NOTICE
GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT
REGULAR MEETING

A Regular Session of the Glenpool Area Emergency Medical Service District will be held at 6:00 p.m. immediately following the Glenpool Industrial Authority meeting on Monday, June 5, 2017, at Glenpool City Hall, City Council Chambers, 12205 S. Yukon Ave., 3rd Floor, Glenpool, Oklahoma.

AGENDA

F) **Adjournment**

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

Signed:

City Clerk

Glenpool Area Emergency Medical Service District
12205 South Yukon Avenue
Glenpool, Oklahoma 74033

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS
From: Julie Casteen, District Treasurer
Date: May 26, 2017
Subject: FY17-18 Budget Public Hearing

Background:
According to the Emergency Medical Service District Budget Act (19.O.S. §§ 35-1701 through 35-1801), at least one public hearing must be held no later than 15 days prior to the beginning of the budget year (July 1).

Staff Recommendation:
Staff recommends that the Chairman declare a public hearing for the purpose of receiving citizen input concerning the Fiscal Year 2017-2018 Proposed Budget for the Glenpool Area Emergency Medical Services District.

Attachments:
FY17-18 Proposed Budget

GEMS

Glenpool Area Medical Service District
Glenpool, Oklahoma

FY17-18 Proposed Budget

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

12205 South Yukon Avenue
Glenpool, Oklahoma 74033

May 26, 2017

Dear Chairman and Members of the Glenpool Area Emergency Medical Service District:

The accompanying the Glenpool Area Emergency Medical Service District ("GEMS") proposed budget for the 2017-2018 fiscal year is submitted for your review and discussion. The annual budget process provides GEMS with the opportunity to review not only where it has been historically, but where it is headed in the future. The results of that process are encapsulated in the estimated revenues and expenditures/expenses that are included in the accompanying budget proposal.

The FY 2017-2018 budget proposal is prepared and presented in accordance with the Oklahoma Emergency Medical Service District Budget Act.

Highlights of the proposed budget include:

- Revenues from Ad Valorem taxes totaling $256,553
- Funding for the ambulance service contract with Mercy Regional totaling $144,000
- $105,300 for reimbursements to the City for first responder and administrative services

The FY17-18 proposed expenditures rely on the use of $65,712 in fund balance.

Sincerely,

Susan White
District Administrator

GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT
FY 2018 PROPOSED BUDGET
GENERAL FUND

	FY2016 ACTUAL 6/30/2016	FY2017 BUDGET (as amended)	FY2017 PROJECTED 06/30/2017	FY2018 BUDGET ESTIMATE	CHANGE OVER FY17 BUDGET AS AMENDED $	CHANGE OVER FY17 BUDGET AS AMENDED %
Revenues:						
Ad Valorem Tax	$ 233,603	$ 241,948	$ 253,800	$ 256,553	$ 14,605	6.0%
Interest Earned	159	-	-	-	-	NA
Total Revenues	**$ 233,761**	**$ 241,948**	**$ 253,800**	**$ 256,553**	**$ 14,605**	**6.0%**
Expenditures:						
Personal Services	$ 10,865	$ 10,865	$ 10,865	$ 10,865	$ -	0.0%
Materials & Supplies	19,387	19,350	19,350	30,000	10,650	55.0%
Other Charges & Services	171,582	312,049	267,743	273,400	(38,649)	-12.4%
Travel & Training	1,411	8,000	8,000	8,000	-	0.0%
Capital Outlay	-	71,200	71,200	-	(71,200)	-100.0%
Total Expenditures	**$ 203,245**	**$ 421,464**	**$ 377,158**	**$ 322,265**	**$ (99,199)**	**-23.5%**
Excess (deficiency) of revenues over expenditures	**$ 30,516**	**$ (179,516)**	**$ (123,358)**	**$ (65,712)**	**$ 113,804**	**-63.4%**
Other Financing Sources (Uses):						
Transfers In	$ -	$ -	$ -	$ -	$ -	NA
Transfers Out	-	-	-	-	-	NA
Transfer to Fund Balance	-	-	-	-	-	NA
Total Other Fin Sources (Uses)	**$ -**	**$ -**	**$ -**	**$ -**	**$ -**	NA
Net Change in Fund Balance	**$ 30,516**	**$ (179,516)**	**$ (123,358)**	**$ (65,712)**	**$ 113,804**	**-63.4%**
Beginning Fund Balance	**$ 377,153**	**$ 407,670**	**$ 407,670**	**$ 284,312**	**$ (123,358)**	**-30.3%**
Ending Fund Balance	**$ 407,670**	**$ 228,154**	**$ 284,312**	**$ 218,600**	**$ (9,554)**	**-4.2%**

PROPOSED BUDGET WORKSHEET
AS OF: JUNE 30TH, 2017

31 -GEMS
REVENUES

	2014-2015 ACTUAL	2015-2016 ACTUAL	2016-2017 CURRENT BUDGET	2016-2017 YEAR-TO-DATE ACTUAL	2016-2017 PROJECTED YEAR END	2017-2018 REQUESTED BUDGET	2017-2018 PROPOSED BUDGET
NON-DEPARTMENTAL							
TAXES							
31-5-00-5006 TAXES	220,762	233,603	241,948	245,346	253,800	256,553	
EST VAL $83,026,723 0	0.00						256,553
TOTAL TAXES	220,762	233,603	241,948	245,346	253,800	256,553	
INVESTMENT INCOME							
31-5-00-5301 INTEREST	165	159	0	0	0	0	
TOTAL INVESTMENT INCOME	165	159	0	0	0	0	
OTHER FINANCING SOURCES							
31-5-00-5409 USE OF FUND BALANCE	0	0	179,516	0	123,358	65,712	
TOTAL OTHER FINANCING SOURCES	0	0	179,516	0	123,358	65,712	
TOTAL NON-DEPARTMENTAL	220,927	233,761	421,464	245,346	377,158	322,265	
TOTAL REVENUES	220,927	233,761	421,464	245,346	377,158	322,265	

PROPOSED BUDGET WORKSHEET
AS OF: JUNE 30TH, 2017

31 -GEMS
GEMS
DEPARTMENTAL EXPENDITURES

	2014-2015 ACTUAL	2015-2016 ACTUAL	2016-2017 CURRENT BUDGET	2016-2017 YEAR-TO-DATE ACTUAL	2016-2017 PROJECTED YEAR END	2017-2018 REQUESTED BUDGET	2017-2018 PROPOSED BUDGET
PERSONAL SERVICES							
31-6-01-6101 SALARIES & WAGES	8,735	10,000	10,000	8,333	10,000	10,000	
31-6-01-6111 FICA	777	765	765	638	765	765	
31-6-01-6114 UNEMPLOYMENT	111	100	100	75	100	100	
TOTAL PERSONAL SERVICES	9,622	10,865	10,865	9,046	10,865	10,865	
SUPPLIES							
31-6-01-6202 OPERATING SUPPLIES	4,010	5,664	10,000	6,774	10,000	15,000	
31-6-01-6206 MINOR EQUIPMENT	0	13,724	9,350	0	9,350	15,000	
TOTAL SUPPLIES	4,010	19,387	19,350	6,774	19,350	30,000	
OTHER CHARGES & SERVICES							
31-6-01-6210 AMBULANCE CONTRACT	114,000	80,003	144,000	120,000	144,000	144,000	
31-6-01-6225 FIRST RESPONDER/ADMIN FEES	41,781	90,451	113,511	81,789	113,511	105,300	
31-6-01-6236 AUDIT FEES	0	925	54,438	0	10,232	24,000	
31-6-01-6254 MISC SERVICES & CHARGES	646	203	100	0	0	100	
TOTAL OTHER CHARGES & SERVICES	156,427	171,582	312,049	201,789	267,743	273,400	
TRAVEL & TRAINING							
31-6-01-6262 TRAVEL AND TRAINING	0	1,411	8,000	5,570	8,000	8,000	
TOTAL TRAVEL & TRAINING	0	1,411	8,000	5,570	8,000	8,000	
CAPITAL EXPENDITURES							
31-6-01-6333 CAPITAL PURCHASES	0	0	71,200	0	71,200	0	
TOTAL CAPITAL EXPENDITURES	0	0	71,200	0	71,200	0	
OTHER FINANCING USES							
TOTAL GEMS	170,060	203,245	421,464	223,178	377,158	322,265	
TOTAL EXPENDITURES	170,060	203,245	421,464	223,178	377,158	322,265	
REVENUE OVER/(UNDER) EXPENDITURES	50,868	30,516	0	22,168	0	0	

Glenpool Area Emergency Medical Service District
12205 South Yukon Avenue
Glenpool, Oklahoma 74033

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS
From: Julie Casteen, District Treasurer
Date: May 26, 2017
Subject: FY17-18 Budget Adoption

Background:
The GEMS District intends to hold a public hearing on the FY18 Proposed Budget at its June 5, 2017 regular meeting. Following the public hearing, the District may make a motion to adopt the appropriations contained in the proposed budget.

Staff Recommendation:
Staff recommends adoption of the budget for Fiscal Year 2017-2018.

Attachments:
None

MINUTES
GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT
Regular Meeting
May 1, 2017

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

Staff present: Lowell Peterson, District Legal Counsel; Susan White, District Administrator, Secretary; and Julie Casteen, District Treasurer. Roger Kolman, City Manager, and Brett Copple with Mercy Regional EMS were also present.

A) Chairman Fox called the meeting to order at 9:01 p.m.

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

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

- Brett Copple, Manager presented the report for the period of March 22 to April 26, 2017. Mercy logged 142 calls during that period and maintained a 95% response time compliance.
- Mr. Copple detailed the protocol used for dispatching a second ambulance. This was in response to a question from the Board at the previous meeting.

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

- The OSAI has already assigned an auditor for the 2016 audit. She spent April 11-13 on site and has concluded her field work. Ms. White anticipates a swifter process than previous audits.
- Ms. White and Julie Casteen, Treasurer met during a phone conference with the Tulsa County Purchasing Director to discuss the County's purchasing policy and consider application to GEMS to expedite the process while maintaining statutory procedures.

E) Scheduled Business

1) **Discussion and possible action to elect Chairman.**
MOTION: Trustee Lund moved, second by Trustee Agee to elect Timothy Fox as Chairman.
FOR: Trustee Lund; Trustee Ceesay; Trustee Fox; Trustee Agee; Trustee Kearns
AGAINST: None
Motion carried.

2) **Discussion and possible action to elect Vice Chairman.**
MOTION: Trustee Lund moved, second by Trustee Agee to elect Momodou Ceesay as Vice Chairman.
FOR: Trustee Ceesay; Chairman Fox; Trustee Agee; Trustee Kearns; Trustee Lund
AGAINST: None
Motion carried.

3) **Discussion and possible action to approve minutes from April 3, 2017, 2017 meeting.**
MOTION: Trustee Lund moved, second by Vice Chairman Ceesay to approve minutes as presented.
FOR: Chairman Fox; Trustee Agee; Trustee Lund; Vice Chairman Ceesay
AGAINST: None
ABSTAIN: Trustee Kearns (absent April 3)
Motion carried.

4) **Discussion and possible action to adopt Resolution No. 1700GEMS, A Resolution Authorizing The Glenpool Area Emergency Medical Service District To Appoint Requisitioning And Receiving Officers And To Set Authority For The Positions.**
The purpose of the Resolution was to appoint Officers to enhance internal controls and effectuate the requisition process. The addition of the appointments will provide a procedure to order goods and services under statutory

spending limits. Claims approval will remain the duty of the Board before payment can be made. Susan White, Adm. recommended approval of the Resolution.
MOTION: Trustee Kearns moved, second by Trustee Agee to adopt Resolution No. 1700GEMS as presented. approve purchase order and receipts register as presented.
FOR: Trustee Agee; Trustee Kearns; Trustee Lund; Vice Chairman Ceesay; Chairman Fox
AGAINST: None
Motion carried.

5) **Discussion and possible action to purchase two Physio Control Lifepak 15 cardiac monitor/defibrillators with associated equipment for a price not to exceed $72,000.00 as quoted.**
Paul Newton, Fire Chief presented a proposal to purchase 2 cardiac monitor/defibrillators. He advised the Board that the purchase was included in the current budget and recommended approval.
MOTION: Trustee Lund moved, second by Vice Chairman Ceesay to approve the purchase of the equipment as described at a cost not to exceed $72,000.00.
FOR: Trustee Kearns; Trustee Lund; Vice Chairman Ceesay; Chairman Fox; Trustee Agee
AGAINST: None
Motion carried.

6) **Discussion and possible action to approve purchase order(s) and receipts register totaling $28,980.12.**
MOTION: Trustee Kearns moved, second by Trustee Agee to approve purchase order and receipts register presented, plus $2,392.00 bringing the total to $31,372.12.
FOR: Trustee Lund; Vice Chairman Ceesay; Chairman Fox; Trustee Agee; Trustee Kearns
AGAINST: None
Motion carried.

7) **Discussion and possible action to accept the FY 2017 Estimate of Needs engagement letter from Arledge & Associates, direct the Chairman to sign the letter on behalf of the Board and the District Treasurer to sign on behalf of Management.**
Ms. Casteen, Treasurer advised the Board that GEMS is statutorily required to provide an Estimate of Needs to the County Excise Board annually. A review by an independent accountant is also required. Staff have sought the assistance of Arledge & Associates to act in this capacity. Staff recommended acceptance of the engagement letter submitted on behalf of Arledge & Associates for the purpose stated.
MOTION: Vice Chairman Ceesay moved, second by Trustee Agee to accept the FY 2017 Estimate of Needs engagement letter from Arledge & Associates and direct the Chairman and District Treasurer to sign the letter.
FOR: Vice Chairman Ceesay; Chairman Fox; Trustee Agee; Trustee Kearns; Trustee Lund
AGAINST: None
Motion carried

F) Adjournment.

- There being no further business, the meeting was adjourned at 9:24 p.m.

_____
Date

ATTEST:

_____
Clerk/Secretary

_____
Chairman

Glenpool Area Emergency Medical Service District
12205 South Yukon Avenue
Glenpool, Oklahoma 74033

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS
From: Julie Casteen, District Treasurer

Date: May 26, 2017

Subject: FY16-17 Budget Amendments

Background:
As part of the fiscal year-end closing process, budget transfers are typically needed to ensure actual expenditures do not exceed appropriations in each account. Section 1720 of the Emergency Medical Service District Budget Act (19 O.S. Sec. 1701, *et seq.*) gives the Board authority to approve the transfer of funds between accounts.

The original adopted budget included $77,256 for first responder/admin reimbursements to be made to the City. Based on the number of EMR runs through April 30, 2017, the projected reimbursement amount to the City for FY17 is $113,511, including a substantial buffer in case of extreme call volumes.

In addition, it has been determined that audit expense appropriations may not be lapsed without prior approval by the State Auditor and Inspector. As of June 30, 2017, the appropriated amount for audit expense should be $54,438. The current appropriation is $22,612, a difference of $31,826. A request will be made upon completion of the FY16 audit for any unexpended appropriation to be lapsed and returned to fund balance.

To balance the budget at the account level, a transfer of appropriation is required from the transfer to reserves budget to the First Responder Expenses account and to the Audit Expense account as outlined in Exhibit A. It is also recommended to decrease the Interest income revenue to zero to reflect actual revenues.

The amended budget reflects an anticipated ending fund balance of $228,154. Final results of the FY16-17 revenues and expenditures will be presented at a future meeting.

Staff Recommendation:
Staff recommends approval of the amended budget.

Attachments:
FY 16-17 Budget Amendments

EXHIBIT A

GLENPOOL EMERGENCY MEDICAL SERVICE DISTRICT
FY16-17 BUDGET AMENDMENTS

	ACTUALS FY2016	APPROVED BUDGET FY2017	AMENDMENTS	RESTATED BUDGET FY2017
Personal Services:				
Salaries and Wages	$ 10,000	$ 10,000	$ -	10,000
FICA	765	765	-	765
Unemployment	100	100	-	100
Supplies:				
Operating Supplies	5,664	10,000	-	10,000
Minor Equipment	13,724	9,350	-	9,350
Other Charges & Services				
Ambulance Contract	80,003	144,000	-	144,000
First Responder/Admin Fees	90,451	77,256	36,255	113,511
Audit Fees	925	22,612	31,826	54,438
Misc Services and Charges	203	100	-	100
Travel & Training:				
Travel & Training:	1,411	8,000	-	8,000
Capital Expenditures:				
Capital Purchases	-	71,200	-	71,200
Total Expenditures	**$ 203,245**	**$ 353,383**	**$ 68,081**	**$ 421,464**
Beginning Fund Balance	**$ 377,153**	**$ 341,949**	**$ 65,721**	**$ 407,670**
Operating Revenues	**233,603**	**241,948**	**-**	**241,948**
Non-Operating Revenues	**159**	**50**	**(50)**	**-**
Other Financing Sources	**-**	**-**	**-**	**-**
Expenses	**203,245**	**353,383**	**68,081**	**421,464**
Non-Operating Expenses	**-**	**-**	**-**	**-**
Ending Fund Balance	**$ 407,670**	**$ 230,564**	**$ (2,410)**	**$ 228,154**

Glenpool Area Emergency Medical Service District
12205 South Yukon Avenue
Glenpool, Oklahoma 74033

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS
From: Julie Casteen, District Treasurer
Date: May 26, 2017
Subject: GEMS Checking Account Signatory

Background:
To maintain proper internal controls, a minimum of three signatories are needed on the District's checking account. With the resignation of Roger Kolman, the appointment of a new signatory is necessary.

Staff Recommendation:
Staff recommends a motion to appoint Timothy Lee Fox as a signatory on the GEMS checking account.

Attachments:
None.

Glenpool Area Emergency Medical Service District
12205 South Yukon Avenue
Glenpool, Oklahoma 74033

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS
From: Julie Casteen, District Treasurer
Date: May 26, 2017
Subject: Approval of Purchase Order Receiving Report and Payment Claims as of 5/26/17 totaling $33,338.09

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

Staff Recommendation:
Staff recommends a motion to accept the PO Receipt Register report dated 5/26/17 and approve the following payments:

P.O. Number	Account	Description	Vendor	Invoice #	Amount
17-07412	31-6-01-6202	Medical Supplies	Arrow International	94815569	557.54
17-06357	31-6-01-6210	May Ambulance Service	Centurion Health Systems	1413	$12,000.00
17-06343	31-6-01-6225	April City Reimbursement	City of Glenpool	4/30/2017	9,482.00
17-07410	31-6-01-6202	Medical Supplies	Curtin Drugs	691033	60.00
17-07410	31-6-01-6202	Medical Supplies	Curtin Drugs	691034	30.00
17-07410	31-6-01-6202	Medical Supplies	Curtin Drugs	691032	35.00
17-07410	31-6-01-6202	Medical Supplies	Curtin Drugs	688476	39.38
17-07410	31-6-01-6202	Medical Supplies	Curtin Drugs	691035	70.00
17-07409	31-6-01-6202	Medical Supplies	Emergency Medical Products	1905087	621.85
17-07411	31-6-01-6202	Medical Supplies	Henry Chein, Inc.	41422701	90.76
17-06390	31-6-01-6202	Cylinder Rental	Pace Products of Tulsa	112669	120.00
17-07443	31-6-01-6236	FY14-15 Audit Fees	State Auditor & Inspector	113127	10,231.56
				Total	**$33,338.09**

Attachments:
1. PO Receipt Register dated 5/26/17 totaling $33,338.09
2. Purchase Order Claims Register dated 5/26/17 totaling $33,338.09
3. Purchase Orders and Invoices totaling $33,338.09

VENDOR NAME / INVOICE	POST DATE	BANK	INVOICE AMOUNT	VENDOR TOTAL
01-001274 ARROW INTERNATIONAL, INC.				557.54
94815569	6/05/2017	31	557.54	
01-001267 CENTURION HEALTH SYSTEMS, DBA				12,000.00
1413	6/05/2017	POOL	12,000.00	
01-000507 CITY OF GLENPOOL				9,482.00
04-30-17	6/05/2017	31	9,482.00	
01-001236 CURTIN DRUG				234.38
05-10-17	6/05/2017	31	234.38	
01-000480 EMERGENCY MEDICAL PRODUCTS				621.85
1905087	6/06/2017	31	621.85	
01-001271 HENRY SCHEIN INC				90.76
41422701	6/05/2017	31	90.76	
01-000450 PACE PRODUCTS OF TULSA				120.00
112669	6/05/2017	31	120.00	
01-001017 STATE AUDITOR AND INSPECTOR				10,231.56
113127	6/05/2017	31	10,231.56	
		TOTALS	33,338.09	33,338.09

FUND: 31 - GEMS
SUMMARY REPORT

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE	INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL						
17-06390	MEDICAL OXYGEN FY 16-17	01-000450	PACE PRODUCTS OF TULSA	6/2017	112669	120.00
17-07409	EMS Supplies	01-000480	EMERGENCY MEDICAL PRODUCTS	6/2017	1905087	621.85
17-06343	ADMIN FEES GEMS FY 2016-2	01-000507	CITY OF GLENPOOL	6/2017	04-30-17	9,482.00
17-07443	GEMS AUDIT - FY14-FY15	01-001017	STATE AUDITOR AND INSPECTOR	6/2017	113127	10,231.56
17-07410	Epi 1:1000 Ampules	01-001236	CURTIN DRUG	6/2017	05-10-17	234.38
17-06357	AMBULANCE EMS SVC FY16-17	01-001267	CENTURION HEALTH SYSTEMS, DBA	6/2017	1413	12,000.00
17-07411	NS Flush 10ml x 100	01-001271	HENRY SCHEIN INC	6/2017	41422701	90.76
17-07412	45mm IO Needles with tub	01-001274	ARROW INTERNATIONAL, INC.	6/2017	94815569	557.54
					DEPARTMENT TOTAL:	33,338.09
					FUND TOTAL:	33,338.09
					GRAND TOTAL:	33,338.09

G/L RECAP

PERIOD	G/L ACCOUNT	NAME	AMOUNT	FUND TOTAL
6/2017	31-6-01-6202	OPERATING SUPPLIES	1,624.53	
6/2017	31-6-01-6210	AMBULANCE CONTRACT	12,000.00	
6/2017	31-6-01-6225	FIRST RESPONDER/ADMIN FEES	9,482.00	
6/2017	31-6-01-6236	AUDIT FEES	10,231.56	33,338.09
			GRAND TOTAL:	33,338.09

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 # 17-07412 05/04/2017

ISSUED TO: VEND #: 01-001274

ARROW INTERNATIONAL, INC.
P.O. BOX 60519
CHARLOTTE, NC 28260-0519

SHIP TO:

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

PURCHASING OFFICER — DATE: 05/04/2017

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

ENCUMBERING OFFICER — DATE: 05/04/2017

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	45mm IO Neddles with tubing 45mm IO Needles with tubing		00019904	31-6-01-6202		0.00	550.00 *

+7.54
557.54

** TOTAL ** 550.00

*** APPROVAL FOR PURCHASE ***

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

Julie Carstens — 5/24/17

OFFICER OR DEPARTMENT HEAD IN CHARGE — DATE

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

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.

ARROW®

3015 Carrington Mill Blvd, Suite 300
Morrisville, NC 27560
USA

Invoice

Number	Date	Page	Due Date
94815569	05/06/2017	Page 1 of 1	06/05/2017

Payer Account No. 2001257

Bill To Party **Account No. 2001257**

T3 P1 **********AUTO**MIXED AADC 275
##-0001-##-1-826-826-623
CITY OF GLENPOOL
12205 SOUTH YUKON AVENUE
GLENPOOL OK 74033-6635
USA

Ship To Party **Account No.** 2001257
CITY OF GLENPOOL
ATTN:PO# 17-07412
12205 SOUTH YUKON AVENUE
GLENPOOL, OK 74033-6635
USA

Payment Remittance Address:
Arrow International, Inc.
PO Box 60519
Charlotte, NC 28260 - 0519

Wire Transfer Remittance:
Wells Fargo Bank N.A.
420 Montgomery Street
San Francisco, CA 94104
Account No. 2000040988562
Routing/ABA No. 121000248
SWIFT Code: WFBIUS6S

Overnight Remittance Address:
Wells Fargo Lockbox Services
Arrow International, Inc.
Lockbox 60519
1525 West W.T. Harris Blvd - 2C2
Charlotte, NC 28262

Purchase Order Number	Sales Order Number	Order Placed By	Delivery Number	Carrier/Level of Service
17-07412	3453192	Debbie Self	8001380521	UPS
Tracking Number	**Freight Terms**	**Incoterms**	**Payment Terms**	**Currency**
1Z6069200376125496	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	9079-VC-005	EZ-IO 45MM NEEDLE (BOX OF 5)	BX	1	0	550.00	550.00

Brand: Arrow
Batch Number: **4899607**
Expiration Date: **02/28/2021**
Country of Origin: USA

Sub-Total	550.00
Freight	7.54
Tax	0.00
Total USD	557.54

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.

Tel 800-523-8446 | Email arrowcs@teleflex.com | www.teleflex.com | EIN: 23-1969991

RECEIVED
MAY 11 2017
BY A/P-FIN: GLENPOOL

ARROW

Gem's

Order Confirmation

No.	Date	Page
3453192	05/05/2017	1 of 1

Sold To Party **Account No. 2001257**
City of Glenpool
12205 South Yukon Avenue
Glenpool OK 74033-6635
USA

Ship To Party **Account No 2001257**
City of Glenpool
Attn:PO# 17-07412
12205 South Yukon Avenue
Glenpool OK 74033-6635
USA

Purchase Order No.	Purchase Order Date	Order Placed By	Processed By	Carrier/Level of Service
17-07412	05/05/2017	Debbie Self	TDOWDY	UPS Ground

Freight Terms	Incoterms	Payment Terms	Currency
Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Brand	Material Description	UOM	Order Qty	Shipping Date	Unit Price	Total
10	9079-VC-005	Arrow	EZ-IO 45MM NEEDLE (BOX OF 5)	BX	1	05/05/2017	550.00	550.00
						Sub-Total		550.00
						Total USD		550.00

Comments

RECEIVED
MAY 05 2017
BY A/P-FIN: GLENPOOL

The terms on our Acknowledgment and Invoices state Arrow's entire contract. Arrow shall not be bound by any different, additional or conflicting terms and conditions contained in Buyer's Purchase Order unless expressly agreed to in writing by Arrow. Arrow's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Arrow's prior written consent.

Arrow International, Inc.
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 800-523-8446 Fax
Email arrowcs@teleflex.com www.teleflex.com

ARROW

Packing List

Delivery No.	Delivery Date	Page
8001380521	05/05/2017	1 of 1

Sold To Party **Account No. 2001257**
City of Glenpool
12205 South Yukon Avenue
Glenpool OK 74033-6635
USA

Ship To Party **Account No. 2001257**
City of Glenpool
Attn:PO# 17-07412
12205 South Yukon Avenue
Glenpool OK 74033-6635
USA

Forwarding Agent **Account No. 600056**
UPS
LOCK BOX 577
CAROL STREAM IL 60132-0577

Purchase Order No.	Sales Order		Freight Terms	IncoTerms
17-07412	3453192		Pre-pay & Add	FOB - ORIGIN

Tracking No.	Container	Seal	Transportation	Vessel
1Z6069200376125496			UPS	

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	9079-VC-005	Arrow	EZ-IO 45MM NEEDLE (BOX OF 5)	BX	1	0	1	0.400 LB
			Batch No. 4899607	02/28/2021				

Total Shipping Units: 00001
Weight: 1.400 LB

Unit of Measure Description: BOX

Total Units: 1.000

Comments:

Arrow International, Inc.
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 800-523-8446 Email arrowcs@teleflex.com www.teleflex.com

ARROW

Packing List

Delivery No.	Delivery Date	Page
8001380521	05/05/2017	1 of 1

Sold To Party **Account No. 2001257**
City of Glenpool
12205 South Yukon Avenue
Glenpool OK 74033-6635
USA

Ship To Party **Account No. 2001257**
City of Glenpool
Attn:PO# 17-07412
12205 South Yukon Avenue
Glenpool OK 74033-6635
USA

Forwarding Agent **Account No. 600056**
UPS
LOCK BOX 577
CAROL STREAM IL 60132-0577

Purchase Order No.	Sales Order		Freight Terms	IncoTerms
17-07412	3453192		Pre-pay & Add	FOB - ORIGIN

Tracking No.	Container	Seal	Transportation	Vessel
			UPS	

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	9079-VC-005	Arrow	EZ-IO 45MM NEEDLE (BOX OF 5) **Batch No.** 4899607	BX 02/28/2021	1	0	1	0.400 LB

Total Shipping Units: 00001
Weight: 1.400 LB

Unit of Measure Description:
BOX

Total Units:
1.000

Comments:

Arrow International, Inc.
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 800-523-8446 Email arrowcs@teleflex.com www.teleflex.com

0521

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 # 17-06357 07/12/2016

ISSUED TO: VEND #: 01-001267

CENTURION HEALTH SYSTEMS,
MERCY REGIONAL OKLAHOMA
9106 N. GARNETT RD.
OWASSO, OK 74055

SHIP TO:

GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

PURCHASING OFFICER — DATE 07/12/2016

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

ENCUMBERING OFFICER — DATE 07/12/2016

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	AMBULANCE EMS SVC FY 16-17 AMBULANCE EMS SVC FY16-17		00018474	31 -6-01-6210		0.00	144,000.00 *

14/3 = 12,000. cc

Partial Payment 12000. cc

** TOTAL ** 144,000.00

*** APPROVAL FOR PURCHASE ***

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

Julie Casteel — 5/24/17

OFFICER OR DEPARTMENT HEAD IN CHARGE — DATE

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

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

Mercy Regional Oklahoma

Owasso, OK 74055
Centurion Health Systems

Invoice

Date	Invoice #
5/16/2017	1413

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

P.O. No.	Terms	Project

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

RECEIVED
MAY 17 2017
BY A/P-FIN: GLENPOOL

Total $12,000.00

Phone #	Fax #
9186095800	918-609-5799

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 17-06343 07/12/2016

ISSUED TO: VEND #: 01-000507

CITY OF GLENPOOL
POOLED CASH ACCT

SHIP TO:

GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

PURCHASING OFFICER — DATE 07/12/2016

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

ENCUMBERING OFFICER — DATE 07/12/2016

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	ADMIN FEES GEMS FY2016-2017 ADMIN FEES GEMS FY 2016-2017		00018472	31 -6-01-6225		0.00	113,511.00 *

04-30-17 $9,482.00

Partial Payment 9,482.00

** TOTAL ** 113,511.00

*** APPROVAL FOR PURCHASE ***

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

Julie Casteen — OFFICER OR DEPARTMENT HEAD IN CHARGE — 5/24/17 DATE

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

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City Of Glenpool
Creating Opportunity

INVOICE

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

Customer Number: 01-0172
Invoice Number: 04-30-17
Invoice Date: 5/03/2017
Due Date: 5/30/2017
P.O. # : 17-06343

TREASURER
GEMS-
12205 S YUKON AVE
GLENPOOL OK 74033

ITEM DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
GEMS REIMBURSEMENT	N/A	MONTH	N/A	9,482.00

102 EMR RUNS @ $91 = $9,282
$200 ADMIN

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

TOTAL DUE $9,482.00

FY17 GEMS Admin/First Responder Reimbursements
BLANKET PO 17-06343

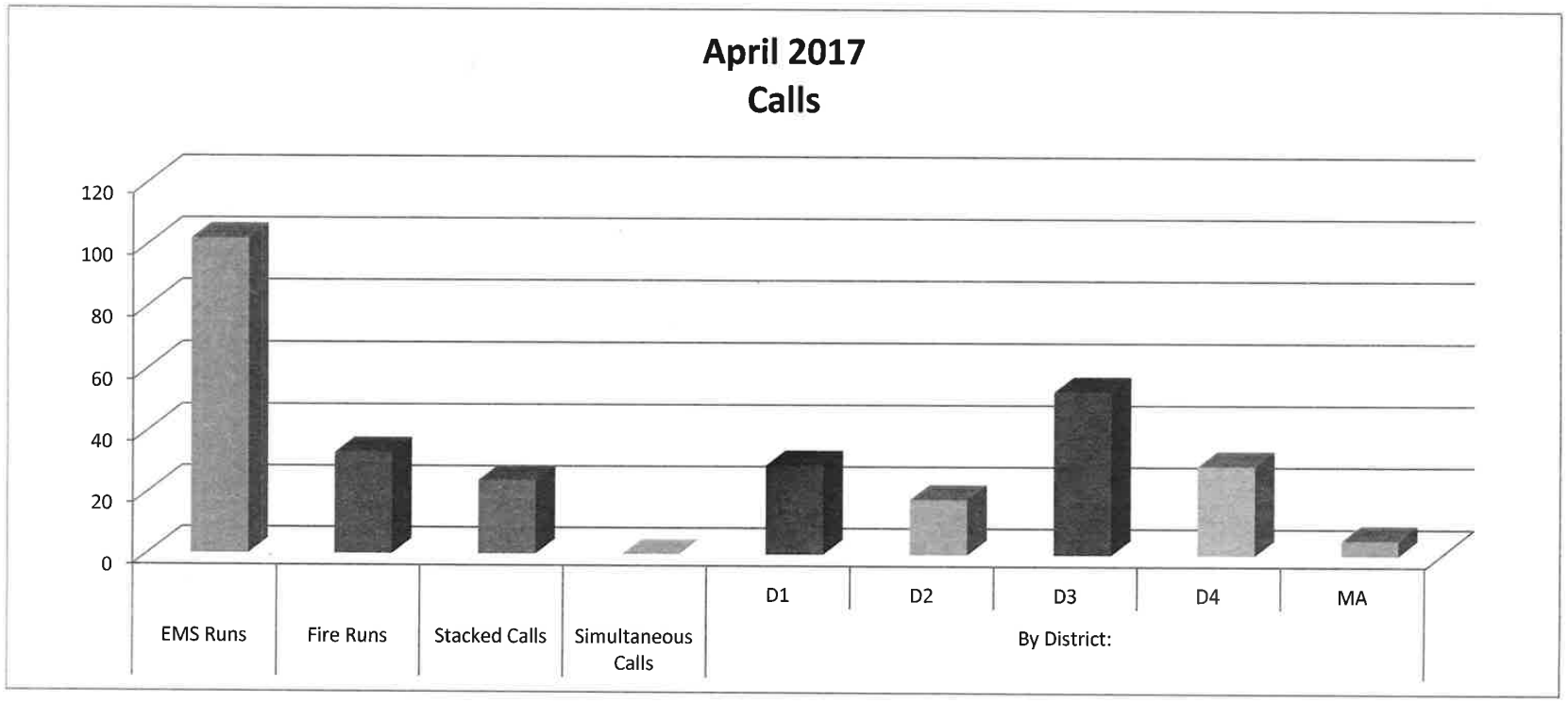
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	Total Runs	@ $91/run
Total Runs	**176**	**142**	**136**	**162**	**142**	**158**	**155**	**123**	**142**	**135**	1471	
Fire runs	68	37	46	54	43	66	58	38	47	33	490	
EMR runs	108	105	90	108	99	92	97	85	95	102	981	$ 89,271
EMR Ratio	61%	74%	66%	67%	70%	58%	63%	69%	67%	76%	67%	
Run Rate	$ 91	$ 91	$ 91	$ 91	$ 91	$ 91	$ 91	$ 91	$ 91	$ 91		
Admin	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200	$ 2,000	$ 2,000
Overtime	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	**$ 10,028**	**$ 9,755**	**$ 8,390**	**$ 10,028**	$ 9,209	$ 8,572	$ 9,027	$ 7,935	$ 8,845	$ 9,482	**$ 91,271**	**$ 91,271**

(10,028.00) PAID CHECK 1532 9/13/16
(9,755.00) PAID CHECK 1541 10/4/16
(8,390.00) PAID CHECK 1542 10/6/16
(10,028.00) PAID CHECK 1554 12/9/16
(17,781.00) PAID CHECK 1561 1/5/17
(9,027.00) PAID CHECK 1575 2/13/17
(16,780.00) PAID CHECK 1588 4/26/17

AMOUNT DUE FEB-MARCH $ 9,482.00 Blanket PO 17-06343
31-6-01-6225

Glenpool Fire Department Operations April 2017

Run Type		# of Calls	Totals Calls
EMS Runs		102	135
Fire Runs		33	
Stacked Calls		24	
Simultaneous Calls		0	
By District:	D1	29	
	D2	18	
	D3	53	
	D4	29	
	MA	5	



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 # 17-07410 05/04/2017

ISSUED TO: VEND #: 01-001236

CURTIN DRUG
13101 S. ELWOOD
GLENPOOL, OK 74033

SHIP TO:

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

05/04/2017

PURCHASING OFFICER DATE

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

05/04/2017

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	1.25" Needles x 48		00019902	31 -6-01-6202		0.00 1.90	70.00
0.00	1ml Syringes x 100		00019902	31 -6-01-6202		0.00	60.00
0.00	Epi 1:1000 Amps x 25		00019902	31 -6-01-6202		0.00	70.00
0.00	Filtered Needles x 100		00019902	31 -6-01-6202		0.00	30.00
0.00	Glucose Strips		00019902	31 -6-01-6202		0.00	39.38
	Epi 1:1000 Ampules						

** TOTAL ** 269.38

*** APPROVAL FOR PURCHASE ***

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

Julie Westeen 5/24/17

OFFICER OR DEPARTMENT HEAD IN CHARGE DATE

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PO # 17-07410
$234.38

City of Glenpool
FD Supplies
for
918-209-4626

Curtin Drug 13101 S. ELWOOD Ste. B GLENPOOL, OK 74033 918-528-6000
Rx: 691033 NEW RX 05/08/2017
LENPOOL FD
14536 S ELWOOD AVE, GLENPOOL, GLENPOOL, OK 74033 ( ) - DAW:0 DS:100
NDC: 08290-3096-28
MORGAN, JACK DO
129 N KENTUCKY
PRYOR OK 74361
$60.00
0 Ea SYRINGE LUER MIS -LOK 1ML Auth:
DUPLICATE RECEIPT

Curtin Drug 13101 S. ELWOOD Ste. B GLENPOOL, OK 74033 918-528-6000
Rx: 691034 NEW RX 05/08/2017
GLENPOOL FD
14536 S ELWOOD AVE, GLENPOOL, GLENPOOL, OK 74033 ( ) - DAW:0 DS:100
NDC: 08881-3051-17
MORGAN, JACK DO
129 N KENTUCKY
PRYOR OK 74361
$30.00
100 Ea FILTER NEEDL MIS 18GX1.5" Auth:
DUPLICATE RECEIPT

Curtin Drug 13101 S. ELWOOD Ste. B GLENPOOL, OK 74033 918-528-6000
Rx: 691035 NEW RX 05/08/2017
GLENPOOL FD
14536 S ELWOOD AVE, GLENPOOL, GLENPOOL, OK 74033 ( ) - DAW:0 DS:25
NDC: 00409-7241-01
MORGAN, JACK DO
129 N KENTUCKY
PRYOR OK 74361
$70.00
25 Ml EPINEPHRINE 1:M 1CC Auth:
DUPLICATE RECEIPT

Curtin Drug 13101 S. ELWOOD Ste. B GLENPOOL, OK 74033 918-528-6000
Rx: 691032 NEW RX 05/08/2017
GLENPOOL FD
14536 S ELWOOD AVE, GLENPOOL, GLENPOOL, OK 74033 ( ) - DAW:0 DS:100
NDC: 08290-3057-62
MORGAN, JACK DO
129 N KENTUCKY
PRYOR OK 74361
$35.00
100 Ea BD ECLIPSE MIS 23GX1" Auth:
DUPLICATE RECEIPT

Curtin Drug 13101 S. ELWOOD Ste. B GLENPOOL, OK 74033 918-528-6000
Rx: 688476 REFILL 04/12/2017
GLENPOOL FD
14536 S ELWOOD AVE, GLENPOOL, GLENPOOL, OK 74033 ( ) - DAW:0 DS:10
NDC: 08317-7600-50
HUNT, R RANDY
9001 SO 101ST E AVE STE 300
TULSA, OK
$39.38
100 Ea GLUCOCARD VITAL TEST STRIPS Auth:
DUPLICATE RECEIPT

RECEIVED
MAY 10 2017
BY A/P-FIN: GLENPOOL

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 # 17-07409 05/04/2017

ISSUED TO: VEND #: 01-000480

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

SHIP TO:

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

05/04/2017

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 05/04/2017

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Chest Seal x 5		00019901	31 -6-01-6202		0.00	69.75 *
0.00	Exam Gloves Lg x 15 boxes		00019901	31 -6-01-6202		0.00	157.35 *
0.00	Exam Gloves XL 15 boxes		00019901	31 -6-01-6202		0.00	157.35 *
0.00	Mega Mover x 5		00019901	31 -6-01-6202		0.00	126.75 *
0.00	O2 Cylinder Wrench x 6		00019901	31 -6-01-6202		0.00	5.70 *
0.00	Pressure Inf Bag 1000cc x 4		00019901	31 -6-01-6202		0.00	87.80 *
0.00	Sharps Solo x 10		00019901	31 -6-01-6202		0.00	27.90 *
	EMS Supplies						

621.85

** TOTAL ** 632.60

*** APPROVAL FOR PURCHASE ***

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

Julie Casteen 5/24/17

OFFICER OR DEPARTMENT HEAD IN CHARGE DATE

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EMERGENCY MEDICAL PRODUCTS, INC.

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

School Kids Healthcare
Division of EMP

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

GEM's

Invoice

Invoice	1905087
Date	5/5/2017
Page	1 of 1
Account #	123965

Bill To:

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

Ship To:

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

Thank you for your order!

Purchase Order #		Ship Via				Payment Terms	
17-07409		FED EX GROUND				Net 30 Days	
Item #	**Description**	**Ordered**	**Shipped**	**B/O**	**UOM**	**Unit Price**	**Ext. Price**
51926	GRAHAM MEGAMOVER	5	5	0	EACH	$25.35	$126.75
SEC375XL	MICROFLEX SUPRENO EC GLOVE X-LARGE 50/BOX	1	1	0	CASE	$101.75	$101.75
SEC375XL	MICROFLEX SUPRENO EC GLOVE X-LARGE 50/BOX	5	5	0	BOX	$10.49	$52.45
SEC375L	MICROFLEX SUPRENO EC GLOVE, 50/BX,LARGE	1	1	0	CASE	$101.75	$101.75
SEC375L	MICROFLEX SUPRENO EC GLOVE, 50/BX,LARGE	5	5	0	BOX	$10.49	$52.45
5080	SMALL CYLINDER WRENCH, NYLON	6	6	0	EACH	$0.95	$5.70
ACS500	ASHERMAN CHEST SEAL	5	5	0	EACH	$12.66	$63.30
MS-64250	SHARPS DART SHARPS CONTAINER	10	10	0	EACH	$2.99	$29.90
4010	ETHOX CORP. INFU-SURG PRESSURE INFUSER BAG -1000CC W/HOOK	4	4	0	EACH	$21.95	$87.80

Tracking Numbers:

727205562943
727205562954

RECEIVED
MAY 05 2017
BY A/P-FIN. GLENPOOL

Subtotal	621.85
Handling Fee	0.00
Freight	0.00
Trade Discount	0.00
Tax	0.00
Total	621.85

Please Remit to:

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

EMERGENCY MEDICAL PRODUCTS, INC.

PACKING SLIP

School Kids Healthcare
Division of EMP

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

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

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

Ship To
Glenpool Fire Department
Chief Terrell Ogilvie
14536 S Elwood Ave
Glenpool, OK 74033-4005
United States

Date	Page
5/5/2017	1 of 1

Thank you for your order!

PO Number	Customer No.	Shipping Method	Payment Terms	Order Number
17-07409	123965	FED EX GROUND	Net 30 Days	**1905087**

Item Number	Description	Quantity	Shipped	B/O	U of M
51926	GRAHAM MEGAMOVER	5	5	0	EACH
SEC375XL	MICROFLEX SUPRENO EC GLOVE X-LARGE 50/BOX	1	1	0	CASE
SEC375XL	MICROFLEX SUPRENO EC GLOVE X-LARGE 50/BOX	5	5	0	BOX
SEC375L	MICROFLEX SUPRENO EC GLOVE, 50/BX,LARGE	1	1	0	CASE
SEC375L	MICROFLEX SUPRENO EC GLOVE, 50/BX,LARGE	5	5	0	BOX
5080	SMALL CYLINDER WRENCH, NYLON	6	6	0	EACH
ACS500	ASHERMAN CHEST SEAL	5	5	0	EACH
MS-64250	SHARPS DART SHARPS CONTAINER	10	10	0	EACH
4010	ETHOX CORP. INFU-SURG PRESSURE INFUSER BAG -1000CC W/	4	4	0	EACH

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

5235 International Drive,
Suite B Cudahy, WI 53110

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 # 17-07411 05/04/2017

ISSUED TO: VEND #: 01-001271

HENRY SCHEIN INC
DEPT CH 10241
PALATINE, IL 60055-0241

SHIP TO:

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

05/04/2017

PURCHASING OFFICER DATE

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

05/04/2017

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Atomizer Mucosal x 25		00019903	31 -6-01-6202		0.00	54.00 *
0.00	Atrovent /Ipratropium .5 mg x		00019903	31 -6-01-6202		0.00	62.50 *
0.00	NS Flush 10ml x 100		00019903	31 -6-01-6202		0.00	25.00 *
	NS Flush 10ml x 100						

** TOTAL ** 141.50

*** APPROVAL FOR PURCHASE ***

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

Julie Carlton 5/24/17

OFFICER OR DEPARTMENT HEAD IN CHARGE DATE

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

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.

Darrell Colbert

From: Paul Newton
Sent: Tuesday, May 09, 2017 5:41 PM
To: Darrell Colbert
Subject: Re: Henry Schein

ok

From: Darrell Colbert
Sent: Tuesday, May 9, 2017 4:40:49 PM
To: Paul Newton
Subject: RE: Henry Schein

Since this is GEMS, yes send me all what you received and I will get it processed. Thanks dlc

From: Paul Newton
Sent: Tuesday, May 09, 2017 12:28 PM
To: Darrell Colbert <dcolbert@cityofglenpool.com>
Subject: Henry Schein

Darrell,

The items ordered from Henry Schein, PO 17-07411 were received today. Let me know if you need an invoice, all I received was the packing list.

Thanks,

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

(918) 322-2172

HENRY SCHEIN®

EMS
135 Duryea Road, Melville, NY 11747

INVOICE

SHIP TO/SOLD TO:
Glenpool Fire Dept MI
14536 S Elwood Ave
Jack L Morgan
Glenpool,OK 74033-4005

010000336493141422701111000000000009076050517 8

BILL TO:
City Of Glenpool MI
12205 S Yukon Ave
Glenpool, OK 74033-6635

City Of Glenpool
12205 S Yukon Ave
Glenpool, OK 74033-6635

BILL TO	SHIP TO	INVOICE AMOUNT
3364931	3364936	90.76

INVOICE#	INVOICE DATE
41422701	5/05/17

CUSTOMER PO#
17-07411

ORDER#	ORDER DATE	DUE DATE
51862478	05/05/17	06/04/17

RECEIVED
MAY 15 2017
BY A/P-FIN. GLENPOOL

D&B#:01-243-0880
WHSE DEA# RH0238192 Fed ID: 11-3136595

LINE NO	ITEM CODE	UNIT SIZE	DESCRIPTION & STRENGTH	QUANTITY ORDERED	QUANTITY SHIPPED	ITEM STATUS	UNIT PRICE	EXTENSION	BOX NO	REM
			This order has been processed by our SOUTHWEST D.C. 1001 NOLEN DR. #400 GRAPEVINE, TX 76051							
1	700-0698	PU 100/BX	SODIUM CHLORIDE FLUSH .9% 10ML	1	1		37.50	37.50	1	
2	125-3830	RX 25/CR	IPRATR BROM INH SOL 2.5ML 0.02%	1	1	*	2.50	2.50	1	
			.GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS MSDS/SDS, 105MC76 - IF YOU CAN'T ACCESS ONLINE OPTIONS, CALL 1-800-472-4346. WH - SEE MESSAGE BELOW FOR DSCSA DETAILS. THIS ITEM IS NON-RETURNABLE NDC:0591-3798-83/00591-3798-83							
3	420-9994	EA	NASAL ATOMIZATION DEVICE	12	12		4.23	50.76	1	

PLEASE REFER TO BACK OF PAPERWORK FOR DISCLOSURES/TERMS OF SALE
WH - THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION RELATED TO PRESCRIPTION DRUG PRODUCTS IS AVAILABLE ON OUR WEBSITE WWW.HENRYSCHEIN.COM/PEDIGREE. IF YOU HAVE ANY PROBLEMS ACCESSING OUR WEBSITE OR WOULD LIKE TO RECEIVE A COPY OF DSCSA DOCUMENTATION VIA FAX, MAIL, OR EMAIL, PLEASE CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT 1-800-472-4346
M2 - THE DRUG SUPPLY CHAIN SECURITY ACT (DSCSA) INFORMATION RELATED TO PRESCRIPTION DRUG PRODUCTS IS AVAILABLE ON OUR WEBSITE WWW.HENRYSCHEIN.COM/PEDIGREE. IF YOU HAVE ANY PROBLEMS ACCESSING OUR WEBSITE OR WOULD LIKE TO RECEIVE A COPY OF DSCSA DOCUMENTATION VIA FAX, MAIL, OR EMAIL, PLEASE CONTACT OUR CUSTOMER SERVICE DEPARTMENT AT 1-800-472-4346.

BILL TO	SHIP TO	INVOICE#	INVOICE AMOUNT
3364931	3364936	41422701	90.76
ORDER#	ORDER DATE	INVOICE DATE	# OF BOXES
51862478	05/05/17	5/05/17	1
CUSTOMER PO#			PAGE#
17-07411			1 OF 2

LP300

ITEM STATUS KEY
B - Backordered; Item will follow
D - Discontinued; Item no longer available
F - Special offer
M - Manufacturer will ship Item directly to you
P - Prescription Drug; Return Authorization Required
R - Refrigerated Item; May be shipped separately
$ - Special Schein Pricing
T - Taxable Item
U - Temporarily unavailable; please reorder
* - Item has MSDS

REM KEY
SK - School Kit
NC - No Charge

Continued on Next Page .....

HENRY SCHEIN®

EMS
135 Duryea Road, Melville, NY 11747

INVOICE

SHIP TO/SOLD TO:
Glenpool Fire Dept MI
14536 S Elwood Ave
Jack L Morgan
Glenpool,OK 74033-4005

BILL TO:
City Of Glenpool MI
12205 S Yukon Ave
Glenpool, OK 74033-6635

0100003364931414227011100000000000907605051 78

City Of Glenpool
12205 S Yukon Ave
Glenpool, OK 74033-6635

BILL TO	SHIP TO	INVOICE AMOUNT
3364931	3364936	90.76

INVOICE#	INVOICE DATE
41422701	5/05/17

CUSTOMER PO#
17-07411

Please detach here and mail the above with your payment

ORDER#	ORDER DATE	DUE DATE
51862478	05/05/17	06/04/17

D&B#:01-243-0880
WHSE DEA# RH0238192 Fed ID: 11-3136595

LINE NO	ITEM CODE	UNIT SIZE	DESCRIPTION & STRENGTH	QUANTITY ORDERED	QUANTITY SHIPPED	ITEM STATUS	UNIT PRICE	EXTENSION	BOX NO	REM
						MERCHANDISE TOTAL		90.76		
						Invoice Date + 30 days		90.76		

Please remit payments only to the following address:
Henry Schein, Inc.
Dept CH 10241
Palatine, IL 60055-0241

RECEIVED
MAY 15 2017
BY A/P-FIN: GLENPOOL

BILL TO	SHIP TO	INVOICE#	INVOICE AMOUNT
3364931	3364936	41422701	90.76
ORDER#	ORDER DATE	INVOICE DATE	# OF BOXES
51862478	05/05/17	5/05/17	1
CUSTOMER PO#			PAGE#
17-07411			2 OF 2

LP300

ITEM STATUS KEY
B - Backordered; Item will follow
D - Discontinued; Item no longer available
F - Special offer
M - Manufacturer will ship Item directly to you
P - Prescription Drug; Return Authorization Required
R - Refrigerated Item; May be shipped separately
$ - Special Schein Pricing
T - Taxable Item
U - Temporarily unavailable; please reorder
* - Item has MSDS

REM KEY
SK - School Kit
NC - No Charge

HENRY SCHEIN®

EMS

INVOICE#	INVOICE DATE
41422701	5/05/17

CUSTOMER#	BOX#	PAGE#
3364936	1 of 1	1

CUSTOMER PO#
17-07411

ORDER#	ORDER DATE
51862478	05/05/17

BOX CONTENT LIST

SOLD TO
GLENPOOL FIRE DEPT
14536 S ELWOOD AVE
JACK L MORGAN
GLENPOOL OK 74033-4005

BILL TO
City Of Glenpool
12205 S Yukon Ave
Glenpool,OK 74033-6635

LOCATION CODE	SHIPPED QTY	EXP. CODE	UNIT SIZE	DESCRIPTION & STRENGTH	ITEM CODE	LINE NO.
3-35-01-21	1	07/17	25/CR	IPRATR BROM INH SOL 2.5ML 0.02% 4530663 NDC#:0591-3798-83/00591-3798-83 LOT#/Exp:6N64 09/30/18 WH - See message below for DSCSA details. This item is non-returnable .GO TO YOUR ONLINE ACCOUNT TO RETRIEVE THIS MSDS/SDS, 105MC76 - IF YOU CAN'T ACCESS ONLINE OPTIONS, CALL 1-800-472-4346.	125-3830	2
3-75-08-14	12	07/17	EA	NASAL ATOMIZATION DEVICE MAD300	420-9994	3
3-83-00-31	1	07/17	100/BX	SODIUM CHLORIDE FLUSH .9% 10ML 2T0806	700-0698	1

WH - The Drug Supply Chain Security Act (DSCSA) information related to prescription drug products is available on our website www.henryschein.com/pedigree. If you have any problems accessing our website or would like to receive a copy of DSCSA documentation via fax, mail, or email, please contact our customer service department at 1-800-472-4346

SOUTHWEST D.C. Dea#: RH0238192

SOUTHWEST D.C.
1001 NOLEN DR. #400
GRAPEVINE, TX 76051

TotQty- 14

OFFICE USE ONLY

BATCH# 49227-033

Size:# 4 WT - 7

FREIGHT INSTRUCTIONS UP3 2478

PED

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 # 17-06390 07/14/2016

ISSUED TO: VEND #: 01-000450

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

SHIP TO:

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

PURCHASING OFFICER — DATE 07/14/2016

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

ENCUMBERING OFFICER — DATE 07/14/2016

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	MEDICAL OXYGEN FY 16-17 BLANKET PO FY 16-17 INC 450.00-700.00 MEDICAL OXYGEN FY 16-17		00018531	31-6-01-6202		0.00	1,000.00 *

** TOTAL ** 1,000.00

*** APPROVAL FOR PURCHASE ***

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

Julie Casteel — OFFICER OR DEPARTMENT HEAD IN CHARGE — 5/26/17 DATE

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

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

PACE Products of Tulsa

Rental Invoice

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

Invoice No

MAY RENT 2017 112669

Date: May 17, 2017

Sold To:

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

Ship to:

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

Customer ID: CIT001

Due Date: May 17, 2017

PO NUMBER

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

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

RECEIVED
MAY 26 2017
BY A/P-FIN, GLENPOOL

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

Received By: _____

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

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

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

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 17-07443 05/15/2017

ISSUED TO: VEND #: 01-001017

STATE AUDITOR AND INSPECTO
2300 NORTH LINCOLN BLVD
ROOM 100 STATE CAPITOL
OKLAHOMA CITY, OK 73105-48

SHIP TO:

GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

05/15/2017

PURCHASING OFFICER DATE

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

05/15/2017

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	FY14-FY15 AUDIT SERVICES GEMS AUDIT - FY14-FY15		00019906	31 -6-01-6236		0.00	10,231.56 *

** TOTAL ** 10,231.56

*** APPROVAL FOR PURCHASE ***

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

Julie Casteel 5/24/17

OFFICER OR DEPARTMENT HEAD IN CHARGE DATE

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

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 Auditor & Inspector

2300 N. Lincoln Blvd. • State Capitol, Room 100 • Oklahoma City, OK 73105 • Phone: 405.521.3495 • Fax: 405.521.3426

April 04, 2017

Invoice: 113127

Tim Fox
Glenpool Area EMS Dist.
c/o Glenpool City Council
P.O. Box 70
Glenpool, OK 74033

INVOICE FOR AUDITING SERVICES

DUE UPON RECEIPT

Glenpool Area EMS Dist.
GlenpoolEMS.5304915
FY: June 30, 2015

Services For The Period:
6/1/2016 TO 3/31/2017

	Hours	Amount
Total Professional Services	142:30	$9,900.00
Travel and Misc		$331.56
Audit costs for this billing period		$10,231.56
Ref. 19 Okl.St.Ann. § 176.1		

Total Amount Payable From EMS Budget To The State Auditor's Office **$10,231.56**

OK Julie Castell
5/24/17

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

---

Posting Date: 4/4/2017 Fund Type: 1000 Business Unit: 30000 Class Funding: 20000 Account: 454103 53

Please return a copy of this invoice with payment to:

2300 North Lincoln Boulevard, Room 100 State Capitol, Oklahoma City, OK 73105-4801, (405) 521-3495, Fax (405) 521-3426