NOTICE
GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT
REGULAR MEETING

A Regular Session of the Glenpool Area Emergency Medical Service District will be held at 6:00 p.m. immediately following the Glenpool Industrial Authority meeting on Monday, May 7, 2018, at Glenpool City Hall, City Council Chambers, 12205 S. Yukon Ave., 3rd Floor, Glenpool, Oklahoma.

AGENDA

This notice and agenda was posted at Glenpool City Hall, 12205 S. Yukon Ave., Glenpool, Oklahoma, on May 4, 2018 at 4:00 pm.
Signed:Susan White
Secretary

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 2, 2018

Ref: EMS Report March 28, 2018 – May 1, 2018

This report covers from March 28th – May 1st, 2018. We logged 123 calls for service.

72 patients treated and transported
35 patients refused transport. Some of these were MVC with multiple patients
7 mutual aid received
5 mutual aid given
1 cancelled prior to arrival
1 DOA
1 Medical Alarm – no care required
1 no patient found

During the past month we have made several capital improvement purchases that will either directly or indirectly affect the Glenpool operations.

Our staff and I have been working to review and update our disaster response plan and create an active shooter response plan. We continue to work with Glenpool Police and Fire to pre-plan our response to an active shooter incident.

I volunteered to serve on the Glenpool Chamber leadership planning committee. I want to assist in anyway I can but I would also like to include EMS in one of the sessions and discuss how GEMS works.

Brian Cook,
Chief of Operations

CRun	Call Date	Pick Up Location	Destination	Dispacthed	En Route	On Scene	Transport	Arrived	Clear	Response Tim	Unit	
18-3954	3/28/2018 05:23	CY SCENE/WALK IN AT	UNKNOWN	3/28/2018 05:23	3/28/2018 05:23	3/28/2018 05:25	3/28/2018 05:43	3/28/2018 05:43	3/28/2018 05:43	00:02:00	MEDIC 401	
18-3973	3/28/2018 10:26	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/28/2018 10:27	3/28/2018 10:27	3/28/2018 10:33	3/28/2018 11:06	3/28/2018 11:06	3/28/2018 11:06	00:07:17	MEDIC 401	
18-3989	3/28/2018 14:53	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/28/2018 14:54	3/28/2018 14:54	3/28/2018 14:59	3/28/2018 15:21	3/28/2018 15:47	3/28/2018 16:07	00:05:40	MEDIC 401	
18-4018	3/29/2018 09:28	EMERGENCY SCENE	ST. FRANCIS TULSA	3/29/2018 09:29	3/29/2018 09:29	3/29/2018 09:35	3/29/2018 10:00	3/29/2018 10:24	3/29/2018 10:43	00:06:50	MEDIC 401	
18-4031	3/29/2018 15:16	EMERGENCY SCENE	OSU MEDICAL CENTER	3/29/2018 15:16	3/29/2018 15:18	3/29/2018 15:21	3/29/2018 15:34	3/29/2018 15:54	3/29/2018 16:10	00:05:01	MEDIC 401	
18-4041	3/29/2018 17:28	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/29/2018 17:30	3/29/2018 17:31	3/29/2018 17:34	3/29/2018 17:56	3/29/2018 17:56	3/29/2018 17:56	00:05:29	MEDIC 401	
18-4044	3/29/2018 18:59	EMERGENCY SCENE	ST. FRANCIS SOUTH	3/29/2018 18:59	3/29/2018 19:00	3/29/2018 19:02	3/29/2018 19:40	3/29/2018 19:58	3/29/2018 20:21	00:03:44	MEDIC 401	
18-4067	3/30/2018 08:49	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/30/2018 08:51	3/30/2018 08:51	3/30/2018 08:53	3/30/2018 09:08	3/30/2018 09:08	3/30/2018 09:08	00:04:37	MEDIC 401	
18-4090	3/30/2018 18:25	EMERGENCY SCENE	ST. JOHN TULSA	3/30/2018 18:26	3/30/2018 18:28	3/30/2018 18:32	3/30/2018 18:51	3/30/2018 19:17	3/30/2018 19:38	00:07:02	MEDIC 401	
18-4095	3/30/2018 20:14	EMERGENCY SCENE	ST. JOHN TULSA	3/30/2018 20:16	3/30/2018 20:17	3/30/2018 20:19	3/30/2018 20:45	3/30/2018 21:07	3/30/2018 21:31	00:04:37	MEDIC 401	
18-4120	3/31/2018 15:12	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/31/2018 15:12	3/31/2018 15:12	3/31/2018 15:14	3/31/2018 15:30	3/31/2018 15:30	3/31/2018 15:30	00:02:06	MEDIC 401	
18-4122	3/31/2018 16:01	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	3/31/2018 16:02	3/31/2018 16:02	3/31/2018 16:07	3/31/2018 16:36	3/31/2018 16:36	3/31/2018 16:36	00:05:47	MEDIC 401	
18-4123	3/31/2018 16:16	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	3/31/2018 16:16	3/31/2018 16:19	3/31/2018 16:23	3/31/2018 16:52	3/31/2018 17:14	3/31/2018 17:59	00:07:33	MEDIC 101	
18-4124	3/31/2018 16:48	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	3/31/2018 16:49	3/31/2018 16:49	3/31/2018 16:54	3/31/2018 17:08	3/31/2018 17:28	3/31/2018 17:42	00:05:17	MEDIC 401	
18-4134	3/31/2018 20:43	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	3/31/2018 20:44	3/31/2018 20:45	3/31/2018 20:45	3/31/2018 20:45	3/31/2018 20:45	3/31/2018 20:45	00:02:08	MEDIC 401	
18-4145	4/1/2018 10:47	EMERGENCY SCENE	ST. FRANCIS TULSA	4/1/2018 10:47	4/1/2018 10:48	4/1/2018 10:50	4/1/2018 11:27	4/1/2018 11:47	4/1/2018 12:01	00:03:47	MEDIC 401	
18-4146	4/1/2018 11:52	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/1/2018 11:57	4/1/2018 11:58	4/1/2018 11:59	4/1/2018 12:18	4/1/2018 12:37	4/1/2018 12:54	00:06:58	MEDIC 102	
18-4150	4/1/2018 15:44	EMERGENCY SCENE	ST. FRANCIS TULSA	4/1/2018 15:45	4/1/2018 15:45	4/1/2018 15:50	4/1/2018 16:16	4/1/2018 16:33	4/1/2018 17:02	00:06:03	MEDIC 401	
18-4154	4/1/2018 18:10	EMERGENCY SCENE	HILLCREST SOUTH	4/1/2018 18:11	4/1/2018 18:12	4/1/2018 18:14	4/1/2018 18:32	4/1/2018 18:49	4/1/2018 19:02	00:04:02	MEDIC 401	
18-4156	4/1/2018 20:10	EMERGENCY SCENE	ST. JOHN TULSA	4/1/2018 20:10	4/1/2018 20:11	4/1/2018 20:14	4/1/2018 20:35	4/1/2018 20:59	4/1/2018 21:22	00:04:17	MEDIC 401	
18-4170	4/2/2018 09:29	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/2/2018 09:32	4/2/2018 09:32	4/2/2018 09:32	4/2/2018 10:11	4/2/2018 10:11	4/2/2018 10:11	00:03:19	MEDIC 401	
18-4185	4/2/2018 13:18	EMERGENCY SCENE	ST. JOHN TULSA	4/2/2018 13:18	4/2/2018 13:19	4/2/2018 13:22	4/2/2018 13:41	4/2/2018 14:06	4/2/2018 14:45	00:04:30	MEDIC 401	
18-4226	4/3/2018 15:44	EMERGENCY SCENE	ST. FRANCIS TULSA	4/3/2018 15:45	4/3/2018 15:46	4/3/2018 15:50	4/3/2018 16:07	4/3/2018 16:33	4/3/2018 16:54	00:06:00	MEDIC 401	
18-4228	4/3/2018 16:12	EMERGENCY SCENE	ST. JOHN TULSA	4/3/2018 16:13	4/3/2018 16:15	4/3/2018 16:19	4/3/2018 16:50	4/3/2018 17:18	4/3/2018 17:48	00:06:17	MEDIC 110	
18-4234	4/3/2018 20:09	EMERGENCY SCENE	ST. FRANCIS TULSA	4/3/2018 20:11	4/3/2018 20:12	4/3/2018 20:15	4/3/2018 20:29	4/3/2018 20:55	4/3/2018 21:09	00:06:13	MEDIC 401	
18-4238	4/4/2018 05:02	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/4/2018 05:04	4/4/2018 05:06	4/4/2018 05:09	4/4/2018 05:21	4/4/2018 05:47	4/4/2018 06:09	00:06:51	MEDIC 401	
18-4258	4/4/2018 13:57	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/4/2018 13:58	4/4/2018 13:58	4/4/2018 14:01	4/4/2018 14:03	4/4/2018 14:03	4/4/2018 14:03	00:04:41	MEDIC 401	
18-4266	4/4/2018 16:18	EMERGENCY SCENE	ST. JOHN TULSA	4/4/2018 16:19	4/4/2018 16:20	4/4/2018 16:26	4/4/2018 16:48	4/4/2018 17:14	4/4/2018 17:47	00:07:53	MEDIC 401	
18-4271	4/4/2018 18:38	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/4/2018 18:39	4/4/2018 18:40	4/4/2018 18:46	4/4/2018 18:59	4/4/2018 18:59	4/4/2018 18:59	00:07:04	MEDIC 401	
18-4281	4/5/2018 02:00	EMERGENCY SCENE	ST. JOHN TULSA	4/5/2018 02:01	4/5/2018 02:04	4/5/2018 02:04	4/5/2018 02:33	4/5/2018 03:03	4/5/2018 03:23	00:04:25	MEDIC 401	
18-4294	4/5/2018 10:24	EMERGENCY SCENE	DOA - DEAD ON ARRIVAL	4/5/2018 10:24	4/5/2018 10:25	4/5/2018 10:32	4/5/2018 10:56	4/5/2018 10:56	4/5/2018 10:56	00:08:15	MEDIC 401	
18-4304	4/5/2018 12:02	EMERGENCY SCENE	ST. JOHN TULSA	4/5/2018 12:03	4/5/2018 12:03	4/5/2018 12:04	4/5/2018 12:32	4/5/2018 12:56	4/5/2018 13:21	00:02:11	MEDIC 401	
18-4309	4/5/2018 15:54	EMERGENCY SCENE	ST. JOHN SAPULPA	4/5/2018 15:54	4/5/2018 15:55	4/5/2018 15:58	4/5/2018 16:21	4/5/2018 16:37	4/5/2018 16:49	00:03:56	MEDIC 401	
18-4311	4/5/2018 15:54	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/5/2018 15:54	4/5/2018 15:55	4/5/2018 15:58	4/5/2018 16:23	4/5/2018 16:23	4/5/2018 16:23	00:03:56	MEDIC 401	
18-4312	4/5/2018 15:54	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/5/2018 15:54	4/5/2018 15:55	4/5/2018 15:58	4/5/2018 16:23	4/5/2018 16:23	4/5/2018 16:23	00:03:56	MEDIC 401	
18-4313	4/5/2018 15:54	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/5/2018 15:54	4/5/2018 15:55	4/5/2018 15:58	4/5/2018 16:24	4/5/2018 16:24	4/5/2018 16:24	00:03:56	MEDIC 401	
18-4317	4/5/2018 17:38	EMERGENCY SCENE	OSU MEDICAL CENTER	4/5/2018 17:39	4/5/2018 17:40	4/5/2018 17:44	4/5/2018 18:01	4/5/2018 18:28	4/5/2018 18:42	00:06:01	MEDIC 401	
18-4319	4/5/2018 18:27	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
18-4320	4/5/2018 20:00	EMERGENCY SCENE	ST. FRANCIS TULSA	4/5/2018 20:02	4/5/2018 20:02	4/5/2018 20:05	4/5/2018 20:22	4/5/2018 20:44	4/5/2018 21:00	00:05:02	MEDIC 401	
18-4330	4/6/2018 09:41	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/6/2018 09:43	4/6/2018 09:43	4/6/2018 09:44	4/6/2018 10:16	4/6/2018 10:16	4/6/2018 10:16	00:03:11	MEDIC 401	
18-4336	4/6/2018 10:47	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/6/2018 10:48	4/6/2018 10:48	4/6/2018 10:51	4/6/2018 11:08	4/6/2018 11:08	4/6/2018 11:08	00:04:22	MEDIC 401	
18-4353	4/6/2018 16:04	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/6/2018 16:05	4/6/2018 16:05	4/6/2018 16:08	4/6/2018 16:25	4/6/2018 16:25	4/6/2018 16:25	00:03:52	MEDIC 401	
18-4356	4/6/2018 16:04	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/6/2018 16:05	4/6/2018 16:05	4/6/2018 16:08	4/6/2018 16:25	4/6/2018 16:25	4/6/2018 16:25	00:03:52	MEDIC 401	
18-4359	4/6/2018 18:42	EMERGENCY SCENE	ST. JOHN SAPULPA	4/6/2018 18:43	4/6/2018 18:44	4/6/2018 18:50	4/6/2018 19:18	4/6/2018 19:32	4/6/2018 19:46	00:08:20	MEDIC 401	
18-4365	4/6/2018 22:14	EMERGENCY SCENE	ST. FRANCIS TULSA	4/6/2018 22:14	4/6/2018 22:14	4/6/2018 22:17	4/6/2018 22:27	4/6/2018 22:54	4/6/2018 23:12	00:03:03	MEDIC 401	
18-4375	4/7/2018 10:42	EMERGENCY SCENE	ST. FRANCIS TULSA	4/7/2018 10:44	4/7/2018 10:44	4/7/2018 10:47	4/7/2018 11:11	4/7/2018 11:33	4/7/2018 11:53	00:04:56	MEDIC 401	
18-4401	4/8/2018 17:33	EMERGENCY SCENE	ST. FRANCIS TULSA	4/8/2018 17:34	4/8/2018 17:35	4/8/2018 17:37	4/8/2018 17:55	4/8/2018 18:10	4/8/2018 18:40	00:03:30	MEDIC 401	
18-4403	4/8/2018 19:17	EMERGENCY SCENE	OSU MEDICAL CENTER	4/8/2018 19:18	4/8/2018 19:18	4/8/2018 19:20	4/8/2018 19:34	4/8/2018 19:53	4/8/2018 20:08	00:02:46	MEDIC 401	
18-4410	4/9/2018 06:06	EMERGENCY SCENE	HILLCREST SOUTH	4/9/2018 06:08	4/9/2018 06:08	4/9/2018 06:13	4/9/2018 06:34	4/9/2018 06:53	4/9/2018 07:12	00:07:16	MEDIC 401	
18-4415	4/9/2018 09:04	EMERGENCY SCENE	HILLCREST SOUTH	4/9/2018 09:04	4/9/2018 09:04	4/9/2018 09:09	4/9/2018 09:27	4/9/2018 09:43	4/9/2018 10:07	00:05:24	MEDIC 401	
18-4417	4/9/2018 09:48	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/9/2018 09:49	4/9/2018 09:49	4/9/2018 09:56	4/9/2018 10:03	4/9/2018 10:24	4/9/2018 10:54	00:08:32	MEDIC 110	
18-4419	4/9/2018 10:33	EMERGENCY SCENE	MEDICAL ALARM	4/9/2018 10:34	4/9/2018 10:34	4/9/2018 10:36	4/9/2018 10:41	4/9/2018 10:41	4/9/2018 10:41	00:03:03	MEDIC 401	
18-4526	4/11/2018 23:04	EMERGENCY SCENE	ST. JOHN SAPULPA	4/11/2018 23:04	4/11/2018 23:05	4/11/2018 23:09	4/11/2018 23:25	4/11/2018 23:36	4/11/2018 23:52	00:04:56	MEDIC 401	
18-4532	4/12/2018 04:53	EMERGENCY SCENE	ST. JOHN SAPULPA	4/12/2018 04:54	4/12/2018 04:56	4/12/2018 04:59	4/12/2018 05:28	4/12/2018 05:38	4/12/2018 06:02	00:05:49	MEDIC 401	
18-4555	4/12/2018 12:35	EMERGENCY SCENE	ST. JOHN TULSA	4/12/2018 12:36	4/12/2018 12:37	4/12/2018 12:41	4/12/2018 13:00	4/12/2018 13:31	4/12/2018 13:50	00:06:11	MEDIC 401	
18-4561	4/12/2018 13:51	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/12/2018 13:51	4/12/2018 13:57	4/12/2018 14:02	4/12/2018 14:17	4/12/2018 14:46	4/12/2018 15:22	00:11:03	MEDIC 111	Closest ambulance/2nd call
18-4599	4/13/2018 06:14	EMERGENCY SCENE	ST. JOHN TULSA	4/13/2018 06:15	4/13/2018 06:17	4/13/2018 06:21	4/13/2018 06:38	4/13/2018 07:05	4/13/2018 07:22	00:07:26	MEDIC 401	
18-4623	4/13/2018 12:14	EMERGENCY SCENE	ST. FRANCIS TULSA	4/13/2018 12:15	4/13/2018 12:16	4/13/2018 12:19	4/13/2018 12:37	4/13/2018 12:58	4/13/2018 13:12	00:04:49	MEDIC 401	
18-4641	4/13/2018 15:40	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/13/2018 15:42	4/13/2018 15:42	4/13/2018 15:46	4/13/2018 16:01	4/13/2018 16:01	4/13/2018 16:01	00:05:38	MEDIC 401	
18-4642	4/13/2018 15:40	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/13/2018 15:42	4/13/2018 15:42	4/13/2018 15:46	4/13/2018 16:01	4/13/2018 16:01	4/13/2018 16:01	00:05:38	MEDIC 401	
18-4643	4/13/2018 15:40	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/13/2018 15:42	4/13/2018 15:42	4/13/2018 15:46	4/13/2018 16:01	4/13/2018 16:01	4/13/2018 16:01	00:05:38	MEDIC 401	
18-4644	4/13/2018 15:40	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/13/2018 15:42	4/13/2018 15:42	4/13/2018 15:46	4/13/2018 16:01	4/13/2018 16:01	4/13/2018 16:01	00:05:38	MEDIC 401	
18-4645	4/13/2018 15:40	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/13/2018 15:42	4/13/2018 15:42	4/13/2018 15:46	4/13/2018 16:01	4/13/2018 16:01	4/13/2018 16:01	00:05:38	MEDIC 401	
18-4655	4/13/2018 21:05	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/13/2018 21:06	4/13/2018 21:08	4/13/2018 21:13	4/13/2018 21:26	4/13/2018 21:26	4/13/2018 21:26	00:07:58	MEDIC 401	
18-4679	4/15/2018 02:08	EMERGENCY SCENE	ST. FRANCIS TULSA	4/15/2018 02:08	4/15/2018 02:11	4/15/2018 02:15	4/15/2018 02:53	4/15/2018 03:14	4/15/2018 03:29	00:07:27	MEDIC 401	
18-4686	4/15/2018 15:58	EMERGENCY SCENE	ST. FRANCIS TULSA	4/15/2018 15:59	4/15/2018 16:01	4/15/2018 16:04	4/15/2018 16:20	4/15/2018 16:37	4/15/2018 16:58	00:06:27	MEDIC 401	

18-4701	4/15/2018 22:14	EMERGENCY SCENE	OSU MEDICAL CENTER	4/15/2018 22:14	4/15/2018 22:17	4/15/2018 22:20	4/15/2018 22:38	4/15/2018 23:01	4/15/2018 23:23	00:06:44	MEDIC 401	
18-4708	4/16/2018 08:35	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/16/2018 08:37	4/16/2018 08:40	4/16/2018 08:46	4/16/2018 09:00	4/16/2018 09:26	4/16/2018 09:58	00:11:11	MUTUAL AID GIVEN	
18-4727	4/16/2018 12:41	EMERGENCY SCENE	ST. JOHN TULSA	4/16/2018 12:42	4/16/2018 12:42	4/16/2018 12:47	4/16/2018 13:21	4/16/2018 14:21	4/16/2018 14:21	00:05:26	MEDIC 401	
18-4731	4/16/2018 13:46	EMERGENCY SCENE	HILLCREST SOUTH	4/16/2018 13:47	4/16/2018 13:48	4/16/2018 13:59	4/16/2018 14:07	4/16/2018 14:22	4/16/2018 15:24	00:13:19	MEDIC 102	Closest ambulance/2nd call
18-4743	4/16/2018 15:47	EMERGENCY SCENE	ST. FRANCIS TULSA	4/16/2018 15:47	4/16/2018 15:49	4/16/2018 15:53	4/16/2018 16:20	4/16/2018 16:47	4/16/2018 17:24	00:06:25	MEDIC 401	
18-4745	4/16/2018 16:05	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
18-4747	4/16/2018 16:28	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
18-4751	4/16/2018 18:07	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/16/2018 18:08	4/16/2018 18:08	4/16/2018 18:09	4/16/2018 18:49	4/16/2018 19:14	4/16/2018 19:42	00:02:51	MEDIC 401	
18-4755	4/16/2018 22:36	EMERGENCY SCENE	HILLCREST SOUTH	4/16/2018 22:36	4/16/2018 22:37	4/16/2018 22:41	4/16/2018 23:07	4/16/2018 23:26	4/16/2018 23:47	00:04:54	MEDIC 401	
18-4756	4/16/2018 22:59	EMERGENCY SCENE	ST. FRANCIS TULSA	4/16/2018 22:59	4/16/2018 22:59	4/16/2018 23:20	4/16/2018 23:34	4/16/2018 23:51	4/17/2018 00:07	00:20:28	MEDIC 102	Closest ambulance/2nd call
18-4762	4/17/2018 02:02	EMERGENCY SCENE	ST. JOHN TULSA	4/17/2018 02:02	4/17/2018 02:05	4/17/2018 02:08	4/17/2018 02:36	4/17/2018 03:01	4/17/2018 03:22	00:06:14	MEDIC 401	
18-4777	4/17/2018 10:15	EMERGENCY SCENE	ST. FRANCIS TULSA	4/17/2018 10:16	4/17/2018 10:19	4/17/2018 10:25	4/17/2018 10:33	4/17/2018 11:01	4/17/2018 11:16	00:10:09	MEDIC 401	
18-4822	4/18/2018 10:20	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/18/2018 10:20	4/18/2018 10:21	4/18/2018 10:24	4/18/2018 10:38	4/18/2018 10:38	4/18/2018 10:38	00:04:09	MEDIC 401	
18-4825	4/18/2018 11:23	EMERGENCY SCENE	ST. FRANCIS TULSA	4/18/2018 11:23	4/18/2018 11:25	4/18/2018 11:27	4/18/2018 11:40	4/18/2018 12:15	4/18/2018 12:15	00:04:22	MEDIC 401	
18-4849	4/19/2018 06:41	EMERGENCY SCENE	ST. FRANCIS TULSA	4/19/2018 06:42	4/19/2018 06:44	4/19/2018 06:45	4/19/2018 07:09	4/19/2018 07:31	4/19/2018 07:49	00:04:01	MEDIC 401	
18-4871	4/19/2018 15:08	EMERGENCY SCENE	ST. FRANCIS TULSA	4/19/2018 15:09	4/19/2018 15:10	4/19/2018 15:14	4/19/2018 15:29	4/19/2018 15:52	4/19/2018 16:16	00:05:40	MEDIC 401	
18-4877	4/19/2018 16:20	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
18-4893	4/20/2018 09:41	EMERGENCY SCENE	HILLCREST SOUTH	4/20/2018 09:43	4/20/2018 09:44	4/20/2018 09:49	4/20/2018 09:56	4/20/2018 10:11	4/20/2018 10:25	00:07:33	MEDIC 401	
18-4900	4/20/2018 12:46	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/20/2018 12:47	4/20/2018 12:53	4/20/2018 12:53	4/20/2018 13:05	4/20/2018 13:05	4/20/2018 13:05	00:06:34	MEDIC 401	
18-4909	4/20/2018 15:05	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/20/2018 15:06	4/20/2018 15:06	4/20/2018 15:09	4/20/2018 15:28	4/20/2018 15:28	4/20/2018 15:28	00:03:53	MEDIC 401	
18-4912	4/20/2018 15:49	EMERGENCY SCENE	ST. FRANCIS TULSA	4/20/2018 15:50	4/20/2018 15:50	4/20/2018 15:54	4/20/2018 16:11	4/20/2018 16:26	4/20/2018 16:48	00:04:51	MEDIC 401	
18-4915	4/20/2018 18:02	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/20/2018 18:03	4/20/2018 18:03	4/20/2018 18:08	4/20/2018 18:18	4/20/2018 18:18	4/20/2018 18:18	00:05:32	MEDIC 401	
18-4936	4/21/2018 15:58	EMERGENCY SCENE	OSU MEDICAL CENTER	4/21/2018 16:00	4/21/2018 16:00	4/21/2018 16:03	4/21/2018 16:29	4/21/2018 16:56	4/21/2018 17:16	00:04:42	MEDIC 401	
18-4937	4/21/2018 17:03	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
18-4940	4/21/2018 18:55	EMERGENCY SCENE	ST. FRANCIS TULSA	4/21/2018 18:55	4/21/2018 18:56	4/21/2018 18:59	4/21/2018 19:11	4/21/2018 19:33	4/21/2018 19:49	00:03:31	MEDIC 401	
18-4951	4/22/2018 02:02	EMERGENCY SCENE	ST. FRANCIS TULSA	4/22/2018 02:03	4/22/2018 02:05	4/22/2018 02:10	4/22/2018 02:29	4/22/2018 02:51	4/22/2018 03:14	00:07:28	MEDIC 401	
18-4956	4/22/2018 10:48	EMERGENCY SCENE	ST. FRANCIS TULSA	4/22/2018 10:49	4/22/2018 10:49	4/22/2018 10:52	4/22/2018 11:07	4/22/2018 11:27	4/22/2018 11:40	00:04:01	MEDIC 401	
18-4957	4/22/2018 10:58	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
18-4999	4/23/2018 13:19	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/23/2018 13:20	4/23/2018 13:22	4/23/2018 13:29	4/23/2018 13:52	4/23/2018 14:28	4/23/2018 14:57	00:09:08	MEDIC 401	
18-5011	4/23/2018 20:06	EMERGENCY SCENE	ST. JOHN TULSA	4/23/2018 20:07	4/23/2018 20:08	4/23/2018 20:10	4/23/2018 20:30	4/23/2018 20:56	4/23/2018 21:25	00:04:03	MEDIC 401	
18-5019	4/24/2018 00:52	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/24/2018 00:52	4/24/2018 00:54	4/24/2018 00:57	4/24/2018 01:28	4/24/2018 01:28	4/24/2018 01:28	00:04:54	MEDIC 401	
18-5047	4/24/2018 11:10	EMERGENCY SCENE	ST. FRANCIS TULSA	4/24/2018 11:10	4/24/2018 11:13	4/24/2018 11:14	4/24/2018 11:24	4/24/2018 11:48	4/24/2018 12:02	00:03:50	MEDIC 401	
18-5061	4/24/2018 21:05	EMERGENCY SCENE	ST. FRANCIS TULSA	4/24/2018 21:05	4/24/2018 21:07	4/24/2018 21:12	4/24/2018 21:31	4/24/2018 21:48	1/1/1900	00:07:20	MEDIC 401	
18-5065	4/25/2018 01:34	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/25/2018 01:34	4/25/2018 01:38	4/25/2018 01:42	4/25/2018 01:59	4/25/2018 02:30	4/25/2018 02:42	00:07:39	MEDIC 401	
18-5095	4/25/2018 13:57	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/25/2018 13:57	4/25/2018 13:59	4/25/2018 14:02	4/25/2018 14:18	4/25/2018 14:18	4/25/2018 14:18	00:05:06	MEDIC 401	
18-5127	4/26/2018 09:56	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/26/2018 09:56	4/26/2018 09:57	4/26/2018 10:00	4/26/2018 10:24	4/26/2018 10:24	4/26/2018 10:24	00:04:17	MEDIC 401	
18-5128	4/26/2018 09:56	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/26/2018 09:56	4/26/2018 09:57	4/26/2018 10:00	4/26/2018 10:24	4/26/2018 10:24	4/26/2018 10:24	00:04:17	MEDIC 401	
18-5129	4/26/2018 09:56	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/26/2018 09:56	4/26/2018 09:57	4/26/2018 10:00	4/26/2018 10:24	4/26/2018 10:24	4/26/2018 10:24	00:04:17	MEDIC 401	
18-5156	4/26/2018 16:22	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/26/2018 16:23	4/26/2018 16:23	4/26/2018 16:24	4/26/2018 16:37	4/26/2018 17:24	4/26/2018 18:17	00:02:25	MEDIC 202	
18-5168	4/27/2018 00:10	EMERGENCY SCENE	ST. JOHN SAPULPA	4/27/2018 00:11	4/27/2018 00:11	4/27/2018 00:23	4/27/2018 00:54	4/27/2018 01:01	4/27/2018 01:19	00:13:09	MUTUAL AID GIVEN	
18-5216	4/27/2018 21:43	EMERGENCY SCENE	ST. JOHN TULSA	4/27/2018 21:44	4/27/2018 21:45	4/27/2018 21:47	4/27/2018 21:54	4/27/2018 22:16	4/27/2018 22:39	00:03:59	MEDIC 401	
18-5241	4/29/2018 01:35	EMERGENCY SCENE	ST. FRANCIS SOUTH	4/29/2018 01:37	4/29/2018 01:38	4/29/2018 01:42	4/29/2018 02:02	4/29/2018 02:21	4/29/2018 02:40	00:06:42	MEDIC 401	
18-5243	4/29/2018 04:26	EMERGENCY SCENE	ST. FRANCIS TULSA	4/29/2018 04:28	4/29/2018 04:28	4/29/2018 04:34	4/29/2018 04:58	4/29/2018 05:17	4/29/2018 05:40	00:07:42	MEDIC 401	
18-5246	4/29/2018 10:15	EMERGENCY SCENE	ST. JOHN TULSA	4/29/2018 10:16	4/29/2018 10:16	4/29/2018 10:23	4/29/2018 10:48	4/29/2018 11:07	4/29/2018 11:32	00:08:18	MEDIC 101	
18-5254	4/29/2018 11:48	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
18-5260	4/29/2018 15:46	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	4/29/2018 15:47	4/29/2018 15:48	4/29/2018 15:53	4/29/2018 16:11	4/29/2018 16:34	4/29/2018 17:00	00:06:17	MEDIC 401	
18-5262	4/29/2018 18:33	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/29/2018 18:34	4/29/2018 18:36	4/29/2018 18:39	4/29/2018 18:49	4/29/2018 18:49	4/29/2018 18:49	00:05:04	MEDIC 101	
18-5264	4/29/2018 18:47	EMERGENCY SCENE	ST. JOHN TULSA	4/29/2018 18:47	4/29/2018 18:49	4/29/2018 18:52	4/29/2018 19:02	4/29/2018 19:23	4/29/2018 19:48	00:05:20	MEDIC 401	
18-5265	4/29/2018 19:01	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	4/29/2018 19:03	4/29/2018 19:04	4/29/2018 19:28	4/29/2018 19:46	4/29/2018 19:46	4/29/2018 19:46	00:27:07	MEDIC 102	Closest ambulance/2nd call
18-5267	4/29/2018 21:42	EMERGENCY SCENE	HILLCREST SOUTH	4/29/2018 21:42	4/29/2018 21:45	4/29/2018 22:01	4/29/2018 22:21	4/29/2018 22:49	4/29/2018 23:04	00:18:59	MUTUAL AID GIVEN	
18-5303	4/30/2018 18:39	EMERGENCY SCENE	ST. FRANCIS TULSA	4/30/2018 18:41	4/30/2018 18:41	4/30/2018 18:45	4/30/2018 18:58	4/30/2018 19:18	4/30/2018 19:36	00:05:34	MEDIC 401	
18-5319	5/1/2018 07:22	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/1/2018 07:22	5/1/2018 07:24	5/1/2018 07:26	5/1/2018 07:37	5/1/2018 07:37	5/1/2018 07:37	00:03:55	MEDIC 401	
18-5320	5/1/2018 07:22	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/1/2018 07:22	5/1/2018 07:24	5/1/2018 07:26	5/1/2018 07:37	5/1/2018 07:37	5/1/2018 07:37	00:03:55	MEDIC 401	
18-5325	5/1/2018 09:59	EMERGENCY SCENE	ST. FRANCIS TULSA	5/1/2018 09:59	5/1/2018 10:02	5/1/2018 10:11	5/1/2018 10:20	5/1/2018 10:49	5/1/2018 11:09	00:12:43	MUTUAL AID GIVEN	
18-5328	5/1/2018 10:44	EMERGENCY SCENE	ST. JOHN TULSA	5/1/2018 10:47	5/1/2018 10:47	5/1/2018 10:58	5/1/2018 11:21	5/1/2018 11:57	5/1/2018 12:27	00:14:01	MUTUAL AID GIVEN	
18-5345	5/1/2018 21:02	EMERGENCY SCENE	NO PATIENT FOUND	5/1/2018 21:03	5/1/2018 21:04	5/1/2018 21:06	5/1/2018 21:09	5/1/2018 21:09	5/1/2018 21:09	00:04:09	MEDIC 401	
18-5348	5/1/2018 22:33	EMERGENCY SCENE	ST. JOHN SAPULPA	5/1/2018 22:33	5/1/2018 22:33	5/1/2018 22:41	5/1/2018 22:55	5/1/2018 23:02	5/1/2018 23:17	00:07:52	MEDIC 401	

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

To: Honorable Chairman and Trustees
From: Susan White, District Administrator
Date: May 7, 2018
Subject: District Administrator Report

Upcoming Events

Several items are scheduled for the June meeting. Those include:

- Budget Public Hearing and adoption
- FY 2019 GEMS/City Operational Agreement
- Ambulance Agreement Amendment

Tulsa County Bid List

John Gonsalves, Treasurer was able to obtain the Tulsa County bid sheets for this year. Last year was the first year we partnered with Tulsa County for this purpose. It saves us time and money while maintaining compliance with statutory requirements.

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

MINUTES
GEMS Meeting
Monday, April 2, 2018 Council Chambers 6:00 PM

COUNCIL PRESENT: Tim Fox
Momodou Ceesay
Jacqueline Triplett-Lund

COUNCIL ABSENT: Trish Agee
Brandon Kearns

STAFF PRESENT: John Gonsalves
Lowell Peterson
Susan White

STAFF ABSENT:

A Call to Order - Timothy Lee Fox, Chairman

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

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

1) Brian Cook, Director of Operations, Mercy Regional EMS presented report for March activities. Mercy logged 100 calls and maintained ninety-seven percent compliance.

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

1) Ms. White reported staff has begun to meet to discuss possible amendments to the Ambulance Agreement with Mercy Regional, EMS.

E Scheduled Business

1) Discussion and possible action to approve minutes from March 19, 2018.
(Susan White, Secretary)

Trustee Lund abstained because she was absent from the March 19, 2018 meeting.

Moved by Tim Fox, seconded by Momodou Ceesay

to approve minutes from March 19, 2018 as presented.

	For	Against	Abstained	Absent
Tim Fox	x			
Momodou Ceesay	x			
Trish Agee				x
Brandon Kearns				x
Jacqueline Triplett-Lund			x	
	2	0	1	2

CARRIED.

2) Discussion and possible action to recommend to Tulsa County Board of Commissioners that Trustee Patricia Agee should be reappointed for an additional five-year term, beginning June 1, 2018 through May 31, 2023. (Susan White, District Administrator)

Moved by Momodou Ceesay, seconded by Jacqueline Triplett-Lund

to recommend Tulsa County Board of Commissioners reappoint Patricia Agee to an additional five-year term.

	For	Against	Abstained	Absent
Tim Fox	x			
Momodou Ceesay	x			
Trish Agee				x
Brandon Kearns				x
Jacqueline Triplett-Lund	x			
	3	0	0	2

CARRIED.

F Adjournment

There being no further business the meeting was adjourned at 7:55 p.m.

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS

From: JOHN GONSALVES, DISTRICT TREASURER

Date: May 07, 2018

Subject: FY-2017 Estimate of Needs Engagement Letter

Background:
Pursuant to 68 O.S. §3002, 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 by August 17 each year. This Estimate of Needs must be prepared on forms prescribed by the Oklahoma State Auditor and Inspector and requires an independent Accountant's review.

Staff Recommendation:
Staff recommends a motion to accept the FY-2018 Estimate of Needs engagement letter from Arledge & Associates and direct the Chairman to sign the letter on behalf of the Board, and the District Treasurer to sign the letter on behalf of Management.

1. FY-2018 Estimate of Needs Engagement Letter

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

Arledge & Associates, P.C.
CERTIFIED PUBLIC ACCOUNTANTS

FY-2018 ESTIMATE OF NEEDS

May 1, 2018

To the Honorable Board of Trustees
Glenpool Area Emergency Medical Service District
Tulsa County, Oklahoma

We are pleased to confirm our understanding of the services we are to provide for the Glenpool Area Emergency Medical Service District of Tulsa County, Oklahoma for the year ended June 30, 2018.

We will prepare the sinking fund financial schedules of the Glenpool Area Emergency Medical Service District of Tulsa County, Oklahoma as of and for the year ended June 30, 2018 and the estimate of needs for the fiscal year ending June 30, 2019, and perform a compilation engagement with respect to those schedules.

Our Responsibilities

The objective of our engagement is to:

1) Prepare financial statements in accordance with the format prescribed by the Oklahoma State Auditor and Inspector (SA&I), pursuant to 68 O.S. §300.B and as promulgated by 68 O.S. §3009-3011, based on information provided by you and in accordance with the modified cash basis of accounting, and
2) Apply accounting and financial reporting expertise to assist you in the presentation of financial statements without undertaking to obtain or provide any assurance that there are no material modifications that should be made to the financial statements in order for them to be in accordance with the format prescribed by the SA&I, pursuant to 68 O.S. §300.B and as promulgated by 68 O.S. §3009-301, and the modified cash basis of accounting.

We will conduct our compilation engagement in accordance with the Statements on Standards for Accounting and Review Services (SSARS) promulgated by the Accounting and Review Services Committee of the American Institute of Certified Public Accountants (AICPA) and comply with applicable professional standards, including the AICPA's *Code of Professional Conduct* and its ethical principles of integrity, objectivity, professional competence, and due care, when performing the compilation engagement.

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 nor provide any assurance on the financial statements.

Our engagement cannot be relied upon to identify or disclose any misstatements, including those caused by fraud or error, or to identify or disclose any wrongdoing within the entity or noncompliance with laws and regulations.

We, in our sole professional judgment, reserve the right to refuse to perform any procedure or take any action that could be construed as assuming management responsibilities.

Your Responsibilities

The engagement to be performed is conducted on the basis that you acknowledge and understand that our role is to prepare sinking fund schedules and Estimate of Needs in accordance with the format prescribed by the Office of the SA&I of the State of Oklahoma in accordance with the modified cash basis of accounting and assist you in the presentation of the schedules in accordance with the requirements of the SA&I of the State of Oklahoma and modified cash basis.

309 N. Bryant Ave. • Edmond, OK 73034 • 405.348.0615 • Fax 405.348.0931 • www.jmacpas.com
Member of AICPA and OSCPA

You have the following overall responsibilities that are fundamental to our undertaking the engagement in accordance with SSARS:

1) The selection of the format prescribed by SA&I and the modified cash basis as the financial reporting framework to be applied in the preparation of the schedules.
2) The preparation and fair presentation of the financial schedules in accordance with the format prescribed by the Office of the SA&I of the State of Oklahoma and the modified cash basis.
3) The design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of the financial schedules.
4) The prevention and detection of fraud.
5) To ensure that the District complies with the laws and regulations applicable to its activities.
6) The accuracy and completeness of the records, documents, explanations, and other information, including significant judgments, you provide to us for the engagement.
7) To provide us with—
    - access to all information of which you are aware is relevant to the preparation and fair presentation of the financial statements, such as records, documentation, and other matters.
    - additional information that we may request from you for the purpose of the compilation engagement.
    - unrestricted access to persons within the District of whom we determine it necessary to make inquiries.

You are also responsible for all management decisions and responsibilities and for designating an individual with suitable skills, knowledge, and experience to oversee our services. You are responsible for evaluating the adequacy and results of the services performed and accepting responsibility for such services.

Our Report

As part of our engagement, we will issue a report that will state that we did not audit or review the sinking fund schedules and estimate of needs and that, accordingly, we do not express an opinion, a conclusion, or provide any assurance on them. If, for any reason, we are unable to complete the compilation of your schedules, we will not issue a report on such schedules as a result of this engagement.

Our report will disclose that the financial statements are presented in a prescribed form in accordance with the format prescribed by the Office of the SA&I of the State of Oklahoma and are not intended to be a presentation in accordance with accounting principles generally accepted in the United States of America.

You agree to include our accountant's compilation report in any document containing the schedules that indicates we have performed a compilation engagement on such schedules and, prior to inclusion to the report, to ask our permission to do so.

Other Relevant Information

LaDonna Sinning, CPA is the engagement partner and is responsible for supervising the engagement and signing the report or authorizing another individual to sign it.

To ensure that Arledge & Associates, P.C.'s independence is not impaired under the AICPA *Code of Professional Conduct*, you agree to inform the engagement partner before entering into any substantive employment discussions with any of our personnel.

Our fees for these services of $1,000 are included in the audit fees noted in the FY-2018 Audit Engagement Letter, dated May 1, 2018.

We appreciate the opportunity to be of service to you and believe this letter accurately summarizes the significant terms of our engagement. If you have any questions, please let us know. If you acknowledge and agree with the terms of our engagement as described in this letter, please sign the enclosed copy and return it to us.

Sincerely,

Arledge & Associates, P.C.

Arledge & Associates, P.C.

RESPONSE:

This letter correctly sets forth the understanding of the City of Glenpool, Oklahoma.

Management signature: _____

Title: _____

Date: _____

Governance signature: _____

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 07, 2018

Subject: Approval of Purchase Order Receiving Report and Payment Claims as of 5/07/2018 totaling $12,851.21

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 05/07/18 and approve the following payments:

P.O. #	ACCOUNT	VENDOR	DESCRIPTION	INV #	AMOUNT
18-07782	31-6-01-6210	Centurion Health System	March Ambulance Service	1677	$12,000.00
18-07774	31-6-01-6202	Pace Projects of Tulsa	Medical Oxygen	112815	$120.00
18-07774	31-6-01-6202	Pace Projects of Tulsa	Medical Oxygen	113360	$80.12
18-07774	31-6-01-6202	Pace Projects of Tulsa	Medical Oxygen	113216	$80.12
18-07777	31-6-01-6202	Medical Supplies	Curtin Drug	04/24/2018	$58.47
18-08357	31-6-01-6262	EMT Recertification Fees	Kyle Mcmurrian	3/27/2018	$37.50
18-07775	31-6-01-6202	Emergency Medical	Medical Supplies	1970884	$25.00
18-08429	31-6-01-6202	OMEG	Treasurer Bond	7200951	$450.00
				Total	$12,851.21

Attachments:
1. Purchase Order Claims Register dated 05/07/2018 totaling $12,851.21
2. PO Receipt Register dated 05/07/2018 totaling $12,851.21
3. Purchase Orders and Invoices totaling $12,851.21

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

5/02/2018 12:42 PM P U R C H A S E O R D E R C L A I M R E G I S T E R PAGE: 1
FUND: 31 - GEMS SUMMARY REPORT

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL					
18-07774	FY18 BLANKET- MEDICAL OXY	01-000450	PACE PRODUCTS OF TULSA	5/2018 113216	80.12
18-07774	FY18 BLANKET- MEDICAL OXY	01-000450	PACE PRODUCTS OF TULSA	5/2018 113360	80.12
18-07774	FY18 BLANKET- MEDICAL OXY	01-000450	PACE PRODUCTS OF TULSA	5/2018 April 4 2018	120.00
18-07775	FY18 BLANKET- MEDICAL SUP	01-000480	EMERGENCY MEDICAL PRODUCTS	5/2018 1970884	25.00
18-08429	TREASURER BOND - JGONSALV	01-000896	OMAG	5/2018 7200951	450.00
18-07777	FY18 BLANKET- MEDICAL SUP	01-001236	CURTIN DRUG	5/2018 4-24-2018	58.47
18-07782	AMBULANCE SERV 7/1/17- 6/	01-001267	CENTURION HEALTH SYSTEMS, DBA	4/2018 1677	12,000.00
18-08357	EMT Recert Reimburse McMu	01-001379	KYLE MCMURRIAN	5/2018 3-27-2018	37.50
				DEPARTMENT TOTAL:	12,851.21
				FUND TOTAL:	12,851.21
				GRAND TOTAL:	12,851.21

APPROVED

By

_____

Timothy Lee Fox, Chairman
May 7, 2018

G/L RECAP

PERIOD	G/L ACCOUNT	NAME	AMOUNT	FUND TOTAL
4/2018	31-6-01-6210	AMBULANCE CONTRACT	12,000.00	
5/2018	31-6-01-6202	OPERATING SUPPLIES	813.71	
5/2018	31-6-01-6262	TRAVEL AND TRAINING	37.50	12,851.21
			GRAND TOTAL:	12,851.21

VENDOR NAME / INVOICE	POST DATE	BANK		INVOICE AMOUNT	VENDOR TOTAL
01-001267 CENTURION HEALTH SYSTEMS, DBA					12,000.00
1677	4/10/2018	31		12,000.00	
01-001236 CURTIN DRUG					58.47
4-24-2018	5/07/2018	31		58.47	
01-000480 EMERGENCY MEDICAL PRODUCTS					25.00
1970884	5/07/2018	31		25.00	
01-001379 KYLE MCMURRIAN					37.50
3-27-2018	5/07/2018	31		37.50	
01-000896 OMAG					450.00
7200951	5/07/2018	31		450.00	
01-000450 PACE PRODUCTS OF TULSA					280.24
113216	5/07/2018	31		80.12	
113360	5/07/2018	31		80.12	
April 4 2018	5/07/2018	31		120.00	
			TOTALS	12,851.21	12,851.21

PO TOTALS BY G/L ACCOUNT

YEAR	ACCOUNT	NAME	ITEMS	AMOUNT	LINE ITEM ANNUAL BUDGET	LINE ITEM BUDGET OVER AVAILABLE BUDG	GROUP BUDGET ANNUAL BUDGET	GROUP BUDGET OVER AVAILABLE BUDG
2017-2018	31-6-01-6202	OPERATING SUPPLIES	6	813.71	15,000	431.95- Y		
	31-6-01-6210	AMBULANCE CONTRACT	1	12,000.00	144,000	0.00		
	31-6-01-6262	TRAVEL AND TRAINING	1	37.50	8,000	7,962.50		
	** 17-18 YEAR TOTALS **			12,851.21				

NO ERRORS

PO	ITEM	INVOICE	WARNING MESSAGE	PAGE
	G/L ACCOUNT 31-6-01-6202		LINE ITEM OVERBUDGET	5

WARNINGS: 1

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

PURCHASE ORDER # 18-07782 08/07/2017

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

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

08/07/2017

PURCHASING OFFICER DATE

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

ENCUMBERING OFFICER DATE

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

1677 = 12,000.00
March

Partial Payment 12,000.00

** TOTAL ** 144,000.00

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE 4/13/18 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

Owasso, OK 74055
Centurion Health Systems

Invoice

Date	Invoice #
4/10/2018	1677

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

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
	ALS Ambulance Subsidy for ~~May~~ March	12,000.00	12,000.00

RECEIVED
APR 12 2018
BY A/P-FIN - GLENPOOL

Phone #	Fax #
9186095800	918-609-5799

Total $12,000.00

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

PURCHASE ORDER # 18-07777 07/24/2017

ISSUED TO: VEND #: 01-001236
CURTIN DRUG
13101 S. ELWOOD
GLENPOOL, OK 74033

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

07/24/2017

PURCHASING OFFICER DATE

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

ENCUMBERING OFFICER DATE

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

04/24/2018 - 58.47

Partial Payment 58.47

** TOTAL ** 2,000.00

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE 4/17/18 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.

9:31 AM

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

04/24/2018

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

Qty	Name	NDC	Pkg	On Hand	Variance	Exp Date	Lot Number	Total Transferred Cost	Order Point
108	ASPIRIN CHW 81MG 36CT X 3	00113046708	108	0				4.09	0
1	GLUCOCARD KIT VITAL	08317761101	1	3				15.00	0
100	GLUCOCARD VITAL TEST STRIPS	08317760050	50	200				19.69 x 2 = 39.38	200
3 Lines								0.00	

$8.47
58.47

PO # 18-07777

RECEIVED
APR 24 2018
BY A/P-FIN: GLENPOOL

Act Payable
918-209-4626

Darrell Colbert

From: Paul Newton
Sent: Thursday, April 26, 2018 10:15 AM
To: Darrell Colbert
Subject: Re: Approval of receipt/invoice received

Darrell,

We have the items. They will be for GEMS.

Thanks,

Paul

From: Darrell Colbert
Sent: Wednesday, April 25, 2018 11:17:14 AM
To: Paul Newton
Subject: Approval of receipt/invoice received

I have received the attached receipt/invoice 4/24/2018 for 58.47 from Curtin Drug. Do you approve this receipt/invoice for payment? Also, is this going to be for GEMS?

Thanks

Darrell Colbert
Finance/AP/Procurment
City of Glenpool
12205 South Yukon
Glenpool, OK 74033
Office (918) 209-4633
Fax (918) 209-4626
dcolbert@cityofglenpool.com

City Of Glenpool
Creating Opportunity

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

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 18-07775 07/24/2017

ISSUED TO: VEND #: 01-000480

EMERGENCY MEDICAL PRODUCTS
25196 NETWORK PLACE
CHICAGO, IL 60673-1251

SHIP TO:

GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

07/24/2017

PURCHASING OFFICER DATE

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

ENCUMBERING OFFICER DATE

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

1970884 = 25.00

Partial Payment 25.00

** TOTAL ** 4,000.00

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE 5/2/18 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.

EMERGENCY MEDICAL PRODUCTS, INC.

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

School Kids Healthcare
Division of EMP

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

Invoice

Invoice	1970884
Date	2/28/2018
Page	1 of 1
Account #	123965

Bill To:

City of Glenpool Fire Department
Darrell Colbert
12205 S YUKON AVE
GLENPOOL, OK 74033-6635

Ship To:

Glenpool Fire Department
Chief Terrell Ogilvie
14536 S ELWOOD AVE
GLENPOOL, OK 74033-4005

Thank you for your order!

Purchase Order #		Ship Via				Payment Terms	
TERRELL		FED EX GROUND				Net 30 Days	
Item #	**Description**	**Ordered**	**Shipped**	**B/O**	**UOM**	**Unit Price**	**Ext. Price**
55172	PDI SUPER SANI-CLOTH WIPE 6" X 6-3/4" - 160/TUB	3	3	0	EACH	$8.33	$25.00

RECEIVED
FEB 28 2018
BY

Tracking Numbers:

423006084390

EMAIL INVOICES:
togilvie@cityofglenpool.com;dcolbert@cityofglenpool.com
NO FEE

Please Remit to:

Emergency Medical Products, Inc.
25196 Network Place
Chicago, IL 60673-1251

Subtotal	25.00
Handling Fee	0.00
Freight	0.00
Trade Discount	0.00
Tax	0.00
Total	25.00

EMERGENCY MEDICAL PRODUCTS, INC.

PACKING SLIP

School Kids Healthcare
Division of EMP

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

Ph: 866-558-0686 www.schoolkidshealthcare.com

Bill To
City of Glenpool Fire Department
Darrell Colbert
12205 S YUKON AVE
GLENPOOL, OK 74033-6635
United States

Ship To
Glenpool Fire Department
Chief Terrell Ogilvie
14536 S ELWOOD AVE
GLENPOOL, OK 74033-4005
United States

Date	Page
2/28/2018	1 of 1

Thank you for your order!

PO Number	Customer No.	Shipping Method	Payment Terms	Order Number
TERRELL	123965	FED EX GROUND	Net 30 Days	**1970884**

Item Number	Description	Quantity	Shipped	B/O	U of M
55172	PDI SUPER SANI-CLOTH WIPE 6" X 6-3/4" - 160/TUB	3	3	0	EACH

RECEIVED
MAR 27 2018
BY ADMIN: GLENPOOL

EMAIL INVOICES:
togilvie@cityofglenpool.com;dcolbert@cityofglenpool.com
NO FEE

Please inspect your shipment thoroughly upon receipt. Due to the regulation of the product we sell, all damage and discrepancies must be reported to us within 3 business days. Thank you for your assistance in helping us stay compliant with the stringent guidelines placed upon us.

5235 International Drive,
Suite B Cudahy, WI 53110

Darrell Colbert

From: Paul Newton
Sent: Friday, March 02, 2018 12:13 PM
To: Darrell Colbert
Subject: Re: Emergency Medical Products Invoice 1970884

The items from EMP just came in this afternoon.

From: Darrell Colbert
Sent: Wednesday, February 28, 2018 5:07:56 PM
To: Paul Newton
Subject: FW: Emergency Medical Products Invoice 1970884

I have received the attached invoice 1970884 for $25.00 from Emergency Medical Products. Do you approve this invoice for payment? Is this invoice going be charged to GEMS or regular?

Thanks dlc

-----Original Message-----
From: Daniels, Jeannie [mailto:Jeannie.Daniels@BuyEMP.com]
Sent: Wednesday, February 28, 2018 4:45 PM
To: Darrell Colbert <dcolbert@cityofglenpool.com>; Terrell Ogilvie <togilvie@cityofglenpool.com>
Subject: Emergency Medical Products Invoice 1970884

Dear Customer,

Attached is your most recent invoice from Emergency Medical Products. Should you have any questions upon reviewing the invoice, please contact our Credit and Collections Dept at 1-800-558-6270, or at credit@buyemp.com and please include your account number.

Thank you!
We appreciate your business!

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

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 18-08357 03/15/2018

ISSUED TO: VEND #: 01-001379

KYLE MCMURRIAN
1905 EAST 133RD CT
BIXBY, OK 74008

SHIP TO:

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

PURCHASING OFFICER — DATE 03/15/2018

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 03/15/2018

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	EMT Recert Reimbursement Fees State and National EMT Recertification Fees EMT Recert Reimburse McMurrian		00021138	31-6-01-6262		0.00	37.50 *

** TOTAL ** 37.50

*** 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 5/2/18

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

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

2017 Expense Report / Request For Reimbursement

PO #: _____
(accounting use only)

PURPOSE: EMT-B license Renewal **LOCATION:** NREMT/OK dept of Health

EMPLOYEE INFORMATION:

Name Kyle McMurrian 520

Department Fire

Travel Dates
(To be Completed by employee)
Date From: _____
Date To: _____

Mileage Rate $ 0.535

Date	Expense Account #	Description	Hotel	Transportation (Airfare, Taxi, etc)	Fuel - Rental Car Only	License Fees	Total Mileage (roundtrip)	Mileage reimbursement	Toll	Total
2/6/2018	31 6-01-6262	NREMT renewal				$15.00		$ -		$ 15.00
3/1/2018	31 6-01-6262	State Renewal				$ 22.50		$ -		$ 22.50
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
Total			$ -	$ -	$ -	$ 37.50	0	$ -	$ -	$ 37.50
								Total Due Employee		$ 37.50

RECEIVED
MAR 27 2018
BY

Employee Signature: _____ **Date** 3/8/2018

Supervisor Signature: _____ **Date** 3/8/2018

NOTE: City Fleet Cards and City Credit Cards are not be used to purchase fuel for personal vehicles. Fuel reimbursement for non-City vehicles is paid through mileage reimbursement at the current IRS approved rate.

Instructions:

1. Describe the purpose of the travel and list travel dates
2. List each expense by date. Mileage is paid at the current IRS rate, 53.5 cents per mile as of Jan 1, 2017
3. Submit to Supervisor for approval.
4. Enter a requisition for the total expense to be paid to the employee separately. All other amounts should be requisitioned to J.P Morgan or other vendor as appropriate.
5. Submit the approved form to Accounts Payable with all applicable receipts. Expenses without receipts will not be paid.

NOTES: _____

2018 Oklahoma EMS License Renewal Application
OPTION 1, EMS Personnel with National Registration:

Please print clearly or type and check ALL applicable boxes

☐ **EMT ($22.50)** ☐ **AEMT ($27.50)*** ☐ **PARAMEDIC ($32.50)****

*The National Registry Intermediate-99 level is not recognized in Oklahoma. Renewing NRI-99's will be given an Oklahoma AEMT License. National Registry will drop their I-99's to the AEMT level in 2019 for all I-99's who do not transition to the Paramedic level.

****Paramedics Only: Are you a Critical Care Paramedic? ☐Yes ☐No**

If yes, please include your credentials for the OSDH Critical Care Registry.

FELONY STATEMENT

Have you been convicted of a felony since the last issuance of your license? ☐YES ☐NO

If "YES", submit with this application documentation that fully describes the offense: date of offense; copies of relevant court documents; disposition and current status.

Have any disciplinary actions been taken against you since your last certification? ☐YES ☐NO

☐ I have read the memo **Medical Control Requirements for Certified and Licensed Personnel** and will not provide care above the level of first aid, CPR, and the use of an AED in cases where I have no Medical Direction

Last Name_____ _____ MI_____

OK EMS License #: ___

SSN: _____/_____/ Gender: _____

Mailing Address: _____

City: _____ _____ County: _____

Telephone #: _____

e:

Sent in Check for renewel on 03/01/18. CK# 1957 Kw

I hereby affirm and decla e and correct. I understand that false statements m nent of Health to place on probation, suspend, or re partment, I agree to provide copies of all documents s ements.

Signature **Date**

☐1. Completed "Opt

☐2. Enclosed a copy

☐3. The license rene amedic - $32.50)

☐4. Read the licens

☐5. EMS Instructors: Email completed EMS Instructor Renewal Form to esystems@health.ok.gov

State Department of Health
State of Oklahoma

KYLE MCMURRIAN holds a License at the EMT level in the State of Oklahoma Under Provisions of TITLE 63, SECTIONS 1-2501,
LICENSE NO. 58063
EXPIRES 06/30/2020

Brian Downs
Acting Commissioner of Health

Print Date: 03/12/2018

Mail To:

Oklahoma State Dept. of Health
Emergency Systems
Attn: Financial Management
PO Box 268823
Oklahoma City, OK 73126-8823

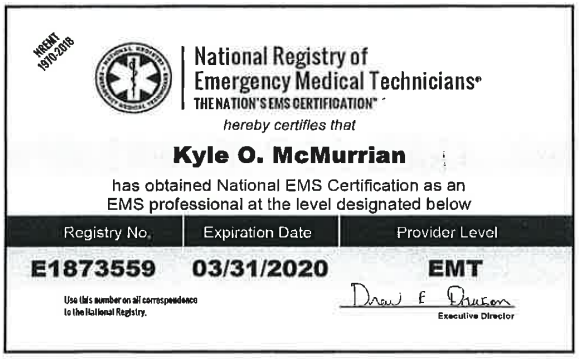
RECEIVED
MAR 27 2018
BY

The National Registry Of Emergency Medical Technicians
Payment Receipt

Today's Date: 3/14/2018 7:52:43 PM

Billing Information:
Kyle O. McMurrian
1905 E. 133rd Ct. S.
Bixby, OK 74008

Certification Level: EMT
Amount Paid: $15.00
Payment Date: 2/6/2018
Payment Method: Credit Card


NREMT 1970-2018

National Registry of Emergency Medical Technicians®
THE NATION'S EMS CERTIFICATION™

hereby certifies that

Kyle O. McMurrian

has obtained National EMS Certification as an EMS professional at the level designated below

Registry No.	Expiration Date	Provider Level
E1873559	03/31/2020	EMT

Use this number on all correspondence to the National Registry.

David E Rhuton
Executive Director

RECEIVED
MAR 27 2018
BY

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

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 18-08429 04/12/2018

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.

04/12/2018

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBERANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 04/12/2018

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	TREASURER BOND - JGONSALVES TREASURER BOND - JGONSALVES		00021207	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 4/13/18 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.

3120 7

OMAG

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

Date of Invoice: 03/22/2018

DIRECT BILL INVOICE

Insured: CITY OF GLENPOOL

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

Policy Reference Nbr: BND 7200951 00
Effective: 02/05/2018 Expiration: 02/05/2019
PUBLIC OFFICIAL BONDS

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

INST	DATE	TRANSACTION		AMOUNT
01	03/22/2018	NEW BUSINESS PREMIUM	$	450.00

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 00
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)

Western Surety Company

RIDER

It is hereby mutually agreed and understood by and between the Principal and Western Surety Company, that instead of as originally written:

The Principal's name has been changed to read:
John Gonsalves

No further changes other than above.

Nothing herein contained shall be held to vary, alter, waive or extend any of the terms, limits or conditions of the Bond, except as hereinabove set forth.

This Rider becomes effective on the 19th day of March, 2018, at twelve and one minute o'clock a.m., standard time.

Attached to and forming part of Bond No. 72009513 issued by WESTERN SURETY COMPANY of Sioux Falls, South Dakota, to John Gonsalves.

Signed this 19th day of March, 2018.

WESTERN SURETY COMPANY

By Paul T. Bruflat
Paul T. Bruflat, Vice President

Form 128-1-2015

Oklahoma

Western Surety Company

OFFICIAL BOND AND OATH

STATE OF OKLAHOMA
County of Tulsa } ss

KNOW ALL PERSONS BY THESE PRESENTS: Bond No. 72009513

That we, John Consalves, as Principal, and WESTERN SURETY COMPANY, a corporation duly licensed to do business in the State of Oklahoma, as Surety, are held and firmly bound unto the County of Tulsa and State of Oklahoma, in the penal sum of Fifty Thousand and 00/100 DOLLARS ($50,000.00), for the payment of which we bind ourselves and our legal representatives, jointly and severally by these presents.

Signed this 8th day of March, 2018.

THE CONDITION OF THE ABOVE OBLIGATION IS SUCH, That whereas, the above bounden Principal has been Appointed (Elected - Appointed) to the office of Treasurer in and for Glenpool Area EMS District, State of Oklahoma, for the term of indefinite years, commencing on the 5th day of February, 2018.

Now, if the said Principal shall render a true account of his office and the doings therein to the proper authority at the close of each month, each quarter, each year, and at the end of his term of office, as required thereby or by law; and shall promptly pay over to the person or officers entitled thereto, at the close of each day, month, or quarter, and term of office, all money which may come into his hands by virtue of his said office; and shall faithfully account for all the balances of money remaining in his hands at the termination of his office; and shall well and truly keep all books of record and books of account required to properly record the doings of his office; and shall balance same monthly, and make all monthly, quarterly and annual reports to the boards, and officers required by law or by resolution of his governing board; and shall hereafter exercise all reasonable diligence and care in the preservation and lawful disposal of all money, books, papers and securities, or other property appertaining to his said office, and deliver them to his successor, or to any person authorized to receive the same; and if he shall faithfully and impartially, without fear, favor, fraud or apprehension, discharge all other duties, now or hereafter required of his office by law, then this bond to be void, otherwise in full force.

SEAL SOUTH DAKOTA

Principal

WESTERN SURETY COMPANY

By Paul T. Bruflat

Paul T. Bruflat, Vice President

STATE OF SOUTH DAKOTA
County of Minnehaha } ss

ACKNOWLEDGMENT OF SURETY
(Corporate Officer)

Before me, a Notary Public in and for said County and State on this 3rd day of November, 2014, personally appeared Paul T. Bruflat to me known to be the identical person who subscribed the name of WESTERN SURETY COMPANY, Surety, to the foregoing instrument as the aforesaid officer and acknowledged to me that he executed the same as his free and voluntary act and deed, and as the free and voluntary act and deed of such corporation for the uses and purposes therein set forth.

M. BENT
SEAL NOTARY PUBLIC SOUTH DAKOTA SEAL

M. Bent

Notary Public

My Commission Expires March 2, 2020

Form 852-A-11-2014

CNA SURETY

The State of Oklahoma requires we inform you of the following:

WARNING: Any person who knowingly, and with intent to injure, defraud or deceive any insurer, makes any claim for the proceeds of an insurance policy containing any false, incomplete or misleading information is guilty of a felony.

Form F2637-3-2012

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

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 18-07774 07/24/2017

ISSUED TO: VEND #: 01-000450

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

SHIP TO:

GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

07/24/2017

PURCHASING OFFICER DATE

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

ENCUMBERING OFFICER DATE

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

APR 2018 RENT 112815 = 120.00

Partial Payment 120.00

** TOTAL ** 1,100.00

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE 5/2/18 DATE

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

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

PACE Products of Tulsa

Invoice

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

NO. APR 2018 RENT 112815
Date: Apr 4, 2018
PO #

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

Phone: 918-322-2172
Customer ID: CIT001
Ship Date: Apr 4, 2018
Due Date: Apr 4, 2018
Terms: C.O.D.

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

Shipped Via: Pace Delivery
Driver: _____
Time: _____

Ordered	Returned	Product Description	Unit Price	Extension
2		THIS IS YOUR YEARLY CYLINDER RENTAL! FOR: 2 ADDITIONAL OXY/USP	60.00	120.00

RECEIVED
APR 16 2018
BY A/P-FIN: GLENPOOL

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

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

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

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 o product only. Terms are noted on invoice. Finance charges applied to all past due invoice 18% APR with a $2 minimum, calculated end of month ending balance. Any credit usec must be applied to the same account the credit was issued. Cylinders, safety caps, etc. ar the responsibility of the customer while in use. All Pace Products' property must remain a location of delivery. To relocate or report problems contact Pace Products of Tulsa, Inc. a (918) 663-0555.

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

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

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 18-07774 07/24/2017

ISSUED TO: VEND #: 01-000450

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

SHIP TO:

GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

07/24/2017

PURCHASING OFFICER 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. 07/24/2017

ENCUMBERING OFFICER DATE

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

113216 = 80.12

Partial Payment 80.12

** TOTAL ** 1,100.00

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE 5/2/18 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.

PACE Products of Tulsa

Invoice

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

NO. 113216
Date: Mar 15, 2018
PO #

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

Phone: 918-322-2172
Customer ID: CIT001
Ship Date: Mar 15, 2018
Due Date: Mar 15, 2018
Terms: C.O.D.

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

Shipped Via: Pace Delivery
Driver: Kenny
Time:

Ordered	Returned	Product Description	Unit Price	Extension
4	4	OXYGEN/USP-D10SCF Cylinder Serial No: Lot No: Psi: BWD 31320-033-NH BWD 28873-038- BV 21919-003- D 3142887 033-	15.03	60.12
1		DELIVERY CHARGE	20.00	20.00

RECEIVED
MAR 27 2018
BY A/P-FIN: GREENPOINT

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

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

Received By:

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

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

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

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

PURCHASE ORDER # 18-07774 07/24/2017

ISSUED TO: VEND #: 01-000450
PACE PRODUCTS OF TULSA
9513 E 55TH ST, STE B
TULSA, OK 74145

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

07/24/2017

PURCHASING OFFICER DATE

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

ENCUMBERING OFFICER DATE

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

113360 = 80.12

Partial Payment 80.12

** TOTAL ** 1,100.00

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE 5/2/18 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.

PACE Products of Tulsa

Invoice

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

NO. 113360
Date: Apr 18, 2018
PO #

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

Phone: 918-322-2172
Customer ID: CIT001
Ship Date: Apr 18, 2018
Due Date: Apr 18, 2018
Terms: C.O.D.

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

Shipped Via: Pace Delivery
Driver:
Time:

Ordered	Returned	Product Description		Unit Price	Extension
4	4	OXYGEN/USP-D10SCF Cylinder Serial No: No: Psi:	Lot	15.03	60.12
		BV21338-080-NH			
1		DELIVERY CHARGE		20.00	20.00
		BV21330-080-			
		BV21974-080-			
		BWJ28849-080-			

RECEIVED
APR 30 2018
BY

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

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

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

Received By:

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

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