

February 2, 2026 - 6:00 PM
Glenpool City Hall, City Council Chambers
12205 S. Yukon Ave. 3rd Floor
Glenpool, Oklahoma

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.

NOTE: Members of the public are invited to attend the in-person meeting, or join a live broadcast at this link:

Join Zoom Meeting

<https://us02web.zoom.us/j/89753555435?pwd=QzdFVjA1b0lKa1lSUFkKbUNrUUxtZ09>

Meeting ID: 897 5355 5435

Passcode: 974088

One tap mobile

+13462487799, US (Houston)

+14086380968, US (San Jose)

Dial by your location

+1 253 215 8782 US (Tacoma)

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Meeting ID: 897 5355 5435

Passcode: 974088

Find your local number: <https://us02web.zoom.us/j/89753555435?pwd=QzdFVjA1b0lKa1lSUFkKbUNrUUxtZ09>

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

- **Speakers attending via ZOOM are required to complete the Request to Speak form located on our website: <https://www.glenpoolonline.com/DocumentCenter/View/2551/request-to-speak-at-open-meeting-forms-2025?bidId> = and email it to the City Clerk: lasmith@cityofglenpool.com PRIOR TO 6:00 PM CALL TO ORDER.**

AGENDA

- A) **Call to Order - Joyce G. Calvert, Mayor**
- B) **Roll Call, Declaration of a Quorum - Lesli Smith, City Clerk; Joyce G. Calvert, Mayor**
- C) **EMS Report**
 - 1) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS
- D) **District Administrator Report**
 - 1) District Administrator Report
- E) **Trustee Comments**
- F) **Public Comments**
- G) **Consideration and appropriate action relating to a request for approval of the Consent Agenda.**

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

- 1) To approve the minutes from the December 1, 2025, and the January 5, 2026, meetings.
- 2) To approve the purchase orders receiving report and payment claims as of 1/28/2026 totaling \$32,883.34.

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

I) **Scheduled Business**

J) **Adjournment**

This notice and agenda was posted at Glenpool City Hall, 12205 S Yukon Ave., Oklahoma, on 1/30/2026 at 11:30 a.m.

Signed: Lesli Smith
City Clerk

Mercy Regional



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

To: Honorable Chair and GEMS Board Members

From: Brian Cook, Chief Operating Officer

Date: January 27, 2026

Ref: EMS Report December 30, 2025 – January 26, 2026

We logged 137 calls for service during this period while maintaining a 98% response time compliance.

89 patients were treated and transported.

34 patients refused transport.

8 cancelled prior to arrival.

2 Mutual aid received.

2 DOA

2 false calls

A handwritten signature in black ink, appearing to read "Brian Cook".

Brian Cook,
Chief Operating Officer

PO BOX 1089
 GLENPOOL, OK 74033-1089
 (918) 322-9015



To Oklahoma & You.™

Dir 1 251 5

10097X0C.004 BNCF:0008624



24-Hour
 Automated
 Account Information

1-877-602-2262

2 *0008624
 GLENPOOL AREA EMERGENCY MEDICAL
 SERVICE DISTRICT
 12205 S YUKON AVE
 GLENPOOL OK 74033-6635

PAGE 1

ACCOUNT NUMBER	[REDACTED]
STATEMENT DATE	12/31/25

The

“LET’S MAKE IT HAPPEN” Loan Sale*





To Oklahoma & You.™

*Loans offered with approved credit. For secured consumer purpose loans only, excluding real estate, mobile home, or CD secured loans. For new loans or refinance of non-BancFirst loans.



Effective 02/01/2026 the ATM Inquiry Fee at a non-BancFirst ATM will be \$0.50.

ACCOUNT ANALYSIS

Beginning Balance	12/01/25	204,534.65
Deposits / Misc Credits	1	20,411.76
Withdrawals / Misc Debits	5	30,953.04
** Ending Balance	12/31/25	193,993.37 **

Service Charge	.00
Enclosures	5

DEPOSITS		Withdrawals		Activity Description	
Date	Deposits				
12/12	20,411.76			TULSA COUNTY/REMIT	
CHECKS		* indicates skip in check numbers			
Date	Check No.	Amount	Date	Check No.	Amount
12/01	2281	3,877.70	12/12	2289*	15,000.00
12/01	2286*	208.33	12/08	2290	11,658.68
DAILY BALANCE SUMMARY					
Date	Balance	Date	Balance	Date	Balance
12/01	200,448.62	12/08	188,789.94	12/12	193,993.37

8001-00000





MSI REV 7/17

www.bancfirst.bank

Date: 12/31/25

PAGE 2

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINING A VOID PANTOGRAPH MICROPARTICLE PATTERN AND A WATERMARK ON THE REVERSE SIDE

GLENPOOL AREA EMERGENCY 0193 BancFirst 002281
 MEDICAL SERVICE DISTRICT Glenpool, Oklahoma
 12205 S. YUKON AVE. PH. 918-322-5409 39-3631030
 GLENPOOL, OK 74033-6635

PAY --- THREE THOUSAND EIGHT HUNDRED SEVENTY SEVEN DATE 10/07/2025 CHECK AMOUNT \$*****3,877.70

TO THE ORDER OF ** STRYKER MEDICAL DIVISION **
 P.O. BOX 93308
 CHICAGO, IL 60673-3308

BY *Josh Brannon*
 BY *W. Smith*
 AUTHORIZED SIGNATURES

#002281# #103003632# #0000387770#

Number: 2281 Date: 12/1/2025 Amount: \$3877.70

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINING A VOID PANTOGRAPH MICROPARTICLE PATTERN AND A WATERMARK ON THE REVERSE SIDE

GLENPOOL AREA EMERGENCY 0193 BancFirst 002286
 MEDICAL SERVICE DISTRICT Glenpool, Oklahoma
 12205 S. YUKON AVE. PH. 918-322-5409 39-3631030
 GLENPOOL, OK 74033-6635

PAY --- TWO HUNDRED EIGHT & 33/100 DOLLARS DATE 11/04/2025 CHECK AMOUNT \$*****208.33

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

BY *Josh Brannon*
 BY *W. Smith*
 AUTHORIZED SIGNATURES

#002286# #103003632# #000020833#

Number: 2286 Date: 12/1/2025 Amount: \$208.33

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINING A VOID PANTOGRAPH MICROPARTICLE PATTERN AND A WATERMARK ON THE REVERSE SIDE

GLENPOOL AREA EMERGENCY 0193 BancFirst 002289
 MEDICAL SERVICE DISTRICT Glenpool, Oklahoma
 12205 S. YUKON AVE. PH. 918-322-5409 39-3631030
 GLENPOOL, OK 74033-6635

PAY --- FIFTEEN THOUSAND & 00/100 DOLLARS DATE 12/04/2025 CHECK AMOUNT \$*****15,000.00

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

BY *Josh Brannon*
 BY *W. Smith*
 AUTHORIZED SIGNATURES

#002289# #103003632# #0000150000#

Number: 2289 Date: 12/12/2025 Amount: \$15000.00

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINING A VOID PANTOGRAPH MICROPARTICLE PATTERN AND A WATERMARK ON THE REVERSE SIDE

GLENPOOL AREA EMERGENCY 0193 BancFirst 002290
 MEDICAL SERVICE DISTRICT Glenpool, Oklahoma
 12205 S. YUKON AVE. PH. 918-322-5409 39-3631030
 GLENPOOL, OK 74033-6635

PAY --- ELEVEN THOUSAND SIX HUNDRED FIFTY EIGHT & 68/100 DOLLARS DATE 12/04/2025 CHECK AMOUNT \$*****11,658.68

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

BY *Josh Brannon*
 BY *W. Smith*
 AUTHORIZED SIGNATURES

#002290# #103003632# #00001165868#

Number: 2290 Date: 12/8/2025 Amount: \$11658.68

DO NOT ACCEPT UNLESS THIS CHECK IS PRINTED WITH A COLOR BACKGROUND CONTAINING A VOID PANTOGRAPH MICROPARTICLE PATTERN AND A WATERMARK ON THE REVERSE SIDE

GLENPOOL AREA EMERGENCY 0193 BancFirst 002292
 MEDICAL SERVICE DISTRICT Glenpool, Oklahoma
 12205 S. YUKON AVE. PH. 918-322-5409 39-3631030
 GLENPOOL, OK 74033-6635

PAY --- TWO HUNDRED EIGHT & 33/100 DOLLARS DATE 12/04/2025 CHECK AMOUNT \$*****208.33

TO THE ORDER OF ** JESLI SMITH **

BY *Josh Brannon*
 BY *W. Smith*
 AUTHORIZED SIGNATURES

#002292# #103003632# #000020833#

Number: 2292 Date: 12/12/2025 Amount: \$208.33

4021-00000



PERIOD: 12/01/2025 - 12/31/2025

ACCOUNT: 31-1001 GEMS CASH IN BANK

RECONCILIATION SUMMARY

BEGINNING STATEMENT BALANCE:	204,534.65	GL ACCOUNT BALANCE:	193,785.04
DEPOSITS:	+ 20,411.76	OUTSTANDING DEPOSITS:	- 0.00
WITHDRAWALS:	+ 30,953.04CR	OUTSTANDING CHECKS:	- 208.33CR
ADJUSTMENTS:	+ 0.00	ADJUSTMENTS:	+ 0.00
ENDING STATEMENT BALANCE:	193,993.37	ADJUSTED GL ACCOUNT BALANCE:	193,993.37

STATEMENT BALANCE:	193,993.37
BANK DIFFERENCE:	0.00
G/L DIFFERENCE:	0.00

CLEARED DEPOSITS:

12/12/2025	GEMS TAX DEP FROM TC	<u>20,411.76</u>
TOTAL CLEARED DEPOSITS:		20,411.76

=====

CLEARED CHECKS:

10/07/2025	002281	STRYKER MEDICAL DIVISION	3,877.70CR
11/04/2025	002286	JOSHUA M. BRANNON	208.33CR
12/04/2025	002289	CENTURION HEALTH SYSTEMS, DBA M	15,000.00CR
12/04/2025	002290	CITY OF GLENPOOL - GEMS	11,658.68CR
12/04/2025	002292	LESLI SMITH	<u>208.33CR</u>
TOTAL CLEARED CHECKS:			30,953.04CR

=====

CLEARED OTHER:

No Items.

31 -GEMS

ACCOUNT #	ACCOUNT DESCRIPTION	BALANCE	
ASSETS			
=====			
31-1001	GEMS CASH IN BANK	193,785.04	
31-1302	PREPAID PAYROLL TAXES	0.00	
31-1303	TAXES RECEIVABLE	0.00	
31-1353	EQUIPMENT	71,085.14	
31-1354	ACCUM DEPREC - EQUIPMENT	(42,651.08)	
			<u>222,219.10</u>
TOTAL ASSETS			222,219.10
=====			
LIABILITIES			
=====			
31-2001	ACCOUNTS PAYABLE	32,883.34	
31-2101	FICA LIABILITY	0.00	
31-2102	MED TAX LIABILITY	0.00	
31-2103	FEDERAL W/H PAYABLE	0.00	
31-2104	STATE W/H PAYABLE	0.00	
31-2130	OPEB LIABILITY	0.00	
31-2131	DEFERRED INFLOWS	0.00	
	TOTAL LIABILITIES		<u>32,883.34</u>
EQUITY			
=====			
31-3001	FUND BALANCE	<u>383,003.17</u>	
	TOTAL BEGINNING EQUITY	383,003.17	
TOTAL REVENUE		24,337.63	
TOTAL EXPENSES		<u>218,005.04</u>	
TOTAL REVENUE OVER/(UNDER) EXPENSES		(193,667.41)	
TOTAL EQUITY & REV. OVER/(UNDER) EXP.			<u>189,335.76</u>
TOTAL LIABILITIES, EQUITY & REV.OVER/(UNDER) EXP.			222,219.10
=====			

CITY OF GLENPOOL
 PRIOR YEAR ENCUMBRANCE FINANCIAL (UNAUDITED)
 AS OF: DECEMBER 31ST, 2025

31 -GEMS
 FINANCIAL SUMMARY

% OF YEAR COMPLETED: 50.00

	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>REVENUE SUMMARY</u>							
NON-DEPARTMENTAL	<u>437,896.00</u>	<u>20,411.76</u>	<u>0.00</u>	<u>24,337.63</u>	<u>0.00</u>	<u>413,558.37</u>	<u>5.56</u>
TOTAL REVENUES	437,896.00	20,411.76	0.00	24,337.63	0.00	413,558.37	5.56
=====							
<u>EXPENDITURE SUMMARY</u>							
GEMS	<u>437,896.00</u>	<u>59,958.68</u>	<u>0.00</u>	<u>218,005.04</u>	<u>0.00</u>	<u>219,890.96</u>	<u>49.78</u>
TOTAL EXPENDITURES	437,896.00	59,958.68	0.00	218,005.04	0.00	219,890.96	49.78
=====							
REVENUE OVER/ (UNDER) EXPENDITURES	0.00	(39,546.92)	0.00	(193,667.41)	0.00	0.00	0.00

31 -GEMS

% OF YEAR COMPLETED: 50.00

REVENUES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
NON-DEPARTMENTAL							
=====							
TAXES							
31-5-00-5006 TAXES	<u>417,157.00</u>	<u>20,411.76</u>	<u>0.00</u>	<u>24,337.63</u>	<u>0.00</u>	<u>392,819.37</u>	<u>5.83</u>
TOTAL TAXES	417,157.00	20,411.76	0.00	24,337.63	0.00	392,819.37	5.83
INVESTMENT INCOME							
31-5-00-5301 INTEREST	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-5-00-5306 MISCELLANEOUS	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>
TOTAL INVESTMENT INCOME	0.00	0.00	0.00	0.00	0.00	0.00	0.00
OTHER FINANCING SOURCES							
31-5-00-5409 USE OF FUND BALANCE	<u>20,739.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>0.00</u>	<u>20,739.00</u>	<u>0.00</u>
TOTAL OTHER FINANCING SOURCES	20,739.00	0.00	0.00	0.00	0.00	20,739.00	0.00
TOTAL NON-DEPARTMENTAL	437,896.00	20,411.76	0.00	24,337.63	0.00	413,558.37	5.56
** TOTAL REVENUES **							
	<u>437,896.00</u>	<u>20,411.76</u>	<u>0.00</u>	<u>24,337.63</u>	<u>0.00</u>	<u>413,558.37</u>	<u>5.56</u>
	=====	=====	=====	=====	=====	=====	=====

31 -GEMS

% OF YEAR COMPLETED: 50.00

DEPARTMENTAL EXPENDITURES	CURRENT BUDGET	CURRENT PERIOD	PRIOR YEAR PO ADJUST.	Y-T-D ACTUAL	Y-T-D ENCUMBRANCE	BUDGET BALANCE	% OF BUDGET
<u>GEMS</u>							
=====							
<u>PERSONAL SERVICES</u>							
31-6-01-6101 SALARIES & WAGES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6102 INSURANCE	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6111 FICA	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6113 WORKMANS COMP	0.00	0.00	0.00	0.00	0.00	0.00	0.00
31-6-01-6114 UNEMPLOYMENT	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL PERSONAL SERVICES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>SUPPLIES</u>							
31-6-01-6202 OPERATING SUPPLIES	5,500.00	0.00	0.00	3,065.58	0.00	2,434.42	55.74
31-6-01-6206 MINOR EQUIPMENT	2,500.00	0.00	0.00	0.00	0.00	2,500.00	0.00
TOTAL SUPPLIES	8,000.00	0.00	0.00	3,065.58	0.00	4,934.42	38.32
<u>OTHER CHARGES & SERVICES</u>							
31-6-01-6210 AMBULANCE CONTRACT	180,000.00	30,000.00	0.00	105,000.00	0.00	75,000.00	58.33
31-6-01-6225 FIRST RESPONDER/ADMIN FEES	203,678.00	29,125.36	0.00	96,901.20	0.00	106,776.80	47.58
31-6-01-6235 CONTRACT SERVICES	13,800.00	833.32	0.00	7,040.66	0.00	6,759.34	51.02
31-6-01-6236 AUDIT FEES	25,918.00	0.00	0.00	5,997.60	0.00	19,920.40	23.14
31-6-01-6254 MISC SERVICES & CHARGES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL OTHER CHARGES & SERVICES	423,396.00	59,958.68	0.00	214,939.46	0.00	208,456.54	50.77
<u>TRAVEL & TRAINING</u>							
31-6-01-6262 TRAVEL AND TRAINING	6,500.00	0.00	0.00	0.00	0.00	6,500.00	0.00
TOTAL TRAVEL & TRAINING	6,500.00	0.00	0.00	0.00	0.00	6,500.00	0.00
<u>MISCELLANEOUS</u>							
31-6-01-6283 INVESTMENT EXPENSES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL MISCELLANEOUS	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>CAPITAL EXPENDITURES</u>							
31-6-01-6333 CAPITAL PURCHASES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL CAPITAL EXPENDITURES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<u>OTHER FINANCING USES</u>							
31-6-01-6745 TSF TO RESERVES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
TOTAL OTHER FINANCING USES	0.00	0.00	0.00	0.00	0.00	0.00	0.00
<hr/>							
TOTAL GEMS	437,896.00	59,958.68	0.00	218,005.04	0.00	219,890.96	49.78
<hr/>							
TOTAL EXPENDITURES	437,896.00	59,958.68	0.00	218,005.04	0.00	219,890.96	49.78
=====							
REVENUE OVER/(UNDER) EXPENDITURES	0.00	(39,546.92)	0.00	(193,667.41)	0.00	193,667.41	0.00

Month	FY2026	FY2025	FY2024	FY2023	FY2022	FY2021	FY2020
July	0.3%	0.2%	0.1%	0.3%	0.4%	0.5%	0.3%
August	0.6%	0.5%	0.3%	0.4%	0.6%	0.6%	0.7%
September	0.7%	0.8%	0.6%	0.5%	0.8%	0.8%	0.7%
October	0.8%	1.0%	1.0%	1.4%	1.2%	1.0%	1.1%
November	0.9%	1.2%	1.3%	1.5%	1.3%	1.2%	1.2%
December	5.6%	7.0%	6.1%	5.4%	4.6%	5.9%	4.6%
January		91.3%	90.0%	91.3%	85.8%	80.3%	80.8%
February		97.5%	98.2%	100.7%	92.1%	90.7%	85.6%
March		98.7%	100.2%	103.2%	94.0%	92.4%	87.6%
April		108.4%	108.6%	110.9%	101.8%	101.7%	93.3%
May		112.1%	112.7%	114.2%	104.9%	105.2%	97.9%
June		112.7%	113.7%	115.0%	105.3%	105.7%	99.1%

As of December 31, 2025 GEMS received 5.6% of tax revenue originally budgeted.
 In other words, \$24,337.63 has been received of the \$437,896.00 tax revenue originally budgeted.



GLENPOOL FIRE DEPARTMENT
MED BAG CHECKLIST

Unit:
Date:

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

-
- RIGHT ZIPPER POCKET**
- 1 - Airtraq Camera Blue Exp. Date:
 - 1 - Thomas Tube Holder Pink Exp. Date:
 - 1 - Airtraq Blade Grey Exp. Date:

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

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

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

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

IV COMPARTMENT

Sharps Shuttle

IV 10 Drop Administration Sets

1-Roll Medical Tape

1-Arrow IO Drill

2-14g IV	Exp. Date:	02 February 2026	Exp. Date:	29 May 2028
2-18g IV	Exp. Date:	20 October 2026	Exp. Date:	20 October 2026
2-20g IV	Exp. Date:	26 August 2027	Exp. Date:	02 May 2027
2-22g IV	Exp. Date:	11 March 2027	Exp. Date:	15 April 2027
2-24g IV	Exp. Date:	25 October 2027	Exp. Date:	25 October 2027
4-Saline Flushes	{ Exp. Date:	01 April 2026	Exp. Date:	01 April 2026
	{ Exp. Date:	01 April 2026	Exp. Date:	01 April 2026
2-IV Start Kits		<input checked="" type="checkbox"/>		
2-EZ Stabilizers	Exp. Date:	19 March 2029	Exp. Date:	02 May 2027
2-45mm 15g IO Needle Set	Exp. Date:	30 November 2027	Exp. Date:	31 December 2026
2-25mm 15g IO Needle Set	Exp. Date:	31 March 2027	Exp. Date:	
1-IV Bag	Exp. Date:	30 June 2027		
1 Pressure Bag		<input checked="" type="checkbox"/>		

AIRWAY COMPARTMENT

1-2.5 ET Tube	Exp. Date:	01 December 2027	1-7.0 ET Tube	Exp. Date:	01 January 2027
1-3.0 ET Tube	Exp. Date:	17 December 2026	1-7.5 ET Tube	Exp. Date:	17 December 2026
1-3.5 ET Tube	Exp. Date:	07 May 2026	1-8.0 ET Tube	Exp. Date:	21 July 2027
1-4.0 ET Tube	Exp. Date:	14 April 2027	1-8.5 ET Tube	Exp. Date:	15 October 2026
1-4.5 ET Tube	Exp. Date:	21 July 2027	1-9.0 ET Tube	Exp. Date:	20 August 2026
1-5.0 ET Tube	Exp. Date:	28 May 2026	1-OPA Kit		<input checked="" type="checkbox"/>
1-5.5 ET Tube	Exp. Date:	16 July 2026	K-Y Lube Gel	Exp. Date:	31 July 2028
1-6.0 ET Tube	Exp. Date:	20 August 2026			
1-6.5 ET Tube	Exp. Date:	06 August 2026			

AIRWAY COMPARTMENT CONT.

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

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

MEDICINE COMPARTMENT

1-Glucagon Kit 1mg	Exp. Date:	31 December 2026	
1-50% Dextrose	Exp. Date:	03 March 2027	
2 - Epinephrine Injection 1mg/mL	Exp. Date:	30 September 2026	Exp. Date: 30 September 2026
2 - 18g Filter Needles	Exp. Date:	14 June 2028	Exp. Date: 25 November 2028
2 - 23g Eclipse Needle	Exp. Date:	31 March 2026	Exp. Date: 31 March 2026
2 - 1mL Syringe	Exp. Date:	31 December 2026	Exp. Date: 31 December 2026
2 - 4x4 Gauze	<input checked="" type="checkbox"/>		
2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit)	Exp. Date:	30 March 2026	Exp. Date: 30 September 2026
1 - 2% Lidocaine Hcl	Exp. Date:	28 February 2026	
1 - Nebulizer Kit	<input checked="" type="checkbox"/>		
3 - Albuterol 2.5mg	Exp:	30 September 2027	Exp: 30 September 2027 Exp: 30 September 2027
1 - Levalbuterol 1.25	Exp. Date:	30 March 2026	
1 - Levalbuterol 0.31	Exp. Date:	30 March 2026	
2 - Ipratropium Bromide 0.5mg (Atrovent)	Exp. Date:	31 July 2026	Exp. Date: 31 July 2026
1 - Low Dose Aspirin (81 mg)	Exp. Date:	31 March 2026	
1 - Roll Med Tape	<input checked="" type="checkbox"/>		

LIFEPAK MONITOR

Child/ Adult AED Pads Exp. Date:

Capno

PEDI Pulse OX Exp. Date:

LIFEPAK®15 Monitor/Defibrillator Operator's Checklist

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

Unit Serial No: Location: DATE

1. Inspect physical condition for:

Foreign substances Pass Fail

Damage or cracks Pass Fail

2. Inspect power source for:

Broken, loose or worn battery pins. Pass Fail

Damaged or leaking battery. Pass Fail

Spare battery available Pass Fail

Damage to power adapters or cable. Pass Fail

3. Inspect ECG cable and cable port for:

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

4. Check ECG electrodes and therapy electrodes for:

Use by date Pass Fail

Spare electrodes available Pass Fail

Damaged, open package Pass Fail

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

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

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

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

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

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

8. Energy

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

8. Cont.

Remove paddles from wells, and confirm artifact on screen.

Pass Fail

Place paddle surfaces together, and confirm flat line on screen.

Pass Fail

Return paddles securely to paddle wells.

Pass Fail

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

Press OPTIONS.

Select USER TEST in menu.

Pass Fail

Confirm test results printed.

10. Check ECG printer for:

Adequate paper supply.

Pass Fail

Ability to print.

Pass Fail

11. If using wireless data transmission, test transmission method

Establish Bluetooth connection.

N/A Pass Fail

Send a test transmission.

N/A Pass Fail

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

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

Pass Fail

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

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

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

Glucose Monitor

Clean monitor

Pass Fail

Laerdal Scope

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

AirTraq Videoscope

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

2% Bag

Top Left Pocket (IV Fluids)

- | | | | |
|-------|--|-----------|---|
| Seal: | <input type="text" value="879"/> | New Seal: | <input type="text" value="838"/> |
| Exp.: | <input type="text" value="31 March 2027"/> | Exp.: | <input type="text" value="31 December 2025"/> |
- 2 IV bags
- 2 IV/IO drop admin sets
-

Center Pocket

- | | | | |
|-------|--|-----------|--|
| Seal: | <input type="text" value="888"/> | New Seal: | <input type="text" value="828"/> |
| Exp.: | <input type="text" value="31 October 2026"/> | Exp.: | <input type="text" value="31 October 2026"/> |
- 2-Asherman chest seals
- 2- 4X4 Gauze
- 1-Roll white duct tape
- 1-Tactical Tourniquet
- 3- 5X9 Gauze
- 2-Rolls Coban
- 2- Ice packs
- 2- Stretch Gauze

Center Pocket Cont.

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

Bottom Right Pocket

Seal:

New Seal:

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

Bottom Left Pocket

Seal:

New Seal:

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

Bop Right Pocket: (Ped/Infant)

Seal:

New Seal:

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

GDF STAFF

BA



GLENPOOL FIRE DEPARTMENT MED BAG CHECKLIST

Unit:	Rescue 1
Date:	23 January 2026

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

- RIGHT ZIPPER POCKET**
- 1 - Airtraq Camera Blue Exp. Date: 24 February 2028
 - 1 - Thomas Tube Holder Pink Exp. Date: 13 September 2026
 - 1 - Airtraq Blade Grey Exp. Date: 31 March 2027

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

- INSIDE POCKET**
- 1-Blood Glucose Kit/Test Strips Exp. Date: 17 December 2025
 - 1-Tube Glucose 31g Exp. Date: 30 April 2028
 - Lancettes
 - Adhesive Bandages
 - i-Gel 3
 - Alcohol Swabs
 - 1-Tactical Tourniquet
 - i-Gel 4
 - 1-Thermometer
 - 1-Samsplint
 - i-Gel 5

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

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

IV COMPARTMENT

Sharps Shuttle

IV 10 Drop Administration Sets

1-Roll Medical Tape

1-Arrow IO Drill

2-14g IV	Exp. Date:	02 February 2026	Exp. Date:	02 February 2026
2-18g IV	Exp. Date:	24 May 2027	Exp. Date:	24 May 2027
2-20g IV	Exp. Date:	29 August 2027	Exp. Date:	29 August 2027
2-22g IV	Exp. Date:	15 April 2027	Exp. Date:	15 April 2027
2-24g IV	Exp. Date:	25 October 2027	Exp. Date:	25 October 2027
4-Saline Flushes	{ Exp. Date:	15 April 2027	Exp. Date:	05 June 2027
	{ Exp. Date:	25 April 2026	Exp. Date:	01 April 2026

2-IV Start Kits

2-EZ Stabilizers	Exp. Date:	02 May 2027	Exp. Date:	21 September 2026
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2-45mm 15g IO Needle Set	Exp. Date:	30 June 2026	Exp. Date:	30 June 2026
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2-25mm 15g IO Needle Set	Exp. Date:	31 May 2026	Exp. Date:	30 September 2026
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1-IV Bag	Exp. Date:	30 June 2027
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1 Pressure Bag

AIRWAY COMPARTMENT

1-2.5 ET Tube	Exp. Date:	16 July 2026	1-7.0 ET Tube	Exp. Date:	02 April 2026
1-3.0 ET Tube	Exp. Date:	28 May 2026	1-7.5 ET Tube	Exp. Date:	15 October 2026
1-3.5 ET Tube	Exp. Date:	21 July 2027	1-8.0 ET Tube	Exp. Date:	06 August 2026
1-4.0 ET Tube	Exp. Date:	14 April 2027	1-8.5 ET Tube	Exp. Date:	15 October 2026
1-4.5 ET Tube	Exp. Date:	14 July 2027	1-9.0 ET Tube	Exp. Date:	20 August 2026
1-5.0 ET Tube	Exp. Date:	25 February 2027	1-OPA Kit	<input checked="" type="checkbox"/>	
1-5.5 ET Tube	Exp. Date:	21 July 2027	K-Y Lube Gel	Exp. Date:	31 July 2028
1-6.0 ET Tube	Exp. Date:	20 August 2026			
1-6.5 ET Tube	Exp. Date:	28 May 2026			

AIRWAY COMPARTMENT CONT.

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

Size 8.7	Exp. Date:	31 July 2028	4 KAD		
Size 9.3	Exp. Date:	08 March 2028	Green	Exp. Date:	
Size 10	Exp. Date:	15 July 2029	Purple	Exp. Date:	
Size 10.7	Exp. Date:	25 July 2026	Yellow	Exp. Date:	01 July 2026
Size 11.3	Exp. Date:	10 February 2026	Red	Exp. Date:	01 October 2027

MEDICINE COMPARTMENT

1-Glucagon Kit 1mg	Exp. Date:	31 December 2026	
1-10% Dextrose	Exp. Date:	28 February 2026	
2 - Epinephrine Injection 1mg/mL	Exp. Date:	28 February 2026	Exp. Date: 28 February 2026
2 - 18g Filter Needles	Exp. Date:	25 November 2028	Exp. Date: 25 November 2028
2 - 23g Eclipse Needle	Exp. Date:		Exp. Date:
2- 21g Precision Glide Needle	Exp. Date:	31 March 2027	Exp. Date: 31 March 2026
2 - 18/20g Hypo. Needle	Exp. Date:	01 March 2026	Exp. Date: 01 March 2027
2 - 1mL Syringe	Exp. Date:	31 December 2026	Exp. Date: 31 December 2026
2 - 4x4 Gauze	<input checked="" type="checkbox"/>		
2 - Naloxone Hydrochloride 2mg per 2mL (1 Kit)	Exp. Date:	31 March 2026	Exp. Date: 31 March 2026
1 - 2% Lidocaine Hcl	Exp. Date:	28 February 2026	
1 - Nebulizer Kit	<input checked="" type="checkbox"/>		
3 - Albuterol 2.5mg	Exp:	30 September	Exp: 30 September
1 - Levalbuterol 1.25mg	Exp. Date:	31 March 2026	
1 - Levalbuterol 0.31mg	Exp. Date:	31 March 2026	
2 - Ipratropium Bromide 0.5mg (Atrovent)	Exp. Date:	31 July 2026	Exp. Date: 31 July 2026
1 - Low Dose Aspirin (81 mg)	Exp. Date:	30 September 2026	
1 - Roll Med Tape	<input checked="" type="checkbox"/>		

LIFEPAK MONITOR

Pedi AED Pads	Exp. Date:	22 March 2026	NC Capno	<input checked="" type="checkbox"/>
Child/ Adult AED Pads	Exp. Date:	18 March 2027	BVM Capno	<input checked="" type="checkbox"/>
PEDI Pulse OX	Exp. Date:	01 October 2026	NC Capno w/ O2	<input checked="" type="checkbox"/>
Electrodes	Exp. Date:	05 October 2026	Razor	<input checked="" type="checkbox"/>

LIFEPAK®15 Monitor/Defibrillator Operator's Checklist

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

Unit Serial No: Location: DATE

1. Inspect physical condition for:

- Foreign substances Pass Fail
- Damage or cracks Pass Fail

2. Inspect power source for:

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

3. Inspect ECG cable and cable port for:

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

4. Check ECG electrodes and therapy electrodes for:

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

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

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

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

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

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

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

8. Energy

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

8. Cont.

Remove paddles from wells, and confirm artifact on screen.

Pass Fail

Place paddle surfaces together, and confirm flat line on screen.

Pass Fail

Return paddles securely to paddle wells.

Pass Fail

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

Press OPTIONS.

Select USER TEST in menu.

Pass Fail

Confirm test results printed.

10. Check ECG printer for:

Adequate paper supply.

Pass Fail

Ability to print.

Pass Fail

11. If using wireless data transmission, test transmission method

Establish Bluetooth connection.

N/A Pass Fail

Send a test transmission.

N/A Pass Fail

12. Turn off defibrillator.

(Press and hold ON for up to 2 seconds)

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

Pass Fail

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

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

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

Glucose Monitor

Clean monitor

Pass Fail

Laerdal Scope

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

AirTraq Videoscope

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

2% Bag

Top Left Pocket (IV Fluids)

2 IV bags

2 IV/IO drop admin sets

Seal:

320

New Seal:

Exp.:

31 March 2027

Exp.:

31 December 2025



Center Pocket

2-Asherman chest seals

2- 4X4 Gauze

1-Roll white duct tape

1-Tactical Tourniquet

3- 5X9 Gauze

2-Rolls Coban

2- Ice packs

2- Stretch Gauze

1- OB Kit

Seal:

811

New Seal:

Exp.:

31 October 2026

Exp.:

31 October 2026



Exp.:

30 November 2028

Center Pocket Cont.

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

Bottom Right Pocket

Seal:

New Seal:

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

Bottom Left Pocket

Seal:

New Seal:

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

Top Right Pocket: (Ped/Infant)

Seal:

New Seal:

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

Apparatus EMS Compartment

Air Splint Bag

- #2024
- #2010
- #2014
- #2215
- #2222

- Extra straps
- Air pump

C-collar Bag

- 3- Adult
- 3- Pediatric
- 3- Infant
- 3- Head Blocks

-
- 1- Mega Mover
 - 1- Spare O2 bottle

Suction Device

- 1- Yankauer Suction Set
- 1- Canisterr

GFD STAFF



GLENPOOL AREA EMERGENCY MEDICAL SERVICE
DISTRICT
 MEETING MINUTES
 DECEMBER 1, 2025

COUNCIL PRESENT:	Tim Fox, Jaci Triplett-Lund, Joyce Calvert, Chris Brobst, Shayne Buchanan
COUNCIL ABSENT:	
STAFF PRESENT:	David Tillotson, LeaAnn Reed, Josh Brannon
STAFF ABSENT:	Lesli Smith

- A) **Call to Order - Joyce G. Calvert, Mayor**
Chair Calvert called the meeting to order at 8:48 p.m.
- B) **Roll Call, Declaration of a Quorum - Lesli Smith, City Clerk; Joyce G. Calvert, Mayor**
LeaAnn Reed called the roll; Chair Calvert declared a quorum present. Jana Burk, Attorney, of Rosenstein, Fist & Ringold, were also in attendance.
- C) **EMS Report**
 - 1) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS.
Director Cook reported on the dates of 10/28/25-11/16/2025.
- D) **District Administrator Report-**
 - 1) District Administrator Report
There was no official Administrator report.
- E) **Trustee Comments**
There were no trustee comments.
- F) **Public Comments**
There were no public comments.
- G) **Consideration and appropriate action relating to a request for approval of the Consent Agenda.**
 - 1) To approve the minutes from the November 3, 2025, meeting.

- 2) To approve the purchase orders receiving report and payment claims as of 11/17/2025 totaling \$27,075.34.

Moved by Chris Brobst, seconded by Tim Fox

For	Against
Tim Fox, Jaci Triplett-Lund, Joyce Calvert, Chris Brobst, Shayne Buchanan	None
5	0

Abstained	Absent
None	
0	

To approve the consent agenda.

CARRIED.

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

No items were removed from the consent agenda.

I) **Scheduled Business**

No items on the Scheduled Business section. No discussions or votes taken.

J) **Adjournment**

The meeting was adjourned at 8:50 p.m.

GLENPOOL AREA EMERGENCY MEDICAL SERVICE
DISTRICT
 MEETING MINUTES
 JANUARY 5, 2026

COUNCIL PRESENT:	Jaci Triplett-Lund, Joyce Calvert, Chris Brobst, Shayne Buchanan
COUNCIL ABSENT:	Tim Fox
STAFF PRESENT:	David Tillotson, LeaAnn Reed.
STAFF ABSENT:	Lesli Smith

- A) **Call to Order - Joyce G. Calvert, Mayor**
Chair Calvert called the meeting to order at 7:20 p.m.
- B) **Roll Call, Declaration of a Quorum - Lea Ann Reed, Chief Administrative Officer; Joyce G. Calvert, Mayor**
LeaAnn Reed called the roll; Chair Calvert declared a quorum present. Jana Burk, Attorney, of Rosenstein, Fist & Ringold, were also in attendance.
- C) **EMS Report-**
 - 1) EMS Report - Brian Cook, Director of Operations, Mercy Regional EMS.
Director Cook reported on dates from 11-17-2025 through 12-29-2025.
- D) **District Administrator Report-**
There was no official Administrator report.
 - 1) District Administrator Report
There was no official Administrator report.
- E) **Trustee Comments**
There were no trustee comments.
- F) **Public Comments**
There were no public comments.
- G) **Consideration and appropriate action relating to a request for approval of the Consent Agenda.**

- 1) To approve the purchase orders receiving report and payment claims as of 12/29/2025 totaling \$32,883.34.

Moved by Chris Brobst, seconded by Jaci Triplett-Lund

For	Against
Jaci Triplett-Lund, Joyce Calvert, Chris Brobst, Shayne Buchanan	None
4	0

Abstained	Absent
None	Tim Fox
0	

To approve the consent agenda.

CARRIED.

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

No items were removed from the consent agenda.

I) **Scheduled Business**

No items on the Scheduled Business section. No discussions or votes taken.

J) **Adjournment**

The meeting was adjourned at 7:23 p.m.

To: Honorable Chair and GEMS District Board Members

From: Josh Brannon, Finance Director

Meeting Date: February 2, 2026

Department/Office: Finance

Item Name: To approve the purchase orders receiving report and payment claims as of 1/28/2026 totaling \$32,883.34.

Summary:

To approve the purchase orders receiving report and payment claims as of 1/28/2026 totaling \$32,883.34.

Recommended Action:

Staff recommends a motion to accept the PO Receipt Register report dated 1/28/2026 and approve the following payments:

PO #	Account	Vendor	Description	Inv#	Amount
26-23314	31-6-01-6210	Centurion Health Systems	Ambulance Service Feb 2026	3465	\$15,000.00
26-23315	31-6-01-6225	City of Glenpool	1st Responder Jan 2025	JAN2026	\$17,466.68
26-23316	31-6-01-6235	Lesli Smith	District Clerk	LS012026	\$208.33
26-23317	31-6-01-6235	Joshua Brannon	District Treasurer	JB012026	\$208.33
Total					\$32,883.34

Budget:

Attachments:

1. GEMS Packet 02-02-2026

VENDOR	NAME			INVOICE AMOUNT	VENDOR TOTAL
	INVOICE	POST DATE	BANK		15,000.00
31-000004	CENTURION HEALTH SYSTEMS, DBA M 3465	1/31/2026	31	15,000.00	
31-000005	CITY OF GLENPOOL - GEMS 122320251222026	1/31/2026	31	17,466.68	17,466.68
31-000033	JOSHUA M. BRANNON JB012026	1/31/2026	31	208.33	208.33
31-000032	LESLI SMITH LS012026	1/31/2026	31	208.33	208.33
TOTALS				32,883.34	32,883.34

APPROVED

BY

Joyce G. Calvert, February 2, 2026

FUND: 31 - GEMS

PURCHASE ORDER	DESCRIPTION	VENDOR #	VENDOR NAME	DATE INVOICE	AMOUNT
DEPARTMENT: 01 - NON-DEPARTMENTAL					
26-23314	GEMS AMB SVS FEB 2026	31-000004	CENTURION HEALTH SYSTEMS, DBA	1/2026 3465	15,000.00
26-23315	GEMS 1ST RESPONDER JAN 20	31-000005	CITY OF GLENPOOL - GEMS	1/2026 122320251222026	17,466.68
26-23316	GEMS DISTRICT CLERK JAN 2	31-000032	LESLI SMITH	1/2026 LS012026	208.33
26-23317	GEMS DIST TREASURER JAN 2	31-000033	JOSHUA M. BRANNON	1/2026 JB012026	208.33
DEPARTMENT TOTAL:					32,883.34
FUND TOTAL:					32,883.34
GRAND TOTAL:					32,883.34

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 # 26-23314

01/28/2026

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.

01/28/2026

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. 01/28/2026

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

Table with 8 columns: UNITS, DESCRIPTION, INV PART NUMBER, REQUEST, G/L ACCOUNT, PROJ, PRICE, AMOUNT. Row 1: 0.00, GEMS AMB SVS FEB 2026, MERCY REGIONAL INV NO. 3465, GEMS AMB SVS FEB 2026, 00041490, 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.

Reg# 000 41490

Mercy Regional Oklahoma

P.O. Box 2398

Owasso, OK 74055

Invoice

Date	Invoice #
1/8/2026	3465

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

P.O. No.	Terms	Project

Quantity	Description	Rate	Amount
1	ALS Ambulance Subsidy for February 2026	15,000.00	15,000.00

Phone #	Fax #
9186095829	918-609-5799

Total	\$15,000.00
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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 # 26-23315

01/28/2026

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.

01/28/2026

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. 01/28/2026

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS 1ST RESPONDER JAN 2026		00041508	31 -6-01-6225		0.00	17,466.68 *
	GEMS 1ST RESPONDER JAN 2026	12/23/25-1/22/2026					
	GEMS 1ST RESPONDER JAN 2026						

** TOTAL ** 17,466.68

*** 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

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INVOICE

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

Customer Number: 01-0172

Invoice Number: 122320251222026

Invoice Date: 1/27/2026

Due Date: 2/26/2026

P.O. # :

TREASURER
 GEMS-
 12205 S YUKON AVE
 GLENPOOL OK 74033

ITEM DESCRIPTION	UNITS	TYPE	PRICE	AMOUNT
1ST RESP OP LIST 12/23-1/22/26	N/A	MONTH	N/A	17,466.68

GLENPOOL FIRE DEPARTMENT OPERATIONS JAN 2026

12/23/2025-1/22/2026
 *****THANK YOU*****

TOTAL DUE

\$17,466.68

Reg# 00041508

GEMS ADMIN/FIRST RESPONDER REIMBURSEMENTS
12/23/2025-1/22/2026

TOTAL RUNS	219
EMR RUNS	148
FIRE RUNS	71
EMR RATIO	67.58%
RUN RATE	\$116.16
AMDIN	\$275.00
OVERTIME	

TOTAL	\$17,466.68
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Glenpool Fire Department Operations January 2026

12/23/25-1/22/26

GEMS

Run Type	# of Calls	Totals Calls
EMS Runs	148	219
Fire Runs	71	
Overlapping	67	

January 1st -	95
February	146
March	93
April	180
May	142
June	120
July	133
August	146
September	144
October	151
November	98
December 31st	208

1656 Total for 2025

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 # 26-23316

01/28/2026

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

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

01/28/2026

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.

01/28/2026

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

Table with 8 columns: UNITS, DESCRIPTION, INV PART NUMBER, REQUEST, G/L ACCOUNT, PROJ, PRICE, AMOUNT. Row 1: 0.00, GEMS DISTRICT CLERK JAN 26, GEMS DISTRICT CLERK INVOICE NO. LS012026, GEMS DISTRICT CLERK JAN 26, 00041491, 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

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Reg# 000 41491

INVOICE

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

INVOICE #: LS012026
DATE: 2/2/2026

BILL TO:

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

<u>Description</u>	<u>Amount</u>
Contract Fees & Services	
JANUARY 2026	\$208.33

Total **\$208.33**

If you have any questions concerning this invoice, Lesli Smith / 918-209-4647 / Email:
Lsmith@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 # 26-23317 01/28/2026

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

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

I HEREBY APPROVE THE ISSUANCE OF THIS PURCHASE ORDER.

01/28/2026

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. 01/28/2026

PURCHASING OFFICER

DATE

ENCUMBERING OFFICER

DATE

UNITS	DESCRIPTION	INV PART NUMBER	REQUEST	G/L ACCOUNT	PROJ	PRICE	AMOUNT
0.00	GEMS DIST TREASURER JAN 26		00041492	31 -6-01-6235		0.00	208.33 *
	GEMS DIST TREASURER JAN 26 INVOICE NO. JB012026						
	GEMS DIST TREASURER JAN 26						

** TOTAL **

208.33

*** APPROVAL FOR PURCHASE ***

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DATE

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Req # 00041492

INVOICE

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

INVOICE #: JB012026
DATE: 2/2/2026

6BILL TO:

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

Description	Amount
Contract Fees & Services JANUARY 2026	\$208.33

Total **\$208.33**

If you have any questions concerning this invoice, Joshua Brannon / 918-209-4628 / Email:
jbrannon@cityofglenpool.com