

**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 June 2, 2025, at Glenpool City Hall, City Council Chambers, 12205 S. Yukon Ave., 3rd Floor, Glenpool, Oklahoma.

NOTE: The Glenpool Area Emergency Medical Service District will be assembled for the meeting at the City Council Chambers, 12205 S. Yukon Ave, Glenpool, Oklahoma. Members of the public are invited to attend the in-person meeting, or join a live broadcast at this link:

Join Zoom Meeting

<https://us02web.zoom.us/j/89753555435?pwd=QzdFVjA1b0lKa1lSUFIKbUNrUUxtdz09>

Meeting ID: 897 5355 5435

Passcode: 974088

One tap mobile

+13462487799, US (Houston)

+14086380968, US (San Jose)

Dial by your location

+1 253 215 8782 US (Tacoma)

+1 346 248 7799 US (Houston)

Meeting ID: 897 5355 5435

Passcode: 974088

Find your local number: <https://us02web.zoom.us/u/kdrY6w7ABX>

The GEMS Board welcomes comments from citizens of Glenpool who wish to address any item on the agenda.

- Speakers attending in **PERSON** are required to complete the Request to Speak form located on the agenda table and return to the City Clerk **PRIOR TO THE CALL TO ORDER.**
- Speakers attending via **ZOOM** are required to complete the Request to Speak form located on our website: <https://glenpoolonline.civicweb.net/document/19057/Request%20to%20Speak%20Form.pdf> and email it to the City Clerk: lasmith@cityofglenpool.com **PRIOR TO 6:00 PM, JUNE 2, 2025.**

AGENDA

	Page
A) Call to Order - Joyce G. Calvert, Chair	
B) Roll Call, Declaration of Quorum – Lesli Smith, Clerk; Joyce G. Calvert, Chair	
C) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS	
1) GEMS EMS REPORT 05012025-05272025	3 - 6
D) District Administrator Report -	
1) GEMS Financials 04 April 2025 BAG CHECK (Engine 1 2025-05-20)	7 - 30

[BAG CHECK \(R1 2025-05-20\)](#)

E) **Trustee Comments**

F) **Public Comments**

G) **Consideration and appropriate action relating to a request for approval of the Consent Agenda. (All matters listed under "Consent" are considered by the GEMS Board to be routine and will be enacted by one motion. Any Trustee may, however, remove an item from the Consent Agenda by request. A motion to adopt the consent Agenda is non-debatable.)**

- 1) To approve the minutes from the May 5, 2025, meeting. 31 - 33
[GEMS - 05 May 2025 - Minutes - Pdf](#)
- 2) To approve the purchase orders receiving report and payment claims as of May 28, 2025, totaling \$17,343.85. 34 - 46
[GEMS Packet 06-02-25](#)
- 3) To approve FY 24-25 Budget Amendment GEMS-01, appropriating \$32,621 in additional ad valorem taxes to be used for additional First Responder/Admin Fees. 47 - 48
[FY 24-25 Budget Amendment GEMS-01 - Staff Report 06-02-25](#)
[FY 24-25 Budget Amendment GEMS-01 - First Responder Admin Fees 06-02-25](#)
- 4) To approve the Engagement Letter from Crawford & Associates, P.C. to prepare the Estimate of Needs for FY 2025-2026. 49 - 54
[GEMS FY 2025-2026 Estimate of Needs Staff Report](#)
[GEMS FY 2025-2026 Estimate of Needs Engagement Letter](#)
- 5) To approve the Certificate and Order to County Clerk and County Treasurer for Josh Brannon, District Treasurer. 55 - 60
[GEMS Certificate and Order Josh Brannon 2025-26](#)

H) **Consideration and appropriate action relating to items removed from the Consent Agenda**

I) **Scheduled Business**

- 1) Discussion and possible action to approve, amend, or deny Resolution No. 2025001GEMS, a Resolution of the Governing Body of the Glenpool Area Emergency Medical Service District, to Comply with and Operate in Accordance with the Emergency Medical Service District Budget Act and Approve the Fiscal Year 2025- 2026 Annual Budget. 61 - 63
(Josh Brannon, District Treasurer)
[GEMS FY 25-26 Proposed Budget Letter 06-02-25](#)
[Resolution No.2025001GEMS](#)
[GEMS FY 25-26 Proposed Budget Update 06-02-25](#)

J) **Adjournment**

This notice and agenda was posted at Glenpool City Hall, 12205 S. Yukon Ave., Glenpool, Oklahoma, on May 30 at 11:30 am.

Signed: Lesli Smith

Clerk

Mercy Regional



Brian Cook
Chief Operating Officer
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 Operating Officer

Date: May 28, 2025

Ref: EMS Report May 1, 2025 – May 27, 2025

We logged 140 calls for service during this period while maintaining a 93% response time compliance.

86 patients were treated and transported.
34 patients refused transport.
11 cancelled prior to arrival.
4 Mutual aid received.
2 mutual aid given.
2 No patient found.
1 DOA

Brian Cook,
Chief Operating Officer

Chn	Call Date	Pick-Up Location	Destination	Dispatched	En Route	On Scene	Transport	Arrived	Chart	Response Time	Unit
25-10972	5/12/2025 08:42	EMERGENCY SCENE	CANCELLED BY PO OR OTHER SERVICE	5/12/2025 08:42	5/12/2025 08:42	5/12/2025 08:42	5/12/2025 08:42	5/12/2025 08:42	5/12/2025 08:42	00:05:14	MEDIC 401
25-10975	5/12/2025 08:59	EMERGENCY SCENE	ST. FRANCIS SOUTH	5/12/2025 09:00	5/12/2025 09:02	5/12/2025 09:02	5/12/2025 09:02	5/12/2025 09:02	5/12/2025 09:02	00:07:06	MEDIC 401
25-10714	5/12/2025 16:47	EMERGENCY SCENE	ST. JOHN TULSA	5/12/2025 16:48	5/12/2025 16:50	5/12/2025 16:50	5/12/2025 16:50	5/12/2025 16:50	5/12/2025 16:50	00:03:44	MEDIC 401
25-10712	5/12/2025 17:07	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 17:08	5/12/2025 17:08	5/12/2025 17:08	5/12/2025 17:08	5/12/2025 17:08	5/12/2025 17:08	00:03:54	MEDIC 401
25-10791	5/12/2025 21:44	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 21:44	5/12/2025 21:46	5/12/2025 21:46	5/12/2025 21:46	5/12/2025 21:46	5/12/2025 21:46	00:05:33	MEDIC 401
25-10792	5/12/2025 18:30	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 18:30	5/12/2025 18:32	5/12/2025 18:32	5/12/2025 18:32	5/12/2025 18:32	5/12/2025 18:32	00:05:30	MEDIC 401
25-10685	5/12/2025 06:54	EMERGENCY SCENE	DOA - DEPT ON ARRIVAL	5/12/2025 06:54	5/12/2025 06:56	5/12/2025 06:56	5/12/2025 06:56	5/12/2025 06:56	5/12/2025 06:56	00:04:04	MEDIC 103
25-10878	5/12/2025 06:55	EMERGENCY SCENE	CANCELLED BY PO OR OTHER SERVICE	5/12/2025 06:55	5/12/2025 06:56	5/12/2025 06:56	5/12/2025 06:56	5/12/2025 06:56	5/12/2025 06:56	00:00:16	MEDIC 103
25-10912	5/12/2025 15:44	EMERGENCY SCENE	CANCELLED BY PO OR OTHER SERVICE	5/12/2025 15:44	5/12/2025 15:47	5/12/2025 15:47	5/12/2025 15:47	5/12/2025 15:47	5/12/2025 15:47	00:07:12	MEDIC 401
25-10911	5/12/2025 15:44	EMERGENCY SCENE	ST. FRANCIS SOUTH	5/12/2025 15:44	5/12/2025 15:47	5/12/2025 15:47	5/12/2025 15:47	5/12/2025 15:47	5/12/2025 15:47	00:05:32	MEDIC 401
25-10922	5/12/2025 17:46	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 18:34	5/12/2025 18:37	5/12/2025 18:37	5/12/2025 18:37	5/12/2025 18:37	5/12/2025 18:37	00:00:00	MUTUAL AID RECEIVED
25-10921	5/12/2025 17:46	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 18:34	5/12/2025 18:37	5/12/2025 18:37	5/12/2025 18:37	5/12/2025 18:37	5/12/2025 18:37	00:00:23	MEDIC 401
25-10938	5/12/2025 21:35	EMERGENCY SCENE	HILLCREST SOUTH	5/12/2025 21:35	5/12/2025 21:38	5/12/2025 21:38	5/12/2025 21:38	5/12/2025 21:38	5/12/2025 21:38	00:05:14	MEDIC 401
25-10943	5/12/2025 21:14	EMERGENCY SCENE	OSU MEDICAL CENTER	5/12/2025 21:14	5/12/2025 21:18	5/12/2025 21:18	5/12/2025 21:18	5/12/2025 21:18	5/12/2025 21:18	00:06:23	MEDIC 402
25-10942	5/12/2025 01:34	EMERGENCY SCENE	ST. FRANCIS SOUTH	5/12/2025 01:34	5/12/2025 01:36	5/12/2025 01:36	5/12/2025 01:36	5/12/2025 01:36	5/12/2025 01:36	00:10:37	MEDIC 402
25-10883	5/12/2025 08:21	EMERGENCY SCENE	ST. FRANCIS SOUTH	5/12/2025 08:21	5/12/2025 08:24	5/12/2025 08:24	5/12/2025 08:24	5/12/2025 08:24	5/12/2025 08:24	00:05:09	MEDIC 401
25-10893	5/12/2025 18:43	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 18:43	5/12/2025 18:46	5/12/2025 18:46	5/12/2025 18:46	5/12/2025 18:46	5/12/2025 18:46	00:18:41	MEDIC 402
25-11093	5/12/2025 09:39	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 09:39	5/12/2025 09:42	5/12/2025 09:42	5/12/2025 09:42	5/12/2025 09:42	5/12/2025 09:42	00:02:46	MEDIC 401
25-11095	5/12/2025 12:27	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 12:27	5/12/2025 12:28	5/12/2025 12:28	5/12/2025 12:28	5/12/2025 12:28	5/12/2025 12:28	00:03:18	MEDIC 401
25-11078	5/12/2025 16:16	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	5/12/2025 16:16	5/12/2025 16:17	5/12/2025 16:17	5/12/2025 16:17	5/12/2025 16:17	5/12/2025 16:17	00:02:33	MEDIC 401
25-11079	5/12/2025 16:47	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 16:47	5/12/2025 16:50	5/12/2025 16:50	5/12/2025 16:50	5/12/2025 16:50	5/12/2025 16:50	00:05:57	MEDIC 103
25-11188	5/12/2025 17:46	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 17:47	5/12/2025 17:49	5/12/2025 17:49	5/12/2025 17:49	5/12/2025 17:49	5/12/2025 17:49	00:04:55	MEDIC 401
25-11177	5/12/2025 20:10	EMERGENCY SCENE	OSU MEDICAL CENTER	5/12/2025 20:11	5/12/2025 20:15	5/12/2025 20:15	5/12/2025 20:15	5/12/2025 20:15	5/12/2025 20:15	00:04:51	MEDIC 401
25-11414	5/12/2025 11:00	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 11:01	5/12/2025 11:04	5/12/2025 11:04	5/12/2025 11:04	5/12/2025 11:04	5/12/2025 11:04	00:11:33	MEDIC 401
25-11415	5/12/2025 11:02	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	5/12/2025 11:02	5/12/2025 11:05	5/12/2025 11:05	5/12/2025 11:05	5/12/2025 11:05	5/12/2025 11:05	00:02:38	MEDIC 402
25-11424	5/12/2025 15:29	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 15:29	5/12/2025 15:32	5/12/2025 15:32	5/12/2025 15:32	5/12/2025 15:32	5/12/2025 15:32	00:06:54	MEDIC 401
25-11920	5/12/2025 18:20	EMERGENCY SCENE	CANCELLED BY PO OR OTHER SERVICE	5/12/2025 18:22	5/12/2025 18:25	5/12/2025 18:25	5/12/2025 18:25	5/12/2025 18:25	5/12/2025 18:25	00:00:00	MUTUAL AID RECEIVED
25-11722	5/12/2025 22:49	EMERGENCY SCENE	ST. FRANCIS EMPPOOL	5/12/2025 22:49	5/12/2025 22:50	5/12/2025 22:50	5/12/2025 22:50	5/12/2025 22:50	5/12/2025 22:50	00:03:06	MEDIC 402
25-11790	5/12/2025 13:50	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 13:50	5/12/2025 13:54	5/12/2025 13:54	5/12/2025 13:54	5/12/2025 13:54	5/12/2025 13:54	00:03:17	MEDIC 401
25-11792	5/12/2025 13:53	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 13:53	5/12/2025 13:54	5/12/2025 13:54	5/12/2025 13:54	5/12/2025 13:54	5/12/2025 13:54	00:07:12	MEDIC 401
25-11832	5/12/2025 18:01	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 18:01	5/12/2025 18:03	5/12/2025 18:03	5/12/2025 18:03	5/12/2025 18:03	5/12/2025 18:03	00:04:30	MEDIC 401
25-11834	5/12/2025 04:04	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 04:05	5/12/2025 04:08	5/12/2025 04:08	5/12/2025 04:08	5/12/2025 04:08	5/12/2025 04:08	00:07:26	MEDIC 401
25-11408	5/12/2025 14:57	EMERGENCY SCENE	CANCELLED BY FIRE	5/12/2025 14:58	5/12/2025 15:01	5/12/2025 15:01	5/12/2025 15:01	5/12/2025 15:01	5/12/2025 15:01	00:05:35	MEDIC 401
25-11410	5/12/2025 15:02	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 15:04	5/12/2025 15:10	5/12/2025 15:10	5/12/2025 15:10	5/12/2025 15:10	5/12/2025 15:10	00:02:54	MEDIC 401
25-11409	5/12/2025 21:06	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 21:10	5/12/2025 21:12	5/12/2025 21:12	5/12/2025 21:12	5/12/2025 21:12	5/12/2025 21:12	00:09:52	MEDIC 401
25-11444	5/12/2025 22:45	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 22:45	5/12/2025 22:48	5/12/2025 22:48	5/12/2025 22:48	5/12/2025 22:48	5/12/2025 22:48	00:05:01	MEDIC 401
25-11446	5/12/2025 28:13	EMERGENCY SCENE	EMERGENCY SCENE	5/12/2025 28:13	5/12/2025 28:16	5/12/2025 28:16	5/12/2025 28:16	5/12/2025 28:16	5/12/2025 28:16	00:06:42	MEDIC 401
25-11448	5/12/2025 04:13	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 04:13	5/12/2025 04:17	5/12/2025 04:17	5/12/2025 04:17	5/12/2025 04:17	5/12/2025 04:17	00:00:00	MUTUAL AID RECEIVED
25-11474	5/12/2025 13:31	EMERGENCY SCENE	ST. FRANCIS EMPPOOL	5/12/2025 13:32	5/12/2025 13:34	5/12/2025 13:34	5/12/2025 13:34	5/12/2025 13:34	5/12/2025 13:34	00:08:07	MEDIC 401
25-11791	5/12/2025 13:50	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 13:50	5/12/2025 13:54	5/12/2025 13:54	5/12/2025 13:54	5/12/2025 13:54	5/12/2025 13:54	00:05:48	MEDIC 401
25-11792	5/12/2025 13:53	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 13:53	5/12/2025 13:54	5/12/2025 13:54	5/12/2025 13:54	5/12/2025 13:54	5/12/2025 13:54	00:03:40	MEDIC 402
25-11845	5/12/2025 18:08	EMERGENCY SCENE	NO PATIENT FOUND	5/12/2025 18:08	5/12/2025 18:10	5/12/2025 18:10	5/12/2025 18:10	5/12/2025 18:10	5/12/2025 18:10	00:07:29	MEDIC 103
25-11846	5/12/2025 23:20	EMERGENCY SCENE	ST. FRANCIS SOUTH	5/12/2025 23:20	5/12/2025 23:26	5/12/2025 23:26	5/12/2025 23:26	5/12/2025 23:26	5/12/2025 23:26	00:06:59	MEDIC 401
25-11904	5/12/2025 23:24	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 23:24	5/12/2025 23:26	5/12/2025 23:26	5/12/2025 23:26	5/12/2025 23:26	5/12/2025 23:26	00:05:21	MEDIC 401
25-11918	5/12/2025 08:26	EMERGENCY SCENE	ST. FRANCIS SOUTH	5/12/2025 08:27	5/12/2025 08:29	5/12/2025 08:29	5/12/2025 08:29	5/12/2025 08:29	5/12/2025 08:29	00:03:46	MEDIC 401
25-11931	5/12/2025 09:08	EMERGENCY SCENE	ST. FRANCIS TULSA	5/12/2025 09:09	5/12/2025 09:10	5/12/2025 09:10	5/12/2025 09:10	5/12/2025 09:10	5/12/2025 09:10	00:06:51	MEDIC 402
25-11951	5/12/2025 18:17	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 18:18	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	00:07:09	MEDIC 402
25-11952	5/12/2025 18:17	EMERGENCY SCENE	ST. FRANCIS EMPPOOL	5/12/2025 18:18	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	00:06:33	MEDIC 401
25-11953	5/12/2025 18:17	EMERGENCY SCENE	ST. FRANCIS EMPPOOL	5/12/2025 18:18	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	00:07:00	MEDIC 401
25-11954	5/12/2025 18:17	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 18:18	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	00:07:00	MEDIC 401
25-11955	5/12/2025 18:17	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 18:18	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	00:07:00	MEDIC 401
25-11956	5/12/2025 18:17	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 18:18	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	00:07:00	MEDIC 401
25-11957	5/12/2025 18:17	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 18:18	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	00:07:00	MEDIC 401
25-11958	5/12/2025 18:17	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 18:18	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	00:07:00	MEDIC 401
25-11959	5/12/2025 18:17	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 18:18	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	00:07:00	MEDIC 401
25-11960	5/12/2025 18:17	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 18:18	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	5/12/2025 18:20	00:07:00	MEDIC 401
25-11961	5/12/2025 18:17	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/12/2025 18:1							

25-12881	5/26/2025 11:02	EMERGENCY SCENE	ST. FRANCIS TULSA	5/26/2025 11:03	5/26/2025 11:04	5/26/2025 11:07	5/26/2025 11:20	5/26/2025 11:40	5/26/2025 12:09	0003424	MEDIC 401
25-12893	5/26/2025 13:15	EMERGENCY SCENE	ST. FRANCIS TULSA	5/26/2025 13:16	5/26/2025 13:18	5/26/2025 13:19	5/26/2025 13:31	5/26/2025 13:50	5/26/2025 14:12	0003333	MEDIC 401
25-12902	5/26/2025 15:31	EMERGENCY SCENE	ST. FRANCIS SOUTH	5/27/2025 15:31	5/26/2025 15:32	5/26/2025 15:34	5/26/2025 15:45	5/26/2025 15:59	5/26/2025 16:20	0003335	MEDIC 401
25-12907	5/27/2025 14:44	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	5/27/2025 14:44	5/27/2025 14:45	5/27/2025 14:49	5/27/2025 14:59	5/27/2025 14:59	5/27/2025 14:58	0003500	MEDIC 401
25-13024	5/27/2025 21:35	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/27/2025 21:36	5/27/2025 21:37	5/27/2025 21:38	5/27/2025 21:56	5/27/2025 21:56	5/27/2025 21:56	0003329	MEDIC 401
25-13028	5/27/2025 21:35	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/27/2025 21:36	5/27/2025 21:37	5/27/2025 21:38	5/27/2025 21:56	5/27/2025 21:56	5/27/2025 21:56	0003329	MEDIC 401
25-13029	5/27/2025 21:35	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	5/27/2025 21:36	5/27/2025 21:37	5/27/2025 21:38	5/27/2025 21:56	5/27/2025 21:56	5/27/2025 21:56	0003329	MEDIC 401

Statement Date: 4/30/25

PAGE 2

DO NOT ACCEPT UNLESS THE CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID FANTOGRAM, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 0193 **BancFirst** **002246**
MEDICAL SERVICE DISTRICT **Glenpool, Oklahoma**
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635 39-363/1030

PAY --- TWO HUNDRED EIGHT & 33/100 DOLLARS --- DATE CHECK AMOUNT
 03/04/2025 \$*****208.33

TO THE ORDER OF
 ** JOSHUA M. BRANNON **
 12205 S YUKON AVE.
 GLENPOOL, OK 74033

BY: *Lesli Smith*
 AUTHORIZED SIGNATURES

002246 *103003632*

DO NOT ACCEPT UNLESS THE CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID FANTOGRAM, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 0193 **BancFirst** **002248**
MEDICAL SERVICE DISTRICT **Glenpool, Oklahoma**
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635 39-363/1030

PAY --- SEVENTEEN THOUSAND & 00/100 DOLLARS --- DATE CHECK AMOUNT
 04/07/2025 \$*****15,000.00

TO THE ORDER OF
 ** CENTURION HEALTH SYSTEMS, DBA MERCY REGIONAL **
 MERCY REGIONAL OKLAHOMA
 9106 N GARNET RD
 OWASSO, OK 74055

BY: *John M. Brannon*
 AUTHORIZED SIGNATURES

002248 *103003632*

Number: 2246 Date: 4/1/2025 Amount: \$208.33

DO NOT ACCEPT UNLESS THE CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID FANTOGRAM, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 0193 **BancFirst** **002249**
MEDICAL SERVICE DISTRICT **Glenpool, Oklahoma**
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635 39-363/1030

PAY --- TEN THOUSAND SIX HUNDRED FIFTY TWO & 87/100 DOLLARS --- DATE CHECK AMOUNT
 04/07/2025 \$*****10,652.87

TO THE ORDER OF
 ** CITY OF GLENPOOL - GEMS **
 12205 S YUKON AVE.
 GLENPOOL, OK 74033

BY: *Lesli Smith*
 AUTHORIZED SIGNATURES

002249 *103003632*

Number: 2248 Date: 4/11/2025 Amount: \$15000.00

DO NOT ACCEPT UNLESS THE CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID FANTOGRAM, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 0193 **BancFirst** **002250**
MEDICAL SERVICE DISTRICT **Glenpool, Oklahoma**
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635 39-363/1030

PAY --- TWO HUNDRED EIGHT & 33/100 DOLLARS --- DATE CHECK AMOUNT
 04/07/2025 \$*****208.33

TO THE ORDER OF
 ** JOSHUA M. BRANNON **
 12205 S YUKON AVE.
 GLENPOOL, OK 74033

BY: *Lesli Smith*
 AUTHORIZED SIGNATURES

002250 *103003632*

Number: 2249 Date: 4/9/2025 Amount: \$10652.87

DO NOT ACCEPT UNLESS THE CHECK IS PRINTED WITH A COLOR BACKGROUND, CONTAINS A VOID FANTOGRAM, MICROPRINTING FACE AND BACK, UV FIBERS AND A WATERMARK ON THE REVERSE SIDE.

GLENPOOL AREA EMERGENCY 0193 **BancFirst** **002251**
MEDICAL SERVICE DISTRICT **Glenpool, Oklahoma**
 12205 S. YUKON AVE. PH. 918-322-5409
 GLENPOOL, OK 74033-6635 39-363/1030

PAY --- TWO HUNDRED EIGHT & 33/100 DOLLARS --- DATE CHECK AMOUNT
 04/07/2025 \$*****208.33

TO THE ORDER OF
 ** LESLI SMITH **

BY: *Lesli Smith*
 AUTHORIZED SIGNATURES

002251 *103003632*

Number: 2250 Date: 4/10/2025 Amount: \$208.33

Number: 2251 Date: 4/18/2025 Amount: \$208.33

4022-00000



PERIOD: 4/01/2025 - 4/30/2025

ACCOUNT: 31-1001 GEMS CASH IN BANK

RECONCILIATION SUMMARY

BEGINNING STATEMENT BALANCE:	410,611.88	GL ACCOUNT BALANCE:	421,699.81
DEPOSITS:	+ 37,365.79	OUTSTANDING DEPOSITS:	- 0.00
WITHDRAWALS:	+ 26,277.86CR	OUTSTANDING CHECKS:	- 0.00
ADJUSTMENTS:	+ <u>0.00</u>	ADJUSTMENTS:	+ <u>0.00</u>
ENDING STATEMENT BALANCE:	421,699.81	ADJUSTED GL ACCOUNT BALANCE:	421,699.81

STATEMENT BALANCE:	421,699.81
BANK DIFFERENCE:	0.00
G/L DIFFERENCE:	0.00

CLEARED DEPOSITS:

4/10/2025	Apr 2025 GEMS TAX DEP FROM TC	<u>37,365.79</u>
TOTAL CLEARED DEPOSITS:		<u>37,365.79</u>

=====

CLEARED CHECKS:

3/04/2025	002246	JOSHUA M. BRANNON	208.33CR
4/07/2025	002248	CENTURION HEALTH SYSTEMS, DBA M	15,000.00CR
4/07/2025	002249	CITY OF GLENPOOL - GEMS	10,652.87CR
4/07/2025	002250	JOSHUA M. BRANNON	208.33CR
4/07/2025	002251	LESLI SMITH	<u>208.33CR</u>
TOTAL CLEARED CHECKS:			<u>26,277.86CR</u>

=====

CLEARED OTHER:
No Items.

31 -GEMS

ACCOUNT #	ACCOUNT DESCRIPTION	BALANCE
ASSETS		
=====		
31-1001	GEMS CASH IN BANK	421,699.81
31-1302	PREPAID PAYROLL TAXES	0.00
31-1303	TAXES RECEIVABLE	0.00
31-1353	EQUIPMENT	71,085.14
31-1354	ACCUM DEPREC - EQUIPMENT	(42,651.08)
		<u>450,133.87</u>
TOTAL ASSETS		450,133.87
		=====
LIABILITIES		
=====		
31-2001	ACCOUNTS PAYABLE	0.00
31-2101	FICA LIABILITY	0.00
31-2102	MED TAX LIABILITY	0.00
31-2103	FEDERAL W/H PAYABLE	0.00
31-2104	STATE W/H PAYABLE	0.00
31-2130	OPEB LIABILITY	0.00
31-2131	DEFERRED INFLOWS	0.00
	TOTAL LIABILITIES	<u>0.00</u>
EQUITY		
=====		
31-3001	FUND BALANCE	<u>334,818.20</u>
	TOTAL BEGINNING EQUITY	334,818.20
	TOTAL REVENUE	417,529.77
	TOTAL EXPENSES	<u>302,214.10</u>
	TOTAL REVENUE OVER/(UNDER) EXPENSES	115,315.67
	TOTAL EQUITY & REV. OVER/(UNDER) EXP.	<u>450,133.87</u>
	TOTAL LIABILITIES, EQUITY & REV.OVER/(UNDER) EXP.	450,133.87
		=====

CITY OF GLENPOOL
 PRIOR YEAR ENCUMBRANCE FINANCIAL (UNAUDITED)
 AS OF: APRIL 30TH, 2025

31 -GEMS
 FINANCIAL SUMMARY

% OF YEAR COMPLETED: 83.33

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
NON-DEPARTMENTAL	<u>423,904.00</u>	<u>37,365.79</u>	<u>0.00</u>	<u>417,529.77</u>	<u>0.00</u>	<u>6,374.23</u>	<u>98.50</u>
TOTAL REVENUES	423,904.00	37,365.79	0.00	417,529.77	0.00	6,374.23	98.50
=====							
<u>EXPENDITURE SUMMARY</u>							
GEMS	<u>423,904.00</u>	<u>26,069.53</u>	<u>0.00</u>	<u>302,214.10</u>	<u>35,777.86</u>	<u>85,912.04</u>	<u>79.73</u>
TOTAL EXPENDITURES	423,904.00	26,069.53	0.00	302,214.10	35,777.86	85,912.04	79.73
=====							
REVENUE OVER/(UNDER) EXPENDITURES	0.00	11,296.26	0.00	115,315.67 (35,777.86)	0.00	0.00

CITY OF GLENPOOL
 PRIOR YEAR ENCUMBRANCE FINANCIAL (UNAUDITED)
 AS OF: APRIL 30TH, 2025

31 -GEMS

% OF YEAR COMPLETED: 83.33

REVENUES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>NON-DEPARTMENTAL</u>							
<u>TAXES</u>							
31-5-00-5006 TAXES	385,000.00	37,365.79	0.00	417,529.77	0.00	(32,529.77)	108.45
TOTAL TAXES	385,000.00	37,365.79	0.00	417,529.77	0.00	(32,529.77)	108.45
<u>INVESTMENT INCOME</u>							
31-5-00-5301 INTEREST	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-5-00-5306 MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL INVESTMENT INCOME	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>OTHER FINANCING SOURCES</u>							
31-5-00-5409 USE OF FUND BALANCE	38,904.00	0.00	0.00	0.00	0.00	38,904.00	0.00
TOTAL OTHER FINANCING SOURCES	38,904.00	0.00	0.00	0.00	0.00	38,904.00	0.00
TOTAL NON-DEPARTMENTAL	423,904.00	37,365.79	0.00	417,529.77	0.00	6,374.23	98.50
** TOTAL REVENUES **	423,904.00	37,365.79	0.00	417,529.77	0.00	6,374.23	98.50

31 -GEMS

% OF YEAR COMPLETED: 83.33

DEPARTMENTAL EXPENDITURES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
GEMS							
PERSONAL SERVICES							
31-6-01-6101 SALARIES & WAGES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6102 INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6111 FICA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6113 WORKMANS COMP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6114 UNEMPLOYMENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL PERSONAL SERVICES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
SUPPLIES							
31-6-01-6202 OPERATING SUPPLIES	4,500.00	0.00	0.00	3,919.03	0.00	580.97	87.09
31-6-01-6206 MINOR EQUIPMENT	2,500.00	0.00	0.00	0.00	0.00	2,500.00	0.00
TOTAL SUPPLIES	7,000.00	0.00	0.00	3,919.03	0.00	3,080.97	55.99
OTHER CHARGES & SERVICES							
31-6-01-6210 AMBULANCE CONTRACT	180,000.00	15,000.00	0.00	150,000.00	15,000.00	15,000.00	91.67
31-6-01-6225 FIRST RESPONDER/ADMIN FEES	177,379.00	10,652.87	0.00	144,194.30	20,361.20	12,823.50	92.77
31-6-01-6235 CONTRACT SERVICES	13,800.00	416.66	0.00	4,100.77	416.66	9,282.57	32.74
31-6-01-6236 AUDIT FEES	39,225.00	0.00	0.00	0.00	0.00	39,225.00	0.00
31-6-01-6254 MISC SERVICES & CHARGES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL OTHER CHARGES & SERVICES	410,404.00	26,069.53	0.00	298,295.07	35,777.86	76,331.07	81.40
TRAVEL & TRAINING							
31-6-01-6262 TRAVEL AND TRAINING	6,500.00	0.00	0.00	0.00	0.00	6,500.00	0.00
TOTAL TRAVEL & TRAINING	6,500.00	0.00	0.00	0.00	0.00	6,500.00	0.00
MISCELLANEOUS							
31-6-01-6283 INVESTMENT EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
CAPITAL EXPENDITURES							
31-6-01-6333 CAPITAL PURCHASES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL CAPITAL EXPENDITURES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OTHER FINANCING USES							
31-6-01-6745 TSF TO RESERVES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL OTHER FINANCING USES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL GEMS	423,904.00	26,069.53	0.00	302,214.10	35,777.86	85,912.04	79.73
TOTAL EXPENDITURES	423,904.00	26,069.53	0.00	302,214.10	35,777.86	85,912.04	79.73
REVENUE OVER/(UNDER) EXPENDITURES	0.00	11,296.26	0.00	115,315.67	(35,777.86)	(79,537.81)	0.00

Month	FY2025	FY2024	FY2023	FY2022	FY2021	FY2020	FY2019
July	0.2%	0.1%	0.3%	0.4%	0.5%	0.3%	0.3%
August	0.5%	0.3%	0.4%	0.6%	0.6%	0.7%	0.5%
September	0.8%	0.6%	0.5%	0.8%	0.8%	0.7%	1.0%
October	1.0%	1.0%	1.4%	1.2%	1.0%	1.1%	1.3%
November	1.2%	1.3%	1.5%	1.3%	1.2%	1.2%	1.4%
December	7.0%	6.1%	5.4%	4.6%	5.9%	4.6%	9.2%
January	91.3%	90.0%	91.3%	85.8%	80.3%	80.8%	82.7%
February	97.5%	98.2%	100.7%	92.1%	90.7%	85.6%	91.0%
March	98.7%	100.2%	103.2%	94.0%	92.4%	87.6%	93.3%
April	108.4%	108.6%	110.9%	101.8%	101.7%	93.3%	100.7%
May		112.7%	114.2%	104.9%	105.2%	97.9%	104.4%
June		113.7%	115.0%	105.3%	105.7%	99.1%	105.2%

As of April 30, 2025 GEMS has received 108.4% of tax revenue budgeted.

In other words, \$417,529.77 has been received of the \$385,000.00 tax revenue budgeted.



GLENPOOL FIRE DEPARTMENT
MED BAG CHECKLIST

Unit: Engine 1

Date: 20 May 2025

-
- FRONT ZIPPER POCKET**
- 1 B/P Cuff
 - 1 Stethoscope
 - 1 Pulse Oximeter
 - 1 - Ped. Cannula
 - 1 - Infant Cannula
 - 2 - Infant NRB
 - 1 - Rusch Laryngoscope Kit

-
- RIGHT ZIPPER POCKET**
- 1 - Airtraq Camera Blue Exp. Date: 10 March 2027
 - 1 - Thomas Tube Holder Pink Exp. Date: 13 September 2026
 - 1 - Airtraq Blade Grey Exp. Date: 31 March 2027

-
- O2 LEFT SIDE POCKET**
- 1-O2 Cylinder psi 2000
 - 2-Adult NRB
 - 2-Adult NC
 - 1-Adult BVM

-
- INSIDE POCKET**
- 1-Blood Glucose Kit/Test Strips Exp. Date: 17 October 2025
 - 1-Tube Glucose 31g Exp. Date: 30 September 2026
 - Lancettes
 - Adhesive Bandages
 - Alcohol Swabs
 - 1-Tactical Tourniquet
 - 1-Thermometer
 - 1-Samsplint

-
- FIRST AID BAG**
- Medical Tape
 - Flush
 - Conban
 - Band-aids
 - Tri-Angle Bandage
 - 4X4s
 - Bandage Roll
 - 3X3s

-
- INSIDE CLEAR LID**
- Sharps Shuttle
 - Pen Light
 - Hand Sanitizer
 - Trauma Sheers
 - Ring Cutter
 - Convenience Bags
 - Bio Bag

IV COMPARTMENT

- Sharps Shuttle
- IV 10 Drop Administration Sets
- 1-Roll Medical Tape
- 1-Arrow IO Drill

2-14g IV	Exp. Date:	<input type="text" value="27 July 2025"/>	Exp. Date:	<input type="text" value="27 July 2025"/>
2-18g IV	Exp. Date:	<input type="text" value="20 October 2026"/>	Exp. Date:	<input type="text" value="20 October 2026"/>
2-20g IV	Exp. Date:	<input type="text" value="25 March 2025"/>	Exp. Date:	<input type="text" value="02 May 2027"/>
2-22g IV	Exp. Date:	<input type="text" value="11 March 2027"/>	Exp. Date:	<input type="text" value="15 April 2027"/>
2-24g IV	Exp. Date:	<input type="text" value="10 July 2025"/>	Exp. Date:	<input type="text" value="10 July 2025"/>
4-Saline Flushes	{ Exp. Date:	<input type="text" value="01 April 2026"/>	Exp. Date:	<input type="text" value="01 April 2026"/>
	{ Exp. Date:	<input type="text" value="01 April 2026"/>	Exp. Date:	<input type="text" value="01 April 2026"/>
2-IV Start Kits		<input checked="" type="checkbox"/>		
2-EZ Stabilizers	Exp. Date:	<input type="text" value="15 September 2025"/>	Exp. Date:	<input type="text" value="02 May 2027"/>
2-45mm 15g IO Needle Set	Exp. Date:	<input type="text" value="30 November 2027"/>	Exp. Date:	<input type="text" value="30 June 2026"/>
2-25mm 15g IO Needle Set	Exp. Date:	<input type="text" value="31 March 2027"/>	Exp. Date:	<input type="text" value="30 June 2025"/>
1-IV Bag	Exp. Date:	<input type="text" value="28 February 2026"/>		
1 Pressure Bag		<input checked="" type="checkbox"/>		

AIRWAY COMPARTMENT

1-2.5 ET Tube	Exp. Date:	<input type="text" value="28 February 2025"/>	1-7.0 ET Tube	Exp. Date:	<input type="text" value="21 January 2027"/>
1-3.0 ET Tube	Exp. Date:	<input type="text" value="04 December 2025"/>	1-7.5 ET Tube	Exp. Date:	<input type="text" value="17 December 2026"/>
1-3.5 ET Tube	Exp. Date:	<input type="text" value="07 May 2026"/>	1-8.0 ET Tube	Exp. Date:	<input type="text" value="04 December 2025"/>
1-4.0 ET Tube	Exp. Date:	<input type="text" value="14 April 2027"/>	1-8.5 ET Tube	Exp. Date:	<input type="text" value="19 December 2024"/>
1-4.5 ET Tube	Exp. Date:	<input type="text" value="24 May 2027"/>	1-9.0 ET Tube	Exp. Date:	<input type="text" value="14 August 2026"/>
1-5.0 ET Tube	Exp. Date:	<input type="text" value="19 December 2024"/>	1-OPA Kit		<input checked="" type="checkbox"/>
1-5.5 ET Tube	Exp. Date:	<input type="text" value="16 July 2026"/>	K-Y Lube Gel	Exp. Date:	<input type="text" value="29 July 2028"/>
1-6.0 ET Tube	Exp. Date:	<input type="text" value="20 August 2026"/>			
1-6.5 ET Tube	Exp. Date:	<input type="text" value="06 August 2026"/>			

AIRWAY COMPARTMENT CONT.

1-NPA Kit (Sizes 8.7/9.3/10.0/10.7/11.3mm)

Size 8.7	Exp. Date:	28 November 2027	4 KAD	Green	Exp. Date:	01 October 2026
Size 9.3	Exp. Date:	07 December 2026		Purple	Exp. Date:	30 April 2027
Size 10	Exp. Date:	28 April 2027		Yellow	Exp. Date:	01 November 2027
Size 10.7	Exp. Date:	29 April 2027		Red	Exp. Date:	01 August 2025
Size 11.3	Exp. Date:	10 February 2026				

MEDICINE COMPARTMENT

1-Glucagon Kit 1mg	Exp. Date:	01 May 2025				
1-50% Dextrose	Exp. Date:	01 March 2024				
2 - Epinephrine Injection 1mg/mL	Exp. Date:	30 September 2025	Exp. Date:	30 September 2025		
2 - 18g Filter Needles	Exp. Date:	14 June 2028	Exp. Date:	25 November 2028		
2 - 23g Eclipse Needle	Exp. Date:	31 March 2025	Exp. Date:	31 March 2025		
2 - 1mL Syringe	Exp. Date:	31 December 2026	Exp. Date:	31 December 2026		
2 - 4x4 Gauze	<input checked="" type="checkbox"/>					
2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit)	Exp. Date:	30 April 2025	Exp. Date:	31 December 2025		
1 - 2% Lidocaine Hcl	Exp. Date:	28 February 2026				
1 - Nebulizer Kit	<input checked="" type="checkbox"/>					
3 - Albuterol 2.5mg	Exp:	30 March 2025	Exp:	30 March 2025	Exp:	30 June 2025
1 - Levalbuterol 1.25	Exp. Date:	29 February 2024				
1 - Levalbuterol 0.31	Exp. Date:	30 November 2025				
2 - Ipratropium Bromide 0.5mg (Atrovent)	Exp. Date:	31 August 2025	Exp. Date:	31 August 2025		
1 - Low Dose Aspirin (81 mg)	Exp. Date:	31 March 2026				
1 - Roll Med Tape	<input checked="" type="checkbox"/>					

LIFEPAK MONITOR

Child/ Adult AED Pads Exp. Date:

Capno

PEDI Pulse OX Exp. Date:

LIFEPAK®15 Monitor/Defibrillator Operator's Checklist

This is a recommended checklist to use to inspect and test this monitor/defibrillator. Daily inspection and test is recommended. This form may be reproduced.

Unit Serial No: Location: DATE

1. Inspect physical condition for:

Foreign substances Pass Fail

Damage or cracks Pass Fail

2. Inspect power source for:

Broken, loose or worn battery pins. Pass Fail

Damaged or leaking battery. Pass Fail

Spare battery available Pass Fail

Damage to power adapters or cable. Pass Fail

3. Inspect ECG cable and cable port for:

Cracking, damaged, broke or bent parts or pins Pass Fail

4. Check ECG electrodes and therapy electrodes for:

Use by date Pass Fail

Spare electrodes available Pass Fail

Damaged, open package Pass Fail

5. With batteries installed, disconnect from power adapter (if using), press ON and observe for:

- | | | |
|--|--|-------------------------------|
| Momentary illumination of self test messages and LED's and speaker beep. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Two fully charged batteries | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Service indicator | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

6. With batteries installed, reconnect power adapter to device and check for:
(If not using a power adapter, goto step 7.)

- | | | |
|---|--|-------------------------------|
| Power adapter LED stripes illuminated | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Auxiliary power LED on device is illuminated | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Battery charging LED on device is illuminating or flashing. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

7. Perform QUICK-COMBO therapy cable check in manual mode.
(If this cable is not used with defibrillator, go to step 8).

- | | | |
|--|--|-------------------------------|
| Disconnect and examine cable for cracking, damaged, broken or bent parts and pins. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Connect therapy cable to defibrillator and test load. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Select LEAD then PADDLES | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Select 200 JOULES and press CHARGE. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press SHOCK button | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Confirm ENERGY DELIVERED message appears. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Remove test load from cable and verify PADDLES LEAD OFF appears. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

8. Energy

- | | | |
|--|--|-------------------------------|
| Press only one (shock) button and release. Confirm that energy was not discharged. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press the other (shock) button. Confirm that energy was not discharged. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press both (shock) buttons and confirm ABNORMAL ENERGY DELIVERY message appears. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

8. Cont.

- Remove paddles from wells, and confirm artifact on screen. Pass Fail
- Place paddle surfaces together, and confirm flat line on screen. Pass Fail
- Return paddles securely to paddle wells. Pass Fail

9. Perform user test if 3:00 AM auto test results not available.

- Press OPTIONS.
- Select USER TEST in menu. Pass Fail
- Confirm test results printed.

10. Check ECG printer for:

- Adequate paper supply. Pass Fail
- Ability to print. Pass Fail

11. If using wireless data transmission, test transmission method

- Establish Bluetooth connection. N/A Pass Fail
- Send a test transmission. N/A Pass Fail

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

13. Confirm that the device is stowed, mounted and positioned securely. Pass Fail

The defibrillator delivers up to 360 joules of electrical energy. Unless discharged properly, this electrical energy may cause serious personal injury or death. Do not attempt to perform this test unless you are qualified by training and experience.

Failure to remove the test load may result in delay of therapy during patient use.

Discharging >10 joules in the paddle wells may damage the defibrillator.

Glucose Monitor

- Clean monitor Pass Fail

Laerdal Scope

- Clean suction unit. Pass Fail
 - Check for occlusions. Pass Fail
 - Check vacuum build-up efficiency within 3 seconds. Pass Fail
 - Check maximum achievable vacuum within 10 seconds. Pass Fail
 - Check for air leaks. Pass Fail
-

AirTraq Videoscope

- Clean videoscope Pass Fail
 - Verify that the battery % is above 50%. Pass Fail
-

2% Bag

Top Left Pocket (IV Fluids)

- | | | | |
|-------|---|-----------|---|
| Seal: | <input type="text" value="851"/> | New Seal: | <input type="text" value="315"/> |
| Exp.: | <input type="text" value="31 August 2025"/> | Exp.: | <input type="text" value="31 December 2025"/> |
- 2 IV bags
 - 2 IV/IO drop admin sets
-

Center Pocket

- | | | | |
|-------|--|-----------|--|
| Seal: | <input type="text" value="888"/> | New Seal: | <input type="text" value="872"/> |
| Exp.: | <input type="text" value="31 January 2025"/> | Exp.: | <input type="text" value="31 January 2025"/> |
- 2-Asherman chest seals
 - 2- 4X4 Gauze
 - 1-Roll white duct tape
 - 1-Tactical Tourniquet
 - 3- 5X9 Gauze
 - 2-Rolls Coban
 - 2- Ice packs
 - 2- Stretch Gauze

Center Pocket Cont.

- 2- Bandage roll
- 1- Sterile burn sheet 60X90.
- 1- Head block
- 1- Blood stopper
- 1- Multi-trauma dressing 12X30
- 1-RAD 57 Pulse Ox

Bottom Right Pocket

Seal:

815

New Seal:

852

- 1- SAM splint
- 1- Triangular bandage
- 1- Roll coban

Bottom Left Pocket

Seal:

820

New Seal:

826

- 1- SAM splint
- 1- Triangular bandage
- 1- Roll coban

Bot Right Pocket: (Ped/Infant)

Seal:

814

New Seal:

832

- 1- Ped/Infant NRB
- 1- Ped NRB mask
- 2- Infant NRB mask

GDF STAFF





GLENPOOL FIRE DEPARTMENT
MED BAG CHECKLIST

Unit: R1

Date: 20 May 2025

- FRONT ZIPPER POCKET**
- 1 B/P Cuff
 - 1 Stethoscope
 - 1 Pulse Oximeter
 - 1 - Ped. Cannula
 - 1 - Infant Cannula
 - 2 - Infant NRB
 - 1 - Rusch Laryngoscope Kit

- RIGHT ZIPPER POCKET**
- 1 - Airtraq Camera Blue Exp. Date: 31 January 2022
 - 1 - Thomas Tube Holder Pink Exp. Date: 30 April 2023
 - 1 - Airtraq Blade Grey Exp. Date: 29 January 2023

- O2 LEFT SIDE POCKET**
- 1-O2 Cylinder psi 1400
 - 2-Adult NRB
 - 2-Adult NC
 - 1-Adult BVM

- INSIDE POCKET**
- 1-Blood Glucose Kit/Test Strips Exp. Date: 10 October 2025
 - 1-Tube Glucose 31g Exp. Date: 26 December 2026
 - Lancettes
 - Adhesive Bandages
 - Alcohol Swabs
 - 1-Tactical Tourniquet
 - 1-Thermometer
 - 1-Samsplint

- FIRST AID BAG**
- Medical Tape
 - Flush
 - Conban
 - Band-aids
 - Tri-Angle Bandage
 - 4X4s
 - Bandage Roll
 - 3X3s

- INSIDE CLEAR LID**
- Sharps Shuttle
 - Pen Light
 - Hand Sanitizer
 - Trauma Sheers
 - Ring Cutter
 - Convenience Bags
 - Bio Bag

IV COMPARTMENT

- Sharps Shuttle
- IV 10 Drop Administration Sets
- 1-Roll Medical Tape
- 1-Arrow IO Drill

2-14g IV	Exp. Date:	<input type="text" value="31 July 2025"/>	Exp. Date:	<input type="text" value="31 July 2025"/>
2-18g IV	Exp. Date:	<input type="text" value="27 October 2027"/>	Exp. Date:	<input type="text" value="10 May 2026"/>
2-20g IV	Exp. Date:	<input type="text" value="03 May 2027"/>	Exp. Date:	<input type="text" value="12 October 2024"/>
2-22g IV	Exp. Date:	<input type="text" value="13 November 2025"/>	Exp. Date:	<input type="text" value="20 June 2025"/>
2-24g IV	Exp. Date:	<input type="text" value="27 July 2025"/>	Exp. Date:	<input type="text" value="27 July 2025"/>
4-Saline Flushes	{ Exp. Date:	<input type="text" value="30 January 2026"/>	Exp. Date:	<input type="text" value="31 January 2026"/>
	{ Exp. Date:	<input type="text" value="31 January 2026"/>	Exp. Date:	<input type="text" value="31 January 2026"/>
2-IV Start Kits		<input checked="" type="checkbox"/>		
2-EZ Stabilizers	Exp. Date:	<input type="text" value="16 September 2026"/>	Exp. Date:	<input type="text" value="21 September 2026"/>
2-45mm 15g IO Needle Set	Exp. Date:	<input type="text" value="30 June 2025"/>	Exp. Date:	<input type="text" value="30 June 2026"/>
2-25mm 15g IO Needle Set	Exp. Date:	<input type="text" value="29 September 2026"/>	Exp. Date:	<input type="text" value="30 May 2026"/>
1-IV Bag	Exp. Date:	<input type="text" value="25 March 2027"/>		
1 Pressure Bag		<input checked="" type="checkbox"/>		

AIRWAY COMPARTMENT

1-2.5 ET Tube	Exp. Date:	<input type="text" value="19 February 2025"/>	1-7.0 ET Tube	Exp. Date:	<input type="text" value="19 April 2026"/>
1-3.0 ET Tube	Exp. Date:	<input type="text" value="31 December 2025"/>	1-7.5 ET Tube	Exp. Date:	<input type="text" value="19 October 2026"/>
1-3.5 ET Tube	Exp. Date:	<input type="text" value="18 July 2027"/>	1-8.0 ET Tube	Exp. Date:	<input type="text" value="30 December 2025"/>
1-4.0 ET Tube	Exp. Date:	<input type="text" value="19 April 2027"/>	1-8.5 ET Tube	Exp. Date:	<input type="text" value="22 October 2026"/>
1-4.5 ET Tube	Exp. Date:	<input type="text" value="17 July 2027"/>	1-9.0 ET Tube	Exp. Date:	<input type="text" value="29 August 2026"/>
1-5.0 ET Tube	Exp. Date:	<input type="text" value="08 February 2025"/>	1-OPA Kit		<input checked="" type="checkbox"/>
1-5.5 ET Tube	Exp. Date:	<input type="text" value="13 July 2027"/>	K-Y Lube Gel	Exp. Date:	<input type="text" value="29 July 2028"/>
1-6.0 ET Tube	Exp. Date:	<input type="text" value="30 October 2024"/>			
1-6.5 ET Tube	Exp. Date:	<input type="text" value="29 December 2025"/>			

AIRWAY COMPARTMENT CONT.

1-NPA Kit (Sizes 8.7/9.3/10.0/10.7/11.3mm)

Size 8.7	Exp. Date:	30 July 2028	4 KAD	Green	Exp. Date:	01 March 2026
Size 9.3	Exp. Date:	30 March 2028		Purple	Exp. Date:	06 May 2027
Size 10	Exp. Date:	30 July 2029		Yellow	Exp. Date:	01 July 2026
Size 10.7	Exp. Date:	25 July 2026		Red	Exp. Date:	01 October 2027
Size 11.3	Exp. Date:	28 February 2026				

MEDICINE COMPARTMENT

1-Glucagon Kit 1mg	Exp. Date:	28 March 2024	
1-50% Dextrose	Exp. Date:	31 January 2025	
2 - Epinephrine Injection 1mg/mL	Exp. Date:	30 September 2025	Exp. Date: 30 September 2025
2 - 18g Filter Needles	Exp. Date:	31 May 2025	Exp. Date: 31 May 2025
2 - 23g Eclipse Needle	Exp. Date:	31 March 2025	Exp. Date: 31 March 2025
2 - 1mL Syringe	Exp. Date:	28 December 2026	Exp. Date: 28 December 2026
2 - 4x4 Gauze	<input checked="" type="checkbox"/>		
2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit)	Exp. Date:	04 April 2025	Exp. Date: 30 March 2026
1 - 2% Lidocaine Hcl	Exp. Date:	28 February 2026	
1 - Nebulizer Kit	<input checked="" type="checkbox"/>		
3 - Albuterol 2.5mg	Exp:	30 March 2025	Exp: 28 March 2025 Exp: 30 March 2025
1 - Levalbuterol 1.25mg	Exp. Date:	28 November 2025	
1 - Levalbuterol 0.31mg	Exp. Date:	28 September 2025	
2 - Ipratropium Bromide 0.5mg (Atrovent)	Exp. Date:	28 August 2025	Exp. Date: 28 August 2025
1 - Low Dose Aspirin (81 mg)	Exp. Date:	25 December 2025	
1 - Roll Med Tape	<input checked="" type="checkbox"/>		

LIFEPAK MONITOR

Pedi AED Pads Exp. Date: 07 November 2025
Child/ Adult AED Pads Exp. Date: 04 March 2025
Capno
PEDI Pulse OX Exp. Date: 01 August 2025

LIFEPAK®15 Monitor/Defibrillator Operator's Checklist

This is a recommended checklist to use to inspect and test this monitor/defibrillator. Daily inspection and test is recommended. This form may be reproduced.

Unit Serial No: 45886339 Location: Rescue-1 DATE 19 May 2025

1. Inspect physical condition for:

Foreign substances Pass Fail
Damage or cracks Pass Fail

2. Inspect power source for:

Broken, loose or worn battery pins. Pass Fail
Damaged or leaking battery. Pass Fail
Spare battery available Pass Fail
Damage to power adapters or cable. Pass Fail

3. Inspect ECG cable and cable port for:

Cracking, damaged, broke or bent parts or pins Pass Fail

4. Check ECG electrodes and therapy electrodes for:

Use by date Pass Fail
Spare electrodes available Pass Fail
Damaged, open package Pass Fail

5. With batteries installed, disconnect from power adapter (if using), press ON and observe for:

- | | | |
|--|--|-------------------------------|
| Momentary illumination of self test messages and LED's and speaker beep. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Two fully charged batteries | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Service indicator | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

6. With batteries installed, reconnect power adapter to device and check for:
(If not using a power adapter, goto step 7.)

- | | | |
|---|--|-------------------------------|
| Power adapter LED stripes illuminated | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Auxiliary power LED on device is illuminated | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Battery charging LED on device is illuminating or flashing. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

7. Perform QUICK-COMBO therapy cable check in manual mode.
(If this cable is not used with defibrillator, go to step 8).

- | | | |
|--|--|-------------------------------|
| Disconnect and examine cable for cracking, damaged, broken or bent parts and pins. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Connect therapy cable to defibrillator and test load. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Select LEAD then PADDLES | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Select 200 JOULES and press CHARGE. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press SHOCK button | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Confirm ENERGY DELIVERED message appears. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Remove test load from cable and verify PADDLES LEAD OFF appears. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

8. Energy

- | | | |
|--|--|-------------------------------|
| Press only one (shock) button and release. Confirm that energy was not discharged. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press the other (shock) button. Confirm that energy was not discharged. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |
| Press both (shock) buttons and confirm ABNORMAL ENERGY DELIVERY message appears. | <input checked="" type="checkbox"/> Pass | <input type="checkbox"/> Fail |

8. Cont.

- Remove paddles from wells, and confirm artifact on screen. Pass Fail
- Place paddle surfaces together, and confirm flat line on screen. Pass Fail
- Return paddles securely to paddle wells. Pass Fail

9. Perform user test if 3:00 AM auto test results not available.

- Press OPTIONS.
- Select USER TEST in menu. Pass Fail
- Confirm test results printed.

10. Check ECG printer for:

- Adequate paper supply. Pass Fail
- Ability to print. Pass Fail

11. If using wireless data transmission, test transmission method

- Establish Bluetooth connection. N/A Pass Fail
- Send a test transmission. N/A Pass Fail

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

13. Confirm that the device is stowed, mounted and positioned securely. Pass Fail

The defibrillator delivers up to 360 joules of electrical energy. Unless discharged properly, this electrical energy may cause serious personal injury or death. Do not attempt to perform this test unless you are qualified by training and experience.

Failure to remove the test load may result in delay of therapy during patient use.

Discharging >10 joules in the paddle wells may damage the defibrillator.

Glucose Monitor

- Clean monitor Pass Fail

Laerdal Scope

- Clean suction unit. Pass Fail
 - Check for occlusions. Pass Fail
 - Check vacuum build-up efficiency within 3 seconds. Pass Fail
 - Check maximum achievable vacuum within 10 seconds. Pass Fail
 - Check for air leaks. Pass Fail
-

AirTraq Videoscope

- Clean videoscope Pass Fail
 - Verify that the battery % is above 50%. Pass Fail
-

2% Bag

Top Left Pocket (IV Fluids)

- | | | | |
|-------|---|-----------|---|
| Seal: | <input type="text" value="326"/> | New Seal: | <input type="text" value="320"/> |
| Exp.: | <input type="text" value="28 August 2025"/> | Exp.: | <input type="text" value="31 August 2024"/> |
- 2 IV bags
 - 2 IV/IO drop admin sets
-

Center Pocket

- | | | | |
|-------|--|-----------|--|
| Seal: | <input type="text" value="329"/> | New Seal: | <input type="text" value="357"/> |
| Exp.: | <input type="text" value="31 October 2026"/> | Exp.: | <input type="text" value="31 October 2026"/> |
- 2-Asherman chest seals
 - 2- 4X4 Gauze
 - 1-Roll white duct tape
 - 1-Tactical Tourniquet
 - 3- 5X9 Gauze
 - 2-Rolls Coban
 - 2- Ice packs
 - 2- Stretch Gauze

Center Pocket Cont.

- 2- Bandage roll
- 1- Sterile burn sheet 60X90.
- 1- Head block
- 1- Blood stopper
- 1- Multi-trauma dressing 12X30
- 1-RAD 57 Pulse Ox

Bottom Right Pocket

Seal:

New Seal:

- 1- SAM splint
- 1- Triangular bandage
- 1- Roll coban

Bottom Left Pocket

Seal:

New Seal:

- 1- SAM splint
- 1- Triangular bandage
- 1- Roll coban

Bottom Right Pocket: (Ped/Infant)

Seal:

New Seal:

- 1- Ped/Infant NRB
- 1- Ped NRB mask
- 2- Infant NRB mask

GDF STAFF





MINUTES
GEMS Meeting
Monday, May 5, 2025 Council Chambers 6:00 PM

TRUSTEES PRESENT: Joyce Calvert
Tim Fox
Chris Brobst
Jacqueline Triplett-Lund
Shayne Buchanan

TRUSTEES ABSENT:

STAFF PRESENT: Lesli Smith
Lea Ann Reed
Joe Wuest
Joshua Brannon

STAFF ABSENT:

- A) Call to Order - Joyce G. Calvert, Chair**
Chair Calvert called the meeting to order at 7:03 p.m.
- B) Roll Call, Declaration of Quorum – Lesli Smith, Clerk; Joyce G. Calvert, Chair**
Lesli Smith called the roll; Chair Calvert declared a quorum present. Eric Wade Attorney, of Rosenstein, Fist & Ringold, were also in attendance.
- C) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS**
Mr. Cook gave a report for the dates of March 31, 2025 -April 29, 2025.
- D) District Administrator Report -**
There was no official Administrator report.
- E) Trustee Comments**
There were no trustee comments.
- F) Public Comments**
There were no public comments.
- G) Consideration and appropriate action relating to a request for approval of the**

Consent Agenda. (All matters listed under "Consent" are considered by the GEMS Board to be routine and will be enacted by one motion. Any Trustee may, however, remove an item from the Consent Agenda by request. A motion to adopt the consent Agenda is non-debatable.)

- 1) To approve the minutes from the April 21, 2025, special meeting.
- 2) To approve the purchase orders receiving report and payment claims as of April 20, 2025, totaling \$35,777.86.

Moved by Shayne Buchanan, seconded by Chris Brobst

To approve the consent agenda.

	For	Against	Abstained	Absent
Joyce Calvert	x			
Tim Fox	x			
Chris Brobst	x			
Jacqueline Triplett-Lund	x			
Shayne Buchanan	x			
	5	0	0	0

CARRIED.

H) Consideration and appropriate action relating to items removed from the Consent Agenda

There were no items removed from the consent agenda.

I) Scheduled Business

- 1) Public Hearing for the purpose of receiving public comments, if any, on the proposed FY 2025-2026 Annual Budget.
 - a. Open Public Hearing – (Joyce G. Calvert, Chair)
 - b. Presentation of Proposed Budget – (Josh Brannon, District Treasurer)
 - c. Facilitate Public Comments – (Joyce G. Calvert, Chair)
 - d. Close Public Hearing – (Joyce G. Calvert, Chair)

Chair Calvert opened the Public Hearing at 7:06 p.m.

Josh Brannon, GEMS District Treasurer, explained that the purpose of the public hearing was to give any interested person the opportunity to express their views on the GEMS FY 2025-2026 Annual Budget.

Treasurer Brannon presented the proposed GEMS Annual Budget for FY 2025-2026.

Chair Calvert opened the hearing for public comments; however, no comments were made by members of the public.

Chair Calvert closed the Public Hearing at 7:09 p.m.

No motions or votes were taken on this scheduled business item.

J) Adjournment

The meeting was adjourned at 7:09 p.m.



To: HONORABLE CHAIR AND GEMS DISTRICT BOARD MEMBERS

From: JOSHUA BRANNON, DISTRICT TREASURER

Date: June 2, 2025

Subject: Approval of Purchase Orders Receiving Report and Payment Claims as of 5/28/2025 totaling \$17,343.85

Staff Recommendation:

Staff recommends a motion to accept the PO Receipt Register report dated 5/28/2025 and approve the following payments:

P.O. #	ACCOUNT	VENDOR	DESCRIPTION	INV #	AMOUNT
25-21713	31-6-01-6210	Centurion Health Systems	Ambulance Service JUNE 25	3363	\$15,000.00
25-21685	31-6-01-6202	Column Software PBC	Legal Notice – GEMS Budget	8EC2CAD-0005	\$27.19
25-21715	31-6-01-6235	Joshua Brannon	District Treasurer	JB62025	\$208.33
25-21714	31-6-01-6235	Lesli Smith	District Clerk	LS62025	\$208.33
25-21638	31-6-01-6262	Okla State Univ Fire Service	AEMT Training Class X2	0098058	\$1,900.00
Total					\$17,343.85

Attachments:

1. Purchase Order Claim Register dated 5/28/2025 totaling \$17,343.85
2. PO Receipt Register dated 5/28/2025 totaling \$17,343.85
3. Purchase Orders and Invoices totaling \$17,343.85

5/28/2025 11:51 AM
SEQUENCE: VENDOR NAME (ALPHA)

P O RECEIPT REGISTER
AUDIT REPORT

PAGE: 1
DETAIL LEVEL: INVOICE

VENDOR NAME	INVOICE	POST DATE	BANK	INVOICE AMOUNT	VENDOR TOTAL
31-000004	CENTURION HEALTH SYSTEMS, DBA M 3363	6/02/2025	31	15,000.00	15,000.00
31-000034	COLUMN SOFTWARE PBC BEC22CAD-0005	6/02/2025	31	27.19	27.19
31-000033	JOSHUA M. BRANNON JB62025	6/02/2025	31	208.33	208.33
31-000032	LESLI SMITH LS62025	6/02/2025	31	208.33	208.33
31-000035	OKLA STATE UNIV. FIRE SERVICE 0098058	6/02/2025	31	1,900.00	1,900.00
TOTALS				17,343.85	17,343.85

APPROVED

BY

Joyce G. Calvert, June 2, 2025

PURCHASE ORDER CLAIM REGISTER
SUMMARY REPORT

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL					
25-21713	AMBULANCE SERVICE JUNE 20	31-000004	CENTURION HEALTH SYSTEMS, DBA	6/2025 3363	15,000.00
25-21714	GEMS DIST CLERK MAY 2025	31-000032	LESLI SMITH	6/2025 LS62025	208.33
25-21715	GEMS DIST IST TREASURER	31-000033	JOSHUA M. BRANNON	6/2025 JB62025	208.33
25-21685	Legal Notice GEMS Budget	31-000034	COLUMN SOFTWARE PBC	6/2025 8EC22CAD-0005	27.19
25-21638	AEMT Class X2	31-000035	OKLA STATE UNIV. FIRE SERVICE	6/2025 0098058	1,900.00
DEPARTMENT TOTAL:					17,343.85
FUND TOTAL:					17,343.85
GRAND TOTAL:					17,343.85

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 # 25-21713

05/28/2025

ISSUED TO: VEND #: 31-000004
 CENTURION HEALTH SYSTEMS, D
 MERCY REGIONAL OKLAHOMA
 9106 N GARNET RD
 OWASSO, OK 74055

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

05/28/2025

 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.

05/28/2025

 ENCUMBERING OFFICER

 DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	AMBULANCE SERVICE JUNE 2025		00039356	31 -6-01-6210		0.00	15,000.00 *
	AMBULANCE SERVICE JUNE 2025 INVOICE 3363						
	AMBULANCE SERVICE JUNE 2025						

** TOTAL ** 15,000.00

*** APPROVAL FOR PURCHASE ***

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

 OFFICER OR DEPARTMENT HEAD IN CHARGE

 DATE

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

THE VENDOR SHALL FURNISH ITEMIZED INVOICE WHICH STATES THE VENDOR'S NAME AND ADDRESS. A CLEAR DESCRIPTION OF EACH ITEM PURCHASED 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

Req# 00039356

Invoice

Date	Invoice #
5/13/2025	3363

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 for June 2025	15,000.00	15,000.00
Total			\$15,000.00

Phone #	Fax #
9186095829	918-609-5799

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 25-21685

05/23/2025

ISSUED TO: VEND #: 31-000034
 COLUMN SOFTWARE PBC
 P.O. BOX 208098
 DALLAS, TX 75320-8098

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

05/23/2025

 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.

05/23/2025

 ENCUMBERING OFFICER

 DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Legal Notice GEMS Budget Legal Notice GEMS Budget		00039331	31 -6-01-6202		0.00	27.19 *

*** TOTAL ** 27.19

*** APPROVAL FOR PURCHASE ***

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

 OFFICER OR DEPARTMENT HEAD IN CHARGE

 DATE

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

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

TULSA WORLD

NEA #00039331
000 39331

Invoice

Column Software PBC
PO Box 208098
Dallas, TX 75320-8098

help@column.us

Invoice number 8EC22CAD-0005
Date of issue Apr 10, 2025
Date due May 10, 2025
Notice Id qmOyPjydzbldeXO6yj91
Publisher Tulsa World

~~31-6-01-6335~~
31-6-01-6202

Bill to
Glenpool Area Emergency Medical Service District

We accept payment via debit/credit cards. Please click [here](#) to pay online.

If you would like to pay by check, please include your invoice number **8EC22CAD-0005** on the memo and include a printed copy of your Invoice PDF. Please make the check payable to **Column Software, PBC** and mail to the address above. Please note that processing will take at least 7 business days and confirm any upfront payment requirements for your notice. Any check formatting errors may increase processing time or prevent processing. Please note that, once paid, the merchant name on your billing statements will be Column Software PBC.

Description	Qty	Unit price	Amount
04/12/2025: Legal Notice Notice	1	27.19	27.19
		Subtotal	\$27.19
		Tax	0.00
		Amount due	\$27.19

Pay here: <https://www.column.us/invoices/YVmQNSX4M1WaGvg2hNlo/pay>

Questions? Visit help.column.us

8EC22CAD-0005 - Page 1 of 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 # 25-21715 05/28/2025

ISSUED TO: VEND #: 31-000033
JOSHUA M. BRANNON
12205 S YUKON AVE.
GLENPOOL, OK 74033

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

05/28/2025

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.

05/28/2025

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS DIST IST TREASURER INVOICE JB6202562025 GEMS DIST IST TREASURER		00039359	31 -6-01-6235		0.00	208.33 *

** TOTAL ** 208.33

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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

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

Req# 0039359

INVOICE

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

INVOICE #: JB62025

DATE: 6/1/2025

BILL TO:

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

<u>Description</u>	<u>Amount</u>
Contract Fees & Services	
MAY 2025	\$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 # 25-21714

05/28/2025

ISSUED TO: VEND #: 31-000032
 LESLI SMITH
 14714 COURTNEY LANE
 GLENPOOL, OK 74033

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

05/28/2025

 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.

05/28/2025

 ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS DIST CLERK MAY 2025 LS62025 INVOICE NO. GEMS DIST CLERK MAY 2025		00039360	31 -6-01-6235		0.00	208.33 *

*** TOTAL ** 208.33

*** APPROVAL FOR PURCHASE ***

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

 OFFICER OR DEPARTMENT HEAD IN CHARGE

 DATE

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

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

Reg# 000-39360

INVOICE

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

INVOICE #: LS62025
DATE: 6/1/2025

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

<u>Description</u>	<u>Amount</u>
Contract Fees & Services	
MAY 2025	\$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 # 25-21638 05/16/2025

ISSUED TO: VEND #: 01-000171
 OKLA STATE UNIV. FIRE SERV
 OSU/OFFICE OF THE BURSAR
 113 STUDENT UNION
 STILLWATER, OK 74078

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

05/16/2025

 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. 05/16/2025

 ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	AEMT Class X2 B. Long & A. Zickefoose AEMT Class X2		00039270	31 -6-01-6262		0.00	1,900.00 *

** TOTAL ** 1,900.00

*** APPROVAL FOR PURCHASE ***

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

 OFFICER OR DEPARTMENT HEAD IN CHARGE

 DATE

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

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



Oklahoma State University
 Fire Service Training
 1723 West Tyler
 Stillwater, OK 74078-8041
 800-304-5727
 fax 405-744-7377
 www.osufst.org

Invoice

Invoice #: 0098058
 Purchase Order #:
 Prepared On: 5/13/2025
 Prepared by: V. Adair
 Coordinator: J. Snell
 FEI: 73-6017987

Bill To:

GLENPOOL FIRE DEPARTMENT
 12205 S. Yukon Avenue
 Glenpool, OK 74033

Qty	Description	Unit Price	Amount
	Hybrid EMS: Advanced Emergency Medical Technician (AEMT) (98058), starting 2/25/2025, held at Virtual (Online) Class		
1	Registration for Brandon J. Long on 2/7/2025	\$950.00	\$950.00
1	Registration for Andrew C. Zickefoose on 2/7/2025	\$950.00	\$950.00
	Subtotal		\$1,900.00
	Total		\$1,900.00

Please remit payment to:
 Oklahoma State University
 Office of the Bursar
 113 Student Union
 Stillwater, OK 74078
 405-744-5993

For online credit card or webcheck payments, please go to the following website:
www.bursar.okstate.edu

Cards accepted are: Mastercard, American Express and Discover

Thank you for your business!



GEMS

Glenpool Area Medical Service District
Glenpool, Oklahoma

12205 South Yukon Avenue
Glenpool, Oklahoma 74033

June 2, 2025

To: Honorable Chair and Board Members

From: Joshua Brannon, District Treasurer

Re: FY 24-25 GEMS Budget Amendment GEMS-01

Background:

In FY 2024-2025, the Glenpool Area Medical Service District (GEMS) has received year-to-date ad valorem taxes in excess of budget by \$46,459. Additionally, First Responder/Admin Fees will exceed the Adopted Budget due to a greater number of Fire runs than budgeted based on the prior 12-month period entering the fiscal year. This Budget Amendment appropriates a portion of the excess ad valorem taxes received to be used to cover the remaining First Responder/Admin Fees through the fiscal year.

Staff Recommendation

Staff recommends approval of Budget Amendment GEMS-01.

Attachment:

Budget Amendment Form GEMS-01

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

GEMS Budget Amendment

Fiscal Year: 2024-2025

Amendment No: GEMS-01

Date Requested: 6/3/2025

Revenue					
Fund	Account Number	Account Name	Current Budget	Increase / (Decrease)	Revised Budget
31	5-00-5006	Taxes	\$ 385,000.00	\$ 32,621.00	\$ 417,621.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
		Total		\$ 32,621.00	

Expense					
Fund	Account Number	Account Name	Current Budget	Increase / (Decrease)	Revised Budget
31	6-01-6225	First Responder / Admin Fees	\$ 177,379.00	\$ 32,621.00	\$ 210,000.00
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
					\$ -
		Total		\$ 32,621.00	

Notes:

This Budget Amendment appropriates a portion of additional Ad Valorem taxes received in excess of the budget to be used to pay for increased First Responder/Admin Fees generated by runs in excess of the number originally budgeted. Year-to-date taxes are \$431,459.

Approved by GEMS

Chair

Date



GEMS

Glenpool Area Medical Service District
Glenpool, Oklahoma

12205 South Yukon Avenue
Glenpool, Oklahoma 74033

To: Honorable Chair and Board Members
From: Joshua M. Brannon, District Treasurer
Date: June 2, 2025
Subject: Estimate of Needs Engagement Letter

Background:

The Glenpool Area Medical Service District is required to prepare and submit annually an Estimate of Needs (EON) to the Tulsa County Excise Board. The purpose of the EON is to advise the County Excise Board of the Fiscal Year Ending cash position of the District and provide an estimate of revenue and expenditures for the next fiscal year.

The District has engaged the assistance of Crawford & Associates, P.C. to prepare the EON of the past six years. Staff has requested an engagement letter from Crawford & Associates, P.C. for the preparation of the FY 2025-2026 Estimate of Needs (attached). The cost is estimated at \$1,500.00.

Staff Recommendation:

Staff recommends approval and acceptance of the Engagement Letter from Crawford & Associates, P.C. to compile and submit the FY 2025-2026 GEMS Estimate of Needs at an approximate cost of \$1,500.00.

Attachment:

FY 2025-2026 Estimate of Needs Engagement Letter

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



April 29, 2025

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) continues to express 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, 2026 (SA&I Form 268BR98)
- b. Financial Statements for the fiscal year ending June 30, 2025 (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 (SSARs) 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 SSARs:

- 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 form 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 \$275
- Shareholders \$190
- Senior Managers \$170
- Managers \$150
- Senior Professional Staff \$130
- Professional Staff \$90
- Clerical Staff \$60

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 \$1,500.

The term of this engagement is a period from July 1, 2025 through June 30, 2026. 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

Glennpool Area Medical Service District
Glennpool, Oklahoma

To: Honorable Chair and Trustees
From: Lesli Smith, District Clerk
Date: June 2, 2025
Subject: Certificate and Order to Tulsa County Clerk and County Treasurer

Background:

Tulsa County requires renewal of the Certificate accompanied by a Treasurer's bond to be submitted every two years, or whenever a change in administration occurs. In this case the County is requesting an updated Certificate reflecting Josh Brannon, Treasurer.

Recommendation:

Staff recommends Board approval of the Certificate and Order and submittal to Tulsa County Clerk's office.

**CERTIFICATE AND ORDER
TO COUNTY CLERK AND COUNTY TREASURER**

Glenpool Oklahoma, June 2, 20 25

To the County Clerk and County Treasurer of Tulsa County, Oklahoma.

We, the undersigned, presiding officer and Clerk of the Governing Board of (City, Town, Multi-County, Library, Board of Education, School District, (state which) Glenpool

Glenpool Area Medical Service District of Glenpool

("Public Body") in said County, State of Oklahoma, hereby authorize you, from and after the date hereof, for the current term or for the remainder of such current term in case of appointment to fill vacancy, such authority to continue until the end of such term, and no longer, unless sooner revoked, to pay over any public funds collected for the aforesaid Public Body in accordance with the provisions of 68 OKL.St. Ann. § 2923, to Joshua Brannon, Treasurer Address: 12205 S. Yukon Ave, Glenpool, OK, 74033 Oklahoma as TREASURER of said Public Body for the term stated; and his legal qualifications for said office are hereby certified to be truly and correctly stated as follows:

- (1) Date Elected or Re-elected 20 ;
- (2) Date Appointed or Re-Appointed March 4, 20 24 (Note 1);
- (3) Filed Surety Bond in sum of Fifty Thousand Dollars (\$ 50,000.00) with Western Surety Company as Surety;
- (4) Bond Terms begins March 30, 20 25, and Expires/Renews March 30, 2026 ;
- (5) Number of Bond 1;
- (6) Date Bond was approved by Governing Board June 2, 20 25 (if applicable); and
- (7) Said new Bond is in custody and control of City of Glenpool (Note 2), or was deposited with City Clerk for safekeeping.

Approved on June 2, 20 25 by GEMS Board endorsement made.

Signed and Certified at Glenpool, Oklahoma, this 2 day of June 20 25.

Presiding Officer

Official Title

Attesting Officer

Official Title

**ATTESTING
OFFICER'S SEAL**

ATTEST:

Note 1: Where Treasurer is appointed for an indefinite term, provide the original date of appointment. This form must be submitted annually even if Treasurer is appointed for an indefinite term, and must be submitted at any time a bond renews or the named Surety changes.

Note 2: Treasurer should not have custody of his own bond. If Financial Secretary of City serves both as Clerk and Treasurer, Mayor or other chief officer should have custody.

Note 3: See 11 OKL.St. Ann. § 8-105, requiring bond for Treasurer of a municipality; 70 OKL.St. Ann §§ 5-114 & 5-115 requiring bond for Treasurer of a Board of Education; and 65 OKL.St. Ann. § 4-105 requiring bond for Multi-County Library.

**CERTIFICATE AND
ORDER**

O F Glenpool Area Medical Service District
Name of Public Body
County of Tulsa

State of Oklahoma, to the County Clerk and
County Treasurer

Qualifying Joshua Brannon
Glenpool Okla.,
as Treasurer of said Public Body.

Received and Filed this _____ day of
20

County Clerk- County Treasurer

Deputy

Amount of Bond \$ 50,000.00

Date of Bond March 30 20 25

Bond Expires/Renews March 30 20 26
SURETIES



Western Surety Company

CONTINUATION CERTIFICATE

Western Surety Company hereby continues in force Bond No. 67044242 briefly

described as TREASURER/FINANCE DIRECTOR -GLENPOOL AREA EMERGENCY MEDICAL SERVICE

DISTRICT (GENS) CITY OF GLENPOOL

for JOSHUA MICHAEL BRANNON

_____ , as Principal,

in the sum of \$ FIFTY THOUSAND AND NO/100 Dollars, for the term beginning

March 30 , 2025 , and ending March 30 , 2026 , subject to all

the covenants and conditions of the original bond referred to above.

This continuation is issued upon the express condition that the liability of Western Surety Company under said Bond and this and all continuations thereof shall not be cumulative and shall in no event exceed the total sum above written.

Dated this 9th day of January , 2025 .

WESTERN SURETY COMPANY

By *Larry Kasten*
Larry Kasten, Vice President



THIS "Continuation Certificate" MUST BE FILED WITH THE ABOVE BOND.

Form 90-A-6-2023

Western Surety Company

POWER OF ATTORNEY

KNOW ALL MEN BY THESE PRESENTS:

That WESTERN SURETY COMPANY, a corporation organized and existing under the laws of the State of South Dakota, and authorized and licensed to do business in the States of Alabama, Alaska, Arizona, Arkansas, California, Colorado, Connecticut, Delaware, District of Columbia, Florida, Georgia, Hawaii, Idaho, Illinois, Indiana, Iowa, Kansas, Kentucky, Louisiana, Maine, Maryland, Massachusetts, Michigan, Minnesota, Mississippi, Missouri, Montana, Nebraska, Nevada, New Hampshire, New Jersey, New Mexico, New York, North Carolina, North Dakota, Ohio, Oklahoma, Oregon, Pennsylvania, Rhode Island, South Carolina, South Dakota, Tennessee, Texas, Utah, Vermont, Virginia, Washington, West Virginia, Wisconsin, Wyoming, and the United States of America, does hereby make, constitute and appoint

Larry Kasten of Sioux Falls
State of South Dakota, its regularly elected Vice President
as Attorney-in-Fact, with full power and authority hereby conferred upon him to sign, execute, acknowledge and deliver for and on its behalf as Surety and as its act and deed, the following bond:

One TREASURER/FINANCE DIRECTOR -GLENPOOL AREA EMERGENCY MEDICAL SERVICE
DISTRICT (GENS) CITY OF GLENPOOL
bond with bond number 67044242
for JOSHUA MICHAEL BRANNON
as Principal in the penalty amount not to exceed: \$50,000.00

Western Surety Company further certifies that the following is a true and exact copy of Section 7 of the by-laws of Western Surety Company duly adopted and now in force, to-wit:

Section 7. All bonds, policies, undertakings, Powers of Attorney, or other obligations of the corporation shall be executed in the corporate name of the Company by the President, Secretary, any Assistant Secretary, Treasurer, or any Vice President, or by such other officers as the Board of Directors may authorize. The President, any Vice President, Secretary, any Assistant Secretary, or the Treasurer may appoint Attorneys-in-Fact or agents who shall have authority to issue bonds, policies, or undertakings in the name of the Company. The corporate seal is not necessary for the validity of any bonds, policies, undertakings, Powers of Attorney or other obligations of the corporation. The signature of any such officer and the corporate seal may be printed by facsimile.

This Power of Attorney may be signed by digital signature and sealed by a digital or otherwise electronic-formatted corporate seal under and by the authority of the following Resolution adopted by the Board of Directors of the Company by unanimous written consent dated the 27th day of April, 2022:

"RESOLVED: That it is in the best interest of the Company to periodically ratify and confirm any corporate documents signed by digital signatures and to ratify and confirm the use of a digital or otherwise electronic-formatted corporate seal, each to be considered the act and deed of the Company."

In Witness Whereof, the said WESTERN SURETY COMPANY has caused these presents to be executed by its
Vice President Larry Kasten with the corporate seal affixed this 9th day of January, 2025.

ATTEST

WESTERN SURETY COMPANY

L. Bauder }
L. Bauder, Assistant Secretary

Larry Kasten
Larry Kasten, Vice President

STATE OF SOUTH DAKOTA
COUNTY OF MINNEHAHA } ss



On this 9th day of January, 2025, before me, a Notary Public, personally appeared
Larry Kasten and L. Bauder
L. Bauder

who, being by me duly sworn, acknowledged that they signed the above Power of Attorney as Vice President
and Assistant Secretary, respectively, of the said WESTERN SURETY COMPANY, and acknowledged said instrument to be the voluntary act and deed of said Corporation.

S. GREEN
NOTARY PUBLIC
SOUTH DAKOTA

My Commission Expires February 12, 2027

L. Bauder
L. Bauder, Notary Public

To validate bond authenticity, go to www.gasasurety.com > Owner/Obligee Services > Validate Bond Coverage.
Form F9701

67044242



Western Surety Company

The State of Oklahoma requires we notify 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



12205 South Yukon Avenue
Glenpool, Oklahoma 74033

June 2, 2025

Honorable Chair and Board Members:

The accompanying Glenpool Area Emergency Medical Service District (GEMS) proposed balanced budget for fiscal year 2025-2026 is submitted for your review and discussion. The annual budget process provides GEMS Board Members with the opportunity to review past budgets and utilize that data to plan for the upcoming year.

Highlights of the proposed budget include:

- Revenues from ad valorem taxes totaling \$417,157.00
- Operations totaling \$437,896.00
- Use of Fund Balance totaling \$20,739.00

The FY 2025-2026 proposed budget is prepared and presented in accordance with the Oklahoma Emergency Medical Service District Budget Act.

Respectfully,

Joshua M. Brannon,
District Treasurer

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

RESOLUTION NO. 2025001GEMS

A RESOLUTION OF THE GOVERNING BODY OF THE GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT (GEMS) TO COMPLY WITH AND OPERATE IN ACCORDANCE WITH THE DISTRICT BUDGET ACT AND APPROVE THE 2025-2026 ANNUAL BUDGET.

WHEREAS, the Emergency Medical Service District Budget Act (19.O.S. §§ 35-1701 through 35-1801) authorizes a district to prepare and approve an annual budget, and

WHEREAS, the GEMS District has met all requirements for publications and public input on the 2025-2026 budget, and

WHEREAS, the Chair and GEMS District Board Members have reviewed the proposed budget and are aware of the operations and projects planned for fiscal year 2025-2026;

NOW THEREFORE BE IT RESOLVED by the Chair and GEMS District Board Members:

- A. That the budget for fiscal year 2025-2026 be approved for the funds and amounts in the Attached Proposed Budget;
- B. That the Treasurer, with the approval of the District Administrator, may make transfers between departments and accounts within a fund. Additional appropriations must be approved by the Board Members prior to implementation;
- C. That the Treasurer shall be given blanket authority and directed to invest and reinvest available funds on a continuing basis during the fiscal year ending June 30, 2026.

PASSED AND APPROVED this 2nd day of June 2025.

Joyce G. Calvert, Chair

Attest:

Lesli Smith, Clerk

Fund Name	Department Name	ACCOUNT ID	Description	FY 2023-2024 Actuals	FY 2024-2025 Adopted Budget	FY 2024-2025 Amended Budget	FY 2024-2025 Projection	FY 2025-2026 Proposed Budget	\$ Change from FY 2025 Amended	% Change from FY 2025 Amended
Glenpool Area Emergency Medical Service District	General Revenues	31-5-00-5006	TAXES	\$ 397,991.13	\$ 385,000.00	\$ 385,000.00	\$ 395,163.98	\$ 417,157.00	\$ 32,157.00	8%
Glenpool Area Emergency Medical Service District	General Revenues	31-5-00-5301	INTEREST	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	General Revenues	31-5-00-5306	MISCELLANEOUS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	General Revenues	31-5-00-5409	TRANSFER FROM FUND BALANCE	\$ -	\$ 38,904.00	\$ 38,904.00	\$ 3,515.02	\$ 20,739.00	\$ (18,165.00)	-88%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6119	TECHNOLOGY/PHONE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6202	OPERATING SUPPLIES	\$ 3,829.92	\$ 4,500.00	\$ 4,500.00	\$ 4,500.00	\$ 5,500.00	\$ 1,000.00	18%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6204	FUEL	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6206	MINOR EQUIPMENT	\$ -	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ 2,500.00	\$ -	0%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6210	AMBULANCE CONTRACT	\$ 180,000.00	\$ 180,000.00	\$ 180,000.00	\$ 180,000.00	\$ 180,000.00	\$ -	0%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6215	FIRST RESPONDER SUPPLIES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6220	RENT EXPENSE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6225	FIRST RESPONDER/ADMIN FEES	\$ 171,278.41	\$ 177,379.00	\$ 177,379.00	\$ 177,379.00	\$ 203,678.00	\$ 26,299.00	13%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6235	CONTRACT SERVICES	\$ 10,262.92	\$ 13,800.00	\$ 13,800.00	\$ 13,800.00	\$ 13,800.00	\$ -	0%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6236	AUDIT FEES	\$ 9,862.96	\$ 39,225.00	\$ 39,225.00	\$ 14,000.00	\$ 25,918.00	\$ (13,307.00)	-51%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6254	MISCELLANEOUS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6262	TRAVEL AND TRAINING	\$ -	\$ 6,500.00	\$ 6,500.00	\$ 6,500.00	\$ 6,500.00	\$ -	0%
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6283	INVESTMENT EXPENSES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6333	CAPITAL PURCHASES	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6337	TRANSFER TO GUSA	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6351	TRANSFER OUT	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6355	CAPITAL - COMPUTERS	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
Glenpool Area Emergency Medical Service District	Gems	31-6-01-6745	OPERATING RESERVE	\$ -	\$ -	\$ -	\$ -	\$ -	\$ -	
			TOTAL REVENUES	\$ 397,991.13	\$ 423,904.00	\$ 423,904.00	\$ 398,679.00	\$ 437,896.00	\$ 13,992.00	3%
			TOTAL EXPENDITURES	\$ 375,234.21	\$ 423,904.00	\$ 423,904.00	\$ 398,679.00	\$ 437,896.00	\$ 13,992.00	3%
			Revenues Over/(Under) Expenditures	\$ 22,756.92	\$ -	\$ -	\$ -	\$ -	\$ -	