

**NOTICE  
GLENPOOL AREA EMERGENCY MEDICAL SERVICE  
DISTRICT  
REGULAR MEETING**

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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 8, 2020, at Glenpool City Hall, City Council Chambers, 12205 S. Yukon Ave., 3rd Floor, Glenpool, Oklahoma.

**AGENDA**

|                                                                                                                                                                                                 | Page    |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------|
| A) <b>Call to Order - Timothy Lee Fox, Chairman</b>                                                                                                                                             |         |
| B) <b>Roll Call, Declaration of Quorum – Wendy Knight, Clerk; Timothy Lee Fox, Chairman</b>                                                                                                     |         |
| C) <b>EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS</b>                                                                                                                   |         |
| 1) <a href="#">GEMS EMS Report 07272020-08312020</a>                                                                                                                                            | 2 - 5   |
| D) <b>District Administrator Report - Susan White, Administrator</b>                                                                                                                            |         |
| 1) <a href="#">Dist. Adm Report</a>                                                                                                                                                             | 6       |
| E) <b>Scheduled Business</b>                                                                                                                                                                    |         |
| 1) Discussion and possible action to approve minutes from August 3, 2020 meeting.<br>(Wendy Knight, Clerk)<br><a href="#">GEMS - 03 Aug 2020 - Minutes - Html</a>                               | 7 - 8   |
| 2) Discussion and possible action to approve the Estimate of Needs for FY20-21.<br>(John Gonsalves, District Treasurer)<br><a href="#">ESTIMATE OF NEEDS 2020-2021</a>                          | 9 - 30  |
| 3) Discussion and possible action to approve purchase order(s) and receipts register<br>totaling \$25,004.32.<br>(John Gonsalves, District Treasurer)<br><a href="#">GEMS Invoices 9-8-20 1</a> | 31 - 50 |

**F) Adjournment**

This notice and agenda was posted at Glenpool City Hall, 12205 S. Yukon Ave., Glenpool, Oklahoma, on September 4, 2020, by 4:00 pm.

Signed: Wendy Knight

Clerk

# Mercy Regional



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

To: Honorable Chair and GEMS Board Members

From: Brian Cook, Chief of Operations

Date: September 2, 2020

Ref: EMS Report July 27, 2020 – August 31, 2020

We logged 59 calls for service during this period while maintaining a 97% response time compliance.

93 patients treated and transported  
44 patients refused transport  
13 Mutual aid given  
7 calls cancelled  
2 No patient found

A handwritten signature in black ink, appearing to read "Brian Cook". The signature is stylized and fluid.

Brian Cook,  
Chief of Operations

| CRun     | Call Date       | Pick Up Location | Destination                      | Dispatched      | En Route        | On Scene        | Transport       | Arrived         | Clear           | Response Time | Unit      |                                        |
|----------|-----------------|------------------|----------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------|-----------|----------------------------------------|
| 20-9541  | 7/27/2020 06:35 | EMERGENCY SCENE  | HILLCREST MEDICAL CENTER         | 7/27/2020 06:37 | 7/27/2020 06:40 | 7/27/2020 06:41 | 7/27/2020 07:14 | 7/27/2020 07:35 | 7/27/2020 08:10 | 00:05:56      | MEDIC 401 |                                        |
| 20-9564  | 7/27/2020 16:17 | EMERGENCY SCENE  | HILLCREST SOUTH                  | 7/27/2020 16:17 | 7/27/2020 16:23 | 7/27/2020 16:23 | 7/27/2020 16:41 | 7/27/2020 16:55 | 7/27/2020 17:05 | 00:06:41      | MEDIC 401 |                                        |
| 20-9568  | 7/27/2020 16:17 | EMERGENCY SCENE  | HILLCREST SOUTH                  | 7/27/2020 16:17 | 7/27/2020 16:23 | 7/27/2020 16:23 | 7/27/2020 16:41 | 7/27/2020 16:55 | 7/27/2020 17:05 | 00:06:41      | MEDIC 401 |                                        |
| 20-9572  | 7/27/2020 19:07 | EMERGENCY SCENE  | ST. FRANCIS GLENPOOL             | 7/27/2020 19:08 | 7/27/2020 19:09 | 7/27/2020 19:13 | 7/27/2020 19:27 | 7/27/2020 19:48 | 7/27/2020 20:03 | 00:06:17      | MEDIC 401 |                                        |
| 20-9578  | 7/27/2020 22:06 | EMERGENCY SCENE  | CANCELLED BY PD OR OTHER SERVICE | 7/27/2020 22:09 | 7/27/2020 22:09 | 7/27/2020 22:20 | 7/27/2020 22:50 | 7/27/2020 22:50 | 7/27/2020 22:50 | 00:14:43      | MEDIC 401 | Mutual Aid Given                       |
| 20-9596  | 7/28/2020 10:34 | EMERGENCY SCENE  | ST. FRANCIS TULSA                | 7/28/2020 10:34 | 7/28/2020 10:36 | 7/28/2020 10:40 | 7/28/2020 11:09 | 7/28/2020 11:31 | 7/28/2020 11:59 | 00:05:52      | MEDIC 401 |                                        |
| 20-9624  | 7/28/2020 21:11 | EMERGENCY SCENE  | NO PATIENT FOUND                 | 7/28/2020 21:12 | 7/28/2020 21:13 | 7/28/2020 21:17 | 7/28/2020 21:31 | 7/28/2020 21:31 | 7/28/2020 21:31 | 00:05:36      | MEDIC 401 |                                        |
| 20-9628  | 7/28/2020 22:41 | EMERGENCY SCENE  | HILLCREST MEDICAL CENTER         | 7/28/2020 22:41 | 7/28/2020 22:45 | 7/28/2020 22:52 | 7/28/2020 23:11 | 7/28/2020 23:39 | 7/29/2020 00:32 | 00:11:22      | MEDIC 401 | Mutual Aid Given                       |
| 20-9632  | 7/29/2020 01:57 | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 7/29/2020 01:57 | 7/29/2020 01:59 | 7/29/2020 02:03 | 7/29/2020 02:40 | 7/29/2020 02:40 | 7/29/2020 02:40 | 00:05:21      | MEDIC 401 |                                        |
| 20-9632  | 7/29/2020 11:54 | EMERGENCY SCENE  | ST. JOHN TULSA                   | 7/29/2020 11:54 | 7/29/2020 11:57 | 7/29/2020 12:05 | 7/29/2020 12:17 | 7/29/2020 12:37 | 7/29/2020 13:16 | 00:11:16      | MEDIC 401 | Mutual Aid Given                       |
| 20-9660  | 7/29/2020 13:53 | EMERGENCY SCENE  | ST. FRANCIS GLENPOOL             | 7/29/2020 13:54 | 7/29/2020 13:55 | 7/29/2020 13:58 | 7/29/2020 14:13 | 7/29/2020 14:21 | 7/29/2020 14:35 | 00:04:42      | MEDIC 401 |                                        |
| 20-9666  | 7/29/2020 15:06 | EMERGENCY SCENE  | ST. FRANCIS TULSA                | 7/29/2020 15:07 | 7/29/2020 15:08 | 7/29/2020 15:11 | 7/29/2020 15:22 | 7/29/2020 15:46 | 7/29/2020 16:09 | 00:05:28      | MEDIC 401 |                                        |
| 20-9668  | 7/29/2020 15:28 | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 7/29/2020 15:30 | 7/29/2020 15:36 | 7/29/2020 15:36 | 7/29/2020 15:54 | 7/29/2020 15:54 | 7/29/2020 15:54 | 00:07:18      | MEDIC 402 |                                        |
| 20-9679  | 7/29/2020 22:22 | EMERGENCY SCENE  | HILLCREST MEDICAL CENTER         | 7/29/2020 22:22 | 7/29/2020 22:25 | 7/29/2020 22:29 | 7/29/2020 22:51 | 7/29/2020 23:16 | 7/29/2020 23:45 | 00:07:12      | MEDIC 401 |                                        |
| 20-9732  | 7/30/2020 19:39 | EMERGENCY SCENE  | ST. FRANCIS TULSA                | 7/30/2020 19:40 | 7/30/2020 19:40 | 7/30/2020 19:45 | 7/30/2020 20:26 | 7/30/2020 20:47 | 7/30/2020 20:58 | 00:05:53      | MEDIC 401 |                                        |
| 20-9754  | 7/31/2020 08:00 | EMERGENCY SCENE  | ST. FRANCIS TULSA                | 7/31/2020 08:01 | 7/31/2020 08:02 | 7/31/2020 08:05 | 7/31/2020 08:20 | 7/31/2020 08:37 | 7/31/2020 08:56 | 00:05:24      | MEDIC 401 |                                        |
| 20-9790  | 7/31/2020 21:52 | EMERGENCY SCENE  | ST. FRANCIS TULSA                | 7/31/2020 21:56 | 7/31/2020 22:42 | 7/31/2020 22:42 | 7/31/2020 23:31 | 8/1/2020 00:13  | 8/1/2020 00:36  | 00:49:54      | MEDIC 401 | Mutual Aid Given/had to walk to pt     |
| 20-9798  | 8/1/2020 03:02  | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 8/1/2020 03:05  | 8/1/2020 03:05  | 8/1/2020 03:08  | 8/1/2020 03:31  | 8/1/2020 03:31  | 8/1/2020 03:31  | 00:05:34      | MEDIC 402 |                                        |
| 20-9799  | 8/1/2020 03:05  | EMERGENCY SCENE  | ST. FRANCIS GLENPOOL             | 8/1/2020 03:05  | 8/1/2020 03:05  | 8/1/2020 03:07  | 8/1/2020 03:19  | 8/1/2020 03:24  | 8/1/2020 03:36  | 00:01:58      | MEDIC 401 |                                        |
| 20-9807  | 8/1/2020 03:43  | EMERGENCY SCENE  | ST. FRANCIS GLENPOOL             | 8/1/2020 03:44  | 8/1/2020 03:44  | 8/1/2020 03:47  | 8/1/2020 04:17  | 8/1/2020 04:21  | 8/1/2020 05:58  | 00:03:30      | MEDIC 401 |                                        |
| 20-9812  | 8/1/2020 12:50  | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 8/1/2020 12:50  | 8/1/2020 12:50  | 8/1/2020 12:57  | 8/1/2020 13:24  | 8/1/2020 13:24  | 8/1/2020 13:24  | 00:07:02      | MEDIC 401 |                                        |
| 20-9813  | 8/1/2020 12:50  | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 8/1/2020 12:50  | 8/1/2020 12:50  | 8/1/2020 12:57  | 8/1/2020 13:24  | 8/1/2020 13:24  | 8/1/2020 13:24  | 00:07:02      | MEDIC 401 |                                        |
| 20-9818  | 8/1/2020 14:34  | EMERGENCY SCENE  | ST. FRANCIS TULSA                | 8/1/2020 14:35  | 8/1/2020 14:37  | 8/1/2020 14:43  | 8/1/2020 15:00  | 8/1/2020 15:16  | 8/1/2020 15:30  | 00:08:09      | MEDIC 401 |                                        |
| 20-9829  | 8/1/2020 21:41  | EMERGENCY SCENE  | ST. FRANCIS TULSA                | 8/1/2020 21:42  | 8/1/2020 21:42  | 8/1/2020 21:45  | 8/1/2020 22:05  | 8/1/2020 22:24  | 8/1/2020 22:54  | 00:04:00      | MEDIC 401 |                                        |
| 20-9830  | 8/1/2020 23:11  | EMERGENCY SCENE  | ST. JOHN TULSA                   | 8/1/2020 23:12  | 8/1/2020 23:12  | 8/1/2020 23:14  | 8/1/2020 23:32  | 8/1/2020 23:51  | 8/2/2020 00:17  | 00:03:18      | MEDIC 401 |                                        |
| 20-9836  | 8/2/2020 07:55  | EMERGENCY SCENE  | ST. FRANCIS TULSA                | 8/2/2020 07:55  | 8/2/2020 07:59  | 8/2/2020 08:02  | 8/2/2020 08:13  | 8/2/2020 08:37  | 8/2/2020 08:53  | 00:07:20      | MEDIC 401 |                                        |
| 20-9840  | 8/2/2020 10:09  | EMERGENCY SCENE  | CANCELLED ENROUTE                | 8/2/2020 10:10  | 8/2/2020 10:11  | 8/2/2020 10:15  | 8/2/2020 10:17  | 8/2/2020 10:17  | 8/2/2020 10:17  | 00:06:23      | MEDIC 401 |                                        |
| 20-9843  | 8/2/2020 13:34  | EMERGENCY SCENE  | ST. FRANCIS TULSA                | 8/2/2020 13:35  | 8/2/2020 13:37  | 8/2/2020 13:40  | 8/2/2020 13:55  | 8/2/2020 14:19  | 8/2/2020 14:38  | 00:06:02      | MEDIC 401 |                                        |
| 20-9863  | 8/2/2020 23:55  | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 8/2/2020 23:55  | 8/2/2020 23:55  | 8/3/2020 00:03  | 8/3/2020 01:12  | 8/3/2020 01:12  | 8/3/2020 01:12  | 00:08:15      | MEDIC 401 |                                        |
| 20-9868  | 8/3/2020 01:54  | EMERGENCY SCENE  | ST. FRANCIS TULSA                | 8/3/2020 01:54  | 8/3/2020 01:57  | 8/3/2020 01:58  | 8/3/2020 02:14  | 8/3/2020 02:35  | 8/3/2020 02:52  | 00:04:09      | MEDIC 401 |                                        |
| 20-9878  | 8/3/2020 09:03  | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 8/3/2020 09:04  | 8/3/2020 09:04  | 8/3/2020 09:17  | 8/3/2020 09:39  | 8/3/2020 09:39  | 8/3/2020 09:39  | 00:14:53      | MEDIC 401 | Mutual Aid Given                       |
| 20-9880  | 8/3/2020 09:03  | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 8/3/2020 09:04  | 8/3/2020 09:04  | 8/3/2020 09:17  | 8/3/2020 09:39  | 8/3/2020 09:39  | 8/3/2020 09:39  | 00:14:53      | MEDIC 401 | Mutual Aid Given                       |
| 20-9884  | 8/3/2020 10:08  | EMERGENCY SCENE  | ST. JOHN TULSA                   | 8/3/2020 10:09  | 8/3/2020 10:11  | 8/3/2020 10:16  | 8/3/2020 10:29  | 8/3/2020 10:49  | 8/3/2020 11:04  | 00:07:55      | MEDIC 401 |                                        |
| 20-9888  | 8/3/2020 11:05  | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 8/3/2020 11:05  | 8/3/2020 11:06  | 8/3/2020 11:14  | 8/3/2020 11:40  | 8/3/2020 11:40  | 8/3/2020 11:40  | 00:10:00      | MEDIC 402 | South of 181st                         |
| 20-9917  | 8/3/2020 18:35  | EMERGENCY SCENE  | CANCELLED BY PD OR OTHER SERVICE | 8/3/2020 18:38  | 8/3/2020 18:38  | 8/3/2020 18:39  | 8/3/2020 18:39  | 8/3/2020 18:39  | 8/3/2020 18:39  | 00:03:10      | MEDIC 401 |                                        |
| 20-9943  | 8/4/2020 11:36  | EMERGENCY SCENE  | ST. JOHN SAPULPA                 | 8/4/2020 11:37  | 8/4/2020 11:39  | 8/4/2020 11:44  | 8/4/2020 11:57  | 8/4/2020 12:05  | 8/4/2020 12:21  | 00:07:42      | MEDIC 401 |                                        |
| 20-9952  | 8/4/2020 13:37  | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 8/4/2020 13:38  | 8/4/2020 13:41  | 8/4/2020 13:47  | 8/4/2020 14:03  | 8/4/2020 14:03  | 8/4/2020 14:03  | 00:09:24      | MEDIC 401 | Mutual Aid Given                       |
| 20-9961  | 8/4/2020 16:20  | EMERGENCY SCENE  | HILLCREST SOUTH                  | 8/4/2020 16:22  | 8/4/2020 16:22  | 8/4/2020 16:26  | 8/4/2020 16:42  | 8/4/2020 17:02  | 8/4/2020 17:33  | 00:05:11      | MEDIC 401 |                                        |
| 20-10023 | 8/5/2020 20:34  | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 8/5/2020 20:37  | 8/5/2020 20:37  | 8/5/2020 20:40  | 8/5/2020 20:55  | 8/5/2020 20:55  | 8/5/2020 20:55  | 00:06:25      | MEDIC 401 |                                        |
| 20-10030 | 8/5/2020 21:21  | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 8/5/2020 21:21  | 8/5/2020 21:22  | 8/5/2020 21:26  | 8/5/2020 21:46  | 8/5/2020 21:46  | 8/5/2020 21:46  | 00:05:11      | MEDIC 401 |                                        |
| 20-10042 | 8/6/2020 07:54  | EMERGENCY SCENE  | ST. FRANCIS GLENPOOL             | 8/6/2020 07:55  | 8/6/2020 07:55  | 8/6/2020 08:01  | 8/6/2020 08:21  | 8/6/2020 08:29  | 8/6/2020 09:02  | 00:06:52      | MEDIC 401 |                                        |
| 20-10066 | 8/6/2020 15:10  | EMERGENCY SCENE  | ST. FRANCIS GLENPOOL             | 8/6/2020 15:12  | 8/6/2020 15:15  | 8/6/2020 15:22  | 8/6/2020 15:37  | 8/6/2020 16:07  | 8/6/2020 16:46  | 00:11:26      | MEDIC 401 | Mutual Aid Given                       |
| 20-10085 | 8/7/2020 00:07  | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 8/7/2020 00:09  | 8/7/2020 00:10  | 8/7/2020 00:12  | 8/7/2020 00:21  | 8/7/2020 00:21  | 8/7/2020 00:21  | 00:04:55      | MEDIC 401 |                                        |
| 20-10098 | 8/7/2020 09:13  | EMERGENCY SCENE  | ST. FRANCIS TULSA                | 8/7/2020 09:13  | 8/7/2020 09:17  | 8/7/2020 09:17  | 8/7/2020 09:32  | 8/7/2020 09:55  | 8/7/2020 10:07  | 00:04:30      | MEDIC 401 |                                        |
| 20-10102 | 8/7/2020 09:30  | EMERGENCY SCENE  | ST. JOHN TULSA                   | 8/7/2020 09:31  | 8/7/2020 09:31  | 8/7/2020 12:48  | 8/7/2020 09:37  | 8/7/2020 09:55  | 8/7/2020 10:20  | 00:07:34      | MEDIC 402 |                                        |
| 20-10110 | 8/7/2020 12:40  | EMERGENCY SCENE  | ST. FRANCIS TULSA                | 8/7/2020 12:42  | 8/7/2020 12:45  | 8/7/2020 12:47  | 8/7/2020 13:06  | 8/7/2020 13:31  | 8/7/2020 13:45  | 00:08:28      | MEDIC 401 |                                        |
| 20-10132 | 8/7/2020 17:37  | EMERGENCY SCENE  | ST. JOHN TULSA                   | 8/7/2020 17:38  | 8/7/2020 17:39  | 8/7/2020 17:47  | 8/7/2020 18:00  | 8/7/2020 18:20  | 8/7/2020 18:51  | 00:10:32      | MEDIC 401 | Originally given wrong address         |
| 20-10163 | 8/8/2020 10:41  | EMERGENCY SCENE  | HILLCREST MEDICAL CENTER         | 8/8/2020 10:42  | 8/8/2020 10:44  | 8/8/2020 10:46  | 8/8/2020 10:51  | 8/8/2020 11:11  | 8/8/2020 11:32  | 00:04:58      | MEDIC 401 |                                        |
| 20-10168 | 8/8/2020 13:38  | EMERGENCY SCENE  | HILLCREST SOUTH                  | 8/8/2020 13:39  | 8/8/2020 13:43  | 8/8/2020 13:43  | 8/8/2020 14:09  | 8/8/2020 14:27  | 8/8/2020 15:09  | 00:05:40      | MEDIC 401 |                                        |
| 20-10183 | 8/9/2020 01:03  | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 8/9/2020 01:03  | 8/9/2020 01:05  | 8/9/2020 01:07  | 8/9/2020 01:17  | 8/9/2020 01:17  | 8/9/2020 01:17  | 00:03:52      | MEDIC 401 |                                        |
| 20-10197 | 8/9/2020 10:37  | EMERGENCY SCENE  | ST. FRANCIS GLENPOOL             | 8/9/2020 10:37  | 8/9/2020 10:39  | 8/9/2020 10:42  | 8/9/2020 11:05  | 8/9/2020 11:05  | 8/9/2020 11:19  | 00:05:07      | MEDIC 401 |                                        |
| 20-10209 | 8/9/2020 18:47  | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 8/9/2020 18:48  | 8/9/2020 18:48  | 8/9/2020 18:52  | 8/9/2020 19:09  | 8/9/2020 19:09  | 8/9/2020 19:09  | 00:05:30      | MEDIC 401 |                                        |
| 20-10210 | 8/9/2020 20:12  | EMERGENCY SCENE  | SIGNED PATIENT REFUSAL           | 8/9/2020 20:15  | 8/9/2020 20:15  | 8/9/2020 20:18  | 8/9/2020 20:31  | 8/9/2020 20:31  | 8/9/2020 20:31  | 00:05:47      | MEDIC 401 |                                        |
| 20-10215 | 8/10/2020 02:18 | EMERGENCY SCENE  | ST. FRANCIS SOUTH                | 8/10/2020 02:21 | 8/10/2020 02:23 | 8/10/2020 02:26 | 8/10/2020 02:43 | 8/10/2020 03:01 | 8/10/2020 03:16 | 00:07:44      | MEDIC 401 |                                        |
| 20-10216 | 8/10/2020 02:35 | EMERGENCY SCENE  | ST. FRANCIS TULSA                | 8/10/2020 02:39 | 8/10/2020 02:40 | 8/10/2020 02:44 | 8/10/2020 02:59 | 8/10/2020 03:19 | 8/10/2020 03:50 | 00:08:13      | MEDIC 402 |                                        |
| 20-10231 | 8/10/2020 11:47 | EMERGENCY SCENE  | HILLCREST SOUTH                  | 8/10/2020 11:48 | 8/10/2020 11:50 | 8/10/2020 11:53 | 8/10/2020 12:09 | 8/10/2020 12:28 | 8/10/2020 12:46 | 00:05:55      | MEDIC 401 |                                        |
| 20-10239 | 8/10/2020 13:42 | EMERGENCY SCENE  | CANCELLED BY PD OR OTHER SERVICE | 8/10/2020 13:43 | 8/10/2020 13:48 | 8/10/2020 13:48 | 8/10/2020 13:49 | 8/10/2020 13:49 | 8/10/2020 13:49 | 00:06:39      | MEDIC 401 |                                        |
| 20-10253 | 8/10/2020 17:32 | EMERGENCY SCENE  | ST. JOHN TULSA                   | 8/10/2020 17:32 | 8/10/2020 17:36 | 8/10/2020 17:44 | 8/10/2020 17:45 | 8/10/2020 18:00 | 8/10/2020 18:16 | 00:12:49      | MEDIC 401 |                                        |
| 20-10258 | 8/10/2020 18:20 | EMERGENCY SCENE  | ST. FRANCIS GLENPOOL             | 8/10/2020 18:24 | 8/10/2020 18:24 | 8/10/2020 18:32 | 8/10/2020 18:45 | 8/10/2020 18:55 | 8/10/2020 19:06 | 00:11:49      | MEDIC 401 |                                        |
| 20-10266 | 8/10/2020 23:55 | EMERGENCY SCENE  | CANCELLED BY PD OR OTHER SERVICE | 8/10/2020 23:55 | 8/10/2020 23:55 | 8/11/2020 00:03 | 8/11/2020 00:11 | 8/11/2020 00:11 | 8/11/2020 00:11 | 00:08:23      | MEDIC 401 | Responded from Tulsa-closest ambulance |
| 20-10273 | 8/11/2020 05:23 | EMERGENCY SCENE  | ST. JOHN TULSA                   |                 |                 |                 |                 |                 |                 |               |           |                                        |

|          |                 |                 |                                  |                 |                 |                 |                 |                 |                 |          |           |                                          |
|----------|-----------------|-----------------|----------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------|-----------|------------------------------------------|
| 20-10481 | 8/14/2020 19:55 | EMERGENCY SCENE | ST. FRANCIS GLENPOOL             | 8/14/2020 19:57 | 8/14/2020 19:57 | 8/14/2020 20:02 | 8/14/2020 20:26 | 8/14/2020 20:34 | 8/14/2020 21:22 | 00:07:28 | MEDIC 401 |                                          |
| 20-10496 | 8/15/2020 01:13 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/15/2020 01:13 | 8/15/2020 01:15 | 8/15/2020 01:20 | 8/15/2020 01:51 | 8/15/2020 01:51 | 8/15/2020 01:51 | 00:07:39 | MEDIC 401 |                                          |
| 20-10517 | 8/15/2020 18:59 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/15/2020 19:05 | 8/15/2020 19:06 | 8/15/2020 19:06 | 8/15/2020 19:06 | 8/15/2020 19:06 | 8/15/2020 19:06 | 00:07:27 | MEDIC 402 |                                          |
| 20-10516 | 8/15/2020 18:59 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 8/15/2020 19:05 | 8/15/2020 19:06 | 8/15/2020 19:06 | 8/15/2020 19:35 | 8/15/2020 19:35 | 8/15/2020 20:11 | 00:07:27 | MEDIC 401 |                                          |
| 20-10522 | 8/15/2020 20:23 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 8/15/2020 20:25 | 8/15/2020 20:25 | 8/15/2020 20:27 | 8/15/2020 20:36 | 8/15/2020 20:53 | 8/15/2020 21:02 | 00:04:30 | MEDIC 401 |                                          |
| 20-10523 | 8/15/2020 20:39 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/15/2020 20:42 | 8/15/2020 20:43 | 8/15/2020 20:44 | 8/15/2020 20:55 | 8/15/2020 20:55 | 8/15/2020 20:55 | 00:05:06 | MEDIC 401 |                                          |
| 20-10526 | 8/15/2020 22:14 | EMERGENCY SCENE | HILLCREST SOUTH                  | 8/15/2020 22:14 | 8/15/2020 22:15 | 8/15/2020 22:37 | 8/15/2020 23:03 | 8/15/2020 23:06 | 8/15/2020 23:30 | 00:22:44 | MEDIC 401 | Mutual Aid Given                         |
| 20-10556 | 8/17/2020 00:41 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 8/17/2020 00:42 | 8/17/2020 00:44 | 8/17/2020 00:48 | 8/17/2020 00:59 | 8/17/2020 01:23 | 8/17/2020 01:37 | 00:06:43 | MEDIC 401 |                                          |
| 20-10557 | 8/17/2020 01:32 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/17/2020 01:33 | 8/17/2020 01:34 | 8/17/2020 01:36 | 8/17/2020 02:07 | 8/17/2020 02:07 | 8/17/2020 02:07 | 00:06:22 | MEDIC 401 |                                          |
| 20-10560 | 8/17/2020 07:28 | EMERGENCY SCENE | ST. FRANCIS GLENPOOL             | 8/17/2020 07:28 | 8/17/2020 07:35 | 8/17/2020 07:35 | 8/17/2020 07:50 | 8/17/2020 07:56 | 8/17/2020 08:12 | 00:07:50 | MEDIC 401 |                                          |
| 20-10563 | 8/17/2020 09:15 | EMERGENCY SCENE | ST. FRANCIS SOUTH                | 8/17/2020 09:15 | 8/17/2020 09:20 | 8/17/2020 09:20 | 8/17/2020 09:33 | 8/17/2020 09:48 | 8/17/2020 10:04 | 00:04:27 | MEDIC 401 |                                          |
| 20-10592 | 8/17/2020 17:47 | EMERGENCY SCENE | ST. FRANCIS SOUTH                | 8/17/2020 17:47 | 8/17/2020 17:49 | 8/17/2020 17:52 | 8/17/2020 18:07 | 8/17/2020 18:38 | 8/17/2020 18:38 | 00:04:35 | MEDIC 401 |                                          |
| 20-10600 | 8/17/2020 21:19 | EMERGENCY SCENE | HILLCREST SOUTH                  | 8/17/2020 21:19 | 8/17/2020 21:22 | 8/17/2020 21:24 | 8/17/2020 21:46 | 8/17/2020 22:04 | 8/17/2020 22:16 | 00:05:02 | MEDIC 401 |                                          |
| 20-10602 | 8/17/2020 22:36 | EMERGENCY SCENE | HILLCREST MEDICAL CENTER         | 8/17/2020 22:37 | 8/17/2020 22:39 | 8/17/2020 22:42 | 8/17/2020 23:02 | 8/17/2020 23:23 | 8/17/2020 23:51 | 00:06:16 | MEDIC 401 |                                          |
| 20-10606 | 8/18/2020 00:36 | EMERGENCY SCENE | CANCELLED BY PD OR OTHER SERVICE | 8/18/2020 00:36 | 8/18/2020 00:38 | 8/18/2020 00:40 | 8/18/2020 00:51 | 8/18/2020 00:51 | 8/18/2020 00:51 | 00:04:55 | MEDIC 401 |                                          |
| 20-10622 | 8/18/2020 08:59 | EMERGENCY SCENE | HILLCREST MEDICAL CENTER         | 8/18/2020 09:00 | 8/18/2020 09:00 | 8/18/2020 09:04 | 8/18/2020 09:17 | 8/18/2020 09:41 | 8/18/2020 10:15 | 00:05:10 | MEDIC 401 |                                          |
| 20-10658 | 8/18/2020 16:10 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/18/2020 16:11 | 8/18/2020 16:11 | 8/18/2020 16:18 | 8/18/2020 16:34 | 8/18/2020 16:34 | 8/18/2020 16:34 | 00:07:55 | MEDIC 401 |                                          |
| 20-10660 | 8/18/2020 16:10 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/18/2020 16:11 | 8/18/2020 16:11 | 8/18/2020 16:18 | 8/18/2020 16:34 | 8/18/2020 16:34 | 8/18/2020 16:34 | 00:07:55 | MEDIC 401 |                                          |
| 20-10661 | 8/18/2020 16:10 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/18/2020 16:11 | 8/18/2020 16:11 | 8/18/2020 16:18 | 8/18/2020 16:34 | 8/18/2020 16:34 | 8/18/2020 16:34 | 00:07:55 | MEDIC 401 |                                          |
| 20-10662 | 8/18/2020 16:10 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/18/2020 16:11 | 8/18/2020 16:11 | 8/18/2020 16:18 | 8/18/2020 16:34 | 8/18/2020 16:34 | 8/18/2020 16:34 | 00:07:55 | MEDIC 401 |                                          |
| 20-10659 | 8/18/2020 16:34 | EMERGENCY SCENE | HILLCREST SOUTH                  | 8/18/2020 16:34 | 8/18/2020 16:34 | 8/18/2020 16:40 | 8/18/2020 16:57 | 8/18/2020 17:17 | 8/18/2020 18:04 | 00:06:12 | MEDIC 401 |                                          |
| 20-10671 | 8/18/2020 21:02 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/18/2020 21:05 | 8/18/2020 21:06 | 8/18/2020 21:09 | 8/18/2020 21:20 | 8/18/2020 21:20 | 8/18/2020 21:20 | 00:07:12 | MEDIC 401 |                                          |
| 20-10691 | 8/19/2020 08:47 | EMERGENCY SCENE | ST. FRANCIS GLENPOOL             | 8/19/2020 08:47 | 8/19/2020 08:48 | 8/19/2020 08:50 | 8/19/2020 09:12 | 8/19/2020 09:16 | 8/19/2020 09:28 | 00:03:18 | MEDIC 401 |                                          |
| 20-10702 | 8/19/2020 11:16 | EMERGENCY SCENE | ST. JOHN TULSA                   | 8/19/2020 11:16 | 8/19/2020 11:17 | 8/19/2020 11:24 | 8/19/2020 11:37 | 8/19/2020 11:58 | 8/19/2020 12:17 | 00:07:08 | MEDIC 401 |                                          |
| 20-10707 | 8/19/2020 12:35 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/19/2020 12:36 | 8/19/2020 12:39 | 8/19/2020 12:43 | 8/19/2020 12:53 | 8/19/2020 12:53 | 8/19/2020 12:53 | 00:08:13 | MEDIC 401 |                                          |
| 20-10710 | 8/19/2020 12:35 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/19/2020 12:36 | 8/19/2020 12:39 | 8/19/2020 12:43 | 8/19/2020 12:53 | 8/19/2020 12:53 | 8/19/2020 12:53 | 00:08:13 | MEDIC 401 |                                          |
| 20-10712 | 8/19/2020 12:35 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/19/2020 12:36 | 8/19/2020 12:39 | 8/19/2020 12:43 | 8/19/2020 12:53 | 8/19/2020 12:53 | 8/19/2020 12:53 | 00:08:13 | MEDIC 401 |                                          |
| 20-10713 | 8/19/2020 12:48 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/19/2020 12:48 | 8/19/2020 12:51 | 8/19/2020 12:56 | 8/19/2020 13:16 | 8/19/2020 13:37 | 8/19/2020 13:37 | 00:08:23 | MEDIC 401 |                                          |
| 20-10729 | 8/19/2020 12:48 | EMERGENCY SCENE | ST. FRANCIS SOUTH                | 8/19/2020 12:48 | 8/19/2020 12:52 | 8/19/2020 12:57 | 8/19/2020 13:16 | 8/19/2020 13:35 | 8/19/2020 14:35 | 00:09:23 | MEDIC 401 | 401 cleared from 10707 to take this call |
| 20-10730 | 8/19/2020 15:55 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 8/19/2020 15:56 | 8/19/2020 15:59 | 8/19/2020 16:02 | 8/19/2020 16:24 | 8/19/2020 16:47 | 8/19/2020 17:06 | 00:06:49 | MEDIC 401 |                                          |
| 20-10735 | 8/19/2020 17:44 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/19/2020 17:45 | 8/19/2020 17:45 | 8/19/2020 17:51 | 8/19/2020 18:11 | 8/19/2020 18:11 | 8/19/2020 18:11 | 00:07:02 | MEDIC 401 |                                          |
| 20-10734 | 8/19/2020 22:23 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/19/2020 22:25 | 8/19/2020 22:27 | 8/19/2020 22:30 | 8/19/2020 22:53 | 8/19/2020 22:53 | 8/19/2020 22:53 | 00:07:25 | MEDIC 401 |                                          |
| 20-10743 | 8/20/2020 05:01 | EMERGENCY SCENE | HILLCREST SOUTH                  | 8/20/2020 05:03 | 8/20/2020 05:07 | 8/20/2020 05:09 | 8/20/2020 05:36 | 8/20/2020 05:57 | 8/20/2020 06:21 | 00:08:14 | MEDIC 401 |                                          |
| 20-10762 | 8/20/2020 09:32 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 8/20/2020 09:32 | 8/20/2020 09:34 | 8/20/2020 09:38 | 8/20/2020 09:50 | 8/20/2020 10:11 | 8/20/2020 10:32 | 00:06:14 | MEDIC 401 |                                          |
| 20-10765 | 8/20/2020 09:45 | EMERGENCY SCENE | ST. FRANCIS SOUTH                | 8/20/2020 09:45 | 8/20/2020 09:47 | 8/20/2020 09:52 | 8/20/2020 10:10 | 8/20/2020 10:30 | 8/20/2020 10:47 | 00:07:25 | MEDIC 401 |                                          |
| 20-10776 | 8/20/2020 11:47 | EMERGENCY SCENE | CANCELLED BY PD OR OTHER SERVICE | 8/20/2020 11:47 | 8/20/2020 11:48 | 8/20/2020 11:49 | 8/20/2020 11:49 | 8/20/2020 11:49 | 8/20/2020 11:49 | 00:02:06 | MEDIC 401 |                                          |
| 20-10789 | 8/20/2020 15:35 | EMERGENCY SCENE | HILLCREST SOUTH                  | 8/20/2020 15:37 | 8/20/2020 15:38 | 8/20/2020 15:52 | 8/20/2020 16:04 | 8/20/2020 16:22 | 8/20/2020 17:07 | 00:17:28 | MEDIC 401 |                                          |
| 20-10806 | 8/21/2020 09:46 | EMERGENCY SCENE | ST. JOHN TULSA                   | 8/21/2020 09:47 | 8/21/2020 09:47 | 8/21/2020 09:50 | 8/21/2020 10:10 | 8/21/2020 10:30 | 8/21/2020 10:51 | 00:04:31 | MEDIC 401 |                                          |
| 20-10828 | 8/21/2020 09:46 | EMERGENCY SCENE | ST. FRANCIS SOUTH                | 8/21/2020 09:47 | 8/21/2020 09:47 | 8/21/2020 09:50 | 8/21/2020 10:10 | 8/21/2020 10:30 | 8/21/2020 10:51 | 00:04:31 | MEDIC 401 |                                          |
| 20-10832 | 8/21/2020 11:15 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 8/21/2020 11:17 | 8/21/2020 11:17 | 8/21/2020 11:20 | 8/21/2020 11:29 | 8/21/2020 11:53 | 8/21/2020 12:08 | 00:05:12 | MEDIC 401 |                                          |
| 20-10854 | 8/21/2020 22:01 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/21/2020 22:02 | 8/21/2020 22:03 | 8/21/2020 22:11 | 8/21/2020 22:14 | 8/21/2020 22:14 | 8/21/2020 22:14 | 00:10:16 | MEDIC 401 | Mutual aid given                         |
| 20-10875 | 8/22/2020 05:39 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 8/22/2020 05:39 | 8/22/2020 05:42 | 8/22/2020 05:48 | 8/22/2020 06:04 | 8/22/2020 06:21 | 8/22/2020 06:35 | 00:08:35 | MEDIC 401 |                                          |
| 20-10879 | 8/22/2020 08:38 | EMERGENCY SCENE | ST. FRANCIS GLENPOOL             | 8/22/2020 08:39 | 8/22/2020 08:40 | 8/22/2020 08:44 | 8/22/2020 09:05 | 8/22/2020 09:26 | 8/22/2020 09:49 | 00:05:52 | MEDIC 401 |                                          |
| 20-10893 | 8/22/2020 14:54 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/22/2020 14:54 | 8/22/2020 14:55 | 8/22/2020 15:02 | 8/22/2020 15:42 | 8/22/2020 15:42 | 8/22/2020 15:42 | 00:08:08 | MEDIC 401 |                                          |
| 20-10903 | 8/22/2020 18:55 | EMERGENCY SCENE | ST. JOHN TULSA                   | 8/22/2020 18:56 | 8/22/2020 18:57 | 8/22/2020 19:06 | 8/22/2020 19:17 | 8/22/2020 19:44 | 8/22/2020 20:25 | 00:11:04 | MEDIC 401 | Mutual aid given                         |
| 20-10911 | 8/22/2020 22:50 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/22/2020 22:50 | 8/22/2020 22:50 | 8/22/2020 22:54 | 8/23/2020 00:19 | 8/23/2020 01:03 | 8/23/2020 01:17 | 00:06:11 | MEDIC 401 |                                          |
| 20-10912 | 8/23/2020 00:13 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 8/23/2020 00:14 | 8/23/2020 00:15 | 8/23/2020 00:19 | 8/23/2020 00:44 | 8/23/2020 01:03 | 8/23/2020 01:17 | 00:06:11 | MEDIC 401 |                                          |
| 20-10916 | 8/23/2020 03:17 | EMERGENCY SCENE | ST. FRANCIS GLENPOOL             | 8/23/2020 03:17 | 8/23/2020 03:23 | 8/23/2020 03:26 | 8/23/2020 03:55 | 8/23/2020 04:00 | 8/23/2020 04:00 | 00:09:54 | MEDIC 401 |                                          |
| 20-10929 | 8/23/2020 13:07 | EMERGENCY SCENE | ST. FRANCIS GLENPOOL             | 8/23/2020 13:08 | 8/23/2020 13:09 | 8/23/2020 13:14 | 8/23/2020 13:34 | 8/23/2020 13:40 | 8/23/2020 13:54 | 00:07:17 | MEDIC 401 |                                          |
| 20-10938 | 8/23/2020 17:26 | EMERGENCY SCENE | HILLCREST MEDICAL CENTER         | 8/23/2020 17:27 | 8/23/2020 17:28 | 8/23/2020 17:31 | 8/23/2020 18:05 | 8/23/2020 18:21 | 8/23/2020 18:47 | 00:05:37 | MEDIC 401 |                                          |
| 20-10961 | 8/24/2020 11:18 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 8/24/2020 11:18 | 8/24/2020 11:18 | 8/24/2020 11:30 | 8/24/2020 11:58 | 8/24/2020 11:59 | 8/24/2020 12:14 | 00:20:58 | MEDIC 401 | Mutual Aid Given                         |
| 20-10964 | 8/24/2020 11:42 | EMERGENCY SCENE | ST. JOHN TULSA                   | 8/24/2020 11:44 | 8/24/2020 11:44 | 8/24/2020 11:48 | 8/24/2020 12:02 | 8/24/2020 12:28 | 8/24/2020 13:09 | 00:05:07 | MEDIC 401 |                                          |
| 20-10966 | 8/24/2020 12:13 | EMERGENCY SCENE | ST. FRANCIS SOUTH                | 8/24/2020 12:13 | 8/24/2020 12:15 | 8/24/2020 12:20 | 8/24/2020 12:58 | 8/24/2020 13:16 | 8/24/2020 13:29 | 00:07:59 | MEDIC 401 |                                          |
| 20-10981 | 8/24/2020 19:28 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/24/2020 19:33 | 8/24/2020 19:33 | 8/24/2020 19:35 | 8/24/2020 19:51 | 8/24/2020 19:51 | 8/24/2020 19:51 | 00:06:33 | MEDIC 401 |                                          |
| 20-10984 | 8/24/2020 20:49 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/24/2020 20:50 | 8/24/2020 20:53 | 8/24/2020 20:53 | 8/24/2020 21:05 | 8/24/2020 21:05 | 8/24/2020 21:05 | 00:04:41 | MEDIC 401 |                                          |
| 20-10999 | 8/25/2020 07:47 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/25/2020 07:48 | 8/25/2020 07:53 | 8/25/2020 07:53 | 8/25/2020 08:02 | 8/25/2020 08:02 | 8/25/2020 08:02 | 00:06:20 | MEDIC 401 |                                          |
| 20-11005 | 8/25/2020 09:46 | EMERGENCY SCENE | HILLCREST SOUTH                  | 8/25/2020 09:46 | 8/25/2020 09:52 | 8/25/2020 09:52 | 8/25/2020 10:12 | 8/25/2020 10:36 | 8/25/2020 10:52 | 00:06:08 | MEDIC 401 |                                          |
| 20-11013 | 8/25/2020 12:07 | EMERGENCY SCENE | ST. FRANCIS TULSA                | 8/25/2020 12:09 | 8/25/2020 12:10 | 8/25/2020 12:12 | 8/25/2020 12:25 | 8/25/2020 12:45 | 8/25/2020 13:02 | 00:05:09 | MEDIC 401 |                                          |
| 20-11032 | 8/25/2020 22:19 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/25/2020 22:20 | 8/25/2020 22:22 | 8/25/2020 22:25 | 8/25/2020 23:11 | 8/25/2020 23:11 | 8/25/2020 23:11 | 00:06:38 | MEDIC 401 |                                          |
| 20-11040 | 8/26/2020 07:23 | EMERGENCY SCENE | SIGNED PATIENT REFUSAL           | 8/26/2020 07:24 | 8/26/2020 07:25 | 8/26/20         |                 |                 |                 |          |           |                                          |

|          |                 |                      |                                |                 |                 |                 |                 |                 |                 |          |           |                  |
|----------|-----------------|----------------------|--------------------------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|----------|-----------|------------------|
| 20-11195 | 8/28/2020 19:05 | EMERGENCY SCENE      | ST. JOHN TULSA                 | 8/28/2020 19:07 | 8/28/2020 19:07 | 8/28/2020 19:11 | 8/28/2020 19:17 | 8/28/2020 19:41 | 8/28/2020 19:54 | 00:05:30 | MEDIC 401 |                  |
| 20-11201 | 8/28/2020 23:18 | EMERGENCY SCENE      | ST. FRANCIS GLENPOOL           | 8/28/2020 23:22 | 8/28/2020 23:22 | 8/28/2020 23:27 | 8/28/2020 23:37 | 8/28/2020 23:47 | 8/29/2020 00:05 | 00:08:20 | MEDIC 401 |                  |
| 20-11203 | 8/28/2020 23:18 | ST. FRANCIS GLENPOOL | ST. FRANCIS SOUTH              | 8/28/2020 23:22 | 8/28/2020 23:22 | 8/28/2020 23:27 | 8/29/2020 00:38 | 8/29/2020 00:38 | 8/29/2020 00:38 | 00:08:20 | MEDIC 401 |                  |
| 20-11225 | 8/29/2020 15:23 | EMERGENCY SCENE      | ST. JOHN TULSA                 | 8/29/2020 15:26 | 8/29/2020 15:27 | 8/29/2020 15:30 | 8/29/2020 15:44 | 8/29/2020 16:01 | 8/29/2020 16:17 | 00:07:41 | MEDIC 401 |                  |
| 20-11229 | 8/29/2020 16:58 | EMERGENCY SCENE      | ST. FRANCIS CHILDRENS HOSPITAL | 8/29/2020 16:58 | 8/29/2020 17:02 | 8/29/2020 17:06 | 8/29/2020 17:22 | 8/29/2020 17:39 | 8/29/2020 17:57 | 00:07:28 | MEDIC 401 |                  |
| 20-11239 | 8/29/2020 21:29 | EMERGENCY SCENE      | ST. FRANCIS TULSA              | 8/29/2020 21:30 | 8/29/2020 21:31 | 8/29/2020 21:34 | 8/29/2020 22:00 | 8/29/2020 22:19 | 8/29/2020 22:37 | 00:05:40 | MEDIC 401 |                  |
| 20-11247 | 8/30/2020 02:31 | EMERGENCY SCENE      | NO PATIENT FOUND               | 8/30/2020 02:31 | 8/30/2020 02:33 | 8/30/2020 02:39 | 8/30/2020 02:49 | 8/30/2020 02:49 | 8/30/2020 02:49 | 00:07:50 | MEDIC 401 |                  |
| 20-11260 | 8/30/2020 16:09 | EMERGENCY SCENE      | ST. FRANCIS TULSA              | 8/30/2020 16:11 | 8/30/2020 16:14 | 8/30/2020 16:14 | 8/30/2020 16:48 | 8/30/2020 17:09 | 8/30/2020 17:40 | 00:04:51 | MEDIC 401 |                  |
| 20-11263 | 8/30/2020 19:12 | EMERGENCY SCENE      | HILLCREST SOUTH                | 8/30/2020 19:12 | 8/30/2020 19:14 | 8/30/2020 19:17 | 8/30/2020 19:27 | 8/30/2020 19:47 | 8/30/2020 20:05 | 00:05:19 | MEDIC 401 |                  |
| 20-11274 | 8/31/2020 09:03 | EMERGENCY SCENE      | HILLCREST SOUTH                | 8/31/2020 09:04 | 8/31/2020 09:08 | 8/31/2020 09:09 | 8/31/2020 09:33 | 8/31/2020 09:52 | 8/31/2020 10:01 | 00:06:03 | MEDIC 401 |                  |
| 20-11278 | 8/31/2020 09:30 | EMERGENCY SCENE      | ST. FRANCIS TULSA              | 8/31/2020 09:31 | 8/31/2020 09:31 | 8/31/2020 09:44 | 8/31/2020 10:03 | 8/31/2020 10:13 | 8/31/2020 10:34 | 00:14:20 | MEDIC 402 | Mutual Aid Given |
| 20-11310 | 8/31/2020 17:58 | EMERGENCY SCENE      | SIGNED PATIENT REFUSAL         | 8/31/2020 18:00 | 8/31/2020 18:00 | 8/31/2020 18:02 | 8/31/2020 18:26 | 8/31/2020 18:26 | 8/31/2020 18:26 | 00:04:23 | MEDIC 401 |                  |
| 20-11311 | 8/31/2020 17:58 | EMERGENCY SCENE      | SIGNED PATIENT REFUSAL         | 8/31/2020 18:00 | 8/31/2020 18:00 | 8/31/2020 18:02 | 8/31/2020 18:27 | 8/31/2020 18:27 | 8/31/2020 18:27 | 00:04:23 | MEDIC 401 |                  |
| 20-11313 | 8/31/2020 18:51 | EMERGENCY SCENE      | ST. FRANCIS GLENPOOL           | 8/31/2020 18:51 | 8/31/2020 18:52 | 8/31/2020 18:54 | 8/31/2020 19:11 | 8/31/2020 19:16 | 8/31/2020 19:26 | 00:02:45 | MEDIC 401 |                  |



To: Honorable Chairman and Trustees  
From: Susan White, District Administrator  
Date: September 8, 2020  
Subject: District Administrator Report

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#### **Estimate of Needs**

The Estimate of Needs has been completed and is scheduled for Board review and approval on this agenda. Thank you to John Gonsalves, Treasurer for prep work and Crawford & Associates, P.C. for compilation of the Estimate of Needs.

#### **FY 2019 Audit**

The audit has been released and published on the Oklahoma State Auditor and Inspector's website. The audit reflects one finding, a segregation of duties issue. This has been remedied by instituting simple measures to ensure that more than one person is responsible for the financial accounting duties, bank reconciliation, and review of bank statements.

**MINUTES**  
**GEMS Meeting**  
**Monday, August 3, 2020 Council Chambers 6:00 PM**

**TRUSTEES PRESENT:** Momodou Ceesay  
Joyce Calvert  
Jacqueline Triplett-Lund  
Brandon Kearns

**TRUSTEES ABSENT:** Tim Fox

**STAFF PRESENT:** Susan White  
Lowell Peterson  
Wendy Knight  
John Gonsalves

- A) Call to Order - Timothy Lee Fox, Chairman**  
Vice Chairman Ceesay called the meeting to order at 8:18 p.m.
- B) Roll Call, Declaration of Quorum – Wendy Knight, Clerk; Timothy Lee Fox, Chairman**  
Clerk Knight called the roll, Vice Chairman Ceesay declared a quorum present. David Tillotson, City Manager, was also in attendance.
- C) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS**  
[GEMS EMS Report 07012020-07262020](#)
- D) District Administrator Report - Susan White, Administrator**  
[Dist. Adm Report](#)  
[GEMS JUNE 2020 REPORT\\_Redacted](#)
- E) Scheduled Business**
- 1) Discussion and possible action to approve minutes from July 6, 2020, and July 20, 2020 meetings.  
(Wendy Knight, Clerk)
- Moved by Jacqueline Triplett-Lund, seconded by Joyce Calvert

*To approve the minutes as presented.*

|                          | <b>For</b> | <b>Against</b> | <b>Abstained</b> | <b>Absent</b> |
|--------------------------|------------|----------------|------------------|---------------|
| Tim Fox                  |            |                |                  | x             |
| Momodou Ceesay           | x          |                |                  |               |
| Joyce Calvert            | x          |                |                  |               |
| Jacqueline Triplett-Lund | x          |                |                  |               |
| Brandon Kearns           | x          |                |                  |               |
|                          | 4          | 0              | 0                | 1             |

CARRIED.

[GEMS - 06 Jul 2020 - Minutes - Html](#)

[GEMS - 20 Jul 2020 - Minutes - Html](#)

**F) Adjournment**

Vice chairman Ceesay declared the meeting adjourned at 8:25 p.m.



**To:** HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS  
**From:** John Gonsalves, Treasurer  
**Date:** September 8, 2020  
**Subject:** FY2020-2021 Estimate of Needs

**Background:**

The Glenpool Area Emergency Medical Service District (GEMS) is required to prepare an annual Estimate of Needs and submit it to the Tulsa County Excise Board. This Estimate of Needs is intended to advise the Excise Board of the amount of cash on hand from the fiscal year just ended, and the estimated expenditures and revenues for the fiscal year in progress. The needs of the county and each school district, municipality and other entities are combined to determine the millage rate for all areas in the county.

The ad valorem tax revenues anticipated for FY2020-2021 are based on the Net Assessed Valuation (NAV) of the property in the GEMS service area. The NAV recently approved by the Excise Board for the GEMS service area is \$101,712,219. With a statutory millage rate of 3.00 mills, plus an additional 0.09 mill adjustment factor applied by the County for the absorption of household personal property, the estimated FY2020-2021 GEMS revenue from ad valorem taxes is \$314,290.76, an increase of \$12,709.78, or 5% over FY2019-2020.

**Staff Recommendation:**

Staff recommends approval of the Estimate of Needs for FY2020-2021.

**Attachments:**

FY2019-2020 Financial Summary  
Estimate of Needs for FY2020-2021

GLENPOOL EMERGENCY MEDICAL SERVICE BOARD  
2020-2021

ESTIMATE OF NEEDS  
AND FINANCIAL STATEMENT OF THE  
FISCAL YEAR 2019-2020

GLENPOOL EMERGENCY MEDICAL SERVICE BOARD  
THE COUNTY OF TULSA  
STATE OF OKLAHOMA

Two copies of this Financial Statement and Estimate of Needs should be filed with the County Clerk not later than August 17 for all Counties. After approval by the Excise Board and the levies are made, both statements should be signed by the appropriate Board Members. One complete signed copy must be sent to the State Auditor and Inspector, 2300 N. Lincoln Blvd., State Capitol, Room 100, Oklahoma City, OK 73105. If publication may not be had by date required for filing, affidavit and proof of publication are required to be attached within five days after date of filing.

THE 2020-2021 ESTIMATE OF NEEDS AND FINANCIAL  
STATEMENT OF THE FISCAL YEAR 2019-2020

PREPARED BY Crawford & Associates, P.C.  
SUBMITTED TO THE TULSA COUNTY  
EXCISE BOARD THIS \_\_\_\_ DAY OF \_\_\_\_\_ 2020

EMERGENCY MEDICAL SERVICE BOARD

Chairman \_\_\_\_\_ Member \_\_\_\_\_

Member \_\_\_\_\_ Member \_\_\_\_\_

Member \_\_\_\_\_ Member \_\_\_\_\_

Clerk \_\_\_\_\_

S.A.&I. Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

GLENPOOL EMERGENCY MEDICAL SERVICE BOARD  
OF  
TULSA COUNTY  
2020-2021  
ESTIMATE OF NEEDS  
AND FINANCIAL STATEMENT OF THE  
FISCAL YEAR 2019-2020

INDEX

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|-----------------------------------------------------------------|----------------------|
| Letters and Certifications:                                     | Page                 |
| Letter To Excise Board .....                                    | 1                    |
| Affidavit of Publication .....                                  | 2                    |
| Certificate of Excise Board .....                               | Exhibit "Y" - Page 1 |
| Exhibits:                                                       | Filed                |
| Exhibit "E" Health Fund .....                                   | Yes                  |
| Exhibit "G" Sinking Fund .....                                  | No                   |
| Exhibit "J" Capital Project Funds .....                         | No                   |
| Exhibit "Y" Certificate of Excise Board Estimate of Needs ..... | No                   |
| Publication Sheet Filed With County Budget .....                | Yes                  |
| Exhibit "Z" Publication Sheet .....                             | Yes                  |

S.A.&I. Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

GLENPOOL EMERGENCY MEDICAL SERVICE BOARD  
OF  
TULSA COUNTY  
2020-2021  
ESTIMATE OF NEEDS  
AND FINANCIAL STATEMENT OF THE  
FISCAL YEAR 2019-2020

TULSA COUNTY, EMERGENCY MEDICAL SERVICE BOARD  
STATE OF OKLAHOMA, COUNTY OF TULSA, ss:

To the County Excise Board of said County and State, Greeting:-

Pursuant to the requirements of 68 O.S. Section 3002, we submit herewith for your consideration, the within statement of the fiscal condition of the Emergency Medical Service Board, County of Tulsa, State of Oklahoma, for the fiscal year beginning July 1, 2019 and ending June 30, 2020, together with an itemized statement of the estimated needs thereof for the fiscal year beginning July 1, 2020 and ending June 30, 2021. The same have been prepared in conformity to Statute, in relation to which be it further noted that:

1. We, the members of the Emergency Medical Service Board of said County and State, do hereby certify that the statements herein submitted show the true and correct conditions of the fiscal affairs of said Emergency Medical Service Board for the fiscal year ending June 30, 2020, that said statements comprise a "full and accurate statement of the assessments, receipts and expenditures of the preceding year, made out in detail under separate heads" as required by 19 O.S. Section 345; that said preparation was had at an official session of said Board, begun on the first Monday in July, 2020 pursuant to the provisions of 68 O.S. Section 3002.
2. And we further certify that the estimates of the several amounts necessary for current expenses for the fiscal year beginning July 1, 2020 and ending June 30, 2021 as shown under "Schedule 8" were prepared and filed with the Emergency Medical Service Board as of the first Monday in July 2020, that the same have been correctly entered, and that all estimates made are entered as certified by Department Heads for the respective purposes herein set out. We further certify that the sums requested for salaries of county officers and the deputies are calculated and based upon authority of salary statutes currently effective and applicable in this county.
3. We further certify that the estimated income from sources other than ad valorem tax, shown on "Schedule 4", may reasonably be expected to be collected as a revenue during the ensuing fiscal year, and is not in excess of the 90% of the amounts collected for the same sources during the fiscal year ending June 30, 2020.

Dated at the office of the District Clerk, at Glenpool Area Emergency Medical Service District, Oklahoma, this  
\_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Chairman

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Member

\_\_\_\_\_  
Clerk

Filed this \_\_\_\_ day of \_\_\_\_\_, 2020 Secretary and Clerk of Excise Board, Tulsa County, Oklahoma.

S.A.&I. Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

## AFFIDAVIT OF PUBLICATION

STATE OF OKLAHOMA, COUNTY OF TULSA

Personally appeared before me, the undersigned Notary Public, \_\_\_\_\_  
District Clerk of the County and State aforesaid, who being first duly sworn according to law, deposes and says: That  
he/she complied with the law by having the financial statement for the fiscal year ending June 30, 2020, and the  
estimated needs and the estimated income from sources other than ad valorem taxes, for the fiscal year beginning  
July 1, 2020 and ending June 30, 2021 published in one issue of the Tulsa Beacon a legally-qualified newspaper  
published - of general circulation, in said county (strike inapplicable phrase) a copy of which together with proof of  
publication is herewith attached marked Exhibit "Z" and made a part of hereof.

\_\_\_\_\_  
District Clerk

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Notary Public\_\_\_\_\_  
My Commission Expires

S.A.&amp;I. Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

EMERGENCY MEDICAL FUND ACCOUNTS COVERING THE PERIOD JULY 1, 2019, to JUNE 30, 2020  
ESTIMATE OF NEEDS FOR 2020-2021

EXHIBIT "E"

PAGE 1

| Schedule 1, Current Balance Sheet - June 30, 2020        |                      |
|----------------------------------------------------------|----------------------|
|                                                          | Amount               |
| ASSETS:                                                  |                      |
| Cash Balance June 30, 2019                               | \$ 329,595.00        |
| Investments                                              | \$ -                 |
| <b>TOTAL ASSETS</b>                                      | <b>\$ 329,595.00</b> |
| LIABILITIES AND RESERVES:                                |                      |
| Warrants Outstanding                                     | \$ -                 |
| Reserve for Interest on Warrants                         | \$ -                 |
| Reserves From Schedule 8                                 | \$ 11,205.26         |
| <b>TOTAL LIABILITIES AND RESERVES</b>                    | <b>\$ 11,205.26</b>  |
| <b>CASH FUND BALANCE JUNE 30, 2020</b>                   | <b>\$ 318,389.74</b> |
| <b>TOTAL LIABILITIES, RESERVES AND CASH FUND BALANCE</b> | <b>\$ 329,595.00</b> |

| Schedule 2, Revenue and Requirements - 2020-2021             |               |                      |
|--------------------------------------------------------------|---------------|----------------------|
|                                                              | Detail        | Total                |
| REVENUE:                                                     |               |                      |
| Cash Balance June 30, 2019                                   | \$ 208.33     |                      |
| Cash Fund Balance Transferred From Prior Years               | \$ 316,838.45 |                      |
| Current Ad Valorem Tax Apportioned                           | \$ 302,247.55 |                      |
| Miscellaneous Revenue Apportioned                            | \$ 163.57     |                      |
| <b>TOTAL REVENUE</b>                                         |               | <b>\$ 619,457.90</b> |
| REQUIREMENTS:                                                |               |                      |
| Claims Paid by Warrants Issued                               | \$ 289,862.90 |                      |
| Reserves From Schedule 8                                     | \$ 11,205.26  |                      |
| Interest Paid on Warrants                                    | \$ -          |                      |
| Reserve for Interest on Warrants                             | \$ -          |                      |
| <b>TOTAL REQUIREMENTS</b>                                    |               | <b>\$ 301,068.16</b> |
| <b>ADD: CASH FUND BALANCE AS PER BALANCE SHEET 6-30-2020</b> |               | <b>\$ 318,389.74</b> |
| <b>TOTAL REQUIREMENTS AND CASH FUND BALANCE</b>              |               | <b>\$ 619,457.90</b> |

| Schedule 3, Cash Fund Balance Analysis - June 30, 2020     |                      |
|------------------------------------------------------------|----------------------|
|                                                            | Amount               |
| ADDITIONS:                                                 |                      |
| Miscellaneous Revenue Collected in Excess of Estimates-Net | \$ 163.57            |
| Warrants Estopped, Cancelled or Converted                  | \$ -                 |
| Fiscal Year 2019-2020 Lapsed Appropriations                | \$ (730.09)          |
| Fiscal Year 2018-2019 Lapsed Appropriations                | \$ -                 |
| Ad Valorem Tax Collections in Excess of Estimate           | \$ 28,083.02         |
| Prior Years Ad Valorem Tax                                 | \$ 294,421.48        |
| <b>TOTAL ADDITIONS</b>                                     | <b>\$ 321,937.98</b> |
| DEDUCTIONS:                                                |                      |
| Supplemental Appropriations                                | \$ -                 |
| Current Tax in Process of Collection                       | \$ -                 |
| <b>TOTAL DEDUCTIONS</b>                                    | <b>\$ -</b>          |
| <b>Cash Fund Balance as per Balance Sheet 6-30-2020</b>    | <b>\$ 318,389.74</b> |
| <b>Composition of Cash Fund Balance:</b>                   |                      |
| Cash                                                       | \$ 318,389.74        |
| <b>Cash Fund Balance as per Balance Sheet 6-30-2020</b>    | <b>\$ 318,389.74</b> |

S.A.&I. Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

EMERGENCY MEDICAL FUND ACCOUNTS COVERING THE PERIOD JULY 1, 2019, to JUNE 30, 2020  
ESTIMATE OF NEEDS FOR 2020-2021

EXHIBIT "E"

2a

| Schedule 4, Miscellaneous Revenue                 |                   |           |
|---------------------------------------------------|-------------------|-----------|
| SOURCE                                            | 2019-2020 ACCOUNT |           |
|                                                   | AMOUNT            | ACTUALLY  |
|                                                   | ESTIMATED         | COLLECTED |
| 1000 CHARGES FOR SERVICES                         |                   |           |
| 1111 Service Fees                                 | \$ -              | \$ -      |
| 1112 Service Fees                                 | \$ -              | \$ -      |
| 1113 Training Fees                                | \$ -              | \$ -      |
| 1114 Other -                                      | \$ -              | \$ -      |
| 1115 Other -                                      | \$ -              | \$ -      |
| 1116 Other -                                      | \$ -              | \$ -      |
| 1117 Other -                                      | \$ -              | \$ -      |
| 1118 Other -                                      | \$ -              | \$ -      |
| 1119 Other -                                      | \$ -              | \$ -      |
| 1120 Other -                                      | \$ -              | \$ -      |
| 1121 Other -                                      | \$ -              | \$ -      |
| 1122 Other -                                      | \$ -              | \$ -      |
| 1123 Other -                                      | \$ -              | \$ -      |
| 1124 Other -                                      | \$ -              | \$ -      |
| 1125 Other -                                      | \$ -              | \$ -      |
| Total Charges For Services                        | \$ -              | \$ -      |
| INTERGOVERNMENTAL REVENUE                         |                   |           |
| 2000 INTERGOVERNMENTAL REVENUE - LOCAL SOURCES:   |                   |           |
| 2111 Local Contributions                          | \$ -              | \$ -      |
| 2112 Local Governmental Reimbursements            | \$ -              | \$ -      |
| 2113 Local Payments in Lieu of Tax Revenue        | \$ -              | \$ -      |
| 2114 Other -                                      | \$ -              | \$ -      |
| 2115 Other -                                      | \$ -              | \$ -      |
| 2116 Other -                                      | \$ -              | \$ -      |
| 2117 Other -                                      | \$ -              | \$ -      |
| 2118 Other -                                      | \$ -              | \$ -      |
| 2124 Other -                                      | \$ -              | \$ -      |
| Total - Local Sources                             | \$ -              | \$ -      |
| 3000 INTERGOVERNMENTAL REVENUES - STATE SOURCES:  |                   |           |
| 3111 County Sales Tax - OTC                       | \$ -              | \$ -      |
| 3112 Other - OTC                                  | \$ -              | \$ -      |
| Sub-Total - OTC                                   | \$ -              | \$ -      |
| 3211 State Grants                                 | \$ -              | \$ -      |
| 3212 State Payments in Lieu of Tax Revenue        | \$ -              | \$ -      |
| 3213 Homestead Exemption Reimbursement            | \$ -              | \$ -      |
| 3214 Additional Homestead Exemption Reimbursement | \$ -              | \$ -      |
| 3215 Other -                                      | \$ -              | \$ -      |
| 3216 Other -                                      | \$ -              | \$ -      |
| 3217 Other -                                      | \$ -              | \$ -      |
| 3218 Other -                                      | \$ -              | \$ -      |
| 3219 Other -                                      | \$ -              | \$ -      |
| 3220 Other -                                      | \$ -              | \$ -      |
| 3221 Other -                                      | \$ -              | \$ -      |
| 3222 Other -                                      | \$ -              | \$ -      |
| 3223 Other -                                      | \$ -              | \$ -      |
| 3224 Other -                                      | \$ -              | \$ -      |
| 3225 Other -                                      | \$ -              | \$ -      |
| Total - State Sources                             | \$ -              | \$ -      |

Continued on page 2b

S.A.&I. Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

## ESTIMATE OF NEEDS FOR 2020-2021

Page 2a

[illegible]

S.A.&I. Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

EMERGENCY MEDICAL FUND ACCOUNTS COVERING THE PERIOD JULY 1, 2019, to JUNE 30, 2020  
ESTIMATE OF NEEDS FOR 2020-2021

EXHIBIT "E"

2b

| Schedule 4, Miscellaneous Revenue                  |                     |                       |
|----------------------------------------------------|---------------------|-----------------------|
| SOURCE                                             | 2019-2020 ACCOUNT   |                       |
|                                                    | AMOUNT<br>ESTIMATED | ACTUALLY<br>COLLECTED |
| Continued from page 2a                             |                     |                       |
| 4000 INTERGOVERNMENTAL REVENUES - FEDERAL SOURCES: |                     |                       |
| 4111 Federal Grants                                | \$ -                | \$ -                  |
| 4112 Reimbursement - Federal                       | \$ -                | \$ -                  |
| 4113 Federal Payments in Lieu of Tax Revenue       | \$ -                | \$ -                  |
| 4114 Other -                                       | \$ -                | \$ -                  |
| 4115 Other -                                       | \$ -                | \$ -                  |
| 4116 Other -                                       | \$ -                | \$ -                  |
| 4117 Other -                                       | \$ -                | \$ -                  |
| 4118 Other -                                       | \$ -                | \$ -                  |
| 4119 Other -                                       | \$ -                | \$ -                  |
| 4120 Other -                                       | \$ -                | \$ -                  |
| 4121 Other -                                       | \$ -                | \$ -                  |
| 4122 Other -                                       | \$ -                | \$ -                  |
| 4123 Other -                                       | \$ -                | \$ -                  |
| 4124 Other -                                       | \$ -                | \$ -                  |
| 4125 Other -                                       | \$ -                | \$ -                  |
| 4126 Other -                                       | \$ -                | \$ -                  |
| 4127 Other -                                       | \$ -                | \$ -                  |
| 4128 Other -                                       | \$ -                | \$ -                  |
| Total Federal Sources                              | \$ -                | \$ -                  |
| Grand Total Intergovernmental Revenues             | \$ -                | \$ -                  |
| 5000 MISCELLANEOUS REVENUE:                        |                     |                       |
| 5111 Interest on Investments                       | \$ -                | \$ 163.57             |
| 5112 Rental or Lease of Property                   | \$ -                | \$ -                  |
| 5113 Sale of Property                              | \$ -                | \$ -                  |
| 5114 Subscription Sales (Memberships)              | \$ -                | \$ -                  |
| 5115 Insurance Recoveries                          | \$ -                | \$ -                  |
| 5116 Insurance Reimbursement                       | \$ -                | \$ -                  |
| 5117 Return Check Charges                          | \$ -                | \$ -                  |
| 5118 Utility Reimbursements                        | \$ -                | \$ -                  |
| 5119 Vending Machine Commissions                   | \$ -                | \$ -                  |
| 5120 Other Concessions                             | \$ -                | \$ -                  |
| 5121 Other -                                       | \$ -                | \$ -                  |
| 5122 Other -                                       | \$ -                | \$ -                  |
| 5123 Other -                                       | \$ -                | \$ -                  |
| 5124 Other -                                       | \$ -                | \$ -                  |
| 5125 Other -                                       | \$ -                | \$ -                  |
| 5126 Other -                                       | \$ -                | \$ -                  |
| 5127 Other -                                       | \$ -                | \$ -                  |
| 5128 Other -                                       | \$ -                | \$ -                  |
| 5129 Other -                                       | \$ -                | \$ -                  |
| 5130 Other -                                       | \$ -                | \$ -                  |
| 5131 Other -                                       | \$ -                | \$ -                  |
| 5132 Other -                                       | \$ -                | \$ -                  |
| Total Miscellaneous Revenue                        | \$ -                | \$ 163.57             |
| 6000 NON-REVENUE RECEIPTS:                         |                     |                       |
| 6111 Contributions from Other Funds                | \$ -                | \$ -                  |
| Grand Total Health Fund                            | \$ -                | \$ 163.57             |

S.A.&I. Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

## ESTIMATE OF NEEDS FOR 2020-2021

Page 2b

[illegible]

S.A.&amp;I. Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

EMERGENCY MEDICAL FUND ACCOUNTS COVERING THE PERIOD JULY 1, 2019, to JUNE 30, 2020  
ESTIMATE OF NEEDS FOR 2020-2021

EXHIBIT "E"

3

| Schedule 5, Expenditures Emergency Medical Fund Cash Accounts of Current and All Prior Years |               |
|----------------------------------------------------------------------------------------------|---------------|
| CURRENT AND ALL PRIOR YEARS                                                                  | 2019-2020     |
| Cash Balance Reported to Excise Board 6-30-2019                                              | \$ 316,630.12 |
| Cash Fund Balance Transferred Out                                                            | \$ -          |
| Cash Fund Balance Transferred In                                                             | \$ 208.33     |
| Adjusted Cash Balance                                                                        | \$ 316,838.45 |
| Ad Valorem Tax Apportioned To Year In Caption                                                | \$ 302,247.55 |
| Miscellaneous Revenue (Schedule 4)                                                           | \$ 163.57     |
| Cash Fund Balance Forward From Preceding Year                                                | \$ -          |
| Prior Expenditures Recovered                                                                 | \$ -          |
| TOTAL RECEIPTS                                                                               | \$ 302,411.12 |
| TOTAL RECEIPTS AND BALANCE                                                                   | \$ 619,249.57 |
| Warrants of Year in Caption                                                                  | \$ 289,654.57 |
| Interest Paid Thereon                                                                        | \$ -          |
| TOTAL DISBURSEMENTS                                                                          | \$ 289,654.57 |
| CASH BALANCE JUNE 30, 2020                                                                   | \$ 329,595.00 |
| Reserve for Warrants Outstanding                                                             | \$ -          |
| Reserve for Interest on Warrants                                                             | \$ -          |
| Reserves From Schedule 8                                                                     | \$ 11,205.26  |
| TOTAL LIABILITIES AND RESERVE                                                                | \$ 11,205.26  |
| DEFICIT: (Red Figure)                                                                        | \$ -          |
| CASH BALANCE FORWARD TO SUCCEEDING YEAR                                                      | \$ 318,389.74 |

| Schedule 6, Emergency Medical Fund Warrant Account of Current and All Prior Years |                 |
|-----------------------------------------------------------------------------------|-----------------|
| CURRENT AND ALL PRIOR YEARS                                                       | TOTAL           |
| Warrants Outstanding 6-30-2019 of Year in Caption                                 | \$ 208.33       |
| Warrants Registered During Year                                                   | \$ 1,383,588.76 |
| TOTAL                                                                             | \$ 1,383,797.09 |
| Warrants Paid During Year                                                         | \$ 1,383,797.09 |
| Warrants Converted to Bonds or Judgements                                         | \$ -            |
| Warrants Cancelled                                                                | \$ -            |
| Warrants Estopped by Statute                                                      | \$ -            |
| TOTAL WARRANTS RETIRED                                                            | \$ 1,383,797.09 |
| BALANCE WARRANTS OUTSTANDING JUNE 30, 2020                                        | \$ -            |

| Schedule 7, 2019 Ad Valorem Tax Account             |                  |             |               |
|-----------------------------------------------------|------------------|-------------|---------------|
| 2019 Net Valuation Certified To County Excise Board | \$ 97,599,023.00 | 3.090 Mills | Amount        |
| Total Proceeds of Levy as Certified                 |                  |             | \$ 301,580.98 |
| Additions:                                          |                  |             | \$ -          |
| Deductions:                                         |                  |             | \$ -          |
| Gross Balance Tax                                   |                  |             | \$ 301,580.98 |
| Less Reserve for Delinquent Tax                     |                  |             | \$ 27,416.45  |
| Reserve for Protest Pending                         |                  |             | \$ -          |
| Balance Available Tax                               |                  |             | \$ 274,164.53 |
| Deduct 2019 Tax Apportioned                         |                  |             | \$ 302,247.55 |
| Net Balance 2019 Tax in Process of Collection or    |                  |             | \$ -          |
| Excess Collections                                  |                  |             | \$ 28,083.02  |

S.A.&I. Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

EMERGENCY MEDICAL FUND ACCOUNTS COVERING THE PERIOD JULY 1, 2019, to JUNE 30, 2020  
ESTIMATE OF NEEDS FOR 2020-2021

Page 3

| Schedule 5, (Continued) |               |               |               |               |           |                 |
|-------------------------|---------------|---------------|---------------|---------------|-----------|-----------------|
| 2018-2019               | 2017-2018     | 2016-2017     | 2015-2016     | 2014-2015     | 2013-2014 | TOTAL           |
| \$ 310,114.74           | \$ 296,260.42 | \$ 407,669.60 | \$ 377,153.30 | \$ 327,179.96 | \$ -      | \$ 2,035,008.14 |
| \$ -                    | \$ -          | \$ -          | \$ -          | \$ -          | \$ -      | \$ -            |
| \$ -                    | \$ -          | \$ -          | \$ -          | \$ -          | \$ -      | \$ 208.33       |
| \$ 310,114.74           | \$ 296,260.42 | \$ 407,669.60 | \$ 377,153.30 | \$ 327,179.96 | \$ -      | \$ 2,035,216.47 |
| \$ 294,421.48           | \$ 275,414.02 | \$ 247,367.64 | \$ 233,602.54 | \$ 220,761.95 | \$ -      | \$ 1,573,815.18 |
| \$ -                    | \$ -          | \$ -          | \$ 158.66     | \$ 165.23     | \$ -      | \$ 487.46       |
| \$ -                    | \$ -          | \$ -          | \$ -          | \$ -          | \$ -      | \$ -            |
| \$ -                    | \$ -          | \$ -          | \$ -          | \$ -          | \$ -      | \$ -            |
| \$ 294,421.48           | \$ 275,414.02 | \$ 247,367.64 | \$ 233,761.20 | \$ 220,927.18 | \$ -      | \$ 1,574,302.64 |
| \$ 604,536.22           | \$ 571,674.44 | \$ 655,037.24 | \$ 610,914.50 | \$ 548,107.14 | \$ -      | \$ 3,609,519.11 |
| \$ 279,106.77           | \$ 327,498.21 | \$ 257,587.04 | \$ 160,348.11 | \$ 170,763.00 | \$ -      | \$ 1,484,957.70 |
| \$ -                    | \$ -          | \$ -          | \$ -          | \$ -          | \$ -      | \$ -            |
| \$ 279,106.77           | \$ 327,498.21 | \$ 257,587.04 | \$ 160,348.11 | \$ 170,763.00 | \$ -      | \$ 1,484,957.70 |
| \$ 325,429.45           | \$ 244,176.23 | \$ 397,450.20 | \$ 450,566.39 | \$ 377,344.14 | \$ -      | \$ 2,124,561.41 |
| \$ -                    | \$ -          | \$ 92,439.08  | \$ 13,798.70  | \$ -          | \$ -      | \$ 106,237.78   |
| \$ -                    | \$ -          | \$ -          | \$ -          | \$ -          | \$ -      | \$ -            |
| \$ 8,591.00             | \$ 26,500.27  | \$ 8,754.60   | \$ 29,098.09  | \$ 190.84     | \$ -      | \$ 84,339.46    |
| \$ 8,591.00             | \$ 26,500.27  | \$ 101,193.08 | \$ 42,896.79  | \$ 190.84     | \$ -      | \$ 190,577.24   |
| \$ -                    | \$ -          | \$ -          | \$ -          | \$ -          | \$ -      | \$ -            |
| \$ 316,838.45           | \$ 217,675.96 | \$ 296,257.12 | \$ 407,669.60 | \$ 377,153.30 | \$ -      | \$ 1,933,984.17 |

| Schedule 6, (Continued) |               |               |               |               |           |           |
|-------------------------|---------------|---------------|---------------|---------------|-----------|-----------|
| 2019-2020               | 2018-2019     | 2017-2018     | 2016-2017     | 2015-2016     | 2014-2015 | 2013-2014 |
| \$ 208.33               | \$ 26,500.27  | \$ 92,439.08  | \$ 13,798.70  | \$ -          | \$ -      | \$ -      |
| \$ 289,654.57           | \$ 279,196.77 | \$ 261,559.40 | \$ 379,121.21 | \$ 174,146.81 | \$ -      | \$ -      |
| \$ 289,862.90           | \$ 305,607.04 | \$ 353,998.48 | \$ 392,919.91 | \$ 174,146.81 | \$ -      | \$ -      |
| \$ 289,862.90           | \$ 305,398.71 | \$ 327,498.21 | \$ 300,480.83 | \$ 160,348.11 | \$ -      | \$ -      |
| \$ -                    | \$ -          | \$ -          | \$ -          | \$ -          | \$ -      | \$ -      |
| \$ -                    | \$ -          | \$ -          | \$ -          | \$ -          | \$ -      | \$ -      |
| \$ -                    | \$ -          | \$ -          | \$ -          | \$ -          | \$ -      | \$ -      |
| \$ 289,862.90           | \$ 305,398.71 | \$ 327,498.21 | \$ 300,480.83 | \$ 160,348.11 | \$ -      | \$ -      |
| \$ -                    | \$ 208.33     | \$ 26,500.27  | \$ 92,439.08  | \$ 13,798.70  | \$ -      | \$ -      |

| Schedule 9, Emergency Medical Fund Investments |                                         |                    |                           |                      |                             |                                         |
|------------------------------------------------|-----------------------------------------|--------------------|---------------------------|----------------------|-----------------------------|-----------------------------------------|
| INVESTED IN                                    | Investments<br>on Hand<br>June 30, 2019 | Since<br>Purchased | LIQUIDATIONS              |                      | Barred<br>by<br>Court Order | Investments<br>on Hand<br>June 30, 2020 |
|                                                |                                         |                    | By Collections<br>of Cost | Amortized<br>Premium |                             |                                         |
|                                                | \$ -                                    | \$ -               | \$ -                      | \$ -                 | \$ -                        | \$ -                                    |
|                                                | \$ -                                    | \$ -               | \$ -                      | \$ -                 | \$ -                        | \$ -                                    |
|                                                | \$ -                                    | \$ -               | \$ -                      | \$ -                 | \$ -                        | \$ -                                    |
|                                                | \$ -                                    | \$ -               | \$ -                      | \$ -                 | \$ -                        | \$ -                                    |
|                                                | \$ -                                    | \$ -               | \$ -                      | \$ -                 | \$ -                        | \$ -                                    |
|                                                | \$ -                                    | \$ -               | \$ -                      | \$ -                 | \$ -                        | \$ -                                    |
|                                                | \$ -                                    | \$ -               | \$ -                      | \$ -                 | \$ -                        | \$ -                                    |
|                                                | \$ -                                    | \$ -               | \$ -                      | \$ -                 | \$ -                        | \$ -                                    |
|                                                | \$ -                                    | \$ -               | \$ -                      | \$ -                 | \$ -                        | \$ -                                    |
|                                                | \$ -                                    | \$ -               | \$ -                      | \$ -                 | \$ -                        | \$ -                                    |
|                                                | \$ -                                    | \$ -               | \$ -                      | \$ -                 | \$ -                        | \$ -                                    |
| <b>TOTAL INVESTMENTS</b>                       | \$ -                                    | \$ -               | \$ -                      | \$ -                 | \$ -                        | \$ -                                    |

S.A.&I. Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

EMERGENCY MEDICAL FUND ACCOUNTS COVERING THE PERIOD JULY 1, 2019, to JUNE 30, 2020  
ESTIMATE OF NEEDS FOR 2020-2021

EXHIBIT "E"

4

| Schedule 8(a), Report Of Prior Year's Expenditures |                                  |                    |                |                      |
|----------------------------------------------------|----------------------------------|--------------------|----------------|----------------------|
|                                                    | FISCAL YEAR ENDING JUNE 30, 2019 |                    |                |                      |
| DEPARTMENTS OF GOVERNMENT                          | RESERVES                         | WARRANTS           | BALANCE        | ORIGINAL             |
| APPROPRIATED ACCOUNTS                              | 6-30-2019                        | SINCE              | LAPSED         | APPROPRIATIONS       |
|                                                    |                                  | ISSUED             | APPROPRIATIONS |                      |
| <b>92 EMERGENCY MEDICAL BUDGET ACCOUNT:</b>        |                                  |                    |                |                      |
| 92a Personal Services                              | \$ -                             | \$ -               | \$ -           | \$ 10,000.00         |
| 92b Part Time Help                                 | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 92c Travel                                         | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 92d Maintenance and Operation                      | \$ 8,591.00                      | \$ 8,591.00        | \$ -           | \$ 290,735.00        |
| 92e Capital Outlay                                 | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 92f Intergovernmental                              | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 92g Other -                                        | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 92h Other -                                        | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 92j Other -                                        | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 92 Total                                           | \$ 8,591.00                      | \$ 8,591.00        | \$ -           | \$ 300,735.00        |
| <b>93</b>                                          |                                  |                    |                |                      |
| 93a Personal Services                              | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 93b Part Time Help                                 | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 93c Travel                                         | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 93d Maintenance and Operation                      | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 93e Capital Outlay                                 | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 93f Intergovernmental                              | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 93g Other -                                        | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 93h Other -                                        | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 93 Total                                           | \$ -                             | \$ -               | \$ -           | \$ -                 |
| <b>95 EMERGENCY MEDICAL AUDIT BUDGET ACCOUNT:</b>  |                                  |                    |                |                      |
| 95a Salaries and Expense of Audit and Report       | \$ -                             | \$ -               | \$ -           | \$ 10,600.00         |
| 95b Intergovernmental                              | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 95c Other -                                        | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 95d Other -                                        | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 95e Other -                                        | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 95f Other -                                        | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 95g Other -                                        | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 95h Other -                                        | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 95 Total                                           | \$ -                             | \$ -               | \$ -           | \$ 10,600.00         |
| <b>98 OTHER USES:</b>                              |                                  |                    |                |                      |
| 98a Other Deductions                               | \$ -                             | \$ -               | \$ -           | \$ -                 |
| 98 Total                                           | \$ -                             | \$ -               | \$ -           | \$ -                 |
| <b>TOTAL GENERAL FUND ACCOUNT</b>                  | <b>\$ 8,591.00</b>               | <b>\$ 8,591.00</b> | <b>\$ -</b>    | <b>\$ 311,335.00</b> |
| <b>SUBJECT TO WARRANT ISSUE:</b>                   |                                  |                    |                |                      |
| 99 Provision for Interest on Warrants              | \$ -                             | \$ -               | \$ -           | \$ -                 |
| <b>GRAND TOTAL GENERAL FUND</b>                    | <b>\$ 8,591.00</b>               | <b>\$ 8,591.00</b> | <b>\$ -</b>    | <b>\$ 311,335.00</b> |

|                                                                                 |
|---------------------------------------------------------------------------------|
| ESTIMATE OF NEEDS FOR THE FISCAL YEAR                                           |
| PURPOSE:                                                                        |
| Current Expense                                                                 |
| Pro rata share of County Assessor's Budget as determined by County Excise Board |
| GRAND TOTAL - Emergency Medical Fund                                            |

S.A.&I Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

EMERGENCY MEDICAL FUND ACCOUNTS COVERING THE PERIOD JULY 1, 2019, to JUNE 30, 2020  
ESTIMATE OF NEEDS FOR 2020-2021

Page 4

| Governmental Budget Accounts     |            |                |               |              |                |                       |               |
|----------------------------------|------------|----------------|---------------|--------------|----------------|-----------------------|---------------|
| FISCAL YEAR ENDING JUNE 30, 2020 |            |                |               |              |                | FISCAL YEAR 2020-2021 |               |
| SUPPLEMENTAL                     | NET AMOUNT | WARRANTS       | RESERVES      | LAPSED       | NEEDS AS       | APPROVED BY           |               |
| ADJUSTMENTS                      | OF         | ISSUED         |               | BALANCE      | ESTIMATED BY   | COUNTY                |               |
| ADDED                            | CANCELLED  | APPROPRIATIONS |               | KNOWN TO BE  | GOVERNING      | EXCISE BOARD          |               |
|                                  |            |                |               | UNENCUMBERED | BOARD          |                       |               |
| \$ -                             | \$ -       | \$ 10,000.00   | \$ 9,999.84   | \$ -         | \$ 0.16        | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ 290,735.00  | \$ 290,859.99 | \$ 11,205.26 | \$ (11,330.25) | \$ 330,300.00         | \$ 330,300.00 |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ 300,735.00  | \$ 300,859.83 | \$ 11,205.26 | \$ (11,330.09) | \$ 330,300.00         | \$ 330,300.00 |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ 10,600.00   | \$ -          | \$ -         | \$ 10,600.00   | \$ 20,300.00          | \$ 20,300.00  |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ 10,600.00   | \$ -          | \$ -         | \$ 10,600.00   | \$ 20,300.00          | \$ 20,300.00  |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ 311,335.00  | \$ 300,859.83 | \$ 11,205.26 | \$ (730.09)    | \$ 350,600.00         | \$ 350,600.00 |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ -           | \$ -          | \$ -         | \$ -           | \$ -                  | \$ -          |
| \$ -                             | \$ -       | \$ 311,335.00  | \$ 300,859.83 | \$ 11,205.26 | \$ (730.09)    | \$ 350,600.00         | \$ 350,600.00 |

| Estimate of     | Approved by   |
|-----------------|---------------|
| Needs by        | County        |
| Governing Board | Excise Board  |
| \$ 350,600.00   | \$ 350,600.00 |
| \$ -            | \$ -          |
| \$ 350,600.00   | \$ 350,600.00 |

NO ASSURANCE IS PROVIDED

CERTIFICATE OF EXCISE BOARD  
ESTIMATE OF NEEDS FOR 2020-2021

STATE OF OKLAHOMA, COUNTY OF TULSA

We, the members of the Excise Board of said County and State, do hereby certify that we have examined the foregoing estimates of proposed current expenses for the ensuing fiscal year as filed with the Emergency Medical Service Board, and those directly under, or in contractual relationship with, the Emergency Medical Service Board; we have ascertained from the Financial Statements submitted therewith the amount of Surplus Balances of Cash on Hand; we have considered the uncollected ad valorem taxes of the previous year or years; and we have ascertained that the probable Income estimated to be collected from all sources other than ad valorem taxation may reasonably be expected as a revenue for the ensuing fiscal year, and that the same does not exceed 90% of the actual collection from such sources for the previous fiscal year.

In so doing, we have diligently performed the duties imposed upon the Excise Board by 68 O.S. 1991 Section 3007, (1) ascertaining that the financial statements, as to statistics therein contained reflect the true fiscal condition at the close of the fiscal year, or caused the same to be corrected so to show; (2) struck from the estimate of needs so submitted any items not authorized by law and reduced to the sum authorized by law any items restricted by statute as to the amount lawfully expendable therefore; (3) supplemented such estimate, after proper publication, by an estimate of needs prepared by this Excise Board to make provision for mandatory governmental functions where the estimate submitted wholly failed or was deemed inadequate to fulfill the mandate of the Constitution or of the Legislature; (4) computed the total means available to each fund in the manner provided; and (5) then and only thereafter -

Accordingly, we have and do hereby appropriate the Surplus Balances of Cash on Hand, and the Revenues and Levies hereinafter set forth for each Fund to the several and specific purposes named in such estimates, by each, to the intent and purpose that CONSTITUTIONAL GOVERNMENTAL FUNCTIONS shall be first assured and provided for, and subsequently to provide for Legislative Governmental Functions insofar as to the available Surpluses, Revenues and Levies will permit; and we have provided also that the Levies are in excess of the amount appropriated to needs after deducting the surplus cash balance on hand, and Estimated Revenues other than tax, by the percentage and amount or reserve for delinquent tax as hereinafter set forth, which we have determined in the manner provided by law.

We further certify that we have examined the within statements of account and estimated needs or requirements of the Governing Board of 2019 County, in relation to the Sinking Fund or Funds thereof, and after finding the same correct or having caused the same to be corrected pursuant to 68 O. S. 1991 Section 3009, have approved the requirements therefor to fulfill the conditions of Section 26 and 28 of Article 10, Oklahoma Constitution, and have made and certified a tax levy therefor to the extent of the excess of said total requirements over the total of items 2, 3, 6, and 12 of Exhibit "Y" (Page 2) and any other legal deduction, including a reserve of \_\_\_\_% for delinquent taxes.

S.A.&I. Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

CERTIFICATE OF EXCISE BOARD  
ESTIMATE OF NEEDS FOR 2020-2021

Page 2

| EXHIBIT "Y"                                               |               |                                |
|-----------------------------------------------------------|---------------|--------------------------------|
| County Excise Board's Appropriation of Income and Revenue | E.M.S Fund    | Sinking Fund (Exc. Homesteads) |
| Appropriation Approved & Provision Made                   | \$ 604,108.61 | \$ -                           |
| Appropriation of Revenues                                 | \$ -          | \$ -                           |
| Excess of Assets Over Liabilities                         | \$ 318,389.74 | \$ -                           |
| Unclaimed Protest Tax Refunds                             | \$ -          | \$ -                           |
| Miscellaneous Estimated Revenues                          | \$ -          | \$ -                           |
| Est. Value of Surplus Tax in Process                      | \$ -          | \$ -                           |
| Sinking Fund Contributions                                | \$ -          | \$ -                           |
| Surplus Building Fund Cash                                | \$ -          | \$ -                           |
| Total Other Than 2020 Tax                                 | \$ -          | \$ -                           |
| Balance Required                                          | \$ 285,718.87 | \$ -                           |
| Add 10% for Delinquency                                   | \$ 28,571.89  | \$ -                           |
| Total Required for 2020 Tax                               | \$ 314,290.76 | \$ -                           |
| Rate of Levy Required and Certified (in Mills)            | 3.09          | 0.00                           |

We further certify that the net assessed valuation of the Property, subject to ad valorem taxes, after the amount of all Homestead Exemptions have been deducted in the said County as finally equalized and certified by the State Board of Equalization for the current year 2020-2021 is as follows:

| VALUATION AND LEVIES EXCLUDING HOMESTEADS |               |              |                |                |
|-------------------------------------------|---------------|--------------|----------------|----------------|
| County                                    | Real          | Personal     | Public Service | Total          |
| Total Valuation,                          | \$ 84,528,259 | \$ 8,375,788 | \$ 8,808,172   | \$ 101,712,219 |

and that the assessed valuations herein certified have been used in computing the rates of mill levies and the proceeds thereof appropriated as aforesaid; and that having ascertained as aforesaid, the aggregate amount to be raised by ad valorem taxation, we thereupon made the levies therefor as provided by law as follows:

General Fund    0.00 Mills;    Building Fund    0.00 Mills;    Sinking Fund    0.00 Mills;    Sub-Total    0.00 Mills;

|                                                                                            |             |
|--------------------------------------------------------------------------------------------|-------------|
| Free Fair Budget Account (Levy Per Applicable Statute)                                     | 0.00 Mills; |
| Free Fair Improvement Budget Account (Net Proceeds of 1.00 Mill)                           | 0.00 Mills; |
| Free Fair Additional Improvement Budget Account (Net Proceeds of 1.00 Mill)                | 0.00 Mills; |
| Library Budget Account (Net Proceeds of 1/2 of 1.00 Mill)                                  | 0.00 Mills; |
| Cooperative County/City-County Library Budget Account (1.00 to 4.00 Mills)                 | 0.00 Mills; |
| County Cemetery (Prior To Aug. 15, 1933) Budget Account (Net Proceeds of 1/5 of 1.00 Mill) | 0.00 Mills; |
| Public Buildings Budget Account (Not To Exceed 5.00 Mills)                                 | 0.00 Mills; |
| County Health Fund (Not To Exceed 2.50 Mills)                                              | 0.00 Mills; |
| Emergency Medical Service (Not To Exceed 3.00 Mills)                                       | 3.09 Mills; |
| Total County Levies                                                                        | 3.09 Mills; |
| County Wide Levy For Schools (4.00 Mills)                                                  | 0.00 Mills; |
| Total County Wide Levy                                                                     | 3.09 Mills; |

and we do hereby order the above levies to be certified forthwith by the Secretary of this Board to the County Assessor of said County, in order that the County Assessor may immediately extend said levies upon the Tax Rolls for the year 2020 without regard to any protest that may be filed against any levies, as required by 68 O. S. 1991, Section 2869  
Dated at \_\_\_\_\_, Oklahoma, this \_\_\_\_ day of \_\_\_\_\_, 2020.

\_\_\_\_\_  
Excise Board Member

\_\_\_\_\_  
Excise Board Chairman

\_\_\_\_\_  
Excise Board Member

\_\_\_\_\_  
Excise Board Secretary

S.A.&I. Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

EMERGENCY MEDICAL SERVICE BOARD PUBLICATION SHEET - TULSA COUNTY, OKLAHOMA  
FINANCIAL STATEMENT OF THE VARIOUS FUNDS FOR THE FISCAL YEAR ENDING JUNE 30, 2020, AND ESTIMATE OF NEEDS  
FOR THE FISCAL YEAR ENDING JUNE 30, 2021, OF THE EMERGENCY MEDICAL SERVICE BOARD OF  
TULSA COUNTY, OKLAHOMA

EXHIBIT "Z"

| ** If line 12 is less than line 16 after omitting "h" deduct the following<br>each in turn from line 4, "Total Liquid Assets". | SINKING<br>FUND |
|--------------------------------------------------------------------------------------------------------------------------------|-----------------|
| 13d. j. Unmatured Coupons Due 4-1-2021                                                                                         | \$ -            |
| 14d. k. Unmatured Bonds So Due                                                                                                 |                 |
| 15d. l. Whatever Remains is for Exhibit KK Line E.                                                                             | \$ -            |
| 16d. Deficit as Shown on Sinking Fund Balance Sheet.                                                                           | \$ -            |
| 17d. Less Cash Requirements for Current Fiscal Year in Excess of Cash on Hand (From Line 15d Above).                           |                 |
| 18d. Remaining Deficit is for Exhibit KK Line F.                                                                               | \$ -            |

CERTIFICATE - GOVERNING BOARD

STATE OF OKLAHOMA, COUNTY OF TULSA, ss:

We, the undersigned Emergency Medical Service Board of Tulsa County Oklahoma, do hereby certify that at a meeting of the Emergency Medical Service Board of the said County, begun at the time provided by law for Counties and pursuant to the provisions of 68 O. S. Section 3002, the foregoing statement was prepared and is a true and correct condition of the Financial Affairs of said Emergency Medical Board as reflected by the record of the Clerk and Treasurer. We further certify that the foregoing estimate for current expenses for the fiscal year beginning July 1, 2020, and ending June 30, 2021, as shown are reasonably necessary for the proper conduct of the affairs of the said Emergency Medical Service Board, that the Estimated Income to be derived from sources other than ad valorem taxation does not exceed the lawfully authorized ratio of the revenue derived from the same sources during the preceding fiscal year.

\_\_\_\_\_  
Chairman of Board                      Member                      Member

\_\_\_\_\_  
Member                      Member                      Member

Attest \_\_\_\_\_  
District Clerk                      Seal

Subscribed and sworn to before me this 20 day of June, 2020.

\_\_\_\_\_  
Notary Public

Required to be published in a legally-qualified newspaper printed in the County, or one issue published in a legally-qualified newspaper of general circulation in the County.

S.A.&I. Form 268BR98 Entity: Tulsa EMS Board, 72

NO ASSURANCE IS PROVIDED

# TULSA WORLD

P.O. Box 1770 Tulsa, Oklahoma 74102-1770 | [tulsaworld.com](http://tulsaworld.com)

Account Number

1007193

CITY OF GLENPOOL  
Attn LYNN BURROW  
12205 S. YUKON AVE  
GLENPOOL, OK 74033

Date

May 24, 2020

| Date       | Category      | Description         | Ad Size      | Total Cost |
|------------|---------------|---------------------|--------------|------------|
| 05/24/2020 | Legal Notices | FY20-21 BUDGET/GEMS | 2 x 31.00 CL | 76.26      |

## Affidavit of Publication

I, Melissa Marshall, of lawful age, am a legal representative of the Tulsa World of Tulsa, Oklahoma, a daily newspaper of general circulation in Tulsa County, Oklahoma, a legal newspaper qualified to publish legal notices, as defined in 25 O.S. § 106 as amended, and thereafter, and complies with all other requirements of the laws of Oklahoma with reference to legal publication. That said notice, a true copy of which is attached hereto, was published in the regular edition of said newspaper during the period and time of publication and not in a supplement, on the DATE(S) LISTED BELOW

444627  
Published in the Tulsa World, Tulsa County, Oklahoma, May 23 & 24, 2020

### NOTICE OF PUBLIC HEARING JUNE 1, 2020 - 6:00 P.M. 12205 S YUKON AVE, 3RD FLOOR PROPOSED FY2020-2021 BUDGET

The Glenpool Area Emergency Medical Service District (GEAS) will hold a public hearing on June 1, 2020 at 6:00 P.M. on the 3rd Floor at 12205 S. Yukon Ave, Glenpool, OK for the purpose of advising to the public of the proposed budget for the fiscal year beginning July 1, 2020.

The following is a preliminary summary of the proposed budget for Fiscal Year 2020-2021. The proposed budget is available for public inspection at the office of the District Administrator, 2nd Floor, 12205 S. Yukon Avenue, during normal business hours.

### OPERATING BUDGET

|                          | Revenues   | Expenditures |
|--------------------------|------------|--------------|
| Ad Valorem Tax           | 300,000    |              |
| Transfer from reserves   | 50,600     |              |
| Supplies                 |            | 8,300        |
| Other Services & Charges |            | 340,300      |
| Travel & Training        |            | 2,000        |
| Total Operating Budget   | \$ 350,600 | \$ 350,600   |

05/23, 05/24/2020

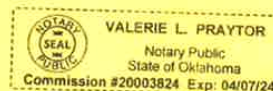
Newspaper reference: 0000644627

M. Marshall  
Legal Representative

Sworn to and subscribed before me this date: MAY 26 2020

Valerie L. Praytor  
Notary Public

My Commission expires 4-7-24



9-02-2020 11:03 AM

CITY OF GLENPOOL  
REVENUE & EXPENSE REPORT (UNAUDITED)  
AS OF: JUNE 30TH, 2020

PAGE: 1

31 -GEMS  
FINANCIAL SUMMARY

% OF YEAR COMPLETED: 100.00

|                                    | CURRENT<br>BUDGET | CURRENT<br>PERIOD | YEAR TO DATE<br>ACTUAL | TOTAL<br>ENCUMBERED | BUDGET<br>BALANCE | % YTD<br>BUDGET |
|------------------------------------|-------------------|-------------------|------------------------|---------------------|-------------------|-----------------|
| <u>REVENUE SUMMARY</u>             |                   |                   |                        |                     |                   |                 |
| NON-DEPARTMENTAL                   | 311,335           | 3,651.63          | 302,411.12             | 0.00                | 8,923.88          | 97.13           |
| TOTAL REVENUES                     | 311,335           | 3,651.63          | 302,411.12             | 0.00                | 8,923.88          | 97.13           |
| <u>EXPENDITURE SUMMARY</u>         |                   |                   |                        |                     |                   |                 |
| <u>GEMS</u>                        |                   |                   |                        |                     |                   |                 |
| PERSONAL SERVICES                  | 10,000            | 833.32            | 9,999.84               | 0.00                | 0.16              | 100.00          |
| SUPPLIES                           | 8,207             | 3,959.38          | 7,488.73               | 0.00                | 718.12            | 91.25           |
| OTHER CHARGES & SERVICES           | 293,128           | 14,968.26         | 283,371.26             | ( 1,490.00)         | 11,246.89         | 96.16           |
| TOTAL GEMS                         | 311,335           | 19,760.96         | 300,859.83             | ( 1,490.00)         | 11,965.17         | 96.16           |
| TOTAL EXPENDITURES                 | 311,335           | 19,760.96         | 300,859.83             | ( 1,490.00)         | 11,965.17         | 96.16           |
| REVENUE OVER/ (UNDER) EXPENDITURES | 0                 | ( 16,109.33)      | 1,551.29               | 1,490.00            | ( 3,041.29)       | 0.00            |

9-02-2020 11:03 AM

CITY OF GLENPOOL  
REVENUE & EXPENSE REPORT (UNAUDITED)  
AS OF: JUNE 30TH, 2020

PAGE: 2

31 -GEMS

% OF YEAR COMPLETED: 100.00

| REVENUES                         | CURRENT<br>BUDGET | CURRENT<br>PERIOD | YEAR TO DATE<br>ACTUAL | TOTAL<br>ENCUMBERED | BUDGET<br>BALANCE | % YTD<br>BUDGET |
|----------------------------------|-------------------|-------------------|------------------------|---------------------|-------------------|-----------------|
| <u>NON-DEPARTMENTAL</u>          |                   |                   |                        |                     |                   |                 |
| <u>TAXES</u>                     |                   |                   |                        |                     |                   |                 |
| 31-5-00-5006 TAXES               | 305,000           | 3,651.63          | 302,247.55             | 0.00                | 2,752.45          | 99.10           |
| TOTAL TAXES                      | 305,000           | 3,651.63          | 302,247.55             | 0.00                | 2,752.45          | 99.10           |
| <u>INVESTMENT INCOME</u>         |                   |                   |                        |                     |                   |                 |
| 31-5-00-5306 MISCELLANEOUS       | 0                 | 0.00              | 163.57                 | 0.00                | ( 163.57)         | 0.00            |
| TOTAL INVESTMENT INCOME          | 0                 | 0.00              | 163.57                 | 0.00                | ( 163.57)         | 0.00            |
| <u>OTHER FINANCING SOURCES</u>   |                   |                   |                        |                     |                   |                 |
| 31-5-00-5409 USE OF FUND BALANCE | 6,335             | 0.00              | 0.00                   | 0.00                | 6,335.00          | 0.00            |
| TOTAL OTHER FINANCING SOURCES    | 6,335             | 0.00              | 0.00                   | 0.00                | 6,335.00          | 0.00            |
| TOTAL NON-DEPARTMENTAL           | 311,335           | 3,651.63          | 302,411.12             | 0.00                | 8,923.88          | 97.13           |
| TOTAL REVENUE                    | 311,335           | 3,651.63          | 302,411.12             | 0.00                | 8,923.88          | 97.13           |

9-02-2020 11:03 AM

CITY OF GLENPOOL  
REVENUE & EXPENSE REPORT (UNAUDITED)  
AS OF: JUNE 30TH, 2020

PAGE: 3

31 -GEMS

DEPARTMENT - GEMS

% OF YEAR COMPLETED: 100.00

| DEPARTMENTAL EXPENDITURES               | CURRENT<br>BUDGET | CURRENT<br>PERIOD | YEAR TO DATE<br>ACTUAL | TOTAL<br>ENCUMBERED | BUDGET<br>BALANCE | % YTD<br>BUDGET |
|-----------------------------------------|-------------------|-------------------|------------------------|---------------------|-------------------|-----------------|
| <u>PERSONAL SERVICES</u>                |                   |                   |                        |                     |                   |                 |
| 31-6-01-6101 SALARIES & WAGES           | 10,000            | 833.32            | 9,999.84               | 0.00                | 0.16              | 100.00          |
| TOTAL PERSONAL SERVICES                 | 10,000            | 833.32            | 9,999.84               | 0.00                | 0.16              | 100.00          |
| <u>SUPPLIES</u>                         |                   |                   |                        |                     |                   |                 |
| 31-6-01-6202 OPERATING SUPPLIES         | 4,607             | 359.38            | 3,888.73               | 0.00                | 718.12            | 84.41           |
| 31-6-01-6206 MINOR EQUIPMENT            | 3,600             | 3,600.00          | 3,600.00               | 0.00                | 0.00              | 100.00          |
| TOTAL SUPPLIES                          | 8,207             | 3,959.38          | 7,488.73               | 0.00                | 718.12            | 91.25           |
| <u>OTHER CHARGES &amp; SERVICES</u>     |                   |                   |                        |                     |                   |                 |
| 31-6-01-6210 AMBULANCE CONTRACT         | 180,000           | 0.00              | 180,000.00             | 0.00                | 0.00              | 100.00          |
| 31-6-01-6225 FIRST RESPONDER/ADMIN FEES | 102,428           | 14,872.00         | 103,275.00 (           | 1,490.00)           | 643.15            | 99.37           |
| 31-6-01-6236 AUDIT FEES                 | 10,600            | 0.00              | 0.00                   | 0.00                | 10,600.00         | 0.00            |
| 31-6-01-6254 MISC SERVICES & CHARGES    | 100               | 96.26             | 96.26                  | 0.00                | 3.74              | 96.26           |
| TOTAL OTHER CHARGES & SERVICES          | 293,128           | 14,968.26         | 283,371.26 (           | 1,490.00)           | 11,246.89         | 96.16           |
| <u>TRAVEL &amp; TRAINING</u>            |                   |                   |                        |                     |                   |                 |
| <u>MISCELLANEOUS</u>                    |                   |                   |                        |                     |                   |                 |
| <u>CAPITAL EXPENDITURES</u>             |                   |                   |                        |                     |                   |                 |
| <u>OTHER FINANCING USES</u>             |                   |                   |                        |                     |                   |                 |
| TOTAL GEMS                              | 311,335           | 19,760.96         | 300,859.83 (           | 1,490.00)           | 11,965.17         | 96.16           |
| TOTAL EXPENDITURES                      | 311,335           | 19,760.96         | 300,859.83 (           | 1,490.00)           | 11,965.17         | 96.16           |
| REVENUE OVER/(UNDER) EXPENDITURES       | 0 (               | 16,109.33)        | 1,551.29               | 1,490.00 (          | 3,041.29)         | 0.00            |

9-02-2020 11:06 AM

CITY OF GLENPOOL  
YEAR TO DATE BALANCE SHEET  
AS OF: JUNE 30TH, 2020

PAGE: 1

31 -GEMS

| ACCT NO#                   | ACCOUNT NAME             | BEGINNING<br>BALANCE | M-T-D<br>ACTIVITY | Y-T-D<br>ACTIVITY | CURRENT<br>BALANCE |
|----------------------------|--------------------------|----------------------|-------------------|-------------------|--------------------|
| <u>ASSETS</u>              |                          |                      |                   |                   |                    |
| 31-1001                    | GEMS CASH IN BANK        | 316,838.45           | 27,150.39CR       | 12,756.55         | 329,595.00         |
| 31-1353                    | EQUIPMENT                | 71,085.14            | 0.00              | 0.00              | 71,085.14          |
| 31-1354                    | ACCUM DEPREC - EQUIPMENT | 42,651.08CR          | 0.00              | 0.00              | 42,651.08CR        |
| TOTAL ASSETS               |                          | 345,272.51           | 27,150.39CR       | 12,756.55         | 358,029.06         |
| <u>LIABILITIES</u>         |                          |                      |                   |                   |                    |
| 31-2001                    | ACCOUNTS PAYABLE         | 0.00                 | 11,041.06         | 11,205.26CR       | 11,205.26CR        |
| TOTAL LIABILITIES          |                          | 0.00                 | 11,041.06         | 11,205.26CR       | 11,205.26CR        |
| <u>FUND EQUITY</u>         |                          |                      |                   |                   |                    |
| 31-3001                    | FUND BALANCE             | 345,272.51CR         | 0.00              | 0.00              | 345,272.51CR       |
| TOTAL REVENUES             |                          | 0.00                 | 3,651.63CR        | 302,411.12CR      | 302,411.12CR       |
| TOTAL EXPENSES             |                          | 0.00                 | 19,760.96         | 300,859.83        | 300,859.83         |
| TOTAL FUND EQUITY          |                          | 345,272.51CR         | 16,109.33         | 1,551.29CR        | 346,823.80CR       |
| TOTAL LIABILITIES & EQUITY |                          | 345,272.51CR         | 27,150.39         | 12,756.55CR       | 358,029.06CR       |



# GEMS

**Glenpool Area Medical Service District**  
Glenpool, Oklahoma

To: HONORABLE CHAIRMAN AND GEMS DISTRICT BOARD MEMBERS

From: JOHN GONSALVES, DISTRICT TREASURER

Date: SEPTEMBER 8, 2020

Subject: Approval of Purchase Order Receiving Report and Payment Claims as of 8/12/2020 totaling \$25,004.32

**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 8/12/2020 and approve the following payments:

| P.O. #   | ACCOUNT      | VENDOR                  | DESCRIPTION                    | INV #        | AMOUNT      |
|----------|--------------|-------------------------|--------------------------------|--------------|-------------|
| 21-10978 | 31-6-01-6210 | Centurion Health System | August Ambulance Service       | 2396         | 15,000.00   |
| 21-10974 | 31-6-01-6101 | Susan White             | District Administration        | 4066         | 208.33      |
| 21-10977 | 31-6-01-6101 | Lowell Peterson         | District Attorney              | 3016         | 208.33      |
| 21-10976 | 31-6-01-6101 | Wendy Knight            | District Clerk                 | 5096         | 208.33      |
| 21-10975 | 31-6-01-6101 | John Gonsalves          | District Treasurer             | 2016         | 208.33      |
| 21-10979 | 31-6-01-6225 | City of Glenpool        | 1 <sup>ST</sup> RESPONDER July | 202008126635 | 9,171.00    |
| Total    |              |                         |                                |              | \$25,004.32 |

**Attachments:**

1. Purchase Order Claims Register dated 8/12/2020 totaling \$25,004.32
2. PO Receipt Register dated 7/12/2020 totaling \$25,004.32 Purchase Orders and Invoices totaling \$25,004.32

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

8/12/2020 11:02 AM  
SEQUENCE: VENDOR NUMBER

P O R E C E I P T R E G I S T E R  
AUDIT REPORT

PAGE: 1  
DETAIL LEVEL: INVOICE

| VENDOR     | NAME                            | INVOICE      | POST DATE | BANK | INVOICE AMOUNT | VENDOR TOTAL |
|------------|---------------------------------|--------------|-----------|------|----------------|--------------|
| 31-000000  | SUSAN WHITE                     | 4066         | 8/12/2020 | 31   | 208.33         | 208.33       |
| 31-000001  | JOHN GONSALVES                  | 2016         | 8/12/2020 | 31   | 208.33         | 208.33       |
| 31-000002  | WENDY KNIGHT                    | 2096         | 8/12/2020 | 31   | 208.33         | 208.33       |
| 31-000003  | LOWELL PETERSON                 | 21-10977     | 8/12/2020 | 31   | 208.33         | 208.33       |
| 31-000004  | CENTURION HEALTH SYSTEMS, DBA M | 2396         | 8/12/2020 | 31   | 15,000.00      | 15,000.00    |
| 31-000005  | CITY OF GLENPOOL - GEMS         | 202008126635 | 8/12/2020 | 31   | 9,171.00       | 9,171.00     |
| **TOTALS** |                                 |              |           |      | 25,004.32      | 25,004.32    |

**APPROVED**

BY

\_\_\_\_\_  
Timothy L. Fox, Chairman  
September 8, 2020

9/12/2020 11:13 AM  
FUND: 31 - GEMS

PURCHASE ORDER CLAIM REGISTER  
SUMMARY REPORT

PAGE: 1

| PURCHASE ORDER                    | DESCRIPTION                 | VENDOR #  | VENDOR NAME                   | DATE INVOICE        | AMOUNT    |
|-----------------------------------|-----------------------------|-----------|-------------------------------|---------------------|-----------|
| DEPARTMENT: 01 - NON-DEPARTMENTAL |                             |           |                               |                     |           |
| 21-10974                          | GEMS CONTRACT - AUG 2020    | 31-000000 | SUSAN WHITE                   | 8/2020 4066         | 208.33    |
| 21-10975                          | GEMS CONTRACT - AUG 2020    | 31-000001 | JOHN GONSALVES                | 8/2020 2016         | 208.33    |
| 21-10976                          | GEMS CONTRACT - AUG 2020    | 31-000002 | WENDY KNIGHT                  | 8/2020 2096         | 208.33    |
| 21-10977                          | GEMS CONTRACT - AUG 2020    | 31-000003 | LOWELL PETERSON               | 8/2020 21-10977     | 208.33    |
| 21-10978                          | BMS SERVICES AUGUST 2020    | 31-000004 | CENTURION HEALTH SYSTEMS, DBA | 8/2020 2396         | 15,000.00 |
| 21-10979                          | JULY2020 1ST RESENDER/ADMIN | 31-000005 | CITY OF GLENPOOL - GEMS       | 8/2020 202008126635 | 9,171.00  |
| DEPARTMENT TOTAL:                 |                             |           |                               |                     | 25,004.32 |
| FUND TOTAL:                       |                             |           |                               |                     | 25,004.32 |
| GRAND TOTAL:                      |                             |           |                               |                     | 25,004.32 |

8/12/2020 11:13 AM

PURCHASE ORDER CLAIM REGISTER  
G/L RECAP

PAGE: 2

| <u>PERIOD</u> | <u>G/L ACCOUNT</u> | <u>NAME</u>                | <u>AMOUNT</u> | <u>FUND TOTAL</u> |
|---------------|--------------------|----------------------------|---------------|-------------------|
| 8/2020        | 31-6-01-6210       | AMBULANCE CONTRACT         | 15,000.00     |                   |
| 8/2020        | 31-6-01-6225       | FIRST RESPONDER/ADMIN FEES | 9,171.00      |                   |
| 8/2020        | 31-6-01-6235       | CONTRACT SERVICES          | 833.32        | 25,004.32         |
|               |                    | GRAND TOTAL:               |               | 25,004.32         |

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 # 21-10978

08/12/2020

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

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

08/12/2020

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.

08/12/2020

ENCUMBERING OFFICER

DATE

| UNITS | DESCRIPTION                                          | INV PART NUMBER | REQUEST  | G/L ACCOUNT   | PROJ | PRICE | AMOUNT      |
|-------|------------------------------------------------------|-----------------|----------|---------------|------|-------|-------------|
| 0.00  | EMS SERVICES AUGUST 2020<br>EMS SERVICES AUGUST 2020 |                 | 00024796 | 31 -6-01-6210 |      | 0.00  | 15,000.00 * |

\*\* TOTAL \*\* 15,000.00

\*\*\* APPROVAL FOR PURCHASE \*\*\*

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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

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

Mercy Regional Oklahoma

P.O. Box 2398  
Owasso, OK 74055

## Invoice

| Date      | Invoice # |
|-----------|-----------|
| 8/10/2020 | 2396      |

|                                                                              |
|------------------------------------------------------------------------------|
| Bill To                                                                      |
| Glenpool City<br>Accounts Payable<br>12205 S Yukon Ave<br>Glenpool, Ok 74033 |

| P.O. No. | Terms | Project |
|----------|-------|---------|
|          |       |         |

| Quantity | Description                           | Rate         | Amount      |
|----------|---------------------------------------|--------------|-------------|
| 1        | ALS Ambulance Subsidy for August 2020 | 15,000.00    | 15,000.00   |
|          |                                       | <b>Total</b> | \$15,000.00 |

| Phone #    | Fax #        |
|------------|--------------|
| 9186095800 | 918-609-5799 |

RECEIVED  
AUG 10 2020  
BY: GLENPOOL - A/P

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 # 21-10974

08/12/2020

ISSUED TO: VEND #: 31-000000

SUSAN WHITE  
210 SOUTH OAK GROVE ROAD  
CUSHING, OK 74023

SHIP TO:

GEMS  
14566 S. ELWOOD  
GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

08/12/2020

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  
SALE APPROPRIATION.

08/12/2020

ENCUMBERING OFFICER

DATE

| UNITS | DESCRIPTION                                          | INV PART NUMBER | REQUEST  | G/L ACCOUNT   | PROJ | PRICE | AMOUNT   |
|-------|------------------------------------------------------|-----------------|----------|---------------|------|-------|----------|
| 0.00  | GEMS CONTRACT - AUG 2020<br>GEMS CONTRACT - AUG 2020 |                 | 00024793 | 31 -6-01-6235 |      | 0.00  | 208.33 * |

\*\* TOTAL \*\* 208.33

\*\*\* APPROVAL FOR PURCHASE \*\*\*

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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

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

## INVOICE

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

**INVOICE #:** 4066

**DATE:** 8/14/2020

**TO:**  
Glenpool Emergency Medical Service  
12205 S. Yukon Ave.  
Glenpool, OK 74033  
Phone: 918-209-4633 | Email: [AP@cityofglenpool.com](mailto:AP@cityofglenpool.com)

**P.O. #:** 21-10974

| Description                          | Amount   |
|--------------------------------------|----------|
| Contract Fees & Services August 2020 | \$208.33 |

|              |                 |
|--------------|-----------------|
| <b>Total</b> | <b>\$208.33</b> |
|--------------|-----------------|

If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email:  
[dcolbert@cityofglenpool.com](mailto:dcolbert@cityofglenpool.com)

## P U R C H A S E   O R D E R

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 21-10977

08/12/2020

ISSUED TO:                      VEND #: 31-0000003

LOWELL PETERSON  
11543 E. 7TH STREET  
TULSA, OK 74128

SHIP TO:

GEMS  
14566 S. ELWOOD  
GLENPOOL, OK 74033

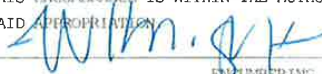
I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.



08/12/2020

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

08/12/2020

ENCUMBERING OFFICER

DATE

| UNITS | DESCRIPTION                                          | INV PART NUMBER | REQUEST  | G/L ACCOUNT   | PROJ | PRICE | AMOUNT   |
|-------|------------------------------------------------------|-----------------|----------|---------------|------|-------|----------|
| 0.00  | GEMS CONTRACT - AUG 2020<br>GEMS CONTRACT - AUG 2020 |                 | 00024797 | 31 -6-01-6235 |      | 0.00  | 208.33 * |

\*\* TOTAL \*\*

208.33

## \*\*\* APPROVAL FOR PURCHASE \*\*\*

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

8/12/20

DATE

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

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

## INVOICE

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

**INVOICE #: 3016**  
**DATE: 8/14/2020**

**4TO:**  
Glenpool Emergency Medical Service  
12205 S. Yukon Ave.  
Glenpool, OK 74033  
Phone: 918-209-4633 | Email: [AP@cityofglenpool.com](mailto:AP@cityofglenpool.com)

**P.O. #: 21-10977**

| Description                          | Amount   |
|--------------------------------------|----------|
| Contract Fees & Services August 2020 | \$208.33 |

|              |                 |
|--------------|-----------------|
| <b>Total</b> | <b>\$208.33</b> |
|--------------|-----------------|

If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email:  
[dcolbert@cityofglenpool.com](mailto:dcolbert@cityofglenpool.com)

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 21-10976

08/12/2020

ISSUED TO: VEND #: 31-000002

WENDY KNIGHT

P.O. BOX 2434

CLAREMORE, OK 74018

SHIP TO:

GEMS

14566 S. ELWOOD

GLENPOOL, OK 74033

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.



08/12/2020

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.

08/12/2020

ENCUMBERING OFFICER

DATE

| UNITS | DESCRIPTION              | INV PART NUMBER | REQUEST  | G/L ACCOUNT   | PROJ | PRICE | AMOUNT   |
|-------|--------------------------|-----------------|----------|---------------|------|-------|----------|
| 0.00  | GEMS CONTRACT - AUG 2020 |                 | 00024795 | 31 -6-01-6235 |      | 0.00  | 208.33 * |
|       | GEMS CONTRACT - AUG 2020 |                 |          |               |      |       |          |

\*\* TOTAL \*\*

208.33

\*\*\* APPROVAL FOR PURCHASE \*\*\*

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

OFFICER OR DEPARTMENT HEAD IN CHARGE

8/12/20

DATE

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

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

## INVOICE

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

**INVOICE #: 5096**  
**DATE: 8/14/2020**

**TO:**  
Glenpool Emergency Medical Service  
12205 S. Yukon Ave.  
Glenpool, OK 74033  
Phone: 918-209-4633 | Email: [AP@cityofglenpool.com](mailto:AP@cityofglenpool.com)

**P.O. #: 21-10976**

| Description                          | Amount   |
|--------------------------------------|----------|
| Contract Fees & Services August 2020 | \$208.33 |

|              |                 |
|--------------|-----------------|
| <b>Total</b> | <b>\$208.33</b> |
|--------------|-----------------|

If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email:  
[dcolbert@cityofglenpool.com](mailto:dcolbert@cityofglenpool.com)

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 21-10975

08/12/2020

ISSUED TO: VEND #: 31-000001  
JOHN GONSALVES  
3034 W. 69TH PL  
TULSA, OK 74132

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

08/12/2020

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.

08/12/2020

ENCUMBERING OFFICER

DATE

| UNITS | DESCRIPTION                                          | INV PART NUMBER | REQUEST  | G/L ACCOUNT   | PROJ | PRICE | AMOUNT   |
|-------|------------------------------------------------------|-----------------|----------|---------------|------|-------|----------|
| 0.00  | GEMS CONTRACT - AUG 2020<br>GEMS CONTRACT - AUG 2020 |                 | 00024791 | 31 -6-01-6235 |      | 0.00  | 208.33 * |

\*\* TOTAL \*\* 208.33

\*\*\* APPROVAL FOR PURCHASE \*\*\*

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

8/12/20

OFFICER OR DEPARTMENT HEAD IN CHARGE

DATE

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## INVOICE

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

**INVOICE #: 2016**

**DATE: 8/14/2020**

**531TO:**

Glenpool Emergency Medical Service  
12205 S. Yukon Ave.

Glenpool, OK 74033

Phone: 918-209-4633 | Email: [AP@cityofglenpool.com](mailto:AP@cityofglenpool.com)

**P.O. #: 21-10975**

| Description                          | Amount          |
|--------------------------------------|-----------------|
| Contract Fees & Services August 2020 | <b>\$208.33</b> |

|              |                 |
|--------------|-----------------|
| <b>Total</b> | <b>\$208.33</b> |
|--------------|-----------------|

If you have any questions concerning this invoice, Darrell Colbert / 918-209-4633 / Email:  
[dcolbert@cityofglenpool.com](mailto:dcolbert@cityofglenpool.com)

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

CITY OF GLENPOOL, OK

Email invoices: AP@cityofglenpool.com

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

PURCHASE ORDER # 21-10979

08/12/2020

ISSUED TO: VEND #: 31-000005  
CITY OF GLENPOOL - GEMS  
12205 S YUKON AVE.  
GLENPOOL, OK 74033

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

08/12/2020

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.

08/12/2020

ENCUMBERING OFFICER

DATE

| UNITS | DESCRIPTION                                                      | INV PART NUMBER | REQUEST  | G/L ACCOUNT   | PROJ | PRICE | AMOUNT     |
|-------|------------------------------------------------------------------|-----------------|----------|---------------|------|-------|------------|
| 0.00  | JULY2020 1ST RESPNDR/ADMIN FEE<br>JULY2020 1ST RESPNDR/ADMIN FEE |                 | 00024789 | 31 -6-01-6225 |      | 0.00  | 9,171.00 * |

\*\* TOTAL \*\* 9,171.00

\*\*\* APPROVAL FOR PURCHASE \*\*\*

I HEREBY CERTIFY THAT THE MERCHANDISE AND/OR SERVICES DESCRIBED ABOVE HAVE BEEN SATISFACTORILY RECEIVED AND THAT THIS PURCHASE  
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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  
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VOLUME OF EACH ITEM, ITS TOTAL PRICE, THE TOTAL OF THE PURCHASE, AND DATE OF THE PURCHASE.



# INVOICE

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

**Customer Number:** 01-0172

**Invoice Number:** 202008126635

**Invoice Date:** 8/12/2020

**Due Date:** 9/11/2020

**P.O. # :**

TREASURER  
GEMS-  
12205 S YUKON AVE  
GLENPOOL OK 74033

| ITEM DESCRIPTION              | UNITS | TYPE  | PRICE            | AMOUNT     |
|-------------------------------|-------|-------|------------------|------------|
| GEMS REIMBURSEMENT            | N/A   | MONTH | N/A              | 9,171.00   |
| FIRST RESPONDERS JULY INVOICE |       |       |                  |            |
| *****THANK YOU*****           |       |       | <b>TOTAL DUE</b> | \$9,171.00 |

24489

**FY20-21 GEMS Admin/First Responder Reimbursements**

|                   | July            | Aug            | Sept           | Oct            | Nov            | Dec            | Jan            | Feb            | Mar            | Apr            | May            | Jun            | Total Runs       | @ \$115.53/run  |
|-------------------|-----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|------------------|-----------------|
| <b>Total Runs</b> | <b>111</b>      | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>0</b>       | <b>111</b>       |                 |
| <b>Fire runs</b>  | <b>34</b>       |                |                |                |                |                |                |                |                |                |                |                | <b>34</b>        |                 |
| <b>EMR runs</b>   | <b>77</b>       |                |                |                |                |                |                |                |                |                |                |                | <b>77</b>        | <b>\$ 6,468</b> |
| <b>EMR Ratio</b>  | <b>69%</b>      | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>#DIV/0!</b> | <b>69%</b>       |                 |
| <b>Run Rate</b>   | <b>\$ 116</b>   | <b>\$ 116</b>  | <b>\$ 116</b>  | <b>\$ 116</b>  | <b>\$ 116</b>  | <b>\$ 116</b>  | <b>\$ 116</b>  | <b>\$ 116</b>  | <b>\$ 116</b>  | <b>\$ 116</b>  | <b>\$ 116</b>  | <b>\$ 116</b>  |                  |                 |
| <b>Admin</b>      | <b>\$ 275</b>   | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 3,300</b>  | <b>\$ 3,300</b> |
| <b>Overtime</b>   | <b>\$ -</b>     | <b>\$ -</b>    | <b>\$ -</b>    | <b>\$ -</b>    | <b>\$ -</b>    | <b>\$ -</b>    | <b>\$ -</b>    | <b>\$ -</b>    | <b>\$ -</b>    | <b>\$ -</b>    | <b>\$ -</b>    | <b>\$ -</b>    | <b>\$ -</b>      | <b>\$ -</b>     |
| <b>Total</b>      | <b>\$ 9,171</b> | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 275</b>  | <b>\$ 12,196</b> | <b>\$ 9,768</b> |

# Glenpool Fire Department

Glenpool, OK

This report was generated on 8/4/2020 9:54:43 AM



## Incident Statistics

Start Date: 07/01/2020 | End Date: 07/31/2020

| INCIDENT COUNT                                                 |                           |                               |                             |
|----------------------------------------------------------------|---------------------------|-------------------------------|-----------------------------|
| INCIDENT TYPE                                                  |                           | # INCIDENTS                   |                             |
| EMS                                                            |                           | 77                            |                             |
| FIRE                                                           |                           | 34                            |                             |
| TOTAL                                                          |                           | 111                           |                             |
| TOTAL TRANSPORTS (N2 and N3)                                   |                           |                               |                             |
| APPARATUS                                                      | # of APPARATUS TRANSPORTS | # of PATIENT TRANSPORTS       | TOTAL # of PATIENT CONTACTS |
| Res1                                                           | 0                         | 0                             | 2                           |
| TOTAL                                                          | 0                         | 0                             | 2                           |
| PRE-INCIDENT VALUE                                             |                           | LOSSES                        |                             |
| \$0.00                                                         |                           | \$0.00                        |                             |
| CO CHECKS                                                      |                           |                               |                             |
| 736 - CO detector activation due to malfunction                |                           | 2                             |                             |
| TOTAL                                                          |                           | 2                             |                             |
| MUTUAL AID                                                     |                           |                               |                             |
| Aid Type                                                       |                           | Total                         |                             |
| Aid Given                                                      |                           | 1                             |                             |
| Aid Received                                                   |                           | 3                             |                             |
| OVERLAPPING CALLS                                              |                           |                               |                             |
| # OVERLAPPING                                                  |                           | % OVERLAPPING                 |                             |
| 18                                                             |                           | 16.22                         |                             |
| LIGHTS AND SIREN - AVERAGE RESPONSE TIME (Dispatch to Arrival) |                           |                               |                             |
| Station                                                        | EMS                       | FIRE                          |                             |
| Station 1                                                      | 0:03:04                   | 0:07:06                       |                             |
| AVERAGE FOR ALL CALLS                                          |                           | 0:03:36                       |                             |
| LIGHTS AND SIREN - AVERAGE TURNOUT TIME (Dispatch to Enroute)  |                           |                               |                             |
| Station                                                        | EMS                       | FIRE                          |                             |
| Station 1                                                      |                           | 0:02:33                       |                             |
| AVERAGE FOR ALL CALLS                                          |                           | 0:00:16                       |                             |
| AGENCY                                                         |                           | AVERAGE TIME ON SCENE (MM:SS) |                             |
| Glenpool Fire Department                                       |                           | 31:28                         |                             |

Only Reviewed Incidents included. CO Checks only includes Incident Types: 424, 736 and 734. # Apparatus Transports = # of incidents where apparatus transported. # Patient Transports = All patients transported by EMS. # Patient Contacts = # of PCR contacted by apparatus. This report now returns both NEMSIS 2 & 3 data as appropriate. For overlapping calls that span over multiple days, total per month will not equal Total count for year.

**EMERGENCY REPORTING**  
 emergencyreporting.com  
 Doc Id: 1845  
 Page # 1 of 1

**John Gonsalves**

---

**From:** Paul Newton  
**Sent:** Tuesday, August 4, 2020 10:00 AM  
**To:** John Gonsalves  
**Subject:** July Run Report  
**Attachments:** July 2020 Run Report.pdf

**Follow Up Flag:** Follow up  
**Flag Status:** Flagged

John,

Here are the stats for July 2020.

EMS-77  
Fire-34

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

(918) 322-2172

**EXHIBIT A**  
**EMERGENCY MEDICAL RESPONSE SERVICE RATE SUMMARY**

| Run YTD as of 3/31/2020 | Ratio |
|-------------------------|-------|
| EMR 855                 | 76%   |
| FIRE 273                | 24%   |
| Total 1128              |       |

| Based on FY2020-2021 Proposed Budget:            |               | EMR Calls vs Fire                         | 76%             |
|--------------------------------------------------|---------------|-------------------------------------------|-----------------|
|                                                  |               | Total                                     | EMR             |
| Total Compensation/Benefits for EMR personnel:   | \$ 2,206,884  |                                           | \$ 1,677,231.84 |
| Average per person (total /21)                   | \$ 105,089.71 |                                           | \$ 79,868       |
| Annual hours per person                          | 2,912         |                                           |                 |
| Avg hourly personnel costs                       | \$ 36.09      |                                           | \$ 27.43        |
| Three person crew (\$36.09 x 3)                  | \$ 108.27     |                                           | \$ 82.29        |
| <b>Fire Truck Expenses</b>                       |               |                                           |                 |
|                                                  |               | <b>FY20-21</b>                            |                 |
| Maintenance                                      | \$ 35,000     |                                           |                 |
| Fuel                                             | 15,000        |                                           |                 |
| Total Truck Expenses                             | \$ 50,000     |                                           |                 |
|                                                  |               | EMR Calls vs Fire                         | 76%             |
| Estimated number runs FY2020-2021                |               | 1504                                      | 1143            |
| Average cost per run for truck (constant)        | \$ 33.24      | \$                                        | 33.24           |
|                                                  |               | Total                                     | EMR             |
| Total rate per run (\$82.29 crew, \$33.24 truck) | \$ 141.51     | \$                                        | 115.53          |
|                                                  |               | Total Estimated EMR Reimbursement FY20-21 | \$ 132,055      |