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 Thursday, July 6, 2017, at Glenpool City Hall, City Council Chambers, 12205 S. Yukon Ave., 3rd Floor, Glenpool, Oklahoma.

AGENDA

Page

A) **Call to Order - Timothy Lee Fox, Chairman**

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

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

1) Glenpool EMS Report 05312017-06282017 — 2 - 4

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

E) **Scheduled Business**

1) Discussion and possible action to approve minutes from June 5, and June 19, 2017 meetings. — 5 - 8
(Susan White, Secretary)
GEMS MIN 060517
GEMS MIN 061917SPC

2) Discussion and possible action to approve purchase order(s) and receipts register totaling $91,687.51. — 9 - 54
(Julie Casteen, Treasurer)
2017-07-06-Gems Payment Claims

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

Mercy Regional EMS

Brian Cook
Chief of Operations
PO Box 2398
Owasso, OK 74055
Office: 918.609.5827
Email: bcook@mercy-regional.com

To: Honorable Chair and GEMS Board Members

From: Brian Cook, Chief of Operations

Date: June 29, 2017

Ref: EMS Report May 31, 2017 – June 28, 2017

During the period of May 31st through June 28th we logged 108 calls for service.

71 Transported to area hospitals
17 Patients refused transport
8 Mutual aid received
4 No patient
4 Mutual aid given
3 DOA
1 Cancelled

We were late on one call for a 99% compliance on response times.

Nothing else to report at this time.

Brian Cook,
Chief of Operations

CRun	Call Date	Pick Up Location	Destination	Dispacthed	En Route	On Scene	Transport	Arrived	Response Time	Unit
17-6166	5/31/2017 18:42	EMERGENCY SCENE	ST. JOHN TULSA	5/31/2017 18:43	5/31/2017 18:44	5/31/2017 18:48	5/31/2017 19:15	5/31/2017 19:40	00:05:55	MEDIC 401
17-6169	5/31/2017 19:32	EMERGENCY SCENE	ST. JOHN TULSA	5/31/2017 19:35	5/31/2017 19:36	5/31/2017 19:39	5/31/2017 20:01	5/31/2017 20:24	00:06:59	MEDIC 102
17-6176	5/31/2017 23:36	EMERGENCY SCENE	ST. JOHN TULSA	5/31/2017 23:37	5/31/2017 23:37	5/31/2017 23:40	5/31/2017 23:56	6/1/2017 00:19	00:04:18	MEDIC 401
17-6205	6/1/2017 12:52	EMERGENCY SCENE	DOA - DEAD ON ARRIVAL	6/1/2017 12:52	6/1/2017 12:53	6/1/2017 12:54	6/1/2017 13:23	6/1/2017 13:23	00:02:49	MEDIC 401
17-6215	6/1/2017 16:58	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/1/2017 16:58	6/1/2017 16:59	6/1/2017 17:02	6/1/2017 17:15	6/1/2017 17:15	00:04:03	MEDIC 401
17-6226	6/1/2017 21:55	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/1/2017 21:55	6/1/2017 21:55	6/1/2017 22:13	6/1/2017 22:27	6/1/2017 22:27	00:18:28	MUTUAL AID GIVEN
17-6227	6/1/2017 22:48	EMERGENCY SCENE	ST. JOHN TULSA	6/1/2017 22:48	6/1/2017 22:49	6/1/2017 22:52	6/1/2017 23:11	6/1/2017 23:31	00:03:31	MEDIC 401
17-6253	6/2/2017 13:44	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	6/2/2017 13:44	6/2/2017 13:46	6/2/2017 13:51	6/2/2017 14:18	6/2/2017 14:43	00:07:23	MEDIC 401
17-6270	6/3/2017 11:16	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/3/2017 11:17	6/3/2017 11:18	6/3/2017 11:21	6/3/2017 12:09	6/3/2017 12:09	00:05:20	MEDIC 401
17-6278	6/3/2017 15:30	EMERGENCY SCENE	ST. FRANCIS TULSA	6/3/2017 15:31	6/3/2017 15:31	6/3/2017 15:34	6/3/2017 15:47	6/3/2017 16:07	00:04:04	MEDIC 401
17-6279	6/3/2017 15:41	EMERGENCY SCENE	MUTUAL AID	6/3/2017 15:45						MUTUAL AID RECIEVED
17-6284	6/3/2017 18:10	EMERGENCY SCENE	NO PATIENT FOUND	6/3/2017 18:10	6/3/2017 18:11	6/3/2017 18:13	6/3/2017 18:53	6/3/2017 18:53	00:03:01	MEDIC 401
17-6289	6/3/2017 18:51	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/3/2017 18:56	6/3/2017 18:56	6/3/2017 18:56	6/3/2017 19:14	6/3/2017 19:14	00:04:36	MEDIC 401
17-6294	6/4/2017 08:39	EMERGENCY SCENE	ST. FRANCIS TULSA	6/4/2017 08:40	6/4/2017 08:40	6/4/2017 08:44	6/4/2017 09:03	6/4/2017 09:22	00:05:14	MEDIC 401
17-6311	6/5/2017 02:03	EMERGENCY SCENE	ST. FRANCIS TULSA	6/5/2017 02:05	6/5/2017 02:07	6/5/2017 02:12	6/5/2017 02:26	6/5/2017 02:44	00:07:41	MEDIC 401
17-6336	6/5/2017 13:09	EMERGENCY SCENE	ST. FRANCIS TULSA	6/5/2017 13:09	6/5/2017 13:10	6/5/2017 13:17	6/5/2017 13:46	6/5/2017 14:34	00:07:43	MEDIC 401
17-6363	6/6/2017 08:42	EMERGENCY SCENE	ST. FRANCIS TULSA	6/6/2017 08:43	6/6/2017 08:44	6/6/2017 08:48	6/6/2017 08:59	6/6/2017 09:21	00:05:13	MEDIC 401
17-6394	6/6/2017 20:08	EMERGENCY SCENE	ST. FRANCIS TULSA	6/6/2017 20:09	6/6/2017 20:09	6/6/2017 20:12	6/6/2017 20:22	6/6/2017 20:39	00:03:18	MEDIC 401
17-6439	6/7/2017 16:34	EMERGENCY SCENE	ST. JOHN TULSA	6/7/2017 16:35	6/7/2017 16:35	6/7/2017 16:39	6/7/2017 16:56	6/7/2017 17:30	00:04:47	MEDIC 401
17-6442	6/7/2017 18:28	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	6/7/2017 18:29	6/7/2017 18:29	6/7/2017 18:32	6/7/2017 18:48	6/7/2017 19:06	00:03:56	MEDIC 401
17-6445	6/7/2017 19:47	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	6/7/2017 19:47	6/7/2017 19:49	6/7/2017 19:52	6/7/2017 20:15	6/7/2017 20:38	00:05:00	MEDIC 102
17-6448	6/8/2017 00:28	EMERGENCY SCENE	ST. FRANCIS TULSA	6/8/2017 00:28	6/8/2017 00:30	6/8/2017 00:35	6/8/2017 01:17	6/8/2017 01:41	00:07:38	MEDIC 401
17-6480	6/8/2017 14:08	EMERGENCY SCENE	HILLCREST SOUTH	6/8/2017 14:10	6/8/2017 14:10	6/8/2017 14:13	6/8/2017 14:26	6/8/2017 14:41	00:04:37	MEDIC 401
17-6485	6/8/2017 15:07	EMERGENCY SCENE	MUTUAL AID	6/8/2017 15:19						MUTUAL AID RECIEVED
17-6486	6/8/2017 16:12	EMERGENCY SCENE	ST. FRANCIS TULSA	6/8/2017 16:13	6/8/2017 16:13	6/8/2017 16:18	6/8/2017 16:38	6/8/2017 16:51	00:05:25	MEDIC 401
17-6488	6/8/2017 18:07	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/8/2017 18:07	6/8/2017 18:08	6/8/2017 18:12	6/8/2017 18:26	6/8/2017 18:26	00:05:20	MEDIC 401
17-6491	6/8/2017 18:41	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	6/8/2017 18:43	6/8/2017 18:43	6/8/2017 18:43	6/8/2017 19:06	6/8/2017 19:26	00:02:21	MEDIC 101
17-6501	6/9/2017 03:09	EMERGENCY SCENE	ST. FRANCIS TULSA	6/9/2017 03:09	6/9/2017 03:09	6/9/2017 03:13	6/9/2017 03:24	6/9/2017 03:41	00:04:00	MEDIC 401
17-6541	6/10/2017 08:19	EMERGENCY SCENE	NO PATIENT FOUND	6/10/2017 08:20	6/10/2017 08:22	6/10/2017 08:24	6/10/2017 08:28	6/10/2017 08:28	00:04:48	MEDIC 401
17-6542	6/10/2017 08:32	EMERGENCY SCENE	ST. FRANCIS TULSA	6/10/2017 08:33	6/10/2017 08:33	6/10/2017 08:36	6/10/2017 08:49	6/10/2017 09:22	00:04:29	MEDIC 401
17-6546	6/10/2017 12:41	EMERGENCY SCENE	ST. FRANCIS TULSA	6/10/2017 12:42	6/10/2017 12:43	6/10/2017 12:46	6/10/2017 13:06	6/10/2017 13:27	00:05:18	MEDIC 401
17-6548	6/10/2017 13:52	EMERGENCY SCENE	HILLCREST SOUTH	6/10/2017 13:56	6/10/2017 13:56	6/10/2017 13:59	6/10/2017 14:20	6/10/2017 14:30	00:07:23	MEDIC 401
17-6552	6/10/2017 17:57	EMERGENCY SCENE	ST. JOHN TULSA	6/10/2017 17:58	6/10/2017 17:58	6/10/2017 17:59	6/10/2017 18:57	6/10/2017 18:57	00:01:26	MEDIC 401
17-6553	6/10/2017 18:16	EMERGENCY SCENE	MUTUAL AID	6/10/2017 18:18						MUTUAL AID RECIEVED
17-6562	6/11/2017 11:20	EMERGENCY SCENE	ST. FRANCIS TULSA	6/11/2017 11:20	6/11/2017 11:21	6/11/2017 11:24	6/11/2017 11:44	6/11/2017 12:01	00:04:08	MEDIC 401
17-6566	6/11/2017 17:42	EMERGENCY SCENE	ST. FRANCIS SOUTH	6/11/2017 17:42	6/11/2017 17:43	6/11/2017 17:51	6/11/2017 18:10	6/11/2017 18:28	00:09:18	MUTUAL AID GIVEN
17-6571	6/11/2017 19:38	EMERGENCY SCENE	ST. FRANCIS TULSA	6/11/2017 19:38	6/11/2017 19:38	6/11/2017 19:41	6/11/2017 20:00	6/11/2017 20:19	00:03:43	MEDIC 401
17-6573	6/11/2017 20:40	EMERGENCY SCENE	ST. FRANCIS TULSA	6/11/2017 20:46	6/11/2017 20:46	6/11/2017 20:48	6/11/2017 21:06	6/11/2017 21:23	00:02:27	MEDIC 401
17-6576	6/11/2017 22:10	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	6/11/2017 22:10	6/11/2017 22:10	6/11/2017 22:13	6/11/2017 22:34	6/11/2017 22:53	00:03:51	MEDIC 401
17-6580	6/12/2017 06:16	EMERGENCY SCENE	UNKNOWN	6/12/2017 06:17						MUTUAL AID RECIEVED
17-6587	6/12/2017 09:30	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/12/2017 09:30	6/12/2017 09:31	6/12/2017 09:37	6/12/2017 09:48	6/12/2017 09:48	00:07:19	MEDIC 401
17-6601	6/12/2017 13:50	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/12/2017 13:51	6/12/2017 13:52	6/12/2017 13:54	6/12/2017 14:40	6/12/2017 14:40	00:03:46	MEDIC 401
17-6606	6/12/2017 14:49	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/12/2017 14:49	6/12/2017 14:50	6/12/2017 14:53	6/12/2017 15:08	6/12/2017 15:08	00:04:21	MEDIC 401
17-6612	6/12/2017 16:15	EMERGENCY SCENE	HILLCREST SOUTH	6/12/2017 16:15	6/12/2017 16:15	6/12/2017 16:18	6/12/2017 16:57	6/12/2017 17:17	00:02:55	MEDIC 401
17-6613	6/12/2017 16:15	EMERGENCY SCENE	HILLCREST SOUTH	6/12/2017 16:15	6/12/2017 16:15	6/12/2017 16:18	6/12/2017 16:57	6/12/2017 17:17	00:02:55	MEDIC 401
17-6614	6/12/2017 16:15	EMERGENCY SCENE	MUTUAL AID	6/12/2017 16:15						MUTUAL AID RECIEVED
17-6642	6/13/2017 11:07	EMERGENCY SCENE	CANCELLED BY NURSING STAFF	6/13/2017 11:08	6/13/2017 11:08	6/13/2017 11:10	6/13/2017 11:10	6/13/2017 11:10	00:03:02	MEDIC 401
17-6645	6/13/2017 11:33	EMERGENCY SCENE	ST. FRANCIS TULSA	6/13/2017 11:34	6/13/2017 11:35	6/13/2017 11:37	6/13/2017 11:45	6/13/2017 12:10	00:03:50	MEDIC 401
17-6649	6/13/2017 13:39	EMERGENCY SCENE	ST. FRANCIS TULSA	6/13/2017 13:40	6/13/2017 13:40	6/13/2017 13:44	6/13/2017 14:02	6/13/2017 14:26	00:05:18	MEDIC 401
17-6665	6/13/2017 19:42	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/13/2017 19:43	6/13/2017 19:44	6/13/2017 19:48	6/13/2017 20:04	6/13/2017 20:04	00:06:46	MEDIC 401
17-6707	6/14/2017 14:27	EMERGENCY SCENE	ST. JOHN SAPULPA	6/14/2017 14:28	6/14/2017 14:28	6/14/2017 14:45	6/14/2017 15:02	6/14/2017 15:11	00:17:45	MUTUAL AID GIVEN
17-6711	6/14/2017 14:51	EMERGENCY SCENE	ST. JOHN SAPULPA	6/14/2017 14:53						MUTUAL AID RECIEVED
17-6748	6/15/2017 12:34	EMERGENCY SCENE	DOA - DEAD ON ARRIVAL	6/15/2017 12:34	6/15/2017 12:35	6/15/2017 12:39	6/15/2017 12:59	6/15/2017 12:59	00:04:50	MEDIC 401
17-6762	6/15/2017 18:19	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/15/2017 18:21	6/15/2017 18:22	6/15/2017 18:26	6/15/2017 18:41	6/15/2017 18:41	00:06:47	MEDIC 401

17-6768	6/15/2017 21:43	EMERGENCY SCENE	ST. FRANCIS TULSA	6/15/2017 21:43	6/15/2017 21:44	6/15/2017 21:53	6/15/2017 22:11	6/15/2017 22:36	00:08:00	MEDIC 401
17-6792	6/16/2017 13:25	EMERGENCY SCENE	ST. FRANCIS TULSA	6/16/2017 13:25	6/16/2017 13:25	6/16/2017 13:30	6/16/2017 13:49	6/16/2017 14:13	00:05:16	MEDIC 401
17-6796	6/16/2017 15:04	EMERGENCY SCENE	ST. JOHN TULSA	6/16/2017 15:09	6/16/2017 15:09	6/16/2017 15:09	6/16/2017 15:27	6/16/2017 15:48	00:04:54	MEDIC 401
17-6799	6/16/2017 15:23	EMERGENCY SCENE	MUTUAL AID	6/16/2017 15:25						MUTUAL AID RECIEVED
17-6806	6/16/2017 20:27	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/16/2017 20:27	6/16/2017 20:29	6/16/2017 20:31	6/16/2017 20:55	6/16/2017 20:55	00:03:52	MEDIC 401
17-6809	6/16/2017 22:10	EMERGENCY SCENE	HILLCREST SOUTH	6/16/2017 22:21	6/16/2017 22:21	6/16/2017 22:22	6/16/2017 22:39	6/16/2017 23:03	00:01:50	MEDIC 401
17-6810	6/16/2017 22:14	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/16/2017 22:14	6/16/2017 22:14	6/16/2017 22:16	6/16/2017 22:22	6/16/2017 22:22	00:01:37	MEDIC 401
17-6817	6/17/2017 01:32	EMERGENCY SCENE	HILLCREST SOUTH	6/17/2017 01:32	6/17/2017 01:37	6/17/2017 01:38	6/17/2017 02:01	6/17/2017 02:19	00:06:00	MEDIC 401
17-6835	6/17/2017 18:13	EMERGENCY SCENE	ST. FRANCIS TULSA	6/17/2017 18:14	6/17/2017 18:16	6/17/2017 18:20	6/17/2017 18:33	6/17/2017 18:56	00:06:41	MEDIC 401
17-6838	6/17/2017 18:41	EMERGENCY SCENE	UNKNOWN	6/17/2017 18:43						MUTUAL AID RECIEVED
17-6849	6/17/2017 22:52	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/17/2017 22:53	6/17/2017 22:55	6/17/2017 22:57	6/17/2017 23:14	6/17/2017 23:14	00:05:00	MEDIC 401
17-6851	6/18/2017 02:54	EMERGENCY SCENE	ST. FRANCIS CHILDRENS HOSPITAL	6/18/2017 02:58	6/18/2017 02:58	6/18/2017 03:05	6/18/2017 03:32	6/18/2017 03:54	00:08:16	MEDIC 401
17-6854	6/18/2017 07:45	EMERGENCY SCENE	NO PATIENT FOUND	6/18/2017 07:46	6/18/2017 07:47	UTL	6/18/2017 08:19	6/18/2017 08:19	00:00:00	MEDIC 401
17-6864	6/18/2017 13:16	EMERGENCY SCENE	ST. FRANCIS TULSA	6/18/2017 13:17	6/18/2017 13:18	6/18/2017 13:20	6/18/2017 13:36	6/18/2017 13:58	00:03:38	MEDIC 401
17-6877	6/18/2017 19:26	EMERGENCY SCENE	ST. FRANCIS TULSA	6/18/2017 19:27	6/18/2017 19:28	6/18/2017 19:32	6/18/2017 19:36	6/18/2017 19:57	00:05:22	MEDIC 401
17-6881	6/18/2017 22:51	EMERGENCY SCENE	ST. FRANCIS TULSA	6/18/2017 22:52	6/18/2017 22:55	6/18/2017 22:57	6/18/2017 23:07	6/18/2017 23:23	00:05:31	MEDIC 401
17-6912	6/19/2017 17:18	EMERGENCY SCENE	ST. JOHN TULSA	6/19/2017 17:19	6/19/2017 17:19	6/19/2017 17:23	6/19/2017 17:56	6/19/2017 18:09	00:04:59	MEDIC 401
17-6916	6/19/2017 20:23	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	6/19/2017 20:24	6/19/2017 20:24	6/19/2017 20:26	6/19/2017 20:52	6/19/2017 21:12	00:03:03	MEDIC 401
17-6921	6/20/2017 01:22	EMERGENCY SCENE	ST. JOHN TULSA	6/20/2017 01:22	6/20/2017 01:22	6/20/2017 01:24	6/20/2017 01:40	6/20/2017 02:04	00:01:40	MEDIC 401
17-6958	6/20/2017 21:28	EMERGENCY SCENE	ST. FRANCIS TULSA	6/20/2017 21:28	6/20/2017 21:28	6/20/2017 21:28	6/20/2017 21:44	6/20/2017 21:58	00:00:09	MEDIC 401
17-6963	6/21/2017 01:32	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	6/21/2017 01:32	6/21/2017 01:40	6/21/2017 01:45	6/21/2017 02:30	6/21/2017 02:49	00:13:08	MEDIC 401
17-6968	6/21/2017 05:19	EMERGENCY SCENE	ST. FRANCIS TULSA	6/21/2017 05:19	6/21/2017 05:25	6/21/2017 05:27	6/21/2017 06:03	6/21/2017 06:27	00:07:39	MEDIC 401
17-6991	6/21/2017 15:54	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/21/2017 15:54	6/21/2017 15:55	6/21/2017 15:59	6/21/2017 16:19	6/21/2017 16:19	00:05:12	MEDIC 401
17-6997	6/21/2017 17:57	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/21/2017 17:57	6/21/2017 17:58	6/21/2017 17:59	6/21/2017 18:19	6/21/2017 18:19	00:02:05	MEDIC 401
17-7025	6/22/2017 11:51	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/22/2017 11:51	6/22/2017 11:51	6/22/2017 11:58	6/22/2017 12:23	6/22/2017 12:23	00:07:35	MEDIC 401
17-7057	6/23/2017 08:22	EMERGENCY SCENE	ST. FRANCIS SOUTH	6/23/2017 08:22	6/23/2017 08:23	6/23/2017 08:27	6/23/2017 08:47	6/23/2017 09:11	00:05:10	MEDIC 401
17-7074	6/23/2017 14:36	EMERGENCY SCENE	ST. FRANCIS TULSA	6/23/2017 14:36	6/23/2017 14:39	6/23/2017 14:44	6/23/2017 15:15	6/23/2017 15:40	00:08:14	MEDIC 401
17-7088	6/23/2017 21:49	EMERGENCY SCENE	HILLCREST SOUTH	6/23/2017 21:50	6/23/2017 21:50	6/23/2017 21:54	6/23/2017 22:09	6/23/2017 22:28	00:05:32	MEDIC 401
17-7105	6/24/2017 17:20	EMERGENCY SCENE	ST. JOHN TULSA	6/24/2017 17:21	6/24/2017 17:23	6/24/2017 17:23	6/24/2017 17:58	6/24/2017 18:17	00:03:06	MEDIC 401
17-7109	6/24/2017 19:05	EMERGENCY SCENE	IO PATIENT FOUND. PT WENT WITH PI	6/24/2017 19:07	6/24/2017 19:07	6/24/2017 19:11	6/24/2017 19:25	6/24/2017 19:25	00:05:55	MEDIC 401
17-7110	6/24/2017 19:08	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/24/2017 19:25	6/24/2017 19:25	6/24/2017 19:27	6/24/2017 19:55	6/24/2017 19:55	00:01:54	MEDIC 401
17-7129	6/25/2017 02:26	EMERGENCY SCENE	ST. FRANCIS TULSA	6/25/2017 02:26	6/25/2017 02:29	6/25/2017 02:32	6/25/2017 02:58	6/25/2017 03:16	00:05:57	MEDIC 401
17-7134	6/25/2017 13:00	EMERGENCY SCENE	ST. FRANCIS TULSA	6/25/2017 13:00	6/25/2017 13:01	6/25/2017 13:05	6/25/2017 13:15	6/25/2017 13:35	00:04:28	MEDIC 401
17-7135	6/25/2017 13:50	EMERGENCY SCENE	ST. FRANCIS TULSA	6/25/2017 13:50	6/25/2017 13:50	6/25/2017 13:53	6/25/2017 14:08	6/25/2017 14:29	00:02:34	MEDIC 102
17-7155	6/26/2017 03:44	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	6/26/2017 03:44	6/26/2017 03:47	6/26/2017 03:50	6/26/2017 04:07	6/26/2017 04:25	00:06:32	MEDIC 401
17-7185	6/26/2017 20:41	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	6/26/2017 20:42	6/26/2017 20:44	6/26/2017 20:47	6/26/2017 21:03	6/26/2017 21:22	00:05:42	MEDIC 401
17-7186	6/26/2017 20:49	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/26/2017 20:50	6/26/2017 20:53	6/26/2017 20:53	6/26/2017 20:53	6/26/2017 20:53	00:04:15	MUTUAL AID GIVEN
17-7187	6/26/2017 21:29	EMERGENCY SCENE	ST. FRANCIS TULSA	6/26/2017 21:29	6/26/2017 21:29	6/26/2017 21:33	6/26/2017 21:52	6/26/2017 22:13	00:04:03	MEDIC 102
17-7191	6/26/2017 23:20	EMERGENCY SCENE	ST. JOHN TULSA	6/26/2017 23:20	6/26/2017 23:21	6/26/2017 23:25	6/26/2017 23:49	6/27/2017 00:10	00:05:09	MEDIC 401
17-7207	6/27/2017 08:21	EMERGENCY SCENE	ST. JOHN SAPULPA	6/27/2017 08:22	6/27/2017 08:22	6/27/2017 08:25	6/27/2017 08:37	6/27/2017 08:52	00:03:45	MEDIC 401
17-7217	6/27/2017 13:38	EMERGENCY SCENE	OSU MEDICAL CENTER	6/27/2017 13:39	6/27/2017 13:39	6/27/2017 13:43	6/27/2017 14:02	6/27/2017 14:21	00:04:29	MEDIC 401
17-7225	6/27/2017 15:19	EMERGENCY SCENE	ST. JOHN TULSA	6/27/2017 15:20	6/27/2017 15:20	6/27/2017 15:24	6/27/2017 15:43	6/27/2017 16:06	00:04:23	MEDIC 401
17-7227	6/27/2017 17:07	EMERGENCY SCENE	ST. FRANCIS TULSA	6/27/2017 17:07	6/27/2017 17:07	6/27/2017 17:12	6/27/2017 17:23	6/27/2017 17:39	00:05:03	MEDIC 401
17-7229	6/27/2017 19:05	EMERGENCY SCENE	ST. JOHN TULSA	6/27/2017 19:06	6/27/2017 19:08	6/27/2017 19:11	6/27/2017 19:39	6/27/2017 19:56	00:05:20	MEDIC 401
17-7232	6/27/2017 20:32	EMERGENCY SCENE	ST. JOHN TULSA	6/27/2017 20:34	6/27/2017 20:35	6/27/2017 20:40	6/27/2017 20:56	6/27/2017 21:23	00:08:05	MEDIC 102
17-7235	6/27/2017 22:00	EMERGENCY SCENE	ST. FRANCIS TULSA	6/27/2017 22:00	6/27/2017 22:02	6/27/2017 22:06	6/27/2017 22:34	6/27/2017 22:55	00:05:59	MEDIC 401
17-7236	6/28/2017 02:12	EMERGENCY SCENE	ST. JOHN TULSA	6/28/2017 02:12	6/28/2017 02:15	6/28/2017 02:18	6/28/2017 02:37	6/28/2017 02:54	00:05:53	MEDIC 401
17-7239	6/28/2017 06:04	EMERGENCY SCENE	ST. FRANCIS TULSA	6/28/2017 06:05	6/28/2017 06:07	6/28/2017 06:10	6/28/2017 06:48	6/28/2017 07:05	00:06:33	MEDIC 401
17-7244	6/28/2017 08:04	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	6/28/2017 08:05	6/28/2017 08:07	6/28/2017 08:11	6/28/2017 08:15	6/28/2017 08:15	00:06:41	MEDIC 401
17-7255	6/28/2017 12:24	EMERGENCY SCENE	ST. FRANCIS SOUTH	6/28/2017 12:24	6/28/2017 12:24	6/28/2017 12:27	6/28/2017 12:44	6/28/2017 13:02	00:03:50	MEDIC 401
17-7264	6/28/2017 16:23	EMERGENCY SCENE	ST. FRANCIS TULSA	6/28/2017 16:23	6/28/2017 16:23	6/28/2017 16:26	6/28/2017 17:02	6/28/2017 17:17	00:03:07	MEDIC 401
17-7266	6/28/2017 17:35	EMERGENCY SCENE	DOA - DEAD ON ARRIVAL	6/28/2017 17:36	6/28/2017 17:36	6/28/2017 17:43	6/28/2017 18:35	6/28/2017 18:35	00:08:18	MEDIC 102
17-7267	6/28/2017 18:13	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	6/28/2017 18:14	6/28/2017 18:16	6/28/2017 18:18	6/28/2017 18:46	6/28/2017 19:06	00:04:39	MEDIC 401
17-7269	6/28/2017 21:02	EMERGENCY SCENE	ST. JOHN TULSA	6/28/2017 21:03	6/28/2017 21:03	6/28/2017 21:06	6/28/2017 21:36	6/28/2017 21:42	00:04:48	MEDIC 401

MINUTES
GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT
Regular Meeting
June 5, 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; and Jacqueline Triplett-Lund. Brandon Kearns was absent.

Staff present: Lowell Peterson, District Legal Counsel; Susan White, District Administrator, Secretary; and Julie Casteen, District Treasurer. David Puckett with Mercy Regional EMS was also present.

A) Chairman Fox called the meeting to order at 7:35 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

- David Puckett introduced himself to the Board and advised that he would be presenting the report monthly.
- He reviewed the EMS Activity Report for the period of April 27 through May 30, 2017. Mercy logged 129 calls during that period and maintained a 98% response time compliance, up 3% from the previous month.

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

- Ms. White reported that the requisition and claims payable process has been enhanced by the addition of the Requisitioning and Receiving officer positions which were recently appointed by the Board.
- The FY 2017-2018 Budget will be presented at a Public Hearing to be conducted later in the meeting and followed by adoption action.
- Other action on the Agenda includes Board consideration to appoint Chairman Fox as a checking account signatory. Such appointment is necessary to replace the vacancy left by the resignation of Roger Kolman.
- A Special Meeting will be held on June 19th to consider approval of certain contracts which must be adopted before June 30.

E) Scheduled Business

1) **Public Hearing for the purpose of receiving public comments, if any, on the proposed FY 2017-2018 Annual Budget.**
   a. Open Public Hearing - Timothy Fox, Chairman
   Chairman Fox declared the Public Hearing open at 7:45 p.m.
   b. Presentation of Proposed Budget - Julie Casteen, Treasurer
   Ms. Casteen reviewed the Proposed Budget.
   c. Facilitate Public Comments - Timothy Fox, Chairman
   No comments were offered from the audience.
   d. Close Public Hearing - Timothy Fox, Chairman
   Chairman Fox declared the Public Hearing closed at 7:47 p.m.

2) **Discussion and possible action to adopt the 2017-2018 Annual Budget for the Glenpool Area Emergency Medical Service District (GEMS).**
   MOTION: Vice Chairman Ceesay moved, second by Trustee Agee to adopt the 2017-2018 Annual Budget.
   FOR: Trustee Lund; Trustee Ceesay; Chairman Fox; Trustee Agee
   AGAINST: None
   ABSENT: Trustee Kearns
   Motion carried.

3) **Discussion and possible action to approve minutes from May 1, 2017 meeting.**
   MOTION: Trustee Agee moved, second by Trustee Lund to approve minutes as presented.

FOR: Vice Chairman Ceesay; Chairman Fox; Trustee Agee; Trustee Lund
AGAINST: None
ABSENT: Trustee Kearns
Motion carried.

4) **Discussion and possible action to approve FY 16-17 Budget Amendments resulting in an anticipated $228,154 remaining in Fund Balance.**
Ms. Casteen offered the following FY 16-17 Budget Amendments for consideration by the Board:
- First Responder/Admin reimbursement to City, from $77,256 to $113,511;
- Audit Expense appropriation from $22,612 to $54,438. A request to return unused audit expense to fund balance will be made at completion of FY16 audit;
- Transfer from Reserves to First Responder Expense, Audit Expense, and decrease to Interest Income.

MOTION: Vice Chairman Ceesay moved, second by Trustee Lund to approve FY16-17 Budget Amendments resulting in an anticipated $228,154 remaining in fund balance.
FOR: Chairman Fox; Trustee Agee; Trustee Lund; Vice Chairman Ceesay
AGAINST: None
ABSENT: Trustee Kearns
Motion carried.

5) **Discussion and possible action to appoint Timothy Fox, Chairman, as checking account signatory.**
Ms. Casteen recommended Board consideration to appoint Timothy Fox as additional checking account signatory to replace Roger Kolman.
MOTION: Vice Chairman Ceesay moved, second by Trustee Lund to appoint Timothy Fox as checking account signatory.
FOR: Trustee Agee; Trustee Lund; Vice Chairman Ceesay; Chairman Fox
AGAINST: None
ABSENT: Trustee Kearns
Motion carried.

6) **Discussion and possible action to approve purchase order(s) and receipts register totaling $33,338.09.**
MOTION: Vice Chairman Ceesay moved, second by Trustee Agee to approve purchase order and receipts register as presented.
FOR: Trustee Lund; Vice Chairman Ceesay; Chairman Fox; Trustee Agee
AGAINST: None
ABSENT: Trustee Kearns
Motion carried.

F) Adjournment.

- There being no further business, the meeting was adjourned at 7:54 p.m.

_____
Date

ATTEST:

_____
Clerk/Secretary

_____
Chairman

MINUTES
GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT
Special Meeting
June 19, 2017

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

Staff present: Lowell Peterson, District Legal Counsel; Susan White, District Administrator, Secretary; and Julie Casteen, District Treasurer.

A) Chairman Fox called the meeting to order at 7:07 p.m.

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

C) Scheduled Business

1) **Discussion and possible action to approve revision of FY17 Administrative Operations Agreement between City of Glenpool and Glenpool Area Emergency Medical Service District (GEMS).**
Revision to the Agreement reflect updates which more accurately define each party's responsibilities under the Agreement.
MOTION: Trustee Kearns moved, second by Vice Chairman Ceesay to approve revision of FY 17 Administrative Operations Agreement between City of Glenpool and Glenpool Area Emergency Medical Service District, as presented.
FOR: Vice Chairman Ceesay; Chairman Fox; Trustee Kearns
AGAINST: None
ABSENT: Trustee Lund; Trustee Agee
Motion carried.

2) **Discussion and possible action to approve FY 18 Administrative Operations Agreement between City of Glenpool and Glenpool Area Emergency Medical Service District (GEMS).**
MOTION: Vice Chairman Ceesay moved, second by Trustee Kearns to approve FY18 Administrative Operations Agreement as presented.
FOR: Chairman Fox; Trustee Kearns; Vice Chairman Ceesay
AGAINST: None
ABSENT: Trustee Agee; Trustee Lund
Motion carried.

3) **Discussion and possible action to approve Employment Agreement – GEMS District Administrator FY 2017-2018, appointing Susan White to the position of GEMS District Administrator for the FY 2017-2018 term.**
Ms. White presented each of the Employment Agreements for consideration. She stated that the Agreements will provide clearer distinction between GEMS employees and City employees.
MOTION: Trustee Kearns moved, second by Vice Chairman Ceesay to approve FY 17-18 District Administrator Employment Agreement appointing Susan White.
FOR: Trustee Kearns; Vice Chairman Ceesay; Chairman Fox
AGAINST: None
ABSENT: Trustee Agee; Trustee Lund
Motion carried.

4) **Discussion and possible action to approve Employment Agreement – GEMS District Attorney FY 2017-2018, appointing Lowell Peterson to the position of GEMS District Attorney for the FY 2017-2018 term.**

MOTION: Vice Chairman Ceesay moved, second by Trustee Kearns to approve FY 17-18 District Attorney Employment Agreement appointing Lowell Peterson.
FOR: Vice Chairman Ceesay; Chairman Fox; Trustee Kearns
AGAINST: None
ABSENT: Trustee Agee; Trustee Lund
Motion carried.

5) **Discussion and possible action to approve Employment Agreement – GEMS District Clerk FY 2017-2018, appointing Susan White to the position of GEMS District Clerk for the FY 2017-2018 term**.
MOTION: Trustee Kearns moved, second by Vice Chairman Ceesay to approve FY 17-18 District Clerk Employment Agreement appointing Susan White.
FOR: Chairman Fox; Trustee Kearns; Vice Chairman Ceesay
AGAINST: None
ABSENT: Trustee Agee; Trustee Lund
Motion carried.

6) **Discussion and possible action to approve Employment Agreement – GEMS District Treasurer FY 2017-2018, appointing Julie Casteen to the position of GEMS District Treasurer for the FY 2017-2018 term.**
MOTION: Trustee Kearns moved, second by Vice Chairman Ceesay to approve FY 17-18 District Treasurer Employment Agreement appointing Julie Casteen.
FOR: Trustee Kearns; Vice Chairman Ceesay; Chairman Fox
AGAINST: None
ABSENT: Trustee Agee; Trustee Lund
Motion carried.

D) Adjournment.

- There being no further business, the meeting was adjourned at 7:13 p.m.

_____
Date

ATTEST:

_____
Clerk/Secretary

_____
Chairman

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS

From: Julie Casteen, District Treasurer

Date: June 28, 2017

Subject: Approval of Purchase Order Receiving Report and Payment Claims as of 6/28/17 totaling $91,687.51

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 6/28/17 and approve the following payments:

P.O. Number	Account	Description	Vendor	Invoice #	Amount
17-06357	31-6-01-6210	June Ambulance Service	Centurion Health Systems	1438	$12,000.00
17-06343	31-6-01-6225	May City Reimbursement	City of Glenpool	5/31/2017	3,749.00
17-07454	31-6-01-6206	Medical Supplies	Emergency Medical Products	1909651	432.25
17-07454	31-6-01-6206	Infant ET & IO Training Aids	Emergency Medical Products	PHN455243	1,195.00
17-07578	31-6-01-6202	Cylinder Rental	Pace Products of Tulsa	112054	80.12
17-07446	31-6-01-6333	Cardiac Monitors	Physio-Controls	117041053	71,085.14
17-07447	31-6-01-6333	Pediatric Sensors	Physio-Controls	117049404	628.15
17-07455	31-6-01-6206	Video Laryngoscopy Units	Teleflex Medical	94885208	168.75
17-07455	31-6-01-6206	Video Laryngoscopy Units	Teleflex Medical	94902322	1,509.79
17-07455	31-6-01-6206	Video Laryngoscopy Units	Teleflex Medical	944880922	329.48
17-07542	31-6-01-6262	AEMT Test Fees reimbursment	Tom Gorton	12/15/2016	100.00
17-07542	31-6-01-6262	AEMT License Fees reimbursment	Tom Gorton	1/27/2017	160.00
17-06671	31-6-01-6202	Public Notice Budget	Tulsa Beacon	9810	35.90
17-07549	31-6-01-6202	Check Printing - 250	Tyler Business Forms	304453	213.93
				Total	**$91,687.51**

Attachments:
1. PO Receipt Register dated 6/28/17 totaling $91,687.51
2. Purchase Order Claims Register dated 6/28/17 totaling $91,687.51
3. Purchase Orders and Invoices totaling $91,687.51

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

VENDOR NAME / INVOICE	POST DATE	BANK		INVOICE AMOUNT	VENDOR TOTAL
01-001267 CENTURION HEALTH SYSTEMS, DBA					12,000.00
1438	6/30/2017	31		12,000.00	
01-000507 CITY OF GLENPOOL					3,749.00
05/31/2017	6/30/2017	31		3,749.00	
01-000480 EMERGENCY MEDICAL PRODUCTS					1,627.25
1909651	6/30/2017	31		432.25	
PHN455243	6/30/2017	31		1,195.00	
01-000450 PACE PRODUCTS OF TULSA					80.12
112054	6/30/2017	31		80.12	
01-001392 PHYSIO-CONTROL INC.					71,713.29
117041053	6/30/2017	31		71,085.14	
117049404	6/30/2017	31		628.15	
01-001395 TELEFLEX MEDICAL INC.					2,008.02
94880922	6/30/2017	31		329.48	
94885208	6/30/2017	31		168.75	
94902322	6/30/2017	31		1,509.79	
01-000833 TOM GORTON					260.00
1/27/2017	6/30/2017	31		160.00	
12/15/2016	6/30/2017	31		100.00	
01-001128 TULSA BEACON					35.90
9810	6/30/2017	31		35.90	
01-001136 TYLER BUSINESS FORMS					213.93
304453	6/30/2017	31		213.93	
			TOTALS	91,687.51	91,687.51

Timothy Lee Fox, Chairman

FUND: 31 - GEMS SUMMARY REPORT

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL					
17-07578	MEDICAL OXY/DELIVERY CHG	01-000450	PACE PRODUCTS OF TULSA	6/2017 112054	80.12
17-07454	Intubation Supplies	01-000480	EMERGENCY MEDICAL PRODUCTS	6/2017 1909651	432.25
17-07454	Intubation Supplies	01-000480	EMERGENCY MEDICAL PRODUCTS	6/2017 PHN455243	1,195.00
17-06343	ADMIN FEES GEMS FY 2016-2	01-000507	CITY OF GLENPOOL	6/2017 05/31/2017	3,749.00
17-07542	AEMT Test Fees Gorton	01-000833	TOM GORTON	6/2017 1/27/2017	160.00
17-07542	AEMT Test Fees Gorton	01-000833	TOM GORTON	6/2017 12/15/2016	100.00
17-06671	PUBLICATIONS NOTICES GEMS	01-001128	TULSA BEACON	6/2017 9810	35.90
17-07549	PRINTED CHECKS GEMS/SHIP	01-001136	TYLER BUSINESS FORMS	6/2017 304453	213.93
17-06357	AMBULANCE EMS SVC FY16-17	01-001267	CENTURION HEALTH SYSTEMS, DBA	6/2017 1438	12,000.00
17-07446	Pediatric Sensors Physio	01-001392	PHYSIO-CONTROL INC.	6/2017 117041053	71,085.14
17-07447	Pediatric Sensors Physio	01-001392	PHYSIO-CONTROL INC.	6/2017 117049404	628.15
17-07455	Video Laryngoscopy Units	01-001395	TELEFLEX MEDICAL INC.	6/2017 94880922	329.48
17-07455	Video Laryngoscopy Units	01-001395	TELEFLEX MEDICAL INC.	6/2017 94885208	168.75
17-07455	Video Laryngoscopy Units	01-001395	TELEFLEX MEDICAL INC.	6/2017 94902322	1,509.79
				DEPARTMENT TOTAL:	91,687.51
				FUND TOTAL:	91,687.51
				GRAND TOTAL:	91,687.51

G/L RECAP

PERIOD	G/L ACCOUNT	NAME	AMOUNT	FUND TOTAL
6/2017	31-6-01-6202	OPERATING SUPPLIES	958.10	
6/2017	31-6-01-6206	MINOR EQUIPMENT	3,635.27	
6/2017	31-6-01-6210	AMBULANCE CONTRACT	12,000.00	
6/2017	31-6-01-6225	FIRST RESPONDER/ADMIN FEES	3,749.00	
6/2017	31-6-01-6262	TRAVEL AND TRAINING	260.00	
6/2017	31-6-01-6333	CAPITAL PURCHASES	71,085.14	91,687.51
			GRAND TOTAL:	91,687.51

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 ENCUMBERANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBERANCE 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 *

1438 - June 2017 = 12,000. cc

Partial Payment 12,000. 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 — 6/22/17

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 #
6/16/2017	1438

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 ~~July~~ June	12,000.00	12,000.00

RECEIVED
JUN 19 2017
BY A/P-FIN. GLENPOOL

Phone #	Fax #
9186095800	918-609-5799

Total $12,000.00

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 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.

07/12/2016

PURCHASING OFFICER — DATE

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

07/12/2016

ENCUMBERING OFFICER — DATE

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 *

may

Inv 5/31/17

Partial Payment 3,749.00

** 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 Casteel 6/22/17

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 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.

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: 05/31/2017
Invoice Date: 6/06/2017
Due Date: 6/30/2017
P.O. # : 17-06343

TREASURER
GEMS-
12205 S YUKON AVE
GLENPOOL OK 74033

ITEM DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
MAY GEMS REIMBURSEMENT	N/A	MONTH	N/A	3,749.00

39 EMR RUNS @ $91 = 3,549
$200 ADMIN

MAY GEMS REIMBURSEMENT

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

TOTAL DUE $3,749.00

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

	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Total Runs	@ $91/run
Total Runs	**176**	**142**	**136**	**162**	**142**	**158**	**155**	**123**	**142**	**135**	**58**	1529	
Fire runs	68	37	46	54	43	66	58	38	47	33	19	509	
EMR runs	108	105	90	108	99	92	97	85	95	102	39	1020	$ 92,820
EMR Ratio	61%	74%	66%	67%	70%	58%	63%	69%	67%	76%	67%	67%	
Run Rate	$ 91	$ 91	$ 91	$ 91	$ 91	$ 91	$ 91	$ 91	$ 91	$ 91	$ 91		
Admin	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200	$ 200	$ 2,200	$ 2,200
Overtime	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -	$ -
Total	**$ 10,028**	**$ 9,755**	**$ 8,390**	**$ 10,028**	**$ 9,209**	**$ 8,572**	**$ 9,027**	**$ 7,935**	**$ 8,845**	**$ 9,482**	**$ 3,749**	**$ 95,020**	**$ 95,020**

	(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
	(9,482.00)	PAID CHECK 1596 6/5/17
AMOUNT DUE MAY	$ 3,749.00	Blanket PO 17-06343
		31-6-01-6225

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 # 17-07454 05/25/2017

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.

PURCHASING OFFICER — DATE: 05/25/2017

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: 05/25/2017

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Infant ET & IO Training Aids		00019972	31 -6-01-6206		0.00	1,195.00 *
0.00	Intubation Supplies		00019972	31 -6-01-6206		0.00	432.25 *
	Intubation Supplies						

** TOTAL ** 1,627.25

*** 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 Castell — 6-22-17

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 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.

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EMERGENCY MEDICAL PRODUCTS, INC

5235 International Drive, Suite B
Cudahy, WI 53110
www.BuyEMP.com
Ph: 800-558-6270
Fax: 800-558-1551

School Kids Healthcare
Division of EMP

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

Invoice

Invoice	1909651
Date	05/30/2017
Page	1 of 1
Account #	123965

**********AUTO**MIXED AADC 430 782 1 MB 0.423

Bill To:
City of Glenpool Fire Department
Darrell Colbert
12205 S Yukon Ave
Glenpool OK 74033-6635

Ship To:

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

Thank you for your order!

PO Number		Shipping Method		Payment Terms
17-07454		FED EX GROUND		Net 30 Days

Item #	Description	Ordered	Shipped	B/O	UOM	Unit Price	Ext Price
504590	CURAPLEX ET TUBE WITH STYLET SIZE 9.0MM - CUFFED	2	2	0	EACH	$5.09	$10.18
504585	CURAPLEX ET TUBE WITH STYLET SIZE 8.5MM - CUFFED	2	2	0	EACH	$5.09	$10.18
504580	CURAPLEX ET TUBE WITH STYLET SIZE 8.0MM - CUFFED	2	2	0	EACH	$5.09	$10.18
504575	CURAPLEX ET TUBE WITH STYLET SIZE 7.5MM - CUFFED	2	2	0	EACH	$5.09	$10.18
504570	CURAPLEX ET TUBE WITH STYLET SIZE 7.0MM - CUFFED	2	2	0	EACH	$5.09	$10.18
504565	CURAPLEX ET TUBE WITH STYLET SIZE 6.5MM - CUFFED	2	2	0	EACH	$5.09	$10.18
504560	CURAPLEX ET TUBE WITH STYLET SIZE 6.0MM - CUFFED	2	2	0	EACH	$5.09	$10.18
504555	CURAPLEX ET TUBE WITH STYLET SIZE 5.5MM - CUFFED	2	2	0	EACH	$5.09	$10.18
504550	CURAPLEX ET TUBE WITH STYLET SIZE 5.0MM - CUFFED	2	2	0	EACH	$5.09	$10.18
506545	CURAPLEX ET TUBE WITH STYLET SIZE 4.5MM - UNCUFFED	2	2	0	EACH	$4.92	$9.84
506540	CURAPLEX ET TUBE WITH STYLET SIZE 4.0MM - UNCUFFED	2	2	0	EACH	$4.92	$9.84
506535	CURAPLEX ET TUBE WITH STYLET SIZE 3.5MM - UNCUFFED	2	2	0	EACH	$4.92	$9.84
506530	CURAPLEX ET TUBE WITH STYLET SIZE 3.0MM - UNCUFFED	2	2	0	EACH	$4.92	$9.84
506525	CURAPLEX ET TUBE WITH STYLET SIZE 2.5MM - UNCUFFED	2	2	0	EACH	$4.92	$9.84
309604	B-D SYRINGE 10CC LUER LOK,100/BOX	1	1	0	BOX	$19.29	$19.29
0048	RUSCH LITE BLADE KIT	2	2	0	EACH	$136.07	$272.14

Tracking Numbers:

727205580092

Subtotal	432.25
Handling Fee	0.00
Freight	0.00
Trade Discount	0.00
Tax	0.00
Total	432.25

Please Remit To:
Emergency Medical Products, Inc
25196 Network Place
Chicago, IL 60673-1251

EMERGENCY MEDICAL PRODUCTS, INC.

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

Invoice

School Kids Healthcare
Division of EMP

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

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

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

Thank you for your order!

Date	Page
6/1/2017	1 of 1

PO Number	Customer No.	Shipping Method	Payment Terms	INVOICE NUMBER
17-07454	123965	FED EX GROUND	Net 30 Days	**PHN455243**

Item Number	Description	Invoice	Order	U of M	Unit Price	Ext Price
101115	SIMULAIDS INFANT INTUBATION TRAINER	1	1	EACH	$679.00	$679.00
080015	LAERDAL INTRAOSSEOUS TRAINER	1	1	EACH	$516.00	$516.00

RECEIVED
MAY 31 2017
BY A/P-FIN. GLENPOOL

BILLED COMPLETE
BACK ORDER ITEMS WILL FOLLOW AT
NO CHARGE ONCE STOCK BECOMES AVAILABLE

Subtotal	Handling Fee	Freight	Trade Disc.	Sales Tax	Total
1,195.00	0.00	0.00	0.00	0.00	1,195.00

Remit To: 25196 Network Place
Chicago, IL 60673-1251

EMERGENCY MEDICAL PRODUCTS, INC.

PACKING SLIP

School Kids Healthcare
Division of EMP

GB KG

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
United States

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

Date	Page
5/31/2017	1 of 1

Thank you for your order!

PO Number	Customer No.	Shipping Method	Payment Terms	Order Number
17-07454	123965	FED EX GROUND	Net 30 Days	**1910320**

Item Number	Description	Quantity	Shipped	B/O	U of M
101115	SIMULAIDS INFANT INTUBATION TRAINER	1	1	0	EACH
080015	LAERDAL INTRAOSSEOUS TRAINER	1	0	1	EACH

BACK ORDER ITEMS WILL FOLLOW

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 # 17-07578 06/28/2017

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.

06/28/2017

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. 06/28/2017

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	MEDICAL OXY/DELIVERY CHG 112054 MEDICAL OXY/DELIVERY CHG		00020129	31 -6-01-6202		0.00	80.12 *

** TOTAL ** 80.12

*** 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 6/28/17

OFFICER OR DEPARTMENT HEAD IN CHARGE DATE

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PACE Products of Tulsa 20129

Invoice

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

NO. 112054
Date: Jun 13, 2017
PO #

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

Phone: 918-322-2172
Customer ID: CIT001
Ship Date: Jun 13, 2017
Due Date: Jun 13, 2017
Terms: C.O.D.

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

Shipped Via: Pace Delivery
Driver:
Time:

Ordered	Returned	Product Description		Unit Price	Extension
4	(4)	OXYGEN/USP-D10SCF Cylinder Serial No: No: Psi: BV21330-104-NH	Lot	15.03	60.12
1		DELIVERY CHARGE BV21338-104-NH BWD 28849-034-NH P237014-034-NH		20.00	20.00

RECEIVED
JUN 14 2017
BY A/P-FIN. GLENPOOL

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

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

Received By:

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

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

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

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

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 17-07446 05/18/2017

ISSUED TO: VEND #: 01-001392

PHYSIO-CONTROL INC.
11811 WILLOWS RD NE
REDMOND, WA 98052

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 05/18/2017

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 05/18/2017

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Physio Lifepak 15 x 2 Physio Control Lifepak 15 Cardiac Monitors and accessories x 2 Pediatric Sensors Physio		00019899	31 -6-01-6333		0.00	71,085.14 *

** TOTAL ** 71,085.14

*** 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 6/22/17

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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Product Billing

Physio-Control, Inc.
11811 Willows Road NE
Post Office Box 97006
Redmond, WA 98073-9706 USA
Telephone: 425-867-4000
Fax: 425-881-2405
F.E.I.N. 91-0697691

Mail payments via US Mail to this address only
12100 Collections Center Drive
Chicago, IL 60693
Please reference Invoice Number on your check.
For Inquiries, Call toll free 1-800-426-8047

INVOICE : 117041053

05/25/17

BILL TO ACCOUNT: 22383101

CITY OF GLENPOOL
12205 S YUKON AVE
GLENPOOL, OK 74033
UNITED STATES

SHIP TO ACCOUNT: 22383102

GLENPOOL FD
14536 S ELWOOD AVE
GLENPOOL, OK 74033
UNITED STATES

Sold To: 22383101

Please return top portion with payment.

DATE SHIPPED	PURCHASE ORDER NUMBER	SALES/SERVICE REPRESENTATIVE	T-TAXABLE E-EXEMPT
05/25/17	17-07446	CPQQ08 WECC68 cutlec1	

CARRIER	CARRIER TRACKING NUMBER	SALES ORDER	PAYMENT TERMS
GRD-NC	SH00332592	S3781449-00	Net 30 Days

LINE	CATALOG NUMBER	DESCRIPTION	QTY ORD	U/M	QTY SHP	QTY B/O	UNIT PRICE	EXT TOTAL	T/E
1	99577-001957	LP15 MONITOR/DEFIB, CPR, Pace, to 360j, SPO2/CO, 12L/3L, NIBP, CO2, Trend, BT	2	EA	2	0	34960.00	60048.54	T
					Discount		4935.73-		
	S/N:	45886287 45886339							
2	11996-000091	ELECTRODE-EDGE,ADULT,QC STD, WORLDWIDE	4	PK	4	0	38.00	0.00	T
					Discount		38.00-		
	L/C:	706233 Expires: 09/10/19			4				
3	21330-001365	ASSY - TEST LOAD, ROHS, ENGLISH	2	EA	2	0	105.00	0.00	T
					Discount		105.00-		
4	21330-001486	ASSEMBLY, DVD, INSERVICE, LP15, V2, V4	1	EA	1	0	29.00	0.00	T
					Discount		29.00-		
5	26500-003612	ASSY, CD-ROM, SERVICE MANUAL, LP15, V4	1	EA	1	0	51.50	0.00	T
					Discount		51.50-		
6	41577-000288	LP15 ACCRY SHIPKIT,AHA,S	2	EA	2	0	0.00	0.00	T
	L/C:	45892009			2				
7	11100-000001	LIFE-PATCH ECG ELECTRODES	50	PK	50	0	1.50	70.00	T
					Discount		0.10-		

RECEIVED
JUN 02 2017
BY A/P-FIN, GLENPOOL

*** CONTINUED ***

VISA MasterCard AMERICAN EXPRESS
ACCEPTED

NOTE: TERMS CONTAINED ON THE REVERSE SIDE OF THIS DOCUMENT ARE EXPRESSLY MADE A PART OF THIS SALES AGREEMENT AND ARE INCORPORATED HEREIN.

Product Billing

Physio-Control, Inc.
11811 Willows Road NE
Post Office Box 97006
Redmond, WA 98073-9706 USA
Telephone: 425-867-4000
Fax: 425-881-2405
F.E.I.N. 91-0697691

Mail payments via US Mail to this address only
12100 Collections Center Drive
Chicago, IL 60693
Please reference Invoice Number on your check.
For Inquiries, Call toll free 1-800-426-8047

INVOICE : 117041053

05/25/17

BILL TO ACCOUNT: 22383101

CITY OF GLENPOOL
12205 S YUKON AVE
GLENPOOL, OK 74033
UNITED STATES

SHIP TO ACCOUNT: 22383102

GLENPOOL FD
14536 S ELWOOD AVE
GLENPOOL, OK 74033
UNITED STATES

Sold To: 22383101

Please return top portion with payment.

DATE SHIPPED	PURCHASE ORDER NUMBER	SALES/SERVICE REPRESENTATIVE	T=TAXABLE E=EXEMPT
05/25/17	17-07446	CPQQ08 WECC68 cutlec1	

CARRIER	CARRIER TRACKING NUMBER	SALES ORDER	PAYMENT TERMS
GRD-NC	SH00332592	S3781449-00	Net 30 Days

LINE	CATALOG NUMBER	DESCRIPTION	QTY ORD	U/M	QTY SHP	QTY B/O	UNIT PRICE	EXT TOTAL	T/E
		L/C: 201701311 Expires: 01/28/19			50				
8	11100-000002	LIFE-PATCH ECG ELECTRODES	75	PK	75	0	2.00	139.50	T
					Discount		0.14-		
		L/C: 201702091 Expires: 02/28/19			75				
9	11160-000013	NIBP CUFF-REUSEABLE, CHILD, BAYONET	2	EA	2	0	24.00	40.80	T
					Discount		3.60-		
10	11160-000017	NIBP CUFF-REUSEABLE,LARGE ADULT, BAYONET	2	EA	2	0	33.00	56.10	T
					Discount		4.95-		
11	11160-000019	NIBP CUFF- REUSEABLE, X-LARGE ADULT, BAYONET	2	EA	2	0	48.00	81.60	T
					Discount		7.20-		
12	11171-000032	RAINBOW DCI-DC8 AD REUSE SNSR,8FT,REF 2407,ROHS	2	EA	2	0	1015.00	1722.10	T
					Discount		153.95-		
		L/C: K17AB4			2				
13	11171-000033	RAINBOW DCIP-DC8,PED REUSE SNSR,8FT,REF2640, ROHS	2	EA	2	0	1015.00	1722.10	T
					Discount		153.95-		
		L/C: 16DC9			2				

RECEIVED
JUN 02 2017
BY A/P-FIN. GLENPOOL

*** CONTINUED ***

VISA MasterCard
ACCEPTED

NOTE: TERMS CONTAINED ON THE REVERSE SIDE OF THIS DOCUMENT ARE EXPRESSLY MADE A PART OF THIS SALES AGREEMENT AND ARE INCORPORATED HEREIN.

Product Billing

Physio-Control, Inc.
11811 Willows Road NE
Post Office Box 97006
Redmond, WA 98073-9706 USA
Telephone: 425-867-4000
Fax: 425-881-2405
F.E.I.N. 91-0697691

Mail payments via US Mail to this address only
12100 Collections Center Drive
Chicago, IL 60693
Please reference Invoice Number on your check.
For Inquiries, Call toll free 1-800-426-8047

INVOICE : 117041053

05/25/17

BILL TO ACCOUNT: 22383101

CITY OF GLENPOOL
12205 S YUKON AVE
GLENPOOL, OK 74033
UNITED STATES

SHIP TO ACCOUNT: 22383102

GLENPOOL FD
14536 S ELWOOD AVE
GLENPOOL, OK 74033
UNITED STATES

Sold To: 22383101

Please return top portion with payment.

DATE SHIPPED	PURCHASE ORDER NUMBER	SALES/SERVICE REPRESENTATIVE	T - TAXABLE E - EXEMPT
05/25/17	17-07446	CPQQ08 WECC68 cutlec1	

CARRIER	CARRIER TRACKING NUMBER	SALES ORDER	PAYMENT TERMS
GRD-NC	SH00332592	S3781449-00	Net 30 Days

LINE	CATALOG NUMBER	DESCRIPTION	QTY ORD	U/M	QTY SHP	QTY B/O	UNIT PRICE	EXT TOTAL	T/E
14	11220-000028	Top Pouch	2	EA	2	0	57.00	92.82	T
					Discount		10.59-		
15	11240-000016	PAPER ROLLS, 100MM WIDE, ECG	24	PK	24	0	21.00	395.76	T
					Discount		4.51-		
16	11260-000039	KIT - CARRY BAG, REAR POUCH, 3RD EDITION	2	EA	2	0	82.00	134.64	T
					Discount		14.68-		
17	11577-000002	KIT - CARRY BAG, MAIN BAG	2	EA	2	0	320.00	525.64	T
					Discount		57.18-		
18	11577-000001	KIT - CARRY BAG, SHOULDER STRAP	2	EA	2	0	37.00	0.00	T
					Discount		37.00-		
19	11577-000011	LI-ION CHARGER, MOBILE, STANDARD POWER CORD	1	EA	1	0	2025.00	1584.34	T
					Discount		440.66-		
	L/C:	170519			1				
20	11996-000017	ASSEMBLY,ELECTRODE-ADULT, PRE-CONNECT	10	EA	10	0	43.00	337.70	T
					Discount		9.23-		
	L/C:	704825 Expires: 08/13/19			10				
21	11996-000081	FILTERLINE SETADULT/PED,	2	PK	2	0	286.00	485.52	T

*** CONTINUED ***

RECEIVED
JUN 02 2017
BY A/P-FIN, GLENPOOL

VISA MasterCard AMERICAN EXPRESS
ACCEPTED

NOTE: TERMS CONTAINED ON THE REVERSE SIDE OF THIS DOCUMENT ARE EXPRESSLY MADE A PART OF THIS SALES AGREEMENT AND ARE INCORPORATED HEREIN.

Product Billing

Physio-Control, Inc.
11811 Willows Road NE
Post Office Box 97006
Redmond, WA 98073-9706 USA
Telephone: 425-867-4000
Fax: 425-881-2405
F.E.I.N. 91-0697691

Mail payments via US Mail to this address only
12100 Collections Center Drive
Chicago, IL 60693
Please reference Invoice Number on your check.
For Inquiries, Call toll free 1-800-426-8047

INVOICE : 117041053

05/25/17

BILL TO ACCOUNT: 22383101

CITY OF GLENPOOL
12205 S YUKON AVE
GLENPOOL, OK 74033
UNITED STATES

SHIP TO ACCOUNT: 22383102

GLENPOOL FD
14536 S ELWOOD AVE
GLENPOOL, OK 74033
UNITED STATES

Sold To: 22383101

Please return top portion with payment

DATE SHIPPED	PURCHASE ORDER NUMBER	SALES/SERVICE REPRESENTATIVE	T=TAXABLE E=EXEMPT
05/25/17	17-07446	CPQQ08 WECC68 cutlec1	

CARRIER	CARRIER TRACKING NUMBER	SALES ORDER	PAYMENT TERMS
GRD-NC	SH00332592	S3781449-00	Net 30 Days

LINE	CATALOG NUMBER	DESCRIPTION	QTY ORD	U/M	QTY SHP	QTY B/O	UNIT PRICE	EXT TOTAL	T/E
		BOX OF 25			Discount		43.24-		
22	11996-000093	ASSEMBLY, ELECTRODE-PEDIATRIC RTS	2	EA	2	0	46.00	70.78	T
					Discount		10.61-		
	L/C:	700933 Expires: 07/20/18			2				
23	11996-000163	MICROSTREAM SMART CAPNOLINE PLUS O2 ADULT/INTERMEDIATE, BOX OF 25	2	PK	2	0	357.00	621.84	T
					Discount		46.08-		
24	21330-001176	BATTERY PACK-LI-ION, E-CELL	8	EA	8	0	469.00	2955.36	T
					Discount		99.58-		
	L/C:	20170320 Expires: 03/20/19			8				
	Contact:	KENDALL KYKES							
	Phone:	918-322-2172							
							Sub Total	71085.14	

HCPO
QT 00079569 TODD SHIRE
NASPO

RECEIVED
JUN 02 2017
BY A/P-FIN, GLENPOOL

71085.14

Site: 15

* * * O R I G I N A L * * *

VISA MasterCard AMERICAN EXPRESS
ACCEPTED

NOTE: TERMS CONTAINED ON THE REVERSE SIDE OF THIS DOCUMENT ARE EXPRESSLY MADE A PART OF THIS SALES AGREEMENT AND ARE INCORPORATED HEREIN.

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 # 17-07447 05/18/2017

ISSUED TO: VEND #: 01-001392

PHYSIO-CONTROL INC.
11811 WILLOWS RD NE
REDMOND, WA 98052

SHIP TO:

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

05/18/2017

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. 05/18/2017

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Pediatric Sensors Physio Contr Pediatric Sensors Physio Contr		00019928	31 -6-01-6202		0.00	628.15 *

** TOTAL ** 628.15

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE DATE

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

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

Product Billing

Physio-Control, Inc.
11811 Willows Road NE
Post Office Box 97006
Redmond, WA 98073-9706 USA
Telephone: 425.867.4000
Fax: 425.881.2405
F.E.I.N. 91-0697691

Mail payments only to this address:
12100 Collections Center Drive
Chicago, IL 60693
Please reference Invoice Number on your check.
For Inquiries, Call toll free 1-800-426-8047

INVOICE

117049404

6/23/17

BILL TO ACCOUNT: 22383101
CITY OF GLENPOOL
12205 S YUKON AVE

GLENPOOL, OK 74033

SHIP TO ACCOUNT: 22383102
GLENPOOL FD
14536 S ELWOOD AVE

GLENPOOL, OK 74033

DATE SHIPPED	PURCHASE ORDER NUMBER	SALES/SERVICE REPRESENTATIVE	T=TAXABLE E=EXEMPT
6/23/17	17-07447	Todd Shire	

CARRIER	CARRIER TRACKING NUMBER	SALES ORDER	PAYMENT TERMS
	SH00336937	S3790009	NET30

11996-000340	RAINBOW R20,PED DISP SNSRS,10/BOX,REF 2222,ROHS Contact: KENDALL KYKES Phone: 918-322-2172 NASPO Sold Cust: 22383101 HCPO	1.00	628.15	628.15

Sales Tax	0.00
Freight and Handling	0.00
Total Order	$628.15

RECEIVED
JUN 27 2017
BY A/P-FIN, GLENPOOL

NOTE: TERMS CONTAINED ON THE REVERSE SIDE OF THIS DOCUMENT ARE EXPRESSLY MADE A PART OF THIS SALES AGREEMENT AND ARE INCORPORATED HEREIN.

Sales Order Confirmation

PHYSIO-CONTROL, INC.
11811 WILLOWS RD NE
PO BOX 97006
REDMOND, WA 98073
UNITED STATES
TELEPHONE:
FAX:

SALES ORDER

S3790009

ORDER DATE: 06/21/17

BILL TO ACCOUNT: 22383101

CITY OF GLENPOOL
12205 S YUKON AVE
GLENPOOL, OK 74033
UNITED STATES

SHIP TO ACCOUNT: 22383102

GLENPOOL FD
14536 S ELWOOD AVE
GLENPOOL, OK 74033
UNITED STATES

Sold To: 22383101

CITY OF GLENPOOL
12205 S YUKON AVE
GLENPOOL, OK 74033
UNITED STATES

DATE SHIPPED	PURCHASE ORDER NUMBER	SALES/SERVICE REPRESENTATIVE		Customer Tax ID
	17-07447	CPQQ08	WECC68	

CARRIER	CARRIER TRACKING NUMBER	SALES ORDER	PAYMENT TERMS
GRD-NC		S3790009	Net 30 Days

LINE	CATALOG NUMBER	DESCRIPTION	QTY ORD	UM	QTY SHP	QTY B/O	UNIT PRICE	EXT TOTAL	T/E
1	11996-000340 00885074987279	RAINBOW R20,PED DISP SENSORS, 10/BOX,REF 2222	1.00	PK	0.00	1.00 DISCOUNT:	740.00 111.849999	628.15	T

CURRENCY:	usd	LINE TOTAL: 628.15
		Freight - Sales/Service: 0.00
		Handling Charge Service: 0.00
		Handling Charge Sales: 0.00
		TOTAL TAX: 0.00
		TOTAL: 628.15

HCPO
NASPO

PHYSIO-CONTROL, INC.
ATTN:
PO BOX 97006
UNITED STATES

628.15

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 # 17-07455 05/25/2017

ISSUED TO: VEND #: 01-001395
TELEFLEX MEDICAL INC.
550 E SWEDESFORD ROAD
SUITE 400
WAYNE, PA 19087

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 05/25/2017

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 05/25/2017

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Video Laryngoscopy Units x 2 Video Laryngoscopy Units		00019973	31 -6-01-6206		0.00	2,029.88 *

94880922 = 329.48
94885208 = 168.75
94902322 = 1509.79

Partial Payment 2008.02

** TOTAL ** 2,029.88

Final

*** 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 — OFFICER OR DEPARTMENT HEAD IN CHARGE — 6/22/17 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.

Teleflex®

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

Invoice

Number	Date	Page	Due Date
94880922	06/01/2017	Page 1 of 1	07/01/2017

Payer Account No. 2001257

Bill To Party **Account No. 2001257**

T2 P1 **********AUTO**MIXED AADC 275
##-0001-##-1-400-400-513
CITY OF GLENPOOL
12205 SOUTH YUKON AVENUE
GLENPOOL OK 74033-6635
USA

Ship To Party **Account No.** 2001257
CITY OF GLENPOOL
12205 SOUTH YUKON AVENUE
GLENPOOL, OK 74033-6635
USA

Payment Remittance Address:
Teleflex Medical
PO Box 601608
Charlotte, NC 28260-1608

Wire Transfer Remittance:
Wells Fargo Bank, NA, Charlotte, NC
Account No. 2000003325667
Routing/ABA No. 121000248
SWIFT Code: WFBIUS6S

Overnight Remittance Address:
Teleflex Medical c/o Wells Fargo Bank, NA
PO Box 601608
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
17-07455	3495124	Debbie Self	8001445969	UPS
Tracking Number	**Freight Terms**	**Incoterms**	**Payment Terms**	**Currency**
1Z6069230374380422	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000020	A-011	AIRTRAQ SP - REGULAR SIZE 3	CS	2	0	79.98	159.96
		Brand: Rusch					
		Batch Number: I-16092001					
000040	A-041	AIRTRAQ SP - INFANT SIZE 0	CS	2	0	79.98	159.96
		Brand: Rusch					
		Batch Number: T-16090601					

Sub-Total	319.92
Freight	9.56
Tax	0.00
Total USD	329.48

The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex 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 Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent.

Tel 866-246-6990 | Email cs@teleflex.com | www.teleflex.com | EIN: 95-1867330

Teleflex®

Packing List

Delivery No.	Delivery Date	Page
8001445969	05/31/2017	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
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	Shipping Point	Freight Terms	IncoTerms
17-07455	3495124	Olive Branch Ship Point (Std)	Pre-pay & Add	FOB - ORIGIN

Tracking No.	Container	Seal	Transportation	Vessel
1Z6069230374380422			UPS	

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	A-011	Rusch	AIRTRAQ SP - REGULAR SIZE 3 **Batch No.** I-16092001	CS	2	0	2	2.400 LB
20	A-041	Rusch	AIRTRAQ SP - INFANT SIZE 0 **Batch No.** T-16090601	CS	2	0	2	1.600 LB

Total Shipping Units: 00001
Weight: 5 LB

Unit of Measure Description: CASE

Total Units: 4.000

Comments:

Teleflex Medical Incorporated
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 866-246-6990 Email cs@teleflex.com www.teleflex.com

Teleflex®

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

Invoice

Number	Date	Page	Due Date
94885208	06/02/2017	Page 1 of 1	07/02/2017

Payer Account No. 2001257

Bill To Party **Account No. 2001257**

T3 P1 **********AUTO**MIXED AADC 275
##-0001-##-1-489-489-610
CITY OF GLENPOOL
12205 SOUTH YUKON AVENUE
GLENPOOL OK 74033-6635
USA

Ship To Party **Account No.** 2001257
CITY OF GLENPOOL
12205 SOUTH YUKON AVENUE
GLENPOOL, OK 74033-6635
USA

Payment Remittance Address:
Teleflex Medical
PO Box 601608
Charlotte, NC 28260-1608

Wire Transfer Remittance:
Wells Fargo Bank, NA, Charlotte, NC
Account No. 2000003325667
Routing/ABA No. 121000248
SWIFT Code: WFBIUS6S

Overnight Remittance Address:
Teleflex Medical c/o Wells Fargo Bank, NA
PO Box 601608
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
17-07455	3495124	Debbie Self	8001449362	UPS
Tracking Number	**Freight Terms**	**Incoterms**	**Payment Terms**	**Currency**
1Z6069230374398057	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000030	A-031	AIRTRAQ SP - PEDIATRIC SIZE 1	CS	2	0	79.98	159.96
		Brand: Rusch					
		Batch Number: P-17022701					

Sub-Total	159.96
Freight	8.79
Tax	0.00
Total USD	168.75

The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex 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 Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent.

Tel 866-246-6990 | Email cs@teleflex.com | www.teleflex.com | EIN: 95-1867330

RECEIVED
JUN 12 2017
BY A/P-FIN: GLENPOOL

Teleflex®

Packing List

Delivery No.	Delivery Date	Page
8001449362	06/01/2017	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
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	Shipping Point	Freight Terms	IncoTerms
17-07455	3495124	Olive Branch Ship Point (Std)	Pre-pay & Add	FOB - ORIGIN

Tracking No.	Container	Seal	Transportation	Vessel
1Z6069230374398057			UPS	

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	A-031	Rusch	AIRTRAQ SP - PEDIATRIC SIZE 1 **Batch No.** P-17022701	CS	2	0	2	1.600 LB

Total Shipping Units: 00001
Weight: 2.600 LB

Unit of Measure Description: CASE

Total Units: 2.000

Comments:

Teleflex Medical Incorporated
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 866-246-6990 Email cs@teleflex.com www.teleflex.com

9362

Teleflex®

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

Invoice

Number	Date	Page	Due Date
94902322	06/08/2017	Page 1 of 1	07/08/2017

Payer Account No. 2001257

Bill To Party **Account No. 2001257**

T2 P1 **********AUTO**MIXED AADC 275
##-0001-##-1-92-92-525
CITY OF GLENPOOL
12205 SOUTH YUKON AVENUE
GLENPOOL OK 74033-6635
USA

Ship To Party **Account No.** 2001257
CITY OF GLENPOOL
12205 SOUTH YUKON AVENUE
GLENPOOL, OK 74033-6635
USA

Payment Remittance Address:
Teleflex Medical
PO Box 601608
Charlotte, NC 28260-1608

Wire Transfer Remittance:
Wells Fargo Bank, NA, Charlotte, NC
Account No. 2000003325667
Routing/ABA No. 121000248
SWIFT Code: WFBIUS6S

Overnight Remittance Address:
Teleflex Medical c/o Wells Fargo Bank, NA
PO Box 601608
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
17-07455	3495124	Debbie Self	8001466346	UPS
Tracking Number	**Freight Terms**	**Incoterms**	**Payment Terms**	**Currency**
1Z6069230374464878	Pre-pay & Add	FOB ORIGIN	Net 30	USD

Line	Material	Material Description	UOM	Shipped Qty	Back Order Qty	Unit Price	Total
000010	A-360	AIRTRAQ - WIFI CAMERA	CS	2	0	750.00	1,500.00
		Brand: Rusch					
		Batch Number: A-360					

Sub-Total	1,500.00
Freight	9.79
Tax	0.00
Total USD	1,509.79

The terms on our Acknowledgment and Invoices state Teleflex's entire contract. Teleflex 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 Teleflex. Teleflex's Acknowledgment will not hereafter be subject to any change, modification or conflicting language without Teleflex's prior written consent.

Tel 866-246-6990 | Email cs@teleflex.com | www.teleflex.com | EIN: 95-1867330

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

Teleflex®

Packing List

Delivery No.	Delivery Date	Page
8001466346	06/07/2017	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
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	Shipping Point	Freight Terms	IncoTerms
17-07455	3495124	Olive Branch Ship Point (Std)	Pre-pay & Add	FOB - ORIGIN

Tracking No.	Container	Seal	Transportation	Vessel
1Z6069230374464878			UPS	

Line	Material	Brand	Material Description	UOM	Order Qty.	Back Ord. Qty.	Quantity Shipped	Weight
10	A-360	Rusch	AIRTRAQ - WIFI CAMERA **Batch No.** A-360 **Serial No.** G-02747 **Serial No.** G-02750	CS	2	0	2	5.000 LB

Total Shipping Units: 00001
Weight: 5.501 LB

Unit of Measure Description:
CASE

Total Units:
2.000

Comments:

Teleflex Medical Incorporated
3015 Carrington Mill Blvd Morrisville, NC 27560 USA
Tel 866-246-6990 Email cs@teleflex.com www.teleflex.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 # 17-07542 06/21/2017

ISSUED TO: TOM GORTON

VEND #: 01-000833

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

06/21/2017

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. 06/21/2017

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	AEMT Test Fees Gorton ** OLD MEMO: REMOVED FROM PO		00020107	31 -6-01-6262		0.00	260.00 *
0.00	Reimb Mileage & Equip Gorton REMOVED FROM PO AEMT Test Fees Gorton		00020106	01 -6-06-6125		0.00	0.00 *

** TOTAL ** 260.00

*** 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 Austen 6/23/17

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

2017 Expense Report / Request For Reimbursement

2013e

PO #: _____
(accounting use only)

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

PURPOSE: AEMT Test Fees **LOCATION:** _____

EMPLOYEE INFORMATION:

Name Tom Gorton
Department Fire Department

Mileage Rate $ 0.535

Date	Expense Account #	Description	Hotel	Transportation (Airfare, Taxi, etc)	Fuel - Rental Car Only	Expense	Total Mileage (roundtrip)	Mileage reimbursement	Toll	Total
12/15/2016	31-6-01-6262	Registry Test Fee						$ 100.00		$ 100.00
1/27/2017	31-6-01-6262	Psychomotor Test Fee						$ 160.00		$ 160.00
										$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
Total			$ -	$ -	$ -	$ -	0	$ 260.00	$ -	$ 260.00

RECEIVED
JUN 16 2017
BY

Less Amount Paid by PO or City Card

Total Due Employee $ 260.00

Employee Signature: _____ **Date** 6/16/2017

Supervisor Signature: _____ **Date** 6/16/2017

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

Instructions:

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

NOTES: _____

Close

The National Registry
of
Emergency
Medical
Technicians®

AEMT Application Payment Receipt

Today's Date: 12/15/2016 8:01:11 PM
Application: 2016280458

Applicant:
George Thomas Gorton
850 W 149th St
Glenpool, OK 74033

Application Level: AEMT
Amount Paid: $100.00
Payment Date: 12/15/2016 8:00:18 PM
Payment Method: Credit Card
Transaction Code: 8783264373

Gmail

Tom Gorton <tomgorton516@gmail.com>

AEMT State License Fee

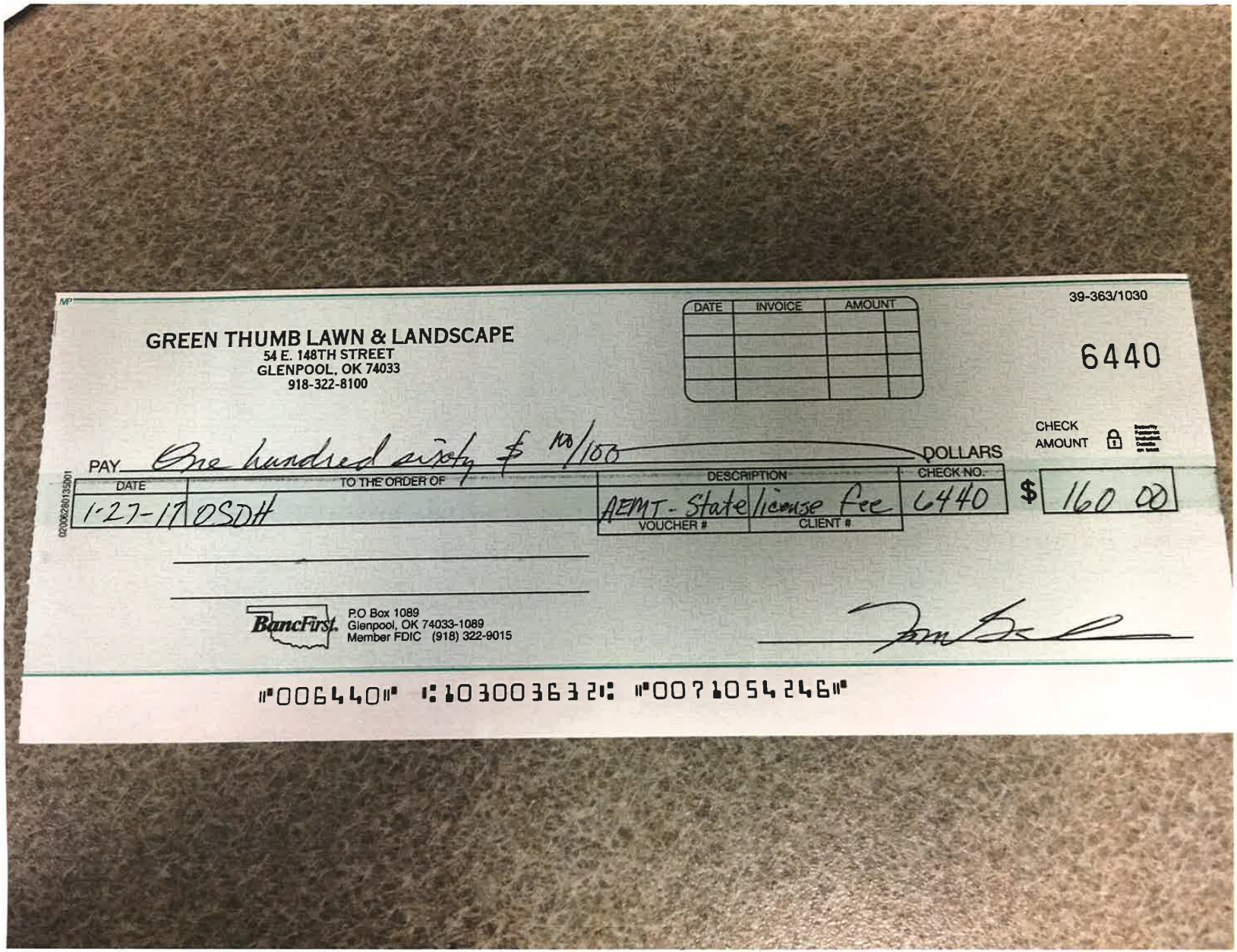
1 message

Tom Gorton <tomgorton516@gmail.com>
To: tomgorton516@gmail.com

Sat, Jan 28, 2017 at 11:15 AM

Sent from my iPhone

IMG_2263.JPG
2507K



GREEN THUMB LAWN & LANDSCAPE
54 E. 148TH STREET
GLENPOOL, OK 74033
918-322-8100

DATE	INVOICE	AMOUNT

39-363/1030

6440

PAY One hundred sixty $ 00/100 DOLLARS

CHECK AMOUNT

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NO.	
1-27-17	OSDH	AEMT - State license fee	6440	$ 160 00
		VOUCHER # / CLIENT #		

BancFirst.
P.O Box 1089
Glenpool, OK 74033-1089
Member FDIC (918) 322-9015

⑈006440⑈ ⑆103003632⑆ ⑈007105424 6⑈

State Department of Health

State of Oklahoma

GEORGE GORTON
holds a License at the AEMT level
in the State of Oklahoma Under Provisions
of TITLE 63, SECTIONS 1-2501.
LICENSE NO. 66407
EXPIRES 06/30/2019

Print Date: 02/08/2017

Terry Cline, Ph.D.
Commissioner

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 # 17-06671 09/21/2016

ISSUED TO:
TULSA BEACON
PO BOX 35099
TULSA, OK 74153

VEND #: 01-001128

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

09/21/2016

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.

09/21/2016

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	PUBLICATIONS NOTICES GEMS FY 2016-2017 PUBLICATIONS NOTICES GEMS		00018888	31 -6-01-6202		0.00	400.00 *

98/10 = 35.90

Partial Payment 35.90

** TOTAL ** 400.00

*** 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 6/21/17

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.

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TULSA BEACON
P.O. BOX 35099
TULSA, OK 74153-0099
USA

Voice: 918 523-4425
Fax: 918 523-4408

INVOICE

Invoice Number: 9810
Invoice Date: 5/26/17
Page: 1

Bill To:
GLENPOOL AREA EMERGENCY MEDICAL SERVICE 12205 S YUKON AVE GLENPOOL, OK 74033

Customer ID: GEMS

Customer PO	Payment Terms	Sales Rep ID	Due Date
	Net 30 Days		6/25/17

Description	Amount
NOTICE OF PUBLIC HEARING GEMS OPERATING BUDGET FY 2017-2018 PUBLICATION DATE MAY 25, 2017 AMOUNT DUE	35.90

RECEIVED
MAY 31 2017
BY A/P=FIN. GLENPOOL

Subtotal	35.90
Sales Tax	
Total Invoice Amount	35.90
Payment/Credit Applied	
TOTAL	**35.90**

Check/Credit Memo No:

Affidavit of Publication

TULSA BEACON
P.O. Box 35099
Tulsa, Oklahoma, 74153
(918) 523-4425

I, Susan Biggs, of lawful age, being duly sworn upon oath, deposes and says: That I am the Office Manager of the Tulsa Beacon, a Weekly newspaper printed and published in the City of Tulsa, County of Tulsa, and State of Oklahoma, and that the advertisement referred to, a true and printed copy is hereunto attached, was published in said Tulsa Beacon in consecutive issues on the following dates to wit:

1st Insertion May 25, 2017 Notice of Public Hearing Operating Fund Budget GEMS

That said newspaper has been published continuously and uninterruptedly in said county during a period of one-hundred and four consecutive weeks prior to the publication of the attached notice or advertisement; that it has been admitted to the United States mail as publications (second-class) mail matter, that it has a general paid circulation, and publishes news of general interest, and otherwise conforms with all of the statutes of the State of Oklahoma governing legal publications.

Publication Fee $ 35.90

Susan E Biggs
Editor, Publisher or Authorized Agent

SUBSCRIBED and sworn to before me

this 25th day of May, 2017.

Holly Isedore
Notary Public

HOLLY ISEDORE
Notary Public – State of Oklahoma
Commission Number 13001141
My Commission Expires Feb 4, 2021

My commission expires: Feb 4th, 2021.

Published in the Tulsa Beacon newspaper, in Tulsa County, in the State of Oklahoma, on May 25, 2017

NOTICE OF PUBLIC HEARING
JUNE 5, 2017 - 6:00 P.M.
12205 S YUKON AVE, 3RD FLOOR
PROPOSED FY2017-2018 BUDGET

The Glenpool Area Emergency Medical Service District (GEMS) will hold a public hearing on June 5, 2017 at 6:00 P M on the 3rd Floor at 12205 S. Yukon Ave, Glenpool, OK for the purpose of advising the public of the proposed budget for the fiscal year beginning July 1, 2017

The following is a preliminary summary of the proposed budget for Fiscal Year 2017-2018 The proposed budget is available for public inspection at the office of the District Administraor, 2nd Floor, 12205 S. Yukon Avenue, during normal business

OPERATING BUDGET

	Revenues	Expenditures
Ad Valorem Tax	256,553	
Transfer from reserves	65,712	
Personal Services		10,865
Supplies		30,000
Other Services & Charges		273,400
Travel & Training		8,000
Total Operating Budget	**$ 322,265**	**$ 322,265**

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 # 17-07549 06/21/2017

ISSUED TO: VEND #: 01-001136

TYLER BUSINESS FORMS
P.O. BOX 681
TARRYTOWN, NY 10591

SHIP TO:

GEMS
14566 S. ELWOOD
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

06/21/2017

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.

06/21/2017

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	PRINTED CHECKS 250 CT		00020092	31 -6-01-6202		0.00	213.93 *
0.00	SHIPPING OF CHECKS		00020092	31 -6-01-6202		0.00	0.00 *
	PRINTED CHECKS GEMS/SHIP						

** TOTAL ** 213.93

*** 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 6/28/17

OFFICER OR DEPARTMENT HEAD IN CHARGE DATE

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Darrell Colbert

From: TYLER BUSINESS FORMS <donotreply@formsfulfillment.com>
Sent: Tuesday, June 27, 2017 1:34 PM
To: Darrell Colbert
Subject: INVOICE NUMBER 304453 / PRODUCTION NUMBER 7C-455324

INVOICE

THIS IS YOUR INVOICE
PLEASE REMIT ALL PAYMENTS TO:

INVOICE COPY

TYLER BUSINESS FORMS

P O BOX 681

WWW.TYLERBUSINESSFORMS.COM

TARRYTOWN NY 10591

PHONE NUMBER: 877-749-2090

000-000-0000

FAX NUMBER: 800-261-1499

INVOICE NUMBER

304453

PROD #: 7C-455324

BILL TO:

CITY OF GLENPOOL

12205 SOUTH YUKON AVENUE

GLENPOOL OK 74033

INVOICE DATE

06/27/17

SHIP TO:

CITY OF GLENPOOL

12205 SOUTH YUKON AVENUE

GLENPOOL OK 74033.

DARELL

RECEIVED
JUN 27 2017
BY
A/P-FIN: GLENPOOL

1

SHIPPED VIA	NO. CTNS	DATE SHIPPED
UPS	1	06/27/17

DATE ENTERED	ACCT CODE	SCHEDULE DATE	YOUR ORDER NO.	SPECIAL INSTRUCTIONS
06/20/17	210/2004	07/05/17	17-06351	FOB FACTORY

QUANTITY	ITEM NO.	DECRIPTION	PRICE	U/M	EXTENSION
1,000	CUSTOM	USE GLNPLR	213.93	M	213.93
1	PROOF	PROOF REQUIRED	*	U	
		SUBTOTAL			213.93

IMP CK #1680 UP

CONS MICR/ 2 ARABIC

IMP IN BLACK

TOTAL DUE: 213.93

CREDIT CARD#_____

EXP-DATE_____WITH * ARE

CVV #_____AT NET PRICES

STREET ADDRESS_____

ZIP_____

SIGNATURE_____

Darrell Colbert

From: Tyler Business Forms <donotreply@formsfulfillment.com>
Sent: Tuesday, June 20, 2017 12:04 PM
To: Darrell Colbert
Subject: ORDER ACKNOWLEDGMENT FOR PRODUCTION #: 7C-455324

Tyler Business Forms Order Acknowledgment

Order Date:06/20/17
Production Number: 7C-455324
(Please refer to this number)

20092

Bill To:
City Of Glenpool
12205 South Yukon Avenue

Glenpool Ok 74033

Ship To:
City Of Glenpool
12205 South Yukon Avenue
Glenpool Ok 74033.
Darell

Item	Description	Quantity
CUSTOM	USE GLNPLR	1000
PROOF	PROOF REQUIRED	1
	IMP CK #1680 UP	
	CONS MICR/ 2 ARABIC	
	IMP IN BLACK	
	Subtotal	213.93
		.00
	Shipping	
	Misc Disc	
	Misc Disc	.00
	Prepayment	
	Total Due	**213.93**

Date Entered: 06/20/17
Acct Code: 02004
Schedule Date: 07/05/17
Your Order No: 17-06351

1

Proof Response Form

From: Darrell Colbert
Phone: 918-209-4633
Email: dcolbert@CityofGlenpool.com
Organization: City of Glenpool

Job Number: 455324
Representative: Susan Mathiolli

Instructions

Please carefully review the accompanying proof. Mark any changes clearly on your proof and check the appropriate box below. Then return your proof and this completed Proof Response Form to us.

Your order will remain on hold until we receive your final proof approval. An immediate response will ensure timely production of your order. Normal production time is within five business days. If you need this order expedited in production or shipping, please contact us right away!

Note: Proofs provide visual representation of the final product. Colors on computer monitors and printers vary in accuracy. **For security purposes, account numbers are not shown.**

Pay particular attention to confirm that the following items are correct:

- Spelling & copy position
- Logo
- Starting check number, leading zeros and prefix
- Number of signature lines
- Text over/under signature lines
- Company name/logo on check stubs

Please check the appropriate box:

☑ Approved
☐ Approved with noted changes
☐ Extensive changes, new proof required

Signature
Printed Name Darrell Colbert
Date 6/22/17

GLENPOOL AREA EMERGENCY
MEDICAL SERVICE DISTRICT

001680

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

GLENPOOL AREA EMERGENCY 01/93
MEDICAL SERVICE DISTRICT
12205 S. YUKON AVE. PH. 918-322-5409
GLENPOOL, OK 74033-6635

BancFirst
Glenpool, Oklahoma
39-363/1030

001680

PAY

DATE

CHECK AMOUNT

TO THE
ORDER
OF

Security features. Details on back.

BY _____

BY _____
AUTHORIZED SIGNATURES

Ship From:
Freedom Supplies
P O Box 470070
Tulsa OK 74147

Ship To:
CITY OF GLENPOOL
12205 S. YUKON AVE
2ND FLOOR FINANCE DEPT.
ATTN:KATHY SMITH
Glenpool OK 74033

Thanks for Your Order. . .

Your business is important and we are glad to have the opportunity to provide the products that help make your business operate more efficiently. Our products are produced and delivered with a 100% satisfaction guarantee. If your order is not correct or not what you expected, call us immediately and we will make it right. Just ask!

Phone: 918-877-0111 - Fax: 918-877-1086

Order Number 11132665	**Customer PO#**	**Order Date** 06/23/14	**Ship Date** 06/25/14
Item Number	**Item Description**		**Quantity**
364481	RED LASER CHECK 1PT BP		250
CUSTOM	CUSTOM FORMAT		0

Printed For: GLENPOOL AREA EMERGENCY Starting No. 001430 Ending No. 001679

IMPORTANT - SAVE THIS SHEET FOR REORDERS!

This reorder reminder will make placing repeat orders fast and convenient. When it is time to reorder, you can fax this reminder with changes or additional information or call us with the following information found on this sheet:

Order Number - Refer to this number if you have a question about your order or you are ready to reorder.

Order Date - Providing this date will insure the correct order is repeated.

Item Number/Description - These are the products you ordered. Please indicate any changes to these items - quantity, color, parts and format - when placing reorders.

Ending Number - If your order was sequentially numbered, this is the final number of your order. Unless you request otherwise, numbering on your next order will begin with the number following this one.
