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 May 6, 2019, at Glenpool City Hall, City Council Chambers, 12205 S. Yukon Ave., 3rd Floor, Glenpool, Oklahoma.

AGENDA

6) Discussion and possible action to approve purchase order(s) and receipts register totaling $44,084.32. 20 - 51
(John Gonsalves, Treasurer)
GEMS Invoices 5-6-19

F) **Adjournment**

This notice and agenda was posted at Glenpool City Hall, 12205 S. Yukon Ave., Glenpool, Oklahoma, on May 3, 2019 by 4:00 pm.
Signed: Wendy Knight
City Clerk

Mercy Regional EMS

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: May 1, 2019

Ref: EMS Report March 26, 2019 – April 30, 2019

We logged 123 calls for service during this period with a 92% response time compliance.

81 patients treated and transported
26 patients refused transport
5 mutual aid given
4 mutual aid received
4 cancelled prior to arrival
2 no patient found
1 DOA

Brian Cook,
Chief of Operations

CRun	Call Date	Pick Up Location	Destination	Dispacthed	En Route	On Scene	Transport	Arrived	Clear	Response Time	Unit	
19-3782	3/26/2019 11:21	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/26/2019 11:22	3/26/2019 11:23	3/26/2019 11:27	3/26/2019 11:45	3/26/2019 11:50	3/26/2019 12:13	00:05:28	MEDIC 401	
19-3799	3/26/2019 18:57	EMERGENCY SCENE	ST. FRANCIS TULSA	3/26/2019 18:57	3/26/2019 18:59	3/26/2019 19:04	3/26/2019 19:17	3/26/2019 19:37	3/26/2019 19:49	00:07:09	MEDIC 401	
19-3800	3/26/2019 19:32	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/26/2019 19:32	3/26/2019 19:35	3/26/2019 19:40	3/26/2019 20:06	3/26/2019 20:06	3/26/2019 20:06	00:07:58	MEDIC 402	
19-3809	3/27/2019 01:54	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/27/2019 01:54	3/27/2019 01:57	3/27/2019 01:58	3/27/2019 02:11	3/27/2019 02:15	3/27/2019 02:54	00:04:30	MEDIC 401	
19-3814	3/27/2019 07:11	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/27/2019 07:11	3/27/2019 07:14	3/27/2019 07:17	3/27/2019 07:43	3/27/2019 07:51	3/27/2019 08:25	00:06:09	MEDIC 401	
19-3818	3/27/2019 08:55	EMERGENCY SCENE	ST. JOHN SAPULPA	3/27/2019 08:57	3/27/2019 08:59	3/27/2019 09:01	3/27/2019 09:18	3/27/2019 09:34	3/27/2019 10:13	00:05:42	MEDIC 401	
19-3828	3/27/2019 11:36	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/27/2019 11:37	3/27/2019 11:38	3/27/2019 11:42	3/27/2019 12:02	3/27/2019 12:02	3/27/2019 12:02	00:05:46	MEDIC 401	
19-3847	3/27/2019 14:08	EMERGENCY SCENE	ST. FRANCIS TULSA	3/27/2019 14:10	3/27/2019 14:11	3/27/2019 14:14	3/27/2019 14:30	3/27/2019 15:18	3/27/2019 15:24	00:06:00	MEDIC 401	
19-3852	3/27/2019 14:58	EMERGENCY SCENE	ST. FRANCIS TULSA	3/27/2019 14:59	3/27/2019 14:59	3/27/2019 15:00	3/27/2019 15:17	3/27/2019 15:42	3/27/2019 16:00	00:02:10	MEDIC 402	
19-3864	3/28/2019 03:48	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	3/28/2019 03:48	3/28/2019 03:50	3/28/2019 03:55	3/28/2019 04:24	3/28/2019 04:49	3/28/2019 05:13	00:07:21	MEDIC 402	
19-3873	3/28/2019 09:33	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	3/28/2019 09:36	3/28/2019 09:36	3/28/2019 09:41	3/28/2019 10:02	3/28/2019 10:02	3/28/2019 10:02	00:06:20	MEDIC 401	
19-3892	3/28/2019 14:08	EMERGENCY SCENE	ST. JOHN TULSA	3/28/2019 14:09	3/28/2019 14:11	3/28/2019 14:14	3/28/2019 14:27	3/28/2019 14:51	3/28/2019 15:35	00:06:01	MEDIC 401	
19-3895	3/28/2019 15:00	EMERGENCY SCENE	PT TRANSPORTED BY PD	3/28/2019 15:01	3/28/2019 15:02	3/28/2019 15:05	3/28/2019 15:23	3/28/2019 15:23	3/28/2019 15:23	00:04:39	MEDIC 402	
19-3904	3/28/2019 18:05	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/28/2019 18:06	3/28/2019 18:07	3/28/2019 18:08	3/28/2019 18:26	3/28/2019 18:26	3/28/2019 18:26	00:03:23	MEDIC 401	
19-3905	3/28/2019 18:05	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/28/2019 18:06	3/28/2019 18:07	3/28/2019 18:09	3/28/2019 18:16	3/28/2019 18:16	3/28/2019 18:16	00:03:29	MEDIC 402	
19-3908	3/28/2019 19:23	EMERGENCY SCENE	ST. FRANCIS TULSA	3/28/2019 19:23	3/28/2019 19:26	3/28/2019 19:27	3/28/2019 19:41	3/28/2019 19:56	3/28/2019 20:25	00:03:57	MEDIC 401	
19-3910	3/28/2019 20:08	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
19-3912	3/28/2019 21:37	EMERGENCY SCENE	ST. JOHN TULSA	3/28/2019 21:38	3/28/2019 21:40	3/28/2019 21:43	3/28/2019 21:58	3/28/2019 22:20	3/28/2019 22:36	00:05:54	MEDIC 401	
19-3914	3/28/2019 22:52	EMERGENCY SCENE	ST. FRANCIS TULSA	3/28/2019 22:54	3/28/2019 22:54	3/28/2019 22:58	3/28/2019 23:09	3/28/2019 23:26	3/28/2019 23:40	00:05:38	MEDIC 401	
19-3936	3/29/2019 08:52	EMERGENCY SCENE	ST. JOHN TULSA	3/29/2019 08:53	3/29/2019 08:54	3/29/2019 08:58	3/29/2019 09:18	3/29/2019 09:45	3/29/2019 10:12	00:05:39	MEDIC 401	
19-3959	3/29/2019 14:17	EMERGENCY SCENE	ST. JOHN TULSA	3/29/2019 14:17	3/29/2019 14:18	3/29/2019 14:26	3/29/2019 14:54	3/29/2019 15:18	3/29/2019 15:40	00:08:16	MEDIC 401	
19-3963	3/29/2019 15:05	EMERGENCY SCENE	ST. JOHN TULSA	3/29/2019 15:06	3/29/2019 15:06	3/29/2019 15:10	3/29/2019 15:38	3/29/2019 15:58	3/29/2019 16:20	00:05:29	MEDIC 402	
19-3971	3/29/2019 18:15	EMERGENCY SCENE	ST. FRANCIS TULSA	3/29/2019 18:15	3/29/2019 18:17	3/29/2019 18:22	3/29/2019 19:00	3/29/2019 19:25	3/29/2019 20:15	00:07:05	MEDIC 401	
19-3980	3/30/2019 03:45	EMERGENCY SCENE	ST. FRANCIS TULSA	3/30/2019 03:48	3/30/2019 03:50	3/30/2019 03:56	3/30/2019 04:23	3/30/2019 04:47	3/30/2019 05:11	00:11:42	MEDIC 401	
19-4022	3/31/2019 16:50	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	3/31/2019 16:56	3/31/2019 16:56	3/31/2019 17:02	3/31/2019 17:19	3/31/2019 17:29	3/31/2019 17:43	00:12:19	MEDIC 401	
19-4024	3/31/2019 17:51	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/31/2019 17:52	3/31/2019 17:52	3/31/2019 17:54	3/31/2019 18:07	3/31/2019 18:07	3/31/2019 18:07	00:03:22	MEDIC 401	
19-4068	4/1/2019 23:45	EMERGENCY SCENE	OSU MEDICAL CENTER	4/1/2019 23:45	4/1/2019 23:50	4/1/2019 23:50	4/1/2019 23:57	4/2/2019 00:24		00:05:14	MEDIC 401	
19-4070	4/2/2019 04:07	EMERGENCY SCENE	HILLCREST SOUTH	4/2/2019 04:07	4/2/2019 04:13	4/2/2019 04:19	4/2/2019 04:31	4/2/2019 04:49		00:12:22	MEDIC 401	
19-4095	4/2/2019 17:07	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/2/2019 17:07	4/2/2019 17:10	4/2/2019 17:13	4/2/2019 17:38	4/2/2019 17:45	4/2/2019 17:56	00:06:29	MEDIC 401	
19-4096	4/2/2019 18:25	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	4/2/2019 18:25	4/2/2019 18:27	4/2/2019 18:32	4/2/2019 18:32	4/2/2019 18:32	4/2/2019 18:32	00:07:32	MEDIC 401	
19-4130	4/3/2019 14:08	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/3/2019 14:09	4/3/2019 14:11	4/3/2019 14:13	4/3/2019 14:16	4/3/2019 14:16	4/3/2019 14:16	00:05:35	MEDIC 401	
19-4132	4/3/2019 14:16	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/3/2019 14:17	4/3/2019 14:17	4/3/2019 14:20	4/3/2019 14:42	4/3/2019 14:42	4/3/2019 14:42	00:04:02	MEDIC 401	
19-4146	4/3/2019 21:06	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/3/2019 21:08	4/3/2019 21:08	4/3/2019 21:11	4/3/2019 21:32	4/3/2019 21:32	4/3/2019 21:32	00:05:00	MEDIC 401	
19-4149	4/4/2019 05:34	EMERGENCY SCENE	HILLCREST SOUTH	4/4/2019 05:35	4/4/2019 05:41	4/4/2019 05:47	4/4/2019 06:02	4/4/2019 06:22	4/4/2019 06:43	00:12:54	MEDIC 401	
19-4151	4/4/2019 08:45	EMERGENCY SCENE	ST. JOHN TULSA	4/4/2019 08:46	4/4/2019 08:47	4/4/2019 08:57	4/4/2019 09:12	4/4/2019 09:35	4/4/2019 09:49	00:12:17	MEDIC 401	
19-4161	4/4/2019 12:09	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/4/2019 12:09	4/4/2019 12:11	4/4/2019 12:16	4/4/2019 12:25	4/4/2019 12:34	4/4/2019 12:48	00:07:13	MEDIC 401	
19-4188	4/5/2019 00:15	EMERGENCY SCENE	ST. FRANCIS TULSA	4/5/2019 00:15	4/5/2019 00:17	4/5/2019 00:22	4/5/2019 00:45	4/5/2019 01:08	4/5/2019 01:25	00:06:51	MEDIC 401	
19-4201	4/5/2019 07:01	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/5/2019 07:01	4/5/2019 07:04	4/5/2019 07:08	4/5/2019 07:18	4/5/2019 07:37	4/5/2019 07:54	00:07:31	MEDIC 401	
19-4204	4/5/2019 08:30	EMERGENCY SCENE	ST. FRANCIS TULSA	4/5/2019 08:30	4/5/2019 08:31	4/5/2019 08:35	4/5/2019 08:50	4/5/2019 09:21	4/5/2019 09:36	00:04:48	MEDIC 401	
19-4244	4/5/2019 19:32	EMERGENCY SCENE	ST. JOHN TULSA	4/5/2019 19:34	4/5/2019 19:35	4/5/2019 19:39	4/5/2019 19:49	4/5/2019 20:11	4/5/2019 20:26	00:06:51	MEDIC 401	
19-4255	4/6/2019 05:46	EMERGENCY SCENE	ST. JOHN TULSA	4/6/2019 05:46	4/6/2019 05:50	4/6/2019 05:54	4/6/2019 06:14	4/6/2019 06:34	4/6/2019 06:47	00:07:46	MEDIC 401	
19-4256	4/6/2019 08:27	EMERGENCY SCENE	ST. FRANCIS TULSA	4/6/2019 08:28	4/6/2019 08:31	4/6/2019 08:32	4/6/2019 09:01	4/6/2019 09:28	4/6/2019 09:55	00:04:47	MEDIC 401	
19-4261	4/6/2019 13:16	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/6/2019 13:16	4/6/2019 13:18	4/6/2019 13:22	4/6/2019 13:39	4/6/2019 14:01	4/6/2019 14:21	00:06:05	MEDIC 401	
19-4270	4/6/2019 16:57	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/6/2019 16:57	4/6/2019 16:58	4/6/2019 17:01	4/6/2019 17:21	4/6/2019 17:42	4/6/2019 17:56	00:04:33	MEDIC 402	
19-4276	4/6/2019 19:54	EMERGENCY SCENE	NO PATIENT FOUND	4/6/2019 19:54	4/6/2019 19:57	4/6/2019 20:02	4/6/2019 20:19	4/6/2019 20:19	4/6/2019 20:19	00:08:11	MEDIC 401	
19-4281	4/7/2019 01:09	EMERGENCY SCENE	RESIDENCE	4/7/2019 01:09	4/7/2019 01:12	4/7/2019 01:20	4/7/2019 01:37	4/7/2019 01:47	4/7/2019 01:50	00:10:30	MEDIC 401	MUTUAL AID TO EMSA
19-4288	4/7/2019 09:45	EMERGENCY SCENE	ST. JOHN TULSA	4/7/2019 09:46	4/7/2019 09:48	4/7/2019 09:50	4/7/2019 10:11	4/7/2019 10:37	4/7/2019 10:55	00:05:34	MEDIC 401	
19-4299	4/7/2019 14:41	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/7/2019 14:42	4/7/2019 14:43	4/7/2019 14:48	4/7/2019 15:03	4/7/2019 15:13	4/7/2019 15:25	00:06:11	MEDIC 401	
19-4311	4/7/2019 19:32	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/7/2019 19:34	4/7/2019 19:34	4/7/2019 19:39	4/7/2019 20:05	4/7/2019 20:05	4/7/2019 20:05	00:07:04	MEDIC 401	
19-4325	4/8/2019 01:34	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/8/2019 01:34	4/8/2019 01:36	4/8/2019 01:41	4/8/2019 02:13	4/8/2019 02:33	4/8/2019 02:50	00:07:00	MEDIC 401	
19-4332	4/8/2019 08:38	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/8/2019 08:39	4/8/2019 08:40	4/8/2019 08:41	4/8/2019 09:01	4/8/2019 09:22	4/8/2019 09:45	00:02:29	MEDIC 401	
19-4340	4/8/2019 11:09	EMERGENCY SCENE	ST. JOHN TULSA	4/8/2019 11:09	4/8/2019 11:13	4/8/2019 11:13	4/8/2019 11:26	4/8/2019 11:46	4/8/2019 12:30	00:04:01	MEDIC 401	
19-4363	4/8/2019 17:36	EMERGENCY SCENE	ST. FRANCIS TULSA	4/8/2019 17:36	4/8/2019 17:39	4/8/2019 17:41	4/8/2019 17:58	4/8/2019 18:23	4/8/2019 18:42	00:05:13	MEDIC 401	
19-4364	4/8/2019 18:00	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/8/2019 18:00	4/8/2019 18:02	4/8/2019 18:05	4/8/2019 18:13	4/8/2019 18:36	4/8/2019 19:10	00:05:15	MEDIC 402	
19-4374	4/9/2019 04:01	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/9/2019 04:04	4/9/2019 04:06	4/9/2019 04:08				00:07:31	MEDIC 401	
19-4399	4/9/2019 13:02	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/9/2019 13:02	4/9/2019 13:05	4/9/2019 13:07	4/9/2019 13:24	4/9/2019 13:29	4/9/2019 13:44	00:05:12	MEDIC 401	
19-4406	4/9/2019 14:08	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/9/2019 14:09	4/9/2019 14:10	4/9/2019 14:12	4/9/2019 14:35	4/9/2019 14:39	4/9/2019 15:02	00:03:42	MEDIC 401	
19-4411	4/9/2019 16:22	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/9/2019 16:24	4/9/2019 16:24	4/9/2019 16:30	4/9/2019 16:51	4/9/2019 17:09	4/9/2019 17:28	00:07:45	MEDIC 401	
19-4424	4/9/2019 22:13	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/9/2019 22:13	4/9/2019 22:15	4/9/2019 22:19	4/9/2019 22:31	4/9/2019 22:31	4/9/2019 22:31	00:06:02	MEDIC 401	
19-4484	4/11/2019 08:50	EMERGENCY SCENE	ST. JOHN TULSA	4/11/2019 08:52	4/11/2019 08:52	4/11/2019 08:54	4/11/2019 09:06	4/11/2019 09:26	4/11/2019 09:41	00:04:18	MEDIC 401	
19-4498	4/11/2019 12:15	EMERGENCY SCENE	ST. FRANCIS TULSA	4/11/2019 12:15	4/11/2019 12:17	4/11/2019 12:18	4/11/2019 12:35	4/11/2019 13:00	4/11/2019 13:15	00:03:19	MEDIC 401	
19-4506	4/11/2019 15:18	EMERGENCY SCENE	HILLCREST SOUTH	4/11/2019 15:19	4/11/2019 15:21	4/11/2019 15:24	4/11/2019 15:56	4/11/2019 16:19	4/11/2019 16:47	00:05:35	MEDIC 401	
19-4510	4/11/2019 16:01	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/11/2019 16:02	4/11/2019 16:02	4/11/2019 16:08	4/11/2019 16:15	4/11/2019 16:15	4/11/2019 16:15	00:07:13	MEDIC 402	
19-4517	4/11/2019 17:37	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/11/2019 17:37	4/11/2019 17:39	4/11/2019 17:42	4/11/2019 18:02	4/11/2019 18:02	4/11/2019 18:02	00:04:50	MEDIC 401	
19-4521	4/11/2019 18:41	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/11/2019 18:42	4/11/2019 18:43	4/11/2019 19:00	4/11/2019 20:05	4/11/2019 20:05	4/11/2019 20:05	00:18:43	MEDIC 401	MUTUAL AID TO OKMULGEE
19-4537	4/12/2019 07:39	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/12/2019 07:40	4/12/2019 07:42	4/12/2019 07:48	4/12/2019 08:02	4/12/2019 08:02	4/12/2019 08:02	00:03:33	MEDIC 401	
19-4582	4/13/2019 10:09	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/13/2019 10:11	4/13/2019 10:11	4/13/2019 10:15	4/13/2019 10:51	4/13/2019 10:51	4/13/2019 10:51	00:05:45	MEDIC 401	
19-4587	4/13/2019 14:48	EMERGENCY SCENE	HILLCREST SOUTH	4/13/2019 14:51	4/13/2019 14:51	4/13/2019 14:54	4/13/2019 15:00	4/13/2019 15:20	4/13/2019 15:44	00:05:34	MEDIC 401	
19-4591	4/13/2019 16:29	EMERGENCY SCENE	ST. FRANCIS TULSA	4/13/2019 16:30	4/13/2019 16:30	4/13/2019 16:41	4/13/2019 17:08	4/13/2019 17:39	4/13/2019 17:54	00:12:09	MEDIC 401	MUTUAL AID TO OKMULGEE
19-4592	4/13/2019 16:43	EMERGENCY SCENE	MUTUAL AID								MUTUAL AID RECIEVED	
19-4603	4/13/2019 20:38	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/13/2019 20:39	4/13/2019 20:40	4/13/2019 20:44	4/13/2019 20:56	4/13/2019 21:19	4/13/2019 21:36	00:05:43	MEDIC 401	
19-4610	4/14/2019 06:56	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/14/2019 06:57	4/14/2019 06:59	4/14/2019 07:03	4/14/2019 07:18	4/14/2019 07:18	4/14/2019 07:18	00:07:04	MEDIC 401	

19-4612	4/14/2019 07:58	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/14/2019 07:58	4/14/2019 07:59	4/14/2019 08:04	4/14/2019 08:15	4/14/2019 08:33	4/14/2019 08:46	00:05:37	MEDIC 401	
19-4622	4/14/2019 20:15	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/14/2019 20:15	4/14/2019 20:17	4/14/2019 20:20	4/14/2019 20:38	4/14/2019 20:49	4/14/2019 20:56	00:04:54	MEDIC 401	
19-4627	4/14/2019 20:15	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/14/2019 20:15	4/14/2019 20:17	4/14/2019 20:20	4/14/2019 20:38	4/14/2019 20:49	4/14/2019 20:56	00:04:54	MEDIC 401	
19-4633	4/15/2019 08:05	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/15/2019 08:05	4/15/2019 08:09	4/15/2019 08:13	4/15/2019 08:22	4/15/2019 08:22	4/15/2019 08:22	00:07:42	MEDIC 401	
19-4641	4/15/2019 10:13	EMERGENCY SCENE	ST. FRANCIS TULSA	4/15/2019 10:15	4/15/2019 10:16	4/15/2019 10:20	4/15/2019 10:33	4/15/2019 10:57	4/15/2019 11:18	00:06:15	MEDIC 401	
19-4646	4/15/2019 11:19	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/15/2019 11:19	4/15/2019 11:22	4/15/2019 11:27	4/15/2019 11:40	4/15/2019 11:40	4/15/2019 11:40	00:08:02	MEDIC 402	
19-4661	4/15/2019 16:10	EMERGENCY SCENE	ST. JOHN TULSA	4/15/2019 16:11	4/15/2019 16:12	4/15/2019 16:17	4/15/2019 16:33	4/15/2019 16:59	4/15/2019 17:14	00:06:23	MEDIC 401	
19-4662	4/15/2019 17:01	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/15/2019 17:02	4/15/2019 17:03	4/15/2019 17:07	4/15/2019 17:23	4/15/2019 17:43	4/15/2019 17:59	00:06:09	MEDIC 402	
19-4684	4/16/2019 03:20	EMERGENCY SCENE	HILLCREST SOUTH	4/16/2019 03:20	4/16/2019 03:23	4/16/2019 03:27	4/16/2019 03:34	4/16/2019 03:49	4/16/2019 04:09	00:06:42	MEDIC 401	
19-4699	4/16/2019 10:11	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/16/2019 10:12	4/16/2019 10:13	4/16/2019 10:18	4/16/2019 10:42	4/16/2019 10:47	4/16/2019 10:57	00:07:02	MEDIC 401	
19-4708	4/16/2019 11:44	EMERGENCY SCENE	ST. FRANCIS TULSA	4/16/2019 11:46	4/16/2019 11:47	4/16/2019 11:51	4/16/2019 12:04	4/16/2019 12:24	4/16/2019 12:59	00:06:39	MEDIC 401	
19-4713	4/16/2019 12:17	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/16/2019 12:18	4/16/2019 12:20	4/16/2019 12:22	4/16/2019 12:37	4/16/2019 12:55	4/16/2019 13:20	00:05:25	MEDIC 402	
19-4742	4/17/2019 07:58	EMERGENCY SCENE	ST. JOHN TULSA	4/17/2019 07:58	4/17/2019 07:58	4/17/2019 08:03	4/17/2019 08:23	4/17/2019 08:44	4/17/2019 09:03	00:05:28	MEDIC 401	
19-4784	4/17/2019 18:18	EMERGENCY SCENE	ST. FRANCIS TULSA	4/17/2019 18:19	4/17/2019 18:21	4/17/2019 18:24	4/17/2019 18:48	4/17/2019 19:14	4/17/2019 19:44	00:05:28	MEDIC 401	
19-4791	4/17/2019 23:16	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/17/2019 23:19	4/17/2019 23:21	4/17/2019 23:24	4/17/2019 23:38	4/17/2019 23:46	4/17/2019 23:58	00:07:36	MEDIC 401	
19-4802	4/18/2019 08:05	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/18/2019 08:07	4/18/2019 08:07	4/18/2019 08:09	4/18/2019 08:23	4/18/2019 08:48	4/18/2019 09:04	00:03:25	MEDIC 401	
19-4832	4/18/2019 17:16	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/18/2019 17:16	4/18/2019 17:18	4/18/2019 17:22	4/18/2019 17:48	4/18/2019 17:48	4/18/2019 17:48	00:05:37	MEDIC 401	
19-4837	4/18/2019 19:06	EMERGENCY SCENE	HILLCREST SOUTH	4/18/2019 19:07	4/18/2019 19:08	4/18/2019 19:12	4/18/2019 19:34	4/18/2019 19:56	4/18/2019 20:14	00:06:21	MEDIC 401	
19-4838	4/18/2019 19:08	EMERGENCY SCENE	ST. FRANCIS TULSA	4/18/2019 19:08	4/18/2019 19:10	4/18/2019 19:16	4/18/2019 19:42	4/18/2019 20:05	4/18/2019 20:24	00:08:15	MEDIC 402	
19-4845	4/19/2019 00:30	EMERGENCY SCENE	ST. JOHN TULSA	4/19/2019 00:30	4/19/2019 00:35	4/19/2019 00:42	4/19/2019 01:07	4/19/2019 01:32	4/19/2019 01:57	00:11:34	MEDIC 401	MUTUAL AID TO CREEK
19-4847	4/19/2019 00:30	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/19/2019 00:30	4/19/2019 00:35	4/19/2019 00:42	4/19/2019 01:07	4/19/2019 01:08	4/19/2019 01:08	00:11:34	MEDIC 401	MUTUAL AID TO CREEK
19-4848	4/19/2019 01:54	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/19/2019 01:54	4/19/2019 01:58	4/19/2019 02:02	4/19/2019 02:17	4/19/2019 02:41	4/19/2019 02:54	00:08:53	MEDIC 402	
19-4853	4/19/2019 05:44	EMERGENCY SCENE	HILLCREST SOUTH	4/19/2019 05:45	4/19/2019 05:51	4/19/2019 05:55	4/19/2019 06:11	4/19/2019 06:29	4/19/2019 06:45	00:11:11	MEDIC 401	
19-4854	4/19/2019 07:06	EMERGENCY SCENE	NO PATIENT FOUND	4/19/2019 07:07	4/19/2019 07:07	4/19/2019 07:10	4/19/2019 07:16	4/19/2019 07:16	4/19/2019 07:16	00:04:07	MEDIC 401	
19-4887	4/19/2019 17:31	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/19/2019 17:32	4/19/2019 17:34	4/19/2019 17:38	4/19/2019 18:04	4/19/2019 18:14	4/19/2019 18:40	00:06:26	MEDIC 401	
19-4900	4/20/2019 10:06	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/20/2019 10:08	4/20/2019 10:08	4/20/2019 10:12	4/20/2019 10:25	4/20/2019 10:25	4/20/2019 10:25	00:05:22	MEDIC 402	
19-4920	4/21/2019 01:00	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/21/2019 01:00	4/21/2019 01:03	4/21/2019 01:11	4/21/2019 01:24	4/21/2019 01:24	4/21/2019 01:24	00:11:25	MEDIC 401	OUT OF PRIMARY RESPONSE AREA
19-4940	4/21/2019 20:20	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/21/2019 20:21	4/21/2019 20:22	4/21/2019 20:26	4/21/2019 20:45	4/21/2019 20:45	4/21/2019 20:45	00:06:28	MEDIC 401	
19-4955	4/22/2019 09:51	EMERGENCY SCENE	ST. FRANCIS TULSA	4/22/2019 09:52	4/22/2019 09:55	4/22/2019 09:56	4/22/2019 10:13	4/22/2019 10:28	4/22/2019 10:48	00:04:27	MEDIC 401	
19-4959	4/22/2019 10:48	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
19-4980	4/22/2019 17:00	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/22/2019 17:01	4/22/2019 17:02	4/22/2019 17:08	4/22/2019 17:21	4/22/2019 17:21	4/22/2019 17:21	00:07:09	MEDIC 401	
19-5021	4/23/2019 16:38	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	4/23/2019 16:38	4/23/2019 16:41	4/23/2019 16:42	4/23/2019 16:42	4/23/2019 16:42	4/23/2019 16:42	00:04:52	MEDIC 401	
19-5026	4/23/2019 18:41	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/23/2019 18:42	4/23/2019 18:46	4/23/2019 18:48	4/23/2019 18:57	4/23/2019 18:57	4/23/2019 18:57	00:06:53	MEDIC 401	
19-5078	4/24/2019 19:16	EMERGENCY SCENE	DOA - DEAD ON ARRIVAL	4/24/2019 19:16	4/24/2019 19:18	4/24/2019 19:22	4/24/2019 19:46	4/24/2019 19:46	4/24/2019 19:46	00:06:02	MEDIC 401	
19-5084	4/25/2019 01:21	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/25/2019 01:21	4/25/2019 01:23	4/25/2019 01:26	4/25/2019 01:41	4/25/2019 01:41	4/25/2019 01:41	00:05:01	MEDIC 401	
19-5087	4/25/2019 05:24	EMERGENCY SCENE	HILLCREST SOUTH	4/25/2019 05:25	4/25/2019 05:27	4/25/2019 05:31	4/25/2019 05:59	4/25/2019 06:20	4/25/2019 06:36	00:06:33	MEDIC 401	
19-5104	4/25/2019 11:30	EMERGENCY SCENE	ST. FRANCIS TULSA	4/25/2019 11:31	4/25/2019 11:32	4/25/2019 11:36	4/25/2019 12:02	4/25/2019 12:24	4/25/2019 12:47	00:05:49	MEDIC 401	
19-5110	4/25/2019 13:10	EMERGENCY SCENE	ST. FRANCIS TULSA	4/25/2019 13:11	4/25/2019 13:12	4/25/2019 13:16	4/25/2019 13:30	4/25/2019 13:50	4/25/2019 14:12	00:05:50	MEDIC 401	
19-5179	4/26/2019 15:57	EMERGENCY SCENE	ST. JOHN TULSA	4/26/2019 15:58	4/26/2019 16:00	4/26/2019 16:10	4/26/2019 16:28	4/26/2019 16:51	4/26/2019 17:16	00:12:35	MEDIC 401	
19-5218	4/27/2019 18:47	EMERGENCY SCENE	ST. JOHN TULSA	4/27/2019 18:48	4/27/2019 18:49	4/27/2019 18:52	4/27/2019 19:07	4/27/2019 19:28	4/27/2019 19:45	00:04:48	MEDIC 401	
19-5219	4/27/2019 18:50	EMERGENCY SCENE	HILLCREST SOUTH	4/27/2019 18:50	4/27/2019 18:53	4/27/2019 19:10	4/27/2019 19:20	4/27/2019 19:39	4/27/2019 19:50	00:19:58	MEDIC 402	RADIO AND ADDRESS PROBLEMS
19-5227	4/27/2019 23:39	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/27/2019 23:39	4/27/2019 23:42	4/27/2019 23:46	4/27/2019 23:58	4/28/2019 00:02	4/28/2019 00:13	00:07:35	MEDIC 401	
19-5246	4/28/2019 17:14	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/28/2019 17:15	4/28/2019 17:16	4/28/2019 17:24	4/28/2019 17:42	4/28/2019 18:17	4/28/2019 18:32	00:09:42	MEDIC 401	
19-5264	4/29/2019 03:21	EMERGENCY SCENE	ST. FRANCIS TULSA	4/29/2019 03:21	4/29/2019 03:23	4/29/2019 03:29	4/29/2019 03:56	4/29/2019 04:17	4/29/2019 04:35	00:08:31	MEDIC 401	
19-5269	4/29/2019 08:08	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	4/29/2019 08:08	4/29/2019 08:10	4/29/2019 08:12	4/29/2019 08:25	4/29/2019 08:30	4/29/2019 08:39	00:04:04	MEDIC 401	
19-5288	4/29/2019 12:48	EMERGENCY SCENE	ST. FRANCIS TULSA	4/29/2019 12:49	4/29/2019 12:49	4/29/2019 12:54	4/29/2019 13:06	4/29/2019 13:28	4/29/2019 13:38	00:05:58	MEDIC 401	
19-5298	4/29/2019 15:56	EMERGENCY SCENE	ST. FRANCIS TULSA	4/29/2019 15:56	4/29/2019 15:57	4/29/2019 16:03	4/29/2019 16:28	4/29/2019 16:41	4/29/2019 16:59	00:06:51	MEDIC 401	
19-5301	4/29/2019 16:15	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
19-5318	4/30/2019 02:09	EMERGENCY SCENE	ST. FRANCIS TULSA	4/30/2019 02:09	4/30/2019 02:16	4/30/2019 02:18	4/30/2019 02:31	4/30/2019 02:52	4/30/2019 03:10	00:08:57	MEDIC 401	
19-5320	4/30/2019 05:58	EMERGENCY SCENE	HILLCREST SOUTH	4/30/2019 05:59	4/30/2019 06:04	4/30/2019 06:04	4/30/2019 06:16	4/30/2019 06:33	4/30/2019 06:48	00:05:32	MEDIC 401	
19-5329	4/30/2019 10:01	EMERGENCY SCENE	ST. FRANCIS TULSA	4/30/2019 10:02	4/30/2019 10:02	4/30/2019 10:07	4/30/2019 10:21	4/30/2019 10:47	4/30/2019 11:07	00:06:15	MEDIC 401	

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

To: Honorable Chairman and Trustees
From: Susan White, District Administrator
Date: May 6, 2019
Subject: District Administrator Report

Current Financials

Collections for April were good. We received $20,684.49 which gets us to 100% of budgeted revenues for FY 18-19. Current revenue collections for this fiscal year are $281,924.93. Budgeted revenue is $280,000.

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

MINUTES
GEMS Meeting
Monday, April 1, 2019 Council Chambers 6:00 PM

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

TRUSTEES ABSENT: Brandon Kearns

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 7:20 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 - Brian Cook, Director of Operations, Mercy Regional EMS

Glenpool EMS Report 02272019-03252019

D) District Administrator Report - Susan White, Administrator
There was no District Administrator Report.

E) Scheduled Business

1) Discussion and possible action to approve minutes from March 4, 2019 meeting.
(Wendy Knight, Clerk)

Moved by Jacqueline Triplett-Lund, seconded by Trish Agee

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	0	1

CARRIED.

GEMS - 04 Mar 2019 - Minutes - Html

2) Discussion and possible action to approve purchase order(s) and receipts register totaling $19,801.47.
(John Gonsalves, Treasurer)

Mr. Gonsalves recommended Board approval of purchase order(s) and receipts register totaling $19,801.47.

Moved by Momodou Ceesay, seconded by Trish Agee

To approve purchase order(s) and receipts register totaling $19,801.47.

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

CARRIED.

GEMS Invoices 4-1-19

F) Adjournment
Chairman Fox declared the meeting adjourned at 7:25 p.m.

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

May 6, 2019

Cindy Byrd, CPA
State Auditor and Inspector
Room 123 State Capitol Building
Oklahoma City, OK 73105

Ms. Byrd:

On behalf of Glenpool Area Emergency Medical Service District (GEMS), the District Board requests excess funds be released from restricted audit expense account of the budget and Estimate of Needs.

Pursuant to 19 O.S., Section 1706.1 the FY17 and FY18 audits of GEMS have been completed and payments have been made to OSAI.

Presently the audit budget account, approved by the District Board and reviewed by OSAI, has been appropriated $53,703.00 for FY19. The payments for audit expense for fiscal years 2017 and 2018 were $2,668.50 and $2,649.65. A balance of $48,384.85 remains in the audit account.

In accordance with statutory requirements for audit expense budgets, $9,600 has been assigned to the FY20 budget account for that purpose. The budget will be presented for Board approval within the next few weeks. Based on discussion with OSAI, the amount calculated for the current fiscal year of $48,384.85 exceeds the amount necessary to cover anticipated audit costs for the FY19 Audit.

The GEMS District Board of Trustees respectfully requests $48,384.85 be released from the restricted audit expense budget account. Released funds will be used for the operations of the GEMS District.

Sincerely,

Timothy L. Fox, Chairman
Glenpool Area Emergency Medical Service District

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

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

To: HONORABLE MAYOR/CHAIRMAN AND CITY COUNCIL/TRUSTEES
From: Susan White, District Administrator
Date: May 6, 2019
Subject: GEMS Trustee Appointment

Background

The GEMS District was created under and by virtue of Section 9c, Article X, of the Constitution of the State of Oklahoma. It provides for trustees to be appointed to five-year terms by the County Commissioners.

The Tulsa County Commission appointed the original members to the Board and desire a recommendation from the Glenpool City Council/GEMS Board of Trustees for all subsequent appointments as terms expire.

The term of Momodou Ceesay will expire on May 31. Trustee Ceesay has agreed to serve for an additional term if appointed.

Recommendation

Staff recommends the City Council/Board request Tulsa County Commission to consider reappointing Momodou Ceesay for an additional five-year term, expiring May 31, 2024.

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

2/6/2019 14:50 CITY OF GLENPOOL PAGE: 1
REQUESTED BU DGET WORKSHEET
AS OF: MARCH 31ST, 2019

	2016-2017 ACTUAL	2017-2018 ACTUAL	- 2018-2019 - CURRENT BUDGET	- 2018-2019 - YEAR-TO-DATE ACTUAL	- 2018-2019 - PROJECTED YEAR END	2019 - 2020 REQUESTED BUDGET	2019 - 2020 PROPOSED BUDGET	YEAR TO DATE % BELOW OR ABOVE TARGET %
								75%

2/6/2019 14:50 CITY OF GLENPOOL PAGE: 1
REQUESTED BU DGET WORKSHEET
AS OF: J ULY 31ST, 2018

31 -GEMS
REVENUES

	2016-2017 ACTUAL	2017-2018 ACTUAL	- 2018-2019 - CURRENT BUDGET	- 2018-2019 - YEAR-TO-DATE ACTUAL	- 2018-2019 - PROJECTED YEAR END	2019 - 2020 REQUESTED BUDGET	2019 - 2020 PROPOSED BUDGET	
NON-DEPARTMENTAL								
TAXES								
31-5-00-5006 TAXES	247,368	275,414	280,000	261,240.44	348,321	290,000		4%
TOTAL TAXES	247,368	275,414	280,000	261,240	348,321	290,000	0	4%
INVESTMENT INCOME								
31-5-00-5301 INTEREST	0	0	0	0	0			
31-5-00-5306 MISCELLANEOUS	0	0	0	0	0			
TOTAL INVESTMENT INCOME	0	0	0	0	0	0	0	
OTHER FINANCING SOURCES								
31-5-00-5409 USE OF FUND BALANCE	0	0	91,837	0	91,837	0		-100%

TOTAL OTHER FINANCING SOURCES	0	0	91837	0	91837	0	0	-100%
TOTAL NON-DEPARTMENTAL	247,368	275,414	371,837	261,240	440,158	290,000	0	-22%
TOTAL REVENUES	247,368	275,414	371,837	261,240	440,158	290,000	0	-22%

31 -GEMS
GEMS
DEPARTMENTAL EXPENDITURES

	2016-2017 ACTUAL	2017-2018 ACTUAL	- 2018-2019 - CURRENT BUDGET	- 2018-2019 - YEAR-TO-DATE ACTUAL	- 2018-2019 - PROJECTED YEAR END	2019 - 2020 REQUESTED BUDGET	2019 - 2020 PROPOSED BUDGET	
PERSONAL SERVICES								
31-6-01-6101 SALARIES & WAGES	10,000	10,000	10,000	6,666.56	8,889	10,000		0%
31-6-01-6102 INSURANCE	0	0	0	0	0	0		
31-6-01-6111 FICA	765	765	765	446.31	595	0		-100%
31-6-01-6113 WORKMANS COMP	0	0	0	0	0	0		
31-6-01-6114 UNEMPLOYMENT	100	75	100	75	100	0		-100%
TOTAL PERSONAL SERVICES	10,865	10,840	10,865	7,188	9,584	10,000	0	-8%
SUPPLIES								
31-6-01-6202 OPERATING SUPPLIES	9,357	7,029	16,069	2,735.74	3,648	16,069		0%
31-6-01-6206 MINOR EQUIPMENT	3,635	790	17,000	3,528.00	4,704	0		-100%
TOTAL SUPPLIES	12,992	7,819	33,069	6,264	8,352	16,069	0	-51%
OTHER CHARGES & SERVICES								
31-6-01-6210 AMBULANCE CONTRACT	144,000	144,000	158,400	116,400.00	155,200	158,400		0%
31-6-01-6225 FIRST RESPONDER/ADMIN FEES	103,774	89,988	107,700	45,903.00	61,204	91,566		-15%
31-6-01-6236 AUDIT FEES	10,232	7,670	53,703	1,000.00	1,333	9,600		-82%
31-6-01-6254 MISC SERVICES & CHARGES	0	0	100	0	0	100		0%

TOTAL OTHER CHARGES & SERVICES	258,006	241,658	319,903	163,303	217,737	259,666	0	-19%
TRAVEL & TRAINING								
31-6-01-6262 TRAVEL AND TRAINING	5,830	1,243	8,000	894	1,192	4,265		-47%
TOTAL TRAVEL & TRAINING	5,830	1,243	8,000	894	1,192	4,265	0	-47%
CAPITAL EXPENDITURES								
31-6-01-6333 CAPITAL PURCHASES	71,085	0	0	0	0			
TOTAL CAPITAL EXPENDITURES	71,085	0	0	0	0	0	0	
OTHER FINANCING USES								
31-6-01-6745 TSF TO RESERVES	0	0	0	0	0			
TOTAL OTHER FINANCING USES	0	0	0	0	0	0	0	
TOTAL GEMS	358,778	261,560	371,837	177,649	236,865	290,000	0	-22%
TOTAL EXPENDITURES	358,778	261,560	371,837	177,649	236,865	290,000	0	-22%
REVENUE OVER/(UNDER) EXPENDITURES	-111,410	13,854	0	83,592	203,293	0	0	

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS

From: John Gonsalves, Treasurer

Date: May 6, 2019

Subject: FY19-20 Estimate of Needs

Background:
The Glenpool Area Emergency Medical Service District (GEMS) is required to prepare an annual Estimate of Needs and submit it to the Tulsa County Excise Board. This Estimate of Needs is intended to advise the Excise Board of the amount of cash on hand from the fiscal year just ended, and the estimated expenditures and revenues for the fiscal year in progress. The needs of the county and each school district, municipality and other entities are combined to determine the millage rate for all areas in the county.

Last year, the trustees authorized staff to enter into an agreement with Arledge and Associates to complete the Estimate of Needs for fiscal year 2018-19. Unfortunately, Arledge was not able to complete the Estimate of Need in a timely manner and decided to subcontract out the work to Crawford & Associates.

The attached engagement letter is from Crawford and Associates to complete the 2019-20 Estimates of Needs. Staff was very pleased with the timely response from Crawford and the cost is estimated to be $1,000.00, which is the same as last fiscal year.

Staff Recommendation:
Staff recommends that the trustees authorize staff to enter into an agreement with Crawford & Associates to complete the 2019-20 GEMS Estimate of Needs.

Attachments:
Engagement letter

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

CRAWFORD & ASSOCIATES P.C.

April 29, 2019

Chairman and Members of the Board of Trustees
Glenpool Area Emergency Medical Service District
12205 S. Yukon Avenue
Glenpool, OK 74033

To the Chairman and Members of the GEMS Board of Trustees:

Crawford & Associates, P.C. is pleased that the Glenpool Area Emergency Medical Service District (GEMS) has expressed its confidence in our firm and our state and local government expertise. We look forward to a continued long and successful relationship as an integral financial management resource to the GEMS' management and governing body.

We are prepared to provide a full range of accounting and consulting services to the GEMS contingent upon approval of your management and/or governing body. The purpose of this engagement letter is to identify the scope of available services from Crawford & Associates, the specific initial services requested at this time, and to confirm the terms, objectives, and limitations of our engagement services.

Scope of Services

The scope of professional services that are available and can be provided to the GEMS are outlined below under the heading *Scope of Available Services*. While this listing includes a range of services available from Crawford & Associates, the specific initial services requested to be provided at the current time are separately identified under the heading *Initial Services Requested*. Any additional services that are available from Crawford & Associates beyond these initially requested services can be provided upon subsequent specific request and agreement.

Scope of Available Services

Preparation of Annual Financial Statements
General Accounting and Advisory Assistance
Budget Preparation and Amendment Assistance
Capital Asset Records and Accounting Assistance
Information Technology System Assistance
Internal Control Policies and Procedures Assistance
Labor Relations Consulting
Laws and Regulations Compliance Assistance
Investigation of Allegations or Concerns
Tax and Other Regulatory Report Assistance

Initial Services Requested

Preparation of Prescribed Form Financial Statements and Schedules

T 405-691-5550
F 405-691-5646 | W www.crawfordcpas.com
E info@crawfordcpas.com | 10308 Greenbriar Place, Oklahoma City, OK 73159

Services Related to the Preparation of Prescribed Form Financial Statements and Schedules

You have requested that we prepare the prescribed form financial statements and schedules of the GEMS as of and for the years listed below, in accordance with the basis of accounting prescribed by the Office of the Oklahoma State Auditor and Inspector pursuant to 68 OS Section 3002. Such prescribed forms will include:

a. Estimate of Needs and Publication Sheet for the fiscal year ending June 30, 2020 (SA&I Form 268BR98)
b. Financial Statements for the fiscal year ending June 30, 2019 (SA&I Form 268BR98)

Crawford & Associates' Responsibilities
The objective of our engagement is to prepare the prescribed form financial statements and schedules listed above in accordance with the basis of accounting referenced above, based on information provided by you. We will conduct our engagement in accordance with Statements on Standards for Accounting and Review Services (SSARSs) promulgated by the Accounting and Review Service Committee of the AICPA and comply with the AICPA's Code of Professional Conduct, including the ethical principles of integrity, objectivity, professional competence, and due care.

We are not required to, and will not, verify the accuracy or completeness of the information you will provide to us for the engagement or otherwise gather evidence for the purpose of expressing an opinion or a conclusion. Accordingly, we will not express an opinion or a conclusion or provide any assurance on the prescribed form financial statements and schedules.

The prescribed form financial statements and schedules will be presented in accordance with the requirements of Oklahoma statutes referenced above and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

The preparation engagement cannot be relied upon to identify or disclose any prescribed form financial statement or schedule misstatements, including those caused by fraud or error, or to identify or disclose any wrongdoing within the entity or noncompliance with laws and regulations.

Management's Responsibilities
The engagement to be performed is conducted on the basis that management acknowledges and understands that our role is to prepare the prescribed form financial statements and schedules in accordance with the basis of accounting referenced above. Management has the following overall responsibilities that are fundamental to our undertaking the engagement to prepare your prescribed form financial statements and schedules in accordance with SSARSs:

1. The selection of the basis of accounting referenced above as the financial reporting framework to be applied in the preparation of the financial statements and schedules;
2. The prevention and detection of fraud;
3. To ensure that the entity complies with the laws and regulations applicable to its activities;
4. The accuracy and completeness of the records, documents, explanations, and other information, including significant judgments, you provide to us for the engagement to prepare financial statements and schedules
5. To provide us with:
    a. Documentation, and other related information that is relevant to the preparation and presentation of the prescribed form financial statements and schedules,

b. Additional information that may be requested for the purpose of the preparation of the prescribed form financial statements and schedules, and
c. Unrestricted access to persons within the GEMS of whom we determine necessary to communicate.

The prescribed form financial statements and schedules will not be accompanied by a report. However, you agree that the prescribed form financial statements and schedules will clearly indicate on each page that no assurance is provided on them.

Other Requested and Available Services

In conjunction with the other requested and available services (other than the preparation of the prescribed from financial statements and schedules) as identified in the Scope of Services section of this letter, Crawford & Associates will be responsible for providing such services upon request in accordance with the applicable professional standards of the AICPA. It is anticipated that most if not all of these other services will be performed in accordance with the standards applicable to consulting services as prescribed by the AICPA.

In conjunction with any services provided related to the preparation of the Town's annual budget, such services will be limited to providing management with assistance and guidance in preparing its draft budget document for management's submission and presentation to the governing body, including assistance with the development of draft budget document forms. Management will be responsible for determining all budget amounts and projections, and our services will be limited to assisting management in the preparation and assembly of management's draft budget document. Management will also be responsible for submitting and presenting their proposed budget to the governing body. Our services with regards to budget assistance will not involve a compilation or submission of a budget document in the form of forecasted financial statements pursuant to the attestation standards of the AICPA.

Crawford & Associates, is not obligated to, but may report or otherwise communicate to management any recommendations, it determines necessary, resulting from the professional services provided.

Management and the governing body will be responsible for establishing the scope of our other professional services to be provided and for providing the necessary resources allocated to the work; such responsibility includes determining the nature, scope, and extent of the services to be performed, providing sufficient appropriation for the estimated cost of these services, providing overall direction and oversight for each service, and reviewing and accepting the results of the work.

Access to Working Papers and Reports

Any working papers prepared by Crawford & Associates in connection with performing the preparation and other professional services are the property of Crawford & Associates. Upon request, copies of any or all working papers and reports that we consider to be nonproprietary will be provided to management. Management may make such copies available to its external auditors and to certain regulators in the exercise of their statutory oversight responsibilities. Such copies may not be made available to any other third party without the prior written consent from Crawford & Associates.

Fees and Costs

Fees and out-of-pocket expenses for this engagement will be billed as the work progresses and payable upon receipt of our invoices. Out-of-pocket expenses include such costs incurred by Crawford & Associates in providing the services including travel, lodging, telecommunications, printing, document reproduction, and the like. Our fees for these services will be billed at our standard hourly rates, as follows, for the individual performing such services based on the actual number of hours of work, including travel time, performed by that individual.

Standard Hourly Rates:

- Firm President $250
- Shareholders $165
- Consulting Senior Managers $150
- Consulting Managers $125
- Consulting Staff $110
- Clerical Staff $45

Because Crawford & Associates has no direct control over the type and amount of services requested by the management or the governing body during the term of this engagement, nor does Crawford & Associates have direct control over the quality of your accounting system or records, potential turnover of your staff, or your staffing levels, resources, or capabilities, it is impractical for us to provide an accurate amount of hours that will be required for the services requested or a not-to-exceed limit on fees and expenses charged. We will rely on you to provide us with a copy of approved purchase orders, containing estimated fees and expenses, monitor the cumulative fees and expenses charged, and notify us if and when the cumulative amount approaches the total appropriated level estimated. You also agree to provide sufficient appropriation for all services requested prior to the services being performed. However, for your purchase order preparation purposes, we estimate that the fees for the services anticipated at this time, as defined in the Scope of Services section of this letter, will approximate $1,000.

The term of this engagement is a period from July 1, 2019 through June 30, 2020. Crawford & Associates may perform additional services upon receipt of a formal request from management or the governing body with terms and conditions that are acceptable to both parties.

The agreements and undertakings contained in this engagement letter, shall survive the completion or termination of this engagement.

Acceptance

Please indicate your acceptance of this agreement by signing in the space provided below and returning this engagement letter to us. A duplicate copy of this engagement letter is provided for your records. We look forward to a continuing professional relationship with the GEMS.

Respectfully submitted and agreed to by,

Frank Crawford
Crawford and Associates, P.C.

Accepted and agreed to for the GEMS:

By: _____

Title: _____

Date: _____

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS

From: JOHN GONSALVES, DISTRICT TREASURER

Date: MAY 06, 2019

Subject: Approval of Purchase Order Receiving Report and Payment Claims as of 04/29/2019 totaling $44,084.32

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 04/29/2019 and approve the following payments:

P.O. #	ACCOUNT	VENDOR	DESCRIPTION	INV #	AMOUNT
19-08782	31-6-01-6225	City of Glenpool	1st Responders/Admin Fees. January 2019	201904275926	10,175.00
19-08782	31-6-01-6225	City of Glenpool	1st Responders/Admin Fees. February 2019	201904275927	9,383.00
19-08782	31-6-01-6225	City of Glenpool	1st Responders/Admin Fees. March 2019	201904275928	10,373.00
19-09409	31-6-01-6101	Susan White	District Administrator	2019021556392	208.33
19-09410	31-6-01-6101	Lowell Peterson	District Attorney	2019021556393	208.33
19-09412	31-6-01-6101	Wendy Knight	District Clerk	2019021556394	208.33
19-09411	31-6-01-6101	John Gonsalves	District Treasurer	2019021556395	208.33
19-08770	31-6-01-6202	Pace Products of Tulsa	Oxygen	112919	120.00
19-08707	31-6-01-6210	Centurion Health System	Ambulance Services	1971	13,200.00
				Total	$44,084.32

Attachments:
1. Purchase Order Claims Register dated 04/29/2019 totaling $14,098.41
2. PO Receipt Register dated 04/29/2019 totaling $14,098.41
3. Purchase Orders and Invoices totaling $14,098.41

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

4/29/2019 6:48 PM — PO RECEIPT REGISTER — PAGE: 1
SEQUENCE: VENDOR NUMBER — AUDIT REPORT — DETAIL LEVEL: INVOICE

VENDOR NAME / INVOICE	POST DATE	BANK		INVOICE AMOUNT	VENDOR TOTAL
01-000351 SUSAN WHITE					208.33
4000	4/30/2019	31		208.33	
01-000450 PACE PRODUCTS OF TULSA					120.00
112919	4/05/2019	31		120.00	
01-000507 CITY OF GLENPOOL					29,931.00
201904275926	4/29/2019	31		10,175.00	
201904275927	4/29/2019	31		9,383.00	
201904275928	4/29/2019	31		10,373.00	
01-000901 LOWELL PETERSON					208.33
3000	4/30/2019	31		208.33	
01-001267 CENTURION HEALTH SYSTEMS, DBA					13,200.00
1971	4/11/2019	31		13,200.00	
01-001468 JOHN GONSALVES					208.33
2000	4/30/2019	31		208.33	
01-001518 WENDY KNIGHT					208.33
5000	4/30/2019	31		208.33	
			TOTALS	44,084.32	44,084.32

APPROVED

BY

Timothy Lee Fox, Chairman

May 6 2019

PO TOTALS BY G/L ACCOUNT

YEAR	ACCOUNT	NAME	ITEMS	AMOUNT	LINE ITEM ANNUAL BUDGET	LINE ITEM BUDGET AVAILABLE	LINE ITEM OVER BUDG	GROUP BUDGET ANNUAL BUDGET	GROUP BUDGET AVAILABLE	GROUP BUDGET OVER BUDG
2018-2019	31-6-01-6101	SALARIES & WAGES	4	833.32	10,000	1,666.80				
	31-6-01-6202	OPERATING SUPPLIES	1	120.00	16,069	11,227.93				
	31-6-01-6210	AMBULANCE CONTRACT	1	13,200.00	158,400	400.00				
	31-6-01-6225	FIRST RESPONDER/ADMIN F	3	29,931.00	107,700	0.00				
	** 18-19 YEAR TOTALS **			44,084.32						

NO ERRORS

NO WARNINGS

FUND: 31 - GEMS SUMMARY REPORT

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE	INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL						
19-09607	Contract Fees & Services	01-000351	SUSAN WHITE	4/2019	4000	208.33
19-08770	FY19 BLNKT- MED OXY RNTLS	01-000450	PACE PRODUCTS OF TULSA	4/2019	112919	120.00
19-08782	1ST REPONDER/ADMIN FEES 1	01-000507	CITY OF GLENPOOL	4/2019	201904275926	10,175.00
19-08782	1ST REPONDER/ADMIN FEES 1	01-000507	CITY OF GLENPOOL	4/2019	201904275927	9,363.00
19-08782	1ST REPONDER/ADMIN FEES 1	01-000507	CITY OF GLENPOOL	4/2019	201904275928	10,373.00
19-09608	Contract Fees & Services	01-000901	LOWELL PETERSON	4/2019	3000	208.33
19-08707	AMBULANCE SVC 7/1/18-6/30	01-001267	CENTURION HEALTH SYSTEMS, DBA	4/2019	1971	13,200.00
19-09609	Contract Fees & Services	01-001468	JOHN GONSALVES	4/2019	2000	208.33
19-09610	Contract Fees & Services	01-001518	WENDY KNIGHT	4/2019	5000	208.33
					DEPARTMENT TOTAL:	44,084.32
					FUND TOTAL:	44,084.32
					GRAND TOTAL:	44,084.32

G/L RECAP

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	120.00	
4/2019	31-6-01-6210	AMBULANCE CONTRACT	13,200.00	
4/2019	31-6-01-6225	FIRST RESPONDER/ADMIN FEES	29,931.00	44,084.32
			GRAND TOTAL:	44,084.32

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 # 19-08782 08/08/2018

ISSUED TO: VEND #: 01-000507

CITY OF GLENPOOL
POOLED CASH ACCT

SHIP TO:

GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

08/08/2018

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.

08/08/2018

ENCUMBERING OFFICER 4/29/19 DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	1ST RESPONDER/ADMIN FEES 18-19 1ST RESPONDER/ADMIN FEES 18-19		00021703	31 -6-01-6225		0.00	107,700.00 *

Inv 201904275926 =

$ 10,175.00

Partial Payment 10,175.00

** TOTAL ** 107,700.00

*** 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 4/29/19 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.

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.

City Of Glenpool
Creating Opportunity

INVOICE

CITY OF GLENPOOL
12205 S. YUKON AVE..
GLENPOOL, OK 74033
PHONE (918)322-5409

Customer Number: 01-0172
Invoice Number: 201904275926
Invoice Date: 4/29/2019
Due Date: 3/02/2019
P.O. # : 19-08782

TREASURER
GEMS-
12205 S YUKON AVE
GLENPOOL OK 74033

ITEM DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
GEMS REIMBURSEMENT	N/A	MONTH	N/A	10,175.00

********THANK YOU*********	**TOTAL DUE**	$10,175.00

FY18 GEMS Admin/First Responder Reimbursements
BLANKET PO 19-08782

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total Runs	@ $99/run
Total Runs	**109**	**118**	**78**	**101**	**132**	**122**	**144**	**0**	**0**	**0**	**0**	**0**	804	
Fire runs	37	53	14	30	40	39	44						257	
EMR runs	72	65	64	71	92	83	100						547	$ 45,948
EMR Ratio	66%	55%	82%	70%	70%	68%	69%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	68%	
Run Rate	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99		
Admin	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 3,300	$ 3,300
Overtime	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	**$ 7,403**	**$ 6,710**	**$ 6,611**	**$ 7,304**	**$ 9,383**	**$ 8,492**	**$ 10,175**	**$ 275**	**$ 275**	**$ 275**	**$ 275**	**$ 275**	**$ 57,453**	**$ 49,248**

AMOUNT DUE AUG $ 9,383.00 Blanket PO 19-08782
31-6-01-6225

20190427926

John Gonsalves

From:	Paul Newton
Sent:	Wednesday, April 03, 2019 2:04 PM
To:	John Gonsalves
Subject:	Run Reports
Attachments:	Incident Statistics Jan 2019.pdf; Incident Statistics. Feb 2019.pdf
Follow Up Flag:	Follow up
Flag Status:	Flagged

John,

Here are the numbers for January and February. The March stats aren't completed yet.

January
EMS - 100
Fire - 44
Total - 144

February
EMS - 92
Fire - 23
Total - 115

Paul Newton, Fire Chief
City of Glenpool
12205 S. Yukon Ave.
Glenpool, OK 74033

(918) 322-2172

Glenpool Fire Department

Glenpool, OK

This report was generated on 4/3/2019 1:55:58 PM

Incident Statistics

Start Date: 01/01/2019 | End Date: 01/31/2019

INCIDENT COUNT	
INCIDENT TYPE	**# INCIDENTS**
EMS	100
FIRE	44
TOTAL	144

TOTAL TRANSPORTS (N2 and N3)			
APPARATUS	**# of APPARATUS TRANSPORTS**	**# of PATIENT TRANSPORTS**	**TOTAL # of PATIENT CONTACTS**
Eng1	0	0	1
Res1	0	0	5
TOTAL	0	0	6

PRE-INCIDENT VALUE	LOSSES
$0.00	$0.00

CO CHECKS
TOTAL

MUTUAL AID	
Aid Type	**Total**

OVERLAPPING CALLS	
# OVERLAPPING	**% OVERLAPPING**
19	**13.19**

LIGHTS AND SIREN - AVERAGE RESPONSE TIME (Dispatch to Arrival)		
Station	**EMS**	**FIRE**
Station 1	0:03:41	0:20:10
	AVERAGE FOR ALL CALLS	0:07:55

LIGHTS AND SIREN - AVERAGE TURNOUT TIME (Dispatch to Enroute)		
Station	**EMS**	**FIRE**
Station 1	0:00:02	0:00:00
	AVERAGE FOR ALL CALLS	0:00:01

AGENCY	AVERAGE TIME ON SCENE (MM:SS)
Glenpool Fire Department	20:18

Only Reviewed Incidents included. CO Checks only includes Incident Types: 424, 736 and 734. # Apparatus Transports = # of incidents where apparatus transported. # Patient Transports = # of PCR with disposition "Treated, Transported by EMS". # Patient Contacts = # of PCR contacted by apparatus. This report now returns both NEMSIS 2 & 3 data as appropriate.

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 # 19-08782 08/08/2018

ISSUED TO: VEND #: 01-000507
CITY OF GLENPOOL
POOLED CASH ACCT

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

PURCHASING OFFICER — 08/08/2018 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.

ENCUMBERING OFFICER — 08/08/2018 DATE 4/29/19

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	1ST RESPONDER/ADMIN FEES 18-19 1ST RESPONDER/ADMIN FEES 18-19		00021703	31 -6-01-6225		0.00	107,700.00 *

Invoice 20190427S927 =

$ 9,383.00

Partial Payment $ 9,383.00

** TOTAL ** 107,700.00

*** 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 — 4/29/19 DATE

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City Of Glenpool
Creating Opportunity

INVOICE

CITY OF GLENPOOL
12205 S. YUKON AVE..
GLENPOOL, OK 74033
PHONE (918)322-5409

Customer Number: 01-0172
Invoice Number: 201904275927
Invoice Date: 3/01/2019
Due Date: 3/30/2019
P.O. # : 19-08782

TREASURER
GEMS-
12205 S YUKON AVE
GLENPOOL OK 74033

ITEM DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
GEMS REIMBURSEMENT	N/A	MONTH	N/A	9,383.00

FEBRUARY FIRST RESPONDERS REIMBURSEMENT

********THANK YOU*********

TOTAL DUE $9,383.00

FY18 GEMS Admin/First Responder Reimbursements
BLANKET PO 19-08782

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total Runs	@ $99/run
Total Runs	**109**	**118**	**78**	**101**	**132**	**122**	**144**	**115**	**0**	**0**	**0**	**0**	919	
Fire runs	37	53	14	30	40	39	44	23					280	
EMR runs	72	65	64	71	92	83	100	92					639	$ 53,676
EMR Ratio	66%	55%	82%	70%	70%	68%	69%	80%	#DIV/0!	#DIV/0!	#DIV/0!	#DIV/0!	70%	
Run Rate	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99		
Admin	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 3,300	$ 3,300
Overtime	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	**$ 7,403**	**$ 6,710**	**$ 6,611**	**$ 7,304**	**$ 9,383**	**$ 8,492**	**$ 10,175**	**$ 9,383**	**$ 275**	**$ 275**	**$ 275**	**$ 275**	**$ 66,561**	**$ 56,976**

AMOUNT DUE AUG $ 9,383.00 Blanket PO 19-08782
31-6-01-6225

20190427592 7

John Gonsalves

From: Paul Newton
Sent: Wednesday, April 03, 2019 2:04 PM
To: John Gonsalves
Subject: Run Reports
Attachments: Incident Statistics Jan 2019.pdf; Incident Statistics. Feb 2019.pdf

Follow Up Flag: Follow up
Flag Status: Flagged

John,

Here are the numbers for January and February. The March stats aren't completed yet.

January
EMS - 100
Fire - 44
Total - 144

February
EMS - 92
Fire - 23
Total - 115

Paul Newton, Fire Chief
City of Glenpool
12205 S. Yukon Ave.
Glenpool, OK 74033

(918) 322-2172

Glenpool Fire Department

Glenpool, OK

This report was generated on 4/3/2019 1:57:24 PM

Incident Statistics

Start Date: 02/01/2019 | End Date: 02/28/2019

INCIDENT COUNT	
INCIDENT TYPE	**# INCIDENTS**
EMS	92
FIRE	23
TOTAL	115

TOTAL TRANSPORTS (N2 and N3)			
APPARATUS	**# of APPARATUS TRANSPORTS**	**# of PATIENT TRANSPORTS**	**TOTAL # of PATIENT CONTACTS**
Eng1	0	0	1
Eng2	0	0	3
Res1	0	0	4
TOTAL	0	0	8

PRE-INCIDENT VALUE	LOSSES
$0.00	$0.00

CO CHECKS
TOTAL

MUTUAL AID	
Aid Type	**Total**
Aid Given	1

OVERLAPPING CALLS	
# OVERLAPPING	**% OVERLAPPING**
25	**21.74**

LIGHTS AND SIREN - AVERAGE RESPONSE TIME (Dispatch to Arrival)		
Station	**EMS**	**FIRE**
Station 1	0:03:20	0:04:43
	AVERAGE FOR ALL CALLS	0:03:33

LIGHTS AND SIREN - AVERAGE TURNOUT TIME (Dispatch to Enroute)		
Station	**EMS**	**FIRE**
Station 1	0:00:01	0:00:00
	AVERAGE FOR ALL CALLS	0:00:01

AGENCY	AVERAGE TIME ON SCENE (MM:SS)
Glenpool Fire Department	17:24

Only Reviewed Incidents included. CO Checks only includes Incident Types: 424, 736 and 734. # Apparatus Transports = # of incidents where apparatus transported. # Patient Transports = # of PCR with disposition "Treated, Transported by EMS". # Patient Contacts = # of PCR contacted by apparatus. This report now returns both NEMSIS 2 & 3 data as appropriate.

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 # 19-08782 08/08/2018

ISSUED TO: VEND #: 01-000507 SHIP TO:
CITY OF GLENPOOL GEMS
POOLED CASH ACCT 14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASING OFFICER 08/08/2018 DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBERANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBERANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 08/08/2018
ENCUMBERING OFFICER 4/29/19 DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	1ST REPONDER/ADMIN FEES 18-19 1ST REPONDER/ADMIN FEES 18-19		00021703	31 -6-01-6225		0.00	107,700.00 *

Invoice 20190427592 8 =

$ 10,373.00

Partial Payment $ 10,373.00

** TOTAL ** 107,700.00

*** 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 4/29/19 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.

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.

City Of Glenpool
Creating Opportunity

INVOICE

CITY OF GLENPOOL
12205 S. YUKON AVE..
GLENPOOL, OK 74033
PHONE (918)322-5409

Customer Number: 01-0172
Invoice Number: 201904275928
Invoice Date: 4/29/2019
Due Date: 4/07/2019
P.O. # : 19-08782

TREASURER
GEMS-
12205 S YUKON AVE
GLENPOOL OK 74033

ITEM	DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
GEMS	REIMBURSEMENT	N/A	MONTH	N/A	10,373.00

MARCH FIRST RESPONDERS REIMBURSEMENT

********THANK YOU*********

TOTAL DUE $10,373.00

FY18 GEMS Admin/First Responder Reimbursements
BLANKET PO 19-08782

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Total Runs	@ $99/run
Total Runs	**109**	**118**	**78**	**101**	**132**	**122**	**144**	**115**	**131**	**0**	**0**	**0**	1050	
Fire runs	37	53	14	30	40	39	44	23	29				309	
EMR runs	72	65	64	71	92	83	100	92	102				741	$ 62,244
EMR Ratio	66%	55%	82%	70%	70%	68%	69%	80%	78%	#DIV/0!	#DIV/0!	#DIV/0!	71%	
Run Rate	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99	$ 99		
Admin	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 275	$ 3,300	$ 3,300
Overtime	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	**$ 7,403**	**$ 6,710**	**$ 6,611**	**$ 7,304**	**$ 9,383**	**$ 8,492**	**$ 10,175**	**$ 9,383**	**$ 10,373**	**$ 275**	**$ 275**	**$ 275**	**$ 76,659**	**$ 65,544**

AMOUNT DUE AUG $ 9,383.00 Blanket PO 19-08782
31-6-01-6225

2019042759 28

John Gonsalves

From: Paul Newton
Sent: Wednesday, April 17, 2019 3:07 PM
To: John Gonsalves
Subject: March Call Volume
Attachments: Incident Statistics March 2019.pdf

John,

Here are the numbers for March 2019.

EMS - 102
Fire - 29
Total - 131

If you need anything else, please let me know.

Paul Newton, Fire Chief
City of Glenpool
12205 S. Yukon Ave.
Glenpool, OK 74033

(918) 322-2172

Glenpool Fire Department

Glenpool, OK

This report was generated on 4/17/2019 3:03:49 PM

Incident Statistics

Start Date: 03/01/2019 | End Date: 03/31/2019

INCIDENT COUNT	
INCIDENT TYPE	**# INCIDENTS**
EMS	102
FIRE	29
TOTAL	131

TOTAL TRANSPORTS (N2 and N3)			
APPARATUS	**# of APPARATUS TRANSPORTS**	**# of PATIENT TRANSPORTS**	**TOTAL # of PATIENT CONTACTS**
Eng2	0	0	3
Res1	0	0	4
TOTAL	0	0	7

PRE-INCIDENT VALUE	LOSSES
$0.00	$0.00

CO CHECKS	
TOTAL	

MUTUAL AID	
Aid Type	**Total**
Aid Given	3
Aid Received	2

OVERLAPPING CALLS	
# OVERLAPPING	**% OVERLAPPING**
25	**19.08**

LIGHTS AND SIREN - AVERAGE RESPONSE TIME (Dispatch to Arrival)		
Station	**EMS**	**FIRE**
Station 1	0:03:23	0:05:15
	AVERAGE FOR ALL CALLS	0:03:49

LIGHTS AND SIREN - AVERAGE TURNOUT TIME (Dispatch to Enroute)		
Station	**EMS**	**FIRE**
Station 1	0:00:02	0:00:00
	AVERAGE FOR ALL CALLS	0:00:01

AGENCY	AVERAGE TIME ON SCENE (MM:SS)
Glenpool Fire Department	21:35

Only Reviewed Incidents included. CO Checks only includes Incident Types: 424, 736 and 734. # Apparatus Transports = # of incidents where apparatus transported. # Patient Transports = # of PCR with disposition "Treated, Transported by EMS". # Patient Contacts = # of PCR contacted by apparatus. This report now returns both NEMSIS 2 & 3 data as appropriate.

Doc Id: 1645

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 # 19-09607 04/29/2019

ISSUED TO: VEND #: 01-000351

SUSAN WHITE
210 SOUTH OAK GROVE ROAD
CUSHING, OK 74023

SHIP TO:

CITY HALL
12205 S YUKON AVE
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

04/29/2019

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. 04/29/2019

ENCUMBERING OFFICER 4/29/19 DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	CONTRACT SERVICES Contract Fees & Services April		00022798	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 4/29/19 DATE

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INVOICE

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

INVOICE #: 4000
DATE: 4/30/2019

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

P.O. #: 19-09607

Description	Amount
Contract Fees & Services April 2019	$208.33
Total	**$208.33**

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 # 19-09608 04/29/2019

ISSUED TO: VEND #: 01-000901

LOWELL PETERSON
19732 S. 145TH W. AVE
SAPULPA, OK 74066

SHIP TO:

CITY HALL
12205 S YUKON AVE
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

04/29/2019

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.

04/29/2019

ENCUMBERING OFFICER 4/29/19 DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Contract Services Contract Fees & Services April		00022800	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 4/29/19 DATE

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INVOICE

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

INVOICE #: 3000
DATE: 4/30/2019

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

P.O. #: 19-09608

Description	Amount
Contract Fees & Services April 2019	$208.33
Total	**$208.33**

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 # 19-09610 04/29/2019

ISSUED TO: VEND #: 01-001518

WENDY KNIGHT
P.O BOX 2434
CLAREMORE, OK 74018

SHIP TO:

CITY HALL
12205 S YUKON AVE
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

04/29/2019

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. 04/29/2019

ENCUMBERING OFFICER 4/29/19 DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Contract services Contract Fees & Services April		00022799	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 4/29/19 DATE

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INVOICE

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

INVOICE #: 5000
DATE: 4/30/2019

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

P.O. #: 19-09610

Description	Amount
Contract Fees & Services April 2019	$208.33
Total	**$208.33**

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 # 19-09609 04/29/2019

ISSUED TO: VEND #: 01-001468

JOHN GONSALVES
3034 W. 69TH PL
TULSA, OK 74132

SHIP TO:

CITY HALL
12205 S YUKON AVE
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

04/29/2019

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. 04/29/2019

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Contract Services Contract Fees & Services April		00022801	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 4/29/19 DATE

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INVOICE

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

INVOICE #: 2000
DATE: 4/30/2019

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

P.O. #: 19-09609

Description	Amount
Contract Fees & Services April 2019	$208.33
Total	**$208.33**

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 # 19-08770 08/03/2018

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 08/03/2018

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 08/03/2018 4/29/19

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	FY19 BLNKT- MED OXY RNTLS FY19 BLNKT- MED OXY RNTLS		00021692	31 -6-01-6202		0.00	1,200.00 *

APR2019 RENT 112919 = 120.00

Partial Payment 120.00

** TOTAL ** 1,200.00

*** 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 4/29/19

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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

APR 2019 RENT 112919

Date: Apr 5, 2019

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: Apr 5, 2019

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 D OXY/USP	60.00	120.00

RECEIVED
APR 15 2019
BY A/P-FIN: TELEPHONE

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 reflect the purchase of product only. Terms are noted on invoice. Late Fee's 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.

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

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 # 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 *

1971 = 13,200. cc

Partial Payment 13,200. cc

** 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 4/29/19 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.

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

P.O. Box 2398
Owasso, OK 74055

Invoice

Date	Invoice #
4/11/2019	1971

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
APR 11 2019
BY: FIN: GLENPOOL

RECEIVED
APR 11 2019
BY: FIN: GLENPOOL

Total $13,200.00

Phone #	Fax #
9186095800	918-609-5799