	3/22/2019 21:23	09:06:34	MEDIC 401	
19-3643	3/23/2019 02:08	EMERGENCY SCENE	ST. FRANCIS TULSA	3/23/2019 02:08	3/23/2019 02:12	3/23/2019 02:15	3/23/2019 02:44	3/23/2019 03:04	3/23/2019 03:21	09:06:45	MEDIC 401	
19-3645	3/23/2019 03:01	EMERGENCY SCENE	UNK								MUTUAL AID RECEIVED	
19-3647	3/23/2019 07:30	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	3/23/2019 07:30	3/23/2019 07:33	3/23/2019 07:37	3/23/2019 08:06	3/23/2019 08:25	3/23/2019 10:06	09:06:58	MEDIC 401	
19-3649	3/23/2019 07:30	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	3/23/2019 07:30	3/23/2019 07:33	3/23/2019 07:37	3/23/2019 08:06	3/23/2019 08:25	3/23/2019 08:55	09:06:58	MEDIC 401	
19-3656	3/23/2019 13:10	EMERGENCY SCENE	ST. JOHN TULSA	3/23/2019 13:12	3/23/2019 13:13	3/23/2019 13:19	3/23/2019 13:47	3/23/2019 14:07	3/23/2019 14:31	09:05:06	MEDIC 401	
19-3696	3/24/2019 14:39	EMERGENCY SCENE	ST. FRANCIS CHILDRENS HOSPITAL	3/24/2019 14:40	3/24/2019 14:42	3/24/2019 14:44	3/24/2019 14:58	3/24/2019 15:20	3/24/2019 15:32	09:04:16	MEDIC 401	
19-3701	3/24/2019 18:15	EMERGENCY SCENE	ST. JOHN TULSA	3/24/2019 18:15	3/24/2019 18:16	3/24/2019 18:20	3/24/2019 18:41	3/24/2019 18:58	3/24/2019 19:14	09:05:39	MEDIC 401	
19-3712	3/25/2019 08:07	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/25/2019 08:07	3/25/2019 08:11	3/25/2019 08:11	3/25/2019 08:23	3/25/2019 08:23	3/25/2019 08:23	09:04:07	MEDIC 401	
19-3734	3/25/2019 13:00	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/25/2019 13:00	3/25/2019 13:05	3/25/2019 13:09	3/25/2019 13:13	3/25/2019 13:13	3/25/2019 13:13	09:09:14	MEDIC 401	

MINUTES
GEMS Meeting
Monday, March 4, 2019 Council Chambers 6:00 PM

TRUSTEES PRESENT: Tim Fox
Momodou Ceesay
Trish Agee
Brandon Kearns
Jacqueline Triplett-Lund

STAFF PRESENT: Susan White
Lowell Peterson
Wendy Knight
John Gonsalves

- A Call to Order - Timothy Lee Fox, Chairman**
Chairman Fox called the meeting to order at 6:49 p.m.
- B Roll Call, Declaration of Quorum – Wendy Knight, Clerk; Timothy Lee Fox, Chairman**
Clerk Knight called the roll, Chairman Fox declared a quorum present.
David Tillotson, City Manager, was also in attendance.
- C EMS Report - Debbie Hollenbeck, Assistant Chief, Mercy Regional EMS**
[Glenpool EMS Report 01242019-02262019](#)
- D District Administrator Report - Susan White, Administrator**
[Dist. Adm Report](#)
- E Scheduled Business**
1) Discussion and possible action to approve minutes from February 4, 2019, meeting.
(Wendy Knight, Clerk)

Moved by Trish Agee, seconded by Jacqueline Triplett-Lund

To approve the minutes as presented.

	For	Against	Abstained	Absent
Tim Fox	x			
Momodou Ceesay			x	
Trish Agee	x			
Brandon Kearns	x			
Jacqueline Triplett-Lund	x			
	4	0	1	0

CARRIED.

[GEMS - 04 Feb 2019 - Minutes - Html](#)

- 2) Discussion and possible action to approve purchase order(s) and receipts register totaling \$14,098.41
(John Gonsalves, Treasurer)

Mr. Gonsalves recommended Board approval of purchase order(s) and receipts register totaling \$14,098.41.

Moved by Momodou Ceesay, seconded by Trish Agee

To approve purchase order(s) and receipts register totaling \$14,098.41.

	For	Against	Abstained	Absent
Tim Fox	x			
Momodou Ceesay	x			
Trish Agee	x			
Brandon Kearns	x			
Jacqueline Triplett-Lund	x			
	5	0	0	0

CARRIED.

[GEMS Invoice 3-4-19](#)

F Adjournment

Chairman Fox declared the meeting adjourned at 7:02 p.m.



To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS

From: JOHN GONSALVES, DISTRICT TREASURER

Date: APRIL 01, 2019

Subject: Approval of Purchase Order Receiving Report and Payment Claims as of 4/01/2019 totaling \$19,801.47

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 04/01/19 and approve the following payments:

P.O. #	ACCOUNT	VENDOR	DESCRIPTION	INV #	AMOUNT
19-08707	31-6-01-6210	Centurion Health System	April Ambulance Service	1956	\$13,200.00
19-09452	31-6-01-6202	OMAG	Public Official Bond	7200951 01	\$450.00
19-09451	31-6-01-6202	OKLA STATE AUDITOR	GEMS Audit	114626-7	\$5,318.15
19-09510	31-6-01-6101	Lowell Peterson	District Attorney	201903286441	\$208.33
19-09512	31-6-01-6101	Wendy Knight	District Clerk	201903286440	\$208.33
19-09509	31-6-01-6101	Susan White	District Admin	201903286438	\$208.33
19-09511	31-6-01-6101	John Gonsalves	District Treasurer	201903286437	\$208.33
Total					\$19,801.47

Attachments:

1. Purchase Order Claims Register dated 04/01/19 totaling \$19,801.47
2. PO Receipt Register dated 04/01/19 totaling \$19,801.47
3. Purchase Orders and Invoices totaling \$19,801.47

3/28/2019 1:32 PM
SEQUENCE: VENDOR NUMBER

P O R E C E I P T R E G I S T E R
AUDIT REPORT

PAGE: 1
DETAIL LEVEL: INVOICE

VENDOR	NAME	INVOICE	POST DATE	BANK	INVOICE AMOUNT	VENDOR TOTAL
01-000351	SUSAN WHITE	201903286438	4/01/2019	31	208.33	208.33
01-000883	OKLA STATE AUDITOR & INSPECTOR	114626	4/01/2019	31	2,649.65	5,318.15
		114627	4/01/2019	31	2,668.50	
01-000896	OMAG	BND 7200951 01	4/01/2019	31	450.00	450.00
01-000901	LOWELL PETERSON	201903286441	4/01/2019	31	208.33	208.33
01-001267	CENTURION HEALTH SYSTEMS, DBA	1956	4/01/2019	31	13,200.00	13,200.00
01-001468	JOHN GONSALVES	201903286437	4/01/2019	31	208.33	208.33
01-001518	WENDY KNIGHT	201903286440	4/01/2019	31	208.33	208.33
TOTALS					19,801.47	19,801.47

APPROVED

BY

Timothy Lee Fox, Chairman
April 1, 2019

3/28/2019 1:34 PM
FUND: 31 - GEMS

PURCHASE ORDER CLAIM REGISTER
SUMMARY REPORT

PAGE: 1

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL					
19-09509	CONTRACT FEES/SVCS MAR 20	01-000351	SUSAN WHITE	4/2019 201903286438	208.33
19-09451	AUDIT SVC-8/1/18-1/31/19	01-000883	OKLA STATE AUDITOR & INSPECTO	4/2019 114626	2,649.65
19-09451	AUDIT SVC-8/1/18-1/31/19	01-000883	OKLA STATE AUDITOR & INSPECTO	4/2019 114627	2,668.50
19-09452	PUB OFF BNDS GEMS-J GONSA	01-000896	OMAG	4/2019 BND 7200951 01	450.00
19-09510	CONTRACT FEES/SVCS MAR 20	01-000901	LOWELL PETERSON	4/2019 201903286441	208.33
19-08707	AMBULANCE SVC 7/1/18-6/30	01-001267	CENTURION HEALTH SYSTEMS, DBA	4/2019 1956	13,200.00
19-09511	CONTRACT FEES/SVCS MAR 20	01-001468	JOHN GONSALVES	4/2019 201903286437	208.33
19-09512	CONTRACT FEES/SVCS MAR 20	01-001518	WENDY KNIGHT	4/2019 201903286440	208.33
DEPARTMENT TOTAL:					19,801.47
FUND TOTAL:					19,801.47
GRAND TOTAL:					19,801.47

3/28/2019 1:34 PM

PURCHASE ORDER CLAIM REGISTER
G/L RECAP

PAGE: 2

PERIOD	G/L ACCOUNT	NAME	AMOUNT	FUND TOTAL
4/2019	31-6-01-6101	SALARIES & WAGES	833.32	
4/2019	31-6-01-6202	OPERATING SUPPLIES	450.00	
4/2019	31-6-01-6210	AMBULANCE CONTRACT	13,200.00	
4/2019	31-6-01-6236	AUDIT FEES	5,318.15	19,801.47
		GRAND TOTAL:		19,801.47

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 # 19-08707 07/18/2018

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

SHIP TO:
CITY HALL
12205 S YUKON AVE
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

07/18/2018

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.

07/18/2018

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	AMBULANCE SVC 7/1/18-6/30/19 AMBULANCE SVC 7/1/18-6/30/19		00021601	31 -6-01-6210		0.00	158,000.00 *

1956 = 13200.00
April 2019

Partial Payment 13,200.00
** TOTAL ** 158,000.00

*** 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.

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

62 O.S. SECTION 310.9 AND 74 O.S. SECTION 3109, PROVIDES THAT THE VENDOR'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 ITS PRICE, THE NUMBER OR
VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

Mercy Regional Oklahoma

P.O. Box 2398
Owasso, OK 74055

Invoice

Date	Invoice #
3/11/2019	1956

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

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount				
1	ALS Ambulance Subsidy	13,200.00	13,200.00				
RECEIVED MAR 08 2019 BY A/P-FIN: GLENPOOL							
<table><tr><td>Phone #</td><td>Fax #</td></tr><tr><td>9186095800</td><td>918-609-5799</td></tr></table>		Phone #	Fax #	9186095800	918-609-5799	Total \$13,200.00	
Phone #	Fax #						
9186095800	918-609-5799						

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 # 19-09452

03/08/2019

ISSUED TO: VEND #: 01-000896
OMAG
3650 S BOULEVARD
EDMOND, OK 73013-5581

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

03/08/2019

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.

03/08/2019

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	PUB OFF ENDS GEMS-J GONSALVES RENEWAL END# 72009513, 2/5/19-2/5/20 - GEMS PUB OFF ENDS GEMS-J GONSALVES		00022547	31 -6-01-6202		0.00	450.00 *

** TOTAL ** 450.00

*** 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

62 O.S. SECTION 310.9 AND 74 O.S. SECTION 3109, PROVIDES THAT THE VENDOR'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 ITS PRICE, THE NUMBER OR VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.



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

22547

Date of Invoice: 01/04/2019

DIRECT BILL INVOICE

Mail To
CITY OF GLENPOOL
12205 S. YUKON AVE.
GLENPOOL OK 74033

Insured: CITY OF GLENPOOL

Policy Reference Nbr: BND 7200951 01
Effective: 02/05/2019 Expiration: 02/05/2020
PUBLIC OFFICIAL BONDS

Agent: OMAG
Telephone: 405-657-1400 0 0000000

INST	DATE	TRANSACTION		AMOUNT
01	01/04/2019	RENEWAL	\$	450.00

RECEIVED
FEB 22 2019
BY
A/P-FIN: GLENPOOL

	AMOUNT DUE	\$	450.00
	PAYMENT DUE BY	Upon Receipt	
POLICY BALANCE	\$	450.00	

Thank you for your business. If you have questions about your account, please call 1-800-234-9461 or 405-657-1400.

Detach along the perforation below - Keep this part for your records.
RETURN THIS PORTION WITH YOUR REMITTANCE

Policy Number BND 7200951 01
Insured Name CITY OF GLENPOOL

Amount Due \$ 450.00
Payment Due By Upon Receipt

PLEASE REMIT PAYMENT TO:

OMAG
3650 South Boulevard
Edmond, OK 73013-5581

DIRECT BILL INVOICE (N1) (00/00)



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

CITY OF GLENPOOL AREA EMS DISTRICT

PUBLIC OFFICAL BOND

BOND NUMBER: 72009513

TREASURER, JOHN GONSALVES

PENALTY AMOUNT: \$50,000

EFFECTIVE DATE: 02/05/2019

EXPIRATION DATE: 02/05/2020

**This form does not replace the original written bond and/or any
Change Notices or Riders pertaining to this bond.**

A small, stylized logo or mark located in the bottom right corner of the page. It appears to be a signature or a small graphic.

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 # 19-09451

03/08/2019

ISSUED TO: VEND #: 01-000883
OKLA STATE AUDITOR & INSPE
RM 123, STATE CAPITOL
2300 N LINCOLN BLVD
OKLAHOMA CITY, OK 73105-48

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

03/08/2019

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.

03/08/2019

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	AUDIT SVC-8/1/18-1/31/19 GEMS AUDIT SVC-8/1/18-1/31/19 GEMS		00022564	31 -6-01-6236		0.00	5,318.15 *

114626 = 2,649.65
114627 = 2,668.50

** TOTAL ** 5,318.15

*** 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

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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.



Cindy Byrd, CPA | State Auditor & Inspector
2300 N. Lincoln Blvd., Room 123, Oklahoma City, OK 73105 | 405.521.3495 | www.sai.ok.gov

February 22, 2019

Invoice: 114626

Susan White
Glenpool Area EMS District
12205 S Yukon
Glenpool, OK 74033

INVOICE FOR AUDITING SERVICES

DUE UPON RECEIPT

Glenpool Area EMS District
GlenpoolEMS.5304917
FY: June 30, 2017

Services For The Period:
8/1/2018 TO 1/31/2019

	<u>Hours</u>	<u>Amount</u>
Total Professional Services	35:45	\$2,428.75
Travel and Misc		\$220.90
Audit costs for this billing period		\$2,649.65
Total Amount Payable To The State Auditor's Office		\$2,649.65

For billing inquiries, please contact Janet Waswo, 405-521-2149 or jwaswo@sai.ok.gov

Posting Date: 2/22/2019 Fund Type: 1000 Business Unit: 30000 Class Funding: 20000 Account: 454103 53

Please return a copy of this invoice with payment to:

2300 North Lincoln Boulevard, Room 123 State Capitol, Oklahoma City, OK 73105-4801, (405) 521-3495, Fax (405) 521-3426



22564



Cindy Byrd, CPA | State Auditor & Inspector
2300 N. Lincoln Blvd., Room 123, Oklahoma City, OK 73105 | 405.521.3495 | www.sai.ok.gov

February 22, 2019

Invoice: 114627

Susan White
Glenpool Area EMS District
12205 S Yukon
Glenpool, OK 74033

INVOICE FOR AUDITING SERVICES

DUE UPON RECEIPT

Glenpool Area EMS District
GlenpoolEMS.5304918
FY: June 30, 2018

Services For The Period:
8/1/2018 TO 1/31/2019

	<u>Hours</u>	<u>Amount</u>
Total Professional Services	36:45	\$2,527.50
Travel and Misc		\$141.00
Audit costs for this billing period		\$2,668.50
Total Amount Payable To The State Auditor's Office		\$2,668.50

For billing inquiries, please contact Janet Waswo, 405-521-2149 or jwaswo@sai.ok.gov

Posting Date: 2/22/2019 Fund Type: 1000 Business Unit: 30000 Class Funding: 20000 Account: 454103 53

Please return a copy of this invoice with payment to:

2300 North Lincoln Boulevard, Room 123 State Capitol, Oklahoma City, OK 73105-4801, (405) 521-3495, Fax (405) 521-3426



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 # 19-09510

03/28/2019

ISSUED TO: VEND #: 01-000901
 LOWELL PETERSON
 19732 S. 145TH W. AVE
 SAPULPA, OK 74066

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.



03/28/2019

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.



03/28/2019

ENCUMBERING OFFICER

DATE

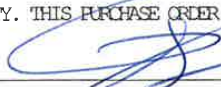
UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	CONTRACT FEES/SVCS MAR 2019		00022683	31 -6-01-6101		0.00	208.33 *
	CONTRACT FEES/SVCS MAR 2019						

** TOTAL **

208.33

*** 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

3/28/19

DATE

62 O.S. SECTION 310.9 AND 74 O.S. SECTION 3109, PROVIDES THAT THE VENDOR'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 AN 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 ITS PRICE, THE NUMBER OR
 VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.

INVOICE

Lowell Peterson
12205 S Yukon Ave.
Glenpool, OK 74033
Phone: 918-322-3403
Email:

INVOICE #: 201903286441

DATE: 3/31/2019

TO:
Glenpool Emergency Medical Service
12205 S. Yukon Ave.
Glenpool, OK 74033
Phone: 918-209-4633 | Email: AP@cityofglenpool.com

P.O. #: 19-09510

Description	Amount
Contract Fees & Services March 2019	\$208.33

Total	\$208.33
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If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email:
dcolbert@cityofglenpool.com

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 # 19-09512

03/28/2019

ISSUED TO: VEND #: 01-001518
WENDY KNIGHT
P.O BOX 2434
CLAREMORE, OK 74018

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

03/28/2019

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.

03/28/2019

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	CONTRACT FEES/SVCS MAR 2019 CONTRACT FEES/SVCS MAR 2019		00022682	31 -6-01-6101		0.00	208.33 *

** TOTAL **

208.33

*** 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

62 O.S. SECTION 310.9 AND 74 O.S. SECTION 3109, PROVIDES THAT THE VENDOR'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.

INVOICE

Wendy Knight
12205 S Yukon Ave.
Glenpool, OK 74033
Phone: 918-322-3403
Email:

INVOICE #: 201903286440

DATE: 3/31/2019

TO:
Glenpool Emergency Medical Service
12205 S. Yukon Ave.
Glenpool, OK 74033
Phone: 918-209-4633 | Email: AP@cityofglenpool.com

P.O. #: 19-09512

Description	Amount
Contract Fees & Services March 2019	\$208.33

Total	\$208.33
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If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email:
dcolbert@cityofglenpool.com

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 # 19-09509

03/28/2019

ISSUED TO: VEND #: 01-000351
SUSAN WHITE
210 SOUTH OAK GROVE ROAD
CUSHING, OK 74023

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

03/28/2019

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.

03/28/2019

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	CONTRACT FEES/SVCS MAR 2019 CONTRACT FEES/SVCS MAR 2019		00022680	31 -6-01-6101		0.00	208.33 *

** TOTAL **

208.33

*** 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

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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.

INVOICE

Susan White
12205 S Yukon Ave.
Glenpool, OK 74033
Phone: 918-322-3403
Email:

INVOICE #: 201903286438

DATE: 3/31/2019

TO:
Glenpool Emergency Medical Service
12205 S. Yukon Ave.
Glenpool, OK 74033
Phone: 918-209-4633 | Email: AP@cityofglenpool.com

P.O. #: 19-09509

Description	Amount
Contract Fees & Services March 2019	\$208.33

Total	\$208.33
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If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email:
dcolbert@cityofglenpool.com

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 # 19-09511

03/28/2019

ISSUED TO: VEND #: 01-001468
JOHN GONSALVES
3034 W. 69TH PL
TULSA, OK 74132

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

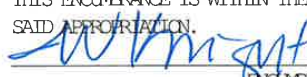


03/28/2019

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.



03/28/2019

ENCUMBERING OFFICER

DATE

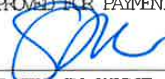
UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	CONTRACT FEES/SVCS MAR 2019 CONTRACT FEES/SVCS MAR 2019		00022681	31 -6-01-6101		0.00	208.33 *

** TOTAL **

208.33

*** 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.



3/28/19

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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INVOICE

John Gonsalves
12205 S Yukon Ave.
Glenpool, OK 74033
Phone: 918-322-3403
Email:

INVOICE #: 201903286437

DATE: 3/31/2019

TO:
Glenpool Emergency Medical Service
12205 S. Yukon Ave.
Glenpool, OK 74033
Phone: 918-209-4633 | Email: AP@cityofglenpool.com

P.O. #: 19-09511

Description	Amount
Contract Fees & Services March 2019	\$208.33

Total	\$208.33
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If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email:
dcolbert@cityofglenpool.com