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 Tuesday, September 4, 2018, 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 – Wendy Knight Clerk; Timothy Lee Fox, Chairman**

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

1) Glenpool EMS Report 08012018-08282018 — 2 - 4

D) **District Administrator Report - Susan White, Administrator**

1) Dist. Adm Report — 5

E) **Scheduled Business**

1) Discussion and possible action to approve minutes from August 6, 2018, and August 20, 2018 meetings. — 6 - 12
(Wendy Knight, Clerk)
GEMS - 06 Aug 2018 - Minutes - Html
GEMS Special - 20 Aug 2018 - Minutes - Html

2) Discussion and possible action to approve amendments to the 2016 Ambulance Service Agreement between and among the City of Glenpool, the Glenpool Area Emergency Medical Service District, and Centurion Health Systems, Inc. d/b/a Mercy Regional of Oklahoma. — 13 - 20
(Lowell Peterson, City Attorney)
STAFF REPORT- AMD AMB AGMT 090418
Mercy 2018 contract

3) Discussion and possible action to approve purchase order(s) and receipts register totaling $23,711.12. — 21 - 41
(John Gonsalves, Treasurer)
GEMS Invoices 9-4-18

F) **Adjournment**

This notice and agenda was posted at Glenpool City Hall, 12205 S. Yukon Ave., Glenpool, Oklahoma, on August 31, 2018 at 5:00 pm.
Signed: Wendy Knight
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: August 30, 2018

Ref: EMS Report August 1st-28th, 2018

During this time period, we logged 101 calls for service and maintained 98% response time compliance.

65 patients were treated and transported
19 patients refused transport
12 calls required mutual aid
2 calls cancelled prior to arrival
2 mutual aid given
1 patient transported by helicopter

We provided safety coloring books to the City of Glenpool for the fishing derby.

We are providing an additional ambulance for the Glenpool Football home games. Go Warriors!

Brian Cook,
Chief of Operations

CRun	Call Date	Pick Up Location	Destination	Dispacthed	En Route	On Scene	Transport	Arrived	Clear	sponse Tin	Unit	
18-9184	8/1/2018 00:25	EMERGENCY SCENE	ST. FRANCIS TULSA	8/1/2018 00:26	8/1/2018 00:29	8/1/2018 00:37	8/1/2018 00:54	8/1/2018 01:20	8/1/2018 01:32	00:12:48	MEDIC 401	
18-9185	8/1/2018 02:21	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/1/2018 02:21	8/1/2018 02:21	8/1/2018 02:23	8/1/2018 02:26	8/1/2018 02:26	8/1/2018 02:26	00:01:59	MEDIC 401	
18-9195	8/1/2018 08:32	EMERGENCY SCENE	ST. FRANCIS TULSA	8/1/2018 08:32	8/1/2018 08:33	8/1/2018 08:37	8/1/2018 09:13	8/1/2018 09:37	8/1/2018 09:54	00:05:40	MEDIC 401	
18-9197	8/1/2018 09:16	EMERGENCY SCENE	ST. FRANCIS TULSA	8/1/2018 09:16	8/1/2018 09:16	8/1/2018 09:28	8/1/2018 09:36	8/1/2018 10:05	8/1/2018 10:31	00:11:33	MEDIC 110	
18-9199	8/1/2018 09:38	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
18-9204	8/1/2018 08:32	EMERGENCY SCENE	LANDING ZONE	8/1/2018 08:32	8/1/2018 08:33	8/1/2018 08:37	8/1/2018 09:13	8/1/2018 09:37	8/1/2018 09:54	00:05:40	MEDIC 401	
18-9211	8/1/2018 12:08	EMERGENCY SCENE	ST. FRANCIS TULSA	8/1/2018 12:10	8/1/2018 12:10	8/1/2018 12:14	8/1/2018 12:26	8/1/2018 12:50	8/1/2018 13:02	00:06:23	MEDIC 401	
18-9288	8/2/2018 16:08	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/2/2018 16:08	8/2/2018 16:10	8/2/2018 16:14	8/2/2018 16:32	8/2/2018 16:32	8/2/2018 16:32	00:06:14	MEDIC 401	
18-9292	8/2/2018 18:50	EMERGENCY SCENE	ST. FRANCIS TULSA	8/2/2018 18:51	8/2/2018 18:51	8/2/2018 18:56	8/2/2018 19:03	8/2/2018 19:28	8/2/2018 19:41	00:05:17	MEDIC 401	
18-9300	8/3/2018 02:01	EMERGENCY SCENE	ST. JOHN TULSA	8/3/2018 02:01	8/3/2018 02:04	8/3/2018 02:07	8/3/2018 02:31	8/3/2018 02:51	8/3/2018 03:10	00:06:44	MEDIC 401	
18-9324	8/3/2018 11:49	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	8/3/2018 11:50	8/3/2018 11:51	8/3/2018 11:57	8/3/2018 12:16	8/3/2018 12:35	8/3/2018 13:07	00:07:38	MEDIC 401	
18-9348	8/3/2018 20:40	EMERGENCY SCENE	ST. FRANCIS SOUTH	8/3/2018 20:40	8/3/2018 20:40	8/3/2018 20:44	8/3/2018 21:03	8/3/2018 21:21	8/3/2018 21:34	00:04:02	MEDIC 401	
18-9356	8/4/2018 01:07	EMERGENCY SCENE	ST. FRANCIS SOUTH	8/4/2018 01:08	8/4/2018 01:09	8/4/2018 01:10	8/4/2018 01:17	8/4/2018 01:30	8/4/2018 01:54	00:03:32	MEDIC 401	
18-9358	8/4/2018 06:47	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/4/2018 06:49	8/4/2018 06:50	8/4/2018 06:58	8/4/2018 07:20	8/4/2018 07:20	8/4/2018 07:20	00:11:16	MEDIC 401	Outside of GEMS district
18-9361	8/4/2018 09:21	EMERGENCY SCENE	ST. JOHN SAPULPA	8/4/2018 09:22	8/4/2018 09:22	8/4/2018 09:28	8/4/2018 09:41	8/4/2018 09:57	8/4/2018 10:18	00:06:44	MEDIC 401	
18-9371	8/4/2018 14:10	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	8/4/2018 14:10	8/4/2018 14:10	8/4/2018 14:12	8/4/2018 14:12	8/4/2018 14:12	8/4/2018 14:12	00:02:51	MEDIC 401	
18-9394	8/5/2018 10:40	EMERGENCY SCENE	ST. FRANCIS TULSA	8/5/2018 10:40	8/5/2018 10:42	8/5/2018 10:46	8/5/2018 11:05	8/5/2018 11:28	8/5/2018 11:50	00:06:39	MEDIC 401	
18-9395	8/5/2018 12:54	EMERGENCY SCENE	HILLCREST SOUTH	8/5/2018 12:55	8/5/2018 12:56	8/5/2018 12:59	8/5/2018 13:24	8/5/2018 13:49	8/5/2018 14:07	00:05:11	MEDIC 401	
18-9396	8/5/2018 13:10	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
18-9405	8/5/2018 18:10	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	8/5/2018 18:10	8/5/2018 18:11	8/5/2018 18:16	8/5/2018 18:35	8/5/2018 18:57	8/5/2018 19:33	00:06:34	MEDIC 401	
18-9427	8/6/2018 11:05	EMERGENCY SCENE	ST. FRANCIS TULSA	8/6/2018 11:06	8/6/2018 11:07	8/6/2018 11:10	8/6/2018 11:27	8/6/2018 11:49	8/6/2018 12:25	00:04:27	MEDIC 401	
18-9458	8/6/2018 22:55	EMERGENCY SCENE	ST. FRANCIS SOUTH	8/6/2018 22:55	8/6/2018 22:58	8/6/2018 23:00	8/6/2018 23:31	8/6/2018 23:48	8/7/2018 00:08	00:04:28	MEDIC 401	
18-9476	8/7/2018 11:08	EMERGENCY SCENE	ST. JOHN TULSA	8/7/2018 11:10	8/7/2018 11:10	8/7/2018 11:16	8/7/2018 11:32	8/7/2018 11:52	8/7/2018 12:15	00:07:40	MEDIC 401	
18-9480	8/7/2018 11:31	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
18-9484	8/7/2018 12:40	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/7/2018 12:42	8/7/2018 12:42	8/7/2018 12:48	8/7/2018 13:03	8/7/2018 13:03		00:07:38	MEDIC 401	
18-9485	8/7/2018 13:17	EMERGENCY SCENE	ST. FRANCIS TULSA	8/7/2018 13:18	8/7/2018 13:19	8/7/2018 13:24	8/7/2018 13:43	8/7/2018 14:04	8/7/2018 14:26	00:07:09	MEDIC 401	
18-9507	8/7/2018 17:51	EMERGENCY SCENE	HILLCREST SOUTH	8/7/2018 17:52	8/7/2018 17:53	8/7/2018 17:57	8/7/2018 18:29	8/7/2018 18:29	8/7/2018 18:52	00:05:39	MEDIC 401	
18-9585	8/9/2018 15:46	EMERGENCY SCENE	ST. FRANCIS TULSA	8/9/2018 15:47	8/9/2018 15:48	8/9/2018 15:52	8/9/2018 16:18	8/9/2018 16:41	8/9/2018 17:03	00:05:29	MEDIC 401	
18-9599	8/9/2018 22:00	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/9/2018 22:00	8/9/2018 22:02	8/9/2018 22:07	8/9/2018 22:18	8/9/2018 22:18	8/9/2018 22:18	00:06:08	MEDIC 401	
18-9621	8/10/2018 10:10	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/10/2018 10:11	8/10/2018 10:12	8/10/2018 10:14	8/10/2018 10:31	8/10/2018 10:31		00:04:03	MEDIC 401	
18-9625	8/10/2018 10:49	EMERGENCY SCENE	ST. JOHN TULSA	8/10/2018 10:49	8/10/2018 10:50	8/10/2018 11:05	8/10/2018 11:20	8/10/2018 11:42	8/10/2018 11:56	00:16:19	MEDIC 401	Given wrong address
18-9640	8/10/2018 16:32	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/10/2018 16:32	8/10/2018 16:33	8/10/2018 16:34	8/10/2018 16:48	8/10/2018 16:49	8/10/2018 16:49	00:02:46	MEDIC 401	
18-9643	8/10/2018 16:52	EMERGENCY SCENE	ST. JOHN SAPULPA	8/10/2018 16:53	8/10/2018 16:54	8/10/2018 16:54	8/10/2018 17:00	8/10/2018 17:12	8/10/2018 17:39	00:02:00	MEDIC 401	
18-9648	8/10/2018 20:01	EMERGENCY SCENE	ST. JOHN TULSA	8/10/2018 20:05	8/10/2018 20:06	8/10/2018 20:09	8/10/2018 20:30	8/10/2018 20:49	8/10/2018 21:22	00:08:09	MEDIC 401	
18-9656	8/11/2018 04:37	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	8/11/2018 04:38	8/11/2018 04:38	8/11/2018 04:41	8/11/2018 04:48	8/11/2018 05:01	8/11/2018 05:16	00:04:28	MEDIC 401	
18-9676	8/11/2018 19:18	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/11/2018 19:18	8/11/2018 19:20	8/11/2018 19:22	8/11/2018 19:28	8/11/2018 19:28	8/11/2018 19:28	00:03:26	MEDIC 401	
18-9690	8/11/2018 23:09	EMERGENCY SCENE	ST. FRANCIS SOUTH	8/11/2018 23:09	8/11/2018 23:10	8/11/2018 23:13	8/11/2018 23:27	8/11/2018 23:44	8/12/2018 00:02	00:03:39	MEDIC 401	
18-9692	8/12/2018 00:19	EMERGENCY SCENE	ST. FRANCIS TULSA	8/12/2018 00:19	8/12/2018 00:20	8/12/2018 00:26	8/12/2018 00:47	8/12/2018 01:01	8/12/2018 01:22	00:06:51	MEDIC 401	
18-9695	8/12/2018 00:19	EMERGENCY SCENE	ST. FRANCIS TULSA	8/12/2018 00:19	8/12/2018 00:20	8/12/2018 00:26	8/12/2018 00:47	8/12/2018 01:01	8/12/2018 01:22	00:06:51	MEDIC 401	
18-9696	8/12/2018 00:19	EMERGENCY SCENE	ST. FRANCIS TULSA	8/12/2018 00:19	8/12/2018 00:20	8/12/2018 00:26	8/12/2018 00:47	8/12/2018 01:01	8/12/2018 01:22	00:06:51	MEDIC 401	
18-9699	8/12/2018 02:33	EMERGENCY SCENE	ST. JOHN TULSA	8/12/2018 02:33	8/12/2018 02:34	8/12/2018 02:42	8/12/2018 03:08	8/12/2018 03:30	8/12/2018 03:49	00:08:03	MEDIC 401	
18-9700	8/12/2018 03:10	EMERGENCY SCENE	UNKNOWN	8/12/2018 03:10	8/12/2018 03:10	8/12/2018 03:14	8/12/2018 03:14	8/12/2018 03:14	8/12/2018 03:14	00:04:12	MUTUAL AID RECIEVED	
18-9704	8/12/2018 07:33	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	8/12/2018 07:35	8/12/2018 07:35	8/12/2018 07:40	8/12/2018 07:57	8/12/2018 08:26	8/12/2018 08:40	00:06:08	MEDIC 401	
18-9707	8/12/2018 12:10	EMERGENCY SCENE	ST. FRANCIS TULSA	8/12/2018 12:11	8/12/2018 12:13	8/12/2018 12:17	8/12/2018 12:44	8/12/2018 13:08	8/12/2018 13:31	00:06:38	MEDIC 401	
18-9731	8/13/2018 09:33	EMERGENCY SCENE	ST. FRANCIS TULSA	8/13/2018 09:34	8/13/2018 09:34	8/13/2018 09:37	8/13/2018 10:09	8/13/2018 10:32	8/13/2018 10:54	00:03:49	MEDIC 401	
18-9745	8/13/2018 13:11	EMERGENCY SCENE	ST. JOHN TULSA	8/13/2018 13:11	8/13/2018 13:11	8/13/2018 13:15	8/13/2018 13:44	8/13/2018 14:05	8/13/2018 14:46	00:04:37	MEDIC 401	
18-9748	8/13/2018 13:11	EMERGENCY SCENE	ST. JOHN TULSA	8/13/2018 13:11	8/13/2018 13:11	8/13/2018 13:15	8/13/2018 13:44	8/13/2018 14:05	8/13/2018 14:46	00:04:37	MEDIC 401	
18-9755	8/13/2018 13:11	EMERGENCY SCENE	ST. JOHN TULSA	8/13/2018 13:11	8/13/2018 13:11	8/13/2018 13:15	8/13/2018 13:44	8/13/2018 14:05	8/13/2018 14:46	00:04:37	MEDIC 401	
18-9773	8/14/2018 06:31	EMERGENCY SCENE	ST. FRANCIS SOUTH	8/14/2018 06:32	8/14/2018 06:33	8/14/2018 06:40	8/14/2018 06:56	8/14/2018 07:22	8/14/2018 07:43	00:09:10	MEDIC 401	Outside of GEMS district
18-9776	8/14/2018 07:27	EMERGENCY SCENE	ST. JOHN TULSA	8/14/2018 07:29	8/14/2018 07:29	8/14/2018 07:36	8/14/2018 07:55	8/14/2018 08:20	8/14/2018 08:44	00:08:00	MEDIC 102	
18-9779	8/14/2018 09:18	EMERGENCY SCENE	HILLCREST SOUTH	8/14/2018 09:21	8/14/2018 09:21	8/14/2018 09:21	8/14/2018 09:33	8/14/2018 09:49	8/14/2018 10:14	00:02:49	MEDIC 401	
18-9782	8/14/2018 10:17	EMERGENCY SCENE	HILLCREST SOUTH	8/14/2018 10:17	8/14/2018 10:17	8/14/2018 10:27	8/14/2018 10:40	8/14/2018 11:01	8/14/2018 11:14	00:10:05	MEDIC 401	Ambulance enroute back from previous call
18-9801	8/14/2018 15:11	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	8/14/2018 15:12	8/14/2018 15:12	8/14/2018 15:17	8/14/2018 15:27	8/14/2018 15:48	8/14/2018 16:04	00:05:17	MEDIC 401	
18-9804	8/14/2018 16:39	EMERGENCY SCENE	ST. FRANCIS TULSA	8/14/2018 16:40	8/14/2018 16:44	8/14/2018 16:44	8/14/2018 17:07	8/14/2018 17:32	8/14/2018 17:46	00:05:19	MEDIC 401	
18-9806	8/14/2018 17:19	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
18-9808	8/14/2018 18:22	EMERGENCY SCENE	ST. JOHN TULSA	8/14/2018 18:22	8/14/2018 18:22	8/14/2018 18:33	8/14/2018 18:48	8/14/2018 19:17	8/14/2018 19:38	00:10:53	MEDIC 401	MUTUAL AID CREEK COUNTY
18-9810	8/14/2018 20:16	EMERGENCY SCENE	ST. FRANCIS TULSA	8/14/2018 20:16	8/14/2018 20:18	8/14/2018 20:21	8/14/2018 20:32	8/14/2018 20:53		00:04:29	MEDIC 401	
18-9813	8/14/2018 21:59	EMERGENCY SCENE	ST. FRANCIS TULSA	8/14/2018 21:59	8/14/2018 22:01	8/14/2018 22:05	8/14/2018 22:25	8/14/2018 22:44		00:05:36	MEDIC 401	
18-9853	8/15/2018 14:19	EMERGENCY SCENE	HILLCREST SOUTH	8/15/2018 14:20	8/15/2018 14:21	8/15/2018 14:25	8/15/2018 14:41	8/15/2018 14:57	8/15/2018 15:27	00:05:50	MEDIC 401	
18-9854	8/15/2018 14:52	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
18-9855	8/15/2018 15:14	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED	
18-9862	8/15/2018 18:54	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/15/2018 18:55	8/15/2018 18:56	8/15/2018 18:59				00:05:40	MEDIC 401	
18-9865	8/15/2018 18:54	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/15/2018 18:55	8/15/2018 18:56	8/15/2018 18:59				00:05:40	MEDIC 401	
18-9866	8/15/2018 20:12	EMERGENCY SCENE	ST. JOHN SAPULPA	8/15/2018 20:13	8/15/2018 20:13	8/15/2018 20:33	8/15/2018 21:05	8/15/2018 21:24	8/15/2018 21:43	00:21:02	MEDIC 401	MUTUAL AID CREEK COUNTY
18-9872	8/16/2018 01:18	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/16/2018 01:18	8/16/2018 01:20	8/16/2018 01:26	8/16/2018 01:52	8/16/2018 01:52	8/16/2018 01:52	00:07:33	MEDIC 401	
18-9873	8/16/2018 02:24	EMERGENCY SCENE	ST. FRANCIS SOUTH	8/16/2018 02:25	8/16/2018 02:26	8/16/2018 02:31	8/16/2018 02:41	8/16/2018 02:56	8/16/2018 03:18	00:06:26	MEDIC 401	
18-9877	8/16/2018 09:06	EMERGENCY SCENE	ST. FRANCIS SOUTH	8/16/2018 09:06	8/16/2018 09:08	8/16/2018 09:11	8/16/2018 09:22	8/16/2018 09:43	8/16/2018 10:00	00:04:52	MEDIC 401	
18-9909	8/16/2018 16:33	EMERGENCY SCENE	HILLCREST SOUTH	8/16/2018 16:34	8/16/2018 16:35	8/16/2018 16:42	8/16/2018 17:05	8/16/2018 17:31	8/16/2018 17:44	00:09:09	MEDIC 401	Outside of GEMS district
18-9957	8/17/2018 20:32	EMERGENCY SCENE	ST. FRANCIS TULSA	8/17/2018 20:34	8/17/2018 20:34	8/17/2018 20:34	8/17/2018 20:47	8/17/2018 21:00	8/17/2018 21:13	00:02:19	MEDIC 401	
18-9966	8/18/2018 03:28	EMERGENCY SCENE	ST. FRANCIS SOUTH	8/18/2018 03:29	8/18/2018 03:31	8/18/2018 03:35	8/18/2018 03:43	8/18/2018 03:59	8/18/2018 04:11	00:06:48	MEDIC 401	

18-9975	8/18/2018 12:51	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/18/2018 12:52	8/18/2018 12:52	8/18/2018 12:57	8/18/2018 13:03	8/18/2018 13:03	8/18/2018 13:03	00:06:15	MEDIC 401
18-9976	8/18/2018 13:23	EMERGENCY SCENE	ST. FRANCIS SOUTH	8/18/2018 13:24	8/18/2018 13:24	8/18/2018 13:28	8/18/2018 13:40	8/18/2018 13:57	8/18/2018 14:11	00:04:26	MEDIC 401
18-9985	8/18/2018 17:25	EMERGENCY SCENE	HILLCREST MEDICAL CENTER	8/18/2018 17:25	8/18/2018 17:26	8/18/2018 17:34	8/18/2018 17:59	8/18/2018 18:23	8/18/2018 18:44	00:08:23	MEDIC 401
18-10014	8/19/2018 09:42	EMERGENCY SCENE	ST. FRANCIS TULSA	8/19/2018 09:42	8/19/2018 09:44	8/19/2018 09:49	8/19/2018 10:14	8/19/2018 10:35	8/19/2018 11:11	00:06:59	MEDIC 401
18-10015	8/19/2018 11:07	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED
18-10017	8/19/2018 11:35	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/19/2018 11:36	8/19/2018 11:38	8/19/2018 11:43	8/19/2018 12:19	8/19/2018 12:19	8/19/2018 12:19	00:07:50	MEDIC 401
18-10027	8/19/2018 20:42	EMERGENCY SCENE	ST. FRANCIS TULSA	8/19/2018 20:42	8/19/2018 20:45	8/19/2018 20:49	8/19/2018 21:00	8/19/2018 21:15	8/19/2018 21:49	00:07:15	MEDIC 401
18-10044	8/20/2018 09:47	EMERGENCY SCENE	ST. FRANCIS TULSA	8/20/2018 09:48	8/20/2018 09:48	8/20/2018 09:51	8/20/2018 10:20	8/20/2018 10:35	8/20/2018 11:00	00:04:16	MEDIC 401
18-10075	8/20/2018 16:17	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/20/2018 16:18	8/20/2018 16:18	8/20/2018 16:20	8/20/2018 17:21	8/20/2018 17:21	8/20/2018 17:21	00:03:27	MEDIC 401
18-10087	8/21/2018 03:02	EMERGENCY SCENE	ST. FRANCIS TULSA	8/21/2018 03:02	8/21/2018 03:04	8/21/2018 03:12	8/21/2018 03:33	8/21/2018 03:57	8/21/2018 04:22	00:10:03	MEDIC 401
18-10118	8/21/2018 16:04	EMERGENCY SCENE	ST. JOHN TULSA	8/21/2018 16:05	8/21/2018 16:05	8/21/2018 16:13	8/21/2018 16:28	8/21/2018 16:54	8/21/2018 17:12	00:08:07	MEDIC 401
18-10120	8/21/2018 16:14	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED
18-10121	8/21/2018 16:43	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED
18-10128	8/21/2018 22:31	EMERGENCY SCENE	ST. JOHN TULSA	8/21/2018 22:32	8/21/2018 22:33	8/21/2018 22:39	8/21/2018 23:12	8/21/2018 23:30	8/22/2018 00:00	00:08:29	MEDIC 401
18-10132	8/22/2018 04:07	EMERGENCY SCENE	ST. FRANCIS TULSA	8/22/2018 04:09	8/22/2018 04:11	8/22/2018 04:16	8/22/2018 04:36	8/22/2018 04:52	8/22/2018 05:08	00:08:21	MEDIC 401
18-10138	8/22/2018 06:51	EMERGENCY SCENE	ST. FRANCIS TULSA	8/22/2018 06:52	8/22/2018 06:53	8/22/2018 06:56	8/22/2018 07:24	8/22/2018 07:53	8/22/2018 08:05	00:05:15	MEDIC 401
18-10168	8/22/2018 23:15	EMERGENCY SCENE	ST. JOHN SAPULPA	8/22/2018 23:16	8/22/2018 23:17	8/22/2018 23:20	8/22/2018 23:32	8/22/2018 23:44	8/23/2018 00:02	00:05:24	MEDIC 401
18-10234	8/24/2018 11:27	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/24/2018 11:28	8/24/2018 11:30	8/24/2018 11:31	8/24/2018 11:43	8/24/2018 11:43	8/24/2018 11:43	00:03:36	MEDIC 401
18-10239	8/24/2018 11:27	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/24/2018 11:28	8/24/2018 11:30	8/24/2018 11:31	8/24/2018 11:43	8/24/2018 11:43	8/24/2018 11:43	00:03:36	MEDIC 401
18-10240	8/24/2018 11:27	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/24/2018 11:28	8/24/2018 11:30	8/24/2018 11:31	8/24/2018 11:43	8/24/2018 11:43	8/24/2018 11:43	00:03:36	MEDIC 401
18-10251	8/24/2018 14:07	EMERGENCY SCENE	HILLCREST SOUTH	8/24/2018 14:07	8/24/2018 14:10	8/24/2018 14:11	8/24/2018 14:23	8/24/2018 15:05	8/24/2018 15:05	00:03:42	MEDIC 401
18-10266	8/24/2018 20:56	EMERGENCY SCENE	CANCELLED BY PD OR OTHER SERVICE	8/24/2018 20:56	8/24/2018 20:58	8/24/2018 21:02	8/24/2018 21:03	8/24/2018 21:03	8/24/2018 21:03	00:05:34	MEDIC 401
18-10284	8/25/2018 09:08	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/25/2018 09:08	8/25/2018 09:09	8/25/2018 09:13	8/25/2018 09:32	8/25/2018 09:32	8/25/2018 09:33	00:04:51	MEDIC 401
18-10287	8/25/2018 11:20	EMERGENCY SCENE	ST. FRANCIS TULSA	8/25/2018 11:21	8/25/2018 11:23	8/25/2018 11:23	8/25/2018 11:50	8/25/2018 12:12	8/25/2018 12:32	00:02:48	MEDIC 401
18-10300	8/25/2018 19:39	EMERGENCY SCENE	ST. FRANCIS TULSA	8/25/2018 19:40	8/25/2018 19:40	8/25/2018 19:44	8/25/2018 20:17	8/25/2018 20:37	8/25/2018 20:59	00:05:11	MEDIC 401
18-10321	8/26/2018 17:38	EMERGENCY SCENE	ST. JOHN TULSA	8/26/2018 17:39	8/26/2018 17:42	8/26/2018 17:45	8/26/2018 18:01	8/26/2018 18:23	8/26/2018 18:40	00:06:16	MEDIC 401
18-10358	8/27/2018 14:05	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/27/2018 14:05	8/27/2018 14:06	8/27/2018 14:09	8/27/2018 14:36	8/27/2018 14:36	8/27/2018 14:36	00:04:30	MEDIC 401
18-10375	8/27/2018 20:20	EMERGENCY SCENE	ST. FRANCIS TR	8/27/2018 20:22	8/27/2018 20:22	8/27/2018 20:26	8/27/2018 20:56	8/27/2018 21:20	8/27/2018 21:57	00:05:40	MEDIC 401
18-10379	8/27/2018 20:53	EMERGENCY SCENE	UNK								MUTUAL AID RECIEVED
18-10385	8/28/2018 03:01	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/28/2018 03:01	8/28/2018 03:02	8/28/2018 03:06	8/28/2018 03:33	8/28/2018 03:33	8/28/2018 03:33	00:04:48	MEDIC 401
18-10394	8/28/2018 10:36	EMERGENCY SCENE	SIGNED PATIENT REFUSAL	8/28/2018 10:37	8/28/2018 10:37	8/28/2018 10:40	8/28/2018 10:48	8/28/2018 10:48	8/28/2018 10:48	00:04:21	MEDIC 401
18-10416	8/28/2018 20:45	EMERGENCY SCENE	ST. FRANCIS GLENPOOL	8/28/2018 20:47	8/28/2018 20:48	8/28/2018 20:48	8/28/2018 20:49	8/28/2018 20:56	8/28/2018 21:18	00:02:59	MEDIC 401

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

To: Honorable Chairman and Trustees
From: Susan White, District Administrator
Date: September 4, 2018
Subject: District Administrator Report

Saint Francis Glenpool

The SF healthplex celebrated their grand opening with two events. The Blessing Ceremony and Open House were each an overwhelming success. Event attendance, as well as the many comments and shares on the article hosted on the City of Glenpool's Facebook page demonstrate the positive support from residents both inside and outside the city limits. The healthplex began seeing patients on Monday, August 27.

Since the healthplex is a level IV facility, Mercy Regional has opted to transport all of their patients to a level I Saint Francis facility for advanced patient care.

Annual Audit

The field auditor completed her work in August and has referred her draft report up the chain of command, which is the customary process. We've been told by SAIO to expect the report to be released in November.

Schedule

I will be out of the office September 4-7. The remaining GEMS staff will be available to answer questions and handle any issues which may arise during my absence.

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

MINUTES
GEMS REGULAR MEETING
Monday, August 6, 2018 Council Chambers 6:00 PM

COUNCIL PRESENT: Tim Fox
Momodou Ceesay
Trish Agee
Brandon Kearns
Jacqueline Triplett-Lund

STAFF PRESENT: David Tillotson
Susan White
Lowell Peterson
Wendy Knight
Lynn Burrow
Dennis Waller

STAFF ABSENT: John Gonsalves

A Call to Order - Timothy Lee Fox, Chairman
Chairman Fox called the meeting to order at 8:33 p.m.

B Roll Call, Declaration of Quorum – Susan White, Secretary; Timothy Lee Fox, Chairman
Wendy Knight called the roll, and Chairman Fox declared a quorum present.
David Tillotson, City Manager, was in attendance.

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

1) Mr. Cook provided the EMS report for June and July 2018.

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

1) Ms. White reported that the First Responders that participated in the Advanced EMT training in July, said it was one of the best training opportunities they have ever experienced. They further expressed their sincere gratitude to the Board for recognizing the importance of a training budget to continually advance the skills of our personnel.
Ms. White also reported that the Audit Manager has requested the audit be rescheduled to begin mid-August.

E Scheduled Business

1) Discussion and possible action to approve minutes from July 2, 2018 meeting.
(Susan White, Secretary)

Moved by Momodou Ceesay, seconded by Trish Agee

That the minutes should be approved as presented.

	For	Against	Abstained	Absent
Tim Fox	x			
Momodou Ceesay	x			
Trish Agee	x			
Brandon Kearns	x			
Jacqueline Triplett-Lund	x			
	5	0	0	0

CARRIED.

2) Discussion and possible action to approve the GEMS District Clerk Employment Agreement with Wendy Knight for Fiscal Year 2018-2019, becoming effective August 1, 2018.
(Susan White, District Administrator)

Ms. White recommended Board approval of the GEMS District Clerk Employment Agreement with Wendy Knight. Ms. White stated that traditionally, the Board has entered into an employment agreement

with the Glenpool City Clerk to perform separate secretarial duties on behalf of GEMS, and that Wendy Knight has recently been appointed as City Clerk.

Moved by Jacqueline Triplett-Lund, seconded by Momodou Ceesay

To approve the GEMS District Clerk Employment Agreement with Wendy Knight for Fiscal Year 2018-2019, becoming effective August 1, 2018.

	For	**Against**	**Abstained**	**Absent**
Momodou Ceesay	x			
Jacqueline Triplett-Lund	x			
Tim Fox	x			
Trish Agee	x			
Brandon Kearns	x			
	5	0	0	0

CARRIED.

3) Discussion and possible action to appoint Wendy Knight as bank account signatory on all GEMS accounts.
(Susan White, District Administrator)

Ms. White recommended Board approval of appointing Wendy Knight as bank account signatory, as the District Secretary has consistently been a signatory on all GEMS bank accounts.

Moved by Jacqueline Triplett-Lund, seconded by Trish Agee

To appoint Wendy Knight as bank account signatory on all GEMS accounts.

	For	**Against**	**Abstained**	**Absent**
Tim Fox	x			
Momodou Ceesay	x			
Trish Agee	x			
Brandon Kearns	x			

Jacqueline Triplett-Lund	x			
	5	0	0	0

CARRIED.

4) Discussion and possible action to approve purchase order(s) and receipts register totaling $24,646.00.
(Susan White, District Administrator)

Ms. White recommended Board approval of purchase orders and receipts register totaling $24,646.00.

Moved by Momodou Ceesay, seconded by Trish Agee

To approve purchase orders and receipts registers totaling $24,646.00 as presented.

	For	**Against**	**Abstained**	**Absent**
Tim Fox	x			
Momodou Ceesay	x			
Trish Agee	x			
Brandon Kearns	x			
Jacqueline Triplett-Lund	x			
	5	0	0	0

CARRIED.

F Adjournment

There being no further business, the Chairman declared the meeting adjourned at 8:46 p.m.

MINUTES
GEMS Special Meeting
Monday, August 20, 2018 Council Chambers 6:00 PM

BOARD PRESENT: Tim Fox
Momodou Ceesay
Trish Agee
Brandon Kearns
Jacqueline Triplett-Lund

STAFF PRESENT: Susan White
Lowell Peterson
Wendy Knight
John Gonsalves

A Call to Order - Timothy Lee Fox, Chairman
Chairman Fox called the meeting to order at 8:01 p.m.

B Roll Call, Declaration of Quorum – Wendy Knight, Clerk; Timothy Lee Fox, Chairman
Clerk Knight call the roll and Chairman Fox declared a quorum present. David Tillotson, City Manager, was in attendance.

C Scheduled Business

1) Discussion and possible action to approve the FY 2018-2019 Estimate of Needs.
(John Gonsalves, Treasurer)

Treasurer Gonsalves recommended Board approval of the FY 2018-2019 Estimate of Needs.

Moved by Brandon Kearns, seconded by Momodou Ceesay

To approve the FY 2018-2019 Estimate of Needs as presented.

	For	Against	Abstained	Absent
Tim Fox	x			

Momodou Ceesay	x			
Trish Agee	x			
Brandon Kearns	x			
Jacqueline Triplett-Lund	x			
	5	0	0	0

CARRIED.

FY 18-19 Gems Estimate of Needs

2) Discussion and possible action to approve issuance of listed FY 2018-2019 Blanket Purchase Orders.
(John Gonsalves, Treasurer)

Treasurer Gonsalves recommended Board approval of the issuance of listed FY 2018-2019 Blanket Purchase Orders, totaling $268,700.00.

Moved by Brandon Kearns, seconded by Jacqueline Triplett-Lund

To approve the FY 2018-2019 Blanket Purchase Orders as presented.

	For	**Against**	**Abstained**	**Absent**
Tim Fox	x			
Momodou Ceesay	x			
Trish Agee	x			
Brandon Kearns	x			
Jacqueline Triplett-Lund	x			
	5	0	0	0

CARRIED.

FY18-19 Blanket purchase Orders

3) Discussion and possible action to approve the Amended FY 2018-2019 Administrative Operations Agreement between City of Glenpool and Glenpool Area Emergency Medical Service District (GEMS).
(Susan White, District Administrator)

Administrator White recommended Council approval of the Amended FY 2018-2019 Administrative Operations Agreement, which has been updated to accurately define each parties responsibilities under the terms of the agreement.

Moved by Momodou Ceesay, seconded by Trish Agee

To approve the Amended FY 2018-2019 Administrative Operations Agreement as presented.

	For	Against	Abstained	Absent
Tim Fox	x			
Momodou Ceesay	x			
Trish Agee	x			
Brandon Kearns	x			
Jacqueline Triplett-Lund	x			
	5	0	0	0

CARRIED.

STAFF REPORT- OP AGMT
OPERATIONAL AGREEMENT - FY 2019 - 82018
Copy of EX. A 2018-2019 Run Calculation

D Adjournment

The meeting was adjourned at 8:11 p.m.

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS

From: Susan White, Administrator

Date: September 4, 2018

Subject: Amendment to 2016 Ambulance Service Agreement

Background:
Some time ago staff was approached by Mercy to consider an increase to their monthly stipend. Staff decided before the Board was presented with an amendment to the Agreement it would make sense to meet with City/GEMS staff to discuss any other potential amendments. As a result, we had a few meetings, one which Mercy administration presented their financial support for the requested increase of $5,000/mo. During those meetings, staff also identified a few other amendments for consideration. Those considerations were:

- Extension of Termination notice period from 30 days to 180 days, Sec. 1.7;
- Conditions for breach were more clearly defined, Sec. 1.8;
- Disposal medical supply reimbursement was more clearly defined, Sec. 3.5

All parties subject to the Agreement met to discuss and consider each of the suggested amendments. The stipend increase was discussed at length. The challenge for GEMS is simple. Our revenue is limited to the 3 mills ad valorem tax collected. We countered with an increase of $1,200/mo. which is fiscally possible based on our revenue collections. Duke Dixon, Mercy Regional President offered an earnest plea to reconsider a greater increase, but in the end understood our dilemma and pledged their commitment to Glenpool.

The amended agreement attached contains the signature of Mr. Duke Dixon, President indicating Mercy Regional's approval.

The $1,200.00 monthly increase for the ambulance service has been included in the FY 2018-2019 annual budget.

Staff Recommendation:
Staff recommends approval of amendments to the 2016 Ambulance Service Agreement between and among the City of Glenpool, the Glenpool Area Emergency Medical Service District, and Centurion Health Systems, Inc. d/b/a Mercy Regional of Oklahoma and becoming effective immediately upon signature of GEMS board chairman.

Attachments:
Amended Ambulance Service Agreement

12205 S. Yukon, Glenpool, OK 74033 • OFFICE: 918-209-4643 FAX: 918-209-4641

AMENDMENTS TO 2016 AMBULANCE SERVICE AGREEMENT BETWEEN AND AMONG THE CITY OF GLENPOOL, THE GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT AND CENTURION HEALTH SYSTEMS, INC., D/B/A MERCY REGIONAL OF OKLAHOMA

WHEREAS, Effective as of March 22, 2016, the City of Glenpool, Oklahoma ("**Glenpool**" or "**City**"); Centurion Health Systems, Inc., d/b/a Mercy Regional of Oklahoma ("**Mercy**"); and the Glenpool Area Emergency Medical Service District ("**GEMS**" or "**GEMS District**"), entered into a certain "Ambulance Service Agreement," as provided by Title 63 - Public Health and Safety, Article 25 - Oklahoma Emergency Response Systems Development Act, Section 1-2515 - Authority to Regulate and Control Ambulance Service Transports, and by Title 5, Chapter 2, Article A of the Code of Ordinances of the City of Glenpool, (the "**Agreement**") for the purposes set forth therein and with a stated term extending to June 30, 2021 (the "**Expiration Date**"); and

WHEREAS, both parties now desire to make certain amendments and additions to the Agreement for the betterment of emergency medical service to the citizens of Glenpool and residents of the GEMS District, such amendments and additions to be in effect for only so long as the original Agreement.

NOW THEREFORE, IT IS AGREED THAT THE FOLLOWING SECTIONS OF THE AGREEMENT ARE HEREBY AMENDED OR ADDED TO READ AS FOLLOWS:

[Section numbers in this amended Agreement correspond to the original Agreement, indicating where there has been no change, to avoid confusion.]

I. ADOPTION OF SERVICES

[Sections :

1.1 Operational Agreement.;

1.2 Essential Services.;

1.3 Service Area;

1.4 Inspection;

1.5 Term;

1.6 Renewal.

– NO CHANGE.]

1.7 Termination. This Agreement may be canceled by either party with one hundred-eighty (180) days' notice for any stated reason or for no reason. During such one hundred-eighty- (180-)day period, the parties may negotiate any objectionable terms or desire for amendment or the party giving notice may elect to act in accordance with its notice with no duty to negotiate.

1.8 Breach. In the event of a non-material breach of the conditions of this Agreement, the non-breaching party shall give the breaching party thirty (30) days' notice of such non-material breach as time to cure and may terminate this Agreement upon expiration of such thirty- (30-)day notice period without cure. In addition, a non-breaching party shall further have the right to terminate this Agreement immediately upon the occurrence of any material breach by the other party, with no duty or obligation to provide notice or time to cure. Materiality shall include any breach that presents a serious risk of injury, mistreatment or death of a patient or presents a substantial likelihood of serious impairment to the rights and powers of the non-breaching party.

1.9 Material Change of Condition. [NO CHANGE]

II. RESPONSIBILITIES OF MERCY

[Sections:

2.1 Availability.;

2.2 Advanced Life Support.;

2.3 Advanced Life Support Qualified Personnel;

2.4 Additional Ambulance Service;

2.5 Emergency Response Coordination;

– NO CHANGE.]

III. AMBULANCE EQUIPMENT

[Sections:

3.1 Minimum Equipment Standards.;

3.2 Business Name;

3.3 Vehicle Maintenance;

3.4 Emergency Permit;

– NO CHANGE.]

3.5 Disposable Medical Supplies. MERCY will replace all disposable medical supplies utilized by the Emergency Medical Response Agency as identified on **Exhibit A**, Inventory Resupply List, at no charge to the City of Glenpool or GEMS.

IV. STAFFING

[Sections:

4.1 Minimum Personnel.

4.2 EMS Paramedic.

4.3 Driver Qualifications.

4.4 Exceptions for Documented Disasters.

- NO CHANGE]

V. PHYSICIAN MEDICAL DIRECTOR

[Sections:

5.1 Medical Director Qualifications.

5.2 Medical Director Duties.

5.3 Verification.

- NO CHANGE]

VI. COMMUNICATIONS

[Sections:

6.1 Dispatch.

6.2 Call Classification.

- NO CHANGE]

VII. RESPONSE TIME

[Sections:

7.1 Response Time Standards.

7.2 Response Time Reliability Standards.

7.3 Secondary Response Time Standards.

- NO CHANGE]

VIII. PURCHASES

[Section: 8.1 Local Support.

- NO CHANGE]

IX. INSURANCE REQUIREMENTS

[Sections

9.1 Commercial Liability Coverage.

9.2 Workers' Compensation.

9.3 Certificate of Insurance.

9.4 Change of Coverage.

- NO CHANGE]

X. ACCESSIBILITY

[Sections:

10.1 No Ability to Pay Exemption.

10.2 Offsets.

- NO CHANGES]

XI. OPERATIONS REPORTS AND RECORDS

[Sections:

11.1 Reporting Requirements.

11.2 Meeting Schedule.

- NO CHANGE]

XII. COMMUNITY EDUCATION

[Sections:

12.1 Availability.

12.2 Cost Limitation.

12.3 Continuing Education.

12.4 Medical Responder Training.

- NO CHANGE]

XIII. STANDBY SERVICES

[Sections:

13.1 Public Events.

13.2 Emergency Calls.

- NO CHANGE]

XIV. PATIENT CHOICE

[Sections:

14.1 Choice of Facility.

14.2 Incapacity of Patient to Choose.

14.3 Traumatic Injury.

- NO CHANGE]

XV. MEMBERSHIP PROGRAM

[Sections

15.1 Cost.

15.2 Benefit.

15.3 Medical Necessity.

15.4 Right to Bill.

- NO CHANGE]

XVI. PRIMARY PROVIDER

[Sections

16.1 Statutory Compliance.

16.2 Mutual Aid.

- NO CHANGE]

XVII. SUBSIDY ARRANGEMENT

[Section 17.1 Terms. NO CHANGE]

17.2 Monthly Charge. For the performance of services in accordance with this Agreement, GEMS shall pay MERCY a subsidy of $13,200.00 per month until such time as the Agreement is terminated or negotiated for renewal.

[Section 17. 3 Subsequent Agreement(s). NO CHANGE]

IN WITNESS WHEREOF, the parties, by the undersigned duly authorized representatives, hereto affix their signatures and seals as of the dates indicated, the last such date being the Effective Date of these Amendments.

CITY OF GLENPOOL DATE

_____ _____

Timothy Lee Fox, Mayor

ATTEST:

_____ _____

Susan White, City Clerk

APPROVED AS TO FORM:

_____ _____

Lowell Peterson, City Attorney

GLENPOOL AREA EMERGENCY MEDICAL SERVICE DISTRICT DATE

_____ _____

Timothy Lee Fox, Chair

ATTEST:

_____ _____

Susan White, Administrator

APPROVED AS TO FORM:

_____ _____

Lowell Peterson, District Counsel

CENTURION HEALTH SYSTEMS, INC.
d/b/a/ MERCY REGIONAL OF OKLAHOMA

DATE

8/30/18

VERIFICATION

STATE OF OKLAHOMA)
) ss.
COUNTY OF TULSA)

Before me this 30th day of August 2018, appeared DUKE DIXON, whom I know personally to be, or proved himself to my satisfaction to be, the same person who signed the foregoing Amendments to 2016 Ambulance Service Agreement and did so in his capacity as President of Mercy Regional, and did so of his own free will for the purposes stated therein.

My commission expires:

July 11, 2021

Notary Public

TIA DANIELLE GARTEN NOTARY PUBLIC COMM.# 17006321 IN AND FOR STATE OF OKLAHOMA TULSA COUNTY

GEMS
Glenpool Area Medical Service District
Glenpool, Oklahoma

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS

From: JOHN GONSALVES, DISTRICT TREASURER

Date: SEPTEMBER 04, 2018

Subject: Approval of Purchase Order Receiving Report and Payment Claims as of 9/04/2018 totaling $23,711.12

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 09/04/18 and approve the following payments:

P.O. #	ACCOUNT	VENDOR	DESCRIPTION	INV #	AMOUNT
19-07782	31-6-01-6210	Centurion Health System	July Ambulance Service	1766	$12,000.00
19-07781	31-6-01-6225	City of Glenpool	First Responder/Admin	201808285487	$7,403.00
19-08831	31-6-01-6206	Physio-Control Inc	Cardiac Monitor Service	418183080	$3528.00
19-08709	31-6-01-6262	Hilton Garden Inn	Rooms for 5 Students	35982	$282.00
19-08807	31-6-01-6262	Kendall Dykes	Per Diem Reimbursement	201808296197	$118.00
19-08770	31-6-01-6202	Pace Products of Tulsa	Oxygen Rental	112849	$240.00
19-08770	31-6-01-6202	Pace Products of Tulsa	Oxygen Rental	113773	$80.12
19-08770	31-6-01-6202	Pace Products of Tulsa	Oxygen Rental	112834	$60.00
				Total	$23,711.12

Attachments:
1. Purchase Order Claims Register dated 09/04/2018 totaling $23,711.12
2. PO Receipt Register dated 09/04/2018 totaling $23,711.12
3. Purchase Orders and Invoices totaling $23,711.12

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
201808296198	9/04/2018	31	12,000.00	
01-000507 CITY OF GLENPOOL				7,403.00
201808296194	9/04/2018	31	7,403.00	
01-001486 HILTON GARDEN INN NORMAN				282.00
201808296196	9/04/2018	31	282.00	
01-000190 KENDALL DYKES				118.00
201808296197	9/04/2018	31	118.00	
01-000450 PACE PRODUCTS OF TULSA				380.12
112834	9/04/2018	31	60.00	
113773	9/04/2018	31	80.12	
201808296199	9/04/2018	31	240.00	
01-001392 PHYSIO-CONTROL INC.				3,528.00
201808296195	9/04/2018	31	3,528.00	
		TOTALS	23,711.12	23,711.12

APPROVED

BY

Timothy Lee Fox, Chairman
September 4, 2018

PO TOTALS BY G/L ACCOUNT

YEAR	ACCOUNT	NAME	ITEMS	AMOUNT	LINE ITEM ANNUAL BUDGET	LINE ITEM BUDGET AVAILABLE	LINE ITEM OVER BUDG	GROUP BUDGET ANNUAL BUDGET	GROUP BUDGET AVAILABLE	GROUP BUDGET OVER BUDG
2018-2019	31-6-01-6202	OPERATING SUPPLIES	3	380.12	16,069	13,053.93				
	31-6-01-6206	MINOR EQUIPMENT	1	3,528.00	17,000	13,472.00				
	31-6-01-6210	AMBULANCE CONTRACT	1	12,000.00	158,400	400.00				
	31-6-01-6225	FIRST RESPONDER/ADMIN F	1	7,403.00	107,700	0.00				
	31-6-01-6262	TRAVEL AND TRAINING	2	400.00	8,000	6,791.00				
	** 18-19 YEAR TOTALS **			23,711.12						

NO ERRORS

NO WARNINGS

FUND: 31 - GEMS SUMMARY REPORT

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL					
19-08807	Per Diem Reimburse Dykes	01-000190	KENDALL DYKES	9/2018 201808296197	118.00
19-08770	FY19 BLNKT- MED OXY RNTLS	01-000450	PACE PRODUCTS OF TULSA	9/2018 112834	60.00
19-08770	FY19 BLNKT- MED OXY RNTLS	01-000450	PACE PRODUCTS OF TULSA	9/2018 113773	80.12
19-08770	FY19 BLNKT- MED OXY RNTLS	01-000450	PACE PRODUCTS OF TULSA	9/2018 201808296199	240.00
19-08782	1ST REPONDER/ADMIN FEES 1	01-000507	CITY OF GLENPOOL	9/2018 201808296194	7,403.00
19-08707	AMBULANCE SVC 7/1/18-6/30	01-001267	CENTURION HEALTH SYSTEMS, DBA	9/2018 201808296198	12,000.00
19-08831	Cardiac Monitor Service	01-001392	PHYSIO-CONTROL INC.	9/2018 201808296195	3,528.00
19-08709	Rooms for 5 at OKEMTA	01-001486	HILTON GARDEN INN NORMAN	9/2018 201808296196	282.00
				DEPARTMENT TOTAL:	23,711.12
				FUND TOTAL:	23,711.12
				GRAND TOTAL:	23,711.12

G/L RECAP

PERIOD	G/L ACCOUNT	NAME	AMOUNT	FUND TOTAL
9/2018	31-6-01-6202	OPERATING SUPPLIES	380.12	
9/2018	31-6-01-6206	MINOR EQUIPMENT	3,528.00	
9/2018	31-6-01-6210	AMBULANCE CONTRACT	12,000.00	
9/2018	31-6-01-6225	FIRST RESPONDER/ADMIN FEES	7,403.00	
9/2018	31-6-01-6262	TRAVEL AND TRAINING	400.00	23,711.12
			GRAND TOTAL:	23,711.12

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

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 19-08707 07/18/2018

ISSUED TO: VEND #: 01-001267

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

SHIP TO:

CITY HALL
12205 S YUKON AVE
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

07/18/2018

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 07/18/2018

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	AMBULANCE SVC 7/1/18-6/30/19 AMBULANCE SVC 7/1/18-6/30/19		00021601	31 -6-01-6210		0.00	144,000.00 *

1764 = 12,000.00
Aug 2018

Partial Payment 12,000.00

** TOTAL ** 144,000.00

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE 8/29/18 DATE

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

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

Mercy Regional Oklahoma
P.O. Box 2398
Owasso, OK 74055

Invoice

Date	Invoice #
8/13/2018	1766

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 ~~September~~ August	12,000.00	12,000.00

RECEIVED
AUG 20 2018
BY A/P-FIN: GLENPOOL

Phone #	Fax #
9186095800	918-609-5799

Total $12,000.00

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

PURCHASE ORDER # 19-08782 08/08/2018

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

08/08/2018

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 08/08/2018

ENCUMBERING OFFICER DATE

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

201808285487 =

$ 7,403.00

Partial Payment 7,403.00

** TOTAL ** 107,700.00

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE 8/29/18 DATE

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City Of Glenpool
Creating Opportunity

INVOICE

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

Customer Number: 01-0172
Invoice Number: 201808285487
Invoice Date: 7/31/2018
Due Date: 8/30/2018
P.O. # : 18-07782

TREASURER
GEMS-
12205 S YUKON AVE
GLENPOOL OK 74033

ITEM DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
GEMS REIMBURSEMENT	N/A	MONTH	N/A	7,403.00

JULY FIRST RESPONDER/ADMIN

JULY FIRST RESPONDER/ADMIN

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

TOTAL DUE $7,403.00

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

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 19-08709 07/18/2018

ISSUED TO: VEND #: 01-001486

HILTON GARDEN INN NORMAN
700 COPPERFIELD DRIVE
NORMAN, OK 73072

SHIP TO:

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

PURCHASING OFFICER — DATE 07/18/2018

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

ENCUMBERING OFFICER — DATE 07/18/2018

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Rooms OKEMTA for 5 students 3 rooms for one night, five students @ $94.00 per night. Rooms for 5 at OKEMTA		00021587	31 -6-01-6262		0.00	282.00 *

** TOTAL ** 282.00

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE — DATE 8/29/18

62 O.S. SECTION 310.9 AND 74 O.S. SECTION 3103, 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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Name & Address

Hilton Garden Inn Norman

700 Copperfield Drive • Norman, OK 73072
Phone (405) 579-0100 • Fax (405) 579-1414
Reservations
www.HGI.com or 1 877 STAY HGI

ORIGINAL

GLENPOOL FIRE DEPARTMENT
Attn: PAUL NEWTON
12205 S YUKON AVE

GLENPOOL OK 74033
UNITED STATES OF AMERICA
Page: 1

INVOICE# 35982
INVOICE DATE 7/28/2018
CURRENT DATE 8/10/2018
YOUR ACCOUNT # G1116
YOUR P/O # 19-08709

DATE	Folio #	AR TRANS	DESCRIPTION	AMOUNT
7/26/2018	235055 A	892875	Rm 338 [RTD FR DYKES, KENDELL:RCPT A]	$93.00
7/26/2018	235054 A	892877	Rm 331 [RTD FR DYKES, KENDELL:RCPT A]	$93.00
7/26/2018	235056 A	892878	Rm 336 [RTD FR DYKES, KENDELL:RCPT A]	$93.00

RECEIVED
AUG 28 2018
BY MYD-FIN: GLENDPART

PAYMENT DUE UPON RECEIPT $279.00

QUESTIONS CONCERNING THIS INVOICE?
CALL: KIMBERLY BONTA
405-579-0100

PLEASE RETURN ONE COPY OF INVOICE WITH PAYMENT

Hilton
WALDORF ASTORIA
CONRAD
canopy
Hilton
CURIO
DOUBLETREE
TAPESTRY COLLECTION
EMBASSY SUITES
Hilton Garden Inn
Hampton
tru
HOMEWOOD SUITES
HOME2
Hilton Grand Vacations
Hilton HONORS

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

Name & Address

Hilton Garden Inn
Norman

700 Copperfield Drive • Norman, OK 73072
Phone (405) 579-0100 • Fax (405) 579-1414
Reservations
www.HGI.com or 1 877 STAY HGI

IN CASE OF ERROR ON YOUR BILL
The Federal Truth in Lending Act requires prompt correction of billing mistakes.
1. If you think your bill is wrong or if you need more information about an item on your bill:
a) Do not write on the bill. On a separate sheet of paper write the following (you may telephone your inquiry, but DOING SO WILL NOT PRESERVE YOUR RIGHTS UNDER THIS LAW):
   i) Your name and account number
   ii) A description of the error and why (to the extent you can) you believe it is an error.
   iii) The dollar amount of the suspected error.
   iv) Any other information (such as your address) which you think will help the company to identify you or the reason for your complaint or inquiry.
b) Send your billing error notice to the address shown on your billing statement. Mail it as soon as you can, but in any case, early enough to reach the Hotel within 60 days after the bill was mailed to you.

2. The Hotel must acknowledge all letters pointing out possible error within 30 days, unless the necessary correction can be made during those 30 days. Within 90 days after receiving your letter, the company must either correct the error or show why the bill was correct. Once the bill has been explained, the company has no further obligation except as provided in paragraph 5 below.

3. After notification, neither the Hotel nor an attorney nor a collection agency may send you letters or take other collection action concerning the disputed amount; but the disputed amount can be applied against your credit limit. You cannot be threatened with damage to your credit rating or sued for the amount in question, nor can the disputed amount be reported to a credit bureau or the other creditors as delinquent, until the unquiry as been answered. HOWEVER, YOU REMAIN OBLIGATED TO PAY THE PARTS OF YOUR BILL NOT IN DISPUTE.

4. If it is determined that the Hotel has made a mistake on your bill, you will not have to pay any finance charges on any disputed amount. If it turns out the Hotel has not made an error, you may have to pay finance charges on the amount in dispute, and you will have to make up any missed minimum or required payments on the disputed amount. The Hotel must send you a statement of what you owe, and you must be given the time to pay which you normally are given to pay undisputed amounts before any more finance charges or late payment charges can be charged to you.

5. If the Hotels explanation does not satisfy you and you notify the Hotel IN WRITING that you still refuse to pay the disputed amount, the Hotel may report you to credit bureaus and other creditors and may pursue normal collection procedures. But any such report must indicate that the amount is disputed, and you must be advised as to who has received such reports. Once the matter has been settled between you and the Hotel, follow-up notices must be sent to those to whom you have been reported as delinquent.

6. Companies that do not follow these rules are not allowed to collect the first $50 of a disputed amount, even if the bill turns out to be correct.

7. You may have the right to withhold payment of an amount you still owe for merchandise or services if you first try in good faith to return them or give the merchant a chance to correct the problem.
There are two limitations on this right:
a) You must have made the purchase in your home state or within 100 miles of your home (whichever is farther), and
b) The purchase price must have been more than $50. However, these limitations do not apply if the merchant is owned or operated by the Hotel or if the Hotel mailed the advertisement for goods or services to you.

Hilton
WALDORF ASTORIA
CONRAD
canopy
Hilton
CURIO
DOUBLETREE
TAPESTRY COLLECTION
EMBASSY SUITES
Hilton Garden Inn
Hampton
tru
HOMEWOOD SUITES
HOME2
Hilton Grand Vacations
Hilton HONORS

PAYMENT DUE UPON RECEIPT - 1.5% PER MONTH INTEREST CHARGE WILL BE APPLIED TO ALL PAST DUE INVOICES.

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

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 19-08807 08/09/2018

ISSUED TO: VEND #: 01-000190

KENDALL DYKES
7305 W. 151ST ST. S.
KIEFER, OK 74041

SHIP TO:

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

08/09/2018

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 08/09/2018

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Per Diem Dykes OKEMTA 2 days Per Diem Reimburse Dykes OKEMT		00021754	31 -6-01-6262		0.00	118.00 *

20180829619 7 - 118. ⁰⁰

** TOTAL ** 118.00

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE 8/9/18 DATE

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

2017 Expense Report / Request For Reimbursement

PO #: _____
(accounting use only)

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

PURPOSE: OKEMTA Conference & 12 Lead Class **LOCATION:** Norman

EMPLOYEE INFORMATION:

Name Kendall Dykes

Department Fire

								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**
07/25-26 2018	31-6-01-6262	Per Diem 2 days				$ 118.00		$ -		$ 118.00
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
								$ -		$ -
Total			$ -	$ -	$ -	$ 118.00	0	$ -	$ -	$ 118.00
									Less Amount Paid by PO or City Card	
									Total Due Employee	$ 118.00

RECEIVED
AUG 09 2018
BY: ERIN BLEDSOE

Employee Signature: _____ **Date** 8/5/2018

Supervisor Signature: _____ **Date** 8/5/2018

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

Instructions:

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

NOTES: _____

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

CITY OF GLENPOOL,OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 19-08831 08/09/2018

ISSUED TO: VEND #: 01-001392

PHYSIO-CONTROL INC.
12100 COLLECTIONS CENTER D
CHICAGO, IL 60693

SHIP TO:

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

08/09/2018

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 08/09/2018

Wendy Wright

ENCUMBERING OFFICER DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	Cardiac Monitor Svc Cardiac Monitor Service 1 year Cardiac Monitor Service		00021755	31 -6-01-6206		0.00	3,528.00 *

** TOTAL ** 3,528.00

*** 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.

8/29/18

OFFICER OR DEPARTMENT HEAD IN CHARGE DATE

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Service Plan 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 : 418183080

08/13/18

BILL TO ACCOUNT: 22383102

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

SHIP TO ACCOUNT: 22383102

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

Sold To: 22383102

Please return top portion with payment.

DATE SHIPPED	PURCHASE ORDER NUMBER	SALES/SERVICE REPRESENTATIVE	T - TAXABLE E - EXEMPT
08/13/18	19-08831	CPQQ08 WECC68 daemon	

CARRIER	CARRIER TRACKING NUMBER	SALES ORDER	PAYMENT TERMS
GRD		C0252220-00	Net 30 Days

LINE	CATALOG NUMBER	DESCRIPTION	QTY ORD	U/M	QTY SHP	QTY B/O	UNIT PRICE	EXT TOTAL	T/E
		ONE TIME FOR MAINTENANCE AGREEMENT: DS024433 - PERIOD: 08/01/18 07/31/19						3528.00	T
							Sub Total	3528.00	

RECEIVED
AUG 28 2018
BY A/P-FIN. DEPARTMENT

Contact: Paul Newton, Fire Chief
Phone: (918) 322-2172
Fax:
Email: pnewton@cityofglenpool.com
Terms:
15% DISCOUNT ON ACCESSORIES
15% DISCOUNT ON ALL ELECTRODES
****
SERVICE PLAN:
2 LP15
RGARCIA 8/13/2018

3528.00

Site: 20

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

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.

PHYSIO CONTROL

Physio-Control, Inc.
11811 Willows Road NE
P.O. Box 97006
Redmond, WA 98073-9706 USA

Telephone: 800-426-8047
Fax: 425-881-2405 USA Customers
Fax: 425-885-6507 Outside USA Customers

STATEMENT

As of: 08/17/18

Direct account inquiries to:
USA Customer Finance for customers in the USA,
or Export Administration for customers outside the USA

ACCOUNT NUMBER

22383102

GLENPOOL FD
Attn: Accounts Payable
14536 S ELWOOD AVE
GLENPOOL, OK 74033
UNITED STATES

Mail All Payments to:

12100 Collections Center Drive
Chicago, IL 60693

Please return top portion with payment.

Please fax requests for invoice copies to 425-881-2405

T	INVOICE/REFERENCE NUMBER	INV DATE	DUE DATE	PO/CHECK/REFERENCE NUMBER	ITEM AMOUNT	ITEM BALANCE
I	418183080	081318	091218	19-08831	3,528.00	3,528.00

RECEIVED
AUG 29 2018
BY M/P-FIN: GLENPOOL

TYPE CODE: I-INVOICE M-MEMO P-PAYMENT

				BALANCE DUE
3,528.00 Current	0.00 Past Due 1	0.00 Past Due 30	0.00 Past Due 60	3,528.00 Total

VISA MasterCard

ACCEPTED

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

PURCHASE ORDER # 19-08770 08/03/2018

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

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

08/03/2018

PURCHASING OFFICER DATE

I HEREBY CERTIFY THAT THE AMOUNT OF THIS ENCUMBRANCE HAS BEEN ENTERED AGAINST THE DESIGNATED APPROPRIATION ACCOUNTS AND THAT THIS ENCUMBRANCE IS WITHIN THE AUTHORIZED AVAILABLE BALANCE OF SAID APPROPRIATION. 08/03/2018

ENCUMBERING OFFICER DATE

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

Aug 2018 Rent 112849 = 240.00 + 80.12 + 60.00
113773 = 80.12
112834 = 60.00

$380.12

Partial Payment 380.12

** TOTAL ** 1,200.00

*** APPROVAL FOR PURCHASE ***

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

OFFICER OR DEPARTMENT HEAD IN CHARGE 8/29/18 DATE

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

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

PACE Products of Tulsa

Rental Invoice

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

Invoice No
AUG 2018 RENT112849

Date: Aug 10, 2018

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

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

Customer ID CIT001

Due Date: Aug 10, 2018

PO NUMBER

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

In Possesion Of	Discription	Unit Price	Extension
4	THIS IS YOUR YEARLY CYLINDER RENTAL! FOR: 4 D OXY/USP	60.00	240.00

RECEIVED
AUG 20 2018
BY
A/P-FIN: GLENPOOL

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

Received By:

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

Subtotal	**240.00**
Sales Tax	
Invoice Amount	**240.00**
Payment Received	0.00
Ck #:	
TOTAL	240.00

PACE Products of Tulsa

Invoice

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

NO. 113773
Date: Aug 1, 2018
PO #

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

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

Phone: 918-322-2172
Customer ID: CIT001
Ship Date: Aug 1, 2018
Due Date: Aug 1, 2018
Terms: C.O.D.

Shipped Via: Pace Delivery
Driver:
Time:

Ordered	Returned	Product Description		Unit Price	Extension
4	(4)	OXYGEN/USP-D10SCF Cylinder Serial No: No: Psi: BV21919-171-NH BV21950-110-NH	Lot	15.03	60.12
1		DELIVERY CHARGE BV31330-201-NH BW028849-171-NH		20.00	20.00

RECEIVED
AUG 06 2018
BY A/P-FIN: GLENPOOL

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

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

Received By: Brandi Reed

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

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

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

PACE Products of Tulsa

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

Rental Invoice

Invoice No

JUNE RENT2018 112834

Date: Jul 20, 2018

Sold To:

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

Ship to:

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

Customer ID: CIT001

Due Date: Jul 20, 2018

PO NUMBER

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

In Possesion Of	Discription	Unit Price	Extension
1	THIS IS YOUR YEARLY CYLINDER RENTAL! FOR: 1 ADDITIONAL D OXY/USP	60.00	60.00

RECEIVED
JUL 27 2018
BY A/P-FIN: GLENPOOL

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

Received By:

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

Subtotal	**60.00**
Sales Tax	
Invoice Amount	**60.00**
Payment Received	0.00
Ck #:	
TOTAL	60.00